

# WITHDRAWAL SHEET

## Clinton Library

Collection: Domestic Policy Council-Reed, Bruce  
 OA/Box: OA 19840  
 File Folder: Teen Pregnancy [3]

Archivist: RDS  
 Date: 5/12/04

DOCUMENT NO. & TYPE	SUBJECT/TITLE	DATE	RESTRICTION
1. memo	Rasco et al. to Panetta re: Teen Pregnancy Initiative, 3p (partial)	7/10/95	P2/P5
2. memo	Stephen Neuwirth and Kathleen Whalen to Paul Diamond re: Teen Pregnancy Prevention Private Sector Initiative, 3p	6/14/94	P5

### RESTRICTIONS

**P1** National security classified information [(a)(1) of the PRA].  
**P2** Relating to appointment to Federal office [(a)(2) of the PRA].  
**P3** Release would violate a Federal statute [(a)(3) of the PRA].  
**P4** Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA].  
**P5** Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA].  
**P6** Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA].

**PRM** Personal records misfile defined in accordance with 44 USC 2201 (3).

**B1** National security classified information [(b) (1) of the FOIA].  
**B2** Release could disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA].  
**B3** Release would violate a Federal statute [(b)(3) of the FOIA].  
**B4** Release would disclose trade secrets or confidential commercial financial information [(b)(4) of the FOIA].  
**B6** Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA].  
**B7** Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA].  
**B8** Release would disclose information concerning the regulation of financial institutions [(b)(9) of the FOIA].  
**B9** Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA].





---

## **Clinton Presidential Records Digital Records Marker**

---

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

---

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

---

Summary

THE  
NATIONAL  
CAMPAIGN TO  
PREVENT TEEN PREGNANCY

# No Easy Answers

---

RESEARCH FINDINGS ON PROGRAMS  
TO REDUCE TEEN PREGNANCY

**Douglas Kirby, Ph.D.**

A RESEARCH REVIEW COMMISSIONED BY THE  
NATIONAL CAMPAIGN'S TASK FORCE ON  
EFFECTIVE PROGRAMS AND RESEARCH

*WHP Team Pregnancy*

November 8, 1995

MEMORANDUM FOR DISTRIBUTION

FROM: Debbie Fine  
Senior Policy Analyst  
Domestic Policy Council

SUBJECT: Attached Highlights of Administration Efforts to Prevent Teen Pregnancy

Attached is a rough draft document highlighting Administration initiatives that contribute to efforts to prevent teen pregnancy. The approved version of this will most likely become available to the public next week. Please review it carefully to ensure that it is accurate and acceptable to your Department or Agency for release. I welcome all comments and suggestions for improving both content and presentation. **Any edits later than close of business on Tuesday will be too late.** Once all of the edits are made, it will go through the White House Communications approval process.

Thanks so much for your help. You can reach me by phone at 456-5572, by fax at 456-7028, or by pager through Signal, 757-5000. If you are faxing changes, please call me to let me know so that I can make sure that I get them in time.

DISTRIBUTION:

Carol Rasco

Jeremy Ben-Ami

Ann Segal, Health and Human Services

Elisa Koff, Health and Human Services

Amy Nevel, Health and Human Services

Armelia Hailey, Department of Labor

Eileen Garry/Sherry Cantalon, Department of Justice

Nancy Valentine, Department of Agriculture

Cecilia Calvo, Corporation for National Service

Tanya Oubre, Department of Education

Alexis Herman

Bruce Reed

Gaynor McCown

Diana Fortuna

Dennis Burke

Jennifer Klein

Paul Weinstein

Elaine Kamarck

Janet Abrams

Betsy Myers

Barbara Woolley

Flo McAfee

Melanne Verveer

Debby Both

DRAFT

## THE CLINTON ADMINISTRATION: WORKING IN PARTNERSHIP TO PREVENT TEEN PREGNANCY

The Clinton Administration's strategy to fight teen pregnancy combines opportunity and responsibility. It mobilizes communities and works in partnership with young people, parents, schools, civic leaders, businesses, nonprofit organizations, religious leaders, providers and state and local governments. It encourages abstinence and personal responsibility by young people. It provides access to health and family planning services. And it invests in research and evaluation to determine what approaches work.

### THE FACTS ABOUT TEEN PREGNANCY

#### *A National Epidemic*

- Every year, about 1 million American teenagers become pregnant -- that's about 11% of women ages 15-19. Recent news has been somewhat positive: From 1991 to 1992, the majority of states saw a decline in teen pregnancy rates for 15-19 year-olds.
- From the 1950s through the early 1980s, the rate of births to teens decreased steadily. However, in 1986, that trend reversed, and over the period 1986-91, the rate grew by 24%. From 1991 to 1993, the rate declined by 4%.
- As the teenage population grows, teen births are expected to increase. Even if the teen birth rate remains constant, the number of births is expected to jump 30% by the year 2010.

#### *Trend towards out-of-wedlock childbearing*

- In 1960, only 15% of teenage mothers were unmarried. Today, 72% are unmarried.

#### *International Comparisons*

- The U.S. rate of births to teens is now twice as high as in the United Kingdom and six times as high as in France, Italy, and Denmark.

#### *Role of Adult Males*

- A recent survey indicates that at least half the babies born to teenage women ages 15-17 are fathered by adult men ages 20 or older.

#### *Costs to the Children*

- Children born to teens are more likely to die in their first year of life, to have lower cognitive achievement, to repeat a grade in school, to be victims of abuse and neglect, and to become teen parents themselves.
- 80% of children born to unwed teenage mothers who have not completed high school live in poverty. In contrast, of those children born to 20 year-old married parents who are high school graduates, only 8% live in poverty.

#### *Costs to Society*

- More than three-fourths of all unmarried teen mothers will be on welfare (Aid to Families and Dependent Children) at some point during the 5 years following the birth of their child.

*Costs to the Parents*

- Teenage parents -- female and male -- have a much tougher time getting the education and skills they need to work and be productive members of society.

## Research and Evaluation: Learning What Works

*The Clinton Administration has embraced comprehensive approaches to research and evaluation with an emphasis on prevention of both first and repeat pregnancies. Working to understand teen populations and the many forces that influence behavior both in and outside of the home, monitoring and targeting new data, and evaluating old and new programs to learn more about what approaches may be most effective in lowering teen pregnancy rates are all priority components of our strategy.*

Comprehensive Study: In June of 1995, the Department of Health and Human Services completed "**Beginning Too Soon: Adolescent Sexual Behavior, Pregnancy, and Parenthood,**" a two volume report containing a comprehensive and exhaustive review of the most recent research literature on teenage sexual behavior, pregnancy and parenthood and on effectiveness of teenage pregnancy prevention programs. This report was produced by Child Trends, Inc. with funding from the Department of Health and Human Services.

ADD HEALTH: Teens have been a significantly understudied sector of the population. In 1994, National Institutes of Health began funding a new \$23 million 5-year study called ADD HEALTH, the first comprehensive study of the determinants of adolescent health. Using a national sample of 7th through 12th graders, ADD HEALTH examines the personal, familial, peer-related and community related influences on health behavior, taking a more **comprehensive look at the health of our nation's teenagers** in order to provide a better understanding of the complex forces that promote good health for our young people and those factors that put youth at risk.

Comprehensive Strategy and Guide for Implementation: In December of 1993, the Department of Justice published a *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*, following up with a *Guide* to implement the *Comprehensive Strategy* in June of 1995. Studies using large random samples of inner-city high-risk youth in 3 sites were the basis for these publications. All three studies showed that chronic violent delinquent offenders have higher rates of dropping out of school, gun ownership for protection, gun use, gang membership, **teenage sexual activity, teenage parenthood,** and early independence from their family.

*Comprehensive Strategy* and its *Guide* for implementation provide an alternative to increasing reliance on the criminal justice system by calling for the establishment of a **coordinated system of prevention** and graduated sanctions programs that provide a continuum of care for each child. In addressing the teen pregnancy issue, the Department of Justice encourages a comprehensive approach that simultaneously addresses multiple problem behaviors in youth, including those that increase the risk of teen pregnancy.

State Data: Starting in 1995, for the first time HHS is able to produce **state-level teenage pregnancy data** from non-census years. Updating trends on a state-by-state basis every year provides more information for making effective policy decisions and enables us to see where we need to target our resources. HHS is the nation's primary source for monitoring both current and trend data on teenage pregnancy, births, contraceptive use, sexual activity, abortion and related issues.

New Mothers' Study: In 1993, HHS began funding The New Mothers' Study, a project originally started in 1988 and also supported by other government agencies and private foundations. It focuses on research and analysis of the nurse home visitor study in Memphis, Tennessee, where a sample of first-time, low-income, pregnant women received weekly visits from a nurse. Approximately 65% of the research sample were 18 or younger at enrollment. Early findings indicate that there were **significantly fewer repeat pregnancies** within two years following the birth of the child for those women who received home visits.

Review for Practitioners: *Family Life, Delinquency, and Crime: A Policymaker's Guide-- Research Summary*, was completed in May of 1994 by the Department of Justice. Its findings indicate that **family is one of the most powerful socializing forces for young people**. Families can either teach children to, "control unacceptable behavior, to delay gratification, and to respect the rights of others...[or]...Conversely, families can teach children aggressive, antisocial, and violent behavior."

Parenting Initiative: The Department of Justice completed research work in 1993 under a grant to the University of Utah and the Pacific Institute for Research and Evaluation. This four-year major parenting initiative, entitled *Effective Parenting Strategies for Families of High-Risk Youth*, identified as a result of the review a representative group of 25 programs as potentially the most promising. The research findings underscore the importance of a family-focused approach to prevention and intervention of youthful problem behavior. **Check With DOJ On Findings**

Title X and Title XX: HHS has continued to direct some Title X and XX funding to research projects and studies that focus on adolescent sexual behavior. Goals of these studies range from developing strategies to improve services to sexually active adolescents who are at-risk for contraceptive non-compliance and young women who visit family planning clinics, to learning more about: precursors and results of pregnancy and birth among adolescent males, the factors that influence teen attitudes toward sexual behavior, and the consequences for teen mothers who decide to parent as compared to those who place their children for adoption.

Evaluation: Many of the grant demonstration programs are now making it a priority to include an evaluation component to their programs-- in order to better ensure investment in the future in effective ways to reduce the rate of teenage pregnancy in this country.

## Reaching Into Our Communities And Promoting Partnerships

*"I'm trying to do things that I believe will help our country meet the challenges we face today so that young people will have a better future. And it's obvious to me that... unless young people have good, healthy, constructive lives at the grass-roots level, the things that I do will not succeed in getting you the future you deserve."* President Clinton; August 9, 1995

### EXPANDING OPPORTUNITIES FOR YOUTH: TEEN PREGNANCY PREVENTION AS A PART OF COMPREHENSIVE PROGRAMMING

Community Coalition Partnership Programs for Prevention of Teen Pregnancy: In September of 1995, Centers for Disease Control launched the new Community Coalition Partnership Programs for Prevention of Teen Pregnancy by awarding 13 grants totalling \$6.5 million over two years. These grants enable communities to develop plans for implementing and evaluating **community-wide interventions** that are innovative, comprehensive and sustainable. In addition to helping support community-wide coalitions in their efforts to reduce teenage pregnancy, these demonstrations include an evaluation component to monitor what is really effective.

Adolescent Family Life Program: In September of 1995, HHS awarded 15 grants totaling \$4.2 million dollars for the Adolescent Family Life Program, comprehensive demonstration programs aimed at preventing early teenage sexual activity and reducing teenage pregnancies. These programs feature innovative ways to **emphasize abstinence as the best way to prevent adolescent pregnancy** and to encourage the involvement of parents in these discussions with their children. [In addition to encouraging abstinence, prevention projects are permitted to provide factual information on contraceptives in response to the rise in AIDS and other sexually transmitted diseases. -- TOO CONTROVERSIAL?]

SafeFutures: The Department of Justice created the SafeFutures Program in September of 1995. This 5-year program provides \$7.2 million per year to six jurisdictions that are committed to implementing a community-based, comprehensive approach to addressing **prevention of 'problem behavior' and juvenile delinquency**. A key component of the SafeFutures Program is programming to strengthen and support families in each jurisdiction. Other SafeFutures program components, including delinquency prevention and gender-specific services for female juvenile offenders, also address issues related to causes of teen pregnancy. *Research has shown that the "risk factors" for teen pregnancy, violent behavior, delinquency, and drug use are similar and that comprehensive programs focused on changing behaviors related to alcohol, drugs and teen pregnancy -- such as focusing on raising self-esteem -- have an impact.*

The Community Schools Youth Services and Supervision Grant: Through this new program established in 1994, HHS provides matching grants to communities with significant poverty and juvenile delinquency for **after-school, weekend and summer recreation and education programs**. The program includes an evaluation component which will provide insight into the implementation and effectiveness of such comprehensive approaches, a critical part of making sure we are making the right investment in our communities.

Healthy Schools/Healthy Communities: In Fiscal Year 1994, the Administration started the new Healthy Schools/Healthy Communities program -- funding **27 new school-based health centers** in 20 states and the District of Columbia. These centers serve the health and education needs of children and teenagers at high risk for poor health, teenage pregnancy, and other problems. A comprehensive evaluation of this program is currently being conducted.

Youth Fair Chance: In July of 1994, the Department of Labor implemented the Youth Fair Chance program, funding seventeen new sites. Youth Fair Chance targets money directly into **high poverty areas where youth problems are greatest**. These sites provide a variety of services, working in cooperation with other local service providers, that focus on youth problems such as teen pregnancy, drug and gang involvement, dropping out of school utilizing both in-school and out-of-school components. Some of the sites utilize AmeriCorps volunteers.

The Corporation for National Service: Created under the Clinton Administration in 1993, National Service supports over 50 teen pregnancy programs in 20 states across the country -- working both to **prevent teen pregnancy and to assist teen parents**. National service participants provide case management, mentor pregnant teens, sponsor health fairs, teach parenting skills to teen parents, make presentations on teen pregnancy to school-aged youth, assist youth in accessing health care, provide referrals to health care providers and develop social supports for teen parents. National Service programs are operated with members of AmeriCorps, Learn and Serve America, and the National Senior Service Corps working collaboratively with school districts, universities, churches, health departments, national non-profits and community-based organizations.

High Risk Youth Demonstration: HHS continues to support the High Risk Youth Demonstration program, which funds **innovative and effective model programs for preventing alcohol and drug use among high-risk youth**. One component of this program targets the specific needs of females from 12 to 20 whose use of substances is often accompanied by special factors that underlie or contribute to women's addictive problems. Every component of this program is evaluated.

Healthy Start Program: HHS continues to support the Healthy Start Program, which has demonstration projects underway in 22 communities nationwide to **reduce infant mortality in the highest-risk areas and to improve the health and well-being of women, infants and their families.** Among a broad array of services provided, thousands of teenagers participate in prevention programs exclusively designed for them that encourage healthy lifestyles, youth empowerment, sexual responsibility, conflict resolution, goal setting, and the enhancement of self-esteem. A comprehensive evaluation is ongoing and results are expected in 1997.

Youth at Risk: The Department of Agriculture continues to fund important initiatives serving young people such as **4-H Youth Development Program, Youth at Risk, and Plight of Young People.** The Department works with communities to implement effective research-based programs which address a broad range of issues and needs including teen pregnancy, child abuse, infant mortality, community crime and violence, and child care.

## **GETTING TEEN-PARENTS ON THE ROAD TO ECONOMIC INDEPENDENCE**

*In addition to preventing repeat pregnancies, it is important to help young parents stay on the right path to making the transition to self-sufficiency -- to take care of their kids, to finish their education and to get a job.*

The Home Visiting Services Demonstration: In September of 1994, HHS launched this new grant program that is currently operating in three sites. Under the demonstration, paraprofessional home visitors provide **first-time teenage parents on welfare with instruction and supportive guidance related to family planning, parenting skills, health care for themselves and their children, and child support.** In addition, the visitors facilitate the teenagers' participation in the required education and employment-related activities. The evaluation of the demonstration is being jointly funded by the Department and the Henry J. Kaiser Family Foundation.

Teenage Parent Demonstration: In order to gain further insight into the occurrence of **repeat pregnancies,** in 1993, HHS funded a 5-year follow-up evaluation of the Teenage Parent Demonstration, initially conducted from 1986 to 1991. This program targets the high-risk population of teenage mothers on welfare, providing case management and support services such as education, training and child care. The follow-up evaluation specifically focuses on occurrence of repeat pregnancies.

Comprehensive Services for Teenage Parents on Welfare: HHS continues to fund these grants, which support development of programs providing **comprehensive services to meet the personal, physical and social needs of teenage parents,** as well as aiding the cognitive, physical and emotional development of their children. They are implemented in conjunction with mandatory participation requirements for education and employment-related activities.

State Welfare Reform Demonstrations: The Administration has approved State Welfare Reform Demonstrations that include various provisions affecting minor parents. Twelve States have authority to implement provisions linking AFDC benefits to the school attendance of minor parents. Nine States have received waiver authority to require minor parents to live with their parents or guardians or in an adult-supervised setting. A comprehensive evaluation will be conducted for each of these demonstrations.

Child Support Enforcement: President Clinton has sent a tough message to young men and women that they should not have children until they are prepared to care for them. In 1994, the Administration collected a record \$10 billion in child support, and in 1995 the President signed an Executive Order to crack down on Federal employees who owe child support. In his child support enforcement plan, adopted by both Houses of Congress in their welfare reform legislation currently pending, he proposes: streamlined efforts to name the father in every case; employer reporting in new hires to catch deadbeats who move from job to job; uniform interstate child support laws; computerized state-wide collections to speed up payments; and tough new penalties, like drivers' license revocation, for parents who fail to pay.

## **EDUCATING YOUNG PARENTS AND THEIR CHILDREN: REACHING INTO THE NEXT GENERATION**

*"We can do all these things -- put our economic house in order, expand world trade, target the jobs of the future, guarantee equal opportunity -- but if we're honest, we'll admit that this strategy still cannot work unless we also give our people the education, training, and skills they need to seize the opportunities of tomorrow."* President Clinton; January 25, 1994

Researchers have documented correlations between poor academic skills and early childbearing. Under the Clinton Administration, the Department of Education has launched a number of initiatives that address teen pregnancy prevention through improved schooling for disadvantaged students, coordination of health and social services, and school-to-work opportunities to increase economic self-sufficiency. Drop-out prevention and drug-free schools and communities programs address risk factors that are the same or related to those leading to teen pregnancy.

The Goals 2000: Educate America Act: Passed and signed into law in 1993, Goals 2000 is designed to help parents, teachers, and community leaders improve their schools by raising academic standards; addressing safety, discipline and basic skills; attracting and training better teachers; and strengthening parent involvement. Goals 2000 works to enhance student learning by encouraging the development of challenging standards for the nation's students.

Improving America's Schools Act: Passed and signed into law in October, 1994, this

legislation provides: (1) federal support for at-risk children to help them achieve challenging standards in core academic subjects; (2) greater involvement of parents and communities in learning; (3) improved teaching through better professional development; (4) new assistance to make schools safer and drug-free; and (5) support for effective changes in school practice and management, such as using technology to improve teaching and learning and initiating charter schools.

Title I Program: Title I Program directs about \$7 billion to helping more than six million disadvantaged children in more than 50,000 schools nationwide – about half of all schools in the country. As reauthorized in 1994, Title I emphasizes high academic standards and accelerated learning in the core academic subjects rather than low expectations often found in remedial programs. Most of the funds go to high-poverty schools to help **combat high dropout rates, illiteracy and poor employment prospects** -- all of which are risk factors for early childbearing. Moreover, now a greater amount of Title I funds can be directed to junior and senior high schools and utilized for mentoring and other activities that have a positive impact on teen pregnancy prevention.

Safe and Drug-Free School Act: This act responds to the continuing crisis of violence and drugs in our schools by **supporting comprehensive school-and community-based drug abuse and violence prevention programs**. Local school districts in high need-areas are coordinating violence and drug prevention programs with comprehensive school health education programs.

1994 School-To-Work Opportunities Act: Administered jointly by Labor and Education, School-To-Work provides seed money to communities to develop and launch comprehensive school-to-work systems. These systems will **combine school-based and work-based learning with activities designed to help students develop the skills and knowledge they need to obtain job opportunities** in this increasingly complex economy.

Head Start: Under this Administration, Head Start has been reformed to create tough new quality standards, reduce child-to-teacher ratios, expand services, and create the new Early Head Start for infants and toddlers. Head Start has expanded to enable over 130,000 more children to participate in 1995 than participated in 1993.

## **EMPOWERING COMMUNITIES TO SOLVE PROBLEMS**

*The Clinton Administration has worked to address the high rate of teen pregnancy by addressing the complex economic and social factors often behind these high rates. Administration initiatives to create more jobs, to provide equal educational opportunities for our children and youth, and to invest in distressed urban and rural communities are critical to this effort.*

Empowerment Zones and Enterprise Communities: In 1993, President Clinton's Empowerment Zones and Enterprise Communities legislation passed Congress, offering \$2.5 billion in tax incentives and \$1 billion in flexible block grants to more than 100 communities. The initiative is designed to **create jobs and help communities to rebuild themselves from inside out**. In December of 1994, President Clinton and Vice President Gore announced 9 EZs and 2 supplemental urban zones, along with the 95 ECs, 4 of which received enhanced grants.

The Community Development Banking and Financial Institutions Act: In 1994, the President's Community Development Banking and Financial Institutions Act became law, the first step to fulfilling his pledge to create a national network of community development financial institutions (CDFIs). In 1995, Congress appropriated \$125 million for the initiative. The Act creates a fund to provide equity investments, deposits, grants, loans, and technical and training assistance to CDFIs that are starting up or expanding. When fully leveraged, the Act could create about \$2 billion in new investments by homeowners, businesspeople, and others who are building up low- and moderate-income communities. The Act will provide as many as 40,000 loans to entrepreneurs, expanding businesses, homeowners, and others who might not otherwise be able to obtain credit.

**DRAFT**

WR-Teen Pregnancy

August 4, 1995

Contact: HHS Press Office  
(202) 690-6343**PREVENTING TEENAGE PREGNANCY**

**Overview:** Each year, approximately one million pregnancies occur among American teenagers. Contributing to the problem is the dramatic escalation of adolescent sexual activity over the past two decades. Today, almost 70% of American teenagers have been sexually active by the time they reach their eighteenth birthday. Early parenthood typically has adverse lifelong effects on the health, education, and financial condition of adolescent parents and their children. Moreover, sexually-active adolescents are at risk of contracting sexually transmitted diseases and HIV/AIDS.

As President Clinton said in his State of the Union address, "We've got to ask our community leaders and all kinds of organizations to help us stop our most serious social problem: the epidemic of teen pregnancies and births where there is no marriage." Through its programs and partnerships with young people, parents, schools, communities, businesses, nonprofit organizations, and state and local governments, HHS is working to address the multiple factors that contribute to teenage pregnancy. These activities include:

- \* encouraging abstinence and personal responsibility for young men and women;
- \* providing access to health and family planning services;
- \* supporting health education in schools;
- \* assisting youth in crisis situations;
- \* providing positive activities for youth; and
- \* researching and disseminating helpful information about programs and approaches that work.

**HHS PROGRAMS:**

- **The Adolescent Family Life Program** supports demonstrations and research projects that encourage abstinence and involve the parents of teens in issues of adolescent sexuality and parenting.

# DRAFT

Page 2

- Community Coalition Partnership Programs for the Prevention of Teen Pregnancy is a new program that will enable approximately 12 communities to develop plans for implementing innovative, comprehensive, community-based interventions.
- Health education in schools supports the efforts of every state and territorial education agency to implement school health programs to help prevent the spread of HIV/STD. Assistance is also provided to States and cities to provide comprehensive education for students, parents, and teachers on unhealthy risk behaviors that lead to early sexual activity, STDs, HIV, drug and alcohol abuse, tobacco use, unintentional and intentional injuries, dietary patterns that cause disease, and inadequate physical activity.
- Healthy Schools, Healthy Communities established 27 new school-based health centers in 20 states and the District of Columbia to serve the health and education needs of children and youth at high risk for poor health, teenage pregnancy, and other problems.
- Title X of the Public Health Service Act supports family planning services in over 4,000 clinics nationwide. Improving outreach and services to adolescents is a priority of the Title X program.
- Medicaid provides Medicaid-eligible adolescents under age 21 with access to a comprehensive range of preventive, primary, and specialty services within its Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. New guidelines from the Bright Futures project, which stress the importance of family and community support for positive health and social behaviors, including adolescent pregnancy prevention, are being disseminated to state Medicaid and Maternal and Child Health programs.
- Federal/State Partnerships, including the Maternal and Child Health Services Block Grant and the Social Services Block Grant (authorized by Titles V and XX of the Social Security Act, respectively), include support for adolescent pregnancy prevention programs, state adolescent health coordinators, state prenatal care hotlines, family planning, school health, and other prevention services. The Community Services Block Grant enables local community agencies to provide low-income populations, including youth at risk, with job counseling, summer youth employment, GED instruction, crisis hotlines, information and referral to health care, and other services. The Preventive Health and Health Services Block Grant (under Title XIX of the Public Health Service Act) provides resources to 49 States for services to the general population, including health education, risk reduction and public health nursing.

# DRAFT

Page 3

- Youth programs including Runaway and Homeless Youth Programs, High Risk Youth Program, Community Schools, Youth Gang and Drug Prevention Program, National Youth Sports, and Youth Violence Prevention Programs, address a wide range of risk factors related to teenage pregnancy.
- Healthy Start has demonstration projects in 22 communities nationwide to reduce infant mortality in the highest-risk areas and to improve the health and well-being of women, infants, and their families. Among a broad array of services provided, thousands of teenagers participate in prevention programs exclusively designed for adolescents that encourage healthy lifestyles, youth empowerment, sexual responsibility, conflict resolution, goal setting, and the enhancement of self-esteem.
- Empowerment Zones and Enterprise Communities in 105 rural and urban areas across the country have been awarded grants to stimulate economic and human development and to coordinate and expand support services. As they implement their strategic plans, some sites are including a focus on teenage pregnancy prevention and youth development.
- Community and migrant health centers, including family and neighborhood health centers, operate in 1600 sites and provide primary and specialized health and related services to medically underserved adolescents. Some centers include special hours or clinics for adolescent patients.
- Indian Health Service provides a full range of medical services for American Indians and Alaska Natives. Special initiatives are directed at teenage pregnancy, mental health and alcoholism services, and preventive health care.
- Drug treatment and prevention programs include services to prevent first-time and repeat births among teenagers. Sixty-five residential treatment programs for pregnant and postpartum women receive support to provide family planning, education, and counseling services. In addition, prevention projects offer interventions and outreach to adolescents at risk for drug or alcohol abuse as well as for pregnancy.
- Resources centers and clearinghouses at both the state and national level provide information and technical assistance to state and community-based health, social service, and youth-serving agencies. Toll-free hotlines also provide guidance on family and youth services, STDs, AIDS, and other issues.
- Research, surveillance, demonstrations, and evaluations are conducted on an ongoing basis to gather and provide information and technical assistance on the magnitude, causes, and prevention of teenage pregnancy and on programs and approaches that work.

# DRAFT

Page 4

## WELFARE REFORM: REACHING THE NEXT GENERATION

- Because estimates indicate that over half the mothers on AFDC were teenagers when they had their first child, preventing teenage pregnancy is a critical part of the Clinton Administration's approach to welfare reform. To prevent welfare dependency, teenagers must get the message that staying in school, postponing sexual activity, and preparing to work are the right things to do. As President Clinton has said, "Nobody should get pregnant or father a child who isn't prepared to raise the child, love the child, and take responsibility for the child's future."
- In welfare reform legislation introduced in 1994, President Clinton presented a comprehensive approach to teenage pregnancy prevention. In 1995, he has now endorsed the "Work First" bill, offered by Senators Tom Daschle, John Breaux, and Barbara Mikulski. This bill builds on President Clinton's approach and includes the following provisions:
  - \* **Making Teenage Parents Responsible.** Under this plan, the message to teenage parents is clear: stay at home and remain in school. To qualify for assistance, custodial parents under the age of 18 would be required to live at home with an adult family member or in an adult-supervised group home. Teenage parents would also be required to remain in school and work or train for work after graduating from high school. States have the flexibility to extend these provisions to nineteen or twenty year-olds.
  - \* **Paternity Establishment.** The bill includes tough new provisions designed to make sure that all parents, including teenage parents, are held financially responsible for the children they bring into the world. Mothers must cooperate with paternity establishment efforts prior to their receiving welfare. Education and outreach will encourage the voluntary acknowledgment of paternity. But for those fathers unwilling to acknowledge their responsibility, streamlined legal processes for paternity establishment will allow state child support agencies to establish paternity quickly.
  - \* **Preventing Teenage Pregnancy.** The bill also includes provisions to conduct a comprehensive national teenage pregnancy prevention campaign. Moreover, States would be required to address the problem of teenage pregnancy in ways that meet their population's needs. Finally, the bill includes provisions for innovative projects to evaluate these prevention efforts and to provide information, materials, and technical assistance critical to the success of teenage pregnancy prevention programs.

# HHS NEWS

DRAFT

W/Teen Pregnancy #191

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE

Contact: CDC (404) 639-3286  
NCHS (301) 436-7551

## CDC RELEASES NATALITY AND TEEN PREGNANCY REPORTS

Teen births are down nationwide and teen pregnancy declined in a majority of states, according to two new studies from the Centers for Disease Control and Prevention released today. CDC also reports that the rate of unmarried childbearing among women of all ages may have stabilized, and the agency released new findings on maternal and infant health.

Although the 1993 teen birth rate is still higher than 20 years ago, the birth rate for those 15-19 declined four percent from 1991 to 1993, according to the Advance Report of Final Natality Statistics, 1993, the annual report on birth patterns in America from CDC's National Center for Health Statistics. Teen pregnancy rates (including <sup>both</sup> births and abortions) were down in a majority of states as reported in "Update on Teen Pregnancy and Birth Rates, 1991-1992," in the September 22 Morbidity and Mortality Weekly Report, also being released today.

"These findings are encouraging, although it's too early to detect any clear trend," said HHS Secretary Donna E. Shalala. "We clearly still need to do better to reduce teen pregnancy."

After increasing steadily between 1986 and 1991, the birth rate for teenagers 15-17 years declined 2 percent from 1991 to 1992 and was unchanged in 1993 at 37.8 births per 1,000. The birth rate for

- More -

older teens aged 18-19 was down 3 percent in 1993, to 92.1 per 1,000.

Pregnancy rates for teens declined in 31 of 41 reporting states and the District of Columbia from 1991 to 1992. Decreases in teen pregnancy are reflected in a decline in both abortion and birth rates, with greater declines noted in the abortion rates. There was a wide range in pregnancy rates by states, from 53.7 per 1,000 women 15-19 in Wyoming to 106.9 for Georgia. Rates increased significantly in only two states.

In 1993, there were over a half-million births to teenagers -- over 200,000 to those not even 18. The teenage population is growing and if teen birth rates do not continue to decline, there will be a rise in the number of teen births over the next few years.

The 1993 annual natality report also documents that the rate of nonmarital childbearing has been essentially unchanged for three consecutive years, at 45.3 births per 1,000 unmarried women aged 15-44 in 1993. Prior to this period, there has been a 50-year rise in childbearing by unmarried women, and from 1980 to 1991 the rate had increased 54 percent. Nonmarital births totalled just over 1.2 million in 1993 and accounted for 31 percent of all births that year.

Overall, births in the United States declined in 1993 for the third consecutive year, to just over 4 million. The birth rate per 1,000 total population declined to 15.5, its lowest point in 15 years. Birth rates for women in their twenties, the peak childbearing ages, declined in 1993 by 2 percent.

- More -

After rising steadily for almost two decades, birth rates for women in their thirties appear to have stabilized, recording just modest increases for the past few years. Still, there were more than 900,000 births to women in their early thirties, and the number of birth to women aged 35-39, 357,000, was higher than in any year since 1960.

More than 100,000 babies were born in multiple deliveries in 1993, the highest number ever reported. Live births in twin delivery increased 1 percent while the number of triplet and higher-order plural births rose 7 percent.

The report documents maternal medical and lifestyle risk factors during pregnancy and their impact on the health of the infant:

-- Cigarette smoking during pregnancy declined to 15.8 percent, down from 19.5 percent in 1989, the first year that information on smoking was recorded on the birth certificate. Smoking declined in all age groups; still almost a quarter of young white and American Indian women, aged 15-24, smoked during pregnancy. Smoking is a key risk factor for low birth weight and infant mortality.

-- Prenatal care utilization improved in 1993, following more than a decade of little change, with 79 percent of mothers receiving care in the first trimester. Fewer than 5 percent of mothers had late or no care, the lowest level since 1969.

-- The cesarean delivery rate declined again in 1993, to 21.8 percent of all births, continuing the downward trend noted in recent

- More -

years following a rapid and steady increase through the late 1980s. The vaginal birth after cesarean delivery (VBAC) rate increased 8 percent in 1993.

Other measures of maternal and infant health were not so positive, the annual report shows.

-- **Pretarm births** (prior to 37 completed weeks) increased 3 percent in 1993 to 11 percent of all births and almost one in five black infants.

-- **Low birthweight** increased from 7.1 to 7.2 percent the highest level reported since 1976. Most of the rise occurred among white births (6.0 percent), but low birthweight is still much higher among black infants (13.3). Low birthweight contributes to three-quarters of all infant deaths.

-- The most frequently-reported **medical risk factors** continued to be anemia, diabetes, and pregnancy-related hypertension.

Data in Advance Report of Final Natality Statistics, 1993 are based on the birth certificates filed in state vital statistics offices and reported to the National Center for Health Statistics through the Vital Statistics Cooperative Program. "Update: Teen Pregnancy and Birth Rates" is based on birth certificate data as well as abortions reported to the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Both centers are part of the Centers for Disease Control and Prevention, U.S. Public Health Services, within HHS.

###

★ DRAFT ★

(not yet reviewed  
by Carol Rasco)

WR-  
Teen  
Pregnancy

July 10, 1995

MEMORANDUM TO LEON PANETTA

FROM: CAROL RASCO  
JEREMY BEN-AMI <sup>BA</sup>  
JANET ABRAMS <sup>JA</sup>

RE: TEEN PREGNANCY INITIATIVE

We are meeting with you on Wednesday to discuss the teen pregnancy initiative and the status of Dr. Foster. The following pages provide:

- (1) Background on the Private Sector Initiative
- (2) Options for Proceeding with the Initiative
- (3) Recommendations Concerning Dr. Henry Foster
- (4) Background on Presidential PSA on teen pregnancy

THIS FORM MARKS THE FILE LOCATION OF ITEM NUMBER 1  
LISTED IN THE WITHDRAWAL SHEET AT THE FRONT OF THIS FOLDER.

THE FOLLOWING PAGE HAS HAD MATERIAL REDACTED. CONSULT THE  
WITHDRAWAL SHEET AT THE FRONT OF THIS FOLDER FOR FURTHER  
INFORMATION.

## **Background: Proposed Private Sector Organization**

In this year's State of the Union Address, President Clinton called for a national campaign against teen pregnancy. Several months before, the President approved a recommendation by Bill Galston and other senior staff to support the creation of an independent, bipartisan, national organization which would marshal the energy of the private sector in combatting the epidemic of children having children.

At the end of 1994, Bill Galston invited Jody Greenstone to work from outside the White House to lay the groundwork for launching the envisioned private sector campaign. Belle Sawhill, who had recently joined the Urban Institute and who had taken great interest in Galston's proposal during her final months at OMB, worked with Jody to develop a specific proposal for what the new organization would do and to identify recognized leaders from the business, media, religious, and foundation communities who might serve as founding members.

Jody met early in the year with the First Lady. Mrs. Clinton expressed concern that the proposed national campaign make a genuine contribution to addressing the epidemic of teen pregnancy, that it not simply put "Just-Say-No" ads on the air. Jody consulted with experts in the teen pregnancy prevention field and confirmed that a national campaign could serve a vital role -- that while the real work of teaching children not to become sexually active and giving them hope for positive alternatives to early parenthood must take place at the local level, a national group could give elevated visibility to the issue and serve as an important resource to local initiatives.

### **Progress to Date**

[ REDACTED ]

[ REOACTED ]

### Concern

The President made a very direct call for action on teen pregnancy in the State of the Union Address. In March, he repeated his challenge in a speech to the National Association of County Officials. While journalists have not yet criticized the White House for inaction in organizing a national campaign, the President has been asked related questions -- such as "What is the Administration doing to make sure abortion is "rare"?" during the Blitzer/Woodruff interview on CNN. As the campaign heats up, questions will inevitably be asked about what the Administration is doing about teen pregnancy specifically and the problems of low-income youth generally.

Recent media reports that Dr. Foster might be invited to take on a role within the White House add to the likelihood that the press will be inquiring about our progress on the teen pregnancy initiative in the not-too-distant future.

The issue of teen pregnancy could be "taken" by other candidates in the 1996 Presidential Race. Governor Pete Wilson has been quite active on the subject of teen pregnancy. He declared this past April "Teen Pregnancy Prevention Month" in California.

## Options for Moving Forward

Given our lack of progress in getting this initiative off the ground, we need to pursue a different strategy. We have three options to present and discuss with you on Wednesday.

### Option 1: Pursuing a Big-name, High-level Group -- Requires Direct Presidential Involvement

The initiators of this concept (Galston, Greenstone, Sawhill) have always envisioned that this organization should be big name, high level, and bipartisan. They believe that is the President's vision as well.

Jody and others outside the White House believe that this sort of initiative really only gets off the ground at a high level with Presidential involvement. If the President could make a half-dozen phone calls, he could round up the big-name CEO, entertainer, and even the prominent Republican needed to give the whole project legs. He could then call a meeting in early September with those people, some key foundation heads, religious leaders and educators, and we would be off and running.

[ REDACTED ]

*Pros:* Getting big name people raises the visibility of the effort and enhances the public credit that the President is likely to get for the initiative.

This is arguably what the President originally envisioned -- getting leaders of various sectors (religion, media, education) to address this difficult problem that government alone can't solve.

*Cons:* Presidential time: requires President to make calls and host one meeting.

Puts President at greater risk if effort fails.

### Option 2: Go for the "B Team" -- Requires Senior Administration Commitment

If we did not want the President to get involved, we might still be able to attract some relatively important people to be involved (heads of foundations, major community leaders) if some senior administration official would host a meeting and make a pitch to those people to take on this project. We have suggested this to both Jack Quinn on behalf of the Vice President and Maggie Williams on behalf of the First Lady, but both have indicated that their principals' schedules would not allow them to get so personally involved in the near term.

At such a meeting, we would invite all our target list, plus a number of recognized experts and practitioners in the field of adolescent health. Administration officials and selected experts would brief the group on the problem of teen pregnancy and current prevention efforts now underway across the country. A discussion would then be held about what could be done at the national level. A reception and/or dinner would follow, to give the group an opportunity to "gel" and possibly form plans for reconvening on their own.

Other possibilities include a meeting/dinner hosted by some combination of Carol Rasco, Maggie Williams, Alexis Herman and/or Donna Shalala. We could probably schedule such a meeting for early August or early September.

*Pros:* Demonstrates high level administration interest in the effort. Makes it more likely that some senior people in various fields would become involved.

*Cons:* Makes clear that the President is not directly involved. Does not generate as high-level or visible a group as some have hoped to get.

Option 3: No Senior Administration Commitment -- Allow effort to succeed or fail on its own

If no senior Administration official is willing to make the commitment to host an initial meeting, make some phone calls, and invest some personal capital in this effort, we could simply allow Belle and Jody to move ahead on their own. Belle is willing to host a meeting at the Urban Institute for key players in the teen pregnancy prevention field, including practitioners, academics, and foundation people, who would come together to discuss what might be done by a national-level private-sector organization. A subset of them might agree to form a national initiative, but the group might also decide that they are not the ones to take on the responsibility, that their efforts are best directed at the community level.

*Pros:* Allows for relatively quick action; we have had difficulty moving this project through the Administration. If the meeting and the responsibility are completely removed from the White House, there may be some action sooner.

*Cons:* This option seems unlikely to produce a visible National Campaign that the President can point to and take credit for.

### Recommendation for Dr. Henry Foster

A related matter is the exact role of Dr. Foster. As you know, it is widely anticipated that the President will ask Dr. Foster to "lead" his teen pregnancy effort. There have been numerous rumors about his salary, office, staff and title. There have been no specific commitments made to Dr. Foster, however, and the doctor has no particular expectations.

The following is our recommendation:

- o Title: Special Assistant to the President
- o Position: Not a full-time staff job. Consultant, paid on a per diem plus expenses. Because of the White House headcount and budget situation, Jodie Torkelson has indicated that we should structure this so HHS actually picks up the tab. We have a call in to HHS to explore this.
- o Staff: None
- o Reports to: Through the Domestic Policy Council and the Secretary of HHS to the President.
- o Role with Private Initiative: Dr. Foster would be the President's liaison to the Private Sector Initiative. He may eventually serve on its Board. He would not be either the Chair or the day-to-day Director.
- o Other Roles: Dr. Foster would continue to be a national spokesperson on behalf of the President on teen pregnancy and adolescent issues. He would have speaking engagements, media interviews, etc. in the interest of keeping the spotlight on these issues.
- o Other: Dr. Foster does not move to DC. He remains based in Nashville.

If this recommendation is acceptable, we propose to present it to Dr. Foster next week when he is in D.C. We would propose to announce it as quickly as possible thereafter.

## **Presidential PSA on Teen Pregnancy**

### **Background**

Plans have been underway for several months to produce a Presidential PSA on teen pregnancy with the Ad Council and Ogilvy & Mather/NYC. The PSA (broadcast and print) would have the President urging parents and other concerned adults to take action in their communities to help teens choose not to become pregnant. HHS would pay for production costs and the cost of operating an 800-number, which the audience would call to receive an informational brochure.

HHS has seriously mishandled the funding request for this project. If we cannot get a clear commitment for the funds by July 14, we will be put a situation where we will either have cancel the campaign altogether or delay airing of the ads until well into the fall. As each day passes and we move into the campaign season, it becomes less and less likely that media outlets will give the Presidential PSA the exposure it needs to be effective.

### **Action Requested**

We have to move this process along. We have been unable to get timely action from HHS at the staff level. A call from the Chief of Staff or other senior White House official to Secretary Shalala is needed to emphasize the importance of prompt action.

WK - Teen  
Pregnancy

## Teen pregnancy

### 1. Begin with the basics:

- o Out-of-wedlock births to teen parents have quadrupled in the past thirty years.
- o A major cause of poverty and lousy outcomes for kids.
- o The principal source of the surge in welfare rolls during the past decade.

### 2. Use some metaphor to explain why welfare as we know it can't be ended unless we make progress on teen pregnancy.

- o One possibility: futilely trying to dry out a leaky boat that is filling up as fast as we can bail.
- o Another possibility: the welfare "pipeline"; it won't do much good to address the back end (leaving the system) if we don't attack the front end (entering the system).

### 3. Some say that we just have to accept the surge in premature teen sexuality and out-of-wedlock births. I believe just the reverse: We can't accept it, and we don't have to.

- o We can't accept it: language from Kramer Jr. High
- o We don't have to: we've learned how to help young people say no to behaviors that undermine their future, and we're going to put what we learned to work across this country.
- o A perfect example of what Bill Clinton has so often said: there's no problem in America that hasn't already been solved by someone somewhere in America. (Descriptive reference to Atlanta/Postponing Sexual Involvement?)

### 4. Outline our legislative program to reduce teen pregnancy.

### 5. But teen pregnancy can't be solved by government alone. It is a national problem that calls for nothing less than a national mobilization of leadership from every sector of our society.

o By the end of next month I will announce the new National Partnership for Youth that will bring together leaders from business, labor, foundations, non-profit organizations, community groups, and religious institutions. Their very first mission will be to mobilize resources in every community to ensure that every young person in our country receives, not only guidance and information, but the attention of a caring and competent adult who cares about his/her future.

- o The President must lead; bully pulpit commitment

*File - WR - Teen Pregnancy*

*Bruce*

*→ WRWG notes on Lillian Byrd*

THE WHITE HOUSE  
WASHINGTON

June 6, 1994

*\* → Use line from SOTU about if we don't act, more than 1/2 children will be born w/o marriage - "It is wrong"*

MEMORANDUM FOR BILL GALSTON  
GENE SPERLING

FROM: PAUL DIMOND

SUBJECT: PRIVATE ENTITY — ISSUES FOR DECISION

CC: JEREMY BEN-AMI

*\* → Kramer High stuff on d/w*

The March 22 report of the Welfare Reform Working Group to the President included in its description of the National Campaign Against Teen Pregnancy, the following points:

- The President will lead a national campaign against teen pregnancy utilizing broad-based private support.
- This national campaign will bring together the broader themes of economic opportunity and personal responsibility to every family in every community.
- As a part this national campaign, a not-for-profit, non-partisan entity will be established to propose national goals and to assume responsibility for a national, State, and local mobilization in the media, schools, churches, communities and homes. The goals would focus on measurable aspect of the broader opportunity and responsibility message (e.g., graduating from high school, transition from school to work or college, accepting responsibility for support of offspring). Funds to support this private entity would be raised privately. Its membership would be broad-based, including youth, elected officials at all levels of government, business leaders, and members of the religious, sports and entertainment communities.

The challenge for us now is to implement this vision in a way that works. Issues for current decision include:

- **Honorary Chairs.** If we want to give this group instant credibility, then we need to think about how we can legitimately call this a President's Committee. Given the legal and political constraints, the President cannot head or otherwise personally lead the Committee. Rather than just have the President bless an independent organization, I therefore recommend that President and Mrs. Carter serve as the honorary co-chairs.

[If we could get President and Mrs. Bush or other first families to join the Carters as honorary chairs that would be excellent, but not essential.]

- **Name.** I have two options: Putting Children First or Partnership for Youth. I used both in the first draft, but I prefer the former because it provides (a) the firmest intellectual foundation for explaining why teen pregnancy is wrong and (b) builds off of the President's message for putting people first.
- **Scope.** The scope of the private entity should include the broader opportunity and responsibility message. From the outset, we have understood that the private entity should have this broad scope if it is to have any chance of gaining widespread support and being effective with the schools, communities, and families -- where it matters. A narrower scope -- e.g., just limited to saying no to teen pregnancy -- won't work for this private entity. If either of you disagrees with this, I think we are back to square one in our thinking. On the other hand, the work of the private entity is not lobbying for any legislation in any form: it is mobilizing the nation, states, and communities to forge new partnerships with youth in school. Such concerted private action, however, may well do more to build support for and to implement a lifelong learning agenda than any particular committee formed to lobby Congress.
- **Roll-out.** I think that we do as much as we can to get the Honorary Chairs, Co-Chairs and a substantial steering committee in place by the time of the Presidential announcement. That will give the announcement of the Private entity more oomph. For example, assume that we can only get the Carters and the co-chairs on-board over the next week. That would still put us way ahead of an announcement of a private entity to be named sometime in the future.
- **Competing Presidential Priorities.** I do not know of another arena where the President can make a call to ask the private sector to mobilize such a truly national campaign for youth that has the potential to impact communities all across the country in ways that are consistent with the President's vision. Part of the message is that government alone can't do the job: this is the way to catalyze the private sector to join in the job. And the truly non-partisan nature of this effort can, at the same time, serve to increase the stature of the President. Finally, because the private sector -- not the President -- will lead this private entity, it is not a drain on the President's scarce time.

I am not sure of the process for turning this into a memo or a discussion to reach a go-no go decision in the White House. I rely on you two to figure that out. But I do believe that all of our work to date makes it fair to say that all of the Agencies support the basic approach outlined above. Attached is a reworking of the draft statement. Let's discuss, tomorrow.

# PRESIDENTS' COMMITTEE FOR PUTTING CHILDREN FIRST

A Partnership for Youth:  
Opportunity and Responsibility

## Co-Chairs:

President and Mrs. Carter  
[President and Mrs. Bush]  
[President and Mrs. Reagan]  
[President Ford]

Robert Allen                      Issues: Riley/Alexander  
Elizabeth Dole                      Shalala/Sullivan

Marian Wright Edelman  
Margaret Gates

Hugh Price  
Matthew Rodriguez  
Denzel Washington

[Republican Business Leader]

## Steering Committee\*/Board -- types

Carroll Campbell\* [Governor]

Richard Roemer\*

Dennis Archer\* [Mayor]

[Woman, Hispanic]\*

George Mitchell\* [Congress]

William Goodling\*

Roberto Goizueta [Business]

Ray Chambers

Jim Burke

Bill Gates

Robert Allen\*

Clementine Barfield

(Head of Black Enterprises?)\*

Robert Georgine [Labor]

Al Shanker\*

Keith Geiger

(Minority)\*

Jim Joseph\* [Foundations/CBOs]

Mariam Noland, Russ Mawby

Geoffrey Canada\*

Luis Acosta

Byllye Avery

Angela Blackwell

David Hamberg, Adele Simmons

Ernest Contes

Neal Rudenstine [Education]

Donald Stewart\*

Johnetta Cole

Frank Newman, Larry Patrick

Joan Campbell\*, Jesse Jackson (AME; Hispanic) [Churches]

Bill Moyers\* [Media]

George Will

William Raspberry\*

Mary Matalin

Roger Wilkins

Bill Cosby [Arts&Entertain.]

Steven Spielberg

Maya Angelou

Alan Paige\* [Sports, plus]

Isaiah Thomas

Jackie Joyner-Kersey

Jean Fuggett

Larry Bird

Dan Jansen

Reggie White

Grant Hill

Bill Bradley\*

William J. Wilson\* [Academy]

John Hope Franklin

James Comer\*

James Q. Wilson\*

Cornel West

William Coles

Schorr

(Hispanic)

? \* [Youth Council]

---

President Clinton, State of the Union:

Let's give our children a future. Let us take away their guns and give them books.  
Let us overcome their despair and replace it with hope.

---

## I. Mission

Whatever else may divide our political parties and our diverse people, we have come together as a country around a simple proposition: our children are our future, and we must start putting our children first if we are to continue to thrive as a nation in the globally competitive world of the 21st century. We can do so by offering far greater opportunity, while at the same time expecting and demanding higher responsibility. Greater opportunity to grow up free from fear of violence, to learn to world class standards, and to participate fully in expanding job markets. Greater responsibility to play by the rules, to achieve in school, to defer making babies until graduated from school and married, to learn and to earn, to support and to nurture family.

Although the Congress has joined on a bi-partisan basis with the President and the nation's Governors to enact a comprehensive lifelong learning agenda to increase the opportunities for all children and youth in the years ahead, we all know that government action alone will not suffice to put our children first. Parents, churches and other non-profits, businesses, community colleges and universities, media and entertainment -- together -- have far greater resources, influence, and direct contact with our children. The Presidents' Committee -- a non-partisan, privately funded, independent entity -- has therefore formed to catalyze a national mobilization for youth in communities all across America.

In the following sections, we outline the nature of the youth crisis, the federal response, and the make-up and functions of the Presidents' Committee.

---

President Clinton, State of the Union:

We cannot renew our country when within a decade more than half of the children will be born into families where there has been no marriage. We cannot renew this country when 13-year old boys get semi-automatic weapons to shoot 9 year-olds for kicks. We can't renew our country when children are having children, and the fathers walk away as if the children don't amount to anything....We can't renew our country unless more of us -- I mean all of us -- are willing to join the churches and the other good citizens, unless we're willing to work with people who are saving kids, adopting schools, making streets safer. All of us can do that. We can't renew our country until we realize that governments don't raise children, parents do.

---

## II. The Youth Crisis.

The stakes for our children, and for the future of the country, are high. The challenge of putting our children first is great today, perhaps greater than at any time in our history. Violence against -- and by children -- is escalating: Between 1979 and 1991, nearly 50,000 children were killed by firearms, as many Americans as died in the Vietnam War. A child growing up in America is 15 times as likely to be killed by gunfire as a child growing up in Northern Ireland. In our country, more than three times as many persons under 18 were arrested for aggravated assault in 1992 as in 1965.

While our students today are not keeping up in school with many of the children of our competitors abroad in science and math, too many of our children are also increasingly left on their own after school -- without adult supervision, extra-curricular sports, clubs and hobbies, homework, or even reading and learning for fun. Dropping out of high school altogether hurts the life chances of youth: over one in three who drop out have no job at all, while most of the rest struggle just to get out of poverty. In an age marked by increasing returns to learning and knowledge on the job, dropping out of school is a road to poverty.

Unwed teen pregnancies present an even more dire threat to the life chances of the teen mother and to the future of their offspring:

- The number of births to unwed teen mothers has quadrupled over the past generation, from 92,000 in 1960 to 368,000 in 1991.
- Cases headed by unwed mothers (teen and older) accounted for four-fifths of the growth of 1.1 million in the welfare rolls, from 3.86 million families in 1983 to 4.97 million families in 1993.
- The proportion of children living in families below the poverty line has increased almost 60%, from 14% in 1969 to 22% in 1992.
- The poverty rates for children born to unmarried, young single mothers are dramatic -- almost 80% of the offspring who are born to teenagers before they graduate from high school and are married live in poverty.

In contrast, less than 8% of the children of young persons who defer child-bearing until they have graduated from high school, are twenty years old, and married live in poverty. Children making babies is wrong -- for the teen parents, for the offspring, and for the country. We will not succeed in ending welfare -- and poverty -- as we know it until we lower the unwed teen pregnancy rates, increase the rates at which teens are graduating from high schools, and provide all youth with pathways to learning and earning.

To meet this youth crisis head-on, the President is working on a bi-partisan basis with the 103rd Congress in three ways:

- first, to enact a lifelong learning agenda, whose components include expansion of immunizations and Head Start, Goals 2000: Educate America Act, School-to-Work Opportunities Act, a new student loan system to enable students to invest in their own education with repayment based on future earnings, and National Service to offer young people the opportunity of a college education in exchange for community service. What our children will earn as adults depends increasingly on what they learn, today and for the rest of their lives. The lifelong learning ~~agenda~~ <sup>agenda</sup> will give every child the opportunity to learn ~~and to learn~~ <sup>and to learn</sup> to meet the challenges ~~and to~~ <sup>and to</sup>

seize the opportunities <sup>Q</sup> in the next century.

- second, an anti-crime bill that will provide certainty of punishment for the violent crime that threatens children and families in communities all across the country. It seeks to replace guns and violence on the street with cops on the beat to work with each community to provide essential safety and security of person and property. It will also create a federal Prevention Council to provide federal support to offer at-risk youth with alternatives to crime, including supervised after-school and recreation activities, youth apprenticeship <sup>and job opportunities</sup> ~~and job opportunities~~.
- third, a welfare reform bill that will assure certainty of support by absent parents, including the young men and boys who seek to abandon their offspring with teen mothers. It seeks to replace welfare as a way of hand-outs for life with a sure transition to self-sufficiency through learning, job search, earning and work. It also includes a comprehensive program to prevent unwed teen pregnancies — through presidential leadership of a national mobilization against teen pregnancy, a process to build consensus for establishing clear national goals, a national clearinghouse to help schools implement curriculum that prove effective in preventing teen pregnancies, and a targeted prevention initiative in schools and communities with the highest concentrations of at-risk youth.

The goal of this targeted teen pregnancy prevention initiative is to catalyze community partnerships that will work constructively with youth beginning as early as age 10 and establishing continuous contact and involvement with the students (and their parents) through graduation from high school. The community partnerships could include, for example, nearby colleges and universities, private business and unions, and consortia of churches, youth organizations and other non-profits that adopt a school for ten years. National Service participants, supervised by youth development workers, can join with these community partnerships and older peers to provide sustained, after-school recreation, youth development, and learning activities. This teen pregnancy prevention program is based on what works — improving self-image, peer counseling to avoid premature sex, sustained support and mentoring for positive, peer-group and parent-youth activities, and full disclosure of the harsh facts of reduced life chances resulting from teen pregnancy.

At the same time, our youth and families must also accept greater responsibility for their own conduct — for not condoning or contributing to violence, for avoiding abusive or counterproductive behavior and crime, for saying no to teen pregnancy, as well as saying yes to school, service to community and mentoring to younger peers, constructive recreation, hobbies and learning, <sup>and</sup> respecting and helping one another, and achieving.

---

President Clinton talking with students at Kramer Junior High:

Make up your mind you're not going to have a baby until you are old enough to take care of it, until you're married.... We need to organize, starting about this age, young men to start talking among each other about what their responsibilities are, and that they should not go out and father kids when they're not prepared to marry the mothers, they're not prepared to take responsibility for the children, and they're not even able to take responsibility for themselves. This is not a sport.... We've got to make a decision,

Every one has to make a decision. Is it right or wrong, if you're a boy to get some girl pregnant and then forget about it? I think it's wrong...If you really want to rebuild the family, then people have to decide: I'm not going to have a baby until I'm married. I'm not going to bring a baby into the world I can't take care of. And I'm not going to turn around and walk away when I do it. I'm going to take responsibility for what I do.

### III. The President's Committee.

A Former First Family of the United States has joined together with a broadly representative, non-partisan group of leaders from business, to serve as Chairs of the Presidents' Committee for Putting Children First. The Committee's mission is to mobilize the resources, commitment and inspiration of the private sector all across the country to join with the President, the Congress and the Governors in implementing a new partnership for youth.

The Presidents' Committee is being formed as a non-partisan, non-profit, independent, privately funded, charitable organization. Its initial Chairs, board of directors, and steering committee include leaders from all walks of life -- churches, business, foundations, labor, youth and community development, education, entertainment and the media, and youth.

The functions of the President's Committee for Youth include:

- recommendations for additional national goals -- to complement the national education goals -- concerning for example, reducing teen pregnancy, reducing teen violence, reducing violence and abusive behavior as entertainment models in the media, increasing positive after-school activity, increasing support and nurture by parents and communities of children, and increasing access for youth to apprenticeships, school-to-work, college, and job opportunities after graduation from high school
- supporting youth development, anti-violence, teen pregnancy prevention, and related youth activities by national, state, local and community-based organizations, whether through the establishment of state and local chapters of the Presidents' Committee or networking with organizations, associations and constituency groups with common goals and a shared mission
- catalyzing business, labor, churches, non-profits, and schools and colleges in regions all across the country to establish active partnerships on a sustained basis with schools and communities with at-risk youth in order to provide enriching after-school activities with peers, mentors, adults and parents, as well as access to opportunities for apprenticeships, learning on the job, college, and connections to the local labor markets
- an on-going national, state, local, and community media campaign to inform all youth and their families of the opportunities for learning, the responsibility for achievement, the pathways from high school to college and to work, and the severe damage to life chances of teen pregnancy, dropping out of school, engaging in violence or other self-destructive behavior
- providing technical assistance and support for local efforts to respond to and to

supplement the federal prevention initiatives to provide healthy, positive after-school activities and sustained partnerships for youth development work, mentoring, and parent-child nurture.

[Issues: Announce major foundation support; announce executive director?]

#### IV. Conclusion.

The President's Committee is dedicated to the proposition that every child in America deserves a meaningful opportunity to grow up free from violence, to learn and to achieve, to find pathways to work and to continuous learning, to support a family, and to contribute to the mainstreams of economic and civic life. If we join together now in meeting our responsibility to provide such an opportunity to our children, then we have every reason to expect that our children will assume responsibility for seizing the opportunities and meeting the challenges of the 21st century. By putting our children first now, we need have no fears about the uncertainty of the future in a time of increasing innovation, competition and change around the world: our children will accept responsibility for putting America first in the decades ahead.

---

President Clinton, talking with Students at Kramer Junior High:

Don't give up on yourselves, and don't give up on your country....I don't want you ever to give up on yourselves. I don't intend to give up on you as long as I am President. I'm going to keep working for better education, safer streets, and a brighter jobs future....But it's your life. No matter what I do I can't live your lives for you...You have to do that...You've got to decide what happens to you, to say 'I am going to do the most I can with my life...' I'll try to keep up my end of the deal, and I want you to keep up yours.

June 27, 1995

Dear PPI Friend:

Teen mothers have figured prominently in the welfare reform debate now stalled in the Senate. One source of tension among Republicans has been the efforts of conservatives to punish teen mothers by cutting off their welfare benefits.

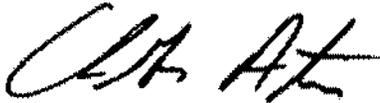
In the enclosed paper, "Second-Chance Homes: Breaking the Cycle of Teen Pregnancy," Kathleen Sylvester argues that the conservatives' punitive solutions "are based on false premises," while liberals too often defend a welfare system that "makes no moral judgment about life choices that are detrimental to children—a system that relies more on condoms and sex education than on community values to deter pregnancy."

In the enclosed paper, Sylvester, PPI vice president for domestic policy, offers a piece of the solution, a proposal called "second-chance homes," community-based, nonbureaucratic group residences that offer young women and their children structure and stability. The concept is being promoted by Senate Minority Leader Tom Daschle and Sen. Kent Conrad in their efforts to combat teen pregnancy as part of welfare reform legislation.

At a recent PPI forum to unveil the proposal, Sen. Barbara Mikulski said of the idea, "It is specific, it is immediate, it is realizable, it's achievable, it's practical, it's sustainable, and it's terrific."

We hope you'll think so too.

Sincerely,



Chuck Alston  
Communications Director

## **SECOND-CHANCE HOMES** *Breaking the Cycle of Teen Pregnancy*

*Kathleen Sylvester*

For many Americans, teenage welfare mothers symbolize the tragedy of our nation's failed welfare policy and the unraveling of our nation's social fabric.

Growing numbers of poor and uneducated young women—often still children themselves—are using public support to bear and raise children outside of marriage. These young women are a constant reminder of government's inability to address a fundamental social problem. More importantly, they are producing a new generation of poor and fatherless children who will begin life with disadvantages from which they may never recover.

More than one million teenagers become pregnant every year; half will give birth and most will not marry. Their children are likely to grow up poor, poorly nurtured, and—because they are raised in virtual isolation from the rest of society—unsocialized. These children are at high risk of dropping out of school, getting into trouble with the law, abusing drugs, joining gangs, having children of their own out of wedlock, and becoming dependent on welfare.

These young people will pay a high price for our nation's inability to help their mothers: And society, too, will pay a high price. The problem is urgent. There are now nine million children living in welfare families. As those nine million children reach adolescence, many are "scripted" to repeat the lives of their parents. We must intervene and break the cycle before those children, too, become parents too soon and create a new generation of disadvantage.

The current public debate over teen mothers offers Congress and the nation an opportunity to try to break the cycle with the help of communities. The debate offers an opportunity to move beyond the punitive solutions offered by conservatives and the defense of a failed welfare system offered by liberals. The debate offers an opportunity to seek an alternative that can help teen mothers change their lives and—more importantly—the lives of their children.

Conservative solutions, including such punitive steps as cutting off welfare to mothers under age 18, are based on false premises: that teen mothers are entirely in control of the circumstances that lead them to early childbearing, that their reasons for childbearing are in large part financial, and that sanctions alone are enough to influence their decisions.

Conservatives would needlessly risk the well-being of children. Ignoring the inadequacy of the foster care system, they would break up families with no alternative safety net in place. Ignoring the reality that the welfare system was designed to help

families whose fathers are absent, they would reform it by absenting mothers as well, substituting institutions such as orphanages for real parents.

Liberals now find themselves in the untenable position of defending a failed welfare system. They are defending a system that makes no moral judgment about life choices that are detrimental to children—a system that relies more on sex education and condoms than on community values to deter teen pregnancy. They are defending a system that by its offer of unconditional support for welfare recipients insulates those mothers—and the fathers of their children—from taking responsibility for their own actions. It insulates these parents from accountability to their families and communities as well.

The answer is not to cut off the welfare checks of teen mothers. Nor, for many young women, is the answer to continue their welfare support and send them back to the homes where they grew up. Instead, communities must "take in" these young mothers and their children.

The Progressive Policy Institute (PPI) offers a third alternative: an approach that invokes society's values, requires responsibility and reciprocity from welfare recipients, and engages communities in solving the problem.

To do that, our nation must revive an old institution—the maternity home—in a new form. With seed money and guidance from the federal government, communities could create a national network of "second-chance homes," a new version of the homes that once provided community support for unmarried mothers.

These second-chance homes would be group residences in which young teen mothers would live—under adult supervision—with their children, while meeting their social and personal obligations for receiving welfare support. These homes would offer a rare institutional opportunity for bringing together in one setting the three fundamental elements teen mothers need if they are to have a chance to succeed: nurturing and support, structure and discipline, and socialization.

Second-chance homes would offer teen mothers a positive family environment that gives them real opportunities to become good parents, finish school, and join the workforce. By providing nurturing and support, second-chance homes would allow teen mothers to establish emotional and familial bonds and find role models apart from their own troubled families. In these homes, help and support would go hand in hand with obligation and responsibility. Unless society finds a way to offer them an environment that provides the socialization that many of these young women lacked in their first homes, they are unlikely to succeed in meeting the obligations society now places on them.

Finally, such homes would help ensure that the welfare system meets one of its most important responsibilities: removing vulnerable children from dangerous environments. Many teen mothers were themselves left too long in dysfunctional homes. They were abused and neglected; many were shuffled from foster home to foster home. Most have grown up poor and poorly nurtured.

The sad legacy of such childhoods is that many of these young mothers have great difficulty developing parenting skills; some are emotionally incapable of bonding with their own children. Others are so damaged by abuse and neglect that they are

dangerous to their children because they repeat these patterns. And a small percentage of these mothers are so damaged that they will never be able to learn to put the needs of their children ahead of their own needs.

On any given day in this country, nearly a half million children are in foster care or other temporary care because their biological parents are unable to care for them properly. Federal law specifies that foster care should last no longer than 18 months, with a decision about parental competence to be made within that period so that a child is available for adoption. The reality, however, is that courts postpone final decisions about parents' rights and leave children to languish in temporary care. In Illinois, for example, the median time spent in *first* foster care placement is approximately 13 months for white children, 18 months for Latino children, and 51 months for African-American children.

Too many children spend years of their young lives waiting. These children wait for a mother who needs to kick a drug habit, or to outgrow an attachment to an abusive boyfriend—or simply to grow up.

For some of these children, the only solution is to terminate parental rights and place them in new—and permanent—homes. This means adoptive parents, not foster care. An unfortunate but necessary goal of second-chance homes would be to make assessments about the capabilities of these young women to be good parents. Second-chance homes must offer young mothers every opportunity to become good mothers. Most will achieve this goal; those who cannot must not be allowed to damage the lives of another generation of children.

Declaring a parent "unsafe" for a child and terminating parental rights is a serious and irrevocable step. The existence of these homes would make it possible to gather enough information to make such a grave decision a well-informed and wise one.

### **Getting Started: How the Policy Would Work**

The federal government should set aside \$20 million a year for three years as seed money to create a national network of second-chance homes. These homes should be designed by community-based organizations for teen mothers under age 18 who need stable and supportive environments. Under strict adult supervision and with an array of social services available, teen mothers will stay in school or job training, learn parenting skills, and move toward self-sufficiency.

Communities can qualify for funds by pledging financial and in-kind support for the homes. Participants should be allowed to use portions of their welfare or foster care payments, as well as federal nutrition and housing subsidies as program fees.

These homes should be carefully evaluated to determine their effects on teen mothers, the children of teen mothers, and younger teens who are not yet pregnant but at risk of becoming pregnant.

This new national network of second-chance homes would be created with three implementing devices:

*1) Leveraging the federal social welfare system.* A large portion of continuing support could be funded by fees paid from participants' welfare or foster care support. Current law should be amended to give states the option of allowing designated second-chance homes to cash out participants' food stamp coupons in order to create a flexible fund that home administrators can use for food budgets. Housing subsidies, too, could be cashed out and used by residents as part of the program fee they pay to a second-chance home. The maximum median benefit per month for a family of two in 1994, for example, was \$294. Monthly food stamp benefits, child care subsidies, and housing subsidies can bring the total typical monthly benefits for a family of two to more than \$900.

The Adoption Assistance and Child Welfare Act, Title IV-E, should be protected from being capped in a federal block grant. The foster care funding it now provides for some teen mothers or their children could be redirected to second-chance homes, or states could allocate some of the program's administrative funds to second-chance homes. Title IV-B child welfare funding could also be made available for these purposes.

The Department of Housing and Urban Development (HUD) could make property available for second-chance homes as it now does for 501(c)(3) nonprofit organizations. Under HUD's "Dollar-a-Year" program, providers of services to homeless persons can lease federally owned property for one dollar a year, with an option to purchase it. In addition, nonprofits can buy some property from HUD at a 10 percent-30 percent discount. Other federally owned property, such as closed military installations and properties held by the Resolution Trust Corporation, might be made available for these purposes as well.

Residents could also use Section 8 vouchers and certificates, available under the National Housing Act, or cash out conventional low-income public housing subsidies to pay for their share of a program fee in a second-chance home.

*2) Using limited federal funds for seed money and evaluation.* In creating a national network of these homes, the federal role could be limited to offering seed money and guidance about how existing models are structured and evaluating the effectiveness of the programs.

Federal dollars for start-up costs could be designated from the Title XX Social Services Block Grant or from Senator Nancy Kassebaum's proposed Youth Development Block Grant, which is designed to support prevention programs and programs that serve as catalysts for community support for families and children. Federal start-up funds, however, would go only to communities that pledge matching funds and in-kind contributions.

Most federal assistance for welfare now focuses on amelioration, with too little spending and emphasis on prevention. States or communities that promote second-chance homes and produce measurable results—such as reduced demand for foster care, reduced numbers of second pregnancies, and shorter spells of welfare dependence—should be allowed to retain a portion of the savings from reductions in projected welfare caseloads.

Thus, federal funds could provide seed money for more homes. As capacity in the system builds, teen mothers might use their welfare support as "vouchers" to choose homes that meet their needs.

3) *Catalyzing community support: "Stone Soup."* The model for these second-chance homes comes from a children's story—the story of stone soup. When a traveler came into a very poor village whose residents had little food, he went to the square in the center of the village and began to stir up a pot of stone soup. His pot contained only water and a large stone. As people gathered in curiosity, he suggested that with a little bit of salt, the soup might be better. A bystander offered some salt. Next, the traveler suggested a snip of parsley, and again, a villager came forward. After that, the traveler asked for potatoes, and then beans, and then carrots. Within a short time, he had convinced all of the poor villagers to share, and they had pooled their meager resources to create a fine meal.

Government's role is to provide the stone for the soup: to be a catalyst for gathering communities together to solve a problem that begins in those communities and affects those communities.

The goal is achievable. There are more than 250,000 organized religious congregations in this nation. There are 183,000 local governments. There are tens of thousands of colleges, YMCAs, and neighborhood clinics; women's groups such as the Junior League and Big Sisters; Rotary Clubs and fraternal organizations; senior citizens' groups and youth groups. The members of this "community" must join government and supply the element now missing in attempts to help teen mothers and their children: connection to community and community standards.

While the costs for many of the programs cited in this paper run as high as \$50,000 a year for mother and child, many of the most effective programs cost far less because they are supported by their communities. Albuquerque's Teen Parent Residence (TPR), which costs just \$67,500 for services to 14 teen mothers for one year, operates in a cluster of HUD-subsidized low-income apartment units. The mothers pay below-market rent for the apartments they share and the state picks up the cost of an apartment for the resident "house mother," a night-duty nurse, and professional counseling services. Everything else comes from the community.

Families from local church congregations invite the young mothers and children home for Sunday dinner. A local family clinic provides "development assessments" of the babies so their mothers can learn what to do to help them progress. The U.S. Department of Agriculture's Cooperative Extension Service offers nutrition classes and child development counseling; the Rotary Club paid the salary of a consulting psychologist for a year; the local university's dental school offers free dental services. A local Presbyterian church puts on an annual Mother's Day picnic; the Civitan youth group offers babysitting services; another youth group collects cans and bottles for recycling and donates the proceeds to the TPR program. Stores such as Kmart and Wal-Mart offer huge discounts on their products, and often throw in extra groceries and diapers. The manager of the local Cort Furniture store gave the residents a discount on furniture, then loaned them one of his own trucks and a driver to pick up other

furniture that had been donated to furnish their apartments. And the Albuquerque Hispano Chamber of Commerce not only donates money to the program, it hires its graduates.

Barbara Otto, New Mexico's director of Teen Family Services, says that these donations and contributions are rarely one-time benevolent gestures. TPR has become a part of the community; supporters and volunteers continually renew their support.

At Catholic Charities' Casa Maria in San Diego, five obstetrician/gynecologists volunteer their time to serve the health care needs of the home; two social work masters' students counsel the residents; foster grandparents come in every morning to help the mothers and children begin their day; and volunteers help with group meetings and nightly educational classes.

The Bridgeway program is a private, nonprofit organization in Denver. Director Rich Haas keeps it going by cobbling together donations from individuals and businesses and small foundations to create an annual \$235,000 budget for three residences, operated for \$600 a month per mother and child. Programs and classes at Bridgeway are run by experts who donate their skills and volunteers who donate their time and goodwill. Despite its small budget, Bridgeway reports impressive statistics on adoption rates, high school graduation rates, and reduced second pregnancies.

Second-chance homes will begin to remedy one of the unintended consequences of the New Deal. When government became the primary safety net for fatherless families, the importance of community values and community institutions was diminished and the notion of reciprocal responsibility disappeared.

The parallel development has been equally destructive. When government assumed primary responsibility for women and children in the welfare system, communities were relieved of responsibility to care for their own citizens. Indeed, many communities no longer consider welfare recipients to be citizens. They live in a separate society; they are defined by their deficits rather than their capacities. For too long now, government has been a wedge between communities and individuals, providing each excuses to ignore their obligations to the other.

## **A Limited Experiment**

Initially, these homes should be designed to serve teen mothers under age 18. The current debate has frequently focused specifically on policies for welfare mothers under age 18. Conservatives have used this focus to fuel public outrage at a welfare system that appears to condone irresponsible decisions by very young girls. It is nevertheless appropriate to focus on these young women. Teen mothers under age 18 are the most likely of all welfare recipients to become long-term recipients. Nearly half of long-term welfare recipients are women who gave birth before age 17.

PPI suggests another reason to focus on these mothers in particular. The existence of these homes and the requirement for many teen mothers to live in them would send a very strong message to younger teens—those not yet pregnant. The message would be simple: Society no longer offers unconditional, open-ended financial support for young women who bear children out of wedlock. Government will help unmarried

mothers, but only if they meet mutual obligations: learning to be good parents, finishing school, and joining the workforce.

There is a pragmatic reason as well to focus on mothers under age 18. In 1993, the U.S. Department of Health and Human Services (HHS) reported that there were just under 296,000 unmarried teen mothers on welfare. The large majority, however, were 18- and 19-year-olds; there were just over 67,000 welfare mothers under age 18. We should begin our efforts to help this group of young mothers because they need the most help, because their number is small, and the "community" with the potential to take them in is large.

PPI does not propose these homes as a guaranteed solution to the problem of teen pregnancy, but rather as a promising idea. The prototypes for these homes scattered across the country have produced some notable results: fewer second pregnancies, dramatically increased school completion rates for mothers, reduced incidence of child abuse, better maternal and child health, higher employment rates, and reduced welfare dependency.

These results, however, are self-reported, anecdotal, and short-term. None has been tracked carefully enough to determine whether these results are valid in the long-term. And none has been evaluated sufficiently to demonstrate their effects on the children of teen mothers.

## **Reviving an Old Idea**

Maternity homes are by no means a new concept. As early as the 19th century, white, middle-class, evangelically oriented Protestant women with experience as missionaries or teachers volunteered in these privately owned homes. African-American women founded maternity homes in their own communities as well, including New York City's Katy Ferguson Home, Boston's Harriet Tubman House, and Chicago's Phyllis Wheatley House. National organizations such as the Florence Crittenton Mission and the Salvation Army provided shelter and aid to young women in trouble. In 1863, Abraham Lincoln signed a charter establishing St. Ann's Infant and Maternity Home, a home for orphans and "unprotected females during their confinement in childbirth," on Pennsylvania Avenue just a few blocks from the White House.

Initially, most homes were loosely defined as "rescue homes," providing shelter for prostitutes, alcoholics, and drug addicts as well as unmarried mothers. In order to gain credibility for their efforts, these rescue-home workers developed relationships with the judicial system; women were often sentenced to stay at Florence Crittenton or Salvation Army homes as an alternative to jail or reform school. Life in the homes was strictly supervised. In most cases, a mother could not receive visitors other than female relatives, she could not leave the grounds unchaperoned, and both her incoming and outgoing mail was censored.

Between 1910 and 1920, however, maternity care replaced redemption of prostitutes as the primary function of rescue homes, largely because prostitutes proved difficult to recruit and often left after a short period of time. Young pregnant women were more likely to actually need the rescue homes, and the homes shifted their focus

entirely to unmarried mothers. Most homes restricted their residents to mothers under age 25 with one child, and they remained largely racially segregated.

While a few maternity homes achieved a degree of racial and socioeconomic diversity, most homes served young women whose families were unable or unwilling to support them. Rehabilitation and redemption were the primary goals, while refuge from potentially abusive families was a secondary function. The homes sought to transform young, helpless women into productive members of society and to give them and their children a future.

Until the mid-1910s, maternity homes focused on marriage as a main goal. At first, homes encouraged young mothers to marry the fathers of their children, but by the early 20th century, most homes abandoned that practice. Still, the early maternity homes recognized the positive influence of motherhood on otherwise "wayward" women, and the commitment to keep mothers and children together became a sacred maternity-home policy. Both Crittenton and Salvation Army homes required residents to sign contracts in which they promised to keep their babies.

Abandoning marriage as a primary goal forced maternity homes to take on the task of employment training. Domestic work was the occupation with the most appeal, since it served young mothers' practical needs. The households in which the women worked assumed many of the supervisory functions of the maternity home, providing stable income and allowing them to keep their children with them.

By the late 1910s, old-fashioned benevolence gave way to the increasingly professional field of social work. In an effort to prove their legitimacy as scientific social experts, social workers attempted to abolish traditional charitable endeavors. Not surprisingly, maternity homes, with their focus on domesticity, proved too stereotypically feminine to survive the attacks of prominent social work leaders.

As social workers took on illegitimacy as their domain, the assumptions behind the problem of unwed motherhood changed dramatically. Instead of perceiving the problem as one of personal defects, the new school of thought attributed poverty and unwed motherhood to social inequities.

The social insurance movement of the New Deal officially transferred welfare functions from the private to the public sector. Not surprisingly, the clash between private charities and mothers' pension advocates was intense. The new ideology stressed the superiority of the home to the institution. The New Deal mothers' pensions were intended to support mainly widows and orphans but quickly extended to benefit the small population of unwed mothers as well. Ironically, both maternity home advocates and mothers' pensions advocates sought the same goal: to keep mothers and children together. The former exerted their efforts on personal defects, while the latter concentrated on equalizing economic and social differences.

During the 1940s, the majority of unwed mothers relinquished their children for adoption, and child welfare services began focusing on prenatal services only. Again, the pendulum swung, and by the 1970s the majority of pregnant teenagers were giving birth and keeping their children. But because most maternity homes had been phased out, young women no longer had such refuges available.

A handful of these homes, however, exist today. Lincoln's St. Ann's has never closed its doors. Now located just outside Washington's city limits, it serves pregnant teens and new mothers from abused and neglected backgrounds. It also has a nursery full of boarder babies—tiny victims of the city's drug wars.

While the circumstances and needs of these young women are vastly different from those of the home's first residents, they still meet Lincoln's definition. They are "unprotected females," still in need of society's support if they are to make decent lives for themselves and their children. The time has come for society to revive the old maternity homes in a new form.

## Who are Teen Mothers?

Policy should not be based on stereotypes and myths about teen mothers. Policy should be based on what is true about teen mothers:

- ▶ *They are poor.* Many come from families strained by poverty and dysfunction. The Alan Guttmacher Institute reports that 83 percent of teenagers who give birth come from economically disadvantaged households, though only 38 percent of all teenage women are from such families. As researcher Joy Dryfoos has noted, teenage pregnancy is just one "marker" of disadvantage.
- ▶ *They are hindered by lack of socialization.* Teen mothers are not the promiscuous and "worldly" young women of the stereotypes. They do not live in any "world" beyond the reality of their own neighborhoods. They are products of the streets where they grew up; they learn how to treat their own children from the parents who raised them; and they model their social behavior after peers who come from the same neighborhoods. These young women have little chance of emulating any other kind of life. They have few models for any other life.
- ▶ *They do badly in school.* For teen mothers, schools are rarely places where they have found any measure of success; most are poor students. Data from the National Longitudinal Survey of Youth demonstrate that 36 percent of students who score in the lowest fifth in basic academic skills become teen parents, compared with less than 5 percent of students in the highest fifth. Contrary to popular belief, most teen mothers do not drop out after becoming pregnant; most leave school before they are pregnant. For many of these young women, a welfare check seems a more realistic goal for obtaining an income than getting a high school degree.

- ▶ *They suffer from poor health; so do their children.* Young, poor, unmarried, uneducated, and uninsured mothers are much less likely than older, more stable mothers to obtain prenatal care. Only three in five teen mothers received early prenatal care in 1992; one in 10 received late or no prenatal care. The result is poor health for the adolescent mothers, whose own nutritional needs compete with the needs of their unborn children. They are more likely to deliver low-birthweight babies. Each low-birthweight baby averages \$20,000 in hospital costs; total lifetime medical costs for such children can average \$400,000. As they grow, low-birthweight babies often suffer developmental problems that severely limit their school achievement.
  
- ▶ *They have been badly nurtured.* Many come from homes where they are subjected to neglect or physical violence. In a nation in which there were more than one million cases of child abuse or neglect confirmed in 1993, many of those victims are young women who are teen mothers. Some are destined to visit these same tragedies on their own children. Mothers under age 20 were vastly overrepresented among families reported for both abuse and neglect. In one survey, 30 percent of mothers who neglected their children were under the age of 20—three times their proportion of the population.
  
- ▶ *The majority are victims of sexual abuse.* Sexual abuse and rape play a significant—and largely ignored—role in teenage pregnancy. Studies show that as many as two-thirds of teen mothers were victims of rape or sexual abuse at an early age. These crimes are frequently committed by relatives or other adult males living in the same household with the teen mother. Many teen mothers, in fact, report that they became pregnant to stop sexual abuse.
  
- ▶ *They suffer from mental and emotional problems.* Their histories of abuse damage the lives of young women in powerful and lasting ways. When abuse goes unreported, these young women can manifest the long-term effects of untreated abuse throughout their lives. Clinical evidence shows that they are prone to psychiatric illnesses including spells of depression, suicidal tendencies, drug addiction, and alcoholism. In addition, researchers Debra Boyer and David Fine note that sexual abuse often delays cognitive, social, emotional, and psychological development. Thus mothers who have been abused not only have difficulty adapting to the difficulties of their own lives; they may be impaired in their ability to nurture their children.

- ▶ *They are easy prey for older men.* Young women who have been victims of early sexual abuse often develop emotional patterns that make them especially vulnerable to the attentions of older men. Most men who father children by teen mothers are not adolescents themselves. The National Center for Health Statistics reports that almost 70 percent of children born to teens are fathered by men aged 20 and older. And while the average age gap between teen mothers and the fathers of their babies is four years, the very youngest girls—who are 11 or 12—are often victims of men in their 30s and 40s.

## **Elements of a Successful Home: A Social Contract**

Successful prototypes for group homes respond to the reality of teen mothers' lives, and their design incorporates all three elements necessary to offer them a chance to succeed: socialization, nurturing and support, structure and discipline. And they begin with the basics.

*Creating a sense of order.* New residents are quickly introduced to rules and regulations. At the Teen Parent Residence program, the teens must sign an agreement to follow house rules: to perform the household chores assigned to them in a timely manner, to be responsible for their own actions, to be contributing members of the TPR community, and to set and meet their individual goals with the help of the staff. If they break the rules, the consequences are clear and swift—they lose their privileges. Repeat offenders are evicted. Most homes have strict curfews and limited visitation policies; many have zero-tolerance drug policies.

The idea that help and support are conditional on behavior is crucial to the success of these programs. At the Casa Maria program in San Diego, CA, young mothers are required to set goals for themselves and expected to live up to them. When a young mother succeeds by following the rules and attains her goals, she becomes a senior resident and assumes responsibilities normally assigned to a house mother. In addition, she is rewarded financially with a reduction in her room and board payment.

Many programs have developed incentive strategies to acknowledge and reward good work. The Father Pat Jackson House in Ann Arbor, MI, charts incremental steps on the self-esteem ladder with concrete incentives. Teen mothers come into the program as probationary "opals." As they adjust to the structure and routine of the home and succeed in their daily tasks, they graduate to the ultimate status of "diamonds" and earn telephone and weekend pass privileges. Privileges are promptly taken away if they transgress.

One important component of self-worth and confidence-building, often overlooked in institutional settings, is the need to celebrate and validate developmental experiences and successes. At the Teen Mothers Program in Washington, DC, teen mothers who graduate from high school are given a special party to mark their success.

*Helping teen mothers grow up.* Most developmental psychologists agree that growing up takes place in stages and that it involves learning and taking responsibility in ever larger and more complicated doses. Young adolescents, girls up to the age of 14, develop self-esteem by learning and mastering the basic social and cognitive skills required to function at home, in school, and in society at large. They are socialized by learning to play and negotiate with siblings at home and peers at school. They become responsible by doing chores at home and homework for school. And they learn because they can go to school and they have attentive and interested parents who expect them to do well.

These daily experiences and accomplishments, along with the acknowledgement and celebration of successes, help young women shape their self-image and their understanding of who they are and what they can accomplish. Without a sense of self-worth, they lack the inner resources necessary to complete the next stage of development which is to mature, become independent, and prepare for the world of work.

As Toby Herr and Robert Halpern point out in their descriptions of Chicago's Project Match welfare reform program, a child takes steps toward independence, builds self-esteem, and learns responsibility by catching a bus to get to school on time, taking care of pets, getting a library card, setting the table each night, and contributing to a savings account.

Unfortunately, many teen mothers come from unstable homes where there are few such obligations and little discipline. Struggling with the responsibility of parenting without having mastered lesser responsibilities can be an insurmountable task. To help young parents grow up, second-chance homes offer them opportunities they did not have at home for building new coping mechanisms and learning and mastering daily life skills such as cooking, cleaning, budgeting, and eventually job preparation.

Houston's Teen-Age Mothers and Infants (T.A.M.I.) House has developed a point system to give residents an opportunity to build a storehouse of small accomplishments while learning to work cooperatively with other young mothers. Five points are awarded for completing small tasks such as washing dishes or sweeping and mopping the kitchen floor. With 115 points, a resident earns a weekend pass.

In the Teen Mothers Program, young teens learn how to groom themselves, make their beds, and clean their rooms. Older teens take more responsibility for menu planning, shopping, and cooking. When they are ready to leave the home and look for a job, they learn how to use public transportation, and how to dress and conduct themselves for a job interview.

*Helping teens learn to be good mothers.* Young mothers whose own mothers were inadequate or absent need help learning how to nurture and discipline their children. Most teen parent residences offer classes in child development, scheduling, and nutrition. In a communal environment, young mothers also learn from each other and from the adults who come into the home on a regular basis. A graduate of Teen Mothers Program says it was a "foster grandmother" who visited her young daughter every day for several years, read stories to her, and taught her ABCs and other childhood basics. When the little girl went to school, she was well-prepared and she thrived.

Frances Santiago, the house mother of the Teen Parent Residence program, is always there for a basic question about mothering: Is it time for my baby to switch from a bottle to a cup? When will she learn to roll over? What should I do about biting? And she is there as well to celebrate with the young mothers as their children meet milestones: a first tooth or a first step. Santiago, who calls the babies her grandchildren, is a living example of how to show children affection and love while being firm.

At St. Ann's, lessons about child care are as basic as teaching young mothers never to leave their babies unattended. Each morning, mothers go through the ritual of feeding, bathing, and dressing their babies before their own classes begin. Throughout the day, staff members provide ongoing coaching, prompting, and supervision. In addition, the young mothers are required to participate in workshops and talks on parenting and child development issues. St. Ann's also schedules a family night each week during which mothers and children go on a group outing.

At the Northwest Maternity Center in Washington, DC, the majority of residents were themselves victims of abuse. When they enter the program, they are taught to curb their aggressive behavior and to treat the other residents with respect. They are not allowed to hit or scream. In child development classes, they learn why babies cry and what to do for them. And they are taught to put their babies back in their cribs when they are too angry to hold them carefully. It generally takes six months for the young mothers to learn to treat their babies gently and to demand that others treat them that way too.

*Requiring and supporting continued education and job training.* Nearly all programs require mothers to be in school or in job training. Some of the larger programs have schools at their own facilities or offer General Equivalency Degrees (GED) on site. Many teen mothers choose GED programs or alternative schools to better accommodate their children's schedules.

Most teen mothers in these programs complete high school, and a significant number go on to vocational school or college. The mothers report that the added responsibility of a child gives them an incentive to succeed. These programs recognize, however, that teen mothers often need help catching up in school. Most insist on scheduled study time and offer tutoring or remedial classes. Many offer links to the world of work as well, helping mothers find vocational programs in fields such as nursing or welding—fields in which they can make enough money to support their children and get health benefits.

At Homes for the Homeless in New York City, the program takes advantage of its large size by offering "in-house" apprenticeships. Residents have part-time jobs in the program's day care center or its housing office or administrative offices. They gain marketable job skills while mastering basics such as learning to dress appropriately, showing up on time, and dealing with co-workers.

*Offering health care and mental health services.* The majority of young mothers are eligible for Women, Infants, and Children (WIC) and Medicaid. Teen parent residences make sure they get these services. Some of the larger homes are Medicaid providers and

have health care professionals on staff; smaller ones bring in health care professionals as needed.

Perhaps even more than physical health care, many adolescent mothers need mental health care for depression or other psychological problems. At the Florence Crittenton Services, licensed psychologists and psychiatrists provide ongoing clinical supervision and case consultation. Health care is available through various providers in the community. "Rap groups" led by social workers give parenting teens an opportunity to discuss their problems with their peers in a group setting.

*Offering opportunities to find mentors.* Time after time, studies show that disadvantaged children who are "resilient" and overcome their disadvantages have benefitted by the presence of a strong, caring adult in their lives. Because so many teenage mothers have lacked such a presence in their early years, second-chance homes offer opportunities to introduce them to alternative mentors.

Each teen at Bridgeway is connected to a big sister "Bridger" who acts as a friend, confidante, and role model during the program and in follow-up years. Moreover, Bridgeway offers a curriculum of 104 courses all taught by volunteer "educators." The Father Pat Jackson House Program takes advantage of its proximity to the University of Michigan by recruiting college students to provide transportation and act as role models.

"Foster Grandparents" are a loving and caring presence at St. Ann's. Some of the grandmothers have been coming for years to help with the babies and to nurture the new mothers. "Mentor Mothers" is a volunteer program developed by the Maternity Center in Washington, DC. While some mentor mothers are available only for occasional transportation and tutoring help, others have bonded with their charges and provided surrogate mothering for many years.

*Offering protection from abusive and predatory men:* For many teen mothers, protection from controlling and abusive boyfriends is essential to success. These homes offer physical protection and refuge from abusers; most have strict rules about male visitation. Strict schedules and rules give young women an "out," a way to avoid contact with men they don't want in their lives. They have an excuse to say no when they are most vulnerable.

For those young women who want to establish stable relationships with their babies' fathers, second-chance homes offer both a neutral place to negotiate; some offer couples' counseling and parenting classes for fathers as well. And in the long-term, perhaps the most important defense that these homes can offer to vulnerable young women is the confidence and self-esteem that comes from positive achievements: raising healthy and stable children and gaining the skills to become self-sufficient.

*Providing a sense of family.* The proposed name for this network of new institutions—second-chance homes—has two elements. "Chance" implies opportunity. "Second" implies a new home that substitutes for an original home. But for many of these young women, second-chance homes are their first homes. These are the first

opportunity these young women have had to form bonds of trust and caring. Staff and volunteers and other residents are their families.

One of the best examples comes from a group home in Alamogordo, NM, that is shared by elderly low-income women and teen mothers. After an initial period of intergenerational friction, the residents settled into a comfortable arrangement. The elderly women assumed the roles of grandmothers: cuddling babies, reading stories to toddlers, and dispensing their wisdom on child care to the new mothers.

When one of the elderly women, Julia, became ill with cancer and was unable to care for herself, the teen mothers took over her care so that she wouldn't have to leave their home. They arranged class and work schedules to make sure that one of them was always there to watch over her. After a brief stay in the hospital, the doctors released Julia to go home to die with her family. Instead of going home to her blood relatives, she chose to spend her last days with her grandchildren at the Alamogordo home.

Long after they graduate, teen mothers maintain their connections to the people who have cared for them. They send pictures of their children and call to report on successes—good report cards or new jobs or new apartments. They show up at holiday time to be with their families.

## **The Long-Term Approach: Creating a Climate for Change**

What would it take to make these programs work better? Program directors say they need to have some real leverage over the teen mothers. The programs that work best are those that function under true social contracts: Residents know that they must abide by certain standards of behavior and contribute to their own success. House mothers or other program officials must have the ability to discipline these young women and evict them for persistent failure to follow rules and procedures.

Next, enough money to expand the programs to offer a continuum of care. Most observers agree that an ideal program would provide a three-tiered approach. The first tier would require strict 24-hour supervision and an equally demanding hour-by-hour daily structure for teens between the ages of 13 and 15. During this phase, they might live in traditional homes in which they would live and eat communally.

Older teens—including those up to age 18 and perhaps even older—would still be supervised but allowed more independence commensurate with their willingness to be responsible and fulfill their obligations. This phase of the program would be a transitional one. Young mothers would learn to be responsible for managing their children and their jobs and their budgets and households with minimal supervision and support and some help with day care. During this phase, they might live in separate apartments that are clustered in the same building or in a dormitory-style facility that has kitchens.

When they move on to fully independent living, many of these young women still need access to follow-up services—a support group to belong to or a monthly visit from a mentor.

Building such a system will be a long process. But with the support of communities, it is an achievable goal.

## How Do We Measure Success?

Even with all of these supports and services, homes for teen mothers have only limited success in turning around the lives of teen mothers. Many of the mothers drop out or are expelled from programs because they are unable to cope with the rigid rules and requirements. Others cannot conquer drug abuse or mental health problems. Some are "reclaimed" by families eager to cash in on their welfare checks. And many of these young women cannot resist the power of old boyfriends who make new promises.

Many successes that may be measurable in the long-term—such as higher lifetime earnings or shorter lifetime spells on welfare—have not been measured. But the prototypes for second-chance homes around the country have produced measurable achievements, unverified but promising.

**School completion.** It is clear that mothers with higher levels of education and training are more successful at supporting their children. Accordingly, second-chance homes make education a priority:

- ▶ At the Florence Crittenton Homes and Services, they recently reported a high school completion rate of 92 percent for teen mothers in the program.
- ▶ At Amity Street in Lynn, MA, 50 percent of the residents have completed a job training program or have reached an educational goal (GED, college, high school diploma). Of those enrolled in high school, 90 percent graduate.
- ▶ At St. Ann's Infant and Maternity Home, mothers must be in school and can elect to attend the fully accredited high school located on campus, or go to other local schools. Fully 96 percent of its residents graduate from high school or obtain a GED.
- ▶ At the Teen Parent Residence, 117 teen mothers completed educational plans and vocational planning, 74 attended Job Corps, 14 completed requirements for a high school diploma, 19 completed their GEDs, and 20 completed postsecondary training at Job Corps or a private vocational education school.
- ▶ At Bridgeway, half of the program's graduates not only complete high school, but go on to college or other postsecondary education.

**Independent living.** In the long run, the main goal of a second-chance home is to help teenage mothers make the transition to independence. There are several ways of evaluating this aim:

- ▶ At Seton Home in San Antonio, TX, 100 percent of residents enrolled in classes that taught independent living and survival skills including sewing, cooking, transportation, money management, and cleaning.
- ▶ At Amity Street, 85 percent of the mothers made the successful transition to independent living and were able to set up their own households.
- ▶ At the Northwest Maternity Home, 65 percent of graduates have been placed in permanent jobs.

**Reducing second pregnancies.** The national average for repeat pregnancies by teenagers is 11 percent-26 percent within one year, and 50 percent in two years:

- ▶ At Bridgeway, only 8 percent of the teens become pregnant again in the two years following completion of the program.
- ▶ At Seton Home, only 10 percent of the teen mothers who go through the program get pregnant a second time within one year.
- ▶ At Amity Street, of the 44 teen parents who have gone through the program during its seven years of operation, only eight second pregnancies have occurred.
- ▶ At the Teen Parent Residence, only six of 117 participants became pregnant with another child while in the program.

**Increased placement for adoption.** The national average for adoption placement by teen mothers is less than 3 percent:

- ▶ At Bridgeway, almost 20 percent of teen mothers choose adoption.
- ▶ At the Teen Parent Residence, 11 of 117 placed children for adoption.

**Healthier babies.** Overall, the teenage mothers are less likely to receive prenatal care and their babies are more likely to be born at a low birthweight and suffer from poor nutrition:

- ▶ At Seton Home, early prenatal care has raised the birthweight of its residents' babies to nearly eight pounds.

- ▶ At Bridgeway, a rigorous program that offers prenatal care and teaches the young women better nutrition resulted in an average birthweight of over 7 1/2 pounds.

**Saving money.** While offering such programs with a full range of services can be expensive, many programs reduce costs by using volunteers. And in the long run, programs that keep families together are significantly less expensive than those that separate mothers and children:

- ▶ At the Teen Parent Residence, for \$67,500 per year in state funding, TPR provides services for 14 teens and their babies. The remainder of the program's funds come from fees paid by program participants and contributions from charity.
- ▶ At Bridgeway, the cost for mother and baby is \$600 per month or \$7,200 per year.
- ▶ At Homes for the Homeless, for \$12,000 per person per year, shelter for mothers and their babies is provided. The normal cost is \$40,000 per child for foster care and \$18,000 per adult for emergency shelter services in New York City.

*Kathleen Sylvester is the vice president of domestic policy for the Progressive Policy Institute.*

---

### **Acknowledgements**

*Many thanks to all of my Progressive Policy Institute colleagues who contributed to this project. Policy analyst Elke Mayer, research assistant Eliza R. Culbertson, and intern Stephanie Soler pulled together the best ideas and the most salient facts so that I could weave them together in this document. Policy analyst Lyn A. Hogan was generous in sharing with her expertise. And interns Amy Levey, Ken Shetter, and David Powell provided valuable additional research.*

*Copy editor Sarah Jackson-Han polished the final product and Production Manager Julie Kizer Ball skillfully guided it through all stages of production. Finally, PPI President Will Marshall and Communications Director Chuck Alston offered many valuable insights and comments at all stages of the project.*

## APPENDIX

Examples of residential treatment centers for pregnant teens exist in a number of states. These facilities can be small or large; they are usually funded by varying combinations of private and public monies. Some are located in inner cities, others in more rural areas.

Some have large professional staffs, others are staffed mainly by volunteers. Most accept teen mothers between the ages of 15 and 18 and limit their stay to about two years. The majority accept only teens who already have children, although a handful accept pregnant teens. Some programs must accept mothers assigned to them by the courts or social service agencies; others simply accept all of the applicants or referrals they can accommodate. All programs require participants to be enrolled in school or job training. In general, services include classes in parenting and life skills as well as some counseling and support services. Day care is an important component of these programs, though not always provided on-site. Vocational training and job placement services are sometimes available.

### **Alamogordo United Futures**

1815 N. Florida Avenue

Alamogordo, NM 88310

Mobile Telephone: (505) 430-8897

For more information contact: Richard Brandner, Director

The Group Home serves both low-income elderly women capable of living independently and young women with their children. Family stability and intergenerational experience are encouraged. The 12-unit facility housing the United Futures Project is owned by Northwest Association for Retarded Citizens and mortgaged under HUD Section 202 funding for facilities for special needs populations.

Various services are provided to both the elderly women and the teenage mothers. Services available to seniors include transportation to the Alamo Senior Center, legal services, health promotion, and recreation at the Senior Center. Young mothers are provided child care assistance, assistance in enhancing life and parenting skills, and financial assistance for school. The state spends \$25,000 to pay a portion of the director's salary; teen mothers are eligible for low-income rent subsidies; they pay their rent from their welfare checks.

### **Amity Street, Transitional Housing for Parenting Teens**

Catholic Charities, North Region

55 Lynn Shore Drive

Lynn, MA 01902

(617) 593-2312

For more information contact: Richard D. Muzzy, Director of Outreach and Youth Services

Amity Street consists of a nine-unit building that houses young single mothers ages 18-23 with one or two children under the age of five. The home opened in October 1987, and has served a total of 42 young mothers and 55 children. They are able to maintain their own residences with the support of Catholic Charities' staff for up to two years. The program offers counseling, case management, support groups, and assistance with employment training and education.

The program costs approximately \$190,000 per year. Some funding for support services is received through the Department of Social Services. Residents are eligible for rent subsidies through the Massachusetts Rental Voucher Program administered by the Lynn Housing Authority. United Way and local fundraising efforts further maintain the program.

**Bridgeway**

85 S. Union Boulevard - Suite 204

Lakewood, CO 80228

(303) 969-0515

For more information contact: Rich Haas, Executive Director

Founded in 1986, Bridgeway is a private, nonprofit organization that operates three homes and an education center for 16 pregnant teenagers and their babies. Parenting mothers can stay up to six months or more in a home supervised by live-in houseparents. Bridgeway has an annual budget of approximately \$235,000 and is funded by workplace campaigns and business and individual donations.

Bridgeway provides counseling and classes in Lamaze childbirth, self-esteem, nutrition, parenting, adoption options, prenatal care, resume-writing, job skills, and drug abuse. Volunteers from the community serve as "Bridgers" who act as mentors.

**Door of Hope**

2799 Health Center Drive

San Diego, CA 92123

(619) 279-1100

For more information contact: Charlie Cox, Director

Door of Hope consists of two homes: one for pregnant teenagers, and one called Havens for young women with emotional and psychological problems. The maternity home serves approximately 50 residents per year, and Havens takes in an average of 25 young women per year. The women are admitted only if they are wards of the court or are legally emancipated from their guardians.

Door of Hope offers 24-hour supervision by residential managers, an on-campus public school, counseling, prenatal care, day care, and classes in independent living skills, parenting, alcohol and drug abuse, Lamaze childbirth, job placement, and discharge planning. There are 40 paid staff members in addition to volunteer support.

The cost of the program per girl for the maternity home is \$2,360 per month, and for Havens it is \$4,423 per month. The babies cost about \$708 per month in both homes. Havens costs more because the young women placed there have fairly severe emotional, psychological, or behavioral problems and need more specialized care.

**Father Pat Jackson House Program**

1014 South Main Street

Ann Arbor, MI 48104

(313) 761-1440

For more information contact: LaTresa Wiley

Father Pat's is a transitional home that houses five teenage mothers and their babies. Residents can stay for up to two years, but the average stay is four to six months. The house is staffed by a director, social worker, two house mothers, and two overnight staff. Volunteers are generally University of Michigan students who provide transportation and mentoring.

Due to Father Pat's affiliation with St. Mary's Parish, funding comes mostly from grants in the Catholic community and from private grants. The cost of the program is \$260 a month per mother and baby, which is \$15,600 a year for the total program.

**Florence Crittenton Homes and Services of West Virginia**

2606 National Road

Wheeling, WV 26003-5393

(304) 242-7060

For more information contact: Sharon Perry, Executive Secretary

FCCHS of West Virginia was created in 1895 as a residential home for young mothers. In the 1991-92 program year it served more than 1,100 young mothers throughout West Virginia and Belmont County, Ohio. Pregnant teenagers are referred from the Department of Health and Human Resources, the judicial system, high school counselors, church leaders, and family members.

Located in a residential neighborhood, the facility is equipped with an alternative on-site school, a day care center, a health clinic, and counseling and case management services. The main facility is surrounded by three residential homes that are used for transitional living programs and is staffed full-time.

Crittenton also offers 10 community, home-based service sites. Programs here include maternity care, community outreach, pregnancy and child abuse prevention programs, day care, health clinics, support groups, Lamaze childbirth, child care, parent skills training, adoption and adoption counseling, family and group counseling, life skills training, case management, and family preservation services.

FCCHS is funded by foundations, corporations, private donations, and client fees.

### **Homes for the Homeless**

36 Cooper Square, 6th Floor

New York, NY 10003

(212) 529-5252

For more information, contact: Page Bartels, Director of Development and External Affairs

Founded in 1986, Homes for the Homeless is a comprehensive, residential nonprofit organization that has served 8,400 families including more than 18,300 children in New York City. The cost of the program is \$12,000 per person annually, or \$36,000 per family annually. Homes for the Homeless also operates two summer camps for homeless children.

Homes for the Homeless operates four "American Family Inns," which offer housing and comprehensive services to homeless mothers and their children. A needs assessment is developed for each family upon entry to the centers. Assistance is offered in the areas of health care, educational enhancement for both parents and children, employment training, foster care, independent living skills, substance abuse treatment, and follow-up services. Two innovative aspects of the program are a "safe nursery" for children at risk of abuse and an in-house apprenticeship program, where residents learn job skills by working within the organization.

### **Northwest Maternity Center**

4010 12th Street, N.E.

Washington, DC 20017

(202) 483-7008

For more information contact: Elizabeth Segal

The Northwest Maternity Center is a private/nonprofit residential facility for five mothers with one or two children, which operates in tandem with the Pregnancy Center. The center has been open for two years, and 26 young women have completed the program. The two facilities exist on a shoestring budget of \$160,000 a year, with the Maternity Center getting about \$60,000 of that amount. Funding comes from private individuals and corporate donors and includes donations of food, toys, and furniture.

The center has flexible admission and length of stay requirements. The mothers are between the ages of 15 and 24, and stay less than two years. They are referred from community agencies, schools, and the Pregnancy Center.

The only paid staff members are the director and the social services director, so the home depends heavily on a volunteer staff of 18. The program includes counseling, referrals, and classes in parenting, child development, basic skills, and self-esteem.

**Seton Home**

1115 Mission Road  
San Antonio, TX 78210  
(210) 533-3504

For more information contact: Brenda Tatro, Executive Director

Licensed by the state of Texas, Seton Home is a group home for pregnant teenagers and teenage mothers, aged 12-20. The facility consists of two cottages, each of which houses eight mothers and their babies. Approximately 35 mothers go through the program each year.

Each cottage is staffed by one house mother or independent living skills instructor. In addition, Seton Home has a social service director, volunteer coordinator, and an executive director. Volunteers perform such tasks as office work, yard work, and mother's day out activities.

Seton Home has an annual budget of \$330,000. The United Way provides 20 percent of the funding, while the remainder comes from grants, fundraising projects, direct mail campaigns, and support for money for some mothers from the state.

**St. Ann's Infant and Mothers' Home**

4901 Eastern Avenue  
Hyattsville, MD 20782  
(301) 559-5500

For more information contact: Peggy Howard Gatewood, Director

St. Ann's, a Catholic charity, has taken in pregnant women since its inception in 1860. In 1983, it established a program for adolescent mothers and their babies. Currently 14 young women, aged 16-19, and their babies live at the home for up to two years. On average, 23 young women go through the program annually. Many are referred from foster care and other public agencies, while some are homeless and come in off the street.

The cost is \$175 daily for a mother and baby. Funding is provided by a combination of state block grants, local government appropriations, allocations from the United Way, and private grants. For those who can afford it, payment is based on sliding scale.

The mothers are supervised 24 hours a day by a staff of 27, including social workers, nurses, child care workers, a parenting specialist, a job placement specialist, and a child psychologist.

### **St. Elizabeth's Regional Maternity Center, Southern Indiana**

621 E. Market Street  
New Albany, IN 47150  
(812) 949-7305

For more information contact: Joan Smith, Founder and Director

Established in 1989, St. Elizabeth's consists of two homes: a maternity home for pregnant teenage women and an aftercare home for teen mothers and their babies. St. Elizabeth's is funded by donations from private individuals and corporate donors, community development block grants, HUD, the March of Dimes, and HHS. In the past six years, 182 babies have been born at St. Elizabeth's. There are no age restrictions, although most of the mothers are aged 15-20. They are referred from schools, doctors, hospitals, and word of mouth.

The cost per mother and child is \$80 a day in the maternity home, and residents who are able pay the home on a sliding scale. The aftercare home costs \$4,800 per year per mother and child, thanks to a \$1.5 million grant from HUD and a multitude of in-kind contributions from community groups. While it depends heavily on volunteer support, St. Elizabeth's has 14 full-time staffers, including three with MSW degrees, and two part-time employees.

The home offers parenting and child care classes, self-esteem classes, and counseling. One staff member is a sex abuse therapist and provides individual counseling as well as group sessions and family counseling.

### **T.A.M.I. (Teen-Age Mothers and Infants) House**

509 Branard Road  
Houston, TX 77006  
(713) 527-0718

For more information contact: Barbara Reid, Executive Director

The Teen-Age Mothers and Infants House is a traditional home that houses up to six mothers with their babies. Residents live in T.A.M.I. House for an average of 10-12 months, but others are there anywhere from six-18 months. Mothers can be 16-17 1/2 years old when they enter the program. Funding comes from the Child Protective Services, Community Development Block Grants, the United Way, private donations, and churches. The cost per resident is \$15 a day for a baby and \$35 a day for a mother.

The staff consists of a single female house parent and a nursery worker. In addition, *pro bono* therapists are hired to council the residents. Volunteers are used only to augment the professional staff, to help in the nursery, get food at the food bank, or perform general office duties. The program encourages residents to enrich their lives by attending plays, visiting museums, and participating in community events.

### **Teen Mothers Program/Sasha Bruce Youthwork**

701 Maryland Avenue, N.E.

Washington, DC 20002

(202) 675-9380

For more information contact: Brenda Lockley, Director

The Teen Mothers Program is a residential treatment facility for five teenage mothers and their babies run by the Sasha Bruce Youthwork program, a private, nonprofit agency. The Teen Mothers Program is funded directly by grants from the DC Department of Human Services, Family Service Division. It costs approximately \$110 per day per person to run the program. The participants are aged 15-18 and stay from 18 months to two years. The teen mothers are referred by the court system and are wards of the DC government. All court-remanded cases must be accepted into the home.

Residents are offered a number of classes in cooking, child care, female health and sexuality, and living and parenting skills. Counseling, tutoring, art therapy, and referrals are also available.

There are no resident staff members; supervision is provided by two staffers at a time based on rotating shifts. Volunteers and foster grandparents are important elements of the program.

### **The Teen Parent Residence**

1750 Indian School Road, N.E.

Apartment 109

Albuquerque, NM 87104

(505) 246-2497

For more information contact: Barbara Calderon, Center Director, Albuquerque Job Corps

The Teen Parent Residence is a referral-only home for 14 young mothers and their babies, aged 14-22. During the four and a half years the program has been running, 117 participants have gone through the program. Professionals provide counseling and training in health, nutrition, parenting skills, independent living, family planning, safety, child development, self-esteem building, and necessary life skills such as budgeting and shopping.

Each teen and her baby receive AFDC, Food Stamps, WIC, and Medicaid. Out of the AFDC money, the rent and utilities are paid as well as other basic requirements. Child care is provided by the Children, Youth, and Families Department during the day to allow the mothers to attend school. The program is maintained through state funding with community organizations providing furniture for the apartments and supplies for the project.

## BIBLIOGRAPHY

- The Alan Guttmacher Institute. 1994. *Sex and America's Teenagers*. New York, NY: The Alan Guttmacher Institute.
- Boyer, D., and D. Fine. January/February 1992. "Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment." *Family Planning Perspectives* 24 (1): 4-11, 19.
- California Vital Statistics Section. 1992. "California Resident Live Births, 1990, by Age of Father, by Age of Mother." Sacramento, CA: California Vital Statistics Section, Department of Health Services.
- Carnegie Corporation of New York. April 1994. *Starting Points: Meeting the Needs of our Youngest Children*. New York, NY: Carnegie Corporation of New York.
- Children's Defense Fund. 1995. *The State of America's Children Yearbook 1995*. Washington, DC: Children's Defense Fund.
- Dawson, D.A. 1991. *Family Structure and Children's Health: United States, 1988*. Vital and Health Statistics, Series 10, No.178 (DHHS Pub. No. [PHS] 91-1506). Washington, DC: National Center for Health Statistics.
- Dryfoos, Joy G. 1990. *Adolescents at Risk: Prevalence and Prevention*. New York, NY: Oxford University Press.
- Herr, Toby, and Robert Halpern. February 1994. *Lessons from Project Match for Welfare Reform*. Chicago, IL: Erikson Institute.
- Horowitz, S.M., *et al.* 1991. "Intergenerational Transmission of School-Age Parenthood." *Family Planning Perspectives* 23: 168-177.
- Kunzel, Regina G. 1993. *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work 1890-1945*. New Haven, CT: Yale University Press.
- Levin-Epstein, J. November 18, 1991. *States Update*. Washington, DC: Center for Law and Social Policy.
- Lubove, Roy. 1986. *The Struggle for Social Security, 1900-1935*. Pittsburgh, PA: University of Pittsburgh Press.
- The Ounce of Prevention Fund. 1986. *Child Sexual Abuse: A Hidden Factor in Adolescent Sexual Behavior. Findings from a Statewide Survey of Teenage*

*Mothers in Illinois. An Ounce of Prevention Study.* Chicago, IL: The Ounce of Prevention Fund.

U.S. Department of Health and Human Services, Office of Family Assistance. June 1995. Unpublished Statistics. Washington, DC.

Utah State University's Department of Family and Human Development and Child Trends, Inc. November 1990. "Adolescent Sexual Behavior, Pregnancy, and Parenting: Research Through the 1980s." *Journal of Marriage and the Family* 52: 1025-1044.

Widom, Cathy Spatz. October 1992. "The Cycle of Violence." *National Institute of Justice: Research in Brief*. Washington, DC: National Institute of Justice.

# The Alan Guttmacher Institute

New York and Washington



WPI-Teen Pregnancy

## MEMORANDUM

**TO:** Interested Parties  
**FROM:** Cory L. Richards  
Vice President for Public Policy  
**DATE:** February 1995  
**SUBJECT:** *New AGI Issues in Brief*

---

A Not-for-Profit Corporation  
for Reproductive Health  
Research, Policy Analysis  
and Public Education

1120 Connecticut Avenue, NW  
Suite 460  
Washington, DC 20036  
Telephone: 202 296-4012  
FAX: 202 223-5756

I am pleased to enclose the newest installment in The Alan Guttmacher Institute's *Issues in Brief* series, "Teenage Pregnancy and the Welfare Reform Debate."

Using the most current data available, this policy paper examines teenage sexual and reproductive behavior in the United States, with special attention to key behavior differences among adolescents of varying income levels. It discusses the complicated interrelationships among poverty, teenage childbearing and reliance on welfare, and takes a critical look at current welfare reform proposals and their likely outcomes. Finally, it suggests realistic, cost-effective strategies by which we might significantly reduce teenage pregnancies and out-of-wedlock births among young, disadvantaged women on or at risk of welfare dependency.

I hope you find this information useful in your work. If we can provide further assistance in any way, please feel free to contact us here in the Institute's Washington Office.

---

## **Clinton Presidential Records Digital Records Marker**

---

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

---

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

---

# ISSUES in BRIEF

The  
Alan  
Guttmacher  
Institute

New York and Washington

A Not-for-Profit Corporation  
for Reproductive Health  
Research, Policy Analysis  
and Public Education

120 Wall Street  
New York, NY 10005  
Telephone: 212 248-1111  
FAX: 212 248-1951

1120 Connecticut Avenue, NW  
Suite 460  
Washington, DC 20036  
Telephone: 202 296-4012  
FAX: 202 223-5756



## Teenage Pregnancy and The Welfare Reform Debate

Teenage pregnancy and out-of-wedlock childbearing have become central issues in the debate over welfare reform. Paradoxically, they are frequently seen as both the cause of increased welfare costs and caseloads over the last 25 years, and the result of the welfare system itself.

Out-of-wedlock births among teenagers have increased dramatically in the last several decades and now account for almost 70% of all teenage births. Yet, trends in teenage sexual activity and childbearing reflect broader trends in sexual and reproductive behavior among women of all ages and income levels. Women age 20 and older, for example, account for more than three-quarters of the unintended pregnancies and abortions that occur each year in the United States. Moreover, despite the sharp increase in teenage out-of-wedlock births, the increase has been even greater among older women. As a result, teenagers account for a much smaller proportion of out-of-wedlock births today than they did in the 1970s.

Contrary to popular belief, only 5% of mothers on welfare are teenagers, and just 1%, or about 32,000, are under age 18. However, a large proportion of women who begin childbearing as teenagers eventually end up on welfare, and those who do tend to need assistance for a long period of time.

Clearly, therefore, ensuring teenagers access to services that can enable them to avoid unplanned pregnancies and unwanted births is essential to helping them avoid or escape poverty and welfare. Making voluntary family planning services and, as a backup, abortion easily accessible to adolescents has been demonstrated to be a cost-effective way to reduce unplanned childbearing and its consequences.

For the most part, however, current welfare reform proposals take a different approach. They rely on disincentives -- the threat of punitive measures down the line -- to discourage teenage childbearing.

These proposals appear to rest on two basic assumptions: that poor, unmarried teenagers deliberately get pregnant and have babies in order to collect welfare and set up their own households; and that a prohibition on benefits will, in and of itself, discourage out-of-wedlock births. Undoubtedly, some teenagers want to get pregnant and have a child. Research indicates, however, that the great majority of poor teenagers use contraceptives to prevent pregnancy, and that most births to poor adolescents are unintended. It also suggests that most women, including teenagers, would prefer to give birth within marriage. The re-

ality is, however, that marriage is not a realistic or even desirable option for most poor adolescent women.

This Issues in Brief examines teenage sexual and reproductive behavior, with special attention to key behavior differences among adolescents of varying income levels. It explores the extent to which teenage mothers depend on welfare and whether welfare recipients who gave birth as teenagers differ significantly on certain socioeconomic indicators from those who were not teenage mothers. It also considers whether current proposals to reduce teenage pregnancies and out-of-wedlock births among young women on or at risk of welfare are likely to achieve their stated goals.

### Teenagers and Sex

Initiation of sexual intercourse during the teenage years has become the norm in the U.S. While intercourse among very young teenagers is still relatively rare (and many of the youngest teenagers who have had sex report that they were forced to do so), more than eight in 10 adolescents have had intercourse by the time they turn 20. Because marriage in the teenage years is now so uncommon, most adolescent sexual activity occurs outside marriage.

As sex has become more common at younger ages, historic differences in sexual activity among teenagers of different races, income levels and religions

WR -  
Teen  
Pregnancy

April 30, 1994

**PROPOSAL OUTLINE:  
NATIONAL TEEN PREGNANCY PREVENTION INITIATIVE**

President William Jefferson Clinton  
Talk with Students at Kramer Junior High  
February 3, 1994:

"Don't give up on yourselves, and don't give up on your country....I don't want you ever to give up on yourselves. I don't intend to give up on you as long as I am President. I'm going to keep working for better education, safer streets, and a brighter jobs future...But it's your life. No matter what I do, I can't live your lives for you....You have to do that....You've got to decide what happens to you..., to say, 'I am going to do the most I can with my life...'. I'll try to keep up my end of the deal, and I want you to keep up yours."

Q. "Since family life has been breaking down for the past 30 years, what can my generation do to restore family values?"

A. "The first thing you can do is make up your mind you're not going to have a baby until you are old enough to take care of it, until you're married....Second..., we need to organize, starting about this age, young men to start talking among each other about what their responsibilities are, and that they should not go out and father kids when they're not prepared to marry the mothers, they're not prepared to take responsibility for the children, and they're not even able to take responsibility for themselves. This is not a sport...We've got to make a decision. Every one of you has to make a decision. Is it right or wrong, if you're a boy, to get some girl pregnant and then forget about it? I think it's wrong....If you really want to rebuild the family, then people have to decide: I'm not going to have a baby until I'm married. I'm not going to bring a baby into the world I can't take care of. And I'm not going to turn around and walk away when I do it. I'm going to take responsibility for what I do."

## I. OVERVIEW OF THE PROBLEM

The rise in out-of-wedlock births to teen parents over the past generation has raised the issue of teen pregnancy to national significance. The number of births to unwed teen mothers increased from 92,000 in 1960 to 368,000 in 1991. As with the offspring of other unwed mothers, these children are also often abandoned by the fathers, resulting in new additions to the growing roll of welfare cases. Indeed, cases headed by unwed mothers accounted for about four-fifths of the growth of 1.1 million in the welfare rolls over the past ten years, from 3.86 million families in 1983 to 4.97 million families in 1993. Beginning in 1990, the slope of the rate of growth of AFDC recipients increased ominously (see attached chart), with four-fifths of the rise in families headed by never-married mothers.

In sheer numbers of new cases, the resulting cycle of poverty for the children and their mothers threatens to overwhelm all of our other welfare reform efforts. **Out-of-wedlock teen pregnancy represents a national problem that requires a credible, high-profile national response.**

A recent Annie Casey Foundation statistical report placed the problem of child poverty in the context of out-of-wedlock births to teen parents:

- Almost 80% of the children of young persons who have a child before they graduate from high school, outside of marriage, and while a teenager are living in poverty.
- In contrast, less than 8% of the children of young persons who defer child-bearing until they have graduated from high school, are twenty years old, and married are living in poverty.

This economic reality holds true across racial lines as well. A minority family headed by a married couple averages three times the household income of a household headed by a single white mother.

The simple truth is that adolescents who bring children into the world face a very difficult time getting themselves out of poverty, while young people who graduate from high school and defer child-bearing until they are mature, married and able to support their offspring are far more likely to get ahead.

This is an issue that affects both parents equally—young men as well as young women. Both parents bear responsibility for providing emotional nurture, moral guidance, and material support. The overwhelming majority of teenagers who bring children into the world are not yet equipped to discharge this fundamental obligation. This is a bedrock issue of character and personal responsibility, and the President's campaign must speak with equal vigor to the responsibilities of prospective fathers and mothers.

## **II. TEEN PREGNANCY PREVENTION PLAN: The National Campaign of Personal Responsibility for Youth**

We are calling for a National Campaign of Personal Responsibility for Youth as an organizing framework to address directly the national problem of teen pregnancy. This national teen pregnancy prevention campaign will complement the parental responsibility obligations imposed by the child support enforcement components of our welfare reform proposal. In addition, this national campaign -- with the integral involvement of National Service from the outset -- will provide an essential building-block of a comprehensive campaign for youth balancing opportunity and responsibility across the full range of Administration youth initiatives, including, for example, Goals 2000, School-to-Work, Income Contingent Loans (and Pell Grants); the health clinics funded under National Health Care Reform; the after-school and jobs programs included in the prevention package in the Crime Bill; the "PACT" program stemming from the work of the Interagency Task Force on Violence; and efforts at program integration for children and youth now in progress under the aegis of the Community Enterprise Board.

The teen pregnancy prevention campaign includes five components:

1. Presidential Leadership. In events such as his appearance at Kramer Junior High School, the President has effectively communicated a message of character and hope, personal responsibility and economic opportunity to young people. It is a message that resonates with people of all ages, races and circumstances throughout the country. The President should launch nothing less than a national mobilization that pulls together business, national and community voluntary organizations, religious institutions, schools, and the media behind a shared and urgent challenge. The launch could include: a high-profile presidential event that brings together public and private-sector leaders; events around the country featuring senior Cabinet and White House officials; a widely distributed video including footage of the President's Kramer Jr. High appearance; public service announcements; and televised specials through efforts such as ABC-TV's yearlong "Children First" campaign.

2. National Goals. The President would announce national goals to define the mission and to guide the work of the Campaign. We are looking at four basic goals for each young person, each of which will have a corollary national goal:

- Graduate from High School
- Defer pregnancy until graduated from high school, married, and at least one parent is in the work force
- Seize post-secondary education or work opportunities
- Provide support for one's children

3. Private entity. The President would bless the formation of a not-for-profit, non-partisan entity--a partnership for youth--that is committed to the goals and mission of the national campaign. Members would include selected representatives from youth organizations, churches, voluntary institutions, community groups, sports and entertainment, and national, state, and local leaders. Funding would be raised privately.

The Partnership would assume primary responsibility for a national, state, and local mobilization in the media, in the schools, in the churches, in the communities, and in homes. The Partnership could also provide support -- money, networking, technical advice, spirit -- to state and local responses to the targeted federal challenge grants described below and other local initiatives. It could also consider the chartering of state and local counterparts and/or networking with national, state and local organizations, associations and constituency groups with common goals and a shared mission.

4. National Clearinghouse and Evaluation. Under this proposal, HHS will establish a National Clearinghouse and Evaluation on Teen Pregnancy Prevention. The Clearinghouse would provide communities and schools with teen pregnancy prevention curricula, models, materials, training and technical assistance. It will establish an information exchange and network. It would also oversee rigorous evaluation of local programs and work to ensure that successful models are widely publicized and replicated. Funding for the Clearinghouse could be up to ten percent of the budget for the initiative (approximately \$20 million annually when fully implemented).

5. Targeted Teen Pregnancy Prevention Initiative in at-risk schools. When fully phased in, this component of the National Campaign The federal government would fund 2,000 school and community based programs to reduce teen pregnancy. Local schools and communities would enjoy the flexibility to select among, modify, and implement, program models with records of promising results. Funding would be targeted to schools with the highest concentration of at-risk students and would be available to both middle and high schools, with a goal of working with youth as early as age 10 and establishing continuous contact and involvement through graduation from high school. Each school would receive \$100,000 annually to fund one or two permanent staff and to support the other infrastructure necessary to establish and run the program. To establish a visible and effective presence, the permanent staff in each school would coordinate a team of five individuals provided by the Corporation for National and Community Service. As a condition for receiving funds, each potential recipient would be required to submit a document specifying the model of teen pregnancy prevention it intends to use as well as its plan for implementing that model school-wide.

Assuming a five-year phase-in of 400 schools per year, the budget for the initiative over the first five years would be \$600 million, with a fully phased-in annual cost of \$200 million. The renewal of each grant should be contingent on successful performance, or on the willingness of grantees with unsuccessful programs to adopt models from other schools with better track records.

This initiative would provide schools and communities with a great deal of flexibility in designing and implementing programs that meet local needs and harness local resources. Existing successful programs--including those now operated by national voluntary organizations--would be encouraged to apply for funds to expand and upgrade their services.

Core components at each participating school would include:

- National Service--Five National Service participants would be assigned to work at each site. This component would provide the foundation for youth service work, after-school activities such as coaching teams, and coordinating local support.
- Education-- The curriculum and counseling would be designed to reach young people concerning the economic, emotional, and medical consequences of premature sexual behavior and teen pregnancy. Existing models of best practices suggest that these educational activities should focus on developing the psychology and character required for responsible behavior as well as on expanding cognitive knowledge.
- Relation to Schools--These programs would either be based directly in schools or operated in close proximity to and partnership with them out of a community based organization or other local entity.
- Adult Involvement--Ongoing, meaningful involvement by adults in the lives of the students and in support of the students' parents is essential. Group coaching, individual mentoring, and a range of activities after-school, on week-ends, and in the summer could be included. Such activities could well include community service by the youth themselves. While such youth work is not a comprehensive solution to the teen pregnancy problem, recent evaluations suggest that it can be an important component of an effective program.
- Community Partnerships--School-based or -linked programs should be at the epicenter of ongoing partnerships with other key community institutions, such as churches, youth groups, universities, businesses, or other community, civic, and fraternal organizations are all possible. The exact membership and structure of each partnership will have to be developed on the local level. Funding decisions in the grant process would reward programs that are able to maximize the involvement of community-based institutional partners and resources.

Beyond these core elements of teen pregnancy prevention programs, individual schools and community partnerships would be free to experiment with other promising approaches. Some might select targeted incentive systems; others might opt to invest in additional health counseling and services. The National Campaign would be structured both to build on what we have learned in the past decade and, through experience, to broaden and deepen our knowledge of effective programs.

A growing body of evidence suggests that such a targeted, teen pregnancy prevention campaign could be effective in reducing premature sexual behavior and teen pregnancy. During the past decade, organizations such as Grady Memorial Hospital in Atlanta, Girls Incorporated, the Junior League, the Joseph P. Kennedy Jr. Foundation, and the Johns Hopkins School of Medicine have implemented school-based programs addressing issues of teen sexuality and pregnancy. Many of these programs have been subjected to rigorous experimental or quasi-experimental evaluation, with results that pass standard tests of statistical significance in promoting goals such as delaying the onset of adolescent sexuality and reducing rates of teen pregnancy.

The best compendium of program evaluations to date may be found in Brent C. Miller et al., Preventing Adolescent Pregnancy: Modal Programs and Evaluations (Newbury Park, CA: Sage, 1992). Miller summarizes the parameters of the most successful programs as follows:

1. Program goals and objectives are clear and specific.
2. Target populations are relatively young.
3. Programs are intensive in duration and number of contacts.
4. Programs are comprehensive, including cognitive, psychological, and values components.
5. Programs leverage parental, peer, and community support.

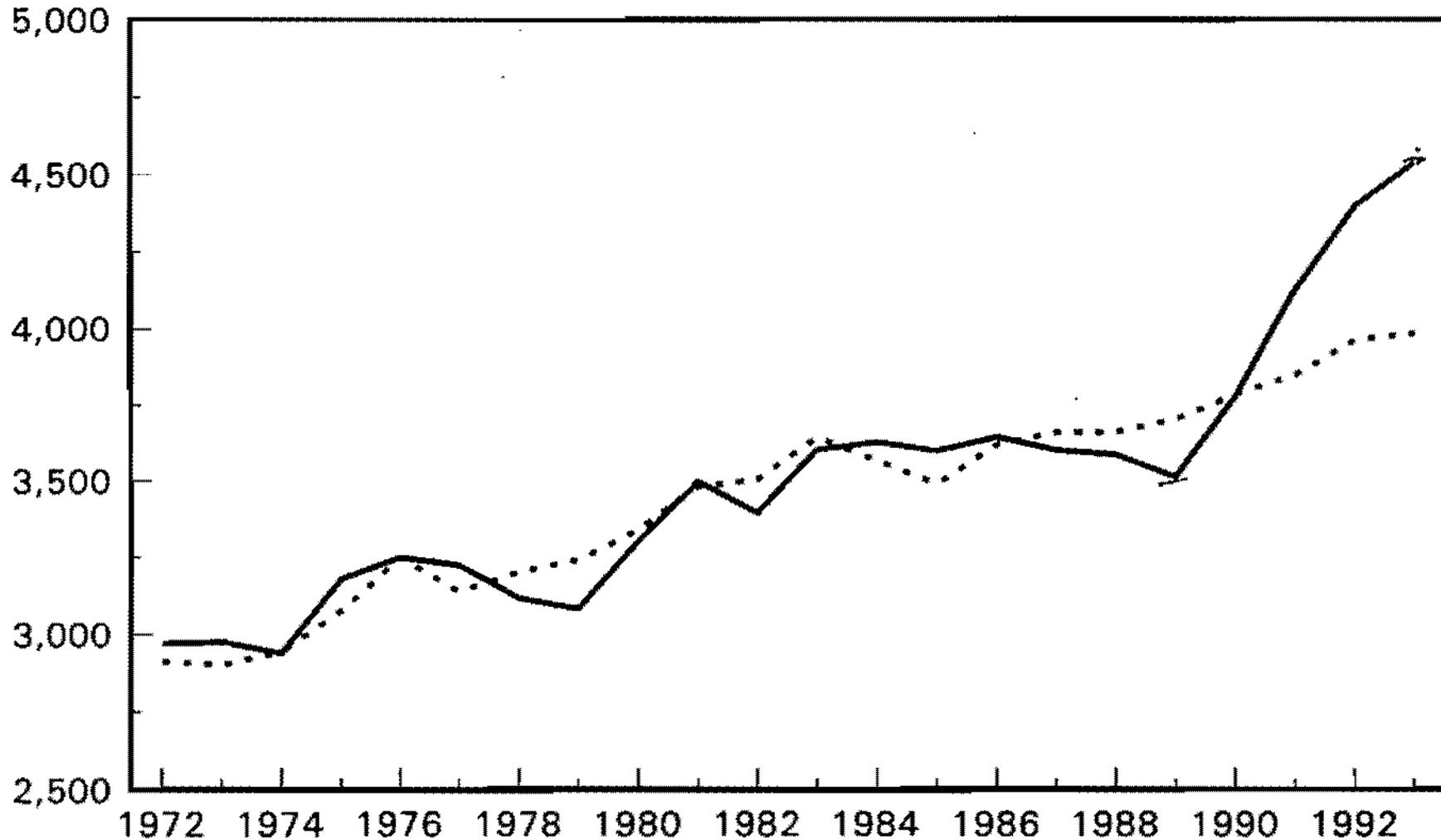
The proposed teen pregnancy initiative is consistent with, and builds upon, these findings.

### III. CONCLUSION

Given the national scope of the problem of children bearing children, the proposed Campaign of Personal Responsibility for Youth is also national in nature. It directly addresses the problem of teen pregnancy. Its targeted, school-based component is based on our best available experience to date in building the infrastructure for effective youth work and curriculum to deliver an education component necessary to reduce teen pregnancy. Our goal is to begin to address -- credibly -- the deepening cycle of teen pregnancy, early single parenting, poverty and welfare dependency that threatens to overwhelm any otherwise effective campaign to end welfare as we know it.

# Adult AFDC Recipients

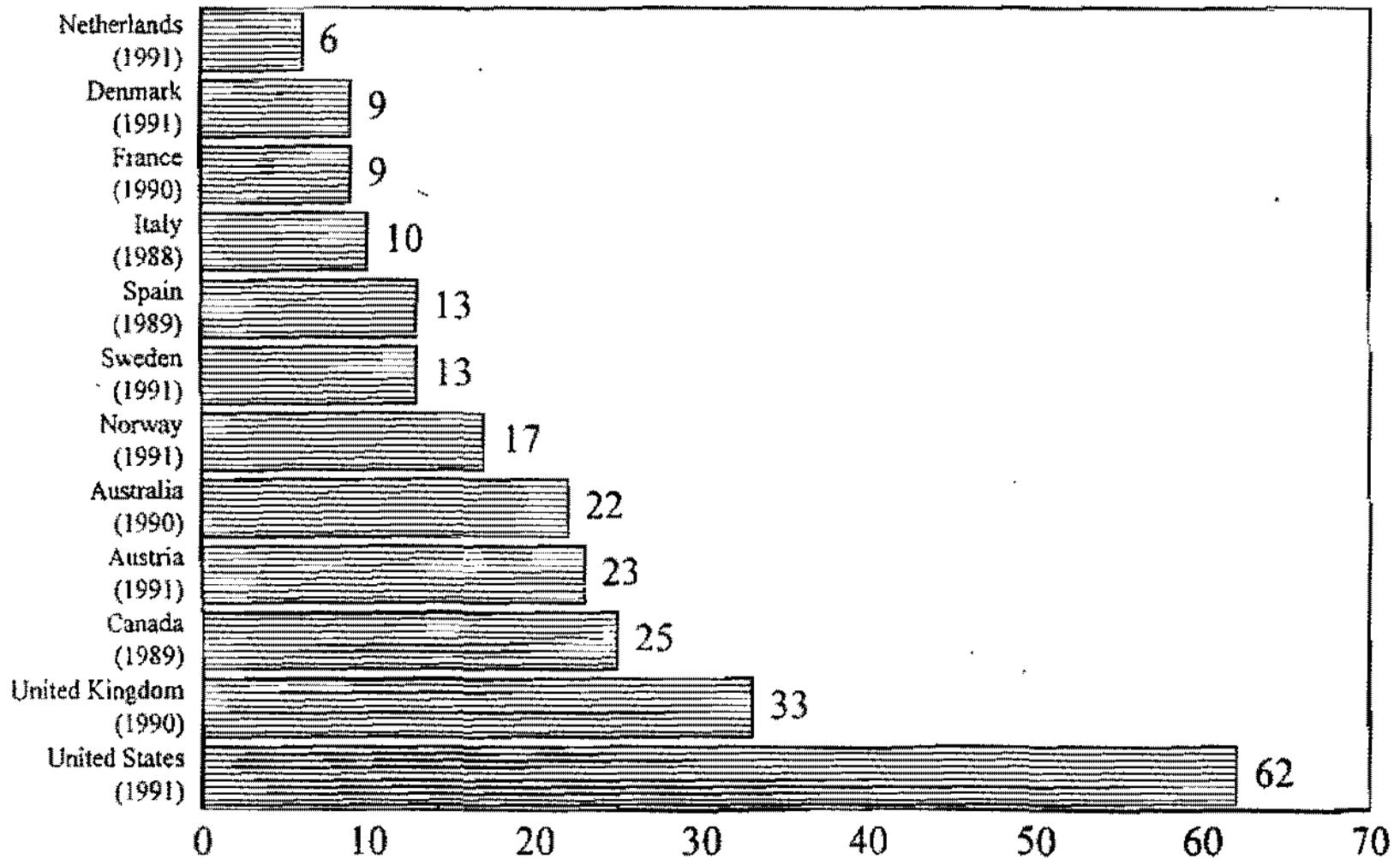
thousands



actual    predicted

.....

## Birth Rates to Teens Aged 15-19 for Selected Countries



MARK D. HATFIELD, SENATOR, CHAIRMAN

TED STEVENS, ALASKA  
THOMAS COCHRAN, MISSISSIPPI  
ALLEN SPECTER, PENNSYLVANIA  
PETE V. DOMENICI, NEW MEXICO  
PHIL CRAMM, TEXAS  
CHRISTOPHER B. BOND, MISSOURI  
BLAKE EDITION, WASHINGTON  
MITCH MCCONNELL, KENTUCKY  
CONNIE MAZZE, FLORIDA  
EDWARD BURKE, MONTANA  
RICHARD C. SHRIVER, OREGON  
JAMES W. JOHNSON, VERMONT  
JUDE CRIGGS, NEW HAMPSHIRE  
ROBERT F. BENNETT, UTAH

ROBERT L. BYRD, WEST VIRGINIA  
DANIEL K. BONDY, MARYLAND  
ERNEST F. HOLLINGS, SOUTH CAROLINA  
J. BARNETT JOHNSON, LOUISIANA  
PATRICK J. LEAHY, VERMONT  
DALE BUMPERS, ARKANSAS  
FRANK R. LAUTENBERG, NEW JERSEY  
TOM HARKIN, IOWA  
BRUNER A. MEYER, MARYLAND  
MURK DOUGLAS, MISSISSIPPI  
J. ROBERT BERRY, MISSISSIPPI  
KEVIN CROWLEY, WISCONSIN  
PATTY MURRAY, WASHINGTON

J. KEITH KENNEDY, STAFF DIRECTOR  
JAMES W. ENGLISH, MINORITY STAFF DIRECTOR

# United States Senate

COMMITTEE ON APPROPRIATIONS  
WASHINGTON, DC 20510-6025

March 1, 1995

*Wl - Teen Pregnancy*

**BEULE**

*This is why Janel was positive on teen pregnancy*

Honorable Donna Shalala  
Secretary  
Department of Health and Human Services  
Washington, D.C.

Dear Madam Secretary:

President Clinton, during his State of the Union address called on "community leaders and all kinds of organizations to help us stop our most serious social problem, the epidemic of teen pregnancies and births where there is no marriage." The President further stated that he had "sent to Congress a plan that targets schools all over this country with anti-pregnancy programs that work."

I agree with the President that teen pregnancies and out of wedlock births are one of this nation's most pressing problems. Last year, at my request, the Labor-HHS-Education Subcommittee held two hearings on teen pregnancy to review the variety of programs that are currently in operation around the country. But despite all good intentions the problems persist, with over one million teenagers becoming pregnant each year. The medical, social, and economic impact of teen pregnancies places an enormous burden on teens, their families and society with the most recent costs of providing AFDC, Medicaid, and Food Stamps to families begun by teens exceeding over \$25 billion annually. Teens are also more likely to give birth to low birthweight infants, adding another \$2 billion to the annual costs of caring for premature infants weighing 3.3 pounds or less.

You will be appearing before the Labor, Health and Human Services and Education Subcommittee on Appropriations on March 9, 1995 to discuss the President's FY1996 budget recommendations. It is my intention to explore with you, at that time, the details of the President's plan on curbing the incidence of births to unwed teens. I would also like to discuss with you, during your appearance before the Subcommittee, the status of the \$4.5 million provided by the Senate to the Centers for Disease Control and Prevention for support of demonstration grants for the development of community partnership coalitions for the prevention of teen pregnancies.

30/11/17

11/11/17

Japan's

1/11/17

1/11/17

03/02/95 13:58

202 890 5514

ASPE-HSP

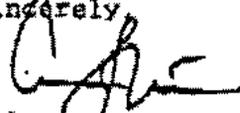
003

Honorable Donna Shalala  
Page 2

I think we can all agree that the issue of teen births and low birthweight children is at crisis proportions and that every effort must be made to help teens understand the importance of staying in school, the consequences of teen births and proper prenatal care. I look forward to discussing this issue as well as other issues during your appearance before the Subcommittee.

My best.

Sincerely



Arlen Specter  
Chairman  
Subcommittee on Labor, Health and  
Human Services and Education

REED

WR -  
Teen Pregnancy

November 4, 1994

MEMORANDUM TO BILL GALSTON  
BRUCE REED ✓  
GENE SPERLING

From: Jeremy Ben-Ami  
Sheryll Cashin  
Paul Dimond  
Belle Sawhill

Subject: Teen Pregnancy Prevention and Youth Challenge

We recommend examining the relationship between the "youth challenge" and the teen pregnancy prevention components of welfare reform, National Campaign, private entity, grants.

We suggest that there be a single framework for our activities relating to disadvantaged youth that encompasses initiatives from the educational agenda, welfare reform, some of the crime bill, and whatever we add on through urban policy. This single "youth initiative" can then be a component of urban policy, welfare reform and crime prevention.

There seem to be three levels of activity under discussion:

1. Presidential Challenge/Use of the Bully Pulpit - In welfare reform, we talked of a Presidentially-led national campaign against teen pregnancy; in urban policy, we are talking about a national challenge to communities to meet certain goals for their youth: safety, work, caring adults, etc.
2. Private Entity - In welfare reform, we talked of creating a private entity to provide non-governmental support for the fight against teen pregnancy.
3. Government Grants - Grants for youth programs are a key part of the prevention money in the crime bill and the welfare reform bill had the teen pregnancy grant programs.

We would suggest the following:

1. There should be a single umbrella message on youth from the bully pulpit that says we have three substantive goals for youth:
  - safety/reduce crime/violence
  - pathway to work through graduation, skills, etc.
  - reduce teen pregnancy

What we call this 'umbrella' ("National Campaign for Youth," a youth-focussed challenge to communities, etc.) should be the topic of further discussion. Obviously, the message is adaptable to the circumstances, but overall we would be sending one coherent message to youth and communities.

2. There should be an integrated challenge grant program through which communities (cities?) come up with strategic plans for youth that address the three substantive goals. The mechanisms they would be encouraged to use include safe havens, caring adults, etc. The menu of federal supports available could include at least some of the crime bill programs, the National Service commitment to the teen pregnancy initiative and the National Guard armories. The process for developing applications and the considerations for funding outlined in the welfare reform bill should provide a starting point for this challenge grant: community-based planning process, leveraging of private resources, flexibility, and accountability for performance.
3. We should renew our focus on the private entity and ensure that it is launched early next year [note: issue is when?].

#### Further Questions

1. We would propose considering whether the integration of teen pregnancy as a goal in the challenge grant program outlined above would make that a reasonable replacement for the demo programs proposed in the welfare reform bill. This discussion needs to take place as we look at the budget figures for welfare.
2. If we choose to move to an integrated youth strategy, we would like to discuss whether the private entity should be focussed exclusively on teen pregnancy prevention or whether we might consider giving it a broader mandate related to youth generally.
3. Can other programs be put on the table to entice community participation - under a no-cost model?
4. Do we want an option on the table that does provide some additional funding for such youth programming, other than the money just for job creation, particularly if the teen parent demos do not get money through welfare reform.
5. If we choose to pursue consolidation of some youth programs, should the resulting blocked grant be part of the mix?

If you are in agreement with the suggestion to have a single youth framework to address safety, skills and teen pregnancy, then we will try to reflect this in the briefing memo for the principals as the "No Cost: Packaging/Consolidation - Youth" option.

THE WHITE HOUSE  
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO  
Assistant to the President for Domestic Policy

WR - Teen  
Pregnancy

To: \_\_\_\_\_

Draft response for POTUS  
and forward to CHR by: \_\_\_\_\_

Draft response for CHR by: \_\_\_\_\_

Please reply directly to the writer  
(copy to CHR) by: \_\_\_\_\_

Please advise by: \_\_\_\_\_

Let's discuss: \_\_\_\_\_

For your information: \_\_\_\_\_

Reply using form code: \_\_\_\_\_

File: \_\_\_\_\_

Send copy to (original to CHR): Bill, Geston, lead

Schedule? :  Accept  Pending  Regret

Designee to attend: Way, Ben-Ami

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201

AUG 26 1987

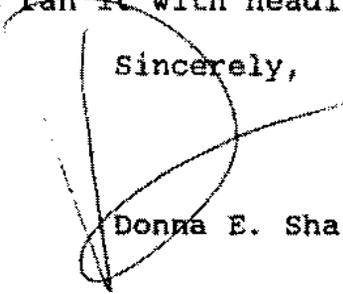
AUG 24 1987

Ms. Carol H. Rasco  
Assistant to the President  
for Domestic Policy  
The White House  
Washington, D.C. 20500

Dear Carol:

Ann Landers wanted me to write her a letter on teenage pregnancy. She printed it last week. Her audience is 90 million from 1200 newspapers. My sister in North Dakota said the newspapers ran it with headlines!

Sincerely,



Donna E. Shalala

Wash. Post; 8-19-94

**ANN LANDERS****DEAR ANN LANDERS:**

I am writing to ask your readers to become active in community efforts to prevent teenage pregnancy. The numbers are shocking. Every 104 seconds, a teenage girl gets pregnant. Four out of five children of teenage mothers who drop out of school live in poverty. This is a national tragedy.

The most important thing we can do to prevent teenage pregnancy is motivate young people to abstain from sex. This is not simply a matter of passing out information. It means taking bold steps to instill healthy attitudes, high self-esteem and credible expectations.

Both young men and women need to be

held responsible for their behavior. We must provide healthful activities such as sports, art programs and jobs. We need to communicate high expectations about abstinence.

We need to address the reasons teenagers get pregnant. Some teens have insufficient education. Some have limited access to health care professionals. Teen pregnancy is often related to a dangerous pattern of abuse against girls.

Teenage pregnancy is a problem of gigantic proportions. To solve it, we need consistent and sensitive leadership from our families, our communities and our civic and religious leaders.

Young people respond to those who are closest to them—parents and teachers,

siblings and friends, coaches and church members. Community members best understand the particular circumstances of young people's lives.

We want to challenge your readers to help safeguard our children's future. Befriend a young person. Organize an enrichment program for youths. Call a meeting of parents in the neighborhood.

Teens need to know that we care.  
Sincerely—Donna E. Shabala, secretary of Health and Human Services  
Dear Madame Secretary:

Thank you for writing. Your message is extremely important. I hope it receives the attention it deserves. Today's teenagers need all the help they can get.

August 1, 1994

Dear Colleague Concerned with Welfare Reform:

Enclosed is a copy of CLASP's **Understanding the Clinton Bill: Teen Pregnancy Prevention and Teen Parents** by Jodie Levin-Epstein. We hope you find it helpful.

Last Friday, the House Committee on Ways and Means Subcommittee on Human Resources held a hearing on welfare reform and early childbearing. Debate was heated on a range of issues from the use of the term "illegitimacy" to the use of data in related research. While the hearing covered some of the broad issues (e.g. is there any research that supports Charles Murray's proposal to eliminate AFDC benefits for families in which the child was born out of wedlock?), it did not delve much into the details of the Clinton bill's teen parent provisions.

As noted in the enclosed publication, there are numerous specific issue areas that deserve debate and discussion: for example, what are the possible implications of the Clinton youth phase-in on teen parents? Will the case management provisions achieve their intent? Are the school participation requirements written to distinguish between the needs of in-school and out of school teen parents? Is the pregnancy prevention demonstration provision likely to let us learn from the work of grantees?

Levin-Epstein's paper explains the different teen pregnancy prevention/teen parent provisions within the Clinton bill: the youth phase-in, the 24 month clock, minor mother live at home requirements, case management, education requirements, and pregnancy prevention initiatives. Levin-Epstein then offers a series of alternative provisions that would address some of the concerns raised by the Clinton approach.

**Understanding the Clinton Welfare Bill: Teen Pregnancy Prevention And Teen Parents** is the second of a new CLASP publications series. The first paper in the series, **Understanding the Clinton Welfare Bill: Two Years and Work** has already been sent to you under separate cover.

Sincerely,

Alan W. Houseman  
Executive Director

**UNDERSTANDING THE CLINTON WELFARE BILL:**

***TEEN PREGNANCY PREVENTION  
AND TEEN PARENTS***

**Jodie Levin-Epstein**

Center for Law and Social Policy  
Washington, DC

July 27, 1994

**UNDERSTANDING THE CLINTON WELFARE BILL:**

***TEEN PREGNANCY PREVENTION  
AND TEEN PARENTS***

**Jodie Levin-Epstein**

**Acknowledgments**

Funding for CLASP's welfare reform effort is provided by the Ford Foundation, The Moriah Fund, the Public Welfare Foundation, the Charles Stewart Mont Foundation, Foundation for Child Support, and the Joyce Foundation.

I greatly appreciate comments and suggestions from Mark Greenberg of the Center for Law and Social Policy and Dan Bloom of the Center for Budget Policy Priorities. I am, of course, solely responsible for the analysis and conclusions in this document.

Center for Law and Social Policy  
Washington, DC

July 27, 1994

## UNDERSTANDING THE CLINTON WELFARE BILL: TEEN PREGNANCY PREVENTION AND TEEN PARENTS

### OVERVIEW

As the debate moves forward on reforming the welfare system, increasing attention is being focused on teen parents. While concern about too-early childbearing is appropriate, some in the public may misunderstand the scope and role of teen parents in the current welfare system. Some may believe that if we could end the phenomenon of teen parenting, we could end welfare.

Only 8% of AFDC households include a teen parent -- there are about 400,000 custodial teen parents receiving AFDC nationwide. Not only are teen parents a small percentage of the current caseload, they are diverse. These teen mothers include those who head households, live "embedded" in another AFDC household, are in school, or have dropped out. Most are 18 or 19 years old. Of all teen parents receiving AFDC, only about 20 percent are age 17 or younger.

While the 400,000 teen mothers are a small percentage of the current caseload, a significant proportion -- 40% to 50% -- of all AFDC mothers had their first child in their teenage years.<sup>1</sup>

It seems reasonable for the welfare system, therefore, to target resources at teen parents in an effort to enhance family stability and employability. At the same time, it should not be assumed that doing so will eliminate the need for welfare. Many who enter the welfare system are older women who never were teen parents. In addition, even if each participated and met all requirements, she might well remain deep in poverty and need income assistance. It also seems reasonable for the welfare system to be interested in enabling youth to prevent unintended pregnancy. While too-early childbearing should be addressed, it should not be expected that even a successful national program would end the need for welfare. This is because even if each teen delayed childbearing until after the teen years, poor women with young children might still face significant economic hardship.

While the Clinton bill is the focus of this text, it must be noted that other bills have been introduced that address teen pregnancy and parenting; some of these bills embrace an unreasoned approach to welfare reform. This unreasoned approach is based on the perception that the system has failed, and contends that any proposed change, no matter how draconian, must be a good change. Thus, those who propose eliminating welfare benefits to young, unwed mothers argue that their approach can't make matters any worse than they already are. Such proposals appear premised on the belief that if government ignores teen parents, they will go away or get married. There is little to no research evidence to support such contentions. Reason suggests that even if the belief held true for some, there would be many young children and mothers left destitute.

Rather than ignore teen parents, the Clinton Administration welfare reform bill focuses attention and requirements on teen parents. It makes demands of teen parents and the welfare system. Further, it boldly tackles adolescent pregnancy prevention. What must be addressed are whether the requirements and proposals are appropriate, likely to be effective, and grounded in reasonable expectations. To understand the teen pregnancy and teen parent provisions it is essential to know the basic elements of the overall plan.

The following is excerpted from CLASP's **Understanding the Clinton Welfare Bill: Two Years and WORK:**

Under the Work and Responsibility Act, a parent who accumulated 24 months of AFDC would (with limited exceptions) be required to participate in the WORK program to receive further assistance. Depending on state choices, a parent participating in WORK could have income so low that her family would still qualify for AFDC to supplement the WORK wages. While many aspects of the program will be controversial, it is important to appreciate that the bill does not propose to end assistance after two years; it proposes to require and provide work after two years.

**A Gradual Phase-In Beginning with the Youngest Parents:** All states would be required to phase in parents born after 1971, and could phase in other categories. The time-limit would only affect **custodial parents**, i.e., not grandparents, aunts, uncles, etc.

**A Twenty-Four Month Clock:** Phased-in individuals would face a 24-month clock before being required to participate in WORK. The clock would be based on months of AFDC by a custodial parent (and months under sanction) after the individual turned 18. The clock would not run during a month of AFDC if the individual met the **minimum work standard**, defined as working in unsubsidized employment at least 20 hours at week (or at state option, 30 hours). The clock also would not run during a month if the individual was not subject to JOBS requirements because she was **deferred**. Deferral categories would be narrower than current-law exemptions. States would be required to **grant extensions** under limited circumstances, and **permitted** to grant extensions in other cases. The twenty-four month clock would be a cumulative life-time clock, but there would be a limited ability to **earn-back** additional months.

**JOBS Rules Changes:** JOBS rules changes would include the use of a narrow set of deferrals (described above) instead of exemptions; eliminating current-law targeting requirements; and a requirement to impose up-front job search requirements on all individuals subject to JOBS requirements who either have non-negligible work experience or have a high school diploma or equivalent; and other expansions of job search requirements. A state would be rewarded if its JOBS participation rate exceeded 55% and penalized if the rate fell below 45%. The penalty would involve a 25%

reduction in federal participation in the cost of the number of cases by which the state fell below the required level.

**WORK Positions for those who Reach the 24-Month Point:** The state would have a duty to create WORK positions for those who reached the 24-month point. A state would be expected to locate and create temporary employment positions with for-profit, non-profit, and public employers.

A state would be penalized if it did not meet a "WORK participation standard." This would be satisfied if the state either generated the number of WORK assignments established by HHS, or met an 80% participation standard.

In WORK, the state would have a duty to pay the higher of the state or federal minimum wage or "the rate paid to employees of the same employer performing the same type of work and having similar employment tenure with such employer." The state could choose the number of WORK hours between 15 and 35 hours a week. WORK wages might or might not make the family ineligible for AFDC. The state would have a duty to ensure that if the individual participated the full number of required hours, the family would not have less income than if it were receiving AFDC with no other income. This amount would be calculated with a disregard of \$120 for work-related expenses (which is the amount of the basic disregard for work-related expenses under the bill).

After every second completed assignment (or after two years), the state would be required to conduct a comprehensive assessment of the individual. Based on the assessment, the state could reassign the individual to deferral status, to JOBS, or to another WORK position; or the state could assign the individual to intensive job search supervised by a job developer. If the individual failed without good cause to apply for appropriate openings, to cooperate with the job developer or employer, or refused a job without good cause, the individual and her family would be ineligible for AFDC or WORK for a six month period.

**Penalties:** Penalties for program violations would be more severe than current law. If an individual required to participate in JOBS refused without good cause to accept employment of 20 or more hours per week (or a higher amount if the state uses a higher minimum work standard), then the individual's family would be ineligible for aid for six months or (if earlier) until the individual accepted employment.

In addition, penalties for violating WORK requirements escalate from a 50% reduction in AFDC for one month for the first failure, to a 50% reduction for three months for the second failure, to full elimination of the grant for three months for the third failure, to full elimination of the grant for six months for any subsequent failures.

In the text that follows, CLASP offers a brief summary of the Clinton bill's teen parent and pregnancy prevention provisions followed by specific comments on each. These provisions are elements of an overall approach premised on two years and WORK. There are serious questions about the wisdom of the Administration's basic approach. The alternatives suggested below offer improvements within the faults of this basic approach, e.g. the time limit clock. Some alternatives offer improvements that would be useful within any bill, e.g. quality case management. While most of the material tracks Title V of the Clinton bill, the Work and Responsibility Act of 1994, a few related items not included in Title V are discussed.

In general, the Clinton welfare bill raises the following teen parent and teen parent pregnancy prevention concerns:

- **The mandatory youth phase-in is highly problematic and premised on a number of questionable assumptions. While our policies should not shy away from serving the "challenging" teen parent population, we should shy from policies that make little programmatic sense even if they are politically popular.**
- Youth phase-in assumes that states will have the capacity to simultaneously overhaul their welfare systems and develop the programs that can address the recognized special needs of teen parents and other young adults.
- Youth phase-in assumes that teen parents and other young adults will be employed on an on-going basis even in the face of research that suggests otherwise.
- Youth phase-in assumes that quality infant and toddler care will be available.

*An alternative provision would require states to phase-in welfare reform through one of a variety of approaches e.g. youth, location, age of child, etc., and would permit state flexibility to choose among the options based on experience and capacity.*

- **Any time-limit clock should not tick while teen parents are in their teen years.**

*An alternative provision would allow teen parents to pursue education and training and initial work experience without imposition of the clock.*

- **The mandatory provision that minor mothers live at home increases the risk that teen mothers will be returned to abusive environments.**

*An alternative provision would retain current law which gives states the option to impose a residency requirement; new provisions could be added to better ensure that abuse is avoided. Grandparent deeming rules should be changed to encourage poor families to stay together.*

- **The absence of a case management ratio renders meaningless provisions regarding quality case management.** This is particularly troublesome in light of the increased demands on states to deliver services to teen parents and in light of the increased and varied requirements made of teen parents;

*An alternative provision would require that states maintain an average ratio of 50:1 which is in keeping with recommendations of national organizations and the ratios established by the states that have begun to develop such rules.*

- **The school participation mandates fail to provide adequate safeguards for teen parents.**

*An alternative provision would recognize that where no appropriate placement is available, a teen parent could be required to pursue an individualized activity plan rather than be placed in a slot that is unlikely to improve the teen parent's circumstances.*

- **The teen pregnancy prevention grants and demonstrations are desirable but expectations should be realistic.**

*An alternative provision would ensure that goals reflect capacity and available research, that sites selected for the demonstration typically offer employment prospects.*

- **Provisions are needed that would:**

*Enable child support obligations of teen fathers to be met through school and job training; and*

*Enable teen parents who are poor and in school to receive child care in order to prevent the need for AFDC.*

## REQUIREMENTS OF TEEN PARENTS IN THE CLINTON WELFARE BILL

**Youth Phase-In.** All states would be required to begin phasing-in the new welfare program with young parents, i.e. parents born after 1971. States could choose to phase-in other categories of recipients, based on date of birth, date of application, or another reasonable basis, in addition to but not instead of the youth phase-in.

**Minor Mothers Live At Home.** States would be mandated to require minor mothers (teens under the age of 18) to live with their parent or legal guardian. Exceptions could be made under certain circumstances and would be the same as under current law, which gives states the option to implement the requirement. States would have 45 days to make the residency determination. The income of a parent/legal guardian would be considered available to the teen parent for purposes of determining AFDC eligibility and benefit levels --under the same formula as current law unless a state changes the income disregard.

**Case Management.** States would be mandated to provide for a case manager for custodial teen parents under age 20. States would have the option also to serve parents beyond age 20. The number of clients per case manager (the case management ratio) should be "sufficiently small."

**Teen Parent Education and Parenting.** States would be allowed to use a bonus/sanction system as part of the educational/skills training requirement for AFDC custodial teen parents and pregnant women under the age of 20 who have not received a diploma or GED. Every school age parent would be subject to JOBS requirements from the moment pregnancy/paternity is established. States may choose to include all pregnant teens and teen parents up to age 21 and could also include those neither pregnant nor parenting. JOBS sanctions would be used unless an alternative is approved by the Secretary.

**Time Limit Clock.** The AFDC time-limited "clock" would begin to "tick" for all teen parents upon their 18th birthday. States would be required to grant "extensions" to those teens receiving Individuals with Disabilities Act services and those participating in structured learning programs (e.g. such programs established under the School-to-Work Opportunities Act) up to age 22.

## PREVENTION OF PREGNANCY IN THE CLINTON WELFARE BILL

**Teen Pregnancy Prevention Grants.** Two types of prevention grant programs would be established. "Mobilization" grants would target about 1,000 schools with the highest concentration of at-risk youth. \$300 million over 5 years with a minimum 20% local match would be available to implement "teen pregnancy prevention models with records of promising results." A national clearinghouse of information about the grant programs and other programs also would be established.

"Comprehensive services" demonstration grants of \$90 million over 5 years with a minimum 10% local match would be available to implement pregnancy prevention programs in up to seven neighborhoods that "educate and support school-age youth (ages 10 through 21) in high risk situations and their family members through comprehensive social and health services, with an emphasis on pregnancy prevention." Both grant programs would be authorized under Title XX.

## CLASP COMMENTS

### YOUTH PHASE-IN

The mandatory youth phase-in assumes that states will have the capacity to simultaneously overhaul their welfare systems and develop the programs that can address the special needs of teen parents and other young adults. While our policies should not shy away from serving the "challenging" teen parent population, we should shy from policies that make little programmatic sense even if they are politically popular.

The Clinton bill would dramatically overhaul the current welfare system. It would fundamentally alter the focus of AFDC and JOBS. It would establish a WORK program for those who do not secure an unsubsidized job after 24 months of AFDC receipt. By the year 2000, it is expected that welfare agencies will have created 394,000 job slots. This would entail establishing relationships with the private sector and developing WORK systems that manage job placement and follow up. It would require states to track time on and off AFDC. Each of these new assignments will place demands on states with little to no experience with either.

In addition, many states have relatively little experience in how to work with teen parents, and many welfare systems have little or no experience in how to work with education agencies. This is true even though the 1988 Family Support Act encouraged states to target teen parents. The GAO report "States Move Unevenly to Serve Teen Parents in JOBS" reviewed the FY 1992 activity in 16 states (which account for 70% of the nation's AFDC teen parents). It found that only 24% of the estimated 144,000 AFDC teen parents in those states had ever been enrolled in the JOBS program. Further, of the 16 states, five strongly emphasized serving teen parents in JOBS, two had a moderate emphasis, and the remaining 9 did not emphasize teen parents at all. In six of these nine states "existing teen parent strategies...or programs did not exist."

Given the magnitude of the systems changes that states would need to implement, it makes sense for a phase-in to ease rather than increase the burden of implementation. For some states with effective programs in place, a youth phase-in may well be appropriate. For other states without experience and without programs that address the special needs of teen parents, a mandatory youth phase-in is probably counter-productive.

The mandatory youth phase-in assumes that a substantial fraction of teen parents and other young adults will be able to find jobs and leave welfare permanently even in the face of research that suggests otherwise.

Results from young parent employment programs provide scant encouragement for the success of the Clinton bill in lifting teen and other young parent families out of poverty and into self-sufficiency and economic well-being.

Of four major test programs, not one succeeded in raising the economic well-being of teen and young parent families:

- The JOBSTART program targeted economically disadvantaged school dropouts, age 17-21, providing them with instruction in basic skills, occupational training, support services, and job placement. JOBSTART produced no statistically significant impact on earnings or employment rates for the cohort of young custodial mothers (*Final Report on a Program for School Dropouts*, Manpower Demonstration Research Corporation, October 1993).
- The Job Training Partnership Act authorized funding for classroom and on-the-job training in occupational skills, job search strategies, etc. A nationwide evaluation of JTPA produced the "clear-cut" findings that, for out-of-school young women (mothers and non-mothers) aged 16-21, "JTPA had virtually no effect on their earnings or employment." At the 24 month point, 71% of the participants were receiving AFDC. (*The National JTPA Study*, U.S. Department of Labor, 1993).
- The Teen Parent Demonstrations provided comprehensive, mandatory programs featuring case management, education, job training and placement, and support services. Lower rates of dependence on public assistance were partly due to sanctions; more than a third of all participants had their grants reduced one or more times because of sanctions. Despite modest earnings increases (averaging \$23/mo.), the participants experienced "little or no measurable change in economic well-being". At the 24 month point, 78.3% of the participants were receiving AFDC. (*Breaking the Cycle of Poverty: The Effectiveness of Mandatory Services for Welfare-Dependent Teenage Parents*, Mathematical Policy Research, Inc., December 1993).
- Interim results from New Chance, a program for high school dropouts who became mothers as teenagers, indicate that participants "have a considerable way to go before attaining self-sufficiency", with no increases in employment rates or earnings after 18 months. At the 18 month point, 82.1% of the participants were receiving AFDC. (*Executive Summary*, Manpower Demonstration Research Corporation, June 1994).

The two years and WORK framework of the Clinton bill raises concerns for any age group; however, for many young parents and teen parents success is elusive even when training and supports are made available. The difficulties that poor teen parent and young parent families

face in securing unsubsidized employment for sustained periods is evident from the research. Clearly, more needs to be done to identify strategies that increase their employability. The Clinton plan, however, is premised on an assumption that few will reach the two year time-limit and participate in the WORK program. The research suggests just the opposite. Most in the mandatory youth phase-in group will likely reach the two year time limit and will dominate the WORK program in its early years.

While teen mothers account for 8% of all "adult" female recipients they represent more than 25% of the original youth phase-in group. In other words, if there is a national phase-in that includes all those under the age of 25, one out of four families (25.7%) will be a teen parent family. Given the special needs of teen parent families and the research findings regarding employment, it is reasonable to anticipate that many will "hit the wall" and be part of the WORK program rather than find and remain in unsubsidized employment. Further, given the fragility of many teen parent families it is reasonable to anticipate that some percentage will have difficulty in maintaining their participation. Thus, it is reasonable to anticipate some number of very young families with infants and toddlers will be subject to the new penalties - including the "full family" sanction in which the entire grant is cut.

Proponents of the youth phase-in contend that it is appropriate to work with younger families first since that focuses the new welfare messages on a new generation. While this has political appeal, the clear message from program research is that the politically attractive message is riddled with program pitfalls. While it is appropriate to place expectations, requirements, and responsibilities on teen parents, it is inappropriate to place the rise or fall, the potential success and the potential penalties of a new national welfare system on teen and other young parents.

**Youth phase-in assumes that quality infant and toddler care will be available. In the bill, custodial teen parents who have not completed their schooling will be deferred for only the first 12 weeks of the infant's life, as would other young parents who conceived a child while on AFDC.**

The Clinton bill makes a series of improvements in the child care arena (e.g., a 10% set-aside in the At-Risk program for supply building and quality improvements and expansion of infant/toddler care in low income neighborhoods as an allowable expense) and increases funding for child care for the working poor. These improvements may prove wholly inadequate in light of the youth phase-in and the child care needs of young parents, including teen parents.

The youth phase-in requires an adequate supply of infant and toddler care specifically, because virtually all of the children of younger parents are very young. While some young parents may be able to rely on relatives, others may not. Further, the youth phase-in should not force parents to utilize infant and toddler care that is of low quality. Available data

suggests that the supply and quality of care for infants and toddlers provide cause for concern:

- A 1991 study found that fewer than 10% of education and care facilities had vacancies for infants, fewer than 16% had vacancies for one-year-olds, and fewer than 30% had vacancies for two-year olds (*A Profile of Child Care Settings, Early Education and Care in 1990*, Kisker, Hofferth, Phillips, and Farquhar, Mathematical Policy Research, Inc., 1991).
- Although research indicates that one adult should care for a maximum of three to four infants, the regulations in 20 states fail this standard. Five states allow seven or more infants per adult (*Education Before School: Investing in Quality Day Care*, Galinsky and Friedman, Committee for Economic Development, 1993).
- A study of state infant care standards for caregiver ratios found that "the variability across the states extends into a range of quality that may pose a risk to children" (Phillips, Lande, and Goldberg, "The State of Child Care Regulation: A Comparative Analysis," *Early Childhood Research Quarterly*, June 1990).
- Many programs for infants and toddlers do not meet professional standards for staff-child ratios; with care in center-based programs for children below three typically worse than for older children. The study concludes that "programs and parents may be accepting lower-quality care in order to make infant and toddler care financially viable" (*Profile of Child Care Settings*).
- Findings from a detailed study of child care needs and experiences of single-parent AFDC families who were clients of the Illinois Department of Public Aid underscore the concerns: only 47.2% of child care centers in high AFDC areas even accept infants and toddlers (compared to 86.9% of family day care providers and 41.9% of relatives and other providers); wait-lists for child care centers in high AFDC areas averaged over half a year (28 weeks) for infants and toddlers (age 0-2); and the average number of weeks children spent on wait lists for family day care providers was 37.2 in high AFDC areas (*Child Care and AFDC Recipients in Illinois: Patterns, Problems and Needs*, Siegel & Loman, Institute of Applied Research, September 1991).

An alternative provision to a mandatory youth phase-in would permit states to phase-in welfare reform through one of a variety of approaches e.g. youth, location, age of child, new applicants etc. and allow state flexibility to choose among the options based on experience and capacity.

## MINOR MOTHERS LIVE AT HOME

**A mandate would put an unwanted burden on states because the state might inadvertently (or negligently) require a minor teen mother to return to an abusive environment; further, there may be no cost savings from implementation.**

Most AFDC teen mothers live with relatives. The Congressional Budget Office, in its 1990 report, *Sources of Support for Adolescent Mothers*, found that of teen mothers age 15-19, about 36% lived with their husband (29% alone with their husband, 7% with their husband and other relatives). Another 46% lived with relatives and fewer than 15% lived alone. The number of minor mothers living without supervision is estimated to be a total of 14,000 (Current Population Survey) to 22,000 (AFDC Quality Control applied to current caseload).

Relatively new research indicates that many minor mothers who leave home may have valid reasons for doing so. A study (Boyer and Fine) funded by the National Center on Child Abuse and Neglect found that in a sample group of young women who had been pregnant as adolescents, 55% reported having been molested and 54% of that group said they had been victimized by a family member. Of the estimated 14,000 minor mothers living alone, a significant percent may need to be exempt. The Clinton bill would mandate those exemptions available in current law.<sup>2</sup>

The Clinton bill includes cost-savings from the minor residency provision after taking into account those that would be exempt. However, at least one analyst believes such savings to be ephemeral. As noted in *Can They Go Home Again: Requiring Minor Parents to Live at Home is Unlikely to Reduce Welfare Dependency* (prepared for the U.S. General Accounting Office by Lesser), "[the estimated] savings<sup>3</sup> would be offset by new administrative costs to implement the requirement as well as increased demand for other government-funded programs, such as Food Stamps and homeless shelters."

**An alternative provision would maintain the current state option (which has been elected and incorporated in the state plans of only 3 states and 2 territories), improve procedures aimed at addressing abuse/neglect, and improve the grandparent deeming formula.**

**Any state that implements a teen parent residency requirement should not delay eligibility determinations while residency is assessed.**

Current law requires that eligibility be determined within a 45 day period following application. This should be maintained. However, the residency assessment should not be restricted to the 45-day period as is the case in the Clinton bill. Such a restriction could have the perverse effect of forcing a state to make an unsound judgement about the appropriateness of a teen mother's living arrangement. Further, when an independently living teen mother is told to return home, she and her family should be allowed a reasonable

period of time (e.g., two months) before relocation occurs. The residency assessment should be the task of skilled staff.

**An alternative provision** would distinguish between eligibility determination and residency determination and provide greater state flexibility with respect to residency determinations.

**The Clinton bill fails to mandate a change in "grandparent deeming" which is needed to help poor families with teen parents receive needed assistance.**

While the Clinton bill gives states the option to improve their step-parent deeming (through improved income disregards) which has the effect of automatically improving the deeming for grandparents, this is insufficient. Instead, the bill should mandate an improved grandparent deeming provision. Leaving the deeming provision as a state option means that improved deeming may not happen - particularly as states confront a major overhaul of the welfare system that puts more requirements on states.

The failure to improve the grandparent deeming formula means that poor families with a teen parent may be left unassisted. The problem with the current deeming formula is that it is primarily based on the amount of the state's standard of need, and the standard of need is often a wholly arbitrary figure far below the poverty line. Applying the standard of need in the deeming formula means that assistance to the minor parent will be sharply reduced or eliminated, even though the grandparent is quite poor.

**An alternative provision** would mandate that grandparent deeming should be set at 130% of poverty (at state option, higher). If a goal of the Administration's approach is to encourage teens to live in supportive environments, then the income counting rules should not be designed in a way that places extraordinary financial pressure on the family members living together.

## **CASE MANAGEMENT.**

**The bill appropriately recognizes that teen parents need case management, but without a case management ratio the provision is meaningless.**

The Administration is to be commended for mandating that case management services be provided to all custodial parents under age 20 who are receiving AFDC. Too often poor teen parents confront multiple barriers to employability and family stability; a caring case manager should be able to help the young parent take advantage of available services and should help the young parent to move forward. However, case management is only advantageous for the program and for the recipient when the case management is effective.

The bill dramatically increases the number of teen parents who will be required to participate. Current estimates indicate that there are about 400,000 custodial teen parents.

In contrast, in an average month in FY '92 not more than 41,000 teen mothers participated or were enrolled in JOBS.

In addition to the new scope of teen parent participation, the bill imposes a series of new requirements on teen parents and case managers. If the case manager is to make living arrangement assessments for minor mothers, provide support to teen parents as young as 13, determine the appropriateness of alternative educational settings, assist with child support issues, identify referrals for mental health needs, assess whether a sanction is necessary and so forth, the case manager's responsibilities may well prove enormous.

Effective case management largely rests upon reasonable case load size. What is evident from experience with the JOBS program is that the absence of a case management ratio leaves the provision meaningless. In the JOBS program, states have varied case management ratios, with some as high as 500:1.

The bill seeks to ensure effective case management merely by requiring that states utilize case managers with the necessary training and assign "a caseload the size of which permits effective case management." The bill then goes on to enumerate a number of case manager responsibilities including assistance to the teen parent in securing a variety of services, monitoring/imposing compliance with program requirements, administering the residency requirement, and providing general support.

While the list of responsibilities is intended to ensure that effective case management be provided, merely listing these responsibilities will likely prove a poor way to ensure quality case management. This is because a task on a list could be accomplished poorly or well. For example, it would be possible to assert that a custodial teen parent has been assisted in "obtaining appropriate services" when the state offered little to no assistance as well as when it offered comprehensive assistance. A state could merely provide a teen parent with a list of services and instructions on how to find possible service providers through available directories. In contrast, another state could develop a working relationship with service providers in order to make more effective referrals that are more likely to impact on the teen parent. Both states would meet the listed responsibility but the latter is clearly more likely to be effective.

A federally established ratio could assist state agencies in seeking state legislative approval. Absent a ratio in federal law, it is unlikely that state legislatures, particularly those with little to no experience with teen parent programs, will be receptive to state proposals for a relatively low case management ratio. A federally mandated ratio would establish a "quantity," e.g. 50:1, in an effort to ensure quality. There is no guarantee that a low number will mean high quality - it just provides a much greater likelihood that an effective case management system will result. Further, the federal ratio does not usurp state initiative in determining how to get the variety of case management functions accomplished. States

could subcontract for such services with local agencies that have a track record in working with teen parents - thereby buying experience and at the same time, not expanding state staff.

A variety of experienced state teen parent programs have begun to specify case management ratios: for example, California's Cal Learn legislation provides for a 40:1 ratio; Illinois' has a 75:1 ratio for one teen parent program which has modest case management responsibilities and a 50:1 ratio for another program with greater responsibilities. In addition a 20:1 case ratio for AFDC minor parents is recommended by the Child Welfare League of America, Family Service America, and the National Association of Social Workers.

An alternative provision would mandate an average 50:1 case management ratio and recognize the need for state flexibility such that an individual case manager could have up to 65 teen parents in the caseload.

### **TEEN PARENT EDUCATION AND PARENTING.**

Recognizing the impact of the LEAP program, the bill gives states the option to establish a bonus/sanction system that encourages school attendance. The bill, however, fails to provide essential safeguards to participants in JOBS or the optional bonus/sanction system. Such safeguards are particularly needed in as much as states would be required to mandate participation in JOBS or a bonus/sanction program whether or not the state believes it has adequate resources.

Under the Clinton bill, all states must mandate teen parent participation in JOBS. Education is the presumed activity. Under JOBS, a teen parent who fails to meet requirements is sanctioned. The bill's sanctions are more severe than current law and include a full family sanction (a cut from all cash assistance) in certain situations. The bill also allows states the option to implement a bonus/sanction system instead of JOBS. States would have flexibility in the design of the bonus/sanction system. It could apply the bonus/sanction system to custodial teen parents (and pregnant teens) through the age of 20. If a state implements a bonus/sanction system, it need not do so throughout the state but may limit it geographically. The JOBS program rules would operate for all other areas.

Findings from the LEAP program in Ohio indicate that LEAP's bonus/sanction system improved school retention of those enrolled in school and school return by some drop-outs (although more than half the drop-outs never returned to school during the first year). Attendance also improved for those in high school but not for those in adult education; at the same time, a significant 13 percent qualified for four or more sanctions and no bonuses. Failure was most evident among those who had dropped out of school more than a year before entering LEAP (often, school drop-out precedes teen pregnancy). The home high school may be clearly unable to effectively enroll a teen parent who has dropped out, and an appropriate slot in an alternative setting may not be immediately available in the community.

The bill's assumption that schools are currently equipped to address teen parent needs is particularly problematic in the provision that teen parent students with disabilities would receive no deferrals (rather, teens receiving Individuals with Disabilities Act services would have up to age 22 before their clock would begin ticking). While federal law establishes that schools must provide appropriate services to students with disabilities, not all do so. Further, students who should be defined as disabled for the IDA may not be identified. No safeguards from sanctions under such circumstances are articulated.

The issue of appropriate placement is particularly important because the Clinton bill removes the flexibility states had under JOBS to determine that resources were insufficient to mandate participation.<sup>4</sup> Thus, under the Clinton bill, even if a state realizes that a particular community is devoid of appropriate programs, that community, like all others, would need to mandate teen parent participation. In addition, since teen parents are part of the youth phase-in, placing teens will be central in a state's ability or inability to meet participation rates. Under the Clinton bill, a state would be rewarded if its JOBS participation rate exceeded 55% and penalized if the rate fell below 45%. The pressure on states will be to place teens, not necessarily to place them in appropriate activities.

While the teen parent should undertake prescribed activities determined in conjunction with a case manager, placement for the sake of placement could have the perverse effect of reinforcing failure for both the teen parent and her child.

**An alternative provision would ensure that case managers assess alternative placements when necessary and, in those situations where no slot is available, defer or exempt a teen parent until such time as an appropriate placement can be found. If the case manager believes that the school is not meeting its disability obligation, she should set in motion appropriate corrective action; but if the school is not complying with the disability law, the disabled teen mother should not be sanctionable. During exemption or deferral, case management should continue and an individualized activity plan developed and followed.**

### **TIME LIMIT CLOCK.**

**The Clinton bill starts the clock when a teen parent turns 18, which is insufficient time to enable the teen parent to develop skills needed for parenting and unsubsidized employment. Failure to start the clock at 20, after the teen parent years, will mean that more WORK slots are held by younger parents.**

If the clock starts ticking upon the 18th birthday, many teen parents will be in the midst of essential secondary education/training. It is advantageous to the state, in the context of a time-limited welfare system, to start the clock later for teen parents. Otherwise, many teen parents, particularly those with the least skills and the greatest multiple barriers will "hit the wall" and become part of (or dominate) the WORK program.

**An alternative provision would start the clock at 20 years of age.**

## **PREGNANCY PREVENTION GRANTS.**

The establishment of a competitive grants program on adolescent pregnancy prevention could, merely through the competitive process itself, generate increased activity targeted on the problem and over time, we should learn more about how to address this problem.

It is bold for the Administration to tackle teen pregnancy prevention. Too little is known about effective strategies for the prevention of the first or subsequent children during the teen years. Enabling schools to test modest programs and providing for a test of comprehensive community strategies is desirable.

The goal of the Teen Pregnancy Prevention Grants should not only be to increase activity targeted at teen pregnancy prevention but also to learn from different models. The 1000 flexible grants will likely provide little insight into which models are effective. A more refined approach is needed that maintains flexibility but offers richer insights at the conclusion of the effort.

An alternative provision would establish a process that would be more likely to provide greater knowledge about effective programs. The same amount of funds could be spent on fewer sites in order to increase the likelihood that we would learn from the programs; instead of 1,000 potentially disparate grants about 150-250 grants would be awarded in clusters by issue area. A mechanism would be established that clusters grants with more money available for each evaluated grantee/subgrantee. The issue area could be defined by HHS or by potential grantees. There are a number of alternative approaches that retain flexibility yet increase the potential for more useful findings:

**General HHS Request for Proposal.** Under this approach, HHS could invite localities to submit proposals without requirements regarding core elements. Instead, the broad goals would be outlined. Once HHS received the proposals, it would group them into issue areas (e.g. peer projects, after-school projects, parent education projects, etc.) and award a number of grants within each selected issue area. The General RFP approach permits localities to promote their issue area of greatest interest.

**Intermediary Multi-Site Replication.** Under this approach, HHS could award grants to a handful of intermediaries (i.e. research organizations, non-profits) who would be responsible for sub-grantees operating same or similar programs around the country. The issue areas could be proposed by potential grantees or identified in advance by HHS.

**State HHS Request for Proposal.** Under this approach, HHS could issue an RFP to states in which a state would serve as an "intermediary" for local

subgrantees. The state would determine what issue area it wanted to address and would oversee the subgrantees that were selected to implement projects.

The reason for limiting the number of grantees/subgrantees and clustering them is to enhance the potential for learning from program implementation. It would be expected that each issue area would be evaluated. Not all sites would be evaluated but a sufficient number would be included to develop credible findings in the issue area.

A number of concerns that do not necessarily need to be legislated but should be considered include:

**Pregnancy Prevention Grants Advisory Group.** It would be appropriate for HHS to establish a group of program operators, policy experts and researchers to advise on the design of the Teen Pregnancy Prevention Grants

**Core components.** The alternative approaches above do not require that HHS establish mandatory core components as is done in the Clinton bill. If core components are established, there is a risk that some innovative programs would not be able to become grantees. At a minimum, the award process should allow for some grantees who do not include core components, if they are established. In addition, the Clinton bill fails to include in its core components, access to family planning services. While all grantees need not include this component, it is clear that access to family planning services is a vital piece of pregnancy prevention.

**Subsequent Pregnancy.** It would be particularly useful if at least one cluster focused on strategies that address subsequent pregnancy. Some models (e.g. home health visits) appear to hold some promise in delaying subsequent pregnancy. HHS should convene a group (perhaps the Advisory Group) of experts on subsequent pregnancy and identify whether and which models appear to be promising. Based on this analysis, HHS should determine whether a cluster should be invited to replicate an existing model.

## **COMPREHENSIVE SERVICES DEMONSTRATIONS**

The comprehensive services demonstrations should enable us to learn more about pregnancy prevention. At the same time, we need to recognize that such a venture is complicated; the research may be able to assert whether or not the combined services were successful but may not be able to pinpoint which services led to success or to failure.

Investment in implementation and evaluation of a comprehensive service program is desirable. We need to know whether comprehensive services make a difference with respect to pregnancy prevention. This is a demanding task. It should be assumed that at least a

year will be spent on planning at the local site and another year spent on operational start up. One of the fundamental questions is whether the "opportunity structure" in a community that offers little opportunity can be changed. Thus, it might well be desirable to include at least one site that combines the Comprehensive Service Demonstration with Youth Fair Chance and/or Empowerment Zone grants.

The evaluations should look at multiple measures e.g. entry into jobs, school completion, and other measures along with teen pregnancy prevention. The goal should be to understand the impact of various "comprehensive" or "saturation" strategies. If we find one or more that are effective we can then subsequently seek to learn whether all of the services or some of the services are essential.

### **SOME MISSING TEEN PARENT PROVISIONS**

**Child Support.** The proposal appears to allow non-custodial parents to participate in JOBS activities at state option. However, such participation will not be considered as meeting the child support obligation. Allowing participation in an appropriate activity to substitute for a child support payment could be particularly useful with regard to non-custodial teen parents who are unable to pay child support. A teen father who is unable to pay his child support could be offered the option of attending school or a training program in lieu of paying child support. In addition, the proposal should be explicit and establish that the case manager should facilitate the custodial teen parent's interaction with the child support agency.

**Child Care.** Child care should be provided for non-AFDC teen parents at risk of needing AFDC (for child care). This investment could be viewed as a vehicle for preventing unnecessary AFDC receipt.

Currently, teen parents who do not receive AFDC may not have access to child care needed for school completion. A teen parent receiving AFDC is entitled to child care under the child care guarantee; however, a teen parent not in the AFDC system may have no source of child care to help her complete school. Thus, one part of a welfare reform package ought to be extension of child care to all teen parents who need care to attend school, without requiring these teens to enter the AFDC system to get child care access.

## ENDNOTES

1. In 1992, about 5 percent of all female-headed families receiving AFDC were headed by current teenage mothers and about 36 percent were headed by former teenage mothers. (Families on Welfare: Focus on Teenage Mothers Could Enhance Welfare Reform Efforts, GAO, May, 1994)

The proportion of all AFDC recipients who were age 19 or younger when they first became mothers is estimated as: 54% in 1975, 55% in 1984, and 51% in 1990. (Facts at a Glance, Child Trends, March 1993)

2. The exceptions to living with a parent or legal guardian are:
  - (i) individual has no parent or legal guardian of his or her own who is living and whose whereabouts are known;
  - (ii) no living parent or legal guardian of such individual allows the individual to live in the home of such parent or guardian;
  - (iii) the State agency determines that the physical or emotional health or safety of the individual or dependent child would be jeopardized if the individual and dependent child lived in the same residence with the individual's own parent or legal guardian;
  - (iv) individual lived apart from his or her own parent or legal guardian for a period of at least one year before either the birth of any dependent child or the individual having made application for aid to families with dependent children under the plan; or
  - (v) the State agency otherwise determines (in accordance with regulations issued by the Secretary) that there is good cause for waiving the requirement.
3. According to Lesser, "at most, the Administration expects the requirement would target 5,600 minor mothers [after exemptions are factored in]. Savings from reducing and eliminating welfare benefits to these teens would amount to \$12 million, annually, less than one-half of a percent of total annual welfare expenditures."
4. Section 402 (a)(19)(E)(i) is deleted and a new provision is substituted. Under existing law, the state agency is required to mandate participation an educational activity (with some exceptions) "to the extent that the program is available in the political subdivision involved and State resources otherwise permit..." The substitute deletes the quoted section.

THE WHITE HOUSE  
WASHINGTON

June 14, 1994

WR Teen  
Pregnancy  
Draft:  
Bill + Gene... hope this  
helps closer to the mark.  
Let me know. NEXT  
STEPS:  
Paul

MEMORANDUM FOR MACK McLARTY  
ALEXIS HERMAN

FROM: BILL GALSTON  
GENE SPERLING  
PAUL DIMOND

SUBJECT: TEEN PREGNANCY PREVENTION --  
Next Steps for Private Entity

CC: CAROL RASCO  
BOB RUBIN  
BRUCE REED

Yesterday, as a major component of the Welfare Reform proposal, the President announced the need for a national campaign to prevent teen pregnancy. As the President noted in his announcement, this is an American challenge -- one that can be met only if families, businesses, churches, youth groups and civic organizations, and peers join together to provide a guiding hand to youth in communities all across the country. Prominent leaders of business, churches, youth and civic groups, foundations, entertainment, sports and the media have expressed a willingness to join to form a private entity -- the Partnership with Youth -- to assist in leading such a concerted national campaign against teen pregnancy. The President has made clear that he wishes to recognize this welcome response to his call.

This memorandum summarizes the background, mission and organization, and next steps in recognizing the formation of such a Partnership with Youth.

I. Background.

? [The increasing number of]  
Children born to unwed teen mothers <sup>present</sup> is a major national <sup>challenge</sup> ~~problem~~.

- The number of births to unwed teen mothers has quadrupled over the last generation, from 92,000 in 1960 to 368,000 in 1992. Most of these teen mothers and their children have been abandoned by the fathers. A majority end up on welfare, often for sustained periods of time, while many drop out of school.
- The harm to the life chances of such teen mothers (and their children) is severe. Almost 80% of the offspring who are born to teenagers before they are married and

graduate from high school live in poverty. In contrast, less than 8% of the children of young persons who defer child-bearing until they have graduated from high school, are twenty years old, and married live in poverty.

The Welfare Reform proposal includes a major teen pregnancy prevention campaign directed by the President. The components include: no separate households for minor parents, strict child support enforcement so that the young fathers can no longer continue to abandon responsibility for their children, a requirement for the teen mothers to get back to school and to make a transition to independence through work, a targeted prevention program focussing on schools with the most at-risk youth, and a national clearinghouse on teen pregnancy prevention to share curriculum, models, and information on what works. As the President stated in his welfare reform announcement yesterday, however, this crisis for family cannot be solved by government action alone.

## **II. Organization and Mission**

The Partnership with Youth would be formed as an independent, non-partisan, non-profit charitable organization. It would be funded entirely by private funds and governed by a prestigious, broadly representative board of trustees. Its honorary chairs could include one or more former First Families.

The mission of such a Presidents' Partnership with Youth could include:

- making recommendations for national youth goals, to complement the national education goals, starting with teen pregnancy prevention
- leading an on-going state, local and community campaign in the media, schools, churches, and youth centers on -- (a) the severe damage to life chances of teen pregnancy, violence and crime, and dropping out of school and (b) the real opportunities for learning, advancing from school to work or college, connecting to jobs, and learning, earning and working to support a new generation of children in nurturing families living a new American Dream rather than a way of life on welfare and in poverty
- engaging all segments of the private sector -- including business, churches, colleges, civic organizations, youth groups, and older peers -- in communities all across the country to participate in the President's proposed program to establish on-going partnerships with youth between the ages of 10 and 18. Such local partnerships can supplement effective teen pregnancy prevention programs in schools by providing continuing coaching, mentoring, parent-youth and peer-group participation (1) to say no to teen pregnancy and other self-destructive behavior, (2) to say yes to opportunities for staying in school, learning, participating in constructive activities after-school and in community service, and (3) to accept responsibility for seizing the opportunities to advance from school-to-work or to college and only then to starting a family. (The Welfare Reform proposal includes a plan to engage National Service participants and youth development workers in assisting such local partnerships with

youth in a minimum of 1000 schools with the most at-risk youth. Providing such safe and nurturing havens to youth after school is also a key component of the prevention portion of the President's Crime Bill.)

The private entity will decide how best to carry out this mission, for example, by establishing state and local chapters; by networking with the growing number of organizations, associations, and constituency groups working to achieve common goals; by creating its own advisory councils and operating sub-groups.

### III. Next Steps

We must proceed with caution to contact persons who have expressed an interest in forming such a Partnership with Youth, lest we inadvertently subject the private entity to the restrictions of the Federal Advisory Committee Act as set forth in the attached memorandum from the Associate Counsel to the President. The structure of the private sector initiative that the President wishes to recognize is therefore modelled after the Lawyers' Committee for Civil Rights under Law or the Partnership for a Drug-Free America rather than the President's Fitness Council.

The first step is to explore the honorary chairs: can one or more former First Families serve in such a capacity? This would enable the private entity properly to be known as the Presidents' Partnership with Youth. The next step is to explore how a small group of independent volunteers -- a steering committee if you will -- wishes to form, define, and govern such a Partnership with Youth. Finally, assuming the private entity forms in a manner that will help to answer the President's call on the private sector, the President may convene the directors of the newly formed Partnership with Youth at an appropriate ceremony in the White House, much as President Kennedy did in 1963 in recognizing the formation of the Lawyers' Committee.

✓ We recommend that Alexis Herman lead these exploratory discussions, assisted by the three of us, Sheryll Cashin(NEC), [Peter Edelman(HHS), Mike Smith (DoEd), and Susan Stroud and Michael Cam~~me~~inez (National Service)]. We believe that the necessary preparatory work could be completed so that the President can recognize the newly formed Partnership within 45 days.

?  
Rusia/Kubie?

THIS FORM MARKS THE FILE LOCATION OF ITEM NUMBER 2  
LISTED IN THE WITHDRAWAL SHEET AT THE FRONT OF THIS FOLDER.