



Briefly...

Policy Brief: Opportunities for States to Address Teen Pregnancy Through New Federal Funding Streams

On August 2, 2010, The U.S. Department of Health and Human Services' Administration on Children, Youth, and Families (ACYF) announced the availability of more than \$100 million in formula grants to states and territories through two programs, the State Personal Responsibility Education Program (PREP) and the Title V Abstinence Education Grant Program. Both programs focus on preventing teen pregnancy and sexually transmitted infections (STIs). States and territories that intend to accept the funding for FY 2010 have until August 30, 2010 to respond to each of these funding opportunity announcements with an initial abbreviated application. Full state plans are then due for the Title V Abstinence program on December 10, 2010, and for the PREP program on February 1, 2011. Each State can submit one application for each funding stream, and a state's authorized representative will designate which agency will apply. States must certify that any programs supported with PREP or abstinence funds are medically accurate.

These new federal funding streams present states and territories with an important opportunity to address high teen pregnancy rates at a time when progress on the issue is stalling and funding at the state and local levels is scarce. ACYF will release a separate funding announcement especially for tribes in the coming months.

The State Personal Responsibility Education Program (PREP) was authorized in the Patient Protection and Affordable Care Act (known as ACA) to support efforts to educate youth about abstinence and contraception as ways to avoid teen pregnancy and STIs, including HIV/AIDS. Funding was approved for five years and is available to states on a formula basis; *each state that applies is eligible to receive at least \$250,000*. States are required to incorporate elements of programs that are evidence-based and must also add three "adulthood preparation" components, such as financial literacy, parent-child communication, education about healthy relationships, and more. States are encouraged to serve youth at greatest risk for teen pregnancy, other vulnerable populations, and youth with special circumstances, such as youth in foster care, homeless youth, youth with HIV/AIDS, teen parents, and youth in areas with high teen birth rates. ACYF also acknowledges the need to provide services to minority and "culturally underrepresented youth," who experience disproportionately high rates of teen pregnancies and births, including Hispanic, African American, or Native American teens, youth in or aging out of foster care or adjudication systems, runaway youth, and out of school youth. For more information, see <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-ACYF-PREP-0125>.

The State Title V Abstinence Education Grant Program was originally authorized in the 1996 welfare reform law. After expiring in 2009, the program was restored through the ACA. These funds will support grants to states for abstinence education programs and for mentoring, counseling, or adult supervision programs. States are encouraged to consider research-based programs and strategies when developing their plans. States can determine the relative emphasis to place on each point of the existing A-H definition of abstinence education (see page 5 of the funding announcement), but funds cannot be used to contradict any of the A-H provisions. Since the law also instructs states to focus on youth at greatest risk of non-marital childbearing, ACYF encourages states to serve youth in foster care with these funds. For more information, see <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-ACYF-AEGP-0123>.

The National Campaign to Prevent Teen and Unplanned Pregnancy offers the following thoughts and suggestions to states as they work to submit the initial applications and, later, state plans for these two funding streams:

Use evidence-based programs where possible. The PREP funding announcement requires that states replicate or substantially incorporate elements of evidence-based programs. The abstinence funding announcement encourages states to review evidence-based curricula when developing their programs. In general, an evidence-based program is one that has been rigorously evaluated and shown to change behavior among youth who participated in the program compared to teens' who did not go through the program. States have a broad range of programs from which to choose when determining what curricula to use with the youth they will serve. A number of organizations identify and publish lists of programs that have evidence of success. One such list is the Office of Adolescent Health's (OAH) list of 28 effective curriculum-based and youth development programs. These programs were identified through a literature review conducted for OAH's Tier 1 Teenage Pregnancy Prevention grant announcement (see <http://www.hhs.gov/ophs/oah/prevention/research/programs/index.html>). The National Campaign also annually publishes a list of evidence-based interventions (<http://www.thenationalcampaign.org/resources/pdf/pubs/WhatWorks.pdf>) and has a searchable data base of evidence-based programs (<http://www.thenationalcampaign.org/resources/programs.aspx>). These lists include a diverse array of programs including several abstinence-only or abstinence-based programs, as well as programs with a broader focus that have been shown through careful evaluation to delay sexual activity among program participants. The lists also include programs that provide information on contraception, some of which had the positive effect of helping youth delay sex.

A state could replicate or substantially incorporate elements of these programs or any other evidence-based curricula and adapt them as necessary to meet the requirements specified in the funding announcements. For example, the PREP funds require states to include information on three additional adulthood preparation topics, such as healthy relationships, financial literacy, or educational and career success. In some cases, these subjects may not be addressed in the original evidence-based curriculum, so it may be necessary to add components on these topics to meet the program's requirements.

Regarding abstinence funds, where the use of evidence-based curricula is encouraged but not required, states might consider using an evidence-based curriculum as a starting place when developing a program that meets the grant requirements. For example, the *Promoting Health Among Teens! Abstinence-Only Intervention* (<http://www.thenationalcampaign.org/resources/viewprogram.aspx?id=72>) has been rigorously evaluated and found to delay sex among young teens. ACYF is also encouraging states to consider research about what characteristics effective programs have in common, and to consider developing programs that incorporate those traits, such as selecting educators with desired characteristics, addressing the risk and protective factors that affect teen sexual behavior, and/or involving people with expertise in theory and research in the development of the program.

Special focus on youth in foster care. Several studies have documented the increased incidence of teen pregnancy, childbearing, and other negative reproductive health outcomes among youth in foster care. ACYF encourages states to consider how the PREP and abstinence funding streams could help meet the needs of this population in the United States (see http://www.thenationalcampaign.org/why-it-matters/pdf/child_welfare.pdf). Key findings that support a focus on this population include the following:

- Teen girls in foster care are 2.5 times more likely than their peers not in foster care to get pregnant by age 19.
- An analysis of the data from the National Survey on Child and Adolescent Well-being (NSCAW) found that youth in the child welfare system were more likely to become sexually active at a young age (13 years of age or younger) than their peers not in foster care.
- Half of 21-year-old men aging out of foster care report they had gotten someone pregnant compared to 19% of their peers who were not in the system.
- Youth in foster care are less likely to use contraception the first time they have sex compared to their non-foster care peers. Only about half (56%) of youth in foster care used contraception at first sex.

- Young adults who have ever lived in foster care are more likely to have had an STI, an unintended birth, and/or a non-marital birth.

It is clear that children and youth in foster care are in need of targeted services that are medically accurate, and these needs could be addressed in a variety of ways through both the PREP and abstinence funding streams. Besides traditional curriculum-based programs, the abstinence education grants allow the use of mentoring, counseling, and adult supervision to encourage youth to delay sexual activity and other risky behavior. ACYF has indicated that funds could be used to educate or train supportive adults including foster parents, case workers, social workers, or judges to provide age-appropriate information on topics such as sexual behavior and relationships, with a focus on encouraging abstinence. This complements the existing requirement within the Chafee Foster Care Independence Program that states use training funds to train foster parents, adoptive parents, workers in group homes, and others about the issues confronting adolescents preparing for independent living.

Two curricula, in particular, have been developed especially for youth in foster care. The first—*Multidimensional Treatment Foster Care* (MTFC)—has been rigorously evaluated and shown to reduce teen pregnancy among the participants. In this program, girls who had been referred to out-of-home care because of delinquency were placed in MTFC with foster families for six to nine months. These foster families received extensive training to provide the necessary care for this program. Some of the components of the treatment include daily phone calls between foster parents and program supervisors; 24-hour support for foster and biological families on demand, including crisis intervention; therapy for individual girls and families and psychiatric evaluation; school and academic monitoring and support; and much more. Studies have shown that this intensive, multifaceted intervention has reduced delinquency among adolescent participants, and a recent evaluation shows that it also reduces pregnancy among participants as compared to girls in group home care. More information about the program is available at <http://www.mtfc.com/>.

Another program, *Power Through Choices*, which has not yet been rigorously evaluated but has some early promising results, is the only curriculum-based program, to our knowledge, that was developed specifically for youth in foster care. *Power Through Choices* is a 10-session curriculum for adolescents, ages 14-18, who are in out-of-home care to help prevent teen pregnancy, HIV, and other STIs. This curriculum is an adaptation of the evidence-based *Becoming a Responsible Teen!* curriculum, and it is currently being updated by the National Youth Resources Center at the University of Oklahoma in partnership with the Oklahoma Institute for Child Advocacy. The newer curriculum has been piloted in a number of areas, and the updated versions should be available soon to those interested in replicating it. More information about the program is available at <http://www.nrcys.ou.edu/catalog/product.php?productid=116>.

Ensuring that child welfare systems have a coordinated and targeted plan to use new and existing resources to reduce the number of pregnant teens and parenting young adults in foster care is critical. The funds available to States provide flexibility to implement a continuum of programs that meet the individual needs of the children and youth in their foster care systems in an age-appropriate manner. For example, some abstinence interventions may be especially appropriate for younger teens, while more comprehensive approaches may be more appropriate for older teens.

It is also worth noting that a number of the PREP adulthood preparation topics are similar to topics covered in Independent Living or Transitional Planning Programs. This represents an important opportunity for child welfare agencies to supplement current efforts in the state, such as Chafee-funded programs and *Fostering Connections to Success*, which address preventive health needs of youth in foster care.

Coordination and program management. Leadership at the state level is essential to ensure that the various grants, programs, and funding streams that are now available for teen pregnancy prevention are well coordinated. In addition to the PREP and abstinence funding, some state agencies may soon receive competitive grants from OAH to support pregnant and parenting teens. OAH will also be awarding numerous Tier 1 and Tier 2 Teenage Pregnancy Prevention projects to states and communities around the country. Many states are also addressing teen pregnancy and STIs through state general funds, TANF and Maternal and Child Health (MCH) block grants, Title X family planning funds, Medicaid, and other funding as well.

Coordination among the agencies and organizations working on these related projects is necessary to ensure these programs fit together as seamlessly as possible. Programs should also be carefully targeted at different populations and geographic areas to ensure the needs of youth in the state are met and activities are carried out efficiently. For example, the state Maternal and Child Health department may have already gathered data and set a teen pregnancy reduction goal as part of developing the state MCH plan. An agency with a Tier 2 grant may soon be serving a high need area or population that the state might be considering serving with PREP or abstinence funding (note ACYF has clarified that states can modify the target areas and populations in their full state plans once they learn who receives Tier 1 and Tier 2 funding). The state agency applying for the PREP and/or abstinence funds might consider dedicating a position to management or oversight of the state's efforts, or at a minimum ensuring the key leaders in the various state agencies have a structure for communicating with each other. The funding announcements for PREP and the Title V abstinence education grants encourage this kind of coordination.

Consider the big picture in your state. States should consider how these two funding streams can complement each other, as well as how they will be part of the broader continuum of teen pregnancy prevention efforts in your state. For example, your state might consider applying for both funding streams and writing plans for each that target slightly different populations to ensure that individual programs are not duplicative. One way to accomplish this could be to consider focusing the abstinence-only funds on younger teens and middle school youth, with whom there is evidence to suggest that a strong message to delay sex is more effective. The PREP funds could then be targeted to a slightly older population.

Also consider that teen pregnancy is a complex issue and educational or curriculum-based programs for youth alone won't solve the problem. Where allowable, consider using funds for other approaches. For example, ACYF has indicated that states can use abstinence funds to educate parents or support media campaigns. It is also important to provide contraceptive services for sexually active teens, which can generally be supported through the Title X family planning program grant, Medicaid, and the Children's Health Insurance Program (CHIP).

In sum, the two funding streams offer significant resources for states. Using the flexibility provided, states can develop well-coordinated plans and put in place programs with evidence of success to help reduce teen pregnancy and other critical problems facing young people, especially those who are most in need.