Engaging young mothers as partners in case management

AN IMPLEMENTATION STUDY OF CALIFORNIA'S ADOLESCENT FAMILY LIFE PROGRAM WITH POSITIVE YOUTH DEVELOPMENT

April 2023

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Purpose statement

This report presents findings on the implementation of the Adolescent Family Life Program with Positive Youth Development (AFLP-AFLP-PYD) program, an enhanced case management program for young parents operated by the state of California's Department of Public Health, Maternal, Child, and Adolescent Health division (MCAH). AFLP-AFLP-PYD is a one-year, highly structured program for adolescent mothers that incorporates intentional life planning, prescribed content on key topics, and motivational interviewing techniques during twice monthly visits. MCAH received a Pregnancy Assistance Fund (PAF) grant from the Office of Population Affairs (OPA) in 2011 to develop the program, and then a second grant in 2013 to expand the program across the state. Under contract with Mathematica, OPA used the planned expansion of the program to conduct a rigorous study of AFLP-AFLP-PYD program implementation and impacts. This report provides results from the implementation study.

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Suggested citation: Asheer, S., Keating, B., Crowley, J., Zief, S., Weaver, E. “Engaging Young Mothers as Partners in Case Management: Implementation of California’s Adolescent Family Life Program with Positive Youth Development.” Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, 2023.

Prepared for OPA under contract number:
HHSP233201450026A

Disclaimer

This publication was supported by Award No. HHSP233201450026A from the Office of Population Affairs (OPA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS.

Acknowledgements

Many organizations and people contributed in significant ways to this evaluation of the Adolescent Family Life Program with Positive Youth Development program. First, we acknowledge the invaluable support and guidance from the Office of Population Affairs (OPA) in the U.S. Department of Health and Human Services, and especially Amy Farb, the OPA project officer for the Positive Adolescent Futures study. We also thank Evelyn Kappeler, Alexandra Warner, and Callie Koesters for their support and assistance throughout this evaluation effort.

We are grateful to the invaluable assistance and partnership provided by Lissa Pressfield, Mary Campa and Sangi Kabadi at MCAH. Without their support and unwavering commitment, the evaluation would not have been possible. Our thanks also to the team of dedicated case managers and supervisors in all evaluation sites who helped us to better understand the program and its implementation across the state. The remarkable young mothers who work tirelessly as parents, and who also volunteered their time and energy to share their experiences and perspectives for this study, also deserve our tremendous gratitude. We hope that this report does justice to their many contributions. Finally, we wanted to thank Kathleen Tebb at University of California at San Francisco (UCSF) for her assistance throughout the study.

At Mathematica, we thank Valerie Caplan, a former analyst who helped with data collection, as well as Ava Madoff, Jennifer Walzer, and Paul Burkander, who contributed their survey, programming, and data analysis expertise. We are also grateful to Alicia Meckstroth, who provided helpful comments on our report. Brigitte Tran and James Stack created the report graphics, Jennifer Brown and Larisa Wiseman edited the final report, and Cindy Castro produced it.

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I. Introduction

Over the last decade, programs serving adolescents have experienced a shift toward using an evidence-informed positive youth development (PYD) approach to promote better health and education outcomes (Catalano et al. 2004; Bowers et al, 2015; Lerner and Lerner 2013; Gloppen et al. 2009). The PYD framework sees adolescents as active partners who bring their own voice, values, and resources for defining a path to success, rather than as passive program recipients with problems that need fixing (Zarrett et al. 2008). Critical elements of the PYD approach include building competence for independent decision making, developing adolescents' confidence through skill building, identifying and using their strengths and values to set and meet specific goals, and encouraging self-care and self-advocacy.

Although teen birth rates are much lower now than they were 10 years ago, the decline in repeat birth among adolescents has been markedly slower (Dee et al. 2017). In California, though the overall adolescent birth rate declined 70 percent between 2000 and 2017 (to 14 births per 1,000 females ages 15 to 19), the percentage of repeat births among the same population declined by just 24 percent (California Department of Public Health 2019). Repeat pregnancies among adolescents have been associated with increasing negative educational and health outcomes, birth complications such as risk of low birth weight and child mortality, and the risk of additional adverse consequences compared to adolescents with one child (Stevens et al. 2017; Manlove et al. 2004). Repeat births also often perpetuate the cycle of poverty and health disparities (Manlove et al. 2004). Using the PYD framework to help expecting and parenting adolescents may nurture and strengthen protective factors, reduce risky behaviors and the chances of a rapid repeat pregnancy, and foster educational and economic success, resiliency, and strong social relationships in the longer term (Catalano et al. 2004; Masten 2014; Benson et al. 2011).

For more than three decades, the state of California's Maternal, Child, and Adolescent Health division (MCAH) oversaw a case management program for expectant or parenting adolescents, called the Adolescent Family Life Program (AFLP). A variety of community-based organizations, local health care agencies, and school districts across the state implemented the program. Case managers met with participating young mothers and/or fathers once a month to discuss their needs and goals related to education, health, and parenting, and to provide relevant resources and referrals. Expectant or parenting adolescents could stay in the program for two years. There were few requirements or expectations for staff to follow, so the quality, content, and structure of the visits could vary considerably by location and case manager.

In an effort to consistently integrate PYD elements and strategies, MCAH sought to redesign and standardize AFLP and examine its effectiveness (Pressfield et al. 2020). After receiving a Pregnancy Assistance Fund (PAF) grant in 2010, MCAH developed and piloted a new version of the program in 11 implementing agencies that incorporated a new PYD approach within much more structured program sessions using a specific sequence of activities. The new model was more intensive—with visits two times a month instead of monthly—over a one-year period. Case managers were expected to use motivational interviewing (MI) while covering four key content

areas: healthy relationships, family planning, education and workforce, and access to health care. Lessons from the pilot led to multiple program refinements, which were finalized in 2014.

In 2013, MCAH received a second PAF grant, and agreed to participate in the Federal Evaluation of Selected Programs for Expectant and Parenting Youth (PEPY), funded by the Office of Population Affairs (OPA) and conducted by Mathematica. The evaluation was designed to examine the effectiveness of the new version of AFLP that incorporates the AFLP-PYD approach (AFLP-PYD) in influencing key outcomes, compared with the original program model, or business as usual (AFLP) (Figure I.1). Working closely with MCAH, Mathematica recruited 13 agencies (operating in 15 locations or sites) to participate in the study.[1] Implementing agencies were geographically dispersed across the state and varied in terms of size, reach, and populations served (Figure I.2). In two larger sites, mothers were individually randomized to receive either AFLP or AFLP-PYD. Among the remaining sites or locations, seven were randomly assigned to deliver only AFLP-PYD and six to deliver only AFLP.

In total, the evaluation team randomly assigned and enrolled 1,330 expectant or parenting adolescent mothers in the study, of whom 698 received AFLP-PYD and 632 received AFLP or business as usual. Two sites began enrollment and programming in late 2014, followed by the remaining sites over the course of the following year. Study enrollment ended in February 2017.

Figure I.1. The federal evaluation of AFLP and AFLP-PYD in California

Overview: This study is part of the national multiyear Evaluation of Programs for Expectant and Parenting Youth.

Recruitment and data collection:

The study team recruited 1,330 expectant and parenting females in the 15 operating sites from December 2014 to February 2017, and randomly assigned and consented 698 youth to the AFLP-PYD program and 632 to the AFLP program.

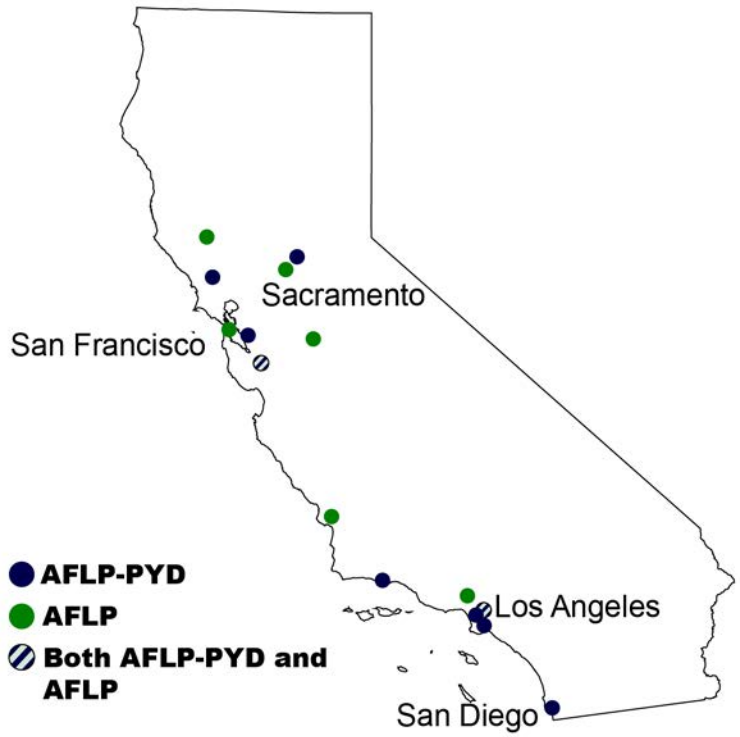
Study participants completed surveys (1) when they enrolled in the study; (2) about 12 months after enrollment; and (3) about 24 months after enrollment.

Impact study: This study examines the impact of the program on measures of exposure to information on healthy relationships, family planning, education and workforce, and access to health care; contraceptive knowledge; health of parent and child; high school enrollment and completion; resiliency; relationships with supportive adults; referrals and linkages to services; employment; prevalence of unprotected sex, contraceptive use, and subsequent pregnancies; and diagnosis of sexually transmitted diseases.

Implementation study: A complementary study component takes an in-depth look at program design and implementation through interviews, focus groups, observations, document reviews, and administrative records.

[1] Through a statewide RFP process, MCAH ranked agencies delivering AFLP based on the level of risk in their target communities and their need for adolescent sexual and reproductive health services. MCAH developed and used the California Adolescent Sexual Health Needs Index (CASHNI) to determine each applicant community's level of risk and need for services at the Medical Service Study Area (MSSA) level. This index allowed MCAH and others to focus available resources for primary and secondary adolescent pregnancy prevention programs to areas across the state with the greatest need for sexual and reproductive health services and supports. The selected sites for the evaluation were the highest-need sites that had not already participated in the AFLP-PYD pilot.

Figure I.2. Sites participating in the study of AFLP and AFLP-PYD



In this report, we present findings based on the study of AFLP and AFLP-PYD implementation from early 2015 through early 2017. The findings are intended to aid the interpretation of the results from the forthcoming impact study. The study set out to examine the following:

1. The local context in which AFLP and AFLP-PYD were developed and implemented
2. The intended model for AFLP-PYD and how the redesigned version would be different from AFLP
3. The characteristics of staff who delivered the programs and how they were trained and prepared
4. How AFLP and AFLP-PYD were implemented on the ground and how program delivery compared with what was intended
5. The characteristics and experiences of adolescent mothers with AFLP and AFLP-PYD
6. The challenges, successes, and key lessons learned about AFLP-PYD, compared with AFLP

To collect data for the implementation study, the study team used several sources and engaged with multiple respondents across the participating sites to ensure that a variety of perspectives were included (Figure I.3).

Figure I.3 Sources of data for the implementation study of AFLP and AFLP-PYD

	Interviews with MCAH leadership and site managers
	Interview with case managers
	Focus groups with mothers
	Staff survey administered to case managers
	Observations of case manager visits with young mothers conducted by study team members
	Review of randomly selected case files and program materials conducted by study team members

In addition to discussions with the frontline staff or case managers who conducted the AFLP or AFLP-PYD visits, the team conducted interviews with MCAH leadership staff, program directors who managed the programs, and supervisors who oversaw the day-to-day operations and communicated with MCAH.[2] The adolescent mothers who received AFLP or AFLP-PYD participated in focus groups to share their feedback and experiences related to the programs. The

[2] In the two larger sites where youth were randomized individually, supervisors or other leadership staff oversaw both AFLP and AFLP-PYD case managers.

program's case managers also completed a staff survey about a year after implementation began to provide important information about their backgrounds, training, and experiences with the program. Finally, the study team observed a small number of case manager visits with the young mothers and conducted a review of randomly selected case files to gain a richer perspective about what each program looked like on the ground. Depending on the size of the agency, scheduling constraints, and staff turnover, the number of interviews and observations conducted varied across each site (see Appendix for more information on the number of respondents for each data source).

In Chapter II, we describe the design of AFLP and its fit within the local context in California. In Chapter III, we present the redesigned version of the AFLP program, incorporating the AFLP-PYD approach and how it contrasted with the original, "business as usual" model. In Chapter IV, we discuss the training and preparation that staff received to deliver the two programs. In Chapter V, we describe AFLP and AFLP-PYD program delivery from the perspective of the staff who implemented them, and in Chapter VI we present the characteristics and perspectives of the mothers assigned to receive AFLP and AFLP-PYD. We conclude the report by summarizing key lessons learned from program implementation and considerations for future refinements and replication of California's AFLP-PYD model.

II. The context for evaluating AFLP in California

The Adolescent Family Life Program (AFLP) began over three decades ago as a case management program for expectant and parenting adolescents in areas of California with the highest teen birth rates. AFLP aims to help teens delay repeat pregnancies, complete high school, improve their health and the health of their child, and improve their support networks. Administrators of the AFLP program sought to enhance the model to more consistently align with best practices, study its effectiveness, and ensure its sustainability. In this chapter, we describe the AFLP model before its redesign, as well as its fit within the broader service context in California.

A. AFLP is an important resource for young parents and their families statewide

In California, the lead agency charged with designing and implementing interventions for expectant and parenting adolescents is the California Department of Public Health's Maternal, Child, and Adolescent Health (MCAH) Division. MCAH receives federal funding from several sources within the U.S. Department of Health and Human Services, including the Health Resources and Services Administration Title V Maternal and Child Health Block Grant (Title V), the Substance Abuse and Mental Health Services Administration, and the Administration on Children, Youth, and Families. MCAH partners with 61 locally run MCAH programs, called local health jurisdictions (LHJs). LHJs complete comprehensive needs assessments every five years to help the state set priorities and delineate resources. MCAH's goals include improving health outcomes for women of reproductive age, reducing infant morbidity and mortality, improving adolescent health, and increasing access and utilization of health and social services.

AFLP has long been a mainstay of MCAH's services for adolescents and their families. The voluntary program, which began in 1985, was designed to support expectant and parenting adolescents over a two-year period through monthly case management visits (Figure II.1). During their visits with these adolescents, case managers cover five key topics: health, nutrition, education, parenting, and psychosocial skills. Case managers are expected to discuss family planning during visits, particularly if mothers bring them up, but there is no prescribed content associated with the topic. Although there is no explicit or formal, structured curriculum, many AFLP case managers have been trained in motivational interviewing and other methods for engaging with young mothers or fathers (Pressfield et al. 2020). AFLP aims to improve several core outcomes among the adolescents it serves: delaying repeat pregnancies, completing high school, improving the health of both the parent and child, and improving linkages and networks of support for expectant and parenting teens. The program serves adolescents who are younger than 19 and are expecting or parenting a child; participants are primarily female, but male adolescents are also eligible. AFLP does not have specific income requirements, but it primarily serves low-income, high-need families. Participants either age out at 19 (or at age 20 with an extension) or exit the program after 24 months of service.

Figure II.1. The AFLP program in California

	AFLP
Length of the program	24 months
Frequency of visits	Once a month
Maximum caseload	40 young parents
Structure	Loosely structured, with few required activities1
Methods	None required; dependent on agency and case managers
Required content topics	Health, nutrition, education, parenting, and mental health

The case managers who implement the program work for a variety of different agencies, including county health departments, county departments of social services, hospitals, schools, and community-based organizations (CBOs). AFLP case managers carry a maximum caseload of 40 clients and receive site-based training and supervision. Flexibility is a key feature of the AFLP program, as it allows agencies and their case managers to determine visit content that is relevant for their population, as well as draw on their individual skills, experience, and the resources available in the community (See Chapter IV for details on AFLP staff skills and experience).

B. California provides a number of additional services to young families, but budget cuts have taken a toll

In addition to AFLP, MCAH oversees and implements several other related programs. Unlike AFLP, these focus primarily on young families, rather than adolescent parents. The California Home Visiting Program (CHVP) provides comprehensive, coordinated in-home services to support positive parenting and to improve outcomes for families residing in identified communities throughout the state. In addition, the Black Infant Health Program provides case management to African American women who are 18 and older and up to 30 weeks pregnant at the time of enrollment.

Beyond the programs that MCAH oversees, the state of California operates other programs that support expectant and parenting adolescents, which often interact with AFLP services. Cal-SAFE provides school-based child care and support services to expectant and parenting adolescents enrolled in school. CalWORKS is the California implementation of the federal TANF program; it provides cash benefits to families in which at least one parent is unemployed, disabled, continuously absent, in jail, or deceased. The program is available to parents who are U.S. citizens or who meet residency requirements. Cal-Learn is a mandatory program for pregnant and parenting adolescents younger than 19 who receive cash aid or CalWORKS

benefits. With the goal of helping parents complete high school, the program provides for child care, transportation, and educational expenses, and gives participants bonuses for good attendance, good grades, and completing high school.

Of the 13 organizations participating in the study, eight structured their programs so that adolescents who were eligible for the state's Cal-Learn program received their case management through either AFLP or AFLP-PYD. In these sites, the study team also enrolled mothers participating in Cal-Learn, and the same case managers served AFLP as well as Cal-Learn clients. Since Cal-Learn is a mandatory program for adolescents receiving welfare benefits, mothers enrolled in Cal-Learn also had to meet additional educational and income requirements beyond completing their case management visits.

State budget cuts in the last decade resulted in instability in the service landscape for young families in need. Although California is often considered a resource-rich environment for teens and their families, decreases in funding had limited the scope of several key programs and affected demand for improved access to and quality of services (Malvin et al. 2013). For example, the state's fiscal crisis resulted in significantly reduced financial support for AFLP starting in 2009. The program's budget, which was $19.2 million in the 2007–2008 fiscal year, decreased by almost half to $10.9 million in the 2011–2012 fiscal year (Malvin et al. 2013). AFLP served 18,000 adolescents in fiscal year 2008–2009 but was able to serve only 4,900 teens in 2011 and 2012 as a result of these cuts (AFLP 2011 Program Data). The PAF funding came at an opportune time for the state to revisit and improve the services it delivers under AFLP.

III. The new AFLP-PYD program in California

Beginning in 2010, MCAH launched an effort to redefine and standardize AFLP across the state to promote better outcomes for young parents. Starting with a foundational emphasis on positive youth development principles, the new model added prescribed content and methods, as well as a more intensive visit structure to be delivered over one year rather than two. In this chapter, we present background on the development of the new program, the intended design of the AFLP-PYD model, and its targeted short- and long-term outcomes.

A. MCAH created a new version of AFLP and conducted a pilot to refine it based on formative feedback

In 2010, MCAH applied for and received its first Pregnancy Assistance Fund (PAF) grant from OPA to develop and pilot a new version of AFLP. In redefining the model, MCAH examined the growing body of literature highlighting the importance of using a positive youth development (PYD) and strengths-based approach rather than one that focuses on risks and deficits (Catalano et al. 2004; Lerner et al. 2009, Gloppen et al. 2009). In particular, a review of effective PYD programs defined some of the key elements that are most common among these programs: a focus on building competence, building self-efficacy, and using prosocial norms, such as goal setting (Catalano et al. 2004). Building on these evidence-informed positive youth development principles, MCAH designed a new program that (1) prescribed a set of structured activities and content to help young parents identify their strengths and use them to meet their goals and (2) required that case managers conduct two visits a month instead of one. The pilot version consisted of six modules of activities focusing on four key topics: contraceptive use and empowerment, education, healthy relationships, and access to health care.

Eleven implementing agencies participated in the pilot, received training on AFLP-PYD, and provided formative data on the new version of program. Supervisors and case managers received a number of trainings: (1) core competencies for adolescent sexual and reproductive health programs, (2) positive youth development, (3) effective use of case management, (4) motivational interviewing, and (5) the My Life Plan tool. Case managers initially implemented the program with a small number of teen mothers who were 16 to 18 years old, were not in crisis, and had their basic needs met.[3] As sites began using the new program in 2012, MCAH collaborated with evaluators from the University of California, San Francisco (UCSF) to collect input from case managers and supervisors on the program's content, components, accessibility, and delivery in order to refine the model (Brindis et al. 2013).

[3] UCSF report on My Life Plan pilot, submitted to OPA, November 2013.

B. Guided by AFLP-PYD principles, the new model uses a structured sequence of activities, a strengths-based approach, and motivational interviewing

In 2014, using feedback from the pilot sites, MCAH updated the design and materials in preparation for statewide rollout and rigorous evaluation. The final model, AFLP-PYD, reflects several substantive changes to the approach, methods, and structure compared with the original AFLP program (Table III.1).

Table III.1. A comparison of key features of AFLP and AFLP-PYD

	AFLP	AFLP-PYD
Length of the program	24 months[a]	12 months[b]
Frequency of visits	Once a month	Twice a month
Maximum caseload	40 young parents	20–25 young parents
Structure	Loosely structured, with few required activities	Highly structured, with specific sequence of activities in four program phases
Methods	None required; dependent on agency and case managers	Use of motivational interviewing and strengths-based approach
Required content topics	Health, nutrition, education, parenting, and mental health	Healthy relationships, family planning, education and workforce, and access to health care

[a] AFLP clients may participate in the program until they reach their 19th birthday and have been in the program 24 months, regardless of the age of their child. Case managers could submit a waiver for participants to stay in the program longer.

[b] AFLP-PYD was designed to last 12 months, but participants could stay in the program longer if needed.

The AFLP-PYD model increases the frequency of case management visits while shortening the overall program length, compared to AFLP. AFLP-PYD case managers are expected to conduct face-to-face visits with mothers twice a month, compared to the monthly visits required by AFLP. The twice-monthly face-to-face visits can occur anywhere convenient for the mother (including the mother's home or school, or a public location such as a restaurant), but the program requires that case managers complete at least one visit in the mother's home quarterly. Although the visits occur more frequently, AFLP-PYD concentrates the program into a one-year period, instead of two. To accommodate the increased intensity of visits and to allow case managers more time with each client, their maximum expected caseloads are about half of those expected for AFLP case managers: AFLP-PYD case managers are expected to serve about 20 to 25 mothers, instead of the 40 expected under AFLP.

After the pilot, MCAH also refined the key topic areas that case managers should cover in each visit:

- **Healthy relationships**: building stronger relationships with partners, improving co-parenting, fostering positive parenting skills, and identifying characteristics of healthy relationships
- **Family planning:** identifying birth control methods, establishing plan for timing of future children, communication with partner about safe sex and birth control, and sexually transmitted diseases prevention
- **Education and workforce:** identifying career goals and the necessary education to achieve them, recognizing and building strengths that will help reach education and career goals, and building financial literacy
- **Access to health care:** identifying primary care doctors for the young parent and their child, planning for annual doctor and dentist appointments, establishing healthy habits including eating, exercise, and sleep, and recognizing importance of emotional health

AFLP-PYD adds prescribed methods drawing on positive youth development and a framework that emphasizes youth resiliency and independence. Specifically, it focuses on helping mothers identify their strengths, values, motivations, and sources of support, which they are then expected to use to achieve the goals they set for themselves. The model's strengths-based approach is intended to encourage the young mothers to explore and foster their strengths and successes, rather than focusing on their deficits or challenges.

Case managers are trained in and required to use motivational interviewing (MI) to guide young mothers in goal setting and life planning. MI relies on a collaborative conversation between the case manager and participant that empowers the mother to identify their own reasons for behavior change. MI enables mothers to be active participants, with clear mechanisms for them to contribute meaningfully to the program. In AFLP-PYD, young mothers take the lead on goal setting and life planning, to foster their sense of independence and build skills for self-sufficiency in the future. Through MI, the case manager also encourages the young mother to foster protective factors in her life, such as strong bonds to family and friends or completing education in pursuit of career aspirations, building the youth's resiliency.

Motivational interviewing is an evidence-based strategy designed to strengthen the young mother's personal commitment to a specific goal by exploring her own motivations for behavior change. MI includes several key elements:

- Communicating with acceptance and compassion, and intentionally using language related to *change*
- Identifying a desire for change
- Reflecting the young mothers' thoughts and comments
- With permission, providing education
- Summarizing the young mothers' self-identified goals

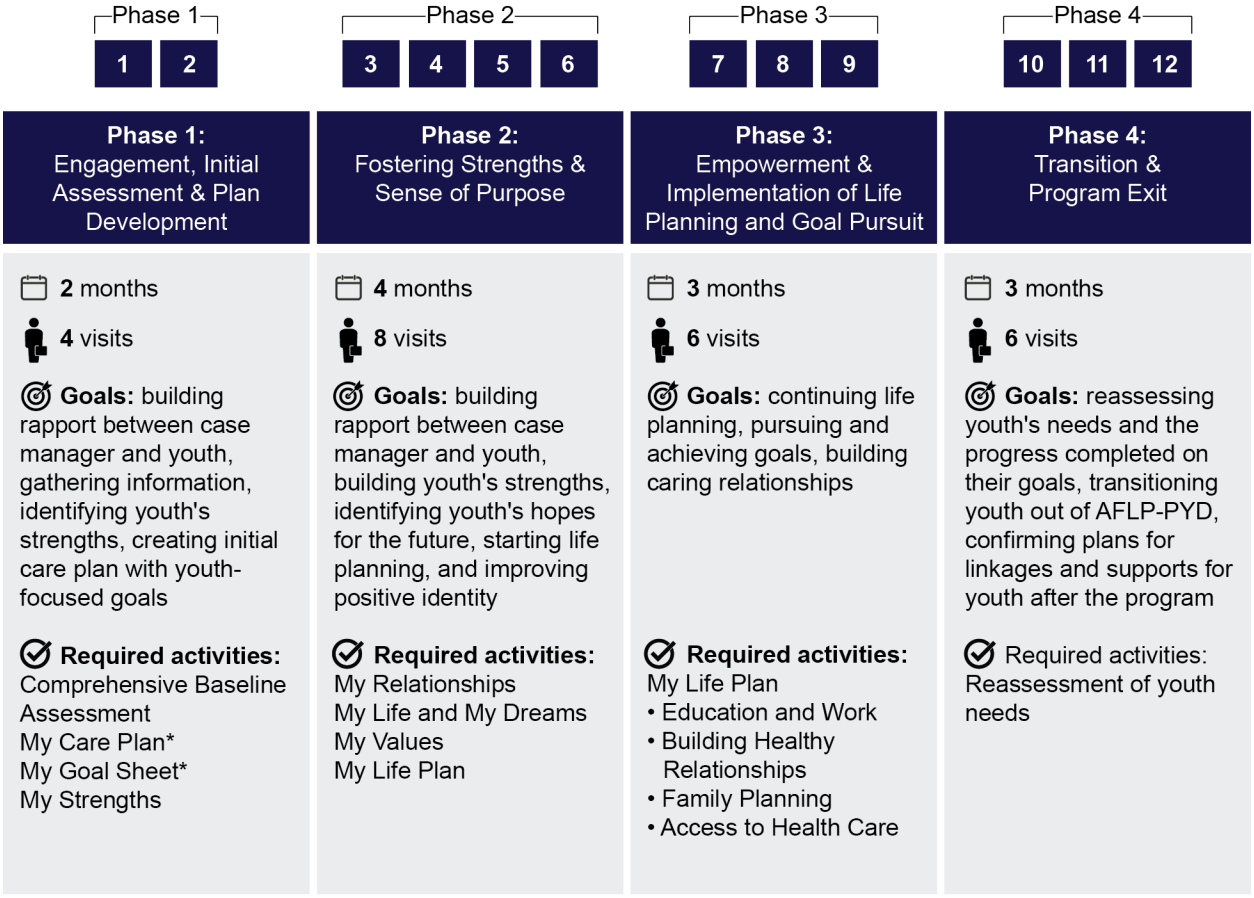
(Meckstroth and Berger 2014)

The AFLP-PYD model is organized into four phases spanning about 12 months. The four phases of AFLP-PYD work sequentially to foster a stronger relationship between mothers and their case managers over time, as case managers support participants in identifying and achieving their goals (Figure III.1). The first phase focuses on building rapport between case managers and mothers, assessing needs and understanding mothers' plans for the future. During four visits across two months, mothers begin to identify their strengths, and in partnership with their case manager, establish a care plan with youth-centered goals. The second phase lasts four months (eight visits), during which young mothers continue to focus on their strengths, build a sense of positive self-identity (for example, self-awareness, self-efficacy, and mindfulness), and define their hopes for the future. Together, the case manager and young mother begin life-planning activities.

Building on the work of the first two phases, the third phase, which lasts three months (six visits), focuses more deeply on life planning. The My Life Plan tool consists of content and action steps focusing on the four required topic areas for AFLP-PYD: healthy relationships, family planning, education and workforce, and access to health care. For example, case managers work with their clients to discuss potential career options and goals, and identify and list the steps required to meet these goals. Likewise, in the healthy relationships section of My Life Plan, mothers highlight one key relationship in their life and, together with their case manager, discuss the healthy or unhealthy characteristics of the relationship and the particular attributes and challenges both parties bring to the relationship. Case managers help mothers identify specific steps they can take to improve or strengthen the relationship. The AFLP-PYD curriculum also offers optional content and activities related to parenting, relationships, and child development that case managers may choose to use as needed (see Appendix).

Finally, the fourth phase consists of a reassessment of the mothers' needs and their progress on meeting their goals, along with preparing them to transition out of the program. Although the fourth phase typically lasts three months (six visits), a participant can remain in the last phase longer if their case manager does not feel she is ready to leave the program yet.

Figure III.1. AFLP-PYD phases: Goals and required activities

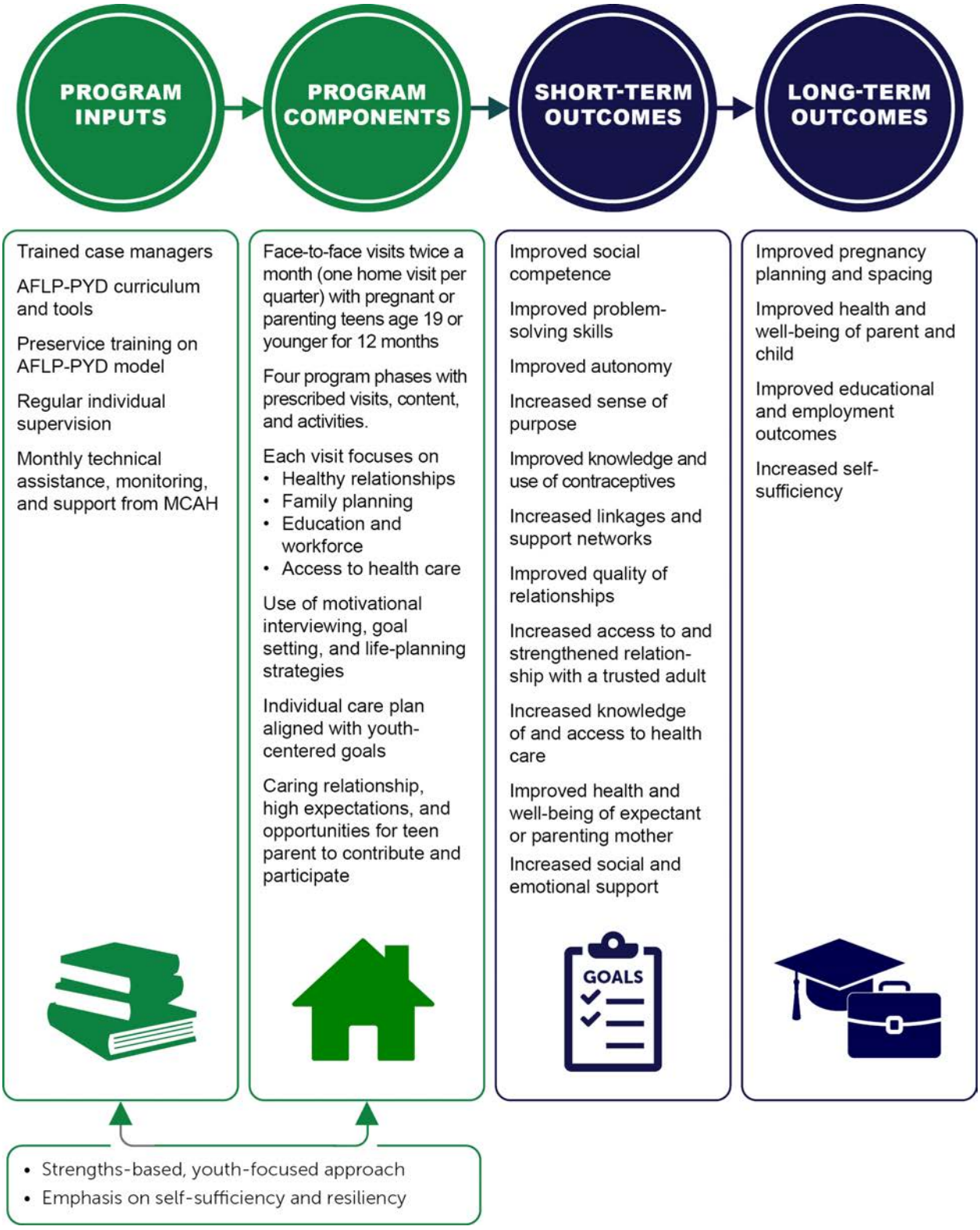


* Activity required in all four phases.

C. By building social competence and autonomy, AFLP-PYD aims to ultimately improve health and educational outcomes for young mothers

With the new evidence-informed positive youth development approach, an emphasis on goal setting and strengths, and more intensive structure and training, the new AFLP-PYD model seeks to meet several short- and long-term outcomes (Figure III.2). In the short term, the program aims to improve the young mother's social competence, problem-solving skills, autonomy, sense of purpose, health and well-being, linkages to health care, and knowledge and use of contraceptives. The program's short-term goals also include fostering stronger social supports and relationships, including with a trusted adult, and improving linkages to support networks that the participants can lean on as they transition out of the program and become more self-reliant. In the long term, AFLP-PYD aims to improve pregnancy planning and birth spacing, health and well-being of the participant and her child, education and employment outcomes, and self-sufficiency.

Figure III.2. AFLP-PYD logic model



IV. Preparing staff for AFLP and AFLP-PYD

The relationship between the case manager and the young mother is pivotal for one-on-one support programs such as AFLP and AFLP-PYD. How this relationship develops often depends on a case manager's experience, approach, and skill set, as well as the training and support he or she receives. Although AFLP and AFLP-PYD case managers had similar backgrounds, qualifications and professional experiences, the training they received and the programmatic expectations they had to meet were markedly different. In this chapter, we present the characteristics the AFLP and AFLP-PYD case managers brought with them and their experiences with the program-specific training provided to them during the study period.

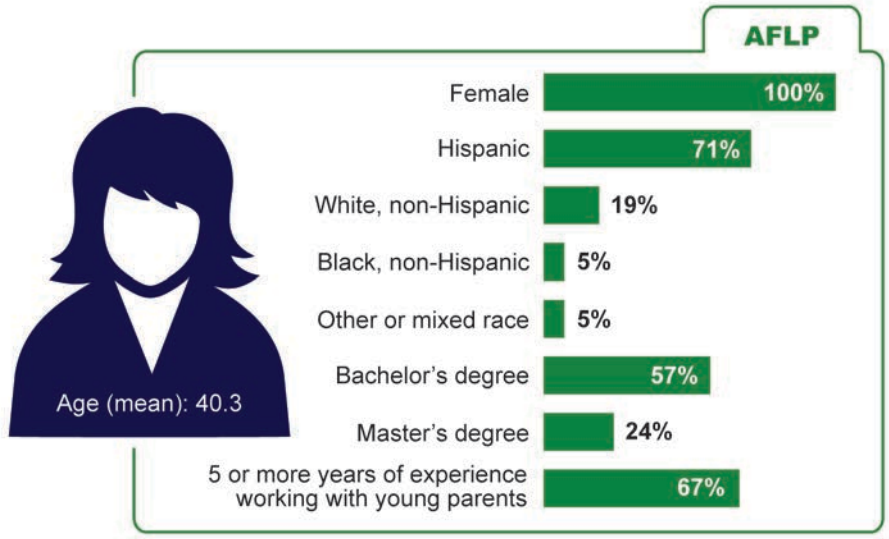
A. AFLP and AFLP-PYD case managers came from similar backgrounds and shared common skills and educational experiences

As anticipated through the study design, case managers across the two programs shared a number of characteristics (Figure IV.1a–b).[4] Based on the staff survey, nearly all case managers were female and, on average, 40 years old. Most were Hispanic (71 percent for AFLP and 60 percent for AFLP-PYD), which reflects the predominantly Hispanic population served in the study sites.[5] A majority of case managers were also highly educated, with either a bachelor's or a bachelor's and a master's degree. They also had similar prior work experience, primarily in fields such as social work and human services, education, and child development. In particular, about two-thirds of case managers in both programs had served young parents for five years or more, including adolescents who had participated in AFLP. A significant proportion of case managers had experience working on AFLP for six or more years (33 and 41 percent of AFLP and AFLP-PYD case managers, respectively).

[4] All sites had case managers already on staff before the study. As most sites were randomly assigned to either AFLP or AFLP-PYD, we expect that there would not be systematic differences between the characteristics of the case managers in the two programs. At the two sites that randomly assigned individual youth to receive either AFLP or AFLP-PYD, the study team requested that site supervisors ensure that case managers in both programs were similar in terms of age and experience.

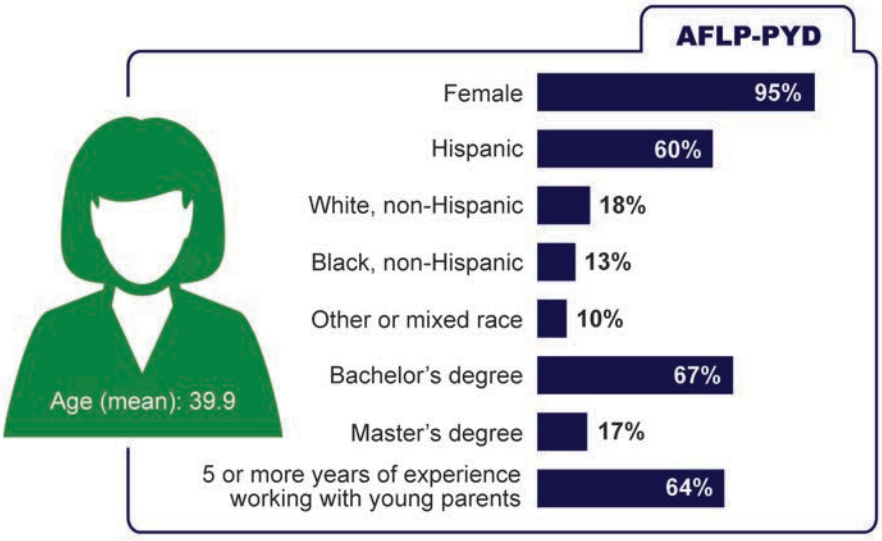
[5] Eighty-five percent of mothers in the study were Hispanic. Participant characteristics are discussed in more detail in Chapter VI.

Figure IV.1a. AFLP case manager characteristics



Source: Case manager survey completed one year after starting program delivery. Overall, there were 64 respondents across the two programs. Sample sizes varied across items, ranging from 19 to 21 respondents for AFLP and from 38 to 42 respondents for AFLP-PYD.

Figure IV.1b. AFLP-PYD case manager characteristics



Source: Case manager survey completed one year after starting program delivery. Overall, there were 64 respondents across the two programs. Sample sizes varied across items, ranging from 19 to 21 respondents for AFLP and from 38 to 42 respondents for AFLP-PYD.

B. The AFLP-PYD training was standardized and tailored to the new model

Before the evaluation, AFLP training was site specific, based on long-established procedures for training, supervision, and documentation developed through years of implementing AFLP. Case

managers received training from their supervisor, which typically involved reviewing AFLP policies and topics, paperwork requirements, and the process for outreach and referrals. AFLP case managers usually also shadowed an experienced case manager briefly before initiating visits with mothers on their own.

With the launch of the new AFLP-PYD model, MCAH recognized that AFLP-PYD case managers and supervisors would benefit from intensive training and preparation before they began delivering the new intervention. During the pilot phase (2010–2014), staff received a series of eight one- to two- day trainings from MCAH and their own agencies, mainly related to using and integrating the My Life Plan into AFLP. These early trainings focused first on core concepts, and then on program components and implementation as the program model developed, evolved, and broadened over time. After the pilot phase, MCAH consolidated and streamlined the earlier trainings and created a four-day preservice training, led by MCAH staff, that aligned with the AFLP-PYD program model. The training incorporated foundational principles and rationale for the AFLP-PYD approach and detailed discussions on the required content and activities by phase, the more intensive visit structure, methods for the new model, and the updated documentation requirements. It also included a half-day training on motivational interviewing techniques delivered by an outside expert.

MCAH also envisioned a more systematic support process for AFLP-PYD staff following the initial training. It created a system of liaisons who work with each AFLP-PYD site to monitor implementation and provide regular feedback and support to staff. MCAH planned for liaisons to conduct regular technical assistance calls with AFLP-PYD supervisors across all sites. Calls with AFLP-PYD sites were intended to be more frequent and intensive than with AFLP sites, depending on the needs and challenges of launching a new program. Outside of the calls, supervisors in each site were also expected to continue to provide regular individualized supervision to case managers to support and manage their clients' needs.

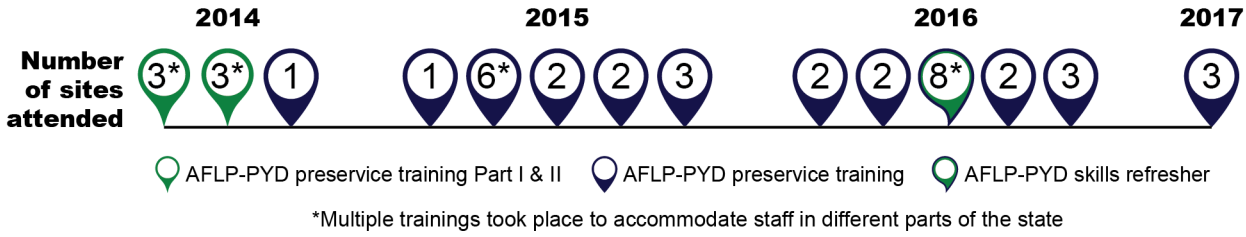
C. As delivered, preservice training for AFLP-PYD was more intentional, intensive, and structured than for AFLP

The length and content of the training for AFLP case managers depended largely on their supervisors and site-specific requirements. Case managers recalled that when they began delivering the AFLP program, they spent some time with their supervisor reviewing program, administrative, and paperwork requirements listed in a program manual (usually prepared by and specific to each site). After that, case managers accompanied experienced staff on visits and received training by observing the program in the field. Depending on the site, new case managers shadowed other case managers for one to two weeks. Because there were minimal content expectations for AFLP, training typically did not involve specific methods, content, or curricula, but staff often supplemented with resources, handouts, and relevant materials as needed for their populations. The supplemental trainings often covered skills such as motivational interviewing (three sites) or relevant content such as reproductive health

information on STIs or birth control (two sites). Overall, expectations and protocols for AFLP staff training varied considerably across the different agencies.

The AFLP-PYD training was implemented largely as expected, with AFLP-PYD case managers and their supervisors attending an in-person preservice training conducted by two MCAH staff. Over the course of the study period, MCAH held preservice trainings in multiple locations as participating sites prepared to implement AFLP-PYD (Figure IV.2). MCAH began with four-day trainings for most staff in three agencies that began delivering the program in 2014. This early training was delivered in two parts and was structured around three days spent on the AFLP-PYD program model and one day on motivational interviewing techniques. Over time, MCAH streamlined the content and length of the training as the number of staff who needed training decreased and they gained experience and feedback from sites implementing the model. By late 2015, the preservice training had been streamlined to three days, with two of those days spent focusing on AFLP-PYD topics and one day on motivational interviewing (either in person or online). Most staff from the other five agencies as well as any new staff onboarded in 2015 or later received this streamlined training.

Figure IV.2. Timeline and number of AFLP-PYD trainings offered by MCAH



Source: MCAH records and training observations

Across all trainings during the study period, the preservice training provided a combination of theory and practical guidance on the new approach and content of the program. Trainers incorporated discussions on the theoretical framework of the new AFLP-PYD model and explained the phased program structure and the required activities for each phase. They also provided guidance on completing intake paperwork with clients while adhering to the expected AFLP-PYD activities. The training primarily relied on a lecture-based format, with some small and large group activities, videos, and worksheets.

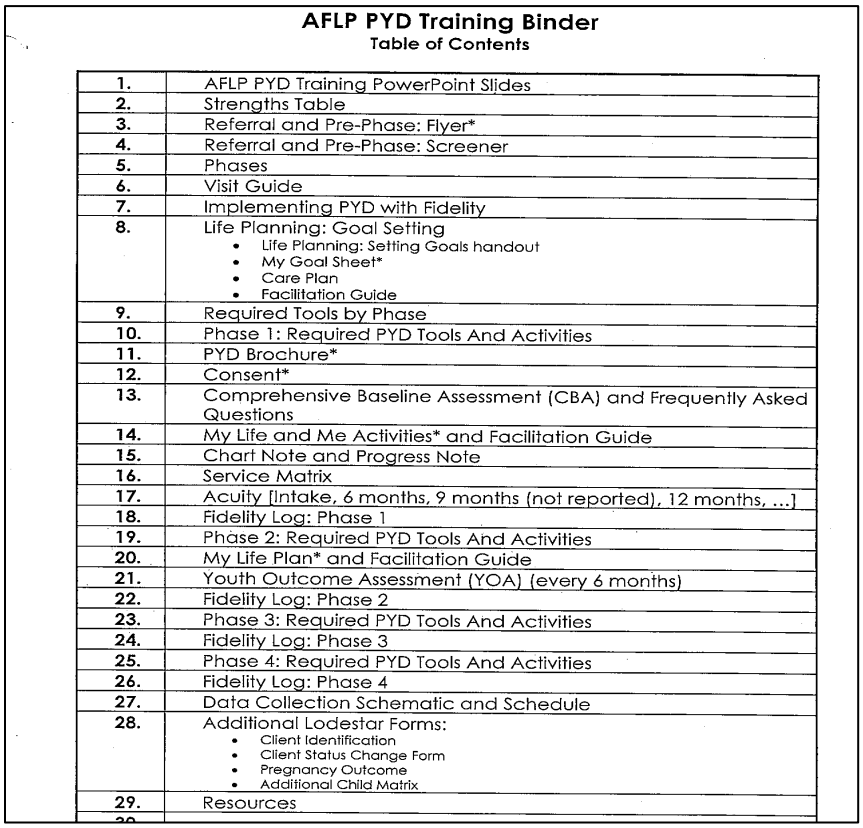
The ongoing support through monthly TA calls with AFLP-PYD supervisors also occurred as planned each month. In practice, these calls discussed progress toward key program expectations such as the number of monthly visits per client and the number of youth on case managers' caseloads. On the calls, MCAH provided guidance on how to complete paperwork and use the new documentation for activities such as the comprehensive baseline assessment. The calls also allowed MCAH to help sites troubleshoot any concerns or challenges the site staff had with program implementation.

Outside of the preservice training and ongoing support expected by MCAH, most case managers in both programs completed additional trainings on other topics, which were led by staff within or outside of their organizations. Ninety-five percent of AFLP case managers and 84 percent of AFLP-PYD case managers indicated on the staff survey that they had received additional formal training in the 18 months before completing the survey. These trainings—some in person and some via webinar—covered topics such as mandated reporter guidelines, human trafficking, time management skills, stress management, and updated information on birth control and sexually transmitted diseases.

D. Most AFLP-PYD staff welcomed the new approach but found it challenging to translate the training into practice

Most staff who attended the AFLP-PYD preservice training reported that both the longer and streamlined AFLP-PYD trainings provided a good overview of the program's conceptual framework and its core topics, and they recognized the importance of understanding the principles underpinning the AFLP-PYD model. However, staff across all AFLP-PYD sites noted that the preservice training provided a large amount of new information and guidance, covering a large range of topics (Figure IV.3). Not only did they learn about the design and rationale behind a more structured program model, they also had to absorb the requirements and activities for each of the four AFLP-PYD phases and become comfortable using new skills and methods for working with their clients, such as motivational interviewing. Staff felt this was a lot to absorb in the training, with the expectation that they would quickly begin integrating it into their work.

Figure IV.3. Topics and documentation covered in AFLP-PYD training



AFLP PYD Training Binder
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> "From the training, we felt like the program was very inflexible and could only be done with an ideal client. The way we approach youth in crisis is to address those issues and then move into the activities, but it felt like the state was suggesting we do the program no matter what."
>
> *– AFLP-PYD case manager*

Although the preservice training gave staff a good foundation for the new model's approach and content, staff felt that it did not provide sufficient guidance on how to implement the structured program on a day-to-day basis. Case managers typically have fluid, unpredictable schedules and juggle multiple tasks, such as driving to and from visits with clients who often have competing crises or immediate needs, accompanying mothers to appointments at court or doctors' offices, compiling materials or resources, coordinating or connecting with other agencies for referrals, conducting outreach, completing paperwork after visits, and meeting with their supervisors and/or other case managers. Although the trainers brought important knowledge about the program's conceptual model and approach, they were not case managers with experience working with families in crisis. As a result, the case managers felt the trainers did not always fully understand their concerns or questions about how to implement the model with their high-need clients. Moreover, AFLP-PYD's limited flexibility in the use of tools and required activities with clients initially was overwhelming for case managers.

In addition to preservice training, shadowing has typically been an important aspect of training for AFLP staff, as they can see firsthand how a case manager implements the program with

actual clients. However, because the program was new, AFLP-PYD case managers did not have an opportunity to shadow more seasoned case managers to learn and observe in the field.

Staff also felt the initial training and guidance did not clarify the expectations about caseload size and the process of transitioning youth to the new program. One supervisor explained that at first, supervisors did not realize they should be lowering each case manager's caseload to less than 25 mothers. So, in some sites, staff continued to carry higher caseloads for the first six months of the program, until they received clearer guidance from MCAH. The process of transitioning existing clients from AFLP to AFLP-PYD was also initially confusing to many staff. Based on discussions with supervisors, the process varied by site until MCAH subsequently provided more specific guidance. For example, staff in one site indicated they closed out all their AFLP cases (except for the high-risk clients) and began AFLP-PYD with only new clients. Staff in two AFLP-PYD sites said they had six months to transition mothers in AFLP to AFLP-PYD, during which time they worked to obtain consent from the mothers to receive two monthly visits instead of one.[6]

In addition, case managers found it challenging to adapt to the use of some new or updated documents associated with AFLP-PYD. For example, case managers would now need to work with their clients to complete handouts for each of the AFLP-PYD phases (for example, the My Life and Me activities), a checklist for each of the phases, a fidelity log documenting alignment with AFLP-PYD activities, and the care plan and goal sheet for each client. Although the training covered these new state-required forms, case managers and supervisors indicated that the training did not fully prepare them for using the new paperwork from the start. One case manager explained, "During the training, the paperwork was covered quickly, but in practicality, it is pretty complex." In responding to the staff survey, nearly 50 percent of AFLP-PYD case managers said that they needed more training on the administrative tasks of their job (such as completing forms, paperwork, and reporting).

Given the challenges AFLP-PYD case managers faced adjusting to the new program approach, supervisors also indicated a need for more specific guidance on their role in developing appropriate systems of support and oversight for their case managers. In addition to state-level expectations, each site or agency had its own case management system with specific protocols and requirements for case managers to follow, such as entering detailed case notes for each visit and updating each client's chart with information about referrals, appointments, and so on. This meant that to incorporate the new AFLP-PYD guidance and documentation, supervisors needed to build in significant planning time, reconfigure and update reporting systems and requirements, and coach case managers to become comfortable with the new expectations. As one AFLP-PYD supervisor stated, "It was overwhelming for me also because it is a program that I am not familiar with and I have to supervise. It was a lot of information—introducing the phases and activities." Specific and consistent guidance for supervisors on the steps they needed to take for

[6] Youth who were previously receiving the AFLP program were not eligible to be in the study.

overseeing and managing the new program, along with support in integrating the state-required paperwork and other requirements with the site-specific processes, would have been useful.

E. To increase comfort with the new approach, staff made several suggestions for improving AFLP-PYD training

Addressing their experiences at the training, as well as their challenges adjusting to the implementation of the AFLP-PYD program approach, supervisors and case managers offered several suggestions for making future trainings more useful.

- *During the preservice training, include practical guidance from the unique perspective of a case manager, particularly to address how to implement a structured program with high-need clients.*

As implementing a structured program was a departure from their previous work on AFLP, many case managers needed more guidance on how to balance efforts to ensure program fidelity with efforts to help their clients address immediate needs. Case managers suggested that in the future, it would be helpful for trainings to include both the conceptual details and practical input from a case manager who could explain the different AFLP-PYD requirements and components, and how to address common challenges and pitfalls from real-world implementation. In addition, case managers suggested having more concrete guidance on how to implement the model with fidelity, even for high-need clients who may not be in the best position to participate in a structured program.

- *Provide more instructions on required documentation.*

Although the preservice training did cover the new forms required in AFLP-PYD, case managers and supervisors expressed that it would be helpful to have more time devoted to clearly defining the state's expectations for completing required forms and case notes, and ensuring that the guidance was consistent with site-specific requirements. Case managers and supervisors felt it would have been beneficial to address specific questions and concerns related to the documentation early on, to avoid unnecessary changes later.

- *Following the preservice training, build in more time for practice and teach-backs, one-on-one coaching, and job shadowing.*

Many case managers did not feel they had sufficient opportunities to practice the new methods involved in AFLP-PYD. As the transition to AFLP-PYD happened quickly in some sites, staff did not feel they had enough time to acclimate to the new model and practice the methods before they had to start serving mothers using the AFLP-PYD approach. Staff suggested that outside of the training, there should be time to shadow and practice the methods, such as motivational interviewing, on the ground. Staff felt this practical application of the program was the best way to become more comfortable delivering a new program. Other programs utilizing motivational

interviewing with expectant or parenting mothers have also seen the benefit of engaging the MI trainer to provide ongoing and targeted support to staff to help them become more comfortable with the technique (Meckstroth and Berger 2014).

- *Tailor training for supervisors and their role in supporting case managers.*

Supervisors said that it would be helpful to have a training that was especially designed for their role overseeing and supporting case managers. They felt they especially needed to understand the program themselves first before they could offer guidance to their staff. One AFLP-PYD supervisor recommended that this training be interactive and allow different site supervisors to learn successful practices from each other regarding supervision and paperwork requirements. Another AFLP-PYD supervisor suggested that training on how to review case notes and documentation would be useful.

V. Implementing and adjusting to the AFLP-PYD approach

In creating AFLP-PYD, MCAH shifted the program toward a holistic, youth-centered model that emphasized strengths and values, and focused on building self-sufficiency. To implement AFLP-PYD with fidelity, case managers needed to meet with mothers twice a month and use motivational interviewing and a strengths-based approach to deliver prescribed new content aligned with four content areas over the course of one year. They received preservice training and materials to prepare them and had lower caseload expectations but implementing this intensive and structured model as intended required more time and support than the state and sites initially expected. In keeping with findings from the pilot, most staff liked the increased emphasis on strengths and self-sufficiency, but they found it challenging to integrate new content with meeting mothers' immediate needs and to complete the required two visits a month. In this chapter, we describe the implementation experiences from the perspective of the staff who delivered AFLP and AFLP-PYD, the supervisors who oversaw and managed implementation in each site, and the MCAH staff who provided technical assistance and guidance along the way.

A. AFLP visits continued as planned and stayed true to expectations

Case managers delivering AFLP typically structured visits to address goals each mother identified, as well as her immediate and longer-term needs. They asked mothers to update or refine their goals every three months, depending on the progress made toward achieving each goal. Goals generally related to the five core AFLP content areas that case managers used to guide their discussions with mothers: health, nutrition, education, parenting, and mental health. Although they did not have to cover every topic in each visit, case managers said they generally got updates on mothers' reproductive health and contraceptive status, family relationships and support, progress on educational and career goals, and parenting and child development needs.

Case managers indicated that they conducted visits once a month for most of the mothers enrolled in the program, but the frequency varied depending on the needs and motivation of each client. For many, even the one visit could be challenging. Housing instability meant that families moved often, and it took time and effort to locate them again and schedule the visits. Drop-in visits were a common occurrence to find and reach mothers who had not been in contact. In some cases, case managers met with mothers more than once a month. For example, one AFLP case manager described a client who was in an emotionally abusive relationship and had no support from her family. To help address the situation and ensure the safety of the mother and the baby, the case manager was able to arrange to meet with the mother as often as needed, sometimes in coffee shops and at her school, until she was stable.

Although there was no required approach for the program, AFLP case managers highlighted the importance of early trust building and the strategies they used to develop rapport with mothers. Most said they always tried to look for the small successes and highlight positive achievements to motivate their clients. They also indicated that mothers really wanted to talk about their pregnancy or the new baby's development. As teenagers, they had many questions or concerns about parenting, fears about what to expect, and few resources to guide them. Case managers said this was an important motivation for mothers to participate in the program, and it helped forge strong bonds and trust in the long term. AFLP case managers discussed preparing for their visits by compiling the resources and referral information they would need for each mother. The types of materials varied by site but generally included common resources such as local job applications, course listings or requirements for applying to community college, referrals to contacts at local alternative high schools, flyers on child development milestones and types of birth control, and more.

> "Some of my clients feel very isolated at home with their newborn, and us coming to see them and providing them with resources and suggestions gives them hope. I have seen clients with no goals and we set things up little by little and they end up graduating from high school and maybe even thinking about college."
>
> *– AFLP case manager*

B. Most AFLP-PYD staff liked putting greater ownership and accountability in the hands of the mothers

Unlike AFLP, which had been in place for decades, AFLP-PYD was a new approach for the study sites. Despite initially feeling overwhelmed by the new information and expectations, AFLP-PYD case managers and supervisors across all study sites saw great value in the new content and approach. They felt that the focus on resiliency and self-sufficiency set the AFLP-PYD program apart from other similar home visiting programs, and it empowered youth to take action in their lives. Most AFLP-PYD case managers seemed to buy into the new approach; for example, 80 percent of AFLP-PYD case managers agreed or strongly agreed that youth should take the lead in goal setting, compared with about 40 percent of AFLP case managers.

> "With AFLP it was like I was driving the car, and now I can let the client be in the driver's seat and take ownership for what is going on in their life."
>
> *– AFLP-PYD case manager*

Staff felt the set of activities associated with the My Life and Me component (such as My Strengths) was particularly useful for supporting mothers in building resiliency and overcoming challenges independently. As several case managers noted, most mothers had never stopped to think about their strengths or their values and how those could be leveraged in their daily lives to solve problems; many expressed being pleasantly surprised when they were able to identify multiple strengths that had served them well. For example, one mother took her completed My Strengths worksheet with her to a job interview to help her articulate what she would bring to the job. Another case manager described how one of her clients was homeless and wasn't sure how to deal with the crisis. The case manager reminded her about the strengths and resources she had

identified for herself and encouraged her to take the lead in using them to find a possible solution. Instead of making the phone call to try and fix the situation, the case manager supported and guided the young mother while she contacted her aunt and arranged for temporary housing. This boosted her client's sense of self-confidence while de-escalating the immediate crisis. Most case managers indicated that they saw the long-term benefits of this approach, but they also acknowledged that this type of engagement with mothers in crisis was not always possible, particularly if clients were facing multiple crises or were too overwhelmed to engage with the case manager at all.

> "The program gives them a sense of independence and accountability and I don't think I was able to give my clients that with some of the other programs because there was no structure. You knew you wanted to give youth independence and accountability, but you didn't know how, before this program."
>
> *– AFLP-PYD case manager*

C. However, staff faced some challenges as they began implementing the new AFLP-PYD program

Challenge 1: Following the prescribed AFLP-PYD structure while addressing the young mothers' immediate needs

In discussions with the study team about a year after they began implementing, case managers continued to be concerned about how to integrate meeting the needs of the mothers with AFLP-PYD's defined sequence of structured activities. Many of the young mothers enrolled in the program faced significant life challenges and had to overcome immediate crises such as physical or mental trauma, as well as lack of housing or food, before they became stable enough to discuss education or career goals. Some of the mothers were not emotionally or physically prepared to participate in program activities that required more thoughtfulness and presence of mind—such as the My Values and My Strengths activities, which were designed to help mothers think more deeply about what they could draw on to solve problems, or the My Life Plan activity, which required youth to carefully and intentionally map out a plan for their future. Case managers felt the AFLP-PYD model as currently designed did not have the flexibility built into it to accommodate both the immediate needs of the mothers in crisis and the prescribed positive youth development content.

> "When a client comes in, unless they are on top of everything, it feels like crisis management for the first two to three months. Oftentimes they just gave birth, don't have stable housing, maybe the baby has health issues, they are a first-time parent—there is not a grace period to get the client through that period. It goes back to the hierarchy of needs. If a client is worried about housing or their child's health, they can't really talk about their strengths."
>
> *– AFLP-PYD case manager*

> "Part of the issue at first was that the model did not allow much space for an imperfect client (you might get to a client's home hoping to do an activity and you get there and the client is not focused, doesn't have any diapers, has had her phone service cut). The challenge is how I deal with the client's issues and complete the activities at the same time."
>
> *– AFLP-PYD case manager*

Supervisors and case managers were also concerned that the new model and approach did not support early discussions on parenting and child development that case managers used to build a connection with their clients and to engage this population. Though about one-fifth of AFLP-PYD case managers were new to the program and had never worked with AFLP clients before their current role, approximately 40 percent of the case managers participating in the study had spent six years or more delivering AFLP, and the shift to AFLP-PYD was often more challenging for case managers with such prior experience. Given that AFLP had limited or no structure or content requirements, staff reported having time to break the ice and build an emotional bridge: They might discuss the new baby with mothers, or the pregnancy experience with expecting clients, talk about child development, help mothers with their immediate concerns, support them in their parenting needs, and give them resources. However, with AFLP-PYD's prescribed and concentrated content, many case managers felt they did not have time to develop a relationship with a client before jumping into the required activities, which they felt relied on trust between case managers and clients. Further, former AFLP case managers highlighted the importance of discussing the child's growth and development as well as the mother's needs, especially because mothers often engaged more when discussing their child's needs rather than their own. Not having the time to do so under AFLP-PYD's structure sometimes took away an important motivating tool in their conversations with the young mothers. In some ways, supervisors suggested that AFLP case managers had to work harder to "unlearn" the methods they had been using previously and become comfortable with more intentional and prescribed methods, including using motivational interviewing and sticking to the sequence of AFLP-PYD activities.

Challenge 2: A need for clearer and more targeted support for sites to develop consistent systems for monitoring, collecting, and tracking relevant data

Given the increased number of activities and documentation, both case managers and supervisors felt they needed more consistent and early guidance from MCAH on how to implement and document the activities to meet state expectations. From their perspectives, the emphasis seemed to be more on meeting the program's administrative goals, such as documenting completed activities and logging in the number of visits, rather than delivering the activities and building relationships with their clients. Their perceived pressure to show that they were in alignment with the administrative requirements, which were also constantly evolving, felt significant and sometimes demotivating for case managers.

> "We all feel this pressure that we have to do this activity by this date, and set a goal by this date, and that's not helpful for us. Our priority is serving our clients."
>
> *– AFLP-PYD case manager*

Strong supervision could help boost case managers' ability to implement the new model as intended, but many supervisors expressed frustration that they did not feel well prepared to provide the necessary support. Most said that they had to translate the program and tools for their staff, which required extensive time and planning. Additionally, despite the long pilot phase, some aspects of the AFLP-PYD materials and guidance were not yet finalized when training and implementation for the federal evaluation began. One supervisor noted that not having the final materials ahead of time was challenging, as she was not as able to work proactively with case managers to make the transition to AFLP-PYD smoother. If she had had the materials and activities, she would have broken them down for the case managers, indicating the similarities between the new model and what they were already doing. She felt this was a missed opportunity to build case manager buy-in and improve their comfort level with the new activities and documentation early in the process. One of the case managers in the same site indicated that it would have been helpful to see a sample case file to better understand how to complete the required documentation and the level of detail MCAH expected from sites. However, according to staff, it took six months before they saw a sample file, and then they learned that all of their forms and documentation would need to be updated to align with state requirements.

> "I didn't feel like I had enough time—it was very reactive. Staff did not feel comfortable in the model. They did not understand it. The vocabulary was different and that threw the staff off."
>
> *– AFLP-PYD supervisor*

Challenge 3: Difficulty meeting the expectation to conduct two home visits each month

To give case managers time to conduct visits twice a month, AFLP-PYD case managers were intended to have lower caseloads of 20 to 25 clients, and this expectation was largely met. Staff survey data indicate that by the end of their first year implementing AFLP-PYD, over 80 percent of AFLP-PYD case managers had, on average, caseloads of 25 or fewer clients (Table V.1). This finding aligns with MCAH administrative records collected from each site, which confirm that AFLP-PYD case managers' average caseloads decreased over the course of the first two years of implementation from 23 to 19 clients per month, whereas AFLP caseloads were significantly higher, at about 30 clients per month at the end of the two-year period.

Even with decreasing caseloads, case managers and supervisors found the requirement of conducting two visits a month with every AFLP-PYD participant to be unsustainable and nearly impossible, even though they agreed, in principle, that more time with mothers would be beneficial. Despite the fact that case managers' comfort level with the program's methods and content increased over time, administrative data collected by MCAH show that on average, mothers enrolled in AFLP-PYD during the first year that it was delivered received 1.6 visits per month and 1.4 visits per month in the second year of implementation. This is slightly higher than an average of 1.1 visit per month for AFLP clients in the same period but does not meet the two visits a month expectation. Supervisors and case managers indicated that the changes or transitions in clients' lives, barriers to transportation, family and school commitments, and other overwhelming life circumstances made it difficult for most mothers to carve out the time to meet

more frequently. They felt that each of their clients had specific needs and goals, and that not all of them required the two visits each month. Instead, they said it would be better for case managers to assess each client independently and focus on the mothers who need more guidance and support, rather than using a one-size-fits-all approach.

Table V.1. AFLP-PYD and AFLP caseloads after one year of program delivery

Average caseload per month (in the past 6 months)	AFLP case managers (percentage)	AFLP-PYD case managers (percentage)
1 to 10	0	14
11 to 15	0	11
16 to 20	5	18
21 to 25	19	41
26 to 30	29	9
31 to 35	14	2
36 to 40	29	2
More than 40	5	0

Source: Staff survey, sample included 65 respondents.

Note: The percentages in the AFLP-PYD case manager column do not add up to 100 percent because one AFLP-PYD case manager responded that they did not have any clients at the time of the survey.

D. Supervisors were a source of support for staff, especially in overcoming early challenges with AFLP-PYD implementation

Typically, case managers across both programs received direct supervision related to site-specific oversight and monitoring. In 5 of the 13 organizations (three AFLP-PYD and two AFLP sites), supervisors held group supervision sessions with all case managers at the site once or twice a month and met with case managers individually once a month. In the remaining sites, case managers met with supervisors individually once or twice a month (although they could also meet informally as a group to ask each other questions and discuss challenges with implementation).[7] Supervision consisted of reviewing paperwork and documentation to make sure it was accurate and complete, addressing individual performance concerns, discussing specific clients, and sharing concerns with implementing the relevant program model. Four sites (of which three were AFLP and one was AFLP-PYD) incorporated self-care for case managers during group or individual supervision as well, recognizing that the case manager role was stressful and could be mentally and emotionally taxing. One site required case managers in both

[7] In one site, details regarding the supervision structure were not available due to staff turnover.

programs to participate in monthly clinical supervision with an external supervisor (in addition to supervision with internal site staff). The clinical supervision focused on challenging cases and self-care rather than program-specific questions.

Although the structure or frequency of supervision was similar across the two programs, AFLP-PYD supervisors indicated that they had to provide more intensive guidance and instructions around delivering the specific AFLP-PYD activities and methods. In two AFLP-PYD sites, supervisors increased the number of regular supervision meetings to allow AFLP-PYD case managers to express their concerns about the new program and discuss challenges. AFLP-PYD supervisors noted that group supervision was a useful tool for problem solving. For example, one supervisor described how staff used a group supervision session to brainstorm potential strategies for helping a mother who was not engaging with any of the AFLP-PYD worksheets; ultimately, the group recommended that the case manager complete the activities verbally with the client and fill out the paperwork after the visit. In another site, the supervisor, an experienced case manager herself, held a day-long retreat to help case managers walk through the program components, and then conducted regular observations until case managers became comfortable.

Recognizing the challenges associated with implementing the new model, AFLP-PYD case managers highlighted the importance of a supportive supervisor and a collaborative culture in addressing new challenges, alleviating stress, and minimizing the pressure they felt on a day-to-day basis. Most supervisors had an open-door policy, good relationships with case managers, and visible presence in the office. Several case managers noted that they often brought concerns about high-risk clients to their supervisors, and together they would identify how the case manager could assist these mothers.

> "Case managers who have been using the old approach believe that the work they have done with youth using the old program was effective. Their personal experience is that what they are doing is the right thing to be doing and so we need to help them understand and bridge the gap between what they were doing before, what we would like them to do now, and where those things are similar. And when they are not similar, it is a reframing or rethinking, and explaining that it is about letting the motivation come from the youth rather than being top driven from the case manager."
>
> *– MCAH leadership staff*

In some sites, the transition from AFLP to AFLP-PYD, and the buy-in to the new model, took longer than in other sites. In a small number of sites where supervisors and case managers did not interact on a regular basis, overcoming and addressing challenges with implementation was more difficult. Case managers described feeling confused by how the program model was initially introduced, and said the expectations felt unrealistic. In these instances, case managers expressed that they could not go to their supervisor with questions and had to resolve concerns on their own. Several case managers also stated that they felt their supervisors did not understand the challenges of their job or the pressure they felt from the program requirements. In two cases, supervisor turnover further complicated the challenges of transitioning to a new, more intensive program model because it took time for case managers to form a relationship with the new supervisor, and for the supervisor to understand the

AFLP-PYD model and requirements. Overall, these challenges meant that case managers had less support and guidance during the transition periods, making it harder for them to reach program goals and deal with high-need clients on a consistent basis.

E. To build capacity and address persistent concerns, MCAH refined their systems for ongoing guidance and added support

At the start of the federal evaluation, MCAH put a quality assurance and monitoring system into place to better respond to implementation questions and provide targeted technical assistance to individual sites. Over the study period, four site liaisons conducted monthly discussions with 11 AFLP-PYD site supervisors and managers, working to address specific challenges related to staff buy-in, youth enrollment, and questions about implementation, documentation, and reporting. Sites received monthly dashboard reports that showed the quality of their reported data, caseloads, and contacts with clients.

Based on these monthly discussions, MCAH categorized sites as either high-need, medium-need, or low-need sites, requiring either monthly, bimonthly, or quarterly calls depending on the category and each site's needs and challenges. These categories were fluid, and as sites made progress, the frequency of calls declined.

> "We realized was that there was a need to clarify our expectations and explain what allowable adjustments are (which has developed throughout implementation). So we created a visual timeline with the program implementation and data requirements directly in response to requests we were getting about the need for sites to get an idea of the big picture of this program and what each phase looks like."
>
> *– MCAH leadership staff*

MCAH staff also provide additional training and targeted support for all AFLP-PYD sites. Beginning at about six months after the start of program delivery, most staff attended one or more two-day trainings designed to build on the preservice training and focus more specifically on skill building and addressing specific concerns. These additional trainings also incorporated concrete guidance on how to implement the activities, including the level of flexibility allowed in completing activities with fidelity. Unlike the initial preservice training, these short trainings focused on a small group of sites at a time (usually one or two) and were more focused on addressing practical questions about implementing the model. They also offered an opportunity for staff at different agencies to learn from each other once they had begun program delivery, and share successful strategies and lessons learned. In the staff survey, over four-fifths (82 percent) of AFLP-PYD case managers reported attending two or more MCAH-led trainings, including both preservice and subsequent trainings. Supervisors and case managers across the board said they found the additional trainings helpful in improving their understanding of program expectations and approach, and they wished they had received some of the more tailored guidance sooner.

MCAH also improved its explanations of the program content and activities to make them more actionable for case managers, and it refined the format of the monthly TA calls. For example, it

worked with case managers to develop or adopt tools such as a visual timeline and a visit guide that outlined all the program activities by visit in each phase. For sites that were struggling with implementation, MCAH did one-on-one visits to better understand their structure, needs, and concerns, and provided targeted guidance on the types of documentation and adjustments needed to align with program expectations. Beginning in December 2015 through March 2016, site liaisons began conducting visits to each of their sites to better understand challenges, successes, and concerns, and to tailor their feedback accordingly. In two cases, they arranged for an experienced site supervisor to provide on-the-ground lessons and strategies to supervisors in other sites based on her own experience, challenges, and successes with implementation. Finally, MCAH staff restructured the order of the conversations on the TA calls to provide more space and time for sites to talk and share, as well as formalize a process of goal setting. This allowed for more intentional and concrete planning at the site level, and it demonstrated the skills that staff were expected to use in program delivery.

Over time, MCAH staff better understood the common and site-specific challenges, especially around integrating the program's content with meeting the needs of mothers in crisis. As a result, they began to reframe the focus on the AFLP-PYD model to include not only completing the activities and requirements, but also using the strengths-based approach in general. As one trainer noted, "We want [staff] to focus on being purposeful [and] using emotional regulation [in] how [they] deal with difficult situations … We are continuing to work with case managers to use that approach, even when youth are in crisis."

VI. Mothers' Experiences with AFLP and AFLP-PYD

Both AFLP and AFLP-PYD are designed to support young mothers, and rely on strong relationships between participants and their case managers. In this chapter, we present the characteristics of the mothers assigned to both AFLP and AFLP-PYD at the start of the program, address the quality and content of programming received by the young mothers, and describe mothers' perceptions of and experiences with the two programs.

A. Baseline characteristics of AFLP and AFLP-PYD study participants

During the period of study enrollment, 1330 expectant or parenting adolescent mothers consented to the study and received AFLP or AFLP-PYD in participating sites (Figure VI.1a–e). Most of them were ages 16 to 18 (86 percent), and about 13 percent were younger. They were also largely Hispanic (85 percent), and the remaining 15 percent were White or African American. Most did not yet have a diploma or GED, but over 80 percent were enrolled in school at program entry.

More than three-quarters of the mothers reported that they lived with their mother or a mother figure, some or all of the time. Half of them said they lived with their father or a father figure some or all of the time, and 30 percent lived with both mother and father all of the time. About two-thirds said they were in a romantic relationship with the baby's father at the start of the study. Fifteen percent said they were not romantically involved but had contact, and about 20 percent said they had no contact with the baby's father, at baseline.

The study team also examined the history of pregnancy and the number of children the mothers had to take care of at home. The majority of mothers had been pregnant just once, and about 10 percent said they had been pregnant twice, at baseline. Most who were pregnant did not have more children at home, but about 12 percent had one other child. The majority of those who were not pregnant had one child at home; just 5 percent of participating mothers had two children.

Mothers in the study also responded to questions about their contraceptive knowledge and receipt of birth control, at baseline. About half of the mothers said they had received some form of birth control in the 12 months before program entry. About two-thirds were knowledgeable about condoms, but just half said they were knowledgeable about the pill, and about two-fifths said they were knowledgeable about long-acting reversible contraception (LARCs) or other methods of birth control.

Figure VI.1. Characteristics of mothers participating in AFLP and AFLP-PYD at baseline

Figure VI.1a. Mothers' demographic characteristics

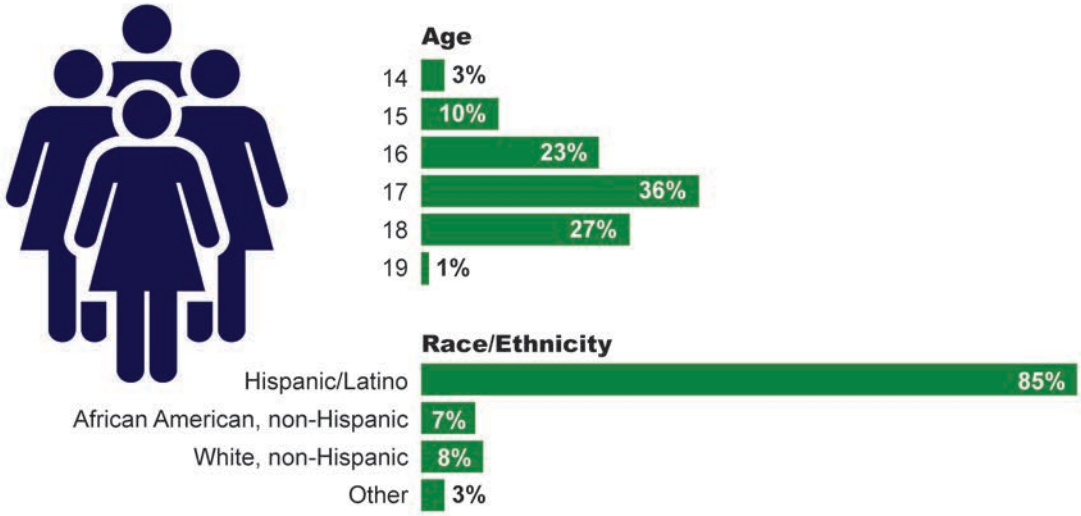


Figure VI.1b. Mother's educational levels

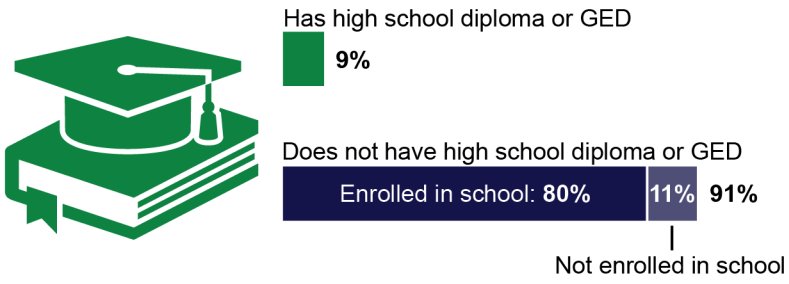
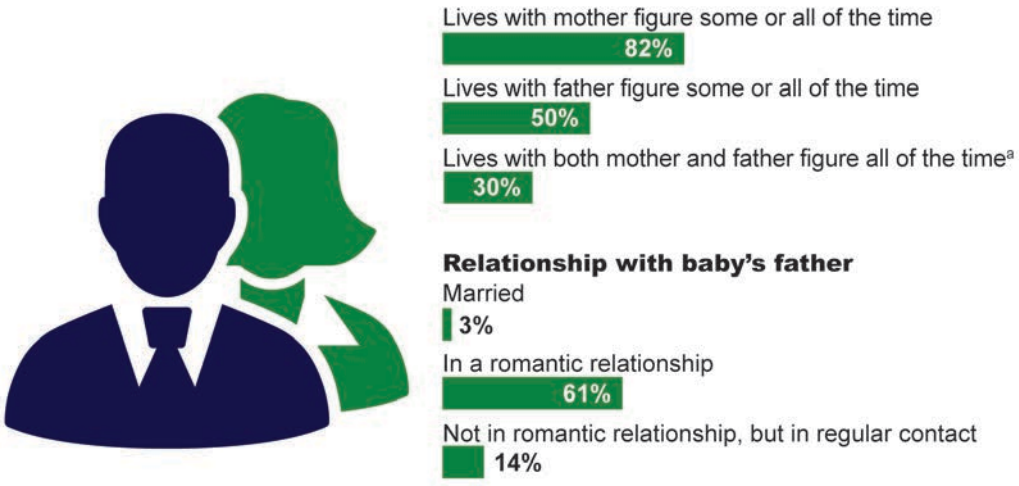


Figure VI.1c. Mothers' relationship characteristics



Source: Baseline survey of mothers enrolled in the evaluation from December 2014 to February 2017.

Note: Sample includes 1,300 respondents (data missing for 30 respondents). Percentages may not sum to 100 percent due to rounding.

[a]Percentage based on participants living with mother and father figure all of the time.

Figure VI.1. Characteristics of mothers participating in AFLP and AFLP-PYD at baseline, continued

Figure VI.1d. Number of pregnancies and children among participating mothers

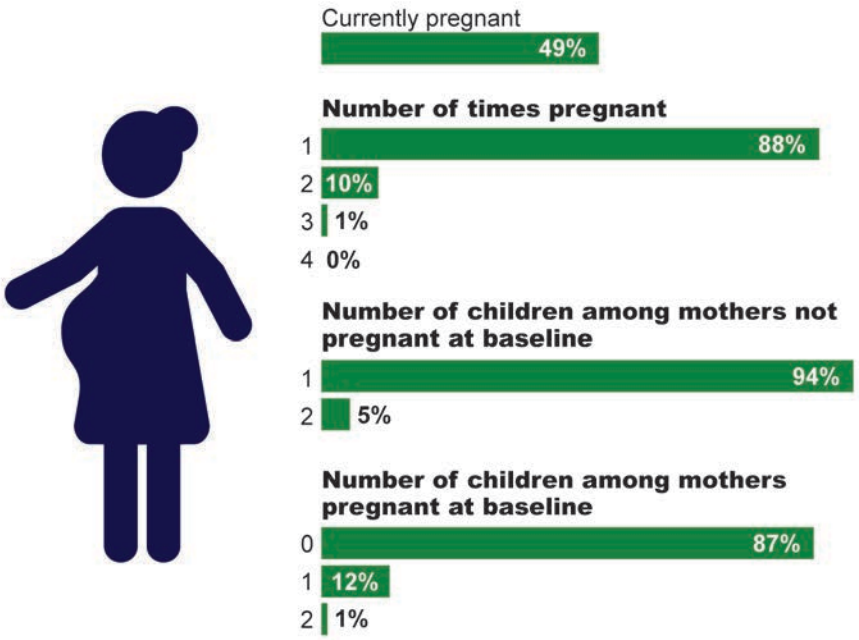
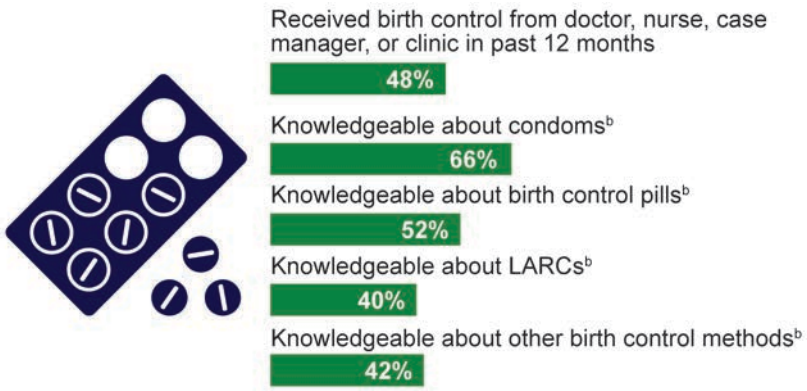


Figure VI.1e. Contraceptive knowledge and receipt of birth control among participating mothers



Source: Baseline survey of mothers enrolled in the evaluation from December 2014 to February 2017.

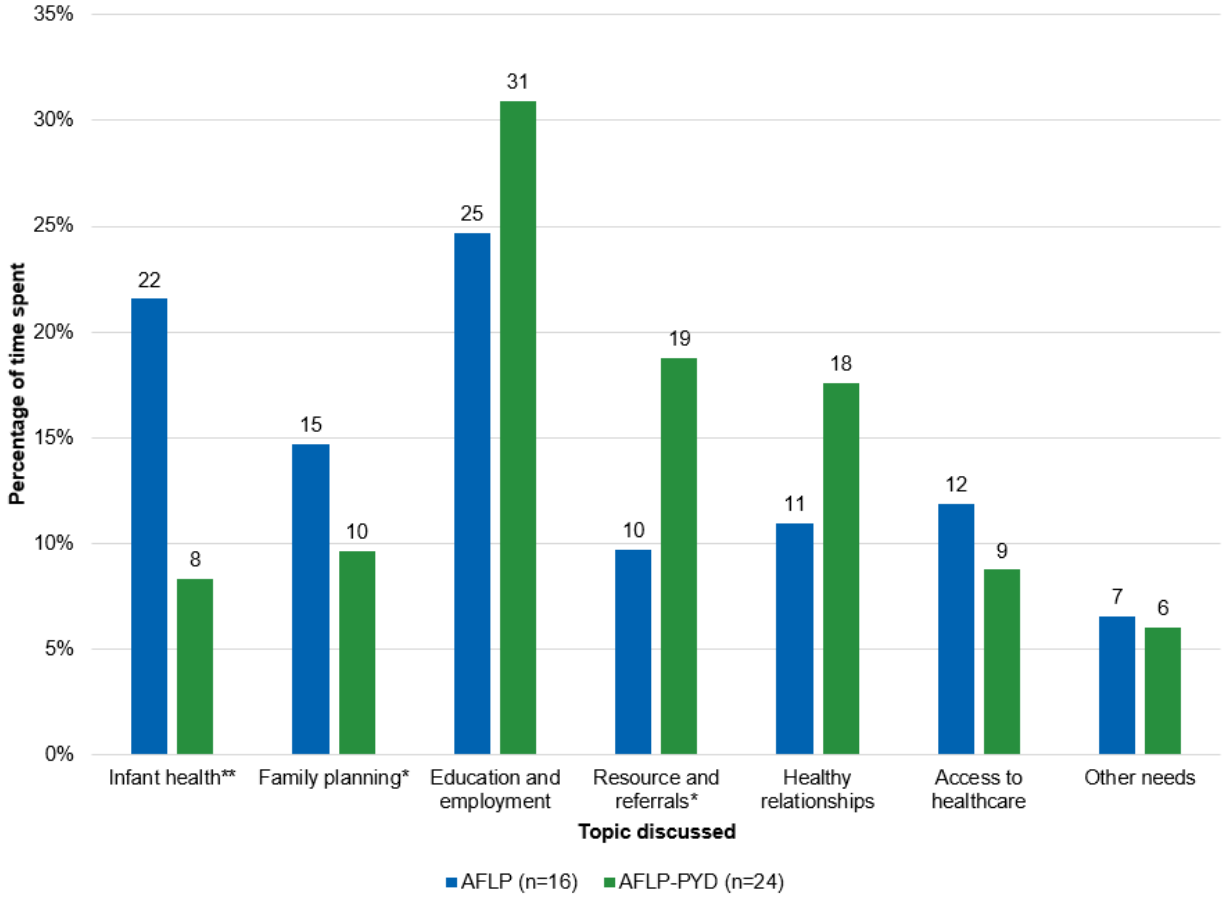
Note: Sample includes 1,300 respondents (data missing for 30 respondents). Percentages may not sum to 100 percent due to rounding.

[b]Percentage who answered all knowledge items on this topic correctly.

B. Although the content mothers received often varied, engagement and facilitation quality appeared similar across AFLP-PYD and AFLP

The study team completed observations of 24 visits between case managers and mothers enrolled in AFLP-PYD and 16 visits with mothers enrolled in AFLP. Each visit was, on average, one hour long. Observers looked at mothers' engagement in the visit, the facilitation skills that case managers used to work with mothers, the relative time allocated to the relevant content areas in each visit, and the overall quality of the visit. Though the number of observations were small and not designed to detect statistical differences, the similarities and variations across the two programs supported the experiences that mothers and case managers shared in the interviews and focus groups.

Figure VI.2. Time allocated across topics for AFLP and AFLP-PYD



Source: Observations of case managers' visits with participating mothers in AFLP (16) and AFLP-PYD (24).

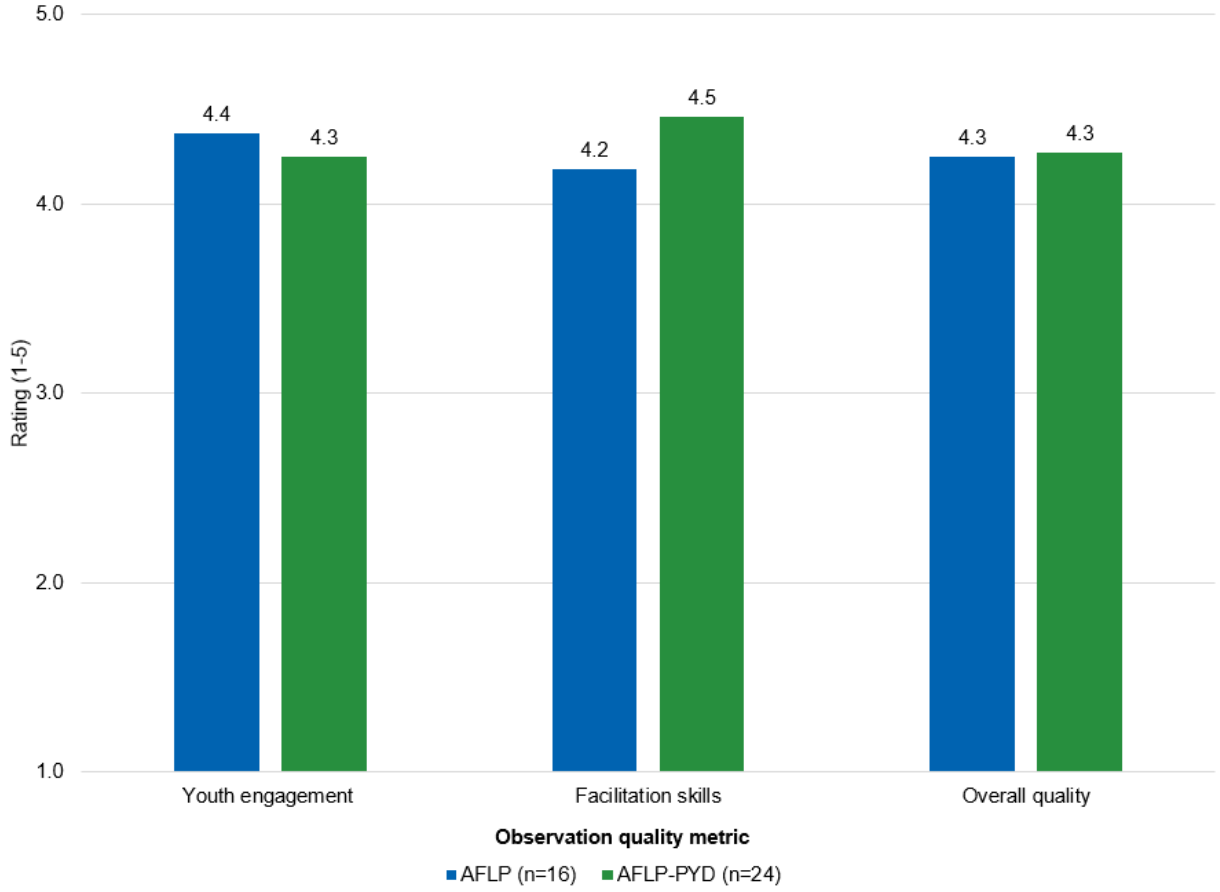
The study team examined the average percentage of time spent on specific topics by program type (Figure VI.2). Observers noted that some of the content varied significantly based on the needs and circumstances of the clients observed. Although not conclusive given the small sample size, these differences are consistent with how staff described the focus of the new program, and they bear further exploration to understand whether and how AFLP-PYD case managers cover the relevant content on family planning, health care, and infant health.

Among the visits observed, AFLP case managers spent more time addressing infant health and development, family planning, and access to health care, whereas AFLP-PYD case managers spent more time addressing education and employment, providing resources and referrals, and healthy relationships. In addition, the study team looked at the degree to which each of these topics was discussed. Although most visits in each program covered all topics, AFLP visits were significantly more likely to cover infant development, family planning, and access to health care than AFLP-PYD visits. One hundred percent of AFLP visits had some discussion of infant health, compared with only 54 percent of AFLP-PYD visits. Similarly, AFLP case managers discussed family planning in over 90 percent of the visits observed, compared with 66 percent of AFLP-PYD visits. Eighty-seven percent of AFLP visits covered access to health care, compared with 41 percent of AFLP-PYD visits.

Where relevant and possible, mothers in both programs also had time to reflect and problem solve in most visits. For example, in one AFLP-PYD visit with a mother facing many challenges, the case manager spent much of the visit encouraging the client to reflect on how she could address her challenges (such as lack of a driver's license, parenting concerns for her child, failing tests in school, lack of birth control, and so on). The case manager observed that the client had difficulty staying motivated but was making progress by slowly taking ownership of her academic, parenting, and reproductive health needs and defining the steps she needed to take to meet them.

Although content varied across visits, observers noted that the overall quality of visits in both programs was high and similar across the two programs (Figure VI.3). Both AFLP and AFLP-PYD mothers appeared highly engaged in the discussions with their case managers. Among the visits observed, case managers in both programs typically used open-ended questions and incorporated planning and goal setting into each visit. In both programs, case managers appeared empathetic, patient, and positive in their approach—they cared about their clients, and their interactions showed that. The observations did not measure the degree to which case managers used motivational interviewing techniques.

Figure VI.3. Engagement and interactions with case manager[8]



Source: Observations of visits with participating mothers in AFLP (n = 16) and AFLP-PYD (n = 24).

Staff survey data suggest that case managers in both programs also reported similar levels of skills connecting with youth. On a scale of 1 to 7, case managers rated their own skills interacting with mothers, as well as working collaboratively with their clients (Figures VI.4a and VI.4b). Case managers for AFLP and AFLP-PYD seemed confident in their abilities to interact well with youth (for example, interviewing, listening, nonverbal communication, empathizing, and cultural sensitivity) and, on average, rated themselves between 5.2 and 6.3, with no significant differences between the groups (Figure VI.4a). Similarly, case managers said they were skilled at providing case management and working collaboratively with youth (for example, developing case plans with youth and/or their families, involving youth in the assessment process, identifying youth and family strengths, connecting youth with needed

[8] The rating for youth engagement is based on factors such as the mothers' responsiveness to the case manager, the degree to which she asked questions and seemed interested in the discussion and activities, and how actively she participated. The rating for facilitation skills is based on how the case manager is organized and prepared, how she establishes rapport with the youth (e.g., positive, friendly, warm, comfortable, nonjudgmental, caring, empathetic), whether she provides nonjudgmental responses to questions, whether she uses a positive and youth-centric approach, whether she validates the mothers' needs and successes, etc. The overall quality rating was a separate summary rating that observers used to rate the overall quality of the visit, based on a combination of factors such as level of participation, engagement, quality of facilitation, facilitator preparedness, etc.

resources, and using collaborative decision making with youth and/or their families). Case managers rated themselves between 5.7 and 6.2 on this measure, on average, with no significant differences between the two groups (Figure VI.4b).

Figure VI.4a. Case managers' self-reported skills interacting with mothers

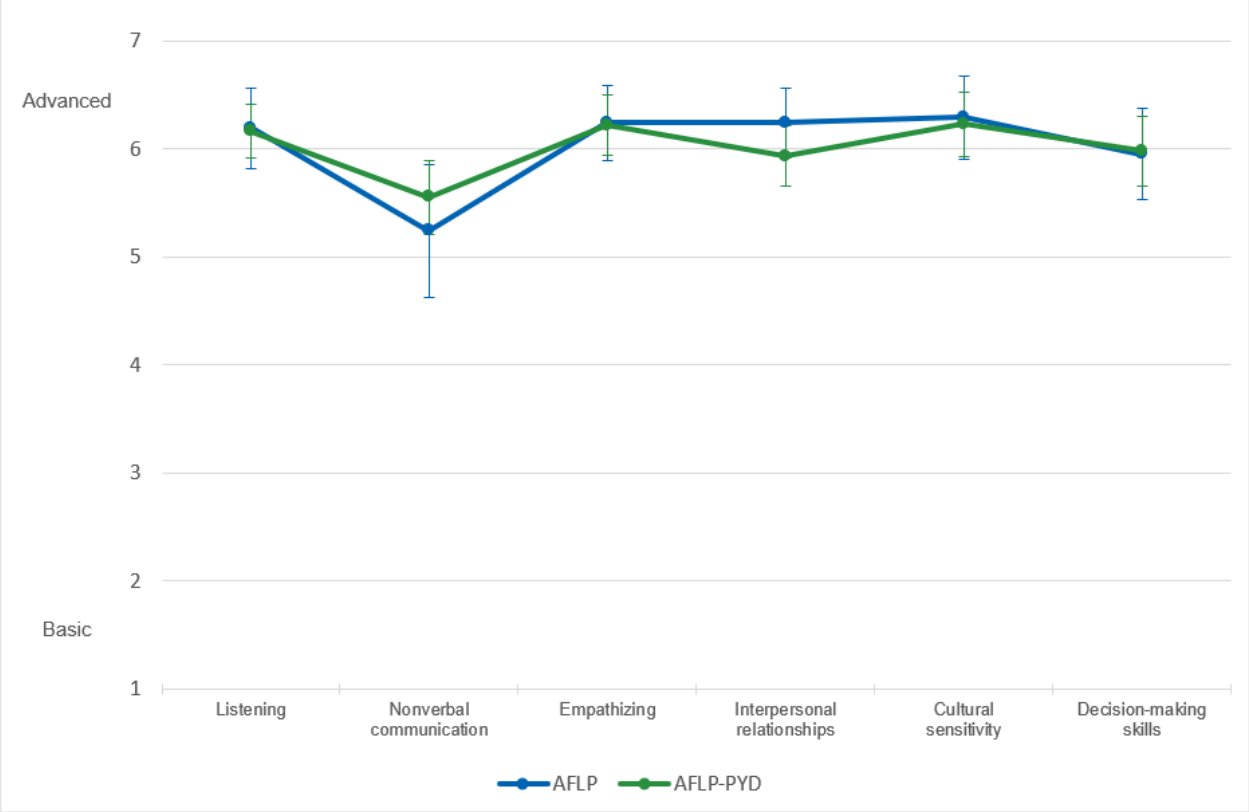
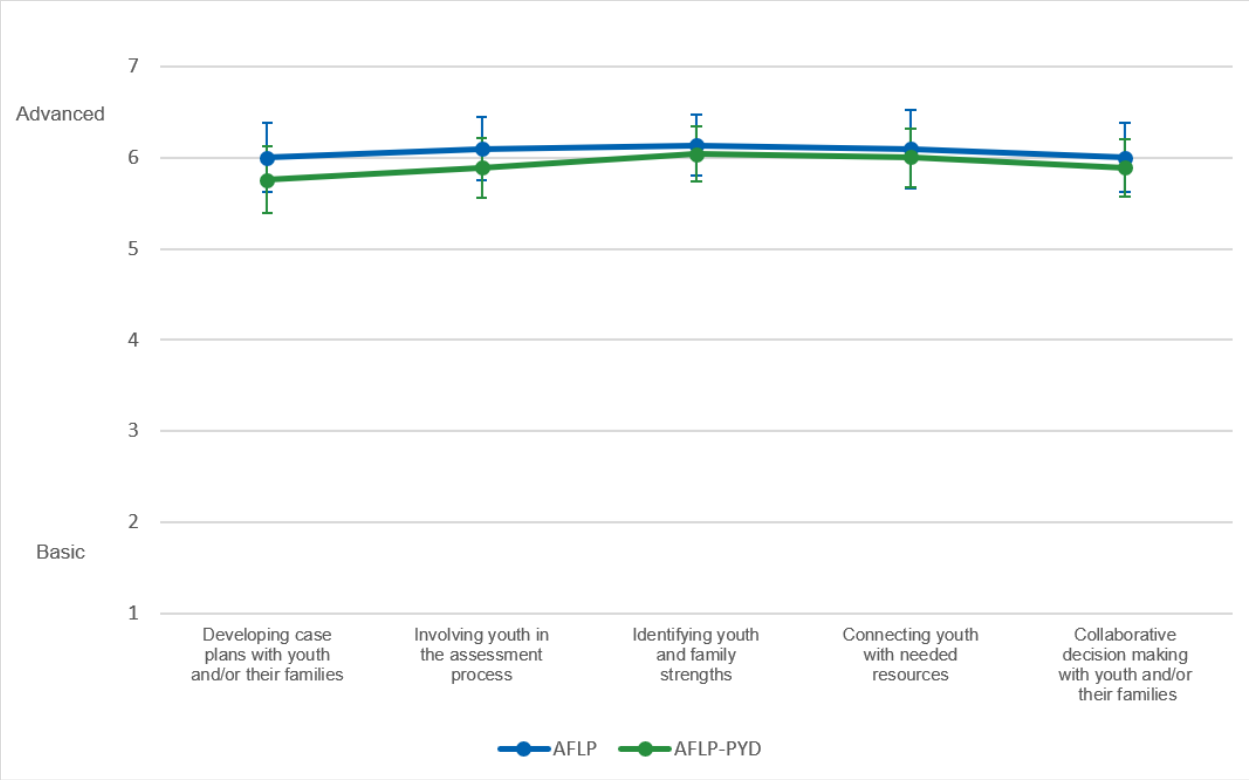


Figure VI.4b. Case managers' self-reported skills working collaboratively with mothers



Source (for both figures): Case manager survey. For all items, 21 AFLP case managers responded; sample size varied by item for AFLP-PYD case managers, ranging from 44 to 45.

C. In focus groups, participants in both programs highlighted similar strong connections with case managers

The study team conducted 17 focus groups with 130 mothers (66 AFLP-PYD, 64 AFLP) across the two programs.[9] Mothers enrolled in both AFLP and AFLP-PYD spoke positively about their relationship with their case managers. They felt a close bond and referred to them as their friends or parents. The mothers felt that the case managers were instrumental in motivating them when they needed encouragement, understood their challenges and problems, helped them identify and feel positive about their goals, and were there for them when the mothers needed anything for themselves and their families. Most participants also felt they

> "My case manager showed me that just because I have had a baby my world hasn't stopped—I can still finish school and get a job. She would remind me and check with my teacher and remind me again—so it was very motivating."
>
> *– AFLP-PYD participant*

[9] The study team scheduled and conducted focus groups based on the schedule and convenience of site staff and participating mothers. Mothers formally consented to participating and received snacks or lunch (depending on the timing) and a $25 gift card to help with transportation.

could ask case managers anything and talk to them about topics they would not discuss with others in their lives.

A number of mothers in both programs also talked about how their case manager was the reason they did not give up on their education and future careers. Their relationship with their case manager helped alleviate some of the stigma they felt as teen mothers and fostered a sense of hope for themselves and their child(ren). Several said they were returning and reconnecting with school after taking a break or dropping out. In one case, a mother enrolled in the AFLP-PYD program said that her case manager helped her find a more practical and feasible educational option to complete her credits and graduate, compared with the traditional high school where she was previously enrolled. She could now meet with her case manager and attend classes at the same site, which housed an alternative school. An AFLP mother was forced to drop out of school because the school would not accept her doctor's note while she was pregnant. She said that her case manager advocated for her and helped her enroll in another school.

Case managers in both programs often filled a void or need in mothers' lives. Some mothers said they used to feel overwhelmed and isolated. Many did not have other reliable adults or someone trustworthy in their lives to support and encourage them. An AFLP participant shared that before enrolling in the program, she didn't aspire to "big things." But thanks to her case manager's help, she is now looking to be a dental assistant and has gotten into Cal State University. Another participant said having her case manager accompany her to appointments meant that she was taken seriously and she felt less alone. One AFLP-PYD participant said her case manager helped her learn how to "face her problems" and also become a better person when she was feeling down.

Overall, most mothers participating in both programs felt their case managers fostered a sense of independence to solve their problems. Several mothers enrolled in AFLP talked about how they felt challenged and pushed to be the best they could be, when previously they would have given up. A mother enrolled in the AFLP-PYD program described how her case manager helped her navigate applying for housing on her own so she could do it when her case manager was no longer there. Similarly, another AFLP-PYD mother said that her case manager "doesn't do things for [her] but helps [her] understand what [she] needs to do."

D. Mothers in both programs shared comparable goals and similarly noted that their case managers helped them reach their goals

In focus groups, mothers in AFLP and AFLP-PYD shared their challenges and motivations and what they hoped to achieve by the end of the program. Overwhelmingly, participants in both programs were concerned about staying in high school and graduating, and then going to college. Most said they were enrolled in a traditional or alternative high school and were earning credits toward graduation. One mother who was enrolled in the AFLP program described wanting to graduate on time so she could go to college and study to become a pediatric oncologist. A mother

in the AFLP-PYD program who was passionate about the environment described wanting to major in Earth science.

> "My goal was to get as much as I could from being in this program—I want to graduate, take care of my baby."
>
> *– AFLP-PYD participant*

The motivation for completing their education seemed, in part, to be linked to mothers' strong desire to be good parents. In one AFLP-PYD group, several mothers talked about graduating high school because they wanted their children to "see the best of them." In discussing their objectives for participating in either AFLP or AFLP-PYD, most said they wanted to learn how to take care of their baby, be better parents, and make sure their child has a better life than they did. In several focus groups, mothers also mentioned not wanting to get pregnant again. One mother who was enrolled in AFLP talked about how alone and isolated she felt before starting the program. She didn't know how to take care of her baby or how she would manage. For her, participating in the program and meeting with her case manager every month was an important step toward becoming a good parent, as well as more independent and confident.

> "I told my case manager what I wanted to do on the first day we met and to this day she still remembers exactly what I said I wanted and she keeps track. That's important to me because it builds trust."
>
> *– AFLP participant*

The goal-setting aspect of both programs was thus particularly appealing to mothers. They liked defining a set of goals and identifying the specific steps that they would need to take to meet them. For example, one AFLP-PYD mother described her experience with her case manager as follows: "They make you think about what you don't think on a daily basis, since you're so busy with your baby. They make you think, what is your goal, and how to achieve it and solve a problem, and if you want to continue with school, they'll help you find resources and other services." In another focus group, a mother said that she particularly liked writing down her goals for the future, because it made her feel like she was doing something useful for her daughter. AFLP participants also described the value of setting goals and appreciated how it helped keep them on track.

E. Mothers credited both programs with helping them envision a more promising future for themselves and their children

Participants also discussed whether and how they felt the programs made a difference in their lives. Again, the response was overwhelmingly positive in both programs and shared several common themes. AFLP mothers said the program helped them grow and be more mature, get on birth control, graduate and go to college, aspire to do big things, and set and achieve their goals. Mothers enrolled in the AFLP-PYD program said it made them feel they could do more and that their lives were not over after having a baby. They also emphasized how the strengths-based AFLP-PYD program had helped them identify and apply their strengths and values, and solve problems in their lives. Youth reported feeling more independent and better able to identify

opportunities to pursue. One mother said, "I'm not so scared any more—I'm ready to be a parent" as a result of her participation in the AFLP-PYD program.

Beyond the program helping them to achieve their specific goals, mothers in the AFLP-PYD program also shared how the program changed their perspective on their future. For example, one mother talked about how her case manager "lifts [her] up and makes things better." She said that her family had a cynical and negative point of view and did not feel like she would amount to anything. But through the program, she began to see things more positively and also strategized how to reconnect with the family of the baby's father. Another participant shared how being in the program made her feel more hopeful about her future. Identifying her values helped her draw a direct connection to the importance of going to college for her and her child, and the importance of getting on birth control to ensure that she could continue her studies.

In focus groups, mothers participating in AFLP-PYD discussed their impressions of the specific content that focused on future planning, such as the My Life and Me and My Life Plan activities. Most enjoyed the activities and said that the worksheets helped them think about their values and strengths in ways they had not considered before the program. The My Relationships and My Strengths activities were especially well received as ways of identifying a concrete set of resources and strengths to draw on. Participants said they often kept the worksheets and referred back to them. In one group, a mother shared that sometimes writing things down made them more real. She said that she realized she was in an unhealthy and abusive relationship when she began writing things down on the worksheets, thinking about her values and personal relationships, and discussing them with her case manager. Another mother specifically highlighted the life planning piece as helpful to her in thinking about the future.

F. Mothers in both AFLP and AFLP-PYD highlighted challenges and areas for improvement in the programs

Mothers participating in both programs offered suggestions for how to make the program more useful for them, especially related to how often they met with their case managers, and the duration of the program. Similar to what case managers reported, the preferred frequency of visits fluctuated depending on each client and her needs, as well as the timing of visits. Although most mothers liked keeping the number of visits as they were, some who were in AFLP said they wanted more visits, and others who were in AFLP-PYD said they wanted fewer visits. For example, one mother mentioned that she would have liked to see her case manager more often when she was going through a difficult period with her boyfriend, but now that things were more stable, one visit a month was enough. In the case of another participant, scheduling even one meeting a month was difficult, given her circumstances and other responsibilities. Several mothers in both programs said they have no one else to talk with, and they look forward to the time they are able to spend with their case managers. Of the 65 AFLP-PYD mothers who attended a focus group, seven mothers (or about 10 percent) felt that the program should be longer and that one year felt too short. Overall, focus group participants suggested that flexibility in the number and timing of visits would be helpful.

Across the two programs, mothers also wanted more resources and help with child care, transportation, and housing, which is not surprising, considering that these are common challenges many of them reported facing. For example, one mother mentioned that the case manager offers or invites her to events, but transportation is not available, so she has no way to get there. Several mothers suggested adding child care on-site to make it easier for them to attend parenting classes or other activities, as needed. The increasing lack of access to affordable child care and housing in California is an especially thorny challenge for mothers to overcome and may dramatically affect their ability to meet academic or professional goals.

Finally, focus group participants particularly enjoyed listening and sharing their experiences and advice with each other during the focus group. They highlighted the usefulness of this support and interaction with other mothers like them and suggested that opportunities for meeting each other be incorporated into their programs. Building on that, mothers also indicated that the program's public profile and outreach could be greater so other adolescents like them could learn about it and participate. They felt that AFLP and/or AFLP-PYD had the potential to benefit many more mothers they knew who had never heard about the program.

VII. Conclusion

In 2010, MCAH began an effort to significantly improve AFLP, its existing statewide case management program for young parents and their families. MCAH aimed to make the program more youth centered and intentional, and to standardize it for implementation across the state. Starting with a foundational emphasis on positive youth development principles, the new design, AFLP-PYD, added prescribed content on healthy relationships, education and workforce, family planning, access to health care, intentional use of life planning and motivational interviewing, and a more intensive visit structure to be delivered over one year. AFLP-PYD case managers received intensive preservice training and materials to prepare them, and they were expected to maintain lower caseloads than on AFLP. After a three-year pilot, the state expanded the program as part of a multiyear federal impact and implementation evaluation funded by the Office of Population Affairs.[10]

Despite the three-year pilot period, implementing the new, highly structured model as intended required more time and support than the state and sites initially expected. Most staff used and appreciated the new strategies that emphasized youth's strengths and self-sufficiency but found it challenging to complete the required two visits a month (compared to the one required visit for AFLP) and to integrate new content with meeting mothers' immediate needs. Youth experience with both AFLP and AFLP-PYD was comparable in quality based on focus group discussions and observations of a small number of case manager visits with mothers, though the content of visits varied. Mothers in both programs who participated in focus groups expressed having a close bond with their case managers, highlighting the key role the case managers played in their lives.

Findings from the implementation study have important implications for understanding results from the forthcoming impact evaluation of AFLP and AFLP-PYD. They also suggest several lessons that may be useful for practitioners and researchers to consider in designing similar interventions for young mothers, or for future efforts at replication. We describe these findings below.

The strengths-based, youth-centered approach of the new AFLP-PYD model seemed to work well for both staff and participants.

Even though it represented a significant shift for most staff, AFLP-PYD case managers and supervisors across all sites saw value in the new content and approach. Although goal setting as a strategy is commonly used in the original AFLP program as well, AFLP-PYD staff liked the greater focus on resiliency and self-sufficiency. They felt that the purposeful nature of the new activities and the emphasis on life planning and defining strengths helped mothers feel more confident and empowered to identify and achieve their goals independently. In focus groups,

[10]Findings from the impact evaluation will be presented separately in a forthcoming report.

mothers in AFLP-PYD also noted that identifying their strengths helped them feel they had the resources and skills to tackle challenges in their own life.

To better meet the fluctuating needs of young mothers, the prescribed program sequence and structure of AFLP-PYD would benefit from greater flexibility.

With a detailed and highly structured AFLP-PYD design, MCAH hoped to encourage the use of consistent benchmarks for implementation across the state. Participants move through four phases, each of which has required activities and content. Staff in multiple sites noted that although having a well-defined sequence and structure to follow was useful, the prescribed content sometimes inhibited meeting the immediate needs of the mothers they served, especially those in crisis or dealing with recent trauma. They suggested that greater discretion in allowing them to tailor, delay, or supplement activities would be helpful. For instance, some case managers said it was important to build in time for new mothers to talk about their child's development before diving into structured activities.

Staff also emphasized that each mother is different in terms of where she is starting and how she navigates the program. Some need more time and support, and others need less. Program developers and trainers may wish to incorporate guidance on how and where supervisors and case managers can use their discretion on the best approach for each youth. For example, being flexible about the number of required visits each month would allow staff to invest time and resources in the mothers who have greater needs.

Better-defined expectations, opportunities for practicing the new methods, and ongoing support would strengthen the staff training and preparation for AFLP-PYD.

Since the study began, MCAH has used staff feedback to strengthen the preservice training and more clearly define expectations. When implementation first started, and particularly because the transition to AFLP-PYD happened quickly in some sites, staff did not feel prepared to deliver AFLP-PYD after their preservice training. Practitioners who may be considering a shift to similar program models (particularly those that are more prescribed or use methods such as motivational interviewing) may wish to provide in-depth preservice trainings for staff that directly address real-world implementation of the program. For instance, AFLP-PYD case managers said it would be helpful for trainings to include more practical input from a case manager who could explain the different AFLP-PYD requirements and components and how to use the new AFLP-PYD methods and activities in practice. Staff also suggested incorporating time to shadow and practice the methods, such as motivational interviewing, on the ground. AFLP-PYD supervisors likewise suggested having trainings specifically for supervisors, in which they could learn how to best support their case managers in implementation and could learn from each other in interactive sessions.

In practice, although the programs were different in approach and content, mothers' experiences were similar and positive.

Mothers' experiences with both AFLP and AFLP-PYD were comparable in quality based on focus group discussions and observations. In focus groups, mothers in AFLP and AFLP-PYD highlighted close relationships with their case managers and how they benefited from setting specific goals and working toward achieving them. Observation data, although not statistically representative of all visits, supported this finding, showing that case managers' interactions with their clients were similarly engaging, empathetic, and strengths-based.

There were some variations in the content mothers received and the approach used across the two programs. Study data suggest that AFLP-PYD case managers may have spent more time on resources and referrals and healthy relationships during their discussions with mothers, whereas AFLP case managers focused more on infant health and development and family planning. This is consistent with the greater focus on building self-sufficiency through future planning and developing a network of resources in the AFLP-PYD activities. Mothers participating in AFLP-PYD also said that the activities helped them think about their values and strengths in ways they had not considered before.

As with the rollout of any new program, and particularly one with the scale and scope of a statewide intervention, the implementation of AFLP-PYD had its share of successes and challenges. With improved training, clarifications of expectations, and ongoing support from MCAH, case managers' and supervisors' comfort with the new model and its requirements increased over time. AFLP-PYD case managers covered AFLP-PYD content and activities, used MI techniques, and, to some extent, were able to increase the frequency of visits. Mothers in the program rated it very positively, liked the focus on resilience and self-sufficiency, and developed strong connections with their case managers. A separate, forthcoming report will examine the effectiveness of AFLP-PYD on a range of outcomes.

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