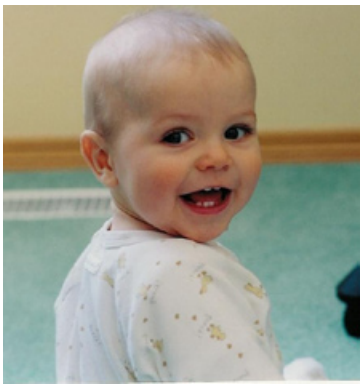
A Policy Platform to Promote Health and Success among Young Families



Healthy Teen Network

MAKING A DIFFERENCE IN THE LIVES OF TEENS AND YOUNG FAMILIES

Healthy Teen Network

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INTRODUCTION

WHY YOUNG FAMILIES MATTER

Healthy Teen Network believes that all youth can make responsible decisions regarding their sexual, reproductive, and parenting behaviors when they have complete, accurate and culturally relevant age-, gender-, and developmentally appropriate information, resources, and support. In an ideal world, young people would delay childbearing until after first attaining their educational, income security, and family relationship goals. In an ideal world, pregnancy prevention strategies would result in zero early and unplanned births to young parents. In an ideal world, young people who choose to parent would obtain adequate supports and resources to ensure that their own hardships are not replicated in their children's lives. In an ideal world, young families – both the parents and the children – would develop into healthy and successful adult members of the community and nation.

This is not an ideal world. Today, whether or not a young person becomes involved in an early or unplanned pregnancy depends on more than their knowledge about sexuality and their access to reproductive health services. The root causes of early and unplanned parenthood are embedded in the culture and systems that shape a young person's overall development, including relationships with familial and non-familial adults, educational and career prospects in their communities, family and safety net supports to prevent poverty, and access to a range of developmental and preventive services and supports.

THE NEED FOR MORE THAN PRIMARY PREVENTION

Preventing teen pregnancy is something that we, as a nation, strive for. But regardless of our prevention efforts, a certain number of young people in the US each year do become involved in a teen pregnancy, whether through failure to abstain from sexual activity or contraceptive non-use, misuse, or failure. Despite our nation's vigorous efforts to reduce early and unplanned pregnancies, in 2006, 41.9 out of 1,000 females aged 15-19 gave birth in the United States[1], up from 40.5 per 1000 in 2005, reversing a 15 year decline . Youth who live in unstable environments characterized by few resources may be at even higher risk for too early pregnancy. For example, youth in foster care experience higher rates of pregnancy than their more permanently housed peers[2]. According to one source, by age 21, nearly 71 percent of young women who had been in foster care report having been pregnant at least once; of these women, 62 percent had been pregnant more than once[3].

Teen pregnancy prevention, both primary and subsequent, must remain a major focus of public policy pertaining to child, youth, and family health and wellbeing. Yet the U.S. as a nation must also commit to its responsibility to provide equal opportunities to those young people who do become pregnant and who choose to become parents as well as their children. Many young families face multiple barriers to health and wellbeing not only because the parents are still youth themselves but also because many are at a lower socioeconomic status than their non-parenting peers. The specialized service needs of young families are often overlooked in both family and youth policies and practices. This under-attention must be reversed.

WHO ARE YOUNG FAMILIES?

Healthy Teen Network defines "young family" as a family unit of at least one custodial parent under the age of 25, either female or male, and his/her child(ren). Research on brain development is conclusive that the human brain does not fully develop until around age 25[4]. Therefore Healthy Teen Network's recommendations, with notable exceptions, highlight the need for public policies intended to help adolescents transition successfully into adulthood that reflect the developmental reality of adolescence. This publication addresses families of which the custodial parent is under 25 or in rare occasion below the age of majority (i.e. "teen parent" or "minor parent") as defined by state law.

THE "LIFE DOMAINS" OF YOUNG FAMILIES

Young families need access to the same types of supports that all youth and families need for positive development. Yet they often need them in more intensity, for longer duration, and targeted to the developmental stage of the young parent. Healthy Teen Network organized its analysis of young family needs and gaps in resources and services among the following seven "life domains:"

I. **Health and Human Services** – Young families benefit from pre- and postnatal health care that aims to prevent premature and low birth weight infants, promote maternal and child nutrition, ensure healthy child development, and reduce and/or delay repeated pregnancies, among other outcomes.

II. **Housing** – Young families benefit from stable and supportive housing arrangements where they can live as an intact unit, whether with family members, in transitional, independent, or custodial living program, or independently.

III. **Education** – Young parents benefit from completing secondary and postsecondary education, which allows them to attain stable employment and a living wage that will provide for themselves and their children.

IV. **Workforce and Life Skills Development** – Young parents benefit from training for long-term employment that affords growth opportunities and that pays a wage on which they can support a family.

V. **Child Welfare and Development** – The children of young parents benefit when they have access to early learning and development opportunities and when their parents learn parenting skills that ensure their safe and healthy, mental and physical development.

VI. **Income Security** – Young families benefit from having available a temporary income safety net for times when other supports and resources are not readily accessible.

VII. **Knowledge Development and Transfer** – Young families benefit from more focused attention on trends among the population and the identification of effective practices for supporting their health and success.

CALL TO ACTION

In 2009, a new Administration, and a new Congress will take up the work of creating and implementing public policy for the U.S. This historic moment provides an opportunity for young families and advocates alike to appeal to elected and appointed leaders to make our voices heard – now is the time to engage this new government in the crucial work of ensuring health and success for these and all youth.

With that in mind, Healthy Teen Network – the nation's leading organization on young family issues – offers this Policy Platform to Promote Health and Success among Young Families. It constitutes a set of federal policy recommendations aimed at establishing or reforming programs and systems that influence whether or not young families may achieve health and success after a teen birth.

ABOUT THIS PUBLICATION

A Policy Platform to Promote Health and Success among Young Families is the result of a yearlong process undertaken by Healthy Teen Network to identify the most pressing challenges facing young families today and the federal programs that are currently, or could be, responsive to those needs. We commenced our project by turning to our members, including our Young Families Committee and our Policy Committee, for input on the pressing challenges for young families. We also drew from a Behavior-Determinant-Intervention (BDI) logic model created by Healthy Teen Network that outlines interventions designed to achieve certain developmental goals for young families, including academic preparation, sexual health, job readiness, financial stability, and healthy relationships and parenting skills. Thirdly, we solicited input from a Young Families Policy Advisory Group (YFPAG) composed of experts in the fields of adolescent health and youth policy. See Appendices for additional information.

Healthy Teen Network distilled input from these three sources into the seven life domains outlined above. We then matched these life domains with relevant federal policy and programs, identified gaps, and developed recommendations to create new law or amend current law or public policy. The results of our work are presented in the seven main sections of this publication.

A POLICY PLATFORM TO PROMOTE HEALTH AND SUCCESS AMONG YOUNG FAMILIES

I. HEALTH AND HUMAN SERVICES

Young families benefit from health and human services that aim to promote maternal and child health, ensure healthy child development, and reduce and/or delay subsequent pregnancies. However, compared to older pregnant women, pregnant teens are far less likely to receive timely and consistent prenatal care, are more likely than mothers over the age of 25 to smoke during pregnancy, and often are not at adequate pre-pregnancy weight, and/or do not gain the appropriate amount of weight while pregnant. Infants born to teen mothers are at increased risk of being born prematurely and at a low birth weight,[5] putting newborns at greater risk for infant death, respiratory distress syndrome, bleeding in the brain, vision loss, and serious intestinal problems[6].

The health and positive development of a young family, as well as their likelihood of repeating a too early pregnancy, is dependent on the parents' success at accessing a system of support for the family unit—including a safe place to live, health care, an adequate income, child care while attending school or work, and other necessary social services. Young parents who lack resources or support typically must cobble together resources and services from multiple public and nonprofit agencies in their communities. The process of determining eligibility and accessing these services can be confusing to the savviest adult, much less a young person with limited knowledge about government programs and community resources.

Signature Public Policy Recommendation

Young Family Resource Centers Program (Public Health Service Act, Title XX)–Congress and the Administration should establish a permanent health and human services care coordination and delivery program targeted to young families through a major expansion, strengthening, and renaming of the current Adolescent Family Life Act (AFLA) Care Program.

The AFLA supports demonstration projects to develop, implement, and evaluate

program interventions to promote abstinence from sexual activity among adolescents and to provide comprehensive health care, education, and social services to pregnant and parenting adolescents. The AFLA Care Program supports demonstration projects to develop interventions with pregnant and parenting teens, their infants, male partners, and family members in an effort to ameliorate the effects of too-early-childbearing for teen parents, their babies, and their families[7].

Healthy Teen Network proposes expanding the AFLA Care Program and renaming it the "Young Family Resource Centers Program." These resource centers would function as the first point of contact in the community for young parents to access resources and services already available and to receive health and social services not currently available or not targeted to young families. The population currently eligible for AFLA Care services is parenting youth up to age 19 and their children. Healthy Teen Network recommends that the age of eligibility for the new Young Family Resource Center Program be extended through age 24. Healthy Teen Network also recommends expanding the range of eligible necessary services already identified in the current AFLA Care statute (including pregnancy testing and maternity counseling; prenatal and postnatal care; nutrition information and counseling; appropriate educational and vocational services; referral to licensed residential care or maternity home services; child care sufficient to enable the adolescent parent to continue education or to enter into employment; transportation; etc.) to also include housing assistance.

This expansion of the AFLA Care Program should be of sufficient magnitude to permit the establishment of a Young Family Resource Center in each metropolitan area and in rural areas with high rates of early pregnancy and parenting. Accordingly, Healthy Teen Network recommends an annual authorization and appropriation level for this program of $90 million.

Healthy Teen Network also recommends strengthening the AFLA Care Program (renamed Young Family Resource Centers Program) by including the following legislative and administrative improvements:

- Require grantees to provide, directly or by referral, all the listed "necessary services" [SEC. 2002. [300z-1](a)4-7].
- Add "housing" and "substance abuse treatment" as necessary services [SEC. 2002 [300z-1](a)4-7].
- Require applicants to demonstrate in their plan their intent to coordinate service provision with other providers of services to young families [SEC. 2006.[300z-5](c)].
- Eliminate the requirement that grantees demonstrate their project effectiveness through a formal scientific evaluation, and instead require grantees to report outcomes and performances through a central monitoring system [SEC 2006. [300z-5](b)].
- Permit grantees to reapply for funding at the conclusion of their project period, if they have demonstrated their project's effectiveness through the program's performance-monitoring system [SEC. 2005.[300z-4](b)].

- Add the words "science-based and proven" before "effective approaches" to prevention and adoption promotion [SEC. 2005.[300z-4](a)8].
- Allow organizations that provide abortions and abortion referrals to be eligible applicants [SEC. 2011. [300z-10]].
- Include "abortion" among appropriate options as part of "maternity counseling," the options for which are currently limited to parenthood or adoption [SEC. 2002. [300z-1](a)4.A,B].
- Ensure performance monitoring of Young Family Resource Centers using standardized outcome measures and a common data collection system, to be developed in consultation with the public [HHS Action Item].
- Require applicants to show evidence in their applications that they can coordinate existing services in "comprehensive single-site projects" that are "appropriate for the target population and geographic areas to be served including the special needs of rural areas" [HHS Action Item].

Additional Public Policy Recommendations

Maternal and Child Health Block Grant Program (Social Security Act, Title V) – The goal of the Maternal and Child Health Block Grant Program (MCH program) is to improve the health of all mothers and children consistent with the applicable health status goals and national health objectives established by the Secretary of the U.S. Department of Health and Human Services. State and territorial jurisdictions use Title V funds to design and implement a wide range of maternal and child health programs that meet national and State needs[8].

Healthy Teen Network recommends the following legislative and administrative improvements:

- Fund the MCH program at the full authorization level for FY 2008 of $850 million, including 15 percent of that amount annually for Special Projects of Regional and National Significance (SPRANS) grants [SEC. 502].
- Add "programs designed specifically to improve the health outcomes of pregnant and parenting youth and their children" as an eligible purpose of the SPRANS component of the MCH program [SEC. 501.a.2].
- Require states, as part of their maternal and child health needs assessment, to assess the needs of pregnant and parenting youth in their state by adding "including specifically pregnant and parenting youth" after "mothers" [SEC. 505.a.1.A].
- Require states, in their applications for MCH program funds, to describe their outreach to pregnant and parenting youth who are eligible for Medicaid [SEC. 505.a.5.F.iv].
- Require states, in their MCH reports to the HHS Secretary, to report the number of deliveries and number of such pregnant women receiving services under Medicaid by age, as well as currently prescribed demographic characteristics [Sec. 506. 2.C.i-ii].
- Require the Report to Congress on MCH programs to include information on "pregnant and parenting youth, ages 24 and under" [SEC. 506. 2.A.i-iv].

II. HOUSING

Young families are at heightened risk of housing insecurity due to rejection from their family homes because of stigma, economic or practical inability of relatives to care for both a youth and a child; difficulty accessing public income security benefits; and/or poverty attributable to lack of school completion and joblessness. It is estimated that between one-third and one-half of all female homeless youth have experienced a pregnancy[9]. Whether they became pregnant while experiencing homelessness or they became homeless after becoming pregnant or parents, homeless young families find themselves without safe places to live and without access to many opportunities and supports. Some homeless young parents watch as their children are removed from them and placed in foster care due to the lack of stable housing for the entire family.

Housing is understood to be the "environment" in which healthy children develop, parents generate an income, and family stability may occur. Supportive housing may also be considered a primary and repeat pregnancy prevention strategy, as there is evidence that pregnancy rates among youth are higher for those experiencing homelessness than their housed peers[10], suggesting that the provision of housing plays a role in pregnancy prevention.

Young families and the public both benefit when the parents and children have access to stable and supportive housing arrangements where they may remain an intact unit. However, there is a dearth of housing opportunities for young families who are not able for safety or economic reasons to live with their relatives. There is currently no federal permanent housing assistance program targeted to youth generally or to young families specifically. As well, funding levels for youth transitional and independent living programs fall far short of need. Many state laws prohibit minors from entering contracts for housing and other basic necessities of life. Placement of the full family (if the parent is a minor) or the child only in foster care is a less than ideal but sometimes necessary housing option.

Signature Public Policy Recommendation

Young Families Transitional Living Initiative – Congress and the Administration should significantly expand supportive housing opportunities for young families, particularly by increasing authorization and appropriations levels for the Runaway and Homeless Youth

Act (RHYA, 42USC5701 et seq.) consolidated account – the primary federal funding source for transitional living projects for homeless youth, including homeless young families. As an immediate measure, Congress and the Administration should fully fund the RHYA consolidated account at the full authorization level of $140 million. Additionally, Congress and the Administration should raise the authorization level for the RHYA consolidated account to at least $200 million annually.

The RHYA is of particular importance to young families because funding through this Act may be used to operate maternity group homes. Federal law defines "maternity group home" as a "community-based, adult-supervised transitional living arrangement that provides pregnant or parenting youth and their children with a supportive and supervised living arrangement in which such pregnant or parenting youth are required to learn parenting skills, including child development, family budgeting, health and nutrition, and other skills to promote their long-term economic independence in order to ensure the well-being of their children."

Healthy Teen Network recommends the following legislative and administrative improvements:

- Extend the age in which youth may stay in RHYA maternity group homes and other transitional living projects from age 21 to age 24 [SEC. 387].
- Ensure that performance standards for RHYA Basic Center Program and Transitional Living Program establish standards on the care of young children who accompany youth residents of such programs [HHS Action].
- Ensure that any HHS studies on innovative programs that assist youth in obtaining and maintaining safe and stable housing include programs targeting young families [HHS Action].
- Ensure that the national estimate of the prevalence of unaccompanied situations among youth and young adults includes information collection specific to young families [HHS Action].
- Rename the maternity group home program the "young family transitional living program" to emphasize that fathers and couples are eligible parents and that housing other than group homes are eligible for funding [HHS Action].

Additional Public Policy Recommendations

Adolescent Family Life Act Care Program (Public Health Service Act, Title XX) - Congress and the Administration should amend the Adolescent Family Life Act Care Program to add housing as an eligible use of funds. This addition would permit AFLA Care Program grantees to arrange a complete continuum of services for young families through a single federal program. *See this publication's chapter on "Health and Human Services" for additional recommendations for improving the AFLA Care Program*.

Housing Choice Voucher Program (United States Housing Act, Section 8) – The Housing Choice Voucher Program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the

family or individual, participants are able to find their own housing. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects. Public housing authorities administer the Housing Choice Voucher program in their communities.

Healthy Teen Network recommends the following legislative and administrative improvements:

- Encourage state and local housing authorities to pay special consideration to the housing assistance needs of young families when developing public housing agency plans and comprehensive affordable housing strategies (also known as consolidated plans) [Department of Housing and Urban Development (HUD) Action].
- Educate public housing authorities on the housing and support service needs of young families [HUD Action].
- Encourage public housing authorities to establish preferences for young families in the distribution of vouchers [HUD Action].

Family Unification Program (FUP) (United States Housing Act, Section 8(x)(2)) – The Family Unification Program provides homeless and poorly housed families involved with the child welfare system and youth formerly involved in the foster care system with special access to Housing Choice Vouchers. FUP is an important resource for young families who have been involved in the foster care system.

Healthy Teen Network recommends the following legislative and administrative improvements:

- Extend the age in which transitioned foster youth may maintain a FUP voucher from age 21 to age 24 [SEC. 8.x.2.].
- Remove the 18-month time limit on FUP vouchers for transitioned foster youth [SEC. 8.x.2.].

III. EDUCATION

Like other young people, young parents who complete their education are more likely to attain stable employment and a living wage than those who do not. Young parents who complete secondary and/or postsecondary education are also better able to care for their children without public assistance than young parents who do not complete school. However, according to one source, seventy percent of female students who become pregnant drop out of high school[11]. Young fathers tend to complete an average of one semester of school less than young men who delay fatherhood until age 21 or later[12].

Young parents face barriers to participation in and completion of secondary and postsecondary education because of the added responsibilities and stresses associated with early parenthood. Within the universe of their education, challenges may include lack of onsite or easily accessible childcare, restrictions on homebound instruction, unexcused absences due to such necessary events as doctor appointments, and discrimination based on pregnancy or parenting status. Anecdotal evidence suggests that some school districts even try to make it more difficult for young parents to complete their education, in an attempt to discourage teen pregnancy. This punitive approach can be harmful to those students with children trying to finish and succeed in school.

Current federal policy requires that pregnant and parenting students be treated equally in education and requires schools to provide the same supports for temporarily disabled students to pregnant students. However, state educational agencies (SEAs) and local educational agencies (LEAs) rarely allocate resources to monitor compliance with existing non-discrimination laws let alone establish supportive programs to help pregnant and parenting students stay in and succeed in school. While some SEAs and LEAs have taken proactive steps to remediate these challenges by providing targeted academic and supplemental support services to pregnant and parenting students, many other school districts do not provide any such services.

Signature Public Policy Recommendation

Young Parent Access to Education Program – Congress and the Administration should authorize and appropriate funds for a Young Parent Access to Education Program, to be administered by the U.S. Department of Education. The program would provide grants to state and local educational agencies to formulate policy and offer targeted assistance to pregnant and parenting students in enrolling, attending, and succeeding in secondary school, ensuring school completion, and preparing them for postsecondary education.

This new program would operate as a formula grant program to SEAs, with subgrants made by states to LEAs with high populations of pregnant and parenting students. SEAs could use funds for policy development, training, and technical assistance to LEAs regarding the education of young parents, and other purposes. LEAs could use their funds for policy development, professional education, strategic partnership development among service providers, and direct services to pregnant and parenting students, such as tutoring, childcare assistance, transportation assistance, and afterschool support.

As a condition for receiving the federal funds, SEAs and LEAs would designate personnel as coordinators for the education of pregnant and parenting students The coordinator would be required to work with the SEAs Title IX Coordinator to assure implementation of non-discrimination principles embedded in that civil rights statute. Healthy Teen Network recommends authorizing $70 million annually for this program.

Additional Public Policy Recommendations

Women's Educational Equity Act (Elementary and Secondary Education Act of 1965 – Subpart 21, 20 U.S.C. 7283-7283(g)) – This program promotes educational equity for women and girls through competitive grants. The program designates most of its funding for local implementation of gender-equity policies and practices. Research, development, and dissemination activities also may be funded for up to four years[13].

Healthy Teen Network recommends the following improvements, either by legislative initiative or administrative action:

- Include within grants authorized with Women's Educational Equity Act (WEEA) funds, "assisting pregnant and parenting youth to graduate and continue on with postsecondary education" and "job training for pregnant and parenting youth" [SEC. 5613].
- Add "community-based organizations (including organizations serving pregnant and parenting youth)" to the list of agencies with which grantees are required to share resources under the "required contents of applications" [SEC. 5614].
- Add "based on pregnancy or parenting status or marital status" to the types of possible "multiple or compound discrimination" [SEC. 5615].

Title IX of the Educational Amendments of 1972 – Title IX of the Education Amendments of 1972 guarantees access to equal educational opportunities in all federally-funded educational programs or activities for all students regardless of sex. The Office for Civil Rights (OCR) of the U.S. Department of Education (DOED) is the primary federal

agency that enforces Title IX[14]. Under Title IX, schools are prohibited from discriminating against a student because of pregnancy, childbirth, false pregnancy, abortion, or recovery from these conditions, as well as based on marital status. Title IX contains basic nondiscrimination principles, including the fundamental requirement that schools treat pregnancy and all related conditions like any other temporary disability.

Healthy Teen Network recommends that the U.S. Department of Education's Office for Civil Rights take the following administrative actions:

- Issue guidance to specify that all recipients of federal educational funds must designate someone to serve as Title IX Coordinator and communicate to stakeholders how to contact that individual.
- Supply all Title IX Coordinators with training and technical assistance on Title IX compliance and how to investigate complaints related to all parts of the statute, including the rights of pregnant and parenting students to an equitable education.
- Issue guidance instructing schools to express in their non-discrimination policies and train personnel on the requirement that all students, including pregnant and parenting students, may participate in any educational programs or activities, as well as the requirements that:
    - Alternative programs must be voluntary;
    - Voluntary alternative programs must be of comparable quality;
    - Doctor's notes be required for participation in activities only if also required for other students under physicians' care;
    - Pregnancy must be treated like any other temporary disability;
    - Pregnancy warrants excused absences as do other medical conditions; and
    - Pregnant and parenting students returning to school must be reinstated at the status they previously held.
- Issue guidance to reiterate that Title IX applies to vocational education as well as to all other educational programs or activities receiving federal funds.
- Issue guidance to stipulate that LEAs must submit formal reports to the SEAs on a yearly basis describing the ways in which LEAs are maintaining compliance with Title IX overall.
- Issue guidance to indicate that, in addition to data on race, gender, and ethnicity, all compliance reports submitted by SEAs should include data on pregnancy/parenting status for all program participants.
- Conduct compliance reviews to ensure that schools meet the requirements of Title IX in their treatment of pregnant and parenting students.

School Dropout Prevention Program (Elementary and Secondary Education Act of 1965, Title I, Part H)-This program supports effective, sustainable, and coordinated dropout prevention and reentry programs in high schools with annual dropout rates that exceed their state average annual dropout rate. Middle schools that have students who continue on to these high schools also are supported.

Healthy Teen Network recommends the following legislative and administrative improvements:

- Appropriate funds for the program at $125,000,000 million authorization level [SEC. 1803].
- Require state plans submitted as part of the application for SDPP funds to emphasize students at highest risk of dropping out, including specifically pregnant and parenting students [SEC. 1823].
- Permit SEAs and LEAs to use funds to pay community-based organizations for services they provide to specific subgroups of students, in addition to services related to "school wide efforts." This would permit community-based organizations with competency in young parent services to offer their expertise and resources [SEC. 1827].
- Require that SEA and LEA yearly reports include data that is disaggregated by gender and pregnant and/or parenting status and in a format that can be cross-tabulated [SEC. 1830, SEC. 1907].
- DOED should require committees created by SEAs to advise on how to fulfill each section of the law to include representatives from community-based organizations with expertise in youth development and/or dropout prevention services, and in young parent concerns [DOED Action].
- DOED should require that the panel of dropout prevention experts SEAs must convene to assist in reviewing applications for sub-grants and should include representatives from organizations/agencies that have expertise on dropout prevention specifically among pregnant and parenting students [DOED Action].
- DOED should instruct LEAs to include "supplemental services such as child care, transportation, and case management to supplement academic support services for pregnant and parenting students" as an eligible activity [DOED Action].

Prevention and Intervention Programs for Children and Youth who are Neglected, Delinquent, or At-Risk (Elementary and Secondary Education Act of 1965, Part D, Subpart 1)–This program provides formula grants to SEAs for supplementary education services to help provide education continuity for children and youths in state-run institutions for juveniles and in adult correctional institutions so that these youths can make successful transitions to school or employment once they are released[15].

Healthy Teen Network recommends the following legislative and administrative improvements:

- Add to the contents of the state plan that each SEA is required to submit a "plan for meeting the specialized needs of pregnant and parenting youth" [SEC. 1414].
- Add the phrase "including all the rights for pregnant and parenting students protected by Title IX" to the statement of intent of the programs to "provide to the extent feasible such children with the same opportunities to achieve as such children would have if such children were in the schools of local educational agencies in the State" [SEC. 1414].
- Include "child care, transportation, and parenting classes" to the state plan's "description of any additional services to be provided to children and youth, such

as career counseling, distance learning, and assistance in securing student loans and grants"[SEC. 1414].

- Add "transportation" and "school-based health centers" as eligible uses of funds [SEC. 1424].
- Add "including pregnant and parenting youth" after "at-risk children or youth" in the description of how schools will "coordinate with existing social, health, and other services to meet the needs of students returning from correctional facilities, at-risk children or youth, and other participating children or youth, including prenatal health care and nutrition services related to the health of the parent and the child or youth, parenting and child development classes, child care, targeted reentry and outreach programs, referrals to community resources, and scheduling flexibility" [SEC. 1423].
- Require that SEAs and LEAs report on program evaluation data by pregnant and parenting status [SEC. 1431].

Federal TRIO and GEAR UP Programs (Higher Education Act, Sec. 402A et. seq.) – The Federal TRIO Programs are educational opportunity outreach programs designed to motivate and support students from disadvantaged backgrounds[16]. The GEAR UP (Gaining Early Awareness and Readiness for Undergraduate Programs) discretionary grant program is designed to increase the number of low-income students who are prepared to enter and succeed in postsecondary education[17].

Healthy Teen Network recommends the following administration improvements:

- DOED issue guidance to TRIO and GEAR UP grantees that the term "disconnected student" shall include pregnant and parenting students.
- DOED study and issue a report on effective college readiness practices targeted to pregnant and parenting students.

IV. WORKFORCE AND LIFE SKILLS DEVELOPMENT

Young parents stand to benefit from training for long-term employment that affords growth opportunities and that pays a sufficient wage for supporting a family. Young parents face unique challenges to achieving employment. Parenting responsibilities, a lack of education, and/or a lack of comprehensive supportive services, including transportation or childcare, often combine in such a way that young parents cannot access and complete workforce development activities, including job training, job search, and job placement.

Success involves the ability of a young parent to enter the labor market and become self-sufficient. Projects targeted to assisting young families in obtaining economic self-sufficiency are needed, and effective practices for training and placing young parents into the workforce are just beginning to be identified.

Signature Public Policy Recommendation

Young Parent Workforce Investment Demonstration Program – The purpose of the Young Parents Demonstration program is to provide educational and occupational skills training leading to family economic self-sufficiency to both mothers and fathers, and expectant mothers[18]. The program received its first federal funding through the U.S. Department of Labor (DOL) in FY 2008.

The Young Parent Demonstration Program provides funds to applicants that propose experimental models to help young parents complete job training and/or achieve sustainable employment, including non-traditional fields for women. The grants must be used to serve young parents (both female and male and in-school and out-of-school) and expectant mothers ages 16 to 24, including those in high-risk categories such as victims of child abuse, children of incarcerated parents, court-involved youth, youth at risk of court involvement, homeless and runaway youth, Indian and Native American youth, migrant youth, youth in or aging out of foster care, and youth with disabilities.

Grantees must provide a new intervention designed to upgrade the education and basic and occupational skills of the young parents participating to prepare them for employment in occupations that are in demand in the local labor market. Grantees must also provide mentoring and other supportive services as well as post-program transition services that will prepare youth for a career pathway and/or educational opportunities

and placement. Grantees are encouraged to establish strategic partnerships with other community organizations in order to increase the overall resources devoted to responding to the myriad of issues that impact youth most in need[19].

Healthy Teen Network recommends that Congress and the Administration formalize the program and assure its long-term stability by adding it as national program within the Workforce Investment Act. Congress and the Administration should formally authorize and appropriate funds for the "Young Parent Demonstration Program at $10 million annually.

Additional Public Policy Recommendations

Workforce Investment Act (Workforce Investment Act of 1998, 20 USC 9201)–The purpose of the Workforce Investment Act (WIA) is to consolidate, coordinate, and improve employment, training, literacy, and vocational rehabilitation programs in the United States, and for other purposes[20].

Healthy Teen Network recommends the following legislative and administrative improvements:

- Require states to include in their state plans a description of their plan to provide pregnant and parenting youth with comprehensive services [SEC 112.B.18.A].
- Specifically identify pregnant and parenting youth as having significant barriers to employment and in need of appropriate support services [DOL Action].
- Amend criteria for selection of youth providers to ensure that they demonstrate familiarity with pregnant and parenting youth and knowledge of their specific workforce development needs [SEC. 117.d.2.B].
- Specify that WIA activities should be coordinated with the Adolescent Family Life Act Care Program, Women's Educational Equity Act, School Dropout Prevention Program, Runaway and Homeless Youth Act programs, and Family Unification Program [SEC. 501].
- Specify that youth councils must include "representatives from organizations that serve pregnant or parenting youth" [SEC. 117.h.4.B.i].
- Allow WIA projects to use a portion of funds to serve pregnant and parenting youth with higher incomes than the statute currently stipulates [SEC. 129, part C.5.d.].
- Require Job Corps grantees to consult with agencies and organizations that work with pregnant and parenting youth [DOL Action].
- Include "pregnant and/or parenting status" in all WIA reports along with other demographic characteristics (including race, ethnicity, sex, and age) in order to track the number of pregnant and parenting youth enrolled in WIA youth activities and their performance outcomes [SEC. 185, Part D.1.a.].
- Add "parenting education" to the definition of "supportive services" [SEC. 129, Part C.1.a].
- Provide for grantees and subgrantees a description of specialized services for pregnant and parenting youth. Interpret "supportive services" for pregnant and parenting youth to include childcare, transportation, and case management [DOL

Action].

- Stipulate that WIA projects must assess the service needs of participants "and their children" [SEC. 129, Part C.1.a.].
- Establish separate outcome and performance measurements for pregnant and parenting youth that take into account the likelihood that they may take more than four years to graduate from secondary school [SEC.122, part D].

John H. Chafee Foster Care Independence Program (42 USC 677)–The John H. Chafee Foster Care Independence Program (CFCIP) offers assistance to help current and former foster care youths achieve self-sufficiency. Grants are offered to states who submit a plan to assist youth in a wide variety of areas designed to support a successful transition to adulthood. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care as well as youth 18-21 who have aged out of the foster care system[21].

Healthy Teen Network recommends the following legislative and administrative improvements:

- Assure that the Chafee federal data collection and performance measurement system tracks and reports the parenting status of Chafee participants. [HHS Action]
- Add "parenting skills" to list of potential services eligible for Chafee funds [SEC. 677(a)(1)].
- Add "family support" and "child care" as explicit support services eligible for Chafee funds [SEC. 677(a)(5)].
- Add in the child welfare policy manual an instruction to states to consider diverting into the Chafee program young families in which the parent is a current or former foster youth and is at risk of having his/her child removed due to risk of the child being abused or neglected, rather than removing the child from the parent [HHS Action].

V. CHILD WELFARE & DEVELOPMENT

Without proper parenting and support, the children of young parents are at a heightened risk of developmental delay in addition to other potential health risks associated with teen pregnancy. The children of young mothers tend to score lower on assessments of cognition, knowledge, and language development compared to the children of older mothers,[22] and they do worse in school. Research has shown that the children of young parents also are at increased risk for child abuse and neglect than children of older mothers[23].

It is vital that the children of young families participate in early childhood development programs, including high-quality childcare and Head Start, to remediate these risk factors. Additionally, these programs are critical for providing a safe and supervised learning and development environment for the children of young families while the young parents attend to their educational or employment responsibilities.

The children of adolescent parents benefit when their parents use effective parenting techniques. They also benefit from screenings for physical, mental, and emotional status. Home visitation is one such strategy for bringing these services to families. National programs that target first-time and low-income parents with young children include Nurse Family Partnership and the Doula Project. These and other home visitation models include parenting skills education, maternal and child health screenings, and referrals to other supportive family services. Young parents have their own developmental needs or resources and services opportunities that differ from older parents and that are not always addressed in home visitation programs. More broadly, public investment in early childhood home visitation services lags far behind the need for such services.

Signature Public Policy Recommendation

Education Begins at Home Act – Congress and the Administration should authorize and appropriate funds for a new federal home visitation program by enacting the Education Begins at Home Act (EBAH). This act seeks to expand quality programs of early childhood home visitation that increase school readiness, child abuse and neglect prevention, and early identification of developmental and health delays, including potential mental health concerns. EBAH was introduced in the 110th Congress as H.R. 2343 and S. 667 and was recently re-introduced in the 111th Congress as S. 244.

The home visitation programs established through EBAH would enable states, Indian tribes, tribal organizations, and/or territories to deliver quality early childhood home visitation programs to pregnant women and parents of children from birth until entry into kindergarten in order to promote positive outcomes for children and families. The goals of the program include ensuring readiness for school, improving child health and development, promoting positive parenting practices, reducing child maltreatment, and enhancing parents' abilities to support their children's optimal cognitive, language, social-emotional, and physical development.

Healthy Teen Network recommends the following improvements to EBAH to ensure that the unique needs of young families are addressed:

- Add specialized programs for pregnant and parenting youth, including AFLA Care Program grantees and alternative education programs, as additional child-serving programs for which the grantee should assure collaboration. [SEC. 4(c)(6)(F)]
- Require the state plan to include a description of how the lead State agency will ensure that services are made available under the program to young parents. [SEC. 4(c)(6)]
- Require the annual report submitted by grantees to report the ages and first-time parent status of recipients of home visitation services. [SEC. 4(h)(C)]
- Specify that the needs assessment required in the home visitation state plan include a consultation with representatives of eligible families, including young families. [SEC. 4(c)(5)]
- Specify that the early childhood coordinating body required to be established by grantees include representatives of recipients of home visitation services, including at least one young family. [SEC. 4(f)]
- Require applicants to describe how the lead agency will ensure that home visitation programs will conduct outreach activities to target young families. [SEC. 4(c)(6)(I)]
- Add secondary education, higher education, and youth development programs as examples of additional resources to which eligible families should be referred, as some of the eligible families are headed by youth. [SEC. 4(f)(1)(J)]
- Add "strategies for helping young families" as a training and technical assistance topic. [SEC. 4(f)(2)]

Additional Public Policy Recommendations

Interagency Early Learning and Afterschool Council–Healthy Teen Network recommends that the President establish an interagency coordinating body on childcare and development programs. The body would assure coordination among various departments and agencies currently making investments in early childhood development, parent education, and family support. This body should include at least representatives of the U.S. Departments of Agriculture, Education, Health and Human Services, and Justice. [Presidential Action].

Maternal and Child Health Block Grant Program (Social Security Act, Title V) - Home visitation services and maternal and child development screenings are eligible activities within the Maternal and Child Health (MCH) Block Grant Program. Healthy Teen Network recommends that Congress and the Administration increase the appropriation level for the MCH Program to enable states to increase the availability of these important child development services. *See this document's chapter on Health and Human Services for additional recommendations for improving the MCH Program*.

Head Start and Early Head Start (42 USC 9801 et seq.) – Head Start and Early Head Start provide grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. Head Start and Early Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families[24].

Healthy Teen Network recommends the following legislative and administrative improvements:

- Issue guidance to help Head Start and Early Head Start programs increase participation of children of young parents [HHS Action].
- Specify that applicants that wish to become designated Head Start and Early Head Start agencies must demonstrate competency in their ability to help young parents become positively involved in the education of their children [HHS Action].
- Require reviewers of Head Start and Early Head Start agencies to demonstrate knowledge of the needs of children of young parents [HHS Action].
- Require the Secretary to take into account whether or not Head Start and Early Head Start applicants have demonstrated that they have involved organizations working with young families in their strategic planning process [SEC. 640.g.1.C].
- Require that the "Expert Panel" convened by the Secretary to review renewal applications by agencies that have been previously designated as Head Start and Early Head Start agencies to include one person who has demonstrated competency in the delivery of services to populations of children of young families [SEC. 641.3.A.iv].
- Instruct Head Start and Early Head Start agencies to include organizations with expertise in young families as local and/or regional training and technical assistance providers [HHS Action to interpret SEC. 640.a.1.C.i].
- Add "children of young parents" to the list of disadvantaged groups of children for whom Head Start and Early Head Start staff training should be supported [SEC. 640.5.B.i].

Child Care and Development Fund (42 USC 9858, 42 USC 618)–The Child Care and Development Fund (CCDF) assists low-income families, families receiving temporary

public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education.

Healthy Teen Network recommends the following legislative and administrative improvements:

- Require states to demonstrate the manner in which they will meet the specific child care needs of young families eligible for CCDF assistance, including coordination with state educational agencies and local educational agencies to ensure that young parents may remain in school [HHS Action].
- Require states to give priority for childcare services to children of income-eligible young families [Amend 45 CFR 98.44].
- Require states to collect and report the ages of the parents of the children receiving CCDF assistance [SEC. 658K.a.1.B].
- Ensure that training offered to childcare service providers includes guidelines and information about working with young families [HHS Action].
- Ensure that all children in childcare centers receive a developmental screen by qualified professionals and referrals for appropriate services when they enter care [New section in CCDF statute].

VI. INCOME SECURITY

Young families must have available to them a temporary income safety net for times when employment income or cash resources, including non-custodial parent and grandparent contributions, are not readily available. The Temporary Assistance for Needy Families (TANF) program (Social Security Act, Title IV-A) is supposed to provide such a safety net, but too many young parents are falling through the cracks[25].

Young parents may receive their own TANF assistance grants if they meet certain eligibility criteria. Like their older counterparts, young parents must adhere to certain rules. In addition, the TANF statute has two rules that apply only to minor parents (typically, those under 18 years of age). The minor parent education/training rule prohibits states from awarding TANF cash grants to minor parents unless they are participating in education or training activities. The minor parent living arrangement rule prohibits states from awarding TANF cash grants to minor parents unless they are living with a parent, legal guardian, or another adult relative, or in a living arrangement approved by the state.

However, teen parents experience barriers to accessing and remaining in the TANF program. Among those obstacles are the following:

- Complex Rules—In some communities, income-eligible young parents are not getting the help they need to comply with program rules and in some instances they are even being shut out from receiving applications. These unintended consequences appear largely due to caseworker and young parent misinterpretation of the minor parent rules.
- Restricted Living Arrangement Requirements—The minor parent living arrangement rule has discouraged some minor parents who are unable to live with parents, guardians, or other adult relatives from applying for TANF assistance for fear of being confined to or returned to unsafe homes. Also, some states have not acted vigorously enough to provide alternative living arrangements.
- Educational Limitations—The TANF law limits how many recipients can participate in vocational education or as a young parent attending high school and still be considered participating in work. As a result, adults and young parents compete for a limited number

of slots. Vocational education can only be counted for 12 months in a recipient's lifetime; other educational activities can only be counted when combined with at least 20 hours a week of work.

- Premature Time Clock—The 60-month lifetime limit on TANF assistance takes effect for young parents who are participating in education and training activities upon turning age 19, even when these parents are still completing the education required of them when they entered TANF as minors. These older teens are forced to choose between completing their education/training or exiting TANF prematurely (and thus losing cash assistance to care for their children) to avoid commencement of the lifetime limit on TANF assistance.
- Disproportionate Sanctioning—In some states, young parents appear to be disproportionately sanctioned compared to TANF families overall.

In addition, there is limited information on the number of young parents nationwide who may be eligible for TANF services, as well as the effects of TANF policies on these young families. This can hinder states' abilities to adequately gauge how to best assist such families in the following ways:

- Gap in State Plans—State plans vary in detail and often do not describe the activities aimed at the service needs of teen parents.
- Lack of Information—There is limited information about the number, characteristics, and well being of the young parents and their children, both those enrolled in TANF and those not enrolled in the program. Studies should be conducted that collect more demographic information about young families and that better measure the efficacy of TANF policies.

Signature Public Policy Recommendation

Young Families Access to TANF Initiative-Congress and the Administration should remedy the unintended consequences of the minor parent rules and strengthen the TANF program for teen parents and their children.

Healthy Teen Network recommends the following legislative and administrative improvements:

- Require state plans to describe extent and strategies to address the unmet service and living arrangement needs of young parents [Social Security Act SEC. 402(a)(1)(a)].
- Require states to establish a "transitional compliance period," whereby income-eligible minor parents who at the time of application are having trouble meeting the complex rules and eligibility conditions related to education and living arrangements of the TANF program (such as school dropouts and homeless youth) are nevertheless allowed to receive assistance on the condition that they comply with the minor parent rules within an established period after enrollment

[SEC. 408(a)].

- Establish sanctions protections procedures that help young parents understand, avoid, and/or end sanctions [SEC. 408(a)].
- Ensure the appropriate provision of alternative living arrangements for minor parents unable to live at home [SEC. 408(a)(5)(B)].
- Ensure that states consult with minor parents about their preferred living arrangement [SEC. 408(a)(5)(B)].
- Permit the minor parent to appeal the state's decision of alternative living arrangement if it differs from the minor parent's preference [SEC. 408(a)(5)(B)].
- Identify transitional living youth projects for older homeless youth funded through the Runaway and Homeless Youth Act (RHYA) as a type of alternative living arrangement [SEC. 408(a)(5)(B].
- Commence the lifetime limit on TANF assistance for young parents completing their education and training programs when they turn age 20, rather than when they turn age 19, in order to allow these older youth to complete their education/training without the lifetime limit clock ticking [SEC. 408(a)(7)(B)].
- Conduct studies of young parents receiving TANF assistance and to identify state and community best practices related to young parent enrollment and tracking; youn g parents not receiving TANF assistance to identify reasons for non-participation and to measure indicators of family well-being; the effects of paternity establishment policies; and the nature, extent, and impact of sanctions imposed on parents who have not attained age 20 [SEC. 413, or HHS Action].

VII. KNOWLEDGE DEVELOPMENT AND TRANSFER

While there is a fundamental understanding of the challenges facing young families today, gaps exist in policymaker, practitioner, and public understanding of the incidence and prevalence of parenting youth, their demographic and socioeconomic characteristics, and the range and magnitude of their resources and services needs. Young families themselves and the general population would benefit if greater attention was paid to monitoring the status of the young family population and to identifying effective service delivery models and practices for ensuring their success in life.

Signature Public Policy Recommendation

Young Families Research and Development Initiative–Congress and the Administration should authorize and appropriate funds for an array of national activities to advance knowledge and understanding of young families.

Healthy Teen Network recommends the following activities should be authorized:

- A periodic assessment of the status of young families, nationally and state-by-state, to include an estimate of the incidence and prevalence of pregnant and parenting youth, a description of the demographic and socioeconomic characteristics of young families, and a determination of their resources and services needs. An interagency working group should be organized to determine the feasibility of using existing data collection methods to accomplish such an assessment.
- A multi-year, multi-site research and development study of service delivery models for young families to determine the positive features of the various models. The models to be examined may include school-based, community-based non-residential, community-based residential congregate, community-based residential scattered site, and in home of parent. The study should also estimate the cost of providing comprehensive care services to a young family compared to the cost of not serving them.
- A research study on effective policies and practices for assisting young parents in enrolling, attending, and completing secondary and postsecondary education.
- A national information clearinghouse as a means to develop and disseminate information and materials on young families to youth, service providers, and the public.

Additional Public Policy Recommendations

Federal Youth Coordination Act (P.L. 109-365) – The Federal Youth Coordination Act (FYCA) establishes a public-private Federal Youth Development Council with duties of ensuring communication among agencies administering programs designed to serve youth; assessing the needs of youth and those who work with youth; recommending quantifiable goals and objectives for youth programs; making recommendations for the allocation of resources for youth programs; identifying areas of overlap and duplication among youth programs; identifying target populations of youth who are disproportionately at risk and assisting agencies in focusing additional resources on youth; developing a federal youth plan; assisting federal agencies in collaborating on model programs and demonstration projects; soliciting input from youth and youth providers; and coordinating with federal agencies on youth-related research and evaluation.

Healthy Teen Network recommends the following legislative and administrative improvements:

- Add pregnant and parenting youth as a special population for which model programs and demonstration projects may be focused [SEC. 803(a)(8)].
- Urge the President to appoint a pregnant or parenting youth and a pregnant and parenting youth service provider to the Federal Youth Development Council [HHS Action].
- Include pregnant and parenting youth within the meaning of the term "youth in disadvantaged situations" [HHS Action].
- Ensure that the HHS Deputy Assistant Secretary for Population Affairs, which administers Adolescent Family Life Act programs, is included in interagency coordination activities [HHS Action].

Appendices

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FEDERAL PROGRAMS RELATED TO YOUNG FAMILIES

Although not comprehensive, this is a list of federal programs that either currently target youth in general, families, and or pregnant and or parenting youth, or that could be more targeted to meet the needs of these populations.

Domain	Program/Law	Agency
Health and Human Services	Community-Based Abstinence Education (CBAE)	DHHS
Health and Human Services	Head Start	DHHS/ACF
Health and Human Services	Medicaid	DHHS/CMMS
Health and Human Services	Community-Based Doula program	DHHS/HRSA/MCHB
Health and Human Services	Maternal and Child Health (MCH) Block Grant	DHHS/HRSA/MCHB
Health and Human Services	Title X Family Planning Program	DHHS/OPHS/OPA
Health and Human Services	Adolescent Family Life Act (AFLA) Care Program	DHHS/OPHS/OPA/OAPP
Health and Human Services	Community Mental Health Services block grants	DHHS/SAMHSA
Health and Human Services	Title V Abstinence Education (Section 510 of Title V of the Social Security Act)	DHHS/ACF
Health and Human Services	Women, Infants, and Children (WIC)	USDA/Food and Nutrition Service
Health and Human Services	Preventive Health and Health Services (PHHS) block grant	CDC
Health and Human Services	State Children's Health Insurance Program (SCHIP)	DHHS/CMMS
Health and Human Services	Social Services Block Grant (SSBG) Program	DHHS/ACF
Housing	Runaway and Homeless Youth Act (RHYA)	DHHS/ACF/FYSB
Housing	Second Chance Homes, Maternity Group homes	DHHS
Housing	Family Unification Program (FUP)	HUD/Office of Public and Indian Housing
Housing	Section 8 Rental Voucher Program	HUD
Education	McKinney-Vento Homeless Education Assistance Improvements Act of 2001	DOE
Education	No Child Left Behind (NCLB)/Elementary and Secondary Education Act of 1965 (ESEA)	DOE
Education	Title IX of the Educational Amendments of 1972	DOE/OCR
Education	Higher Education Act (HEA)	DOE/Office of Postsecondary Education
Education	Child Care Access Means Parents in Schools (CAMPUS) Act	DOE
Education	GEAR UP	DOE
Education	Carl D. Perkins Vocational and Technical Education Act of 1998	DOE
Education	TRIO	DOE
Workforce & Life Skills Development	Healthy Marriage & Responsible Fatherhood Initiative	DHHS/ACF
Workforce & Life Skills Development	High Risk Youth Offender Reentry and Family Strengthening Initiatives	DOJ/OJJDP
Workforce & Life Skills Development	Juvenile Justice Delinquency Prevention Act	DOJ/Office of Justice Programs
Workforce & Life Skills Development	Workforce Investment Act (WIA)	DOL/Education & Training Administration
Workforce & Life Skills Development	Youth Build	HUD/Dept of Community Planning & Development
Workforce & Life Skills Development	Violence Against Women Act (VAWA)	DOJ
Child Welfare and Development	Chaffee Foster Care Independent Living	DHHS/ACF
Child Welfare and Development	Child Abuse Prevention and Treatment Act (CAPTA)	DHHS/ACF
Child Welfare and Development	Child Care & Development Block Grant (CCDBG)	DHHS/ACF
Child Welfare and Development	Head Start	DHHS/ACF
Child Welfare and Development	Child Support	DHHS/ACF
Child Welfare and Development	Education Begins at Home Act (EBAH)	

(see next page for Key)

KEY:

DHHS = Department of Health and Human Services
ACF = Administration for Children and Families
USDA = U.S. Department of Agriculture
IRS = Internal Revenue Service
DOJ = Department of Justice
CMMS = Center for Medicare and Medicaid Services
SSA = Social Security Administration
HUD = Department of Housing and Urban Development
DOE = Department of Education
OJJDP = Office of Juvenile Justice and Delinquency Prevention
DOL = Department of Labor
FYSB = Family and Youth Services Bureau
CDC = Centers for Disease Control and Prevention
SAMHSA = Substance Abuse and Mental Health Services Administration
HRSA = Health Resources & Services Administration
MCHB = Maternal and Child Health Bureau
OPA = Office of Public Affairs
OAPP = Office of Adolescent Pregnancy Programs
OPHS = Office of Public Health and Science

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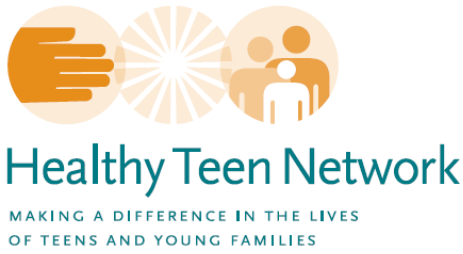

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