

**TANF**  
**When TANF Intersects with Pregnant Teens**  
**and Young Parents Services Webinar**  
**May 11, 2016**  
**TANF 615 Task 2.3**

**Ms. Gillissen:** Welcome to “When TANF Intersects with Pregnant Teens and Young Parents Services” webinar. My name is Jennifer Gillissen and I am from Kauffman and Associates. I will be your moderator today along with Carol Mizoguchi. I would like to start with explaining a little bit about the webinar interface. You should all see the first slides for the PowerPoint presentation, and there is a Q&A box to the right. We will be answering questions at the end of the webinar, but you can enter a question at any time in the Q&A box. If you need technical assistance during the webinar, please use the Q&A box. Please note that this webinar is being recorded and please remember to provide your feedback on the webinar using the survey that will appear in a separate pop-up window when the webinar ends. I will now turn it over to Carol.

**Ms. Mizoguchi:** Thank you, Jennifer. So, good afternoon and thank you all for joining today’s webinar, “When TANF Intersects with Pregnant Teens and Young Parents Services.” We’re really excited and happy to have a slate of expert presenters to discuss this important topic with you. My name is Carol Mizoguchi and I am at the Office of Family Assistance, and I will moderate the webinar along with Jennifer. The webinar offers us an opportunity to share the latest ideas, practices, and program approaches around serving pregnant and parenting teens and young adults. Over the last two decades, teen pregnancy rates have declined nationally; however, teen parents and their children are still at a greater risk for living in poverty and for that poverty to be generational and more likely to contend with the lack of work opportunities. Nearly two-thirds of teen mothers receive some type of public benefit within the first year of

their child's life, and 50% of teen mothers live in poverty by the time their child is three. TANF can provide key support to teen parents as they navigate parenthood and supporting their children. So today, on this webinar, the audience will learn about promising and successful approaches to engaging low-income parents and parents and teens. And also, you'll have the opportunity to hear about experiences and lessons learned from three programs that have created innovative approaches to working with teen parents and young parents using those partnerships with TANF. We're very fortunate to have five dynamic presenters. We have folks who will share with us from the federal perspective of serving pregnant and parenting teens. We'll also hear from Minnesota's Department of Human Services. We'll hear from an innovative program in Wyoming and also from Training Resources of America's Young Parents Program.

Throughout the presentation, you will have an opportunity to ask questions through the chat box in the bottom left corner of your screen. We encourage you to ask questions and if you have questions for specific presenters or programs, please make sure you specify when you ask your question. During the webinar, we'll also have a series of polling questions that will appear in your screen. We ask that you please answer by clicking on the radio button next to your selected response and doing so will help us guide the discussion, but it will also help provide additional information that may inform your practice. This afternoon we'll first hear from Sabrina Chapple and Cassandra Chess. Sabrina is the Acting Division Director for the Pregnancy Assistance Fund Program within the Office of Adolescent Health, and Cassandra serves as the Public Health Advisor at the Office of Adolescent Health. Adolescent Health administers a variety of programs to address and support pregnant and parenting teens and releases relevant research regarding this population. After their presentation, we will hear from Deborah Slick with the Minnesota Department of Health Services. Minnesota recently redesigned their services to teen

parents who participate in TANF through a home visiting collaboration between the Department of Human Services and the Department of Health. Then, we will hear from Sarah Brino who is the Statewide Mental Health Coordinator at Climb Wyoming, a nonprofit organization that trains and places low income, single parents in higher-paying careers. And finally, we will hear from Kristi Bruwer, Manager and Young Parents Demonstration Coordinator at Training Resources of America. Training Resources of America is a Massachusetts-based nonprofit that provides education, employment, and training services to pregnant and parenting teens between the ages of 14 and 23. We have our first polling question for the audience. “What percentage of your clients consist of pregnant and parenting teens or young parents?” (*Pause.*) Okay, it looks like we have about 35% that \*\*\* (*unclear - 6:19*) on the phone has selected between 10 and 20% of their clients consists of parents and pregnant...parenting teens. At this time, I’m going to turn it over to Sabrina and Cassandra.

**Ms. Chapple:** Hello and thank you all, and thanks to the organizers and host of today’s webinar. The Office of Adolescent Health is pleased to present. And I’m Sabrina Chapple and I’m one of the division directors here at the Office of Adolescent Health, and I oversee the Pregnancy Assistance, um, the program. I’m also grateful to be joined by my colleague and fellow project officer Cassandra Chess. We...At the Office of Adolescent Health, we’re very excited to be a partner with you as we work together to continue to strengthen families and provide support to those most in need. Our agenda—today, we’ll discuss the federal perspective of serving pregnant and parenting teens, highlight some of the needs of this population and how our grantees are meeting those needs, and then we’ll briefly highlight some of the relevance of research and findings from the field. The mission of the Office of Adolescent Health is to advance best practices to improve the health and well-being of American adolescents. Our office

is led by our director Evelyn Kappeler and we are responsible for coordinating adolescent health initiatives across the United States Department of Health and Human Services. We are the convener of Adolescent Health: Think, Act, Grow (or TAG), which is a national partner engagement strategy focused on adolescent health. In addition, we also administer and support several grant programs, including teen pregnancy prevention programs, the Pregnancy Assistance Fund—which I'll talk about today—and the National Resource Center for HIV/AIDS prevention among adolescents. For a long time, we've known that adolescence is a very rapid time for growth and development comparable only to the growth that takes place during early childhood. And, as noted earlier, compounded with this rapid growth and development, having a child at a young age can impact young mothers' and fathers' transition to adulthood, placing them and their children at risk of adverse outcomes, including negative health, economic, and social consequences. I won't go back through the teen birth rate data, but as Carol noted, despite the progress that has been made at reducing teen and unintended pregnancies, it is estimated in 2014 that nearly 250,000 babies were born to females in the age group of 15 to 19. It is also important to note that not all teen births are first births. In 2014, one in six, about 17%, births, so 15- to 19-year-olds were females who already had one or more babies. Comparing with their peers, teens face multiple risk factors, multiple risk for poor life outcome. Compared with their peers who delay childbearing, teen girls who have babies are less likely to finish high school and more likely to rely on public assistance and more likely to be poor as adults. Teen fathers are also less likely to graduate from high school and they're more likely to face fewer employment opportunities than their non-parent peer. Pregnant teens and women are also often victims of violence. Studies have found that adolescent girls in physically abusive relationships were three times more likely to become pregnant than a non-abused girl. Additionally, children born to

teenagers often face array of challenges, including poor educational, behavioral, health outcomes throughout their lives compared to children born to older parents. It is for these reasons that young families need the same support as any other family. Parents of all ages need support to thrive. This is why the TANF Work and the Pregnancy Assistance Fund program—why our work is so important. It's critical that we build on the strengths of young families and work as partnership with families and the community, and support them on their path to a healthy and productive future. Now, the federal government has a history of addressing and supporting the needs of pregnant and parenting teens through a myriad of programs over the years. Now, I've been with the Pregnancy Assistance Program for the last 5 years and, upon my research, I found that, for nearly 38 years, we have provided funding to serve and meet the needs of this population. These efforts began in the late 70s to the current day PAF program. More notably, most of these programs have not been able to meet all the needs of this particular volatile population. Most of the programs have been demonstration pilots and, as such, as the PAF program, a competitive funding program whereby we don't fund all states, but it is equally important to note that the Pregnancy Assistance Fund at this time, notably, is the only federal program solely focused on meeting the needs of this population. Established by Congress in 2010 as a part of the Patient Protection and Affordability Care Act, the PAF grant program was a key element of the federal strategy to support expected and parenting teens, women, fathers, and their families. Again, it's administered by our office and we provide 25 million annually through competitive grants to states/tribes to develop and implement programs to support this volatile population. As you can see with this slide, the needs of the expected and pregnant teens are of many. Young families need a safe and supportive and inclusive environment to survive. Our PAF programs are centered in high schools, community centers, and colleges, and they also are a

seamless network of support services, including assistance to access to housing, health care, job training and placement, educational support, child care, and even just the simple practical needs of young families, such as diapers and formula. Our PAF funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, assault, and stalking. We have funded three cohorts since 2010 and we anticipate developing a new Funding Opportunity Announcement for another round of competition for PAF funds. It is anticipated that this FOA will be released in the winter of 2017. And as you can see with this slide, we list all the different number of grantees per cohort, the different focus of each particular Funding Opportunity Announcement. At this time, there are 20 funded PAF grantees. The grantees are a combination of our Cohort Two and Three, which we previously just highlighted, and they receive funds between 500 to 1.5 million per year to implement their program. And these photos are all provided courtesy of our programs. These are our young parents and their children. This slide shows all of our current PAF grantees and, as you can see, PAF programs are being implemented all across the country. Each program is unique and you can find more information on our website about each program. They're implementing service either statewide or they may have a specific emphasis in targeting a very specific community. Now the PAF program offers support funding in four categories. These include supporting expecting and parenting students in institutions of higher education, supporting the particular population of high schools and community centers, as well as supporting pregnant women who are victims of domestic violence, and then increasing public awareness and education services. The majority of our grantees are a Category Two. It's important to note that not all categories are mutually exclusive. Most grantees are implementing grants across two or more categories. The OAH program is making the difference in the lives of young families and generations to come just simply based on our

Cohort 2 Year Two performance measures. We have served over 16,000 expecting and parenting teens, women, and their fathers, but we don't stop there. We actually also serve their families. We serve nearly 1,200 family members, we work with more than 1,100 implementation partners, and we have trained nearly 1,500 professionals. And that, again, is just for cohort tier Year 2. We're continuing to expand our programmatic efforts to recruit, retain, and engage our fathers. Our grantees are working to build their programs from the start to be sustainable. We implemented three federal evaluations that we collect a standard percent of performance measures, and we continue to provide ongoing support throughout the year. I would like to share some preliminary data, again, from our cohort tier Year 2, um, and, as you can see, the vast majority of the young families served by the PAF program are females and their children and the majority of the participants are 16 years or older. We also see here, noted by our slides, that approximately 29% of the participants identified as white, 30% African-American, with nearly 54% served identifying as Hispanic and Latino origin. I'm now going to turn the presentation over to my colleague Cassandra Chess to talk to you a little bit about some expert panels that we've conducted, as well as our implementation report.

**Ms. Chess:** Thank you, Sabrina. Hi and good afternoon. For the next few minutes, I will present on findings from two expert panels conducted in 2012 and 2015 and key findings through our research PAF implementation report. Lastly, I will touch on upcoming activities for the PAF program, our OAH Resource Center, and how you can connect with us after this webinar. *(Pause.)* A little technical difficulty. In January and July 2012, the Office of Adolescent Health convened a panel of experts in D.C. to discuss strategies and gaps in the field of support for pregnant and parenting teens. This session sought for what works for pregnant and parenting teens. The experts surpassed with summarizing the state of the field, prioritizing

gaps and challenges, and identifying opportunities and support for pregnant and parenting teens. The ultimate goal was to advance the field. We wanted to hear input and suggestions for how we can add to the field generally and specifically to support PAF grantees. The key findings are on the next few slides and were categorized under Promising Practices, which include recent pregnant and parenting teens, engaging pregnant and parenting teens, and training pregnant and parenting teens. And as you can see, there are a number of examples that the panelists recommended for each of these various categories. Other key findings came under the category of Core Components and were categorized under education; integrated services and referrals; strong assistance; provided relationships; well-defined programs over the processes; and again, as you see listed here, a number of recommendations that the panelists came up with for each of these categories. And another slide of core components, looking at family relationships, developmental influences, and how we fill staff, and welcoming program environments, and other recommendations panelists made. Conclusions of the panel was that there's a need to re-frame and destigmatize the discourse of added pregnant and parenting teens; engage the teens themselves in a conversation; emphasize positive possibilities, as opposed to focusing on preventing problems; build parental relationships between youth services and providers, providers and teens, teens and families; and lastly, include a critical and ongoing view of the field, including training outcomes, theory, and evaluation. A copy of the report can be found on the OAH website using the search function and the title of the panel. The second panel was one on young fathers where the Office convened a group of panels that actually examined the challenges and needs of young fathers, identifying limitations of the current knowledge base for this population, and prioritizing strategies to build the capacity of PAF grantees and other programs working with young fathers to include, retain, and engage young fathers. Some of the



findings from the panel include categories such as the need to understand experiences of young fathers. Some of the considerations for that category are listed here. Other findings were looking at the servicing of young fathers and looking at potential strategy for recruiting, maintaining, and engaging young fathers, which fall under the categories you see listed on this slide. Lastly, the... I'm going to provide a summary of a report released this year that focused on our 17 PAF grantees that were funded in 2013.. And their funding ends June 30, 2017. And 10 of these grantees...notably, this was their second round of funding. The study addressed key issues related to grant strategy and content, administration, and program design and implementation. Some of the key findings were that grantees are building programs that seek to address participant cognitive relief for multiple program components, and that multi-component approaches require a high degree of service coordination which can support programs for sustainability. And lastly, more needs to be done to develop the evidence stage. Now, I want to share some upcoming activities for the PAF program, which include a new funding announcement that is to be released in early 2017. PAF programs, the authorization for the program, expires in 2019, and we will be engaging in conversations about the future of the program with grantees and key stakeholders. The Office is...also wants to be releasing some new tools and resources focusing on working with young fathers and new resources were created to support and inform professionals of anyone working with young fathers. We're also going to be holding a career chat \*\*\* (*unclear - 23:21*) and some suggestions on what key stakeholders can do. You can visit our PAF program and resource center, connect with our state and tribal PAF programs and partner with the Office of Adolescent Health to educate and inform others about the importance of serving and meeting the needs of this population. I mentioned the OAH Resource Center on the previous slide, and we have active resource centers: one on teen

pregnancy, one on the Pregnancy Assistance Fund, and one on adolescent HIV/AIDS. Each includes a variety of technical assistance products, webinars, and resources. And lastly, this is how you can connect with us through our website. We are on \*\*\* (*unclear - 24:16.*) You can email us. There's our TANF email address for more information, and you can subscribe to these updates on the OAH homepage. Thank you for your time.

**Ms. Mizoguchi:** Okay, thank you, ladies. And now it's time for our second poll question.

"Does your state or county engage young parents in a different or unique way than other TANF participants?" (*Pause.*) So, it looks like we have most of our responses in. Um, about 59% say yes. That's great. And now I'm going to turn it over to Deborah.

**Ms. Slick:** Good morning or good afternoon, depending on where you are listening to this in the country. I'm Deborah Slick. I work for the Minnesota Department of Human Services. (*Audio cut out. 25:38 - 26:02.*) ...services, but we're trying to add the home visitor to become the TANF worker. This started, actually, not as a state, but it started as a local program. Ramsey County, our state's second largest county, has youth public health homes and training as the TANF service to teen parents since 2003. So, teen parents who apply and are found eligible for our TANF program in that county are automatically enrolled in home visiting services. And the young parents who fit the criteria for an evidence-based model and who opt in for that model, they'll get their home visiting through the nurse family partnership model. So, if you know anything about public health home visiting services, you know that's a highly evaluated, highly managed home visiting program. So, some young parents aren't going to meet the criteria for the model or they may not want to choose it. It's a voluntary model so that they receive their home visiting services from a locally developed home visiting model delivered by the Public Health Department. And it's important to know a couple of pieces of context for Minnesota. In

Minnesota, the Department of Human Services, where I work, manages the TANF program. Our colleagues in the Department of Health manage the public health home visiting. And in addition, in Minnesota we're a state where state agencies interpret policy and offer guidance that services are delivered at the local level. So in Minnesota, counties are the ones delivering TANF services and at the local public health agency, which is a public agency or sometimes the public health non-profits who are delivering the home visiting services. And by the way, that the county borders and the local public health agency borders may or may not coincide exactly. So, you can see that we have to work across two state agencies and then we have to partner from the local to the state level, and then, inside, local community's partnership needs to happen. The mission of our efforts integrate TANF services and home visiting services is that healthier babies and mothers. We see young mothers graduating high school on time and babies developing on schedule. And to give you, again, a little more context, so I'm going to give you 2014 numbers. Those are the most recently published numbers where I can show you statewide and TANF numbers that coincide. So with 2014, a few more than 2,700 teen parents gave birth to a baby in Minnesota. In December of that year, when we looked at a snapshot of our TANF caseload, we saw there were almost 2,200 teen parents receiving assistance in our TANF program from the Minnesota Family Investment Program, but notice... Remember, I told you minor moms are a priority, but very few of those moms are minor moms. Only about 220 of those 2,200 parents were younger than 18. So, what do we know about teen parents who turn to Minnesota's TANF program—and this, you'll hear some themes that Sabrina also mentioned in her presentation. But when we did an analysis a couple of years ago to look in-depth at the teen parents who receive assistance, we saw that three-quarters of them had been in households that received TANF assistance when those young moms were little kids. So, their parents had also turned to

assistance. And now that they're young parents, we see that only 9% of them receive any child support and that only 59% were enrolled in school full-time. So, given that you...all of you are interested and already engaged in serving teen parents, this won't stop the surprises, but these are reasons we thought this was a population. It's very important for us to pay attention. So, why did we decide to pay attention to this population through a collaboration? Well, first of all, home visiting, public health home visiting, and the TANF program share the same mission for young families. That mom and that baby will be healthier if mom's education rises. Mom's ability to earn money, which TANF cares about, will be enhanced by the young mom having her health care needs met and being comfortable and able to make the demand that having a child put on her. So, we share a mission. Secondly, both agencies recognize that teen parents are both a high risk, but also a high potential group. Um, and it's important to pay attention to the potential is the risk—that we invest because of the potential. We know that high quality home visiting services have been shown to work, and I'm going to come back to that in a second. And we believe collaboration uses public funds wisely. Our state puts money into home visiting. Our state has been able to get federal funds for home visiting. Instead of the TANF program reinventing a service for teen parents, we'd rather connect with a service that is there and that shows promise. So, back to that piece about what shows effectiveness. We looked at the research and saw that, while we're on employment service, case management models out of TANF or prior to TANF AFCC programs, weren't changing high school graduation rates...weren't delaying the next pregnancy. So, we're getting the, sort of, outcomes that matter and there's... The federal government, um, in the late 80s and early 90s, put a lot of money into evaluation, but we have seen the research and evaluation that the quality home visiting can improve outcomes for teen parents. A lot of that was national, but after Ramsey County had

been at their work for a while, the county turned to the University of Minnesota who did some analysis and showed that, by implementing the home visiting services, they, indeed, were increasing their graduation rate for their teen parents. And by the way, we thought was interesting, that they were getting a better graduation rate for teen parents who were enrolled in TANF than teen parents they were also doing home visiting to, but they were voluntary and not associated with the TANF program. So anyway, we saw this strong evidence that something is working in that home visiting for this population. So, what we're doing at a state level is our department, the Department of Human Services is giving relatively small grants to local sites. We issue an RFP and the grant is used to... It instigates and supports a collaboration, not supply the home visiting service. But again, we funded home visiting and we want both the Human Service and the local public health agencies to agree to start the collaboration with the idea that teen parents ought to be a high shared priority with existing funds. So, our funds have gone to the state's largest county, Hennepin, which is...began, um in the last few years putting together a program that looks very similar, but not identical to the Ramsey County program. We're funding one rural county. We're funding a community, a secondary metropolitan area. If you've heard of the Mayo Clinic in Minnesota, that's located in Rochester, Minnesota—so, the county that houses Rochester and the Mayo Clinic. And we're giving an evaluation planning grant to Ramsey County. So we, um, at the first stage, want to help them develop a very rigorous evaluation plan and then see if we can get the resources' fund and evaluation that might tell us, "Is there, perhaps, a new evidence-based model around serving teen parents and integrating that into TANF that could be useful to us and to others?" So, what does TANF bring to this partnership of the two services coming together? TANF brings access to childcare assistance. In Minnesota parents on the TANF program get childcare assistance. They get help paying their

childcare costs if they're in activities that they're supposed to be in. If a teen parent that is going to high school...they get, often, access to transportation resources and some other support resources. And in the TANF program, we have connections with some very vulnerable young families that the home visiting program would like to have a connection. So those are some of the assets TANF brings to the partnership. Public health home visiting brings to the partnership evidence-based models. We talked about that. But they also bring the stability. They bring this relationship-based model, which is not really TANF's strong point by any means, and they bring the ability to maintain that serving relationship, whether or not the young parents are eligible for TANF. Um, and so that's important because our services in TANF come and go with someone's eligibility. Home visiting doesn't have to rely on TANF eligibility. We use three evidence-based home visiting programs currently in Minnesota: Healthy Families America, Nurse Family Partnership, and Family Spirit. That last is an American Indian home visiting model that's being used on two of our reservations. But what are the challenges of bringing these two service models together? So, most prominent is we're asking approach or compliance, which is TANF, and the culture of relationship, which is home visiting. And TANF mandatory major, most particularly, are sanctions—the taking away of income if someone isn't following the rules—have to fit into a service model that has a very strong norm of voluntary services. And though this is difficult, we're finding it doable and we're finding that the...facing that difficulty benefits both sides. TANF benefits from that relationship-based model and home visiting finds that, in the context of a strong relationship, they can explain and encourage the young parents through the TANF rules and use the clarity of those rules to keep our missions like, "We really do need you to stay in high school." Um, and other key pieces that are really going to matter to that new mother's future and her child, and to make these partnerships work at the local level, the local

TANF and public health agencies both need to be able to make referrals between each other so that TANF program sees the teen mom...has to get that teen mom into the home visiting program. Like at the home visiting program, depending on their outreach, may be seeing teen mom's not receiving TANF assistance who could benefit from those resources. But beyond making referrals, they've really got to set up structures to share the management, the coordination of those services, and then measuring those services. So, we really start seeing this as a shared project with each other. Local public health agencies, in particular, need to figure out the boundaries and flow between their evidence-based and their local home visiting program. The nurse family partnership, for instance, needs visiting to begin by a certain point in the pregnancy, but, often, teen parents show up months after the baby is born. So, you want as many in the evidence-based program as possible, but you want an alternative model available to back up as necessary. And primarily, that \$50,000 money I told you about that we're giving local sites, that ends up funding social workers who can take on that extra attention to school attendance, the interaction with the sanctions for teen parents that are part of TANF, and allow the nurses to stay true to their evidence-based practices. So, that's with... Those are the two big amps of a local public health agency that steps into this partnership with the local eligibility office. It needs to build...is make a complex program more transparent. The rules are consulted. They're consulted for the young parents. They're consulted for the home visiting nurse. The best way they can do that is assign a designated eligibility worker who functions as a team member with the nurses, with their social worker, so that everyone knows what's expected now, what are the rules, and how to work through those complex rules. So, thank you for your time. Thank you for your mission and work for teen parents. My contact information and my

colleagues at the Minnesota Department of Health are available if anyone would like follow-up questions. I think it goes back to Carol now.

**Ms. Mizoguchi:** Yes; thank you, Deborah. And now we will hear from Sarah.

*(Silence.)*

**Ms. Mizoguchi:** Hello?

*(Silence.)*

**Ms. Mizoguchi:** Okay, while we're waiting for Sarah, I just... I noticed we have a question there. We did say we could take questions throughout the presentation and I don't know if this is for a specific person. I think because Minnesota was presenting, perhaps the question is directed at you, Deborah. It's just asking, "Are your social workers MSWs?"

**Ms. Slick:** I don't know that. I think, in many cases, they are, but again, because local counties or local public health agencies hire and manage and supervise those social workers, it could differ from site to site.

**Ms. Mizoguchi:** Okay. Thank you.

**Ms. Brino:** Carol, this is Sarah.

**Ms. Mizoguchi:** All right. Great. Thank you.

**Ms. Brino:** So sorry. I'm not sure what happened with my sound. I apologize everybody. Um, so my name is Sarah Brino and I am here representing Climb Wyoming, and I'm pleased to be here. Um, I have been with Climb for about 6 years and have been in various roles over the years, and today I'm just going to be talking about the origins of Climb and where we started and how we got to where we are today. We'll talk a little bit about the Climb model, which is what we do and how we do it—just the nuts and bolts of what we see every day—and then, of course, the lessons we've learned—often times painfully and the hard way over the years. To start, I'm



not sure if anyone on the phone call is familiar with our organization. I have a feeling not. We are a statewide nonprofit located in Wyoming and, as Carol mentioned at the start of the program, our mission is for low income single mothers to discover self-sufficiency through career, training, and placement. And so, basically, what that means is that we really believe that training women in careers and placing them in jobs, along with some other services and skills that we'll talk about, really helps to open the door to other change that has proven to be essential to disrupting multi-generational poverty. Climb has been around for 30 years. We are celebrating our 30-year anniversary this year and it all began back in 1986. That's a picture of our executive director and founder, Ray Fleming Dinneen. At that time in '86, there were a lot of organizations working in this very challenging field of pregnancy prevention and young parents, and the government at the time approached Ray and her mother who were both psychologists to just, basically, try to figure out how to continue addressing this need in Wyoming. And these conversations, coupled with Ray getting a lot of support from the local community, resulted in her starting the young...The \*\*\* (*unclear* - 42:48) Parent Young Program in 1986. And during this time, she worked with single mothers between the ages of 16 and 21. In 2004, after Ray had been doing this work on her own for many years, we received a one-time TANF bonus grant from the Wyoming Department of Family Services to extend the program across Wyoming. So, at that time, we had just one site in Cheyenne and, in 2004, four other sites opened across the state, including in Casper, Gillette, Jackson, and Laramie, with the original site still existing in Cheyenne. And then the organization itself was renamed Climb Wyoming. And then, in 2007, we expanded once again, as you can see from the slide, to Rock Springs, Wyoming. So, at that time, Climb made the decision to begin serving women singles with mothers of all ages who were still in the low income category. And over the past 30 years, our

model has evolved into what it is today. We'll talk about that in a little bit, but we have six sites across the state and several sites have continued expanding their programming even further to reach more women. In Cheyenne, for example, we now run four programs a year. Casper went from running two programs to three recently, and, of course, all of this is in the hope of reaching more women across the state. And we did find that expanding services to women of all ages has really been kind of an unexpected and lovely change to the program because it provides mentoring opportunities with peers and really produces different kinds of group dynamic that we didn't experience before. So, we really enjoy that change. I wanted to just give a brief overview of our organizational structure; because I think that's one of the things we really learned over the years has been a real benefit to us. We have our Board of Directors who, together with our senior leadership, help drive the strategic vision of the organization. And then there's Ray, our executive director, and the various buckets beneath that—if you see the four operations programs, communications, and development that we refer to as our home office. And this infrastructure that, again, evolved over the years was so fundamental to Climb getting to where it was today, because these folks in our home office are really providing some of those potential paths with the organization as a whole running and they really allow our six program sites to focus on direct services with our participants. So, we found that to be a really effective model for delivering the services the best way that we can. And then each program site—again just to give you a little bit of a picture of how we work—involves three to four different staff members enrolled. We have a program director at each site who oversees the program, and this sometimes blends with our business liaison role who is typically responsible for developing the trainings and finding the jobs for the women once they go through this program. And then we have an assistant program director who also might sometimes be a business liaison. And then, each site

also has a mental health provider who provides ongoing support to the participants. As you'll see in the coming slides, the mental health component is really unique and a pretty essential part of our success. And now we will go through the Climb model itself, um, which again has evolved over the years. Really, at the heart of how we operate—and you saw this in a few of Sabrina's and Cassandra's slides. Um, at the heart of what we do is relationships. Um, I don't know if you can see on the slide. It's a little tough to read. Um, but with Ray at our helm—she's, like I said, a psychologist—and the entire program that's really therapeutically based from the belief that meaningful relationships plus a really structured nurturing environment creates change. And we think that this is a pretty good reason about why we've been able to be successful over the years. And so, kind of, a summary of our statement is we really believe that how we do what we do is just as important as what we do. And some of the essential premise of this idea of relationships-driven direct services, and I won't go through each one of these. I'm sure a lot of people... Most of the people on the call know what these mean. But what I will mention is this: open, honest, and direct communication has provided a pretty significant foundation for how we develop these trusting relationships both among our staff, but also with the women that we work with and, of course, with our community collaborators. We really engage in conflict. We encourage that so that we can have healthy and productive conversations and we have found that in working with the women in the program. And we model that and we encourage that. It really helps to create and practice communication skills and conflict engagement skills that are going to be pretty essential to being successful on the job once they're placed. Um, as I was sharing before, we have those six program sites and each site runs a number...a certain number of programs per year, and we work with...between \*\*\* (*audio cut out* - 48:56) per programs. And the reason that we landed on that number is that, just, over the years,

this therapeutic approach gave us a lot of insight into the ideal number of women for our programs. And because we do a lot of group work as a part of our program, that 10 to 12 is kind of the sweet spot for making it therapeutically effective. We have several different phases of the program and our approach, and these three that I'll talk about here, are the...leading up to the actual program once it's started and the women are enrolled. So, the first phase is our training and research, and this is a really important part of the entire process where program staff take the time to really research and explore the job market in each community. So, they're reaching out to employers and industry experts and having conversations—what trainings make sense right now given the climate, where are the jobs now, where are they going to be in 4 months—and then that ensures that we're selecting and developing trainings where the jobs actually exist, so that when we train the women who go through the program, they have jobs at the end, which is a pretty essential feature for why they're signing up in the first place. And then, year-round, we participate in really active recruitment of participants, and actually employer partners alike. And this is a really conscious, proactive effort in each community. We meet regularly with agencies to increase our referrals and, again, build relationships, build information meetings, send postcards. We have a database of candidates and use a lot of different advertising modalities, from Facebook to print. And we have found, again, as part of the process continues to evolve, we keep looking for new ways to reach the women in the program. And then, lastly, we have an application process. So, it's really rigorous for the women to get into the program and this is basically to help determine, "Does this woman coming to us meet the need at this time given the characteristics of the rest of the women who are applying for this group, and is she most likely to succeed?" So, is she in a place in her life where she can go through the rigors of the program and successively complete them? The one part is just determining technical eligibility. "Does

she meet federal poverty guidelines, which is a requirement to come into the program?” And then, the other side of this is real conversations, tough conversations with each team member to really determine if the timing is right to join. We just want to set women up to be successful; so if things aren’t in place, like childcare or transportation, we know that commitment and childcare is going to be really tough and we know, also, that the women can only go through the program once. So, it’s really important that we screen carefully, and Rocks Springs... At our Rock Springs site, for example, just not too long ago, I was down there. We had 80 women show up for the information meeting for our CNA training that is currently running, and we had to screen. Those 80 women down to 10. We have a lot of women in the program. But, for those who don’t get in, we maintain relationships. We give really specific feedback about why they weren’t accepted this round. We continue to engage with them about, “Here are the steps that you can take to be eligible next time,” and we often have women apply for the program multiple times. And we think that maintaining the relationships the way we do is what brings them back. During these early phases, partnerships with the Wyoming Department of Family Services, which is our TANF administrators, are especially essential because, not only are they great referral partners and it’s mutual, but they also...the cash assistance that benefits childcare subsidies become so essential for the moms to be able to actually participate in the programs, because, typically, the training hours are so intense that they can’t... A lot of them don’t work while they’re training. Some of them do, but again, the benefits really ensure that they are able to participate. So, the Climb program, itself—again, just trying to unpack what it actually looks like once the participants are in the program. So, you get accepted into the program and then the Climb program has a number of different components that have come together over the years to create our model. Each program runs anywhere from 8 to 16 weeks depending on the training and

what's required. And the first component, I just want to talk about, is the actual job training itself. We talked about the research that goes into planning each training, but then we run trainings anywhere from CNA trainings to CDL (Commercial Driver's License) trainings, pipe fitting, welding, office careers... And we have found that that diversity of job training has made our staff really skilled at developing those useful and purposeful trainings. And then we also do work skills that are universal to any career, including resumes, computer skills, interview practice, and that sort of thing. The next component of the program and, like I had mentioned earlier, and probably one of the more unique pieces is our mental health services. These are designed to help participants address any barriers that may have gotten in the way of being successful at work in the past, and this could be anything from a communication style that comes off as aggressive to lack of confidence to relationships that have been really challenging or abusive. And the therapist's job is really to be on the lookout during the program to name strengths of each woman, but also notice barriers as they're coming up in the moment. And so, women that are participating in group counseling every week, maybe individual counseling every other week—and group therapy is really the place where the women lean on each other, but they practice new skills. We encourage practicing direct feedback with each other, engaging in conflict when it comes up. And again, I've seen the transformative power of these interactions. The women emerge from group feeling more confident in their ability to have tough conversations, which, again, on-the-job often prevents someone from just walking off and leaving a job. And then, the individual therapy again, it's just more individualized focus. We talk about how the program is going and where they might be needing support. The next topic, or our next component, rather, is our life skills where we have different... We invite different presenters to come into the communities to talk about all kinds of topics, like parenting,

boundaries, healthy relationships, budgeting... And we check-in with the moms to see what kind of topics they would like and which ones are relevant. And the last is for those topics. It really is depending upon the group. And then, lastly, our Job Placement Phase involves actually matching participants to job opportunities that really fit their interests and skills. We recruit and reach out to employers in the community to ensure that there's continued training for the women—there are performance evaluations—and this gives the women a chance to practice new skills on the job and to get feedback, which is really helpful for growth. I do want to mention that, as part of both...for the participants and the employers, we do provide financial incentives. We see bonuses for attendance with the women and then we also offer to subsidize the pay for the women during their placements, which is usually about 6 weeks long, and that often incentivizes partners or employers to partner with us. But even so, we're really careful about the selection of our particular partners to make sure they really get the Climb model and want to support the women at being successful. And then, the last part of our program, which is ongoing support with our graduates—we really let our graduates lead the way with us. We're able to provide support for ongoing work issues or job skills, and we hold lunches and just try to maintain connections as much as we can. But again, we let the graduates drive that contact. Our impact: I'm not going to go into too much detail here, just in the interest of time, but we do have these statistics available on our website and in our progress report. But I will mention that the average monthly income, as of 2016, 24 months post-program, women were making around \$2,500 a month; whereas, prior to starting the program, 2 years prior, they were making about \$1,000. So, we're more than doubling the income of the women that have come into the program, which is really exciting for obviously them and their children. Lastly, we're just going to go through lessons learned and promising practices. The first, and like I shared earlier, this

idea of therapeutic group supportive relationships creating change has been such a huge lesson for us. It was present at the start with Ray and how she ran her Young Parenting Program. So, it was really, kind of, fundamental to how we worked, but as we've gotten clearer about our values and what's important to us, we know that entering into these relationships with the women and with each other in respectful ways just opens the door to the women feeling safe enough, talk vulnerably, and address some of the things that are difficult that, maybe, haven't been addressed in the past. But, I think it also creates a culture where you can make mistakes and fail and practice new skills, and you won't get judged and will just get a lot of encouragement along the way. Another lesson learned is about structure, and we found this structure is essential for effective learning. So, we know that, often times, when someone is living in poverty, lives are...those are really chaotic circumstances and chaos is not a very effective learning environment. So, it's essential for us to have consistency. We have interactions that are scheduled for the day so that we can provide a different experience for the women, and structure also helps our staff with job sustainability. As anyone on this call knows, the work is hard and we, as staff, need to know that we can count on and trust our organization structure of support and training. Um, another lesson is just about this group work. We've seen, time and time again, that groups being a part of this process really help to build social capital and executive functioning skills. Groups are... There's a real prime practice for relationship building and conflict engagement, and they provide that opportunity for social capital building, connection to others, their community in a trustworthy and stable environment. And then, because our staff are so highly trained to approach each woman in a therapeutically supportive way, this also helps practice executive functioning skills. So, slowing down, managing emotion, solving problems, because we give them the opportunities to practice this over and over again, and then they get



feedback from their peers and from staff while they're doing it. Um, and then, finally, some of the promising practices that have emerged that seem worth mentioning, conflict engagement and making it normal. We do this a lot at Climb, much to the chagrin of a lot of the staff.

Sometimes it's nice not to be in conflict, but really, it has allowed us to get more and more comfortable with conflict, which is the likelihood that we will do that better with our...with the women in the program. And there is complex... And so, the more comfortable we are, the better capable we are of helping women manage in different ways. And then lastly, training partnerships with TANF agencies: we've had the opportunity to partner with our local caseworkers to do some training just around relationship building and rapport building and how to motivate change, and what we have found is that those partnerships help build relationships between our agencies. We lose all the empathy about what each of our employees make in the future doings and how hard the work can be, and it also allows us to start to develop a similar language that we can use with our moms, which is helpful across the board for the women in our programs. So, that was a fast presentation and I am all done. Thank you, again, for listening, and I'll turn it back over to Carol.

**Ms. Mizoguchi:** Thank you. Okay, so now it's time for our next audience poll question and this is the final question. "Does your program access any special or additional funds for specifically serving young parents outside of TANF funds?" (*Pause.*) Okay, so it looks like 54% of the participants on the phone say that their program does have special or additional funds. There is also a question and it's... Oh, I see. I deleted it. So, there was a question from the audience and I'm going to assume the question was for Sarah. Someone wanted to know what type of conflicts you guy's experience.

**Ms. Brino:** Sure. Would you like me to answer that now?

**Ms. Mizoguchi:** Sure. Yes. Go ahead.

**Ms. Brino:** Okay. I think that question means, “How does those conflicts, sort of, show up during the program?” Um, so one of the examples I can say is that, at training, we have 10 women who are going through the process together. Just putting any kind of people together, inevitably, just, conflict happens. People start to get irritated with someone’s communication style or how they’re showing up at trainings, and so, often times, a women will come to one of the staff people to complain and vent and, understandably, to say, “This isn’t working for me.” And so what our consistent response is, “Thank you so much for coming and talking to us, and let’s bring this into our group therapy session and have you confront them first and directly with your feedback.” And so, conflict, I think... Conflict can happen as a result of those difficult conversations, and we just really work on reframing and checking in with people about how safe they’re feeling, but that, hopefully, is a partial answer to your question.

**Ms. Mizoguchi:** Great. Thanks, Sarah.

**Ms. Brino:** Yeah.

**Ms. Mizoguchi:** Okay. And so, now we’ll hear from Kristi.

**Ms. Bruwer:** Hi, good afternoon. My name is Kristi Bruwer. I am a Manager at Training Resources of America where we operate a Young Parents Program. I also serve as the coordinator of our Young Parents Demonstration Project. Today, I’m going to give you a brief description of Training Resources of America as an organization, an overview of our existing Young Parents Programs, discuss the development of our Young Parents Demonstration Project. I’ll share some of the data from that project along with some promising practices and success stories. And then, lastly, I’ll just share some quotes that we...from some employment \*\*\*  
(unclear - 1:06:23.) Okay, so Training Resources of America: we are a private nonprofit

organization with over 40 years of workforce development experience. We're headquartered in Lawrence, Massachusetts. We also have eight training sites statewide to help educationally and economically disadvantaged youth and adults to find pathways to self-sufficiency by increasing their basic education levels; improving their English comprehension skills; maybe a high school equivalency diploma; learning some occupational, vocational, and soft skills; helping them find and maintain employment, helping them transition to college or post-secondary ed., help them increase their wages and job advancement prospects; and, lastly, help them become active and productive members of their communities. We operate a variety of educational, employment, and skilled training programs, including our Young Parents Program. Our Young Parents Program provides pregnant and parenting out-of-school young people age 14 to 24 with a variety of services. \*\*\* (unclear - 1:07:35) being, we help them prepare for their high school equivalency test. We help them learn... If that English is not their first language, we help them improve their English skills. We train them in parenting classes, life skills classes, job readiness workshops; help them gain access to jobs or post-secondary education. We provide them with expenses, support services. And our Young Parents Program is funded by Massachusetts Department of Transitional Assistance and TRA has operating this program statewide since 1992. Our Young Parents Demonstration Program or YPD for short, um... In June, we were awarded a grant through... One of four awardees at each site received this grant with the Department of Labor to operate a Young Parents Demonstration Program as part of a national project. Five \*\*\* (unclear - 1:08:27) was assigned to evaluate the impact of incentive mentoring services on Young Parents Program outcomes and success rates \*\*\* (unclear - 1:08:35.) This grant enabled our existing like program to incorporate a new component that randomly selects participants to receive mentoring services focusing on education, re-advancement, and personal

development. This program was all done via random assignment. Half of the participants received mentoring services and half did not. Our YPD program: it is important to note, we did partner with another agency in Massachusetts named LARE. We had a goal of 400 enrolled into our Young Parent Program/YPD program over a 2-year period. TRA's goal was to enroll 200 \*\*\* (*unclear - 1:09:15*) participants and LARE's goal was to enroll 120 participants. Out of those 400 participants, only 200 were randomly assigned mentoring services. A lot of... All participants involved in 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 our partnering agency LARE both worked very closely with the evaluations on a monthly basis to process enrollment into YPD, along with the outcome and performance status. Our mentors focused primarily on these three areas: education, re-advancement, and personal development. Mentoring occurred a minimum a week for 4 hours per month for up to 18 months. Mentor/mentee we showed specifically one-to-one; however, our mentors did oversee \*\*\* (*unclear - 1:10:09*). TRA and LARE worked very closely screening, supporting, and training all the mentors, fully support the mentor/mentee relationships via staffing of a mentor specialist at each flag site. Next, I'm just going to share a little bit of some data we got on YPD. This first slide just shows effects of the YPD \*\*\* (*unclear - 1:10:33*) that were enrolled in TRA and LARE. You can tell in both the control and treatment groups, a majority of our YPD participants are female, but we do have a small population of males, as well. The next slide shows the ethnicity of our YPD participants. Again, you'll see control and treatment groups are pretty much level there. We do serve primarily the TANF youth in our YPD programs, but you can also visit images of TANF adults that we serve that were non-TANF. The next slide shows the employment status at time of YPD enrollment for both participants. A very small amount

were enrolled in the control and treatment groups were employed at program intake where, um...

Excuse me. At program intake, a very small were employed and you can see the majority of the participants were not employed at the time of enrollment in YPD. The next slide shows the highest level of education at enrollment into YPD. Most of our participants in both the control groups have \*\*\* (*unclear - 1:11:49*) or 11th grade, so they dropped out of high school to then enroll into our YPD program, but we did have some percentages that they dropped out eighth grade or higher. Next, this shows the number of YPD participants in education or training at intake: 6 months after intake, 12 months after intake, and 18 months after intake for our random assignments, and it shows how many were employed. You can really get a really good idea, at intake, how many were employed and as you see income and, at 6, 12, and 18 months, there's a big difference of what people in treatment groups the number of participants were employed. And it is interesting to note that, although all data compilations \*\*\* (*unclear - 1:12:39*) at the time, so five participants in our treatment group were employed with \*\*\* (*unclear - 1:12:47*.) And then this slide just shows the average of each of the YPD at intake 6, 12, and 18 months after random assignment. To date, all evaluation data and impact of mentoring services on the young parent's population of the YPD study are still being analyzed. So data is forthcoming and we will fast forward to steam up the end results of the study work. The feedback that we've received from both our mentors and our mentees is very positive. The young parents particularly appreciated receiving mentor support at this point in their lives. And then, to just share some promising practices and success stories. To the left, you'll see, um, we're very fortunate to have some youth for articles in different parts of the state, highlighting some successes with the mentor and mentee matches. And then some lessons learned during this project: one was expensive program planning and establishing skills for \*\*\* (*unclear - 1:13:57*) was very

essential. We spent about 6 months in the implementation phase before really starting the random assignment enrolling in the YPD programs, which is found very beneficial. Mentor training and ongoing support are key \*\*\* (*unclear - 1:14:15*) are very expensive mentor training at the beginning of the program, and then we also have the mentors get together on a quarterly basis to just share their experiences of any challenges they were having. Clear expectations must be explained for both the mentor and the mentee. Due to the research aspect of the grant, some of the young parents in the control group wanted a mentor, but they were not assigned one. Due to this being a research project and a demonstration project, people weren't able to be assigned a mentor to all participants. So, we just let them know that, after their participation in the program, there could be other mentoring services in the community, as they transitioned into the next steps, that they would be able to access if they wanted to. And lastly, several mentor and mentee relationships continue past the required assigned period, which is very nice to see. And just a couple of quotes to share with you—one from a mentor: “I was very interested in being a mentor, because I’ve always felt very blessed by the strong, stable upbringing that my parents gave me and really wanted to try and help a young mother give her children the same.” And then a quote from one of our mentees: “She’s like a friend or even a mother with all of her suggestions. She’s helped me with housing applications and taking care of problems.” Another quote from a mentor: “When I am with my mentee, it has been great. I feel like I am able to make a difference.” And the last quote from a mentee: “It helps a lot. This helped me with my math. This helped me not to be so depressed because, when I met her, I was kind of down.” And that’s all I have for today. If anyone has any questions or comments, I would be more than happy to try to answer them. Thank you very much.

**Ms. Mizoguchi:** Thank you. Now, at this time we... First, I would like to thank our wonderful presenters and thank you for all of the information that you've shared with us today. And then, we're going to go ahead and open it up for questions from our audience, and I think we already have a few questions here. There's a question for Sarah, and the question, "Do they ever... Do you guys ever partner to access to... Do you have access... Let me see. Do they ever partner to access available professional education, like an LTN program where you can provide all the extra important services?"

**Ms. Brino:** Yeah, that's a fair question. We have looked into partnering with, like, a degree program and what we have found, at this stage in the game, is that the degree programs often aren't a great fit for the women as they start this process of entering into a new professional world. And so Climb has really focused on being a stepping stone. So, for example, with our CNA training, a lot of the women then go off to pursue higher degrees. So, we really do feel like we're kind of opening the door into a career that hopefully has some ability for growth.

**Ms. Mizoguchi:** Great. Thank you. And now I have another question about your recruiting process for obtaining mentors.

**Ms. Bruwer:** Okay, yes. This is Kristi. Um, what we did was... We did a variety of different things. We did a lot of marketing in the local communities. We partnered with different youth councils and workforce development boards to recruit mentors. We did presentations at local 2-year colleges and 4-year colleges. We did a lot of presentations at different community networking groups or other non-profits that we work closely with. A lot of times, it was word-of-mouth, too. You know, we had one mentor come in to be trained and—you know how some people are—he would know a couple of people that were interested. So, we did it in a lot of different methods and, like I said, it was nice. We had about a 6-month time period of just,

really, implementation of how we were going to do things. And in all that time, we spent working on recruitment, which was very beneficial at the time.

**Ms. Mizoguchi:** Great. And Kristi, would you provide your... Can you provide your contact information?

**Ms. Bruwer:** Yes, I can do that right in the chat, yes?

**Ms. Mizoguchi:** Okay, or if you put it in the chat, I don't think the audience will be able to see it.

**Ms. Bruwer:** Okay. Um...

**Ms. Mizoguchi:** Maybe...

**Ms. Bruwer:** Yeah, I can share my email address if that would be helpful.

**Ms. Mizoguchi:** Okay.

**Ms. Bruwer:** My email address is [kbrewer@tra-inc.org](mailto:kbrewer@tra-inc.org).

**Ms. Mizoguchi:** Thank you. And we have another question. "When a teen parent is under TANF with their parent and their sanction, what other resources would be available to support the teen parent throughout the month?" Someone on our panel, I think perhaps...

**Ms. Slick:** This is Deborah from Minnesota. I could take a stab at that. Um, and for the teen, parents for self can be sanctioned. The teen parent's mother, if they're living in the same household, could be sanctioned, as well. It really depends on how the state handles who is seen as the head of household in that situation. But really, the answer is not a very promising one, but when they move some or all of that income support, there aren't many places for them to turn and it differs so much from state to state. They probably won't lose their food stamp benefits, their Supplemental Nutrition Assistance Program benefits, but their childcare assistance, if they're getting that as part of their TANF benefits, maybe it lifts since they aren't cooperating.



So then, it really depends on a community, a local community safety net, and that's a pretty fragile safety net. Sorry, I don't have a better answer.

**Ms. Mizoguchi:** Thank you. There's another question. Someone just asked me about the slides and we will have the...on our website at [www.peerta.acf.hhs.gov](http://www.peerta.acf.hhs.gov). The slides, as well as the audio, the transcript for the webinar, will all be available. Okay, there's another question from Kenneth. "In working with tribal TANF programs/clients, is it more difficult due to the cultural understanding and passage, um, rites of passage and how do the two tribes handle this delicate issue?" Deborah.

**Ms. Slick:** So a couple of things there. In Minnesota, we do have two tribal TANF programs. Both run through the Ojibwa Nation, the Mille Lacs Band and Red Lake Band, but the home visiting services may or may not be with the tribal TANF providers, because we also have American Indian participants, including those on tribal lands, reservations that are part of our state TANF program. So, I think the first thing is that the questioner is right, that you can't underestimate how important the cultural understanding and cultural practices are if you're going to want to form a relationship. So, the home visiting model that's being used in a couple of locations in Minnesota, the Family Spirit, is an American Indian developed model and it's being delivered by tribal agencies. So, we're hoping that the cultural competency is hardwired in, both in the development of the model and then the delivery of the model. And it still comes up again, the reality of the TANF program and its requirements, and again, we hope that what happens in the context of a very strong relationship-based model, that the young women's course on persisting in attendance to high school and working towards graduation stays strong and that it's...that, um, what helps keep her on that course is a sense of there's somebody in her life is going to support her in doing that, cares about her outcomes in doing so, and helps her

understand how important it will be for the rest of her life, and that they...where it's a Family Spirit home visiting program, that it's done in a cultural context that makes that fit in her life. I hope that answers the question.

**Ms. Mizoguchi:** Great and we are... It looks like we've run out of time. We have one more question and I think we'll... I don't know if there's a quick answer to this question, but we will have the opportunity... We'll post questions on the website, so you won't be left without a response to your questions. I just wanted to thank everyone who participated and thank the audience, as well as our panelists, and remind... I would like to remind everyone to please leave your feedback and remember that a transcript and an audio recording of this webinar will be available shortly on our PeerTA network website. Its [peerta.acf.hhs.gov](http://peerta.acf.hhs.gov). And we'd also like to hear from you about future webinar topics. So, please send us your ideas by email to PeerTA. And again, that's one word—@icf.com—and, as always, we're looking to broaden awareness and expand our network; so please share information. Direct your colleagues from your local and state networks to our website. And again, the website is [peerta.acf.hhs.gov](http://peerta.acf.hhs.gov). We look forward to your participation and thanks again for your feedback, and everyone have a nice afternoon.

*(End of webinar - 1:26:50.)*