



U.S. Department of Health and Human Services
ADMINISTRATION FOR
CHILDREN & FAMILIES

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



U.S. Department of Health and Human Services
ADMINISTRATION FOR
CHILDREN & FAMILIES

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.



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OFA PeerTA
Strengthening Self-sufficiency Pathways

OFA PeerTA Network Webinar

Use the Q & A in the lower left corner of your screen to submit questions to the presenters.

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Q&A
Type your question in the Q&A box, at the bottom right

Q&A over the phone
*6 to unmute your line and ask a question
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Q & A

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Introductions, Logistics, Agenda Overview

Carol Mizoguchi, OFA



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- **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



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Audience Poll #1

What percentage of your clients consists of pregnant and parenting teens or young parents?



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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 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**

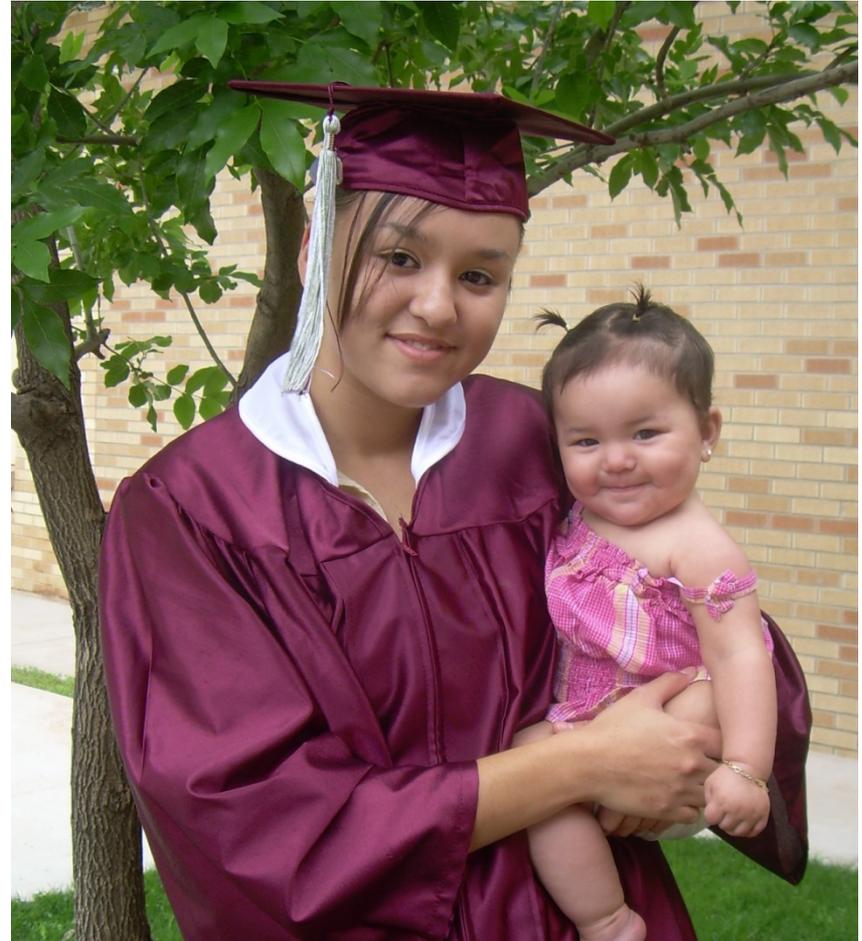
- Adolescent Pregnancy Prevention Program – (1978 – 1981)
 - First Federal program designed to address teen pregnancy
 - Integrated and comprehensive care services for pregnant and parenting adolescents
 - Consolidated into the Maternal and Child Health Block Grant
- AFL – (1981 – 2011)
 - Continued focus on teen pregnancy while supporting pregnant and parenting teens
 - Demonstration and research
 - Emphasized innovation & family inclusion approach
- PAF – (2010 – 2019)
 - Building upon a legacy of excellence and a renewed Federal commitment the PAF was launched

- 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

- **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

- **Grantee Cohort 1 – FY2010 – FY2012 (Project Period 2010 -2013)**
 - 17 grantees - 15 State & 2 Tribal Entities
- **Grantee Cohort 2 – FY2013 – FY2016 (Project Period 2013-2017)**
 - 17 grantees - 14 State & 3 Tribal Entities
 - Program Priorities: Young Fathers
- **Grantee Cohort 3 – FY2015 – FY2019 (Project Period 2015-2020)**
 - 3 grantees - 3 State Agencies
 - Program Priorities: Young Fathers and Adults (Age 20-24)
- **Grantee Cohort 4 – FY2017 – FY2019 (Project Period 2017-2020)**
 - 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



- 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

4 Grantees

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

Category 2

18 Grantees

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

Category 3

4 Grantees

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

Category 4

12 Grantees

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

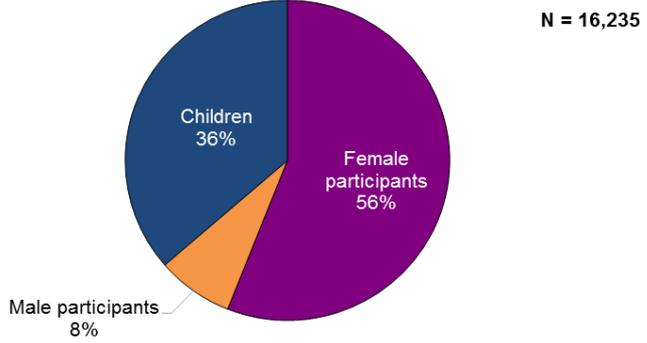


Figure 3: Participants by Race

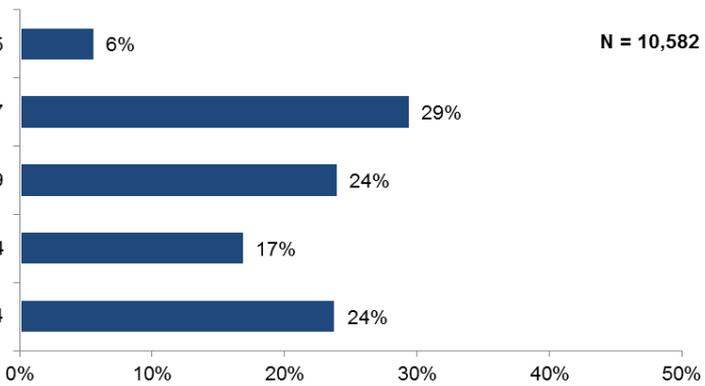
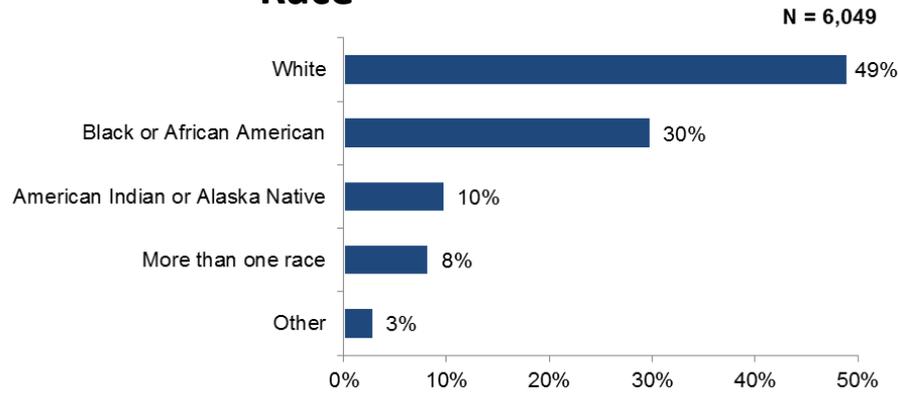


Figure 4: Participants by Ethnicity

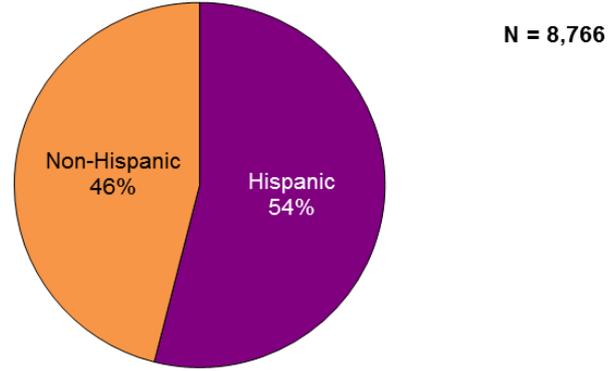


Figure 2: Participants by Age

* Preliminary data from PAF Cohort #2, Year 2

2012

PAF Expert Panel
Summative
Findings:
Supporting
Pregnant and
Parenting Teens

2015

Young Fathers
Expert Panel
Meeting

2015

PAF
Implementation
Report

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

- 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

- 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

- 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

- 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

- 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 screenshot shows a web browser window with the URL www.hhs.gov/ash/oah/oah-initiatives/resource-centers.html. The page header includes the U.S. Department of Health & Human Services logo and the text "U.S. Department of Health & Human Services" and "www.hhs.gov". The main content area features the Office of Adolescent Health logo, a search bar, and a navigation menu with links: Home, About Us, OAH Initiatives, Adolescent Health Topics, News, Resources & Publications, and Grants. The "Resource Centers" section is highlighted in orange and contains the following text: "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." Below this text are three resource center cards: "Pregnancy Assistance Fund Resource Center" with a photo of a young woman, "Teen Pregnancy Prevention Resource Center" with a photo of three young women, and "Adolescent HIV/AIDS Prevention National Resource Center" with a photo of four young people. On the right side, there are three promotional boxes: "EVIDENCE-BASED PROGRAMS FOR TEEN PREGNANCY PREVENTION" with a "Learn more" link, "TALKING WITH TEENS" with the subtitle "Our Site for Parents and Other Adults", and "E-UPDATES" with a form to "Enter E-mail Address" and a "Submit" button. Below these is a "Need health insurance?" section with a "Learn more >" link and the "HealthCare.gov" logo. At the bottom right, there are social media icons for Facebook, Twitter, and YouTube.



Connect with Us!

Website: www.hhs.gov/ash/oah/

YouTube: www.youtube.com/teenhealthgov

Email for OAH: oah.gov@hhs.gov

Email for TAG: TAGteam@hhs.gov

Twitter: @teenhealthgov and #TAG42mil

E-Updates (Home Page)





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Audience Poll #2

Does your state or county engage young parents in a different way than other TANF participants?



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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

- $\frac{3}{4}$ 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:

- Barnett et al, Annals of Family Medicine, Home Visiting for Adolescent Mothers, May 2007.
- Anita Larson, Center for Advanced Child Welfare Studies, University of MN, “Educational Outcomes and Family Well-Being of Teen Parents”, 2006.

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



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CLIMB Wyoming's Model for Serving Young Parents

Sarah Brino
CLIMB Wyoming



Climb

W Y O M I N G

**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**

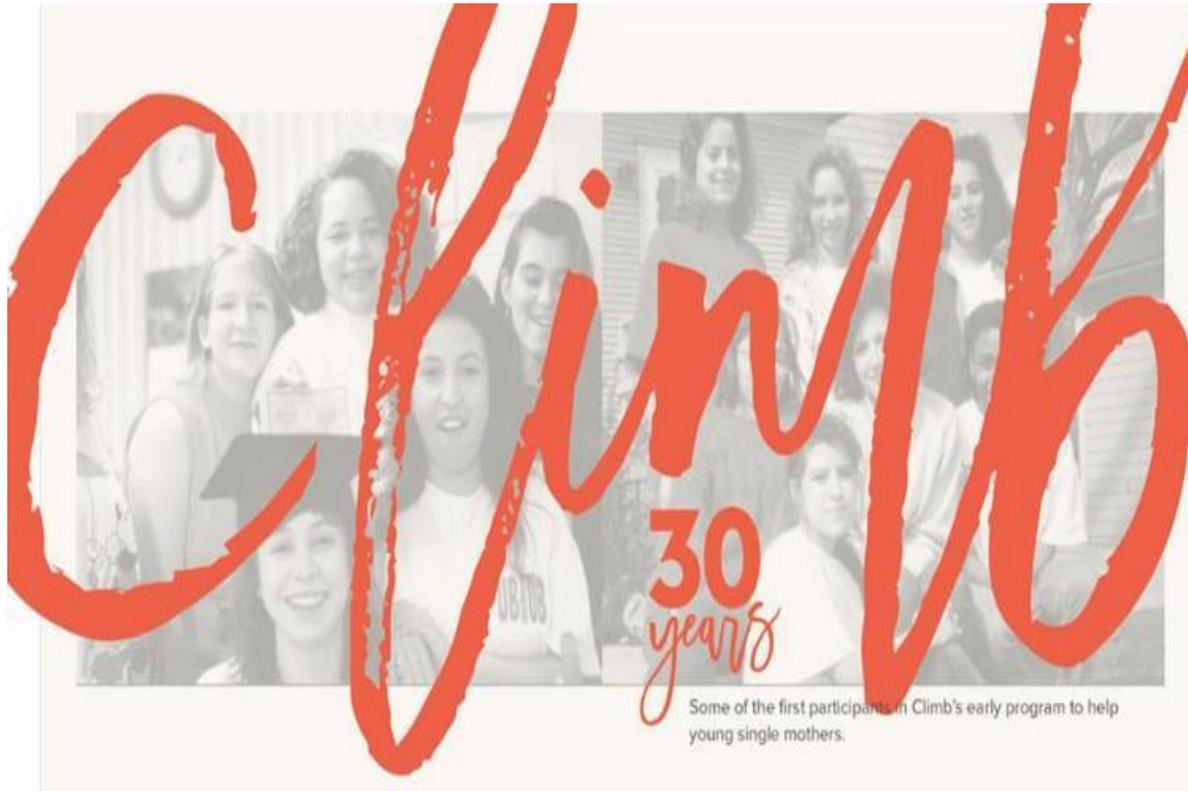


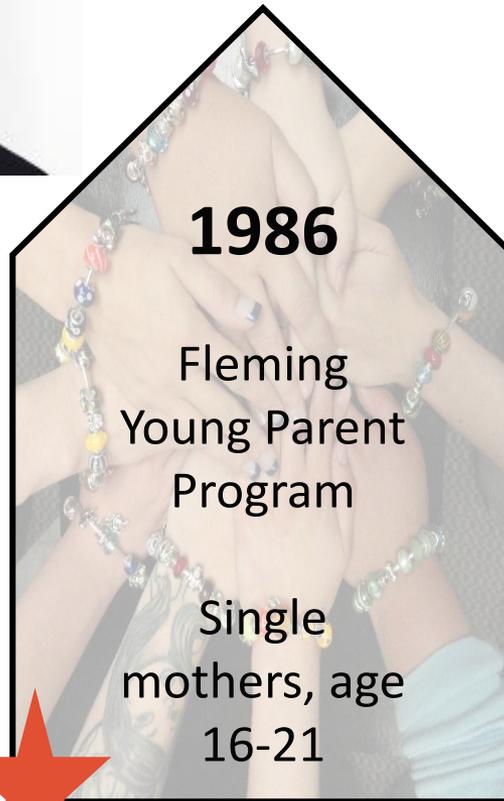


OUR MISSION

For low income single mothers to discover self-sufficiency through career training and placement.

Climb
W Y O M I N G





1986

Fleming
Young Parent
Program

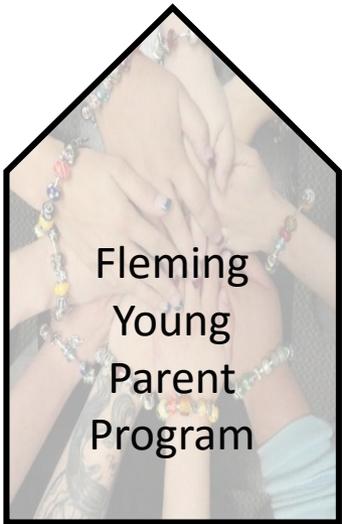
Single
mothers, age
16-21



Cheyenne

Climb

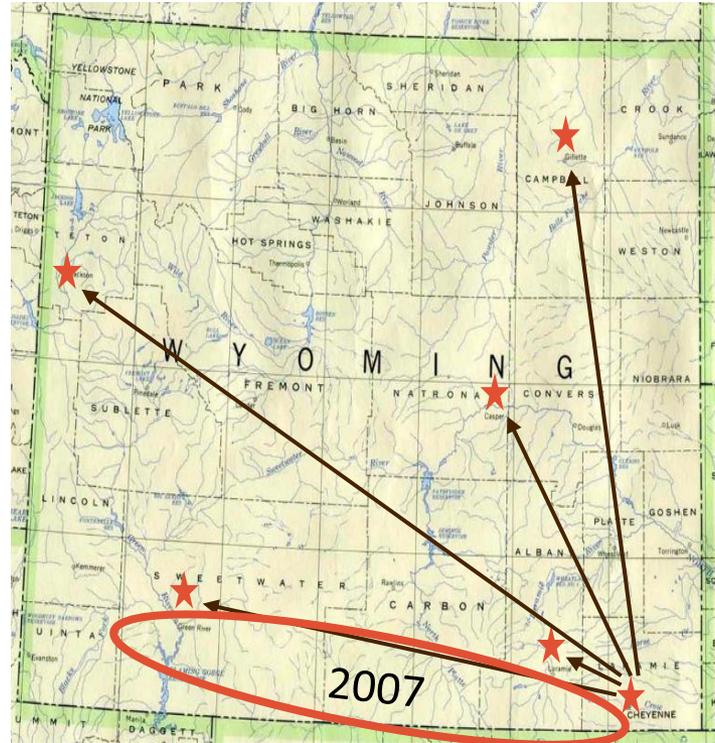
W Y O M I N G



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



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



Climb
W Y O M I N G

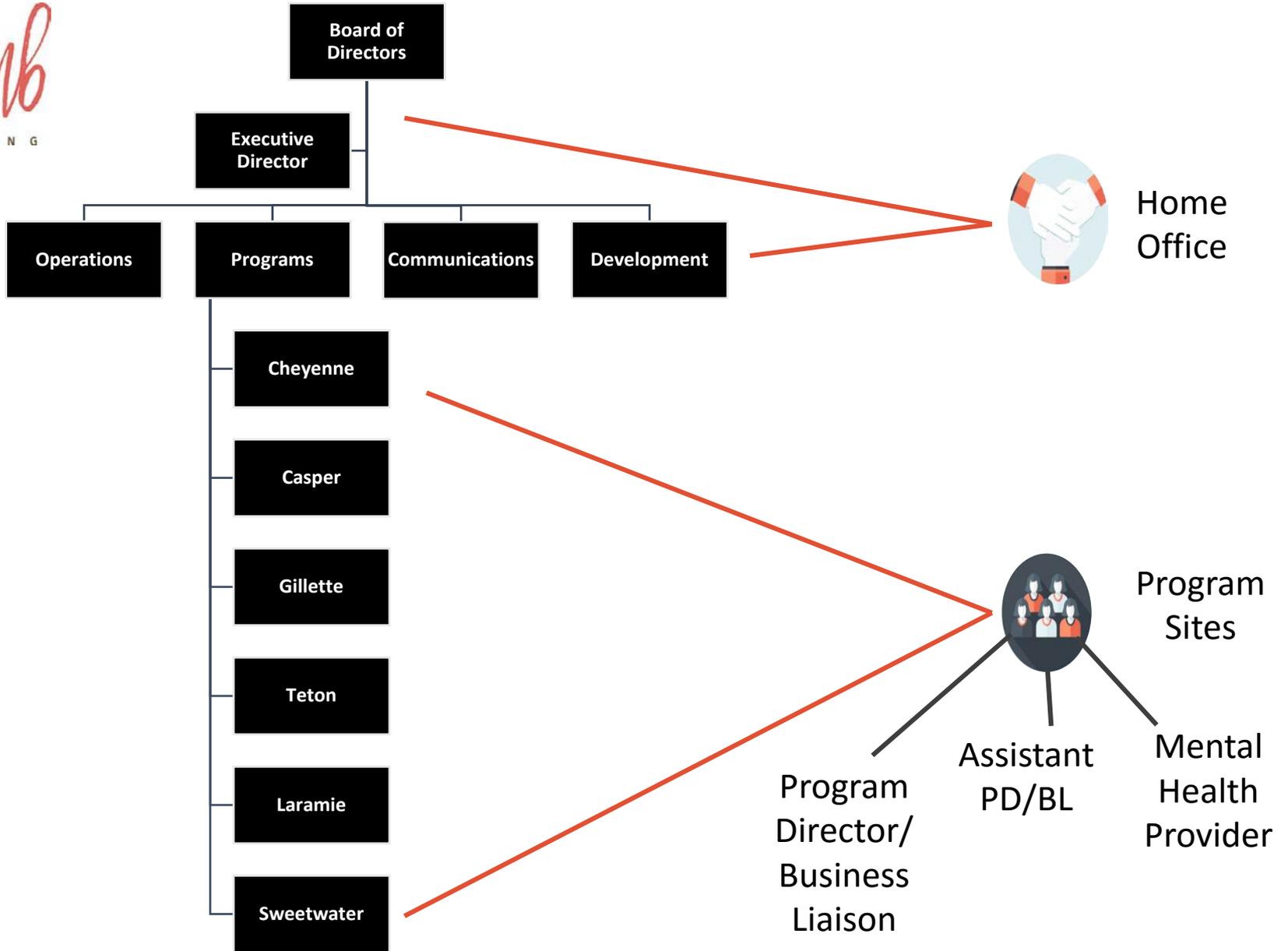


...and over the past

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



OUR APPROACH



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.

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.

Climb
W Y O M I N G

CENTRAL TENETS OF
RELATIONSHIP-DRIVEN DIRECT
SERVICES

OPEN, HONEST & DIRECT COMMUNICATION

RESPECT

CONFIDENTIALITY

ACCEPTANCE **EMPATHY**

SELF-AWARENESS

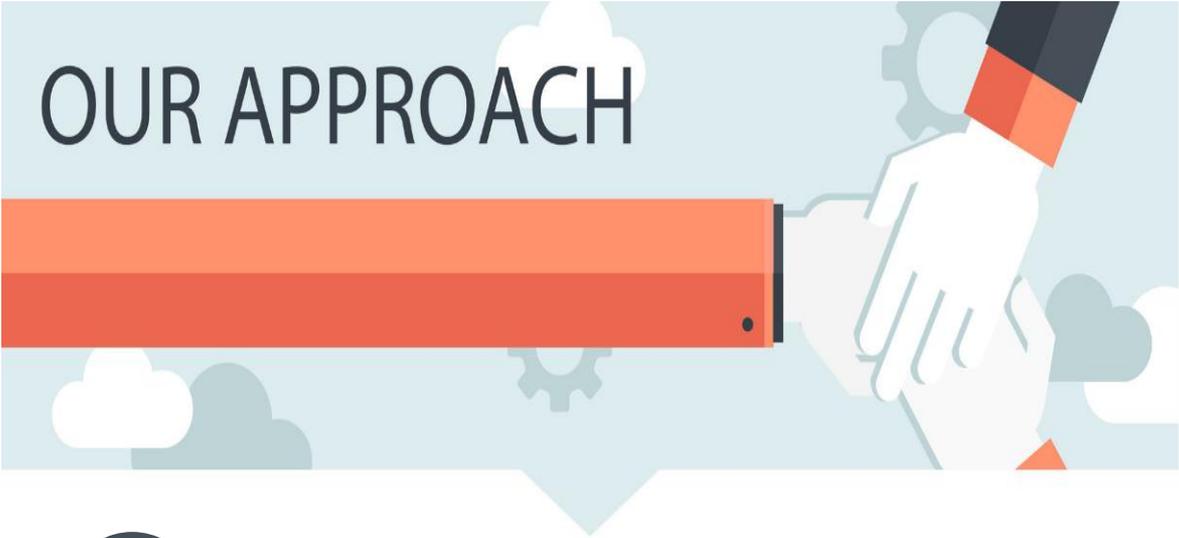


INTEGRITY NON-JUDGMENT

BOUNDARIES

TRUST

OUR APPROACH



PROGRAM SITES

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

OUR APPROACH



TRAINING
RESEARCH



RECRUITMENT



APPLICATION
PROCESS

OUR APPROACH



TRAINING
RESEARCH

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

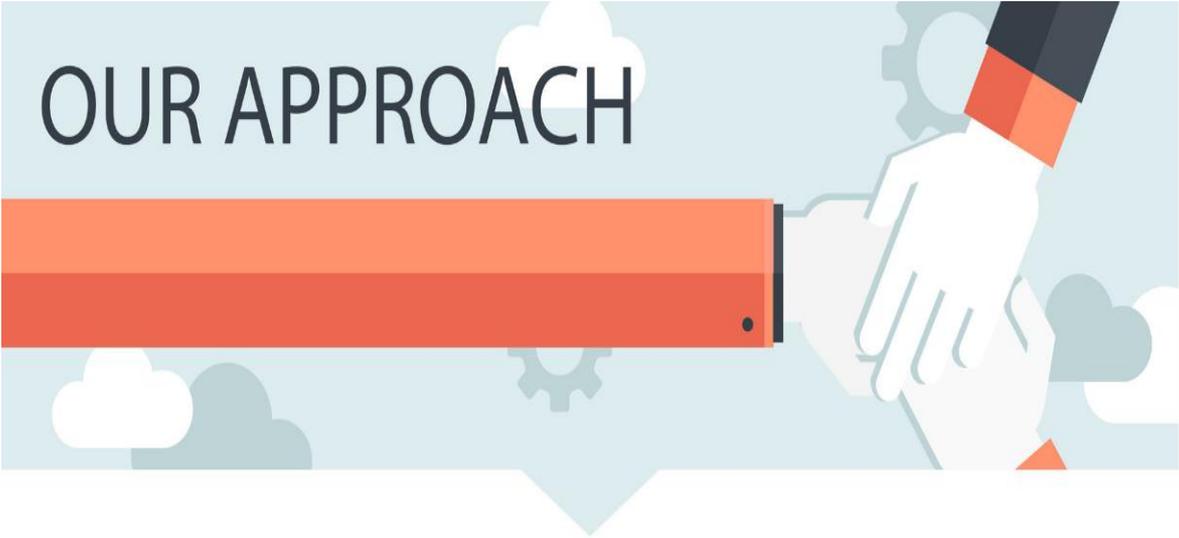
OUR APPROACH



RECRUITMENT

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

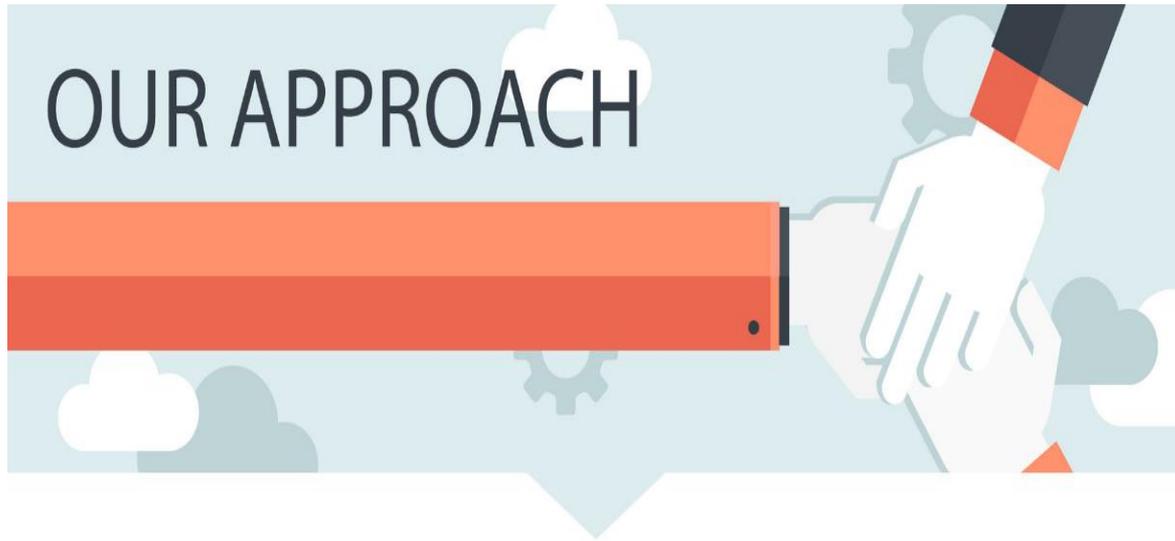
OUR APPROACH



APPLICATION PROCESS

Participants must meet federal poverty guidelines and be ready to commit to our rigorous program - they can only go through the program once.

OUR APPROACH



RECRUITMENT



APPLICATION
PROCESS

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

LIFE SKILLS TOPICS

- Parenting
- Time management
- Conflict resolution
 - Nutrition
 - Budgeting



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- Workplace professionalism



MENTAL HEALTH SERVICES

- Group counseling
- Individual counseling
- Therapeutic program approach



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.

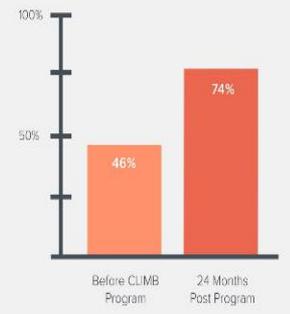
CLIMB
W Y O M I N G



Average Monthly Income



Percentage Employed



Percentage on Food Stamps



52%
Before CLIMB Program



32%
24 Months Post-Program

Percentage on Public Healthcare

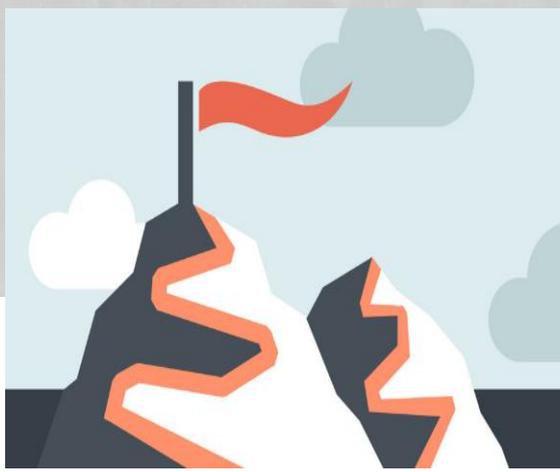


32%
Before CLIMB Program



13%
24 Months Post-Program

OUR IMPACT



Graduation Rate



89% of single mothers who enter a CLIMB Wyoming program successfully graduate.



Origins of CLIMB



The CLIMB Model

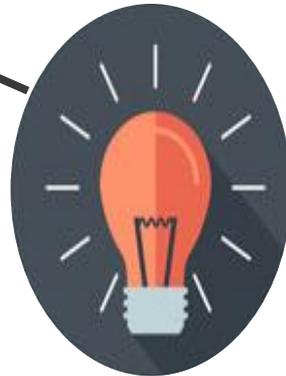


What we've learned

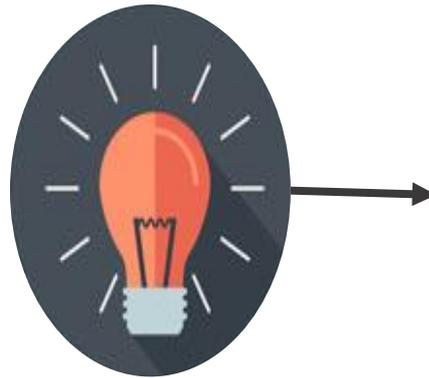


LESSONS LEARNED

**THERAPEUTICALLY
SUPPORTIVE
RELATIONSHIPS**
create meaningful
and lasting change



LESSONS LEARNED



Consistent and reliable
STRUCTURE is essential to
staff and participants alike

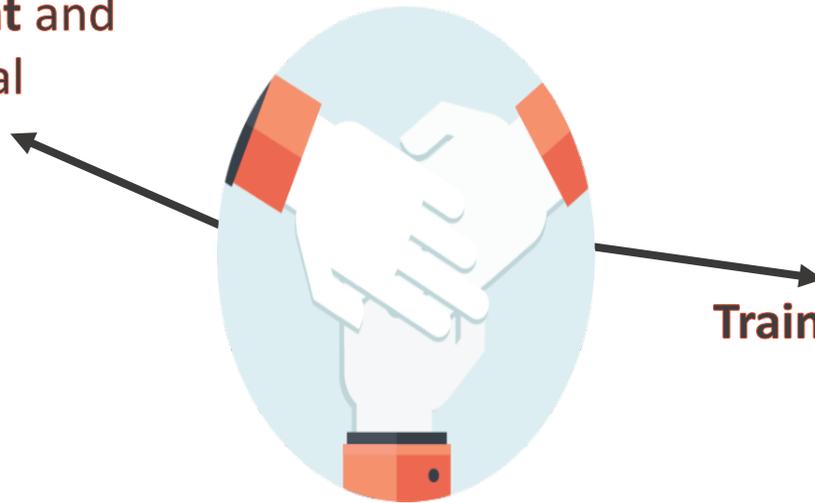
LESSONS LEARNED



Groups build **SOCIAL CAPITAL** and
EXECUTIVE FUNCTIONING SKILLS

PROMISING PRACTICES

Conflict engagement and making it normal



Training partnerships with TANF agencies

Climb

W Y O M I N G

Thank you!





U.S. Department of Health and Human Services
ADMINISTRATION FOR
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Audience Poll #3

Does your program access any special or additional funds for specifically serving young parents (outside of TANF funds)?



U.S. Department of Health and Human Services
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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.



Young Parents Demonstration Program (YPD)



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.

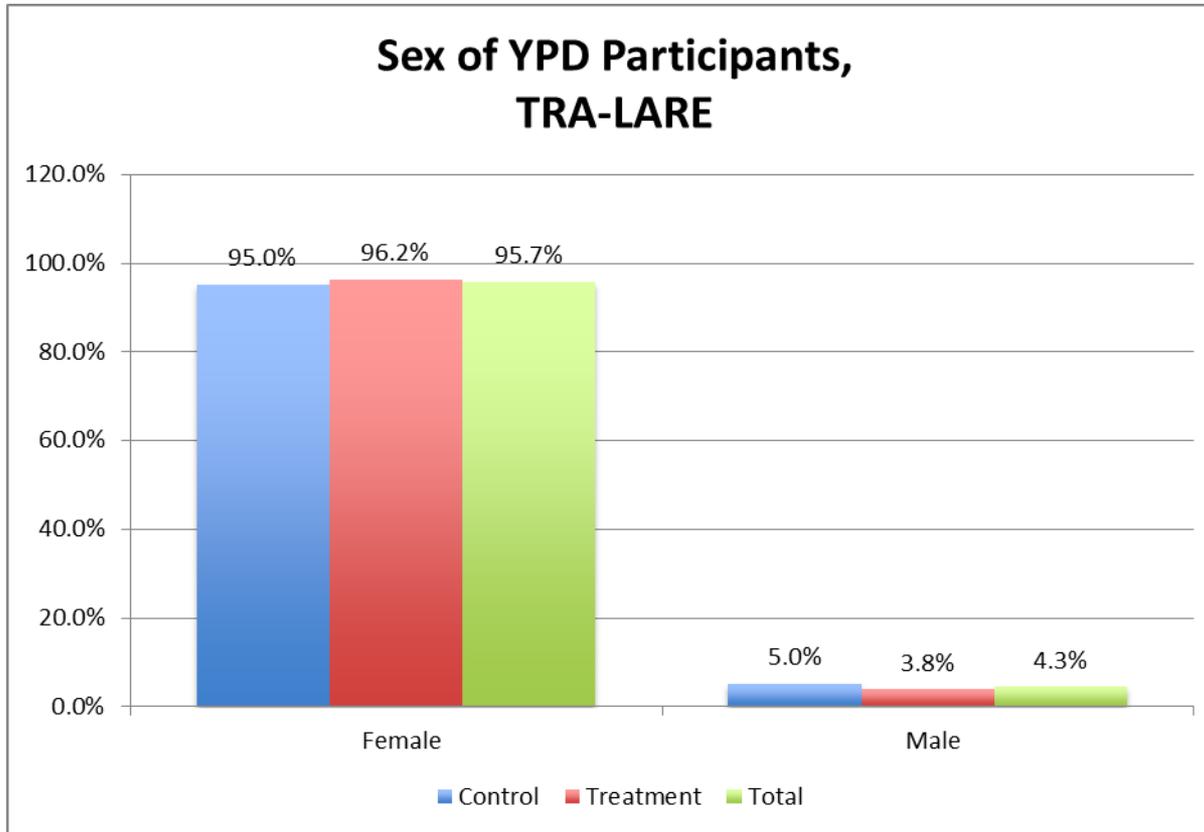
YPD - Continued

- 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.

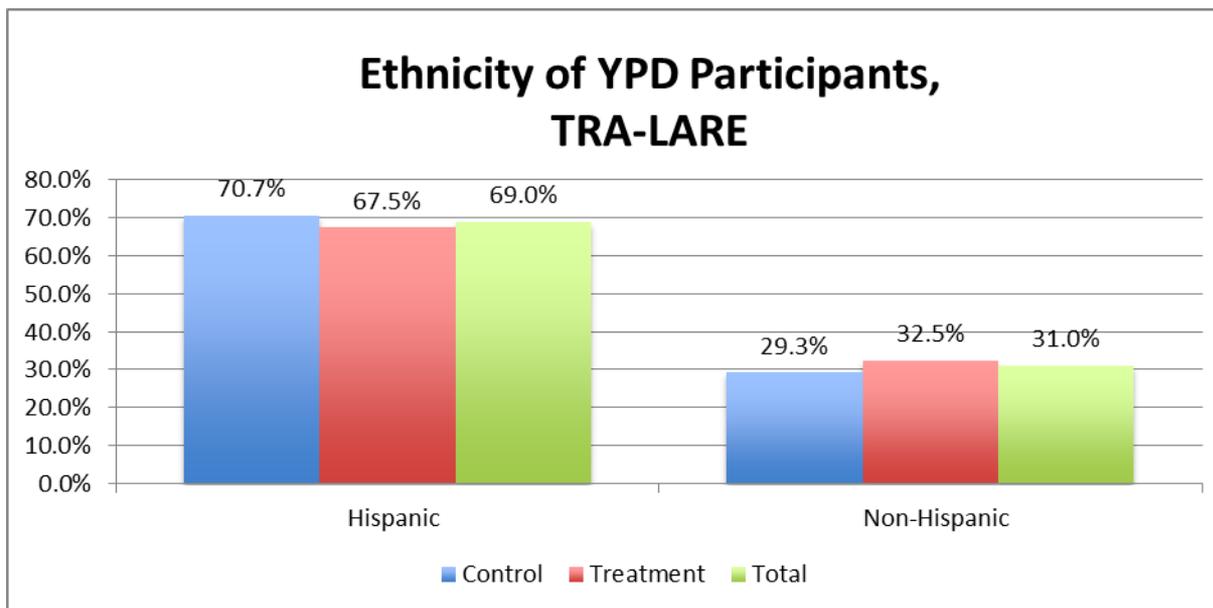
YPD - Continued

- 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.

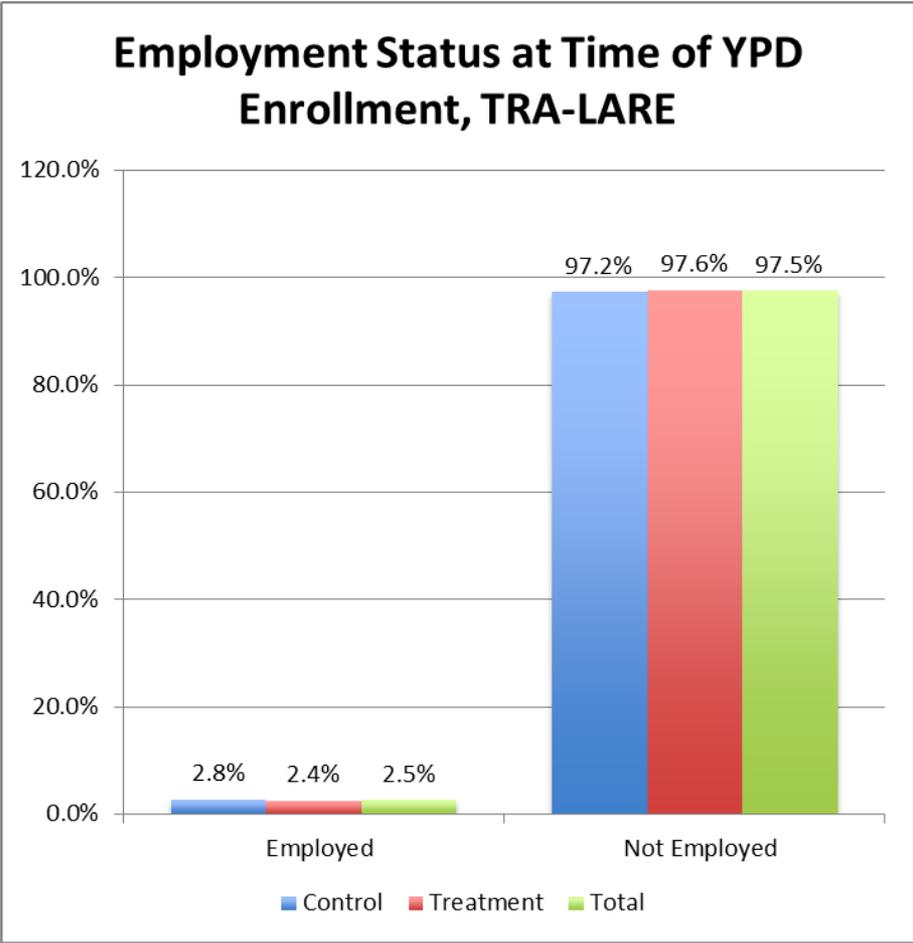
YPD Data



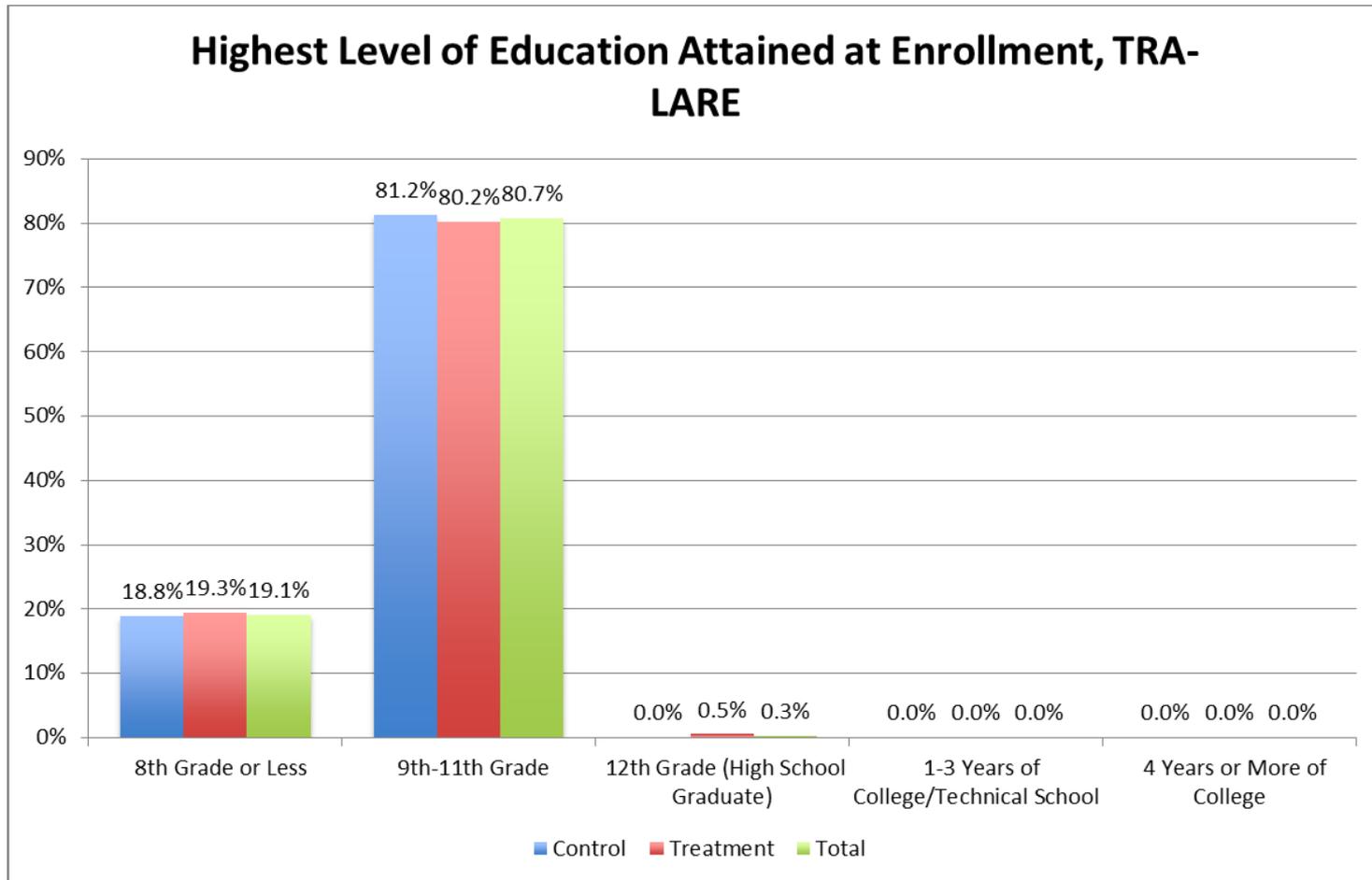
YPD Data - Continued



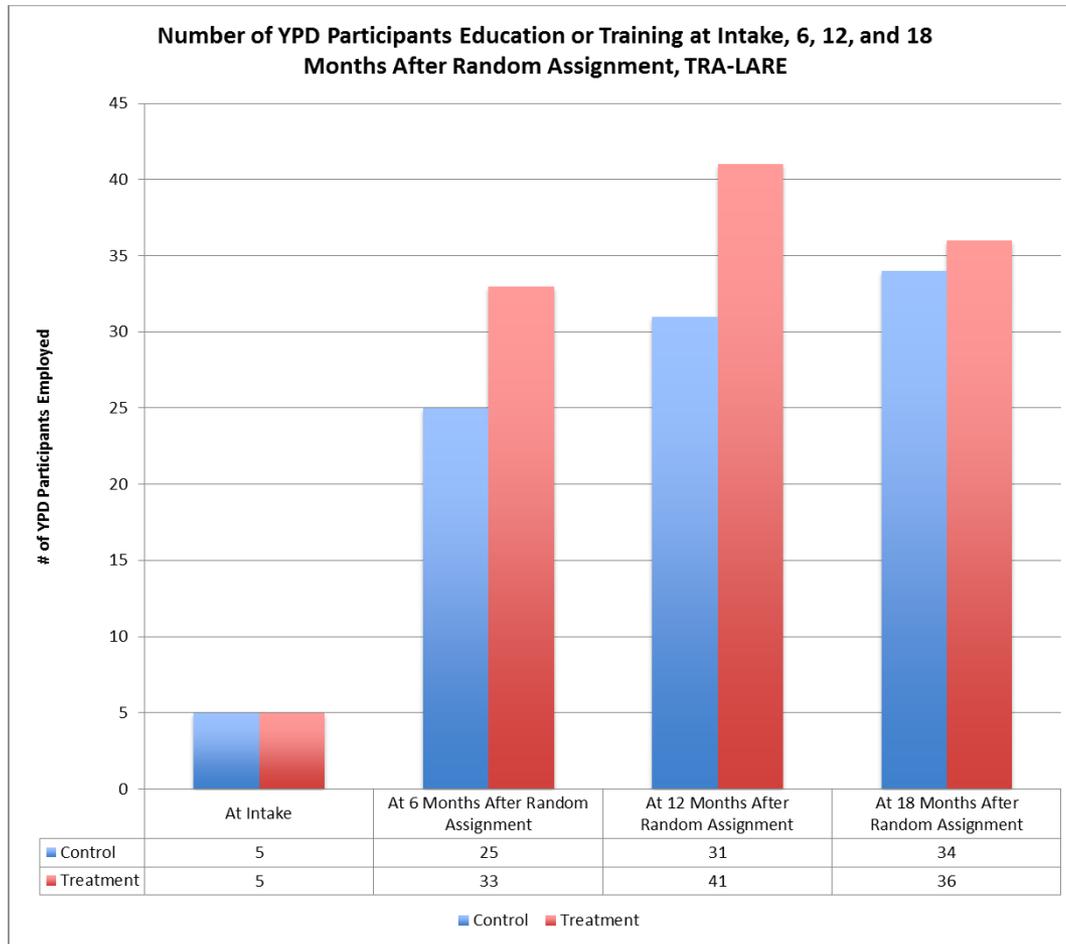
YPD Data - Continued



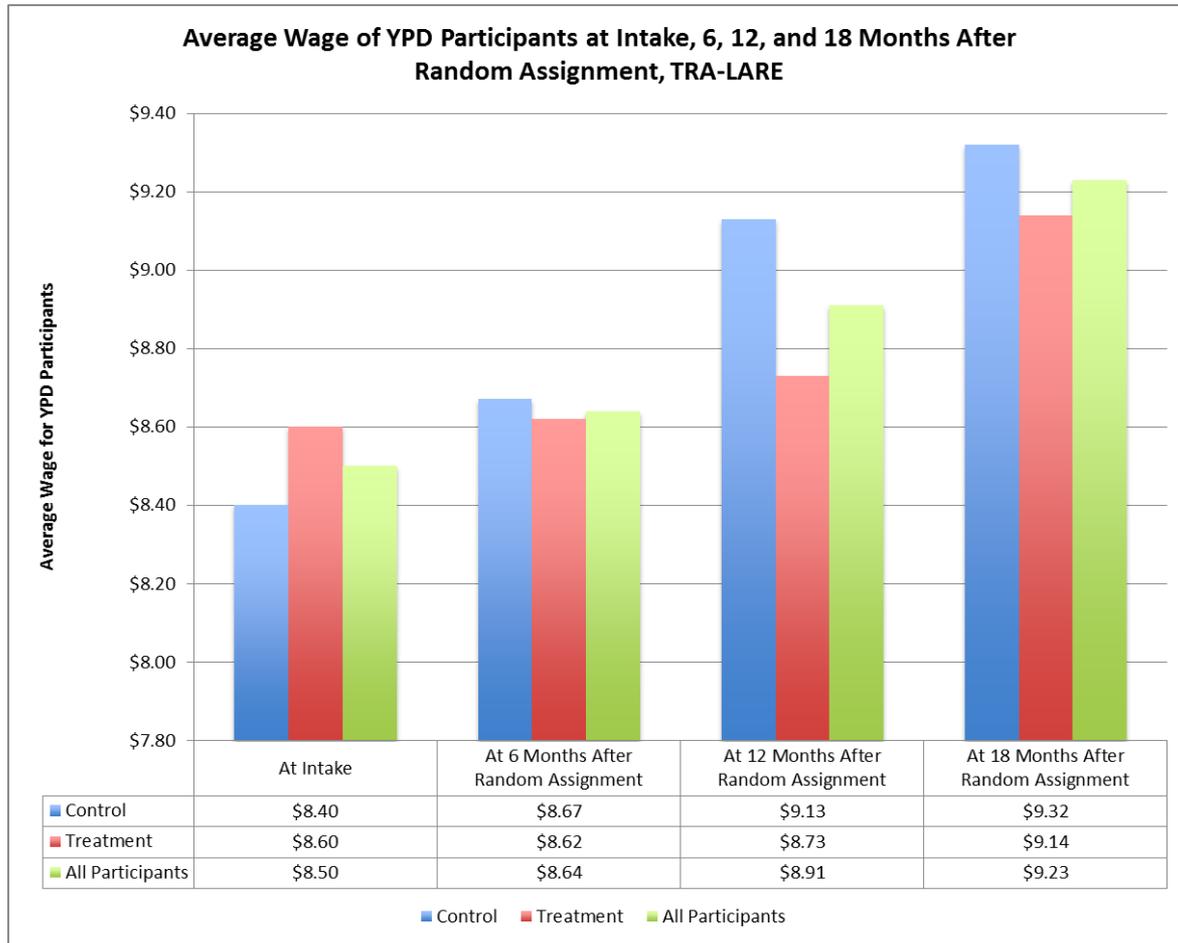
YPD Data - Continued



YPD Data - Continued



YPD Data - Continued



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

January 1, 2014 • THE REPUBLICAN PLUS • 9

Mentoring program helps young parents

HOLYOKE — Meet mentor Elizabeth (Libby) Walton-Stanford and mentee Esther Sanchez who met in May through a young parents mentoring program at Training Resources of America.

Sanchez, a single mom with a young son, is enrolled in the Young Parents Program at Training Resources' Holyoke office where she is studying for the GED and learning parenting, life and work skills.

When the agency received a Young Parents demonstration grant from the U.S. Department of Labor in July 2011, it was able to add a mentoring component to its statewide programming for young parents. And that's when Elizabeth and Esther were matched up.

Within a few months they built a genuine rapport with one another.

"We are developing a special connection that is important to me. It's interesting to me to see the world through Esther's eyes and to learn about her life and experiences. I realize that while we are very different in many ways, we're the same in many ways, too. We're both moms, and the health and well-being of our children is of utmost importance to both of us," says Walton-Stanford.

The match is successful because they are both actively engaged in the relationship. They communicate regularly and ensure that they understand what is important to each other. They enthusiastically include one another in their lives.

Walton-Stanford incorporates each of their families into their activities, knowing that Sanchez finds this highly important.

Over the summer, when Walton-Stanford went on an extended vacation out of the county, she kept in contact with Sanchez via email and postcards. She included pictures of the places she was visiting and updates on her family.

Sanchez would reciprocate,



Submitted photo

A mentoring program operated by Training Resources of America matches pregnant and parenting teens ages 14 to 21 with caring volunteer mentors. Shown here are mentor Elizabeth Walton-Stanford and mentee Esther Sanchez.

updating Walton-Stanford on her daily activities, while including pictures of her and her son.

"Elizabeth's a good mom. She gave my son books. She's just so nice. I've met her family. Her husband speaks Spanish, and she and her girls are learning too," says Sanchez.

Through the progression and strengthening of their mentoring relationship, Sanchez's attitude and ambition toward succeeding in the Young Parents Program has

vastly improved.

"Not for nothing, Elizabeth is a wonderful person, she has a good heart. I needed someone like her in my life. She keeps me positive. She helps me," said Sanchez about her mentoring relationship.

But it isn't a one way street. Walton-Stanford said, "Being Esther's mentor has enriched my life. She is a warm, sweet and caring person, and I feel privileged to have been invited into her life. I think that we are both growing as people be-

The match is successful because they are both actively engaged in the relationship. They communicate regularly and ensure that they understand what is important to each other.

cause of the relationship, and I appreciate her ability to communicate to me that the relationship is important to her. I enjoy spending time with Esther, and we have fun together. I look forward to our time together."

They are very excited about the future of their match. Walton-Stanford is teaching Sanchez to knit. Sanchez is working hard to obtain her GED.

Founded in 1975 and headquartered in Worcester, Training Resources of America has eight sites throughout Massachusetts, including the Holyoke office at 229 High St., second floor, and the Springfield office at 32-34 Hampden St. More information is available online at trainc.org.

- 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

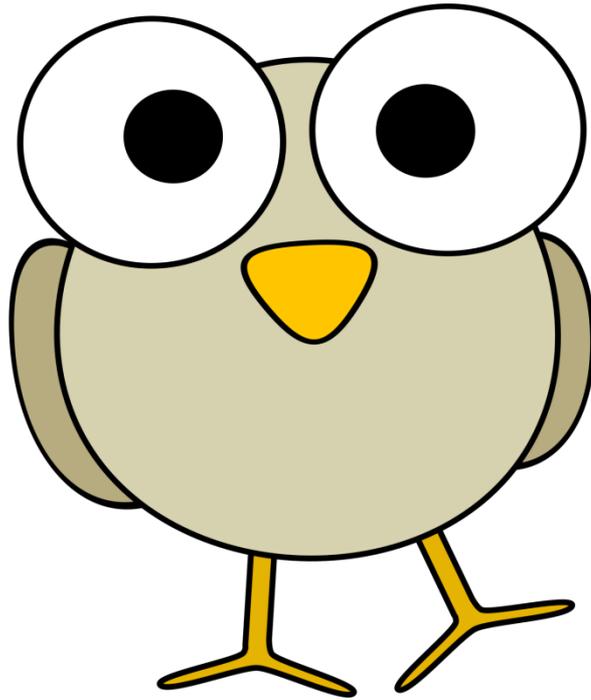
Mentor Quote

“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



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Facilitated Q&A

Carol Mizoguchi, OFA



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