



THE Adolescent Family Life Program:

Program Overview and Profile of Clients



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PRIMARY CARE AND FAMILY HEALTH DIVISION
CALIFORNIA DEPARTMENT OF HEALTH SERVICES

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About the Authors

This project was conducted under the auspices of the Maternal, Child, and Adolescent Health / Office of Family Planning (MCAH/OFP) Branch of the California Department of Health Services. Lori Llewelyn, MPP, and Aldona Herrndorf, MPH, are researchers affiliated with the MCAH/OFP Epidemiology and Evaluation Section (EES) and with the Institute for Health and Aging at the University of California San Francisco. Mike Curtis, PhD, is the Chief of the Surveillance and Program Evaluation Unit in the EES Section of the MCAH/OFP Branch.

Acknowledgements

The authors would like to thank the following people for their important contributions to this report:

AFLP Regional Representatives Gabriele Burkard, LCSW, Charlene Clemens, MPA, Dawn Custer, Nancy Diehl, PHN, Gail Dratch, Jeanette Ferris, Jan Husman, PHN, Shelly LeMaster, Linda Levisen, MS RN, Stephanie Lilly, Christy Lyman, Claire Pisor, Nikki Steele, MA, Irene Vega, and Betty Wetters, for inspiration, assistance in providing the context for understanding the data, and for reviewing the report.

Mark Branagh and John Newstead, Branagh Information Group, for outstanding technical assistance with the AFLP management information system.

And the following staff of the MCAH/OFP Branch: Susann Steinberg, MD, Branch Chief; Shabbir Ahmad, DVM MS PhD, Chief, Epidemiology and Evaluation Section; Anita Mitchell, MD, Chief, Program Section; Nancy Smith, Chief, Operations Section; Eugene Takahashi, PhD, Unit Chief, Epidemiology and Evaluation Section; and Silvia Flores, MSW, AFLP Program Consultant; for their support, input and review of the report.



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Executive Summary

Over the last forty years in California, there has been increasing recognition of the importance of teen health and well-being, both to the teens and their families, as well as for the overall social and economic health of the state. Teen pregnancy and parenthood have been of particular concern for several reasons:

- More than three-quarters of teen pregnancies are unintended. Women with unintended pregnancies are less likely than those with intended pregnancies to seek prenatal care during the first trimester, and more likely to use alcohol and tobacco during pregnancy.
- Children of teen mothers are more likely to be born prematurely and at low birthweight. Low birthweight raises the probabilities of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and other disabilities. Children of teen mothers do worse in school and suffer higher rates of abuse and neglect.
- Long-term follow-up studies of adolescent mothers tend to show that they generally complete fewer total years of schooling, have lower income, and are more welfare dependent than other adolescents.

To address these concerns, the Maternal and Child Health Branch* of the California Department of Health Services established the Adolescent Family Life Program (AFLP) in 1985. The goals of the program are to 1) promote the health and well-being of pregnant and parenting adolescents and their infants by maximizing the use of existing services, and 2) save public funds by preventing the problems associated with preterm births and low birthweight and by reducing long term welfare dependency resulting from school failure/dropouts. AFLP uses a comprehensive case management and mentoring model to assess and address the risks and resources of adolescent clients and their children.

Eligible clients include females younger than 19 years of age who are pregnant and/or have one or more children. Male partners are also eligible if they are younger than 21 years of age and actively involved in the life of their child. AFLP targets a high risk population, including teens with chronic health conditions, non-supportive parents, an unstable home environment, substance abuse problems, mental health issues, academic failure, juvenile justice involvement, gang involvement, and language barriers.

Providers and Funding

As of December 2003, there were forty-three agencies providing AFLP services in forty California counties. They included twenty-four county health departments, two county social services departments, three educational institutions, and fourteen community-based organizations.

* The MCH Branch has subsequently been renamed the Maternal, Child and Adolescent Health / Office of Family Planning (MCAH/OFP) Branch.

Annual MCAH/OFP budget allocations for AFLP agencies are calculated at \$1,697 per client per year for most agencies. The AFLP funds administered by MCAH/OFP are from the State General Fund, federal Title V Maternal and Child Block Grant funds, and federal Title XIX Medi-Cal funds. MCAH/OFP-administered funding is not expected to cover the entire cost of providing services; agencies are also expected to contribute. Agency budgets include in-kind contributions and may include other funding sources such as county general funds, the First Five Commission, and private and corporate foundations.

AFLP agencies currently face severe funding constraints:

- AFLP funding levels have not kept pace with increases in agency operating costs. The AFLP reimbursement rate of \$1,697 per client per year was established in FY 2000-01 and has not been increased since then. In the meantime, AFLP agencies have faced significant increases in their operating costs, including cost-of-living adjustments in salaries and increased transportation costs due to increases in gasoline prices.
- AFLP funding has been reduced, due to state budget cuts (2003) and cuts in the federal Title V budget (2005). Six agencies have stopped providing AFLP services, due to insufficient funding.
- Budget reductions also led to a decline in the number of agencies - and then to the total elimination - of AFLP's sister program, the Adolescent Sibling Pregnancy Prevention Program.

Client Profile

There were 18,139 teens served by AFLP in 2003, of which 96% were female. Over half of incoming clients (57%) were pregnant, and the other 43% already had one or more children. AFLP serves nearly one in five of all women under the age of nineteen who give birth in California each year. A summary description of the client population is as follows:

- Seventy-six percent (76%) were Hispanic, 11% white, 7% African-American, and 3% Asian/Pacific Islander.
- Twenty-six percent (26%) of AFLP clients were under the age of 16 at program entry; 28% were age 16, and 45% were older than age 16.
- Eight percent (8%) were married.
- Almost two-thirds (65%) were enrolled in Medi-Cal, and at least another 11% were eligible but not enrolled.
- Average (mean) duration in the AFLP Program was 18 months.

Highlights of Findings

Early Prenatal Care

- Among AFLP clients who gave birth in 2003, 76% received prenatal care beginning in the first trimester. The achievement of early prenatal care for AFLP clients is complicated by the fact that many clients do not enter the program until *after* the first trimester.
- The most recent and most comparable data for the nation indicates that California is doing relatively well on this measure: 73.3% of teens in California received prenatal care in the first trimester, compared to 69.1% in the United States (average, 2000-2002).

Birthweight

- Among singleton births to AFLP clients, 7.1% were low birthweight, compared to 6.7% for all singleton births to teen mothers in the State (2003). The difference is not statistically significant.
- The most recent and most comparable data for the nation indicates that California is doing relatively well on this measure: 7.3% of all births to teens in California were low birthweight, compared to 9.6% in the United States (all births, including single and multiple; average, 2001-2003).

Teen Births, Repeat Births and Contraceptive Use

- An estimated 11% of AFLP clients had a repeat birth during their tenure in the program. The best comparative data is the nationwide estimate that nearly one quarter of teen mothers have a second birth before turning twenty. This national statistic is not directly comparable to the AFLP repeat birth rate because we are not able to identify repeat births to AFLP clients who are no longer enrolled in the program.
- The proportion of sexually active, non-pregnant female clients in AFLP who were reported to “always use” contraceptives increased from 63% at time of entry into the program to 80% at the most recent follow-up. Of those who were pregnant at program entry, 80% were reported to “always use” contraceptives at the most recent follow-up.
- California teen birth rates – and repeat birth rates – have declined continuously since 1991 and are at historic lows for all age groups of teens and for all racial/ethnic groups.
- Between 1990 and 2002, California led the nation in declining teen birth rates for all racial/ethnic groups, with the largest decline of any state in teen birth rates for Hispanics (-37%) and non-Hispanic Blacks (-60%) and the second largest decline for non-Hispanic Whites (-57%) and Asian/Pacific Islanders (-45%). California’s teen birth rate and repeat birth rate are now both below the national rate.

Educational Continuation

- Among AFLP clients in 2003, two-thirds were in school when they entered AFLP, and two-thirds were either in school or had a high school diploma or general equivalency degree at the most recent follow-up visit. This is a significant achievement among a population of pregnant/parenting teens, many dealing with educational deficits or disabilities, some of

whom are also working to support families or providing childcare for their own children and/or younger siblings.

- Nationwide data on educational continuation rates among pregnant and parenting teens are not available. The closest available data are on high school graduation rates among all teens. On this measure, California is below the national rate: Of the high school class of 2001, 67% of Californians graduated, compared to 70% nationwide.

Service Referrals

- AFLP clients receive an average (mean) of ten referrals over the course of their tenure in the program. AFLP case managers track – for 49 types of service – need for service, referrals made, and whether or not the services were received. Some of the services for which need and referral rates were highest include Medi-Cal, food security and nutrition, family planning, educational support, parenting education, primary preventive healthcare, child care, employment, transportation, and housing.

Conclusion

AFLP promotes the state and federal goals of supporting families and improving adolescent health and well-being. AFLP works with high risk youth, those who are already pregnant and/or parenting, and are at risk for poor birth outcomes, repeat teen pregnancy, and dropping out of school. Many of these youth live in poverty and may also have unsupportive parents, an unsafe/unstable home environment, substance abuse and/or mental health problems, or chronic health conditions. After participation in the program, AFLP clients were more likely to have access to support services related to food security, housing, healthcare, family planning, parenting education, child care, and employment. They were more likely to remain in, or return to, school and to obtain a high school diploma or general equivalency degree. They were more likely to use contraceptives. Among pregnant clients, 96% received prenatal care beginning in the first or second trimester, and, despite their risk factors, they were no more likely than teen mothers statewide to deliver a low birthweight baby.

California compares favorably with other states in most of the areas reviewed here, including early prenatal care, birthweight, and teen birth rates. However, there is still room for improvement in all areas. AFLP's work with teens contributes to California's ongoing efforts to achieve the Healthy People 2010 goals for early prenatal care (90%) and low birthweight (< 5.0%).* Teen birth rates in California (and the nation) are still considerably higher than those for most other western countries.

As a society, we can make investments in services that provide teens with the resources and support they need to prevent unintended pregnancies, to graduate from high school, and to raise healthy children. AFLP has been – and continues to be – an important investment in the health and well-being of our youth and our future.

* Note: These Healthy People 2010 goals are for people in all age groups, not just teens.

Client Stories

(Clients' and case managers' names have been changed to protect confidentiality.)

These stories illustrate the challenges faced by teen parents and the complexities which AFLP case managers have to address as they guide and mentor these teens and their children toward a healthier, brighter future.

Janet

When Janet enrolled in AFLP, she was sixteen years old and two months pregnant. She presented herself with a “tough girl” image and was resistant to receiving any kind of support through AFLP. She had a history of fighting at school and was on the verge of dropping out. She was living with her boyfriend and his brother. Her parents were not supportive of the pregnancy.

The AFLP case manager, Kathy, met with Janet several times before “Janet’s walls began to come down” and they were able to build a trusting relationship. Janet began to participate in an AFLP support group and made new friends there. She’d had few female friends before, and the experience gave her encouragement and confidence.

Over the course of their many meetings, Kathy and Janet discussed educational goals and career prospects. Kathy encouraged Janet to aim for college. From Kathy and the support group, Janet learned valuable life skills and parenting skills. At Janet’s request, Kathy attended the birth of her baby. After the birth, Kathy talked to Janet about family planning options, and Janet decided to get an IUD for long-term birth control.

Janet graduated from high school and started college a year later. Janet’s enthusiasm about college was so contagious that her sister also began to attend. Janet and her baby’s father got married and are now able to provide a stable, loving home for their child. Janet’s father is so proud of her accomplishments that he has offered to help them buy a house.

Maria

Maria, age 15, and her boyfriend, age 17, were enrolled in AFLP shortly after the birth of their daughter. Prior to initiating a sexual relationship with Maria, the boyfriend knew that he was HIV-positive; however, he did not share the information with Maria, nor did he use condoms. At the age of 14, Maria became pregnant. In the course of her pregnancy, she learned that she was HIV-positive. Devastated by the news that their 14-year-old daughter was not only pregnant, but HIV positive, Maria’s parents confronted her boyfriend (and only sexual partner), and he admitted that he was HIV-positive but had not told Maria because he was afraid that she would leave him. *(This story is continued on the following page.)*

Client Stories (Continued)

After the birth of her daughter (who was HIV-negative), Maria went into a deep depression and refused to take her HIV medication. The AFLP case manager, Elena, worked to build a rapport with Maria so that she would feel comfortable discussing her fears and concerns about HIV. Elena called or visited at least three times a week, providing professional referrals and asking what she could do to help, but Maria refused any form of support.

In an effort to come up with an alternative strategy, Elena decided to try working closely with Maria's boyfriend, in the hope that Maria would listen to advice from him. Elena talked to him about the importance of understanding how Maria felt about his not telling her of his HIV infection and about how to motivate and support Maria in taking her HIV medications. Maria began to open up and share her feelings both with her boyfriend and with Elena. Maria realized that Elena did not look down on her because of her illness, as other people had in the past, and she became more trusting of Elena's efforts to help her. In addition to lending an empathetic ear, Elena was able to provide supplies for the baby; transportation to medical appointments; assistance with enrollment in school; and information about HIV, employment, daycare, and other topics of interest.

Maria is now taking her HIV medication, attending school, and working and providing financial support for her family. She has gained weight back to a healthy level, and she smiles a lot. Elena is proud of Maria's determination and perseverance in overcoming all the odds against her and becoming a whole and contributing member of society.

Mai

When Mai enrolled in AFLP, she was fifteen years old and pregnant. She had arrived in the United States from Southeast Asia only 45 days before. She had been raped in a refugee camp and wanted an abortion, but her family was firmly against it. She was very sad and homesick.

The AFLP case manager has assisted Mai and her family in many ways. She has acted as advocate and interpreter. She has helped them understand western medicine and other cultural differences. She has helped with enrollment in school and has made referrals for mental health counseling, food/nutrition (WIC), prenatal and other healthcare services, and parenting education. She has provided transportation to all appointments, and she has guided Mai and her family in the various application processes and stressed the importance of follow through.

The case manager connected Mai to all available resources within two weeks of her enrollment in AFLP. Mai is now attending school and is receiving counseling and prenatal care services. While Mai is still sad and homesick, AFLP has provided her with information and resources that will enable her to make a better life for herself and her baby in her new country.

For more client stories, see pages 20-21.

Program History and Description

Background

Over the last forty years in California, there has been increasing recognition of the importance of teen health and well-being, both to the teens and their families, as well as for the overall social and economic health of the state. Teen pregnancy and parenthood have been of particular concern for several reasons:

- More than three-quarters of teen pregnancies are unintended.¹ Women with unintended pregnancies are less likely than those with intended pregnancies to seek prenatal care during the first trimester, and more likely to use alcohol and tobacco during pregnancy.^{2,3,4,5} Families with an unintended pregnancy are more likely to experience child abuse and intimate partner violence.^{6,7}
- Children of teen mothers are more likely to be born prematurely and low birthweight.⁸ Low birthweight raises the probabilities of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and cerebral palsy; low birthweight also doubles the chance that a child will later be diagnosed as having dyslexia, hyperactivity, or another disability.⁹ Children of teen mothers do worse in school, and suffer higher rates of abuse and neglect.¹⁰
- Long-term follow-up studies of adolescent mothers tend to show that they complete fewer total years of schooling, have lower income, and are more welfare-dependent than other adolescents.¹¹ Adolescent fathers are more likely to achieve lower levels of schooling, and lower actual and occupational income.¹²

California health policy-makers recognize the importance of teen health and well-being, both to the teens and their families, as well as for the overall social and economic health of the state.

Program History

In the early 1980s the Maternal and Child Health (MCH) Branch* of the California Department of Health Services (CDHS) determined that the unique challenges and needs that faced pregnant adolescents were not being met through existing perinatal programs. Lack of knowledge, fear and denial about pregnancy, combined with physical and emotional immaturity, often resulted in the failure of teens to seek and use services available from the various agencies in the community. For teens who were born to adolescent mothers and/or grew up in single parent, low-income families, adolescent pregnancy was frequently considered inevitable and other life options not taken seriously.

To address these concerns, a group of community-based organizations in San Francisco and Los Angeles obtained federal funding for a pilot demonstration project, known as the Adolescent

* The MCH Branch has subsequently been renamed the Maternal, Child and Adolescent Health / Office of Family Planning (MCAH/OFP) Branch.

Family Life Program (AFLP), at three sites beginning in 1982. At the conclusion of the demonstration project in 1985, MCH stepped in and expanded the AFLP to 27 agencies. Funding was open to private non-profit and/or public health and social service agencies including hospitals, health departments, community clinics, universities, and local school districts. In 1988, legislation provided permanent statutory authority for the AFLP Program. Additional funding allocations enabled expansion of the program to 34 agencies in 1991 and to 46 agencies in 1996. The number of agencies remained stable at 46 for nine years, until the number was reduced to 43 in 2003, primarily due to budget cuts.

Program Description

The goals of the AFLP are to:

- Promote the health and well-being of pregnant and parenting adolescents (female and male) and their infants by maximizing the use of existing services, and
- Save public funds by
 - Preventing unintended pregnancy,
 - Preventing premature births, low birthweight, and associated problems, and
 - Reducing welfare dependency resulting from school failure/dropouts.

Eligible clients include females younger than 19 years of age who are pregnant and/or have one or more children. Male partners are also eligible if they are younger than 21 years of age and are actively involved in the life of their child. A client is eligible to continue in the program until age 20 for women and age 21 for men.

AFLP targets a high risk population. While each AFLP agency establishes its own risk criteria to prioritize clients for entry into the program, the suggested list of risk factors includes age less than 16; chronic health conditions such as diabetes, asthma, and eating disorders; non-supportive parents; unsafe/unstable home environment; substance abuse/use; mental health issues; academic failure; juvenile justice involvement; gang involvement; and language barriers. Pregnant or parenting teens are typically referred to AFLP by school nurses, teachers, physicians or other health providers, or CalWorks or Medi-Cal eligibility workers, or by self-referral.

AFLP targets a high risk population.

AFLP uses a comprehensive case management and mentoring model to assess and address the risks and resources of adolescent clients and their children. Each adolescent client is assigned a case manager who works with the teen client to identify the teen's goals for the future, assess the resources needed and currently available, and develop a plan of action for achieving economic self-sufficiency, healthy family and social relationships, and becoming a productive member of her/his community.

Case managers maintain ongoing contact with their clients through at least one home visit each quarter, and a minimum of one contact, preferably a face-to-face meeting, each month. Case managers are also in contact with the client's parents, teachers, and service providers.

AFLP case management covers the following services:

- Physical health
 - Prenatal, maternity, and newborn health care;
 - Health education in the areas of pregnancy, birth, parenting, infant and child health and development, and adolescent development;
 - Referrals for nutrition assessment and counseling, including referral to the Women, Infants, and Children (WIC) Supplemental Nutrition Program;
 - Well child care, including immunizations, health check-ups, dental care, etc.;
 - Care for children with birth defects and developmental disabilities, including referrals to California Children’s Services and medical specialists.
- Mental health
 - Psycho-social assessments and referral to mental health services as needed;
 - Parent education supporting the mental health of infants, including parent-child relationship, responsive caregiving, abuse prevention, developmental needs, and relationship-focused early intervention.
- Education and Employment
 - Maintenance of an academic or vocational program, including academic support;
 - Vocational counseling.
- Enabling Services
 - Safety and security with regard to food, shelter, and prevention and protection from injuries and other forms of violence, including physical or sexual abuse, including appropriate referrals;
 - Youth development, including educational and vocational goals and achievement, financial and social independence, and development of personal and interpersonal skills and resources;
 - Prevention of unintended pregnancy, including referral to family planning services;
 - Domestic/relationship violence assessment and referral;
 - Adoption counseling;
 - Parenting training, including early bonding and identification of risk of abuse or neglect;
 - Special outreach to adolescent fathers and expectant adolescent fathers;
 - Infant day care.

During the 20+ years of AFLP’s existence, research findings about best practices concerning child and adolescent health and teen pregnancy prevention have been incorporated into the program. For example, more attention and emphasis have been given to the promotion of youth development, focusing and building on the adolescent’s strengths and resources rather than the disadvantages related to adolescent childbearing. With the shift in focus towards recognizing youth strengths and potential, there is now increasing recognition that teen motherhood may bring a greater sense of purpose and meaning to a teen’s life and may be a catalyst for responsibility and maturity. Impending

Research findings about best practices have been incorporated into the AFLP Program.

motherhood may provide an incentive to reduce risky behaviors, such as smoking or using drugs or alcohol, and generally re-order one's priorities.¹³

While AFLP has always focused on the mother-baby dyad, the program has been enriched by increasing attention, in the public health arena, to infant mental health and the importance of the first five years of infancy/childhood in promoting optimal child development and school readiness.

AFLP data collection tools are currently being modified to include questions about breastfeeding, physical activity, depression, oral health, and use of seatbelts and infant car seats. While AFLP case managers have always addressed these issues with their clients, there is increased interest in collecting and reporting this information at the statewide level.

Program Coordination

California currently funds three programs that address the health, social, and educational needs of teen parent families – AFLP in the California Department of Health Services (CDHS), the California School Age Families Education Program (Cal-SAFE) in the California Department of Education (CDE), and Cal-Learn in the Department of Social Services (DSS). From the inception of these programs, emphasis has been placed on coordination both within and between departments in order to assure continuity of services without duplication. In addition to collaboration at the state level, the three programs have demonstrated efficiencies of time and money through coordination at the local level, including, in some instances, shared space, staff and data systems.

Cal-SAFE is a statewide school-based program that was established in 1998 and is administered by 141 local education agencies in 447 schools. It provides support services for enrolled expectant/parenting students; services include academic support, childcare, and education on parenting skills and child development. Services that are not funded by AFLP (including childcare and transportation) are available to students through Cal-SAFE. While Cal-SAFE clients may include both AFLP and Cal-Learn clients, case management responsibilities remain with those programs and care is taken to ensure that services are coordinated to maximize available funding.

Based in large part on the success of the AFLP model, the California Legislature established the Cal-Learn Program in 1993 to address the unique service needs of pregnant teens and teenage parents dependent on Aid to Families with Dependent Children (AFDC). In 1998 the AFDC Program was replaced by the Temporary Assistance for Needy Families (TANF) Program. Since 1994, Cal-Learn has been a mandatory program (whereas AFLP is voluntary) for TANF recipients under 19 years old who are custodial parents or pregnant and have not completed their high school education. While all of the 58 counties in California are required to operate a Cal-Learn Program, only 40 California counties currently offer AFLP services. Teens are not eligible for AFLP services while enrolled in Cal-Learn, but may become AFLP clients if they are no longer eligible for cash aid under TANF.

Cal-Learn provides fiscal incentives and disincentives, as well as support services and intensive case management, to help adolescent clients stay in or return to high school or an equivalent program, earn a diploma, and ultimately achieve self-sufficiency. DSS regulations stipulate that intensive case management services be provided in accordance with AFLP Standards and that county welfare departments contract with existing AFLP providers for case management services.¹⁴ Allowable exceptions are when AFLP services are not available, not cost-effective, or the county welfare department has an existing teen parenting program operating under an approved CalWORKs County Plan. The intent of this provision is to assure continuity and coordination of services for pregnant and parenting adolescents who cycle on and off CalWORKs cash aid. As of December 2003, the majority of AFLP provider agencies (38 of the 43 AFLP agencies) also provided case management services to Cal-Learn clients.

Data Sources and Methodology

The Lodestar Management Information System, managed by the Branagh Information Group under a contract with the MCAH/OFP Branch, is a statewide database that has been used for data collection and reporting for AFLP and Cal-Learn since 1988. Information on AFLP clients is reported by case managers. There are six required data collection forms, with completion schedules for each client as follows:

- Intake (completed at the time of client entry into the program)
- Pregnancy Outcome (completed at the conclusion of any client pregnancy)
- Follow-up (completed every six months, based on the age of the index child)
- Service Matrix (completed every six months)
- Client Identification and Update Form (completed whenever there is a change in information such as client address, payer source, case manager, etc.)
- Client Status Change Form (completed whenever there is a change in status, such as the end of participation in the program).

The data in this report pertain to the 17,381 female clients who received any AFLP services in calendar year 2003, based on data available as of May 2004. Intake forms were available for 16,871 clients (97%), and both intake and most recent follow-up forms were available for 12,713 clients (73%). Pregnancy outcome forms were available for 9,286 clients (55%); of these, 3,373 were for births in 2003.*

In analyzing changes in characteristics and behavior of clients over their time in the program, comparisons are made between intake and the most recent follow-up visit. When a client had more than one intake form (reflecting a break in program participation of more than six months), the first intake form was used.

* There were 5,697 births to AFLP clients in 2003; 3,754 of these births were to AFLP clients who enrolled in the Program while they were pregnant, and the other 1,943 births were to women who enrolled in AFLP after they gave birth. Of the 3,754, both intake and pregnancy outcome forms were available, on or before 12/31/03, for 3,373.

Providers and Funding

Overview

As of December 2003, there were forty-three agencies providing AFLP services in forty California counties; they included twenty-four county health departments, two county social services departments, three educational institutions, and fourteen community-based organizations. There were five agencies in LA County, two in Alameda County, two serve more than one county, and one each in thirty-five other counties. The number of clients served per agency in CY 2003 ranged from 55 to 2,000, with a median of 420. See Figure 1 for a map showing counties served by AFLP agencies, and see the Appendix for a list of the agencies.

Forty-three AFLP agencies provide services in forty California counties.

These 43 agencies have a long history of providing AFLP services. Over a number of years, they have established a comprehensive network of teen service providers and, primarily through word of mouth, a reputation among teens as a trustworthy and reliable resource. AFLP grants are not put out to competitive bid because it is important to 1) promote and preserve the expertise agencies have accumulated over time, and 2) maintain continuity for clients in a case management program.

Funding agreements with participating agencies are renewed every 3-5 years, and budgets are negotiated each year. Annual budget allocations are based on 1) need in the geographic area served by the agency, based on teen birth rates and teen demographics, and 2) past agency performance, including number of teens served and services provided.

Expenditures for AFLP, which were administered by the CDHS Maternal, Child and Adolescent Health / Office of Family Planning Branch (MCAH/OFP), totaled \$28 million in FY 2002/03. MCAH/OFP-administered funding sources included the State General Fund (45%), federal Title V Maternal and Child Health Block Grant funds (30%), and federal Title XIX Medi-Cal funds (25%).

Annual MCAH/OFP budget allocations for AFLP agencies are calculated at \$1,697 per client per year. Agencies invoice for actual costs. MCAH/OFP-administered funding is not expected to cover the entire cost of providing services; agencies are also expected to contribute. Agency budgets include in-kind contributions and may include other funding sources such as county general funds, the First Five Commission, and private and corporate foundations. Under Title XIX, local AFLP agencies can claim for Medi-Cal Administrative Activities (MAA) or Targeted Case Management (TCM), both of which are administered through CDHS Medi-Cal.

Figure 1

California Counties with AFLP Agencies and Number of Teen Births per County* 2003



*Number of teens (<= 18 years) with a live birth by county of residence
 Data Source: 2003 Birth Statistical Master File
 Prepared by: California Department of Health Services, Maternal, Child & Adolescent Health/Office of Family Planning Branch

Fiscal Challenges

AFLP funding levels have not kept pace with increases in agency operating costs. On the contrary, state and federal funding cuts between 2003 and 2006 have led to the loss of six agencies and to severe fiscal constraints for the remaining agencies.

The AFLP reimbursement rate of \$1,697 per client per year was established in FY 2000-01, based on a cost study performed by an independent research group in 1999, and has not been increased since then. In the meantime, AFLP agencies have faced significant increases in their operating costs, including cost-of-living adjustments in salaries and increased transportation costs due to increases in gasoline prices. To offset increased costs, the MCAH/OFP Branch enabled local agencies to stretch their funding by allowing agencies, beginning in 2006, to increase the caseload for each case manager from 40 cases to 50 cases. Despite this measure, the gap between the MCAH/OFP reimbursement rate and the agencies' expenditure per client has increased. Agencies have to reassess whether they can continue to be effective AFLP participants with the funds they are currently allocated.

The number of AFLP agencies, after having been stable for several years at 46, declined to 43 during 2003 and down to 40 in 2006. Due to state budget cuts in 2003, funding for two agencies (in Inyo and Plumas Counties) was eliminated, and one agency (in Yuba County) opted out because it was unable to cover the cost of the in-kind requirements. Between 2003 and 2006, three additional agencies (in Santa Barbara, Monterey, and Los Angeles Counties) stopped providing AFLP services, due to insufficient funding. Due to funding cuts, AFLP's training program for case managers has also been eliminated.

AFLP funding levels have not kept pace with increases in agency operating costs. On the contrary, state and federal funding cuts between 2003 and 2006 have led to the loss of six agencies and to severe fiscal constraints for the remaining agencies.

State and federal budget cuts between 2003 and 2006 also led to a decline in the number of agencies - and then to the total elimination - of AFLP's sister program, the Adolescent Sibling Pregnancy Prevention Program (ASPPP). ASPPP served the non-pregnant, non-parenting siblings of clients in AFLP or Cal-Learn, a population known to be at high risk for teen pregnancy.

Profile of Female Clients

Overview

AFLP served 17,381 teen mothers in 2003; their children included 5,697 babies born in that year. AFLP served nearly one in five of all women under the age of nineteen who gave birth in California in 2003.*

AFLP served nearly one in five of all women under the age of nineteen who gave birth in California in 2003.

Clients spent an average of 18 months in AFLP.** Half of all clients participated in the program between six and twenty-six months, with one-fourth participating for less than six months and one-fourth participating for more than twenty-six months.

The average length of time in the program varied considerably by age at program entry. Girls who entered at age 14 or younger stayed an average of 28 months, while those entering at age 18 stayed for an average of 12 months. There was very little variation in the average length of time in the program by race/ethnicity.

* Of the 30,873 births to women under the age of 19 in California in 2003, 3,754 (12.2%) were to AFLP clients, and another 1,943 (6.3%) were to women who would become AFLP clients within CY 2003.

** N=8,504, including all female clients who exited the program in 2003 and for whom exit data were available.

Demographic Profile

The typical AFLP client is a Hispanic female, unmarried and between the ages of fifteen and seventeen at program entry. A little over half of all clients matched this description. For the distribution of clients by age, race/ethnicity, and marital status, see Figure 2.

Seventy-six percent (76%) of clients were Hispanic, 11% were white, 7% were African-American, and 3% were Asian/Pacific Islander. This distribution reflects the population of teens giving birth in California, of which 70% were Hispanic in 2003.

Three-quarters of AFLP clients are Hispanic.

One-quarter of AFLP clients are under age 16.

Twenty-six percent (26%) of AFLP clients were under the age of 16 at program entry; 28% were age 16, and 45% were older than age 16. The age distribution of clients in the four race/ethnic groups was similar.

Eight percent (8%) of clients were married. As expected, marital status correlated with age, with 13% of the clients over age 17 married. There was variation in marital status by race/ethnicity, with 15% of Asian/Pacific Islanders clients married, compared to 9% of Hispanics, 6% of whites, and 1% of African-Americans.

Figure 2

Demographic Profile of Female Clients at Entry into the AFLP Program		
	Number	Percent
Total	16,818	
Age		
< 14	367	2%
14	1,219	7%
15	2,883	17%
16	4,753	28%
17	5,090	30%
18 +	2,559	15%
Race/Ethnicity		
Hispanic	12,645	76%
White, non-Hispanic	1,874	11%
African-American, non-Hispanic	1,169	7%
Asian/Pacific Islander, non-Hispanic	436	3%
Other, non-Hispanic	480	3%
Missing/Unknown	267	----
Marital Status		
Single, never married	15,463	92%
Married	1,314	8%
Other	69	<1%
Missing/Unknown	25	----

Pregnancy and Parenting Status

Just over half of clients (57%) were pregnant at program entry; 55% were pregnant with their first child, and 2% already had one or more children. The other 43% were parenting but not pregnant at the time of entry into the program. See Figure 3.

Among older clients, a larger proportion already had children at program entry, and fewer were pregnant. Among 18-19 year-olds, 58% already had children and 42% were pregnant. Among clients under the age of 15, 29% already had children and 72% were pregnant.

There was some variation in pregnancy and parenting status by race/ethnicity. Whites were more likely than the other racial/ethnic groups to be pregnant at program entry and less likely to already be parenting. Sixty-five percent (65%) of Whites were pregnant at program entry, compared to 52-55% of Hispanics, African-Americans, and Asian/Pacific Islanders.

Of the 9,574 female clients who were pregnant at program entry, most entered the program *after* their first trimester of pregnancy. Twenty-six percent (26%) entered in the first trimester, 41% in the second trimester of pregnancy, and 33% in the third trimester. There were no notable differences by age or race/ethnicity.

Figure 3

Pregnancy and Parenting Status of Female Clients at Entry into the AFLP Program		
(Includes all clients served in 2003)		
	Number	Percent
Pregnancy and Parenting Status		
Pregnant, not currently parenting	9,300	55%
Parenting, not pregnant	7,297	43%
Pregnant and parenting	274	2%
Missing/Unknown	0	-----
Total female clients	16,871	
Trimester of pregnancy at program entry		
First Trimester (1-13 weeks)	2,446	26%
Second Trimester (14-26 weeks)	3,898	41%
Third Trimester (27+ weeks)	3,083	33%
Missing/Unknown	147	-----
Total pregnant clients	9,574	

Education/Employment Status

About two-thirds of female clients (65%) were enrolled in school at program entry. For half of all clients, the last grade completed was Grade 9 or lower. Most (94%) were not working. For more detailed information, see Figure 4.

Figure 4

Education and Employment Status of Female Clients at Entry into the AFLP Program (Includes all clients served in 2003)		
	Number	Percent
Total	16,871	
School Status		
In school	10,932	65%
Not in school	5,818	35%
Missing/Unknown	121	-----
Last grade completed		
Less than grade 6	390	2%
Grade 6 or 7	1,269	8%
Grade 8 or 9	6,562	39%
Grade 10 or 11	7,542	45%
High school diploma, CHSPE, or GED*	870	5%
Other	59	<1%
Missing/Unknown	179	-----
Work status		
Does not work	14,445	86%
Seeking employment	1,257	7%
Working	1,082	6%
In job training	47	<1%
Missing/Unknown	40	-----

*High school diploma, California High School Proficiency Examination (CHSPE), or General Equivalency Degree (GED)

Other Client Characteristics

In addition to being young, unmarried, and pregnant/parenting, many AFLP clients face additional obstacles such as poverty, domestic violence, substance abuse, and juvenile justice system involvement. See Figure 5. These numbers (except for Medi-Cal enrollment) are likely to be under-reported because clients may not be forthcoming with case managers about issues such as physical and sexual abuse, substance abuse, and juvenile justice involvement, especially at the initial visit, which is when these data are collected.

In addition to being young, unmarried, and pregnant/parenting, many AFLP clients face additional obstacles such as poverty, domestic violence, substance abuse, and juvenile justice system involvement.

There are no income eligibility requirements for AFLP, but most clients are economically disadvantaged. The best available proxy for socioeconomic status is eligibility for Medi-Cal. At program entry, 65% of clients were enrolled in Medi-Cal, and at least another 11% were eligible but not enrolled. This suggests that more than three-quarters of AFLP clients had family incomes below 200% of the federal poverty level.

Figure 5

Characteristics of Female Clients at Entry into the AFLP Program (Includes all clients served in 2003)		
	Number	Percent
Total	16,871	
Medi-Cal enrollment	11,021	65%
Client physical abuse (known or suspected)	673	4%
Client sexual abuse (known or suspected)	622	4%
Alcohol abuse	311	2%
Substance abuse	475	3%
Juvenile justice involvement	1,113	7%
Gang involvement (known or suspected)	323	2%

Client Stories

(Clients' names have been changed to protect confidentiality.)

Karla

When Karla enrolled in AFLP at the age of 16, she had a two-month-old son. She lived with her parents, her son, her boyfriend (father of the baby), and other relatives in a small, overcrowded apartment. Karla's parents and boyfriend provided financial support as best as they could, given unstable employment. Karla was in a school for pregnant minors, but wanted to return to a traditional high school and continue her studies. Her boyfriend was not supportive of her educational goals; he wanted her to get a job and help provide financial support. Their relationship was punctuated by frequent arguments, and Karla felt emotionally abused and controlled by her boyfriend. The relationship between Karla and her alcoholic mother was also conflicted, with the mother often supporting the boyfriend. Karla was very nurturing toward her child, but she was confused, sad, and anxious about her other relationships and her future.

Karla's AFLP case manager, Amy, referred her for individual counseling, but Karla declined to go. Next, Amy tried referring Karla to a teen support group. Karla attended the support group and learned about the effects of unhealthy relationships, breaking the cycle of domestic violence, and improving self-esteem. Karla eventually separated from her abusive boyfriend. She worked to improve her relationship with her mother, and her mother became more supportive of her educational goals.

With Amy's support and assistance, Karla returned to a traditional high school and graduated. In response to Karla's interest in college, Amy helped Karla identify and apply for a scholarship. She received a two-year scholarship and is now attending college and working part-time. Her goal is to become a nurse. Based on a referral from her case manager, Karla's son is enrolled in a Head Start program. Karla is now 20 years old and no longer in AFLP; at her last visit with Amy, she expressed much appreciation for the support and services she had received through the program.

Gloria

Gloria is a teen mother who entered the AFLP Program after she delivered twins prematurely, one of them with severe health problems. Gloria and her daughters live with Gloria's aunt and cousin. The cousin is a farm laborer, and they live in housing for migrant laborers. The aunt is supportive of Gloria and helps out with childcare. The family's primary language is Spanish.

One of Gloria's twins was born with infected intestines, which had to be surgically removed. The baby also received a bowel and liver transplant and has had to spend much of her life in the hospital. *(This story is continued on the following page.)*

Client Stories (Continued)

When she is at home, caring for her is a full-time job which includes daily maintenance of a feeding tube, a Broviac tube (for antibiotics), a colostomy bag, and medications dispensed by mouth and injection. Having twins is always a challenge; being a teen mom, with few financial resources, and having a medically fragile baby, makes the situation many times more difficult.

The AFLP case manager, Carrie, has provided emotional support and links to social services, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), family planning services, classes in child development and parenting, and English-as-Second-Language (ESL) classes. She has assisted with transportation to medical appointments and served as translator. She has provided car seats for both girls, along with safety education. She is encouraging Gloria to obtain her high school general equivalency degree (GED).

Carrie has worked with Gloria for two years and is impressed with how Gloria has taken on the role of full-time nurse and parent to her daughters. The family has gone through some very rough times, including many emotional moments when it was not clear whether the medically fragile child would survive, and Carrie has often been there with them to provide practical support and a sense of hope.

Jenny

Jenny was enrolled in AFLP at the age of 17, shortly after the birth of her son. She was living with her mother and three siblings. Her mother had drug abuse problems. The living situation was over-crowded, and financial resources were very limited. Jenny lacked life skills: She had never had a job, she had poor parenting skills, and she was unaware of local resources. Neither she nor her son had medical insurance. She was behind and uninterested in school. She was at high risk for dropping out of school, abusing drugs and alcohol, and getting pregnant again.

The AFLP case manager worked with Jenny on setting life goals and figuring out how to attain them. She supported Jenny in her educational goals. She provided education (and encouragement) on parenting skills, baby and child development, birth control, and other topics.

Jenny has now completed high school and a Certified Nursing Assistant (CNA) program and has full-time employment as a CNA. Jenny and her baby have medical insurance through her job. She has her own apartment. Jenny and her baby's father are engaged and are planning their wedding. Both client and child are happy and doing well.

Process and Outcome Indicators

This report reviews process and outcome indicators in five general areas: early prenatal care; birthweight; teen births, repeat births, and contraceptive use; educational continuation; and service referrals. A rigorous evaluation of the AFLP Program would require comparison of outcomes to a comparable control group that did not participate in the AFLP Program. Such a comparison was beyond the scope of this project. However, we have included comparative data when they are available. For some indicators, such as birthweight, comparisons are made to teen births statewide. For other indicators, such as contraceptive use and educational continuation, comparisons are made of client behavior at entry into AFLP and at the most recent follow-up visit. We have also included data on how California compares to other states.

Early Prenatal Care

California compares favorably to national statistics on early prenatal care for teen mothers. For 2000-2002 (average of three years of data), the most recent period for which comparative national statistics are available, 73.3% of teen mothers in California received prenatal care beginning in the first trimester, compared to 69.1% in the United States. In a ranking of the fifty states from best to worst on this indicator, California was sixteenth.¹⁵

California compares favorably to national statistics on early prenatal care for teen mothers.

Ninety-six percent (96%) of AFLP clients received prenatal care beginning in the first or second trimester (including some who started prenatal care before they entered the AFLP Program). See Figure 6. The achievement of early prenatal care for AFLP clients is complicated by the fact that many clients do not enter the program until *after* the first trimester. Of AFLP clients who were pregnant at program entry, 73% entered the program after the first trimester.

Three-quarters of AFLP clients received prenatal care beginning in the first trimester.

For all teen mothers who gave birth in California in 2003, the percentage who received prenatal care in the first trimester was the same as for AFLP clients: 76%. However, these rates of early prenatal care utilization are not really comparable because 1) many

AFLP clients enter the program after the first trimester, and 2) prenatal care serves as a primary referral source for AFLP.

Figure 6.

Trimester of Pregnancy in which Prenatal Care Began (for Births to AFLP Clients in 2003)		
	Number	Percent
First Trimester	2,506	76%
Second Trimester	647	20%
Third Trimester	135	4%
No Prenatal Care	20	<1%
Total	3,308	100%

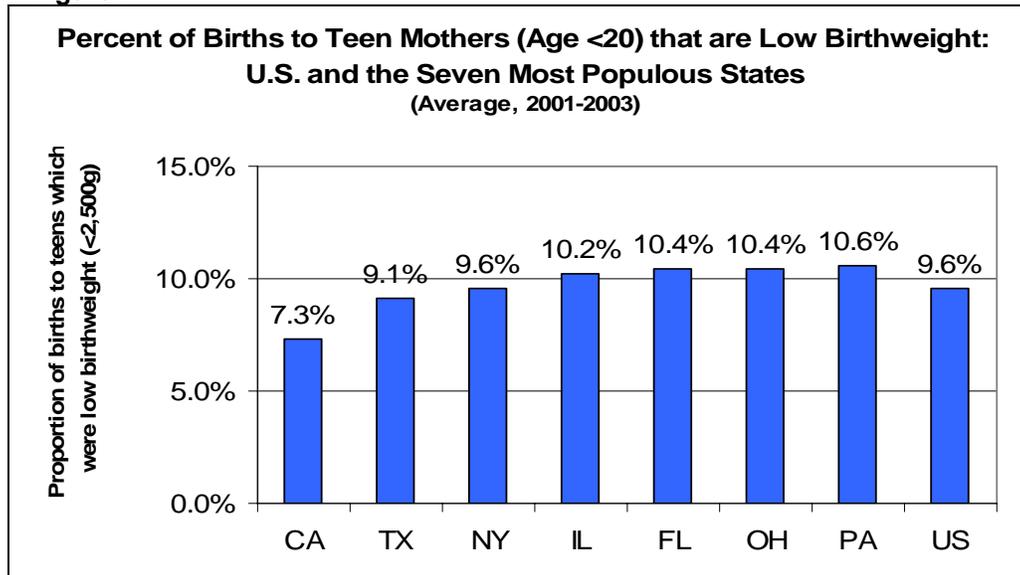
*Of the 3,373 live births to AFLP clients in 2003, there were 65 for whom there was no information about the trimester in which prenatal care began.

Birthweight

California compares very favorably to national statistics on low birthweight among teen mothers.* For the most recent time period for which national comparative data are available (average, 2001-2003), 7.3% of births to teens in California were low birthweight, compared to 9.6% in the United States.¹⁶ Of the seven most populous states, California's rate was the lowest. See Figure 7.

California compares very favorably to national statistics on low birthweight among teen mothers. Of the seven most populous states, California's rate is the lowest.

Figure 7



Source: March of Dimes. Peristats. Available at:
<http://www.marchofdimes.com/peristats/level1.aspx?reg=06&top=4&stop=44&lev=1&obj=8&sty=&e ny=&slev=4&cmp=00&chy=&dv=rcm> Accessed 11/28/06.

Among singleton births to AFLP clients, 7.1% were low birthweight.

Among singleton births to AFLP clients, 7.1% were low birthweight, compared to 6.7% for all singleton births to teen mothers in the State (2003). The difference is not statistically significant. See Figures 8 and 9.

It is difficult to assess the program's effect on birth outcomes due to the lack of an appropriate comparison group and inability to adjust for risk factor differences (non-supportive parents, unsafe/unstable home environment, substance abuse/use, mental health issues, chronic health conditions, etc.) between groups. One risk factor associated with adverse birth outcomes that we can control for is age of mother: in general, the younger the pregnant teen, the higher the risk of delivering a low birthweight infant. Teen mothers in AFLP are considerably younger than teen mothers overall in California. In 2003, two-thirds of teen mothers in AFLP were under the age of 18, while two-thirds of the teen mothers in California were 18 or 19 years of age.

* Low birthweight is defined as less than 2500 grams or 5 1/2 pounds.

Figures 8 and 9 show the proportion of low birthweight babies, in two age groups (under 18 and 18-19), for AFLP clients and all California teens. The percent of births that were low birthweight was lower for AFLP clients in the 18-19 year-old age group and higher for the under-age-18 group. The 95% confidence intervals for both age categories overlapped, indicating that no statistically significant differences were observed.

Figure 8

Number and Percent of Singleton Births that are Low Birthweight: AFLP and State of California, 2003										
	AFLP					State of California*				
Age	Total Births (Nbr)**	LBW Births (Nbr)	LBW Births (Percent)	CI - Lower	CI - Upper	Total Births (Nbr)***	LBW Births (Nbr)	LBW Births (Percent)	CI - Lower	CI - Upper
< 18	2,260	178	7.9	6.8	9.1	16,694	1,269	7.6	7.2	8.0
18-19	992	54	5.4	4.1	7.0	32,622	2,048	6.3	6.0	6.6
Total	3,252	232	7.1	6.3	8.1	49,316	3,317	6.7	6.5	7.0

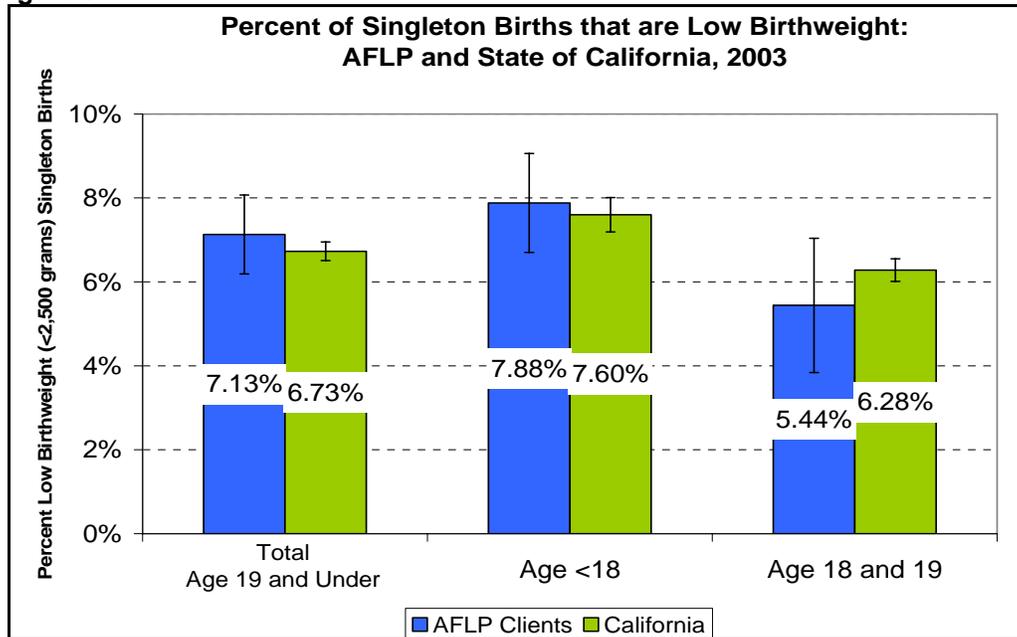
Note: LBW = Low birthweight (less than 2500 grams). CI = 95% Confidence Interval.

*Source: California Birth Statistical Master File 2003.

** Observations containing missing birthweights or birthweights outside the range of 227g and 8650g have been excluded (N=93).

***Observations containing birthweights outside the range of 227g and 8650g have been excluded (N=4).

Figure 9



Note: The I brackets indicate 95% confidence intervals.

Teen Births, Repeat Births and Contraceptive Use

Teen Births in California

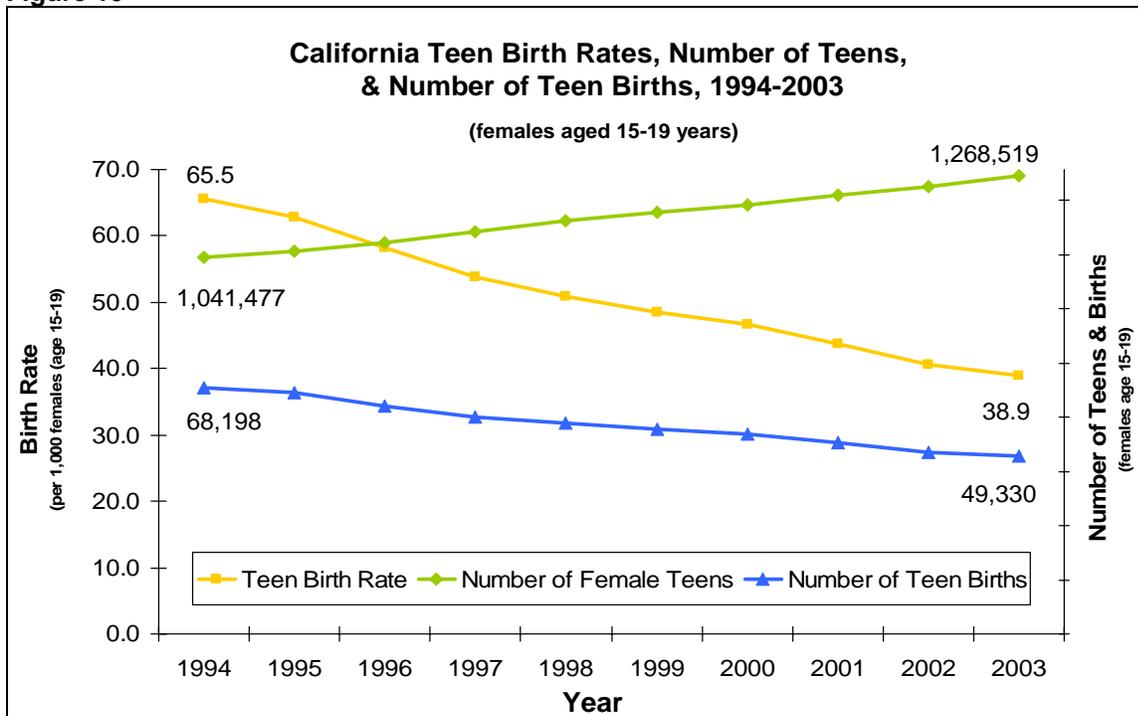
California teen birth rates – and repeat birth rates - have declined continuously since 1991 and are at historic lows for all age groups of teens and for all racial/ethnic groups. The 41% decline in the teen birth rate from 1991 to 2003 was strong enough to offset the increases in the state’s teen population, so that the absolute number of births to teens in California declined each year. See Figure 10. California’s rates of teen birth and repeat births are now both below the national rate.¹⁷

California teen birth rates have declined continuously since 1991 and are at historic lows for all age groups of teens and for all racial/ethnic groups.

Between 1990 and 2002, California led the nation in declining teen birth rates for all racial/ethnic groups, with the largest decline of any state in teen birth rates for Hispanics (-37%) and non-Hispanic Blacks (-60%) and the second largest decline for non-Hispanic Whites (-57%) and Asian/Pacific Islanders (-45%).¹⁸

The decline in the Hispanic teen birth rate is especially important in California because 70% of teen births in California – and 75% of repeat births – are to Hispanic mothers (2003).¹⁹ For 15-17 year olds in California (and nationwide), the birth rate for Hispanic females is still more than five times higher than the rate for non-Hispanic whites and Asian/Pacific Islanders.²⁰

Figure 10



Data Sources. Number of Teens: State of California Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 1990-1999 and 2000-2050* (May 2004). Number of Births: State of California Department of Health Services (CDHS), Birth Statistical Master File, 1994-2003. Prepared by CDHS Maternal, Child & Adolescent Health Branch, October 2004.

Repeat Births to AFLP Clients

An estimated 11% of AFLP clients had a repeat birth during their tenure in the Program.* It is difficult to quantify the impact of AFLP on California's declining teen birth rates because of the lack of appropriate comparative data. The best comparative data is the nationwide estimate that nearly one quarter of teen mothers have a second birth before turning twenty. This national statistic is not directly comparable to the AFLP repeat birth rate because we are unable to identify repeat births to clients who are no longer enrolled in the program. Finding a standard of comparison for AFLP repeat teen birth rates is complicated by the following factors: 1) For clients who have left the program, the incidence of repeat births is not known; 2) For clients active in AFLP at any one point in time, length of time in the program ranges from zero (for new clients, who may also already be pregnant) to several years; and 3) There is no appropriate comparison group for AFLP clients for which data on repeat birth rates are available.

It is estimated that nearly one quarter of teen mothers have a second birth before turning twenty. Available data suggest that AFLP clients have a lower rate of repeat births.

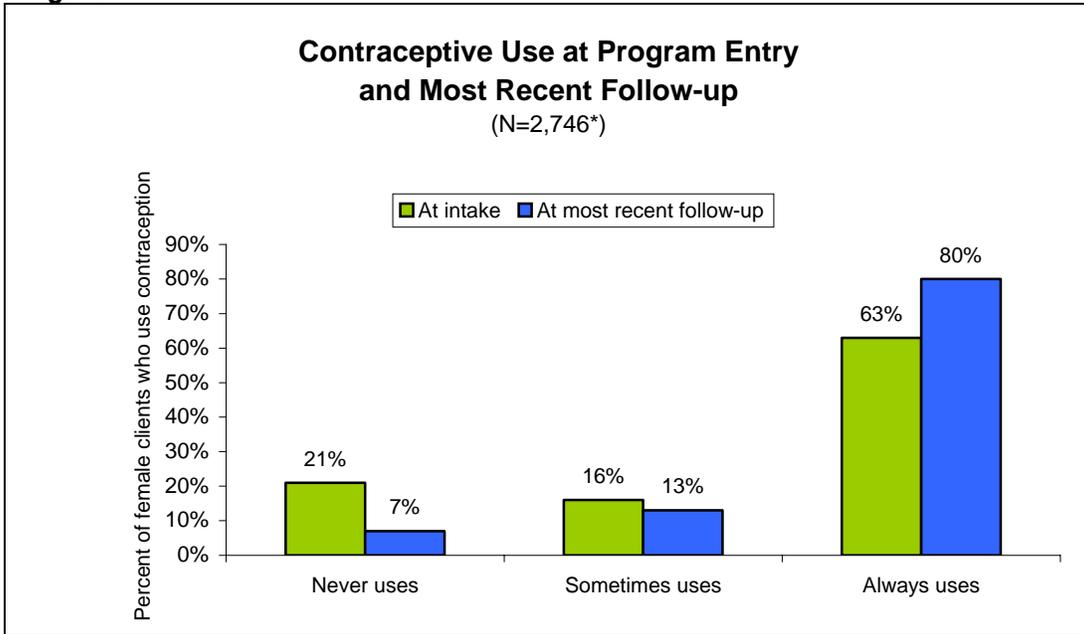
Contraceptive Use among AFLP Clients

The proportion of sexually active, non-pregnant female clients who were reported to “always use” contraceptives increased from 63% at time of entry into the program to 80% at most recent follow-up. The proportion that were reported to “never use” contraceptives declined from 21% at program entry to 7% at most recent follow-up. See Figure 11. Of those who were pregnant at program entry, 80% were reported to “always use” contraceptives at most recent follow-up. See Figure 12.

After participation in the AFLP Program, clients reported more consistent use of contraception.

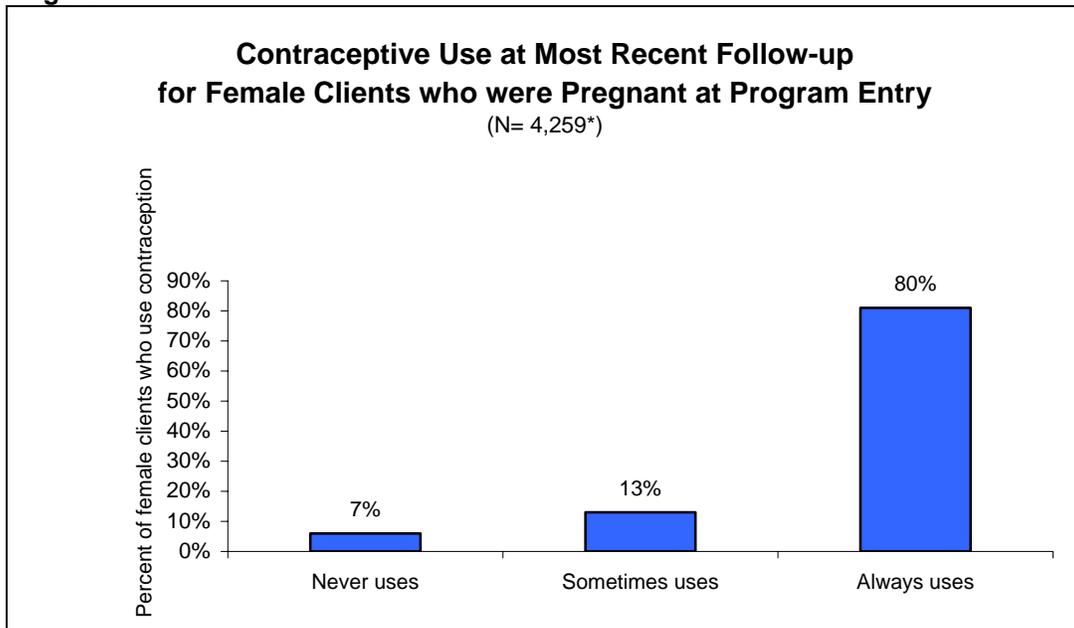
* Among the 7,593 clients active in AFLP in 2003 who had been in the program long enough to have a repeat birth, 11% (822) had a repeat birth at some time during their tenure in the AFLP Program. The 7,593 includes clients who had been in AFLP or Cal-Learn for at least one year (i.e., long enough to get pregnant and give birth); clients who were pregnant at program entry are included if they were in AFLP or Cal-Learn for at least one year after the birth of their index child.

Figure 11



* Of the 12,713 female clients who were active in 2003 and for whom both intake and follow-up forms were available, there were 2,746 for whom data on contraceptive use were available and who were sexually active and not pregnant at both intake and follow-up.

Figure 12

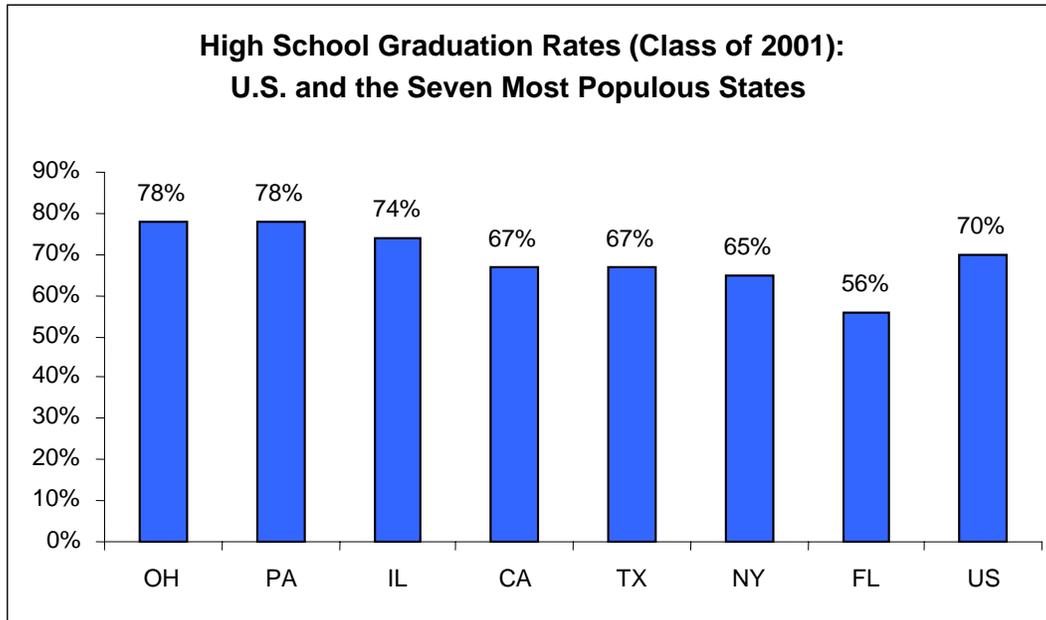


* Of the 6,628 clients who were pregnant at program entry (and for whom data on pregnancy status and contraceptive use were available), there were 4,259 who were sexually active but not pregnant at most recent follow-up.

Educational Continuation

Nationwide data on educational continuation rates among pregnant and parenting teens are not available. The closest available data are on high school graduation rates among all teens. On this measure, California is below the national rate: Of the high school class of 2001, 67% graduated in California, compared to 70% in the U.S. Among the fifty states, California ranked thirty-ninth. Of the seven most populous states, California's rate is in the middle.²¹ See Figure 13.

Figure 13

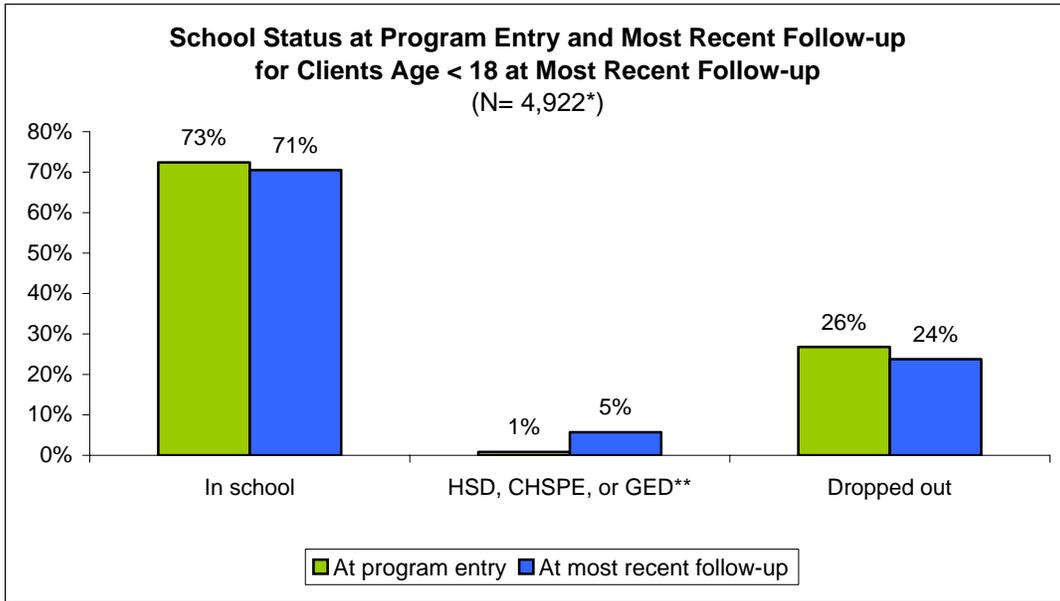


Source: E Jay, P Greene, and G Forster, Public High School Graduation and College Readiness Rates in the United States, Manhattan Institute for Policy Research, Education Working Paper 3, September 2003. Available at http://www.manhattan-institute.org/html/ewp_03.htm. Accessed 8/23/05.

The educational continuation rates of AFLP clients are similar to those for all California teens; this is impressive when one takes into account that all AFLP clients are pregnant and/or parenting. Among AFLP clients in 2003, two-thirds were in school at program entry, and two-thirds were either in school or had the equivalent of a high school degree at most recent follow-up. The following were counted as the equivalent of a high school degree: a high school diploma (HSD), the California High School Proficiency Examination (CHSPE), or a General Equivalency Degree (GED). Changes over time are more clearly illustrated when broken down by age (<18 and 18+), as 18 is usually the age of graduation from high school. See Figures 14 and 15.

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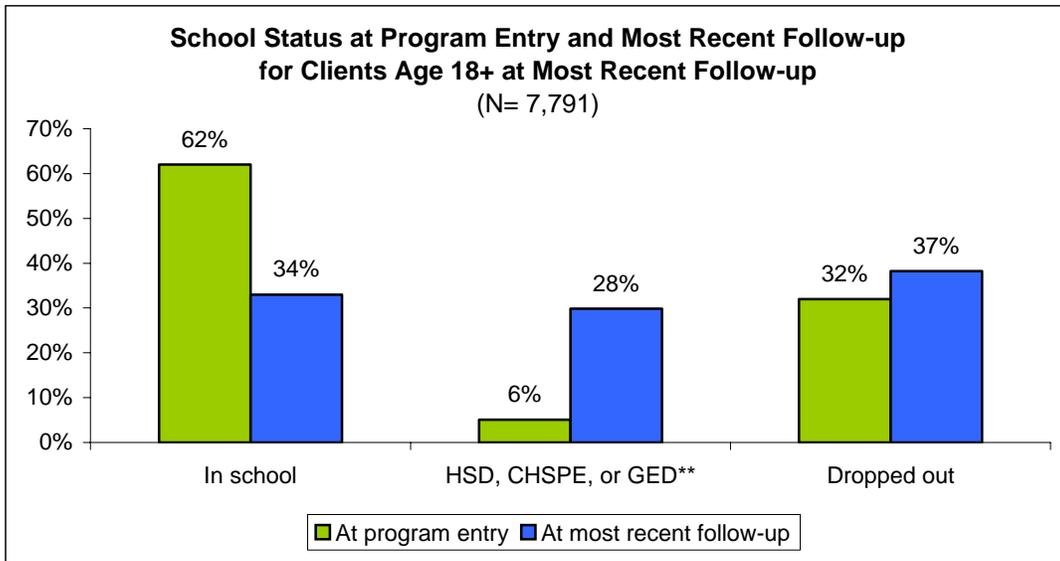
Figure 14



*For the 4,922 clients under the age of 18 at most recent follow-up, educational status was unknown for 25 at program entry and for 143 at most recent follow-up.

**High school diploma (HSD), California High School Proficiency Examination (CHSPE), or General Equivalency Degree (GED)

Figure 15



*For the 7,791 clients age 18 or older at most recent follow-up, educational status was unknown for 67 at program entry and for 221 at most recent follow-up.

**High school diploma (HSD), California High School Proficiency Examination (CHSPE), or General Equivalency Degree (GED).

Among clients under the age of 18 at most recent follow-up, 71% were still in school; 5% had an HSD, CHSPE, or GED; and the other 24% had dropped out of school. The proportion who had dropped out (i.e., didn't have an HSD, CHSPE, or GED, but weren't enrolled in school) declined from 26% at program entry to 24% at most recent follow-up. This is a significant achievement among a population of pregnant/parenting teens, many dealing with educational deficits or disabilities, some of whom are also working to support families or providing childcare for their own children and/or younger siblings.

Among clients age 18 and older, nearly one-third had an HSD, CHSPE, or GED by the time of the most recent follow-up, and one-third were still in school. The proportion who had dropped out increased from 32% at program entry to 37% at most recent follow-up. The higher drop out rate in this age group is not surprising as few youth (even ones who are not parenting) stay in high school after they have turned 19.

Service Referrals

The average AFLP client (who has at least one follow-up visit) receives more than ten service referrals during their tenure in the program. Figure 16 shows the referral patterns for 16 of the 49 services for which AFLP referrals are tracked. More than 90% of clients needed Medi-Cal and WIC services for both self and child, as well as family planning services and educational support services. Some clients were already receiving one or more of these services when they entered AFLP, but of those who were not already receiving the needed services, nearly all were referred through AFLP, and most received services. Most clients also needed, and received, referrals for parenting education, primary preventive healthcare, child care, and employment.

The average AFLP client receives more than ten service referrals during their tenure in the program.

Figure 16

AFLP Referrals							
<p>Note: Table includes 10,761 clients who were served by AFLP in 2003 and had at least one follow-up visit. Table is sorted by the percentage of clients who needed the service. Services are for the client, unless "for child" is indicated.</p>							
	Of those who needed the service:						
Service	Needed service	Did not need service	Need unknown	Were receiving service at AFLP intake	Referred through AFLP / received service	Referred through AFLP / did not receive service*	Not referred**
WIC for child	99%	1%	0%	51%	47%	2%	0%
Medi-Cal for child	97%	3%	0%	37%	59%	3%	1%
WIC	96%	4%	0%	77%	21%	2%	1%
Education	95%	4%	0%	61%	22%	15%	1%
Medi-Cal	94%	5%	0%	67%	27%	4%	2%
Family Planning	93%	6%	1%	25%	56%	16%	2%
Parenting Education	77%	22%	1%	37%	37%	22%	4%
Primary Preventive Health	73%	26%	1%	65%	29%	4%	2%
Primary Preventive Health for child	72%	27%	2%	41%	56%	2%	1%
Child Day Care	61%	37%	2%	15%	60%	21%	4%
Employment	53%	45%	2%	11%	50%	30%	10%
Transportation	47%	51%	2%	38%	42%	14%	5%
Food Stamps	42%	56%	2%	19%	33%	29%	20%
CalWORKs	42%	56%	2%	10%	30%	28%	31%
Housing	38%	60%	3%	35%	32%	30%	4%
Domestic Violence Intervention	12%	85%	3%	11%	35%	48%	7%

*Of those who were referred but did not receive the service, reasons for non-receipt of services included: Client has not yet attempted to access service; Service was not accessible; Client did not follow through; and Client refused service.

**Of those who needed the service but were not referred, reasons for non-referral included: Service not available, Client not eligible for service; and Client not yet referred.

Conclusion

AFLP promotes the state and federal goals of supporting families and improving adolescent health and well-being. AFLP works with high risk youth, those who are already pregnant and/or parenting, and are at risk for poor birth outcomes, repeat teen pregnancy, and dropping out of school. Many of these youth live in poverty and may also have unsupportive parents, an unsafe/unstable home environment, substance abuse and/or mental health problems, or chronic health conditions. After participation in the program, AFLP clients were more likely to have access to support services related to food security, housing, healthcare, family planning, parenting education, child care, and employment. They were more likely to remain in, or return to, school and to obtain a high school diploma or general equivalency degree. They were more likely to use contraceptives. Among pregnant clients, 96% received prenatal care beginning in the first or second trimester, and, despite their risk factors, they were no more likely than teen mothers statewide to deliver a low birthweight baby.

California compares favorably with other states in most of the areas reviewed here, including early prenatal care, birthweight, and teen birth rates. However, there is still room for improvement in all areas. AFLP's work with teens contributes to California's ongoing efforts to achieve the Healthy People 2010 goals for early prenatal care (90%) and low birthweight (< 5.0%).* Teen birth rates in California (and the nation) are still considerably higher than those for most other western countries.

As a society, we can make investments in services that provide teens with the resources and support they need to prevent unintended pregnancies, to graduate from high school, and to raise healthy children. AFLP has been – and continues to be – an important investment in the health and well-being of our youth and our future.

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⁶ Altemeier W, O'Connor S, Vietze P, Sandler H, Sherrod K. Prediction of child abuse: a prospective study of feasibility. *Child Abuse and Neglect.* 8(4):393-400, 1984.

⁷ Maughan B, Lindelow M. Secular change in psychosocial risks: the case of teenage motherhood. *Psychological Medicine.* 27(5):1129-44, 1997.

* Note: These Healthy People 2010 goals are for people in all age groups, not just teens.

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- ⁹ “What Docs Should Know About.... The Impact of Teen Pregnancy on Young Children” August 27, 2004. <http://www.teenpregnancy.org/resources/reading/pdf/tots.pdf>. Accessed 9/04.
- ¹⁰ *Ibid.* Accessed 9/04.
- ¹¹ Kotch J, ed. *Maternal and Child Health: Program, Problems, and Policy in Public Health*. Gaithersburg, Md: Aspen Publishers; 1997.
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- ¹⁴ DSS Regulations, Section 42-762.26.
- ¹⁵ March of Dimes. Peristats. Available at: <http://www.marchofdimes.com/peristats/level1.aspx?reg=06&top=5&stop=22&lev=1&obj=1&sty=&eny=&slev=4&cmp=00&chy>. Accessed 1/21/05.
- ¹⁶ March of Dimes. Peristats. Available at: <http://www.marchofdimes.com/peristats/tlanding.aspx?reg=06&top=4&lev=0&slev=4>. Accessed 1/21/05.
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- ¹⁹ Teen Births: State of California Department of Health Services, Birth Statistical Master File, 2003. Number of Teens: State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, May 2004.
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- ²¹ Jay E, Greene P, and Forster G, Public High School Graduation and College Readiness Rates in the United States, Manhattan Institute for Policy Research, Education Working Paper 3, September 2003. Available at http://www.manhattan-institute.org/html/ewp_03.htm. Accessed 8/23/05.

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Mendocino County County of Mendocino	AFLP
Merced County County of Merced	AFLP
Monterey County County of Monterey	AFLP and Cal-Learn
Napa County Planned Parenthood Shasta-Diablo	AFLP and Cal-Learn
Nevada County Nevada Joint Union High School District	AFLP and Cal-Learn
Orange County County of Orange	AFLP and Cal-Learn
Placer County County of Placer	AFLP and Cal-Learn
Riverside County County of Riverside	AFLP and Cal-Learn
Sacramento County Sutter Health -- Sacramento	AFLP and Cal-Learn
San Benito County County of San Benito	AFLP and Cal-Learn
San Bernardino County County of San Bernardino	AFLP and Cal-Learn
San Diego County San Diego Unified School District	AFLP and Cal-Learn
San Francisco County Family Services Agency of San Francisco	AFLP
San Joaquin County County of San Joaquin	AFLP and Cal-Learn
San Luis Obispo Count County of San Luis Obispo	AFLP and Cal-Learn
San Mateo County County of San Mateo	AFLP and Cal-Learn

Santa Barbara County of Santa Barbara	AFLP and Cal-Learn
Santa Clara County County of Santa Clara	AFLP and Cal-Learn
Santa Cruz County County of Santa Cruz	AFLP
Shasta County North Valley Catholics Social Services (Serves both Butte and Shasta Counties)	AFLP and Cal-Learn
Siskiyou County Siskiyou County Office of Education	AFLP and Cal-Learn
Solano County County of Solano	AFLP and Cal-Learn
Sonoma County County of Sonoma	AFLP and Cal-Learn
Stanislaus County County of Stanislaus	AFLP and Cal-Learn
Tehama County County of Tehama	AFLP and Cal-Learn
Tulare County County of Tulare	AFLP and Cal-Learn
Ventura County County of Ventura	AFLP and Cal-Learn
Yolo County County of Yolo	AFLP and Cal-Learn



State of California
Department of Health Services