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# The Implementation of Maternity Group Home Programs: Serving Pregnant and Parenting Teens in a Residential Setting

***Final Report***

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# EXECUTIVE SUMMARY

Maternity group homes offer an innovative and intensive approach to addressing the needs of an extremely vulnerable population—teenage mothers and their children who have no other suitable place to live. Interest in these homes has increased in recent years, due in part to recent welfare reform rules that require minor parents to live in an adult-supervised setting as a condition of Temporary Assistance for Needy Families (TANF) receipt. Yet surprisingly little is known about maternity group homes; to date there have been few studies of the implementation of maternity group home programs and no rigorous evaluations that examine their effectiveness.

Given the considerable interest in maternity group homes and the roles they can play in assisting pregnant and parenting teens' transition to independence, it is important to fill some of the gaps in the existing research. For this reason, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services is interested in learning more about maternity group home programs and in assessing the feasibility of conducting a rigorous evaluation to measure the effectiveness of such programs. To this end, ASPE contracted with Mathematica Policy Research, Inc. to conduct a study of how these programs operate and to explore options for studying them further. The study has two main objectives: (1) document the implementation of maternity group home programs and (2) explore the feasibility of conducting a rigorous evaluation of their effectiveness. This report addresses the first of these two objectives; a future report will address the second objective.

## METHODOLOGY AND RESEARCH QUESTIONS

This study examines maternity group home programs in seven states. In this study, a maternity group home is defined as a residential program providing substantial supervision and other services primarily to pregnant and/or parenting teenagers. Because one main goal of the current study is to assess the feasibility of conducting a more rigorous evaluation of the effectiveness of maternity group home programs, our emphasis was on programs that seemed to have the highest potential for inclusion in such an evaluation. Thus, the homes included in this study are not necessarily typical or representative of maternity group homes

nationwide. In particular, the programs in the study are relatively large, most including multiple homes. Table 1 provides a brief overview of the seven programs in this study.

We conducted two-day site visits to each of these programs, visiting up to five maternity group homes in each program. During the visits, we met with staff of the agency or organization that oversees all the homes in the program, and sometimes with staff of another agency that provides the majority of funding or referrals. At each home, we toured the facility, met with key staff, and, where possible, spoke with residents and observed program activities.

This report describes the implementation of these seven large maternity group home programs. In particular, the report addresses three sets of research questions:

- ***Management, Funding, and Target Population.*** What kinds of management structures support and guide larger maternity group home programs? What are the sources of funding for these programs? What are the eligibility requirements and typical referral sources? What are the characteristics of the population these homes serve?

- ***Services Provided.*** What are maternity group homes like? What kinds of facilities house the programs? What kinds of services do they provide?

- ***Staffing and Costs.*** How are maternity group homes staffed? What are the levels of funding for these programs? Why do program costs vary across homes?

## KEY FINDINGS

***Management.*** Maternity group homes are often operated by larger organizations with broader social service missions. In some cases, a single parent organization—such as St. Andre Home, Inc. in Maine or Friends of Youth in Washington—operates multiple maternity group homes. In addition, some large maternity group home programs have another layer of management. Four of the seven study programs are networks, consisting of several homes that are each operated by a different parent organization. Networked homes are linked together by a state or county agency that provides funding, oversight, and other support to the homes.

Both parent organizations and network agencies provide extensive support to their homes. Network managing agencies can provide their homes with funding and technical assistance, facilitate interactions between different homes, and encourage standardization or deliberate variety among their homes. Parent organizations can take on similar roles, particularly for homes that do not belong to a network. Parent organizations can also provide more direct management to maternity group homes, often taking responsibility for all financial matters and sometimes sharing staff and facilities. Providing such assistance, however, uses financial resources, and centralized networks may limit homes' flexibility to tailor their programs to meet local needs. Agencies and organizations should take these

tradeoffs into account when considering opening a maternity group home program or creating a network.

***Funding Sources.*** The study programs rely on various funding sources (see Table 1). Each typically depends on a single major government funding source, that covers two-thirds or more of the cost of the program. However, the main source of funding varies substantially across the programs. Two programs rely primarily on federal child welfare

**Table 1. Overview of Maternity Group Home Programs**

| Program (State) | Number of Homes | Program Capacity | Primary Funding Source | Primary Referral Source | Eligible Age Range of Mother |
|---|---|---|---|---|---|
| GCAPP Second Chance Homes (Georgia) | 8 | 44 | Federal child welfare | Child welfare agency | 13 to 20 |
| St. Andre Group Homes (Maine) | 4 | 16 | Medicaid | Child welfare agency | 15 to 24 [a] |
| Teen Living Program (Massachusetts) | 20[b] | 167 | State | TANF agency | 13 to 20 |
| Teen Parent Supportive Housing Services Collaborative (Michigan) | 3 | 34 | HUD | TANF agency | 15 to 18 |
| Teen Parent Program (New Mexico) | 5 | 38 | State | No single main source | 13 to 21 |
| Inwood House Maternity Residence (New York) | 1 | 36 [c] | Federal child welfare | Child welfare agency | 13 to 20 |
| Friends of Youth Transitional Living Program (Washington) | 2 | 20 | HUD | No single main source | 18 to 21 |

GCAPP= Georgia Campaign for Adolescent Pregnancy Prevention.
HUD= U.S. Department of Housing and Urban Development.
TANF= Temporary Assistance for Needy Families.

[a] Up to age 29 in one of the four homes.

[b] In addition to these 20 homes, the Massachusetts program includes 3 homes designed for older, more mature teens However, these homes do not fit the definition of a maternity group home used in this study due to the lower levels of supervision provided.

[c] Inwood House officially has the capacity to serve 36 residents. However, the home has been operating below this capacity for some time and, in response, has reduced staff and converted some space for other uses. Thus, in this report, we consider their capacity to be 24 when calculating staffing ratios and costs per resident.

funds, and two others receive the majority of their funding from Supportive Housing Program grants from the U.S. Department of Housing and Urban Development (HUD). One program uses federal Medicaid funds—for the professional services received by maternity group home residents—supplemented by specially allocated state funds. Two other programs are funded primarily with state funds. The study programs typically supplement funds from their primary source with smaller amounts of funding from other governmental and nongovernmental sources. For example, most homes receive private donations—either cash or in-kind contributions—from charities and individuals. In addition, most homes require residents to make small monthly contributions, typically set at 25 to 33 percent of residents' monthly income.

***Target Population.*** Maternity group home programs serve a highly disadvantaged population with many special needs. Program staff reported that histories of physical, emotional, and sexual abuse were common among the residents of the homes. Residents often come from chaotic family backgrounds that put them at high risk for adverse outcomes. Many were raised in unstable family situations, often involving frequent moves and a lack of structure. In other cases, residents have spent many years in the foster care system with little or no contact with their families. Program staff frequently indicated that their residents had extremely poor models of parenting as young children and, therefore, now find it extremely challenging to be good parents themselves.

Most maternity group home programs share a basic set of eligibility requirements. In general, residents must be young single women who are in need of housing and are either pregnant or raising a young child. The homes in this study primarily serve teenage mothers. Programs typically screen out young women with severe mental health and behavior problems, active drug abusers, and those who might be a danger to themselves or others at the home. Even so, many residents have histories of psychological and behavioral problems.

In many cases, maternity group home programs have additional eligibility rules tied to their funding sources. For example, programs that receive HUD funding, such as those in Washington and Michigan, require residents to meet the HUD definition of homelessness as a condition of program eligibility. Homes in the Massachusetts and New York programs may not accept residents who are not referred by the agencies that provide the homes' funding.

Other programs accept referrals from multiple sources, although some have a primary source that provides the bulk of their residents (see Table 1). For example, the Georgia and Maine programs receive most of their referrals from local child welfare agencies, while the Michigan program homes receive most of their referrals from the TANF agency. Most homes also accept referrals from various other sources, including schools, the juvenile justice system, homeless shelters, hospitals, and informal channels—for example, friends, relatives, and churches. In other cases, the young mothers themselves request assistance from the program.

***Services Provided.*** The potential of maternity group home programs to address the numerous problems facing pregnant and parenting teens rests in the range of services they

provide to their residents. The maternity group homes in this study are intensive, comprehensive support programs for pregnant and parenting young women and their children. The homes provide a safe place to live, constant supervision, and an extensive array of services to the families living there. All the homes visited for this study provide the following core set of services:

- **Housing.** Probably the most fundamental need filled by maternity group homes is that of secure housing. The majority of the study homes are congregate facilities, in which all residents share common areas, such as living rooms, dining rooms, and kitchens. However, many programs also include some facilities in which residents live in individual or shared apartments.

- **Supervision and Structure.** In response to the need of teen parents for support and supervision, maternity group homes typically have staff on site 24 hours a day, 7 days a week. In addition to providing general supervision and other services to their residents, staff provide structure by establishing and enforcing rules under which maternity group home residents must live. Homes often impose numerous restrictions and obligations on residents, both to provide needed structure to the lives of those living there and to teach them responsibility and skills they will need to be self-sufficient once they leave the home.

- **Case Management.** All homes in this study provide case management services to their residents, usually through regularly scheduled, mandatory individual meetings with staff. Case management sessions often involve setting personal goals and discussing progress on achieving them. In addition, case managers work to connect residents with external providers of other services that the homes themselves cannot offer.

- **Parenting and Life Skills.** The constant presence of home staff offers residents many opportunities for informal lessons on the skills needed to parent and live independently. Moreover, some of the required chores are specifically designed to give residents a chance to practice these skills. In addition, maternity group homes offer formal instruction in parenting and life-skills topics, and attendance at these classes typically is mandatory for all residents. Some homes require residents to attend several group sessions each week, while others offer such classes only a few times a month.

The homes also often provide logistical supports—such as child care and transportation assistance—to enable residents to access additional services outside the home and to attend school, work, and other activities. In addition to these common services, some maternity group homes strive to offer additional services on site, such as mental health services, educational assistance, follow-up services for former residents, and services to the fathers of residents' children. Through these intensive programs of comprehensive services, maternity group homes have the potential to benefit disadvantaged young mothers and their children in both the short and long term.

***Staffing and Costs.*** Operating a residential program that provides supervision, structure, and other services to pregnant and parenting teens and their children can require a large staff. On average, the homes in our study have about five full-time and six part-time staff. In addition to their own staff, homes often rely on external providers to perform certain services, such as teaching classes or providing therapy to residents within the homes. These providers may be unpaid partners, paid contractors, or staff of the home's parent organization.

Staffing—which can make up 70 percent or more of overall operating expenses—is by far the largest expense in operating maternity group home programs. The cost of operating a maternity group home can be high, due to the number of staff needed. The average monthly cost per resident family ranges from $1,200 to $8,600 in the study homes.

The number of staff varies considerably across the homes, depending in part on the size and type of facility, the specific population served, and the intensity of supervision and other services provided directly by home staff. Since staffing is the single largest component of program expenses at most homes, any program feature that has strong implications for staffing will have similar implications for costs. Thus, programs serving populations that require more intensive supervision—such as younger teens or those placed in the homes by child welfare agencies—will typically have higher costs. Homes able to rely on other community organizations to provide many services to residents can realize cost savings by not providing these services directly. In addition, programs that operate larger homes tend to have lower per-resident costs, due to economies of scale. Policymakers and social service organizations should consider these factors when determining the features and likely costs of operating maternity group home programs.

## RECOMMENDATIONS FOR FURTHER RESEARCH

By systematically examining the implementation of maternity group home programs in 22 different homes, this report fills some of the gaps in the existing literature. However, much remains to be learned about the operation and effectiveness of maternity group homes. For one thing, this study examined only 7 of the more than 100 maternity group home programs in the country. Moreover, this study focused on relatively large programs, most of which included a number of different affiliated homes. Future research would be necessary to determine to what extent, and in what ways, the many smaller programs and independent maternity group homes might differ from those included in this study. In addition, we cannot know to what extent maternity group home programs live up to their potential to address some important consequences of teen pregnancy without a rigorous evaluation of their effectiveness. Future research should include a careful examination of the impact of these programs on the well-being of the young mothers and children they serve.

# CHAPTER I

# INTRODUCTION

Maternity group homes offer an innovative and intensive approach to addressing the needs of an extremely vulnerable population—teenage mothers and their children who have no other suitable place to live. Interest in maternity group homes has increased in recent years, due in part to recent welfare reform rules that require minor parents to live in an adult-supervised setting as a condition of Temporary Assistance for Needy Families (TANF) receipt. Yet surprisingly little is known about maternity group homes; to date there have been few studies of the implementation of maternity group home programs and no rigorous evaluations examining the effectiveness of these programs.

Given the considerable interest in maternity group homes and the roles they can play in assisting pregnant and parenting teens transition to independence, it is important to fill some of the gaps in the existing research. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services (DHHS) is interested in learning more about maternity group home programs and in assessing the feasibility of conducting a rigorous evaluation to measure the effectiveness of such programs. To this end, ASPE contracted Mathematica Policy Research, Inc. (MPR) to explore options and design an evaluation of maternity group homes. The study has two main objectives: (1) document the implementation of maternity group home programs and (2) explore the feasibility of conducting a rigorous evaluation of their effectiveness. This report addresses the first objective; a future report will address the second.

## THE CONSEQUENCES OF TEENAGE PARENTHOOD

Although the rates of pregnancy among teenagers have fallen steadily throughout the past decade, teenage pregnancy and parenthood remain serious problems in the United States. More than 800,000 teenagers become pregnant each year, and about a third of all young women experience a pregnancy before age 20 (Henshaw 2004; National Campaign to Prevent Teen Pregnancy 2004). The majority of teenagers who become pregnant are from disadvantaged backgrounds, and early pregnancy and childbirth create additional challenges. These teen parents and their children struggle with difficult circumstances in the short term and throughout their lives.

The problems facing pregnant and parenting teens are well documented. Teen mothers tend to be very poor, and most are single parents; this stress is often compounded by physical or sexual abuse and other health issues (U.S. DHHS 2000). Pregnancy can interrupt teens' educational pursuits and early employment experiences (Maynard 1996). The negative outcomes associated with teenage pregnancy, including lifelong poverty and lengthy spells on public assistance, can follow mothers and their children for the rest of their lives (U.S. DHHS 2000). The daughters of teen mothers often become teen mothers themselves, with all the accompanying negative outcomes, thus perpetuating the intergenerational cycle of poverty and disadvantage.

Homelessness increases their risk of negative outcomes. Teens with tenuous living situations may have to leave their homes when they become pregnant. Pregnancy may be the final straw in an already unstable living situation, or their homes may be unsuitable environments in which to raise their babies due to issues of overcrowding, unsafe living conditions, domestic violence, or other extenuating circumstances. Teens in foster care who become pregnant may find that their current home is unable to accommodate their infant, and foster care placement cannot always ensure that a teen and her child will be placed together.

However, there are few housing options for pregnant and parenting teens who cannot live with a parent or responsible adult. Homeless shelters and battered women shelters often do not accept minor teens or their young children. Few teens have the financial and personal resources to live independently, particularly while caring for a young child, and teens facing housing instability are likely to be among the most disadvantaged. Furthermore, in some cases, teen parents must live in a supervised setting as a condition of receiving TANF benefits or as a condition of retaining custody of their babies.

## BACKGROUND ON MATERNITY GROUP HOMES

Maternity group homes are a potential solution to this housing issue, and possibly to other challenges facing teen parents. Maternity group homes can offer an intensive package of services to meet the short- and longer-term needs of pregnant and parenting teens. In the short term, these homes provide a secure living environment with adult supervision and material and emotional support for teen parent families. Maternity group homes can also promote more positive long-term outcomes for teen parents and their children, by providing more extensive services to better prepare residents for independence. Maternity group homes can also provide necessary logistical supports such as transportation and child care to enable teen parents to pursue avenues to better their lives and their families' futures.

***History.*** Maternity group homes have a long history. Some of the maternity group homes in operation today—such as Inwood House in New York, St. Ann's in Maryland, and the Florence Crittenton agencies—trace their origins to the 1800s (Reich 1996; Reich and Kelly 2000; and Child Welfare League of America 2004). A number of "rescue homes" were opened in the United States in the late 19th century to aid unwed mothers who, at the time, faced considerable social stigma in addition to economic hardship. These homes provided a

safe place for young "fallen women" to live during and after pregnancy, as well as services intended to "rehabilitate" them and teach them to care for their children. Some traditional maternity homes provided services only during pregnancy, after which the usual outcome was for the mothers to give their babies up for adoption.

The need for this type of home was reduced over time, however, due to gradual social changes that made single parenthood more socially acceptable.[1] Particularly during the 1960s and 70s, increased access to contraception made unintended pregnancies more preventable, and the reduced stigma of single parenthood led to a growing desire of unwed mothers to keep their babies. These changes led to the closing of some traditional maternity homes and the re-focusing of other programs. Some homes closed entirely, stopped providing residential services, or diversified to serving a broader population of young women in need (Child Welfare League of America 2004). Others continued their mission as maternity group homes, but with alterations to meet the changing needs. Some relocated from large facilities to smaller, community-based homes. Some homes that had only served pregnant residents extended their programs to provide assistance to the growing number of mothers who decided to keep their babies. In addition, some programs shifted from serving unmarried mothers in general to focusing on a population with the greatest need—teenagers.

Teen mothers in particular still face considerable challenges in caring for themselves and their children, as discussed above. In addition, recent welfare reform rules that require minor parents to live in approved housing as a condition of TANF receipt have contributed to a resurgence in maternity group homes specifically targeted to serve pregnant and parenting teenagers who, for one reason or another, cannot live in their parents' homes.[2] For example, welfare reform prompted the creation of a few networks of maternity group homes, such as the statewide Teen Living Program established in Massachusetts in 1995.

***Prior Research.*** While maternity group homes have the potential to address some important consequences of teen pregnancy, there are a number of gaps in the breadth and depth of knowledge collected about their operations. There have been a number of descriptive studies of maternity group homes in recent years, which have examined the characteristics of their programs and, sometimes, of their residents.[3] However, while the existing studies provide helpful descriptive information on maternity group homes and their residents, they suffer from limitations that reduce the usefulness of their findings. In

[1] In addition, the enactment of Aid to Families with Dependent Children (AFDC) in 1935 had reduced the need for maternity group homes by providing financial support for single mothers—whether widowed or unwed—and their children (Cooper 2004).

[2] The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) included requirements concerning the living arrangements of teenage parents on welfare. Unmarried minor parents must live with a parent or guardian, with few exceptions, as a condition of receiving benefits. States are required to provide or facilitate alternative adult-supervised living situations for those unable to live with a parent.

[3] A recent review of the literature discussed the methodology of 17 past studies of maternity group homes and summarized their findings on a wide variety of issues (Hulsey 2004).

particular, most studies either provide a very brief look at a number of different homes, or a more intensive examination of a single maternity group home or network. In addition, few studies explored the implementation of maternity group homes, resulting in limited information on the challenges faced and lessons learned as staff operate maternity group home programs.

## STUDY APPROACH AND METHODOLOGY

This report aims at filling some of the gaps in the past research by systematically examining the implementation of maternity group home programs across a large number of sites. To do this, we selected interesting maternity group home programs in seven states and conducted site visits to more than 20 different homes.

***Site Selection.*** In determining which maternity group home programs to focus on in this study, we found it useful to first clarify what exactly a maternity group home is. For the purposes of the study, we defined a maternity group home as a residential program providing substantial supervision and other services primarily to pregnant and/or parenting teenagers.[4] This definition excludes programs that provide only limited adult supervision—such as having staff on site only during standard business hours on weekdays—as well as programs that provide housing and supervision but no other services to their residents.

After restricting the definition, we developed a set of other criteria to help us select sites for this study. Because one main goal of the current study is to assess the feasibility of conducting a more rigorous evaluation of the effectiveness of select maternity group homes, our emphasis was on sites that seemed to have the highest potential for inclusion in such an evaluation. To this end, we focused primarily on programs that met the following four broad criteria:

1. Strong, well implemented intervention

2. Ability to generate adequate sample sizes

3. Services offered distinct from what participants would otherwise receive

4. Unmet need for program services

We relied on a variety of resources to explore how well various maternity group home programs meet each of these criteria. These resources included the directory of maternity

[4] This definition excludes programs that primarily serve a much broader population (such as teens who may not be pregnant or parenting, or pregnant and parenting women who may not be teens) of which only a minority are pregnant or parenting teens. However, this definition does *not* exclude homes that serve a few residents who are outside of the teen age range. Most of the programs discussed in this report serve exclusively residents between the ages of 13 and 21, but a few serve women through their middle or later twenties.

group homes compiled by the Social Policy Action Network (SPAN), a review of past studies of maternity group homes, Internet searches, reviews of program websites, and preliminary telephone conversations with staff from certain programs.

It was difficult to find programs that clearly met all four criteria. In particular, identifying programs that were both large enough to generate adequate samples for an evaluation and operating in environments with clear evidence of substantial excess demand for program services proved to be particularly challenging. When necessary, we prioritized the ability to generate adequate sample sizes above the existence of unmet need for program services.

Because of these selection criteria, the homes included in this study are not necessarily typical or representative of maternity group homes nationwide. In particular, because a rigorous evaluation would require large sample sizes, our selection process focused on relatively large maternity group home programs—those serving relatively large numbers of resident families. To achieve these numbers, most of the sites included in this study are actually either networks of homes operated by several different organizations or programs in which multiple homes are operated by a single organization. Thus, although the individual homes included in our study are not necessarily any larger on average than other homes, those in our study are more likely to be part of larger programs. These program ties may have implications for homes' funding, structure, and operations.[5] For example, being part of a larger program my provide the homes in our study with access to resources that independent homes may not have. In addition, homes that are part of larger programs may have to follow program guidelines concerning whom to serve or how to structure the home. Thus, the homes included in our study may be different from other maternity group homes in a variety of ways.

***Data Collection.*** Once we had selected the sites, we contacted the director of each program to request program documents and plan a site visit to gather additional information. Two site visitors went to most programs and spent two or three days in the program's coverage area. During the visits, we met with network- or program-level staff at each of these seven sites, in addition to visiting maternity group homes themselves. The text box below shows the topics discussed during conversations with staff.

At each program, we met with the program director and other staff of the network agency or managing organization. We collected any additional program documents that were available. In some cases, we also met with staff of an agency that provided the majority of funding or referrals for the maternity group home program.

[5] Chapter II discusses this issue in detail.

**TOPICS DISCUSSED DURING SITE VISITS**

- Origins and central goals of the program
- Specific services offered and structure of the homes
- Characteristics of the population served
- Number of clients served by the program
- Typical length of stay for group home residents
- Capacity of the program and the extent of any waiting lists
- Eligibility rules for potential residents
- Application process and referral sources
- Funding sources and annual operating costs
- Staffing (number and types of staff, qualifications, and training)
- Collaborations with other governmental and nongovernmental organizations

We visited every maternity group home in the three programs that included fewer than four homes each (see Table I.1). In the other programs, we visited between three and five homes each. We selected which homes to visit in consultation with the network or program director, based on representativeness, variety, and location. In some cases, we also visited other, unrelated, homes in the same area. At each home, we toured the facility and met with key staff. Where possible, we also spoke with residents and observed program activities.

## PROGRAMS INCLUDED IN THIS REPORT

We visited maternity group home programs in seven states (Table I.1). Each of these programs is described briefly below. Additional detail on each program can be found in Appendix A.

***Georgia—GCAPP Second Chance Homes.*** The Georgia Campaign for Adolescent Pregnancy Prevention (GCAPP) operates a network of eight maternity group homes, located throughout the state, serving 44 teenage mothers and their babies. The program began serving teens in 2001 and is funded primarily by the Georgia Department of Human Resources (DHR). DHR provides both funding to GCAPP—which uses some of this funding to support network-level staff and passes the remaining funds along to the homes—and payments to homes directly for providing shelter and services to children in state custody.

Residents must be between the ages of 13 and 20. Although both pregnant and parenting teens are eligible to live in the homes, in practice most teens have had their babies before they enter the program. The program serves primarily teens in state custody. About two thirds of program residents are referred by local child welfare agencies, and another 10 percent by juvenile justice agencies.

**Table I.1. Maternity Group Home Programs Visited**

| State | Program Name | Number of Homes: Total | Number of Homes: Visited | Capacity in All Homes |
|---|---|---|---|---|
| Georgia | GCAPP Second Chance Homes | 8 | 4 | 44 |
| Maine | St. Andre Group Homes | 4 | 3 | 16 |
| Massachusetts | Teen Living Program | 20[a] | 5 | 167 |
| Michigan | Teen Parent Supportive Housing Services Collaborative | 3 | 3 | 34 |
| New Mexico | Teen Parent Program | 5 | 4 | 38 |
| New York | Inwood House Maternity Residence | 1 | 1 | 36[b] |
| Washington | Friends of Youth Transitional Living Program | 2 | 2 | 20 |

GCAPP = Georgia Campaign for Adolescent Pregnancy Prevention

[a]In addition to these 20 maternity group homes, the Massachusetts program includes three homes designed specifically for more mature teens who have completed a regular maternity group home program and are deemed ready by program staff to transition to semi-independent living. However, these three homes do not fit the definition of maternity group home used in this study due to the lower levels of supervision provided.

[b]Inwood House officially has the capacity to serve 36 residents. However, the home has been operating below this capacity for some time and, in response, has reduced staff and converted some space for other uses. Thus, in this report, we consider the capacity to be 24 when calculating staffing ratios and costs per resident.

The eight homes all offer a similar set of services, including weekly parenting and life-skills classes, regular individual therapy sessions, and weekly case management sessions. Homes also offer tutoring services, as well as transportation to medical appointments, educational events, and group outings. All homes involve congregate living, in which the each teen family has its own bedroom but shares living, dining, and kitchen areas. All provide a very high level of supervision for their residents, including staff on site 24 hours a day and low resident-to-staff ratios—these staffing patterns are required by state law for facilities that house minors in state custody, as these homes do.

***Maine—St. Andre Home, Inc.*** St. Andre Home, Inc. operates four maternity group homes in Maine, which can serve a total of 16 pregnant and parenting young women and their children. The organization was founded in 1940 by a local order of nuns. Three of the homes opened in the mid-1970s; the fourth opened in 1998. Funding for the four homes is primarily through Medicaid and a state contract.

To reside in a St. Andre group home, young women must be Medicaid eligible and either be pregnant or parenting a child younger than age three. All homes serve young mothers ages 15 to 24. One of the four homes can serve women up to the age of 30 and can accommodate mothers with two children. Most residents were referred to the program by the Maine Department of Health and Human Services, and living in the home is often a condition either of retaining custody of their children or being reunited with their children in state custody.

All of the homes follow a congregate model and have staff on site 24 hours a day. The homes all have low resident-to-staff ratios, each employing six full-time and one part-time staff member, and the program also contracts with a number of consultants. In addition to housing and supervision, each home provides a number of individual and group services to its residents. Homes convene group sessions—including parenting and life-skills classes and house meetings—three or four times a week, and residents must meet individually with the home's social worker each week. Some residents also meet regularly with psychiatrists who come to the home to provide therapy. Homes also occasionally provide child care and transportation for their residents.

***Massachusetts—Teen Living Program.*** The Massachusetts Teen Living Program includes 20 maternity group homes for pregnant and parenting teens throughout the state. The homes can house 167 teens and their children, making the network the largest maternity group home program in the country. The network began in 1995 as part of state welfare reform. It is managed by the Massachusetts Department of Social Services (DSS), which oversees child welfare issues for the state, in partnership with the Massachusetts Department of Transitional Assistance (DTA), which manages the state's TANF program. The network receives most of its funding from DTA and the remainder from DSS.

All homes require that residents be: (1) between the ages of 13 and 20 years old, (2) Massachusetts residents, and (3) pregnant or parenting. Each bed within the network is designated as either "DTA" or "DSS," which indicates the referral source and eligibility requirements for that bed. All DTA-bed residents must receive TANF, while all DSS-bed residents must have an open DSS case for their children or themselves (although there is considerable overlap between these two groups).

Most of the homes in the network are congregate facilities, but five programs follow an apartment model, in which two or three teens and their children share an apartment.[6]

[6] In addition to these two types of homes, Massachusetts' statewide network includes three transitional Supportive Teen Parent Education and Employment Program (STEP) facilities. STEP homes are apartment-model programs for older teens who have "graduated" from regular TLPs and are deemed ready by program staff to transition to semi-independent living. STEP programs do not fit the definition of maternity group home used in this study, because they provide considerably less supervision than other homes. None of the STEP facilities have 24-hour staff, and some are staffed as little as 20 hours per week. Residents of STEP homes still receive some supervision and case management and attend group sessions and classes, but less frequently than other TLP residents.

Apartment-model programs are designed for older teens who are better able to take care of themselves and their children. Both types of homes have staff on site 24 hours a day, but congregate homes must have awake staff at all times, while some apartment-model homes have live-in house parents instead.

Homes typically have three or four group sessions a week, including life-skills/parenting groups and house meetings. Residents also meet weekly with their case manager, and some provide counseling to residents. Residents' children are screened by Early Intervention Services and are often assigned to Early Head Start. Homes will also assist residents in finding child care and many will provide transportation in some situations. Besides services to current residents, the homes offer follow-up assistance to former residents. The programs also provide outreach and case management services to the fathers of current residents' children.

***Michigan—Teen Parent Supportive Housing Services Collaborative.*** The Family Independence Agency (FIA) of Wayne County oversees a small county-based network of providers serving pregnant and parenting teens in the Detroit area. The network includes three maternity group homes, with total capacity to serve 34 pregnant and parenting teens and their children. In addition, the network includes a parenting program and an agency that provides mental health and outreach services to support the maternity group homes. The U.S. Department of Housing and Urban Development (HUD) Supportive Housing Program is the primary source of funding for all the homes in the network, although none relies exclusively on this source.

All homes serve both pregnant and parenting teens, and each home can accommodate at least a certain number of parents with two children. None of the homes accepts teens younger than 15 or older than 18, and some individual homes have narrower age ranges. Residents must be from Wayne County, and all homes require parental consent for minors. FIA is the primary source of referrals for all three homes, and all admissions decisions are made with the approval of FIA caseworkers.

Two of the homes are congregate living facilities, and in one of these homes teens even share bedrooms. The third facility, which targets slightly older teens than the other homes, is an old apartment building in which each teen parent has her own one-bedroom apartment. All three homes have staff on site 24 hours a day, and staff at the two congregate homes must be awake at all times. Each home has at least four full-time staff and a number of part-time staff, plus some partner staff who come in to the homes to provide specific services.

Besides housing and supervision, all the homes provide case management and a number of scheduled classes and individual meetings. The homes typically offer classes for the residents most weekday evenings, covering topics related to parenting and life skills. Group and individual counseling are also commonly provided. Some homes provide child care and transportation to enable residents to attend school or work, and some homes take residents on group outings. In addition to services provided to residents, each home also offers some continued assistance to former residents after they leave the home.

***New Mexico—Teen Parent Program.*** The New Mexico Teen Parent Program, which is managed by the state's Children, Youth, and Family Department, funds five group homes and three non-residential programs for pregnant and parenting teens throughout the state. The homes can serve a total of 38 pregnant or parenting young women and their children. The program began operating in 1990 and is the oldest statewide network of maternity group homes in the country. The network provides funding toward the operating expenses at all five homes, but some of the homes have substantial funding from other sources, including HUD, the child welfare system, and Catholic Charities.

By design, program operations are very decentralized, and individual homes have considerable flexibility in determining the specific services they offer and population they serve. All of the homes serve pregnant or parenting young women under age 21, but some have additional eligibility requirements, such as meeting the HUD definition of homelessness.

The setting and physical structures of the five homes vary substantially. Two are in converted single-family homes, and one is in a converted motel in a remote location. Another home is in a set of three attached two-bedroom apartments in a small town, and another is in a set of eight clustered one- and two-bedroom apartment units in a large privately owned apartment complex in an urban area.

Most of the homes provide 24-hour supervision. The number of full-time staff at each home ranges from two to five; however, those with fewer full-time staff typically employ more part-time staff. In addition to paid staff, most homes rely on volunteers from partner organizations to provide some services to home residents. All homes offer case management services and regular parenting and life-skills classes to residents, typically meeting once or twice a week. Some provide other direct services such as tutoring, respite child care, and transportation.

***New York—Inwood House Maternity Residence.*** Inwood House is one of three New York City maternity homes for pregnant teens in the foster care system. It was founded in 1830 and has been serving pregnant teens from the city's foster care system since the 1930s. In addition to its maternity residence, which has capacity to serve 36, Inwood House operates several other programs to serve pregnant and parenting teens, as well as programs designed to reduce teen pregnancy.[7] The Administration for Children Services (ACS), the city's child welfare agency, contracts with Inwood House to provide maternity home services and provides most of the home's funding.

The program serves pregnant young women under the age of 21 until the birth of their child. After their babies are born, state law requires that residents and their babies be placed elsewhere, typically with a foster family or in a group home for teen parents. In addition,

[7] Inwood House officially has capacity to serve 36 residents. However, the home has been operating well below this capacity for some time and has reduced staff and converted some space for other uses. Thus, in this report, we consider the home's capacity to be 24 residents when computing staff ratios and costs per resident.

since ACS regulations prohibit babies from residing in the maternity home, residents must not have custody of any other children. All residents must in the foster care system, and all referrals to the program come from ACS.

Inwood House operates out of three floors in a six-story former apartment building in a quiet, residential neighborhood in New York City. Residents all have their own bedrooms and share living rooms and dining areas. ACS regulations require 24-hour-awake staff, as well as a low resident-to-staff ratio. For these reasons, the program has a large staff of social workers, paraprofessionals, administrators, and support staff. The home offers a wide array of support services, including six mandatory weekly classes—on independent living skills, child birth, infant care, health, substance abuse prevention, and other special topics—and weekly meetings with their case managers. Inwood House offers an on-site school for teens who are not able to find an appropriate educational program in the community. The home also offers case management services to the fathers of the residents' babies, who are also invited to attend the childbirth and other classes Inwood House offers for its residents.

***Washington—Friends of Youth Transitional Living Program.*** Friends of Youth operates a small Transitional Living Program network including two maternity group homes and three residential programs for other youth populations in the Seattle area.[8] The two maternity homes serve 20 pregnant and parenting young women and their children. Friends of Youth has operated other residential programs for youth since 1951 and opened their first maternity home exclusively for pregnant and parenting teens in 1991. The network's management is fairly centralized—one Friends of Youth staff member is the program manager for both maternity homes. The majority of funding for both maternity homes is provided by HUD.

The eligibility requirements are the same at both Friends of Youth maternity homes. Residents must be pregnant or parenting young women between the ages of 18 and 21 at time of entry into the home. They can have only one child, and their children must be no older than age 4 when they enter the home. The homes must verify and document that applicants are homeless according to HUD's definition.

The two homes offer a similar set of services; however, one is a congregate living facility while the other is an apartment model facility. Each of the homes has a resident manager who lives on site, so someone is available to residents day and night. Each of the homes also has its own full-time case manager, and the two homes share a program manager, assistant program manager, and a pool of relief staff. The homes offer group sessions—such as house meetings, parenting classes, and cooking/nutrition classes—approximately weekly, and residents at both homes are required to meet weekly with their case manager. One home also contracts with external providers for mental health services. One home

[8] Until recently, one of the other residential programs was a maternity group home, but FOY staff decided to transition this facility into a home for young women (ages 18 to 22), as they felt that there were fewer facilities and greater needs for this population than the young parent population.

provides child care for its residents, while the other has only limited funding for occasional child care. Both homes provide bus passes to their residents.

## OVERVIEW OF THIS REPORT

The current report discusses the implementation of maternity group home programs in 22 different homes across these seven sites. This systematic examination should both fill gaps in the existing literature and provide useful information for policymakers and for organizations considering establishing maternity group homes. The rest of the report focuses on describing the implementation of maternity group home programs in these seven sites. In particular, this report addresses three sets of research questions:

1. ***Organization and Target Population.*** What kinds of management structures support and guide larger maternity group home programs? What are the sources of funding for these programs? What are their eligibility requirements and typical referral sources? What are the characteristics of the population these homes serve?

2. ***Services Provided.*** What are maternity group homes like? What kinds of facilities house these programs? What kinds of services do they provide? What types of rules must residents follow?

3. ***Staffing and Costs.*** How are maternity group homes staffed? What are the levels of funding for these programs? Why do funding levels vary substantially across homes?

Chapters II through IV of this report discuss each of these topics in turn. Chapter V summarizes the implementation lessons presented in the earlier chapters and makes recommendations for further research in this area.

# CHAPTER II

# THE ORGANIZATION AND TARGET POPULATION OF MATERNITY GROUP HOME PROGRAMS

An important first step in understanding how maternity group home programs operate is to examine their organization and target population. As discussed in Chapter I, this study focuses primarily on large maternity group home programs, usually consisting of multiple homes. Therefore, the information described in this chapter represents what is typical among larger programs operating multiple facilities. We begin the chapter with a discussion of how these programs are managed, describing two types of organizational structures: networked programs and independent programs. We then discuss the government and non-government funding sources that these larger programs typically rely on. Next, we examine the typical referral sources these programs use, as well as their referral and application processes. We then discuss eligibility rules, ending the chapter with a brief discussion of the kinds of residents these programs typically serve and the challenges they face.

## HOW ARE LARGE MATERNITY GROUP HOME PROGRAMS MANAGED?

We begin our examination of large maternity group home programs by considering how these programs are typically managed. The seven study programs follow two distinct models of management: (1) "networked programs" consisting of several homes operated by different social service providers and linked through a common funding source; and (2) "independent programs" consisting of a single home or multiple homes operated by one social service provider. Four of the study programs are networked and three are independent. We define and discuss these two program models in more detail below.

***Networked Programs.*** Networked maternity group home programs are those in which one organization manages the overall program and contracts with several social service organizations to operate the homes and provide services to residents. These networked programs are usually overseen by the state or county government agency that is responsible for child welfare issues. For example, the Massachusetts Teen Living Program and the New Mexico Teen Parent Program are overseen by the state child welfare agencies in these states (Table II.1). Similarly, the Michigan Teen Parent Supportive Housing Services

Collaborative is sponsored by the Wayne County Family Independence Agency, which is the county agency in charge of both welfare and child welfare programs. In contrast, the Georgia Second Chance Home program is operated by the Georgia Campaign for Adolescent Pregnancy Prevention (GCAPP), a private, nonprofit advocacy organization that works to reduce teenage pregnancy in the state. However, GCAPP runs the program under contract and in collaboration with the Georgia Department of Human Resources, the state agency responsible for both welfare and child welfare programs.

The agencies that manage these networked maternity group home programs serve two main functions: (1) providing general oversight and management, and (2) offering ongoing technical assistance and support. The oversight and management functions of the network agencies primarily involve providing funding to the homes and monitoring them to make sure they are complying with program rules and guidelines. In addition, in the Massachusetts Teen Living Program, this function includes managing the program's referral process.

In Massachusetts, referrals for most program beds are handled centrally by the Massachusetts Department of Social Services (DSS), the state agency that oversees the Teen Living Program. DSS employs a full-time program coordinator, who decides which homes

**Table II.1. The Sponsoring Agencies of Maternity Group Home Programs in the Study**

| State | Program Name | Sponsoring Agency | Number of Homes |
|---|---|---|---|
| **Networked Programs** | | | |
| Georgia | Second Chance Homes | Georgia Campaign for Adolescent Pregnancy Prevention (GCAPP) | 8 |
| Massachusetts | Teen Living Program | Massachusetts Department of Social Services | 20 |
| Michigan | Teen Parent Supportive Housing Services Collaborative | Wayne County Family Independence Agency | 3 |
| New Mexico | Teen Parent Program | New Mexico Children, Youth, and Family Department | 5 |
| **Independent Programs** | | | |
| Maine | St. Andre Group Homes | St. Andre Home, Inc. | 4 |
| New York | Inwood House Maternity Residence | Inwood House | 1 |
| Washington | Transitional Living Program | Friends of Youth | 2 |

to place teens in when they enter the program. In the other three networked programs, individual homes generally handle their own referrals.[1]

Network agencies typically provide ongoing technical assistance and support to the homes in their network. For example, they sponsor meetings several times a year with the program managers from each of the homes in their network. These meetings typically involve in-service training, as well as discussions and presentations on important issues facing the homes, such as changes in state regulations or funding.

In addition, the networked programs offer ongoing support to the homes beyond these regular meetings, with the Massachusetts and Georgia programs providing the most assistance of this type. Both programs employ a full-time program coordinator, who provides ongoing technical assistance and support to the homes in the network. In both programs, the coordinators are in frequent contact with the staff at the homes, typically talking with them at least weekly and often speaking with them even more frequently. Coordinators are also available to help staff at the homes troubleshoot when problems arise, such as staffing issues or problems with resident behavior. In addition, the Georgia network agency provides the homes with both monthly and annual reports describing the characteristics of the population they serve and the kinds and amounts of services they provide.[2] Staff in the Georgia maternity group homes indicated that the information provided in these reports was very helpful in understanding the population they work with and in improving the services they deliver.

The Michigan and New Mexico network agencies also provide some ongoing support for their homes, but on a much more limited basis. In Michigan and New Mexico, the network-level coordinators (both of whom devote only part of their time to the program) have ongoing contact with staff at the homes; however, this contact is considerably less frequent than in the Massachusetts and Georgia programs. In the Michigan and New Mexico programs, home staff typically have contact with staff from the network agencies substantially less often than once a week.[3]

Providing a high level of ongoing support to the homes in the network requires considerable staff time on the part of the network agency. The network agencies in both Georgia and Massachusetts have a full-time program coordinator whose primary function is

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[1] In the Michigan program, although the network agency (Wayne County Family Independence Agency, which oversees the TANF program) does not oversee the referral process, TANF case workers from the agency participate in the interview and application process for all potential new residents of the homes.

[2] GCAPP (the Georgia network agency) contracts with an independent research consultant who produces these reports for the program.

[3] Both the Michigan and New Mexico programs had had recent turnover in key network-level staff members at the time of our visits, which may have diminished their ability to provide this kind of support to homes. Moreover, in the New Mexico program, this lower level of involvement and support is intentional. The initial vision for the New Mexico program was that it would be fairly decentralized, with homes operating independently and the network agency playing a relatively small role.

to provide such support. In addition, both agencies devote considerable time to their maternity group home programs from other staff members, who typically handle administrative issues. This allows the program coordinators to devote the bulk of their time to ongoing assistance to the homes.

In contrast, the network agencies in Michigan and New Mexico do not devote any staff members exclusively to the maternity group home program. The network-level program coordinators for these two programs both have other duties and devote only about half their time to the group home programs. Therefore, they have less time available to provide ongoing support to the homes. In addition, there are generally no other staff at their agencies who devote substantial time to the program. Therefore, the time these staff members have to devote to the program must be divided between administrative and support functions.

***Independent Programs.*** Independent maternity group home programs are those in which services are provided by one social service organization that operates a single home or multiple homes. Nationwide, most maternity group home programs are of this type. However, since this study focuses on larger programs and since networked programs are typically larger than independent ones, we observed more networked than independent programs (Table II.1).

The three independent programs included in the study are organized and managed in fairly different ways. The Maine program is organized the most like a network. St. Andre Home, Inc., a private, nonprofit organization founded by a local order of nuns, operates four group homes in central and southern Maine. The program has a director and financial officer, both of whom work out of the central office. These staff members handle all financial issues and provide general oversight of the homes. Each of the four homes has its own director who oversees and manages the day-to-day functioning of the home. The St. Andre program director oversees the home directors and works closely with them in dealing with the various issues that arise in operating the homes. She is in contact with each home director several times a week. During these contacts she discusses staffing issues and problems with residents and thus plays a role similar to that of the network coordinators in the Massachusetts and Georgia programs: offering ongoing support and assistance to the staff in the homes.

The Transitional Living Program operated by Friends of Youth consists of five residential programs, two of which are maternity group homes. These five homes in the Seattle, Washington area are all directed by one staff member who works out of the central Friends of Youth office. Since the number of staff at each home is small (typically two full-time staff, compared with six in each of the Maine homes), there are no home directors. Because the distinction between central office and home staff is less clear in the Friends of Youth program, there is less of a parallel between the function of the program's director and that of the director of the various networked programs we observed.

The Inwood House program in New York City is the least like the networked programs, since it operates only one large facility.[4] In recent years, the organization has been serving 20 to 25 pregnant teens in its one maternity residence in New York. Inwood House employs a director of congregate care, who oversees the daily operations of the home. Financial and business issues for the home are handled by the organization's assistant executive director, who works out of the same facility.

## HOW ARE LARGE MATERNITY GROUP HOME PROGRAMS FUNDED?

Funding is a central issue for any social service program. Therefore, when examining the operations of maternity group home programs, it is important to consider carefully where their funding comes from and the amount of funding they require to deliver their services. In this section, we examine the funding sources for the programs in our study. In Chapter IV, we discuss the funding levels of each of these programs.

***Government Funding.*** The maternity group home programs included in this study rely primarily on government funding to cover their operating expenses. They typically depend on one major government funding source, that covers most (two-thirds or more) of the cost of the program. This primary funding source is then supplemented by funding from other sources (Table II.2).

The main source of funding varies substantially across the programs in the study. The Georgia and New York programs rely primarily on federal child welfare funds—funding that is received as set monthly payments from the local child welfare agency for providing housing and services to pregnant and parenting teens in the foster care system. The New York program serves exclusively teens in foster care and relies almost exclusively on these payments for funding. The Georgia program serves primarily teens in foster care, although the program also serves teen parents not in state custody. The program uses federal TANF funds to cover other residents and to provide additional services to all residents that are not covered by child welfare funds.[5]

The main funding source for both the Michigan and Washington programs are HUD grants offered as part of the federal Supportive Housing Program. One of the homes in the Michigan program also receives additional HUD funding through the Emergency Shelter Grants Program. Because these programs rely on HUD funding, their residents must meet the HUD definition of homelessness as a condition for eligibility.

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[4] Inwood House also operates a small group home in the city that serves teen parents rather than pregnant teens. This home has the capacity to serve three teen parents and their babies.

[5] These funds are provided to GCAPP (the network agency in Georgia) through a contract they have with the Georgia Department of Human Resources, the state agency in charge of both welfare and child welfare issues. These funds cover group home beds for teens who are not in state custody and mental health counseling for all residents. They also cover the support and assistance provided to the homes by GCAPP.

**Table II.2. Key Funding Sources for the Maternity Group Home Programs in the Study**

| | Federal Funding Sources | | | | | | |
|---|---|---|---|---|---|---|---|
| Program (State) | Child Welfare | HUD | Medicaid | TANF | State Funds | Private Funds | Resident Contributions |
| GCAPP Second Chance Homes (Georgia) | ✓ | | | ● | | ● | |
| St. Andre Group Homes (Maine) | | | ✓ | | ● | ● | ● |
| Teen Living Program (Massachusetts) | | | | | ✓ | ● | ● |
| Teen Parent Supportive Housing Services Collaborative (Michigan) | | ✓ | | | | ● | ● |
| Teen Parent Program (New Mexico) | ● | ● | | | ✓ | ● | ● |
| Inwood House Maternity Residence (New York) | ✓ | | ● | | | ● | |
| Friends of Youth Transitional Living Program (Washington) | | ✓ | | | | ● | ● |

✓ = Primary funding source (covering > 50% of costs).
● = Secondary funding source (covering < 50% of costs).

GCAPP = Georgia Campaign for Adolescent Pregnancy Prevention.
TANF = Temporary Assistance for Needy Families.
HUD = U.S. Department of Housing and Urban Development.

The state of Maine relies on a distinctive approach to funding the maternity group home services offered by the St. Andre program. The state uses federal Medicaid funds that cover assisted living programs to pay for the professional services received by maternity group home residents (such as counseling, case management, and medical treatment). This funding source covers about 70 percent of the costs of the St. Andre program. Other program expenses–in particular, food and housing–are covered by specially allocated state funds provided to the program through a contract the agency has with the state to provide residential services to young mothers and their babies.

The Massachusetts and New Mexico programs are funded primarily with state funds (Table II.2). The Massachusetts Teen Living Program was established in 1995 as part of a state welfare reform initiative that, among other changes to the welfare program, required teen mothers to live in an adult-supervised setting as a condition of receiving cash assistance. This legislation established a line item in the state budget to fund the program as an option for those who did not have an appropriate relative or guardian with whom they could live. In the New Mexico program, the primary funding source for most homes is state funding that was specially allocated for the program when it began in 1990. Three of the five homes in the New Mexico network receive the bulk of their funding from these state funds. One of the other two New Mexico homes receives about half its funding from a HUD grant to house homeless teens. Another home serves a large number of child welfare cases and receives substantial child welfare funding.

***Other Funding Sources.*** All the study programs rely primarily on state and federal government funding to cover the costs of housing and providing services to their residents. However, they typically supplement their government funding in two ways: (1) through small monthly payments required of residents and (2) through private donations. Most programs require monthly contributions from their residents, usually set at 25 to 33 percent of residents' monthly income. Often residents' only income source is a TANF check.[6] In these cases, residents pay a quarter to a third of their TANF grant—typically amounting to about $100 to $150—to the program each month. The primary purpose of these monthly payments is not to provide a substantial funding source for these programs. Instead, as discussed in Chapter III, programs usually view these payments as a good way to teach budgeting skills to their residents and to prepare them for life outside the home, when they will be expected to make monthly rent payments. These payments typically cover five percent or less of the cost of operating these programs.

Most maternity group home programs receive donations from private charities and individuals to cover some of their expenses. These private donations typically cover a relatively small portion of the program's overall budget. None of the study programs receive more than 20 percent of their funding from private sources, and usually private funding sources cover substantially less of their expenses than that. A few programs receive small amounts of funding from private foundations for specific program activities. For example, one home in Massachusetts receives a $3,000 grant each year to pay for a special nutrition program it offers to its residents. In addition, many maternity homes are operated by social service organizations that run a variety of programs. These parent organizations often receive contributions from individuals and the United Way toward all the programs they operate, including their maternity group home. Both the St. Andre program in Maine and Casa San Jose in New Mexico (one of the five homes that are part of the New Mexico state network) are operated by Catholic organizations and receive some funding from Catholic charities to cover program expenses. Funding from these religious charities covers about 5 percent of ongoing program costs for the St. Andre program and about 15 percent of costs for Casa San Jose.

In addition, most study programs receive in-kind contributions from local businesses, civic organizations, churches, and individuals. These in-kind contributions are often new or used baby items (such as high chairs, car seats, strollers, or toys) or furniture for the home. In addition, in some programs, local civic organizations or church groups provide volunteers who serve as mentors for residents or perform general upkeep and repairs to the building.

## WHERE DO MATERNITY GROUP HOME PROGRAMS GET REFERRALS?

An important issue to consider when examining maternity group home programs is how these programs get their referrals. In this section, we describe the sources of referrals used

[6] Since these payments typically come from residents' TANF grants, they are actually another form of government funding for these programs. Some homes require residents to apply for TANF as a means of ensuring that they will have income to make these monthly payments to the program.

by these homes. We then discuss briefly how the application and referral process works in the programs visited.

***Referral Sources.*** Although most programs accept referrals from multiple sources, they often have a primary source from which they receive the bulk of their referrals (Table II.3). For example, the Georgia and Maine programs receive most of their referrals from local child welfare agencies, while the New York program receives all its referrals from this source. In the Georgia program (which receives two-thirds of its referrals from child welfare), those referred to the program are typically minors in state custody through the foster care system.[7] In many cases, the homes represent the only setting available where these young mothers can be placed together with their babies. The New York program has a contract with the city child welfare agency to serve pregnant teens from the foster care system and is contractually obligated to receive all its referrals from this agency. In some cases, these primary referral sources tie closely with primary funding sources. Both the Georgia and New York programs receive the bulk of their funding from monthly payments that come from the referring child welfare agencies to cover the cost of housing and support services for these teens in state custody.

Although the Maine program also relies primarily on child welfare referrals, most young mothers in the program are older than age 18 and are thus not themselves active child welfare cases (although some were in foster care as children). Instead, child welfare referrals are typically situations in which the baby—and not the mother—is a child welfare case. In many instances, the young mother and baby have been separated because of a child welfare issue, and the mother must now live in the home as a condition for reuniting with her child. Child welfare authorities view placement in these homes as an opportunity to reunite the young mother with her child on a (closely monitored) trial basis. The Massachusetts program also receives reunification referrals of this type from local child welfare agencies; however, these cases make up a fairly small fraction of referrals to the Massachusetts program.

The Massachusetts and Michigan programs both receive most of their referrals from the TANF agency. These programs were started in conjunction with state welfare reform initiatives that imposed the requirement that minor parents must live in an adult-supervised setting as a condition for receiving cash assistance. In these states, funding for maternity group homes was secured in response to this new requirement. When these programs were created, the homes were viewed as a means of providing an appropriate, supervised living situation for young mothers on TANF who could not live with their own families. Because of this tie to TANF and welfare reform, these programs receive the bulk of their referrals from TANF agencies. In addition, referrals to the Massachusetts program are closely tied to funding. The program receives state funding through two sources: the state TANF agency and the state child welfare agency. All referrals to the Massachusetts program must come from one of these two funding agencies.

[7] An additional 10 percent of the Georgia program's referrals are teens in state custody through the juvenile justice system. These referrals come from juvenile justice authorities.

**Table II.3. Referral Sources for the Maternity Group Home Programs in the Study**

| | Referral Source | | |
|---|---|---|---|
| Program (State) | Child Welfare | TANF Agency | Other |
| GCAPP Second Chance Homes (Georgia) | ✓ | | ● |
| St. Andre Group Homes (Maine) | ✓ | | ● |
| Teen Living Program (Massachusetts) | ● | ✓ | |
| Teen Parent Supportive Housing Services Collaborative (Michigan) | | ✓ | ● |
| Teen Parent Program (New Mexico) | ● | | ● |
| Inwood House Maternity Residence (New York) | ✓ | | |
| Friends of Youth Transitional Living Program (Washington) | | ● | ● |

✓ = Primary referral source.
● = Secondary referral source.

GCAPP = Georgia Campaign for Adolescent Pregnancy Prevention.
TANF = Temporary Assistance for Needy Families.

The New Mexico and Seattle programs have no primary referral source. Instead, these programs rely on a mix of referral sources that include schools, child welfare agencies, the juvenile justice system, homeless shelters, hospitals, and public health clinics. The Georgia, Maine, and Michigan programs rely on a similar mix of referral sources to fill some of their beds. In addition, these programs sometimes receive referrals through more informal channels, such as friends, relatives, or churches. In other cases, the young mothers themselves request assistance from the program. In contrast to the other study programs, the Massachusetts and New York programs do not rely on a wide mix of referral sources. The Massachusetts program can only receive referrals from a small set of approved sources (the state TANF agency and local child welfare agencies), while the New York program receives all its referrals from the city child welfare agency.

***The Referral and Application Process.*** Although most homes in the study are part of larger programs, the referral and application process is usually handled directly by the homes themselves. If a home receives a referral and has a vacancy, potential residents typically complete a detailed application form.[8] The information gathered on these forms helps the program assess the needs of new applicants and helps the program detect issues that may create problems after the applicant is admitted. In addition, programs usually conduct background checks as part of the application process. These checks help programs detect serious emotional or behavioral issues. Applicants with especially serious problems

[8] If a home has no vacancies, staff usually refer the case to another home in the area. Some homes maintain waiting lists. In these homes, staff use names from the waiting lists to fill vacancies when they arise.

### INES: A FIGHT WITH HER MOTHER GETS CHILD WELFARE INVOLVED

"Ines" is 17 years old and pregnant with her first baby. She always fought a lot with her mother and for some time had been moving back and forth between her boyfriend's house and her mother's house. When her mother found out that Ines was pregnant, she kicked Ines out of the house. Ines went to live with her boyfriend and his mother. Then child welfare got involved and took Ines into state custody. Ines's social worker sent her to live in the maternity home, where she has been for the past few months. Ines goes to a GED program nearby and hopes to pass the GED test before her baby is born. She would like to go to college, but first she wants to spend some time with her baby. Sometimes Ines thinks the maternity home has too many rules and is too strict. But she still likes living there and thinks the program is helping her get ready for her life after the baby comes.

are not allowed to enroll in the program. In some cases, programs perform psychological assessments as an additional means of detecting potential problems and determining service needs.

In many cases, homes require face-to-face meetings with applicants before they can be admitted to the program. During these meetings, home staff conduct detailed interviews with applicants and carefully review the rules and expectations of the program. In some cases, would-be residents decide not to pursue their applications further once they gain a better understanding of the structure and requirements that the home imposes. Some homes interview multiple applicants for a single vacant slot.[9] When using this method to choose among applicants, staff consider multiple factors, including their level of need and whether they would fit in well with other residents and with life at the home generally. In homes where multiple applicants are interviewed to fill a single vacancy, staff indicated that this process enabled them to create and maintain a more harmonious environment in the home. In other programs, homes accept the first applicant who meets their eligibility and screening criteria.

Although most study programs follow referral and application procedures similar to those described above, two of the programs have very different, more centralized, procedures. In the Massachusetts program, most referrals are handled by the state child welfare agency (the network agency for the program) and not by the homes. The network-level program coordinator decides where to place new referrals, and homes generally must accept the referrals they receive. Similarly, in the New York program, all referrals come from the city child welfare agency and the program is generally expected to accept all referrals.

[9] This method is used only if the program has multiple applicants to choose from when a vacancy arises.

## WHAT ARE THE ELIGIBILITY RULES FOR MATERNITY GROUP HOMES?

Most maternity group home programs share a basic set of eligibility requirements. In general, residents must be young single women who are in need of housing and are either pregnant or parenting. This study focuses on programs that serve primarily teenage mothers. However, in many cases, study programs also serve slightly older mothers, often up to age 21 (Table II.4). The Maine program has the highest age cutoff, serving young mothers up to age 24 in all of its homes and mothers up to age 29 in one home.

Most programs accept both pregnant and parenting young women, although residents more commonly arrive in the homes after their babies are born. An exception is the New York program, which serves exclusively pregnant teens in the foster care system. New York state law prohibits residential programs for minors in state custody from serving both pregnant and parenting young women in the same facility. Consistent with this regulation, once residents of the New York program have had their babies, they must be placed in another facility that is licensed to accept young mothers with children. The Georgia program also serves mainly a foster care population and is therefore subject to state regulations regarding minors in state custody. When the Georgia program was first being developed, state regulators initially said that the program could not serve both pregnant and parenting teens. However, program planners persuaded state regulators to allow pregnant teens into the program on a limited basis. Under current state guidelines, each home in the Georgia network is allowed to serve one pregnant teen every six months. This rule keeps the number of pregnant teens in the Georgia program quite low. Most residents enter the program after they have had their babies.

**Table II.4. Selected Eligibility Criteria for Maternity Group Homes Programs in the Study**

| Program (State) | Either Pregnant or Parenting? | Age of Mother | Other Requirements |
|---|---|---|---|
| GCAPP Second Chance Homes (Georgia) | Yes | 13 to 20 | In state custody for most beds[a] |
| St. Andre Group Homes (Maine) | Yes | 15 to 24[b] | Medicaid eligible |
| Teen Living Program (Massachusetts) | Yes | 13 to 20 | Active TANF or child welfare case |
| Teen Parent Supportive Housing Services Collaborative (Michigan) | Yes | 15 to 18 | Homeless by HUD definition[c] |
| Teen Parent Program (New Mexico) | Yes | 13 to 21 | Varies across homes |
| Inwood House Maternity Residence (New York) | Pregnant only | 13 to 20 | In city foster care system |
| Friends of Youth Transitional Living Program (Washington) | Yes | 18 to 21 | Homeless by HUD definition[c] |

GCAPP = Georgia Campaign for Adolescent Pregnancy Prevention.
HUD = U.S. Department of Health and Human Services.
TANF = Temporary Assistance for Needy Families.

[a]The program reserves some spaces for young mothers who are not in state custody.
[b]Up to age 29 in one of the four homes.
[c]See text for explanation of HUD definition of homelessness.

Programs typically serve young mothers with one or two children. Space limitations lead most homes to accept primarily mothers with only one child. However, most programs have a small number of slots reserved for mothers with two children. Most programs do not have specific limits on the ages of the children allowed to reside in the homes. In general, the age limits for mothers make it unlikely that residents would have children older than three or four years old. A few programs, typically those with higher age cutoffs for mothers, have specific age limits for children that reside in the home. For example, the Maine program allows only mothers with children under age three, while the Washington program restricts eligibility to mothers with children who are under age five.

Most programs screen out young women with severe mental health and behavior problems. Program staff indicated that they would not admit an applicant who had a history of extreme violence or serious mental illness or who was an active drug user. Home staff indicated that, because home residents share living space, it is particularly important to screen applicants carefully and not admit those who appear to pose a safety risk to other residents.

In many cases, additional eligibility rules for maternity group home programs are tied to their funding sources. For example, programs that receive HUD funding, such as those in Washington and Michigan, require residents to meet the HUD definition of homelessness as a condition of program eligibility.[10] Similarly, in the Maine program, which relies primarily

**MARIA: SPENT TIME HOMELESS BEFORE COMING TO THE HOME**

"Maria" is 20 years old and has a 10-month-old baby boy. She is from a stable, middle-class family and was attending college when she became pregnant. Her father was very angry about the pregnancy. He kicked her out of the house and stopped supporting her financially. Maria had to drop out of college. She moved around a lot. She spent some time living with relatives and then lived in a hotel for a while. When things got really bad, she had to live in her car. The maternity home took Maria in as soon as they learned about her situation, when her baby was about a month old. Once Maria moved into the home, she was able to go back to school, where she is studying to be a nurse. Maria is on a waiting list for a housing subsidy and hopes to get a rent voucher, so she can afford to live on her own. Maria has a new boyfriend and they plan to get married soon. Maria says the home really helped her get her life back on track.

[10] According to the HUD definition, individuals are considered to be homeless when they: (1) reside in a place that is not meant for human habitation (such as a car, park, sidewalk, or abandoned building); (2) reside in an emergency shelter or in transitional housing for the homeless; (3) are being evicted from a private dwelling or discharged from an institution, have no other placement available to them, and lack the resources needed to obtain housing; or (4) are fleeing domestic violence, have no other appropriate place to live, and lack the resources needed to obtain housing.

on Medicaid funding, residents must be Medicaid-eligible to participate. In the New York program, which is funded through set monthly payments for serving pregnant teens in foster care, residents must be in the foster care system to be eligible. The Massachusetts program has specific slots with different eligibility requirements, depending on how the slot is funded. Slots that are paid for through the state TANF agency must be filled by young mothers who are receiving TANF, while those that are paid for through the state child welfare agency must be filled with young mothers with an active child welfare case.

## WHAT KINDS OF RESIDENTS DO THESE PROGRAMS TYPICALLY SERVE?

Maternity group home programs serve a very disadvantaged population with many special needs. Many were abused as children. Program staff consistently reported that histories of physical, emotional, and sexual abuse were common among residents of their homes. Residents have frequently had their first sexual experience at a very early age, often as a result of sexual abuse. In addition, residents often come from chaotic family backgrounds that put them at high risk for abuse and other adverse outcomes. Many were raised in unstable family situations, often involving frequent moves and a lack of structure.

In other cases, residents have spent many years in the foster care system with little or no contact with their families. Most residents have little support from family members. Program staff frequently indicated that their residents had extremely poor models of parenting as young children. They, therefore, now find it extremely challenging to be good parents themselves.

### VICKY: A LONG HISTORY WITH THE CHILD WELFARE SYSTEM

"Vicky" is 19 years old and has a nine-month-old daughter. Vicky was taken into state custody as a baby and grew up in the foster care system. She has lived with so many foster families and in so many group homes that she has lost count. When her daughter was first born, she and Vicky were living with a foster family. However, the child welfare authorities became concerned about the safety of Vicky's baby and separated them. They lived apart for about three months and have recently been reunited at the maternity home where Vicky and her daughter now live. Vicky is grateful to have a place to live together with her baby. Although things are going better now, she says it was rough at first, because her daughter had forgotten her. Vicky dropped out of school when she became pregnant and has not gone back. Now she is working part time at a fast food restaurant and spending time with her daughter. Vicky says life in the home can be stressful. It is hard to live with so many other people, and the residents sometimes fight over chores or how the children are interacting. Vicky plans to remain in the home for at least a few more months and hopes to qualify for subsidized housing where she and her daughter can afford to live on their own.

Consistent with their disadvantaged backgrounds, many residents have histories of psychological and behavior problems. Although programs strive to screen out residents with the most serious problems, depression, substance abuse, and involvement with the juvenile justice system are fairly common. Program staff indicated that most of their residents have been exposed to abuse and trauma as young children which has, in many cases, led to serious mental health problems. Residents are often on psychiatric medication and the need for mental health services among this population is high. For some residents, substance abuse is also a concern. Some homes use ongoing random drug tests as a strategy for preventing drug abuse among residents. In some cases, residents have histories of criminal activity and have been involved with the juvenile justice system. In addition, residents have frequently dropped out of school prior to entering the home. Many have spent a year or more out of school before enrolling in the program.

The information on resident characteristics provided by program staff underscores the complex challenges facing many maternity group home residents as they struggle to become successful parents and prepare to live independently. Many face serious obstacles, including mental health and substance abuse issues, poor school performance, and limited or no familial support. As described in the next chapter, maternity group home programs provide an intensive array of support services designed to help these young mothers meet these challenges and make a successful transition to parenthood and independent living.

# CHAPTER III

# SERVICES PROVIDED BY MATERNITY GROUP HOMES

The potential of maternity group home programs to address the numerous problems facing pregnant and parenting teens rests in the range of services they provide to their residents. Pregnant and parenting teens and their children have a wide variety of needs. One of the most basic needs that maternity group homes can address is that of secure housing. Homes can go well beyond that, however, to offer a substantial amount of adult supervision and provide a structured environment for their residents with a set of rules all must follow. Maternity group home programs also can provide a comprehensive array of support services to their residents, both to address their immediate needs and to prepare them for independent living and self-sufficiency in the longer term.

In this chapter, we describe what life is like at the maternity group homes in our study and what these homes offer their residents. In particular, we discuss the types of services provided by maternity group homes and how these services are delivered to residents. We address the following research questions:

1. What sorts of facilities house maternity group home programs? How large are these homes? What is life like for those living there?
2. How structured is life in a maternity group home? How much supervision do the homes provide to their residents? What kinds of rules must residents follow, and how are these rules enforced?
3. What other types of services do maternity group home programs provide to their residents?

## HOW ARE MATERNITY GROUP HOME RESIDENTS HOUSED?

Probably the most fundamental need filled by maternity group homes is that of housing. Even if the other benefits of living in a maternity group home were found to have no longer-term effects on residents, the homes still succeed in the goal of providing a temporary place for pregnant and parenting teens to live. Maternity group home programs use a variety of different types of facilities and typically teach residents to take responsibility for maintaining the space, so that they will be better prepared to live on their own some day.

***Types of Facilities.*** Maternity group home programs use two basic housing structures:

- **Congregate Homes**. In congregate living facilities, all residents share common areas, such as living rooms, dining rooms, and kitchens. Each resident of a congregate home may have her own bedroom (typically shared with her child), or she may share this space with another resident family. Some congregate homes have only basic common areas—a living room and an eat-in kitchen—while others have additional common spaces, such as playrooms, meeting rooms, computer rooms, laundry rooms, and yards available to residents. In addition, congregate facilities typically include some office space for maternity group home staff.
- **Clustered Apartments**. In clustered apartment facilities, residents live in a number of separate apartments, each with its own living area, kitchen, and one or more bedrooms. In some apartment facilities, each resident family has its own apartment; in others, each apartment is shared by two or three families. Staff offices typically are housed in a separate apartment unit in the building.

The majority of the maternity homes visited are congregate facilities, although many networks include some facilities in which residents live in individual or shared apartments. Table III.1 shows the number of congregate and apartment-model facilities in the sites in this study. Approximately 80 percent of the 43 homes in these sites are congregate facilities.

**Table III.1. Number of Congregate and Apartment Facilities in Each Program**

| | Number of Homes | | |
|---|---|---|---|
| Program (State) | Congregate | Apartment | Total |
| GCAPP Second Chance Homes (Georgia) | 8 | 0 | 8 |
| St. Andre Group Homes (Maine) | 4 | 0 | 4 |
| Teen Living Program (Massachusetts) | 15 | 5 | 20 |
| Teen Parent Supportive Housing Services Collaborative (Michigan) | 2 | 1 | 3 |
| Teen Parent Program (New Mexico) | 3 [a] | 2 | 5 |
| Inwood House Maternity Residence (New York) | 1 | 0 | 1 |
| Friends of Youth Transitional Living Program (Washington) | 1 | 1 | 2 |
| **Total** | **34** | **9** | **43** |

GCAPP = Georgia Campaign for Adolescent Pregnancy Prevention.

[a] One home in New Mexico is primarily congregate but also includes three apartment units. In this table, we categorized this home as a congregate facility.

### A SAMPLE FACILITY

The Community Action Agency maternity group home is housed in a large, recently renovated, former single-family home in a residential neighborhood in Las Cruces, New Mexico. The main floor of the house is devoted to space for residents. There are five bedrooms—one for each resident family—and three bathrooms (one of which has been modified to be accessible to people with disabilities). Residents share a large living room, dining room, spacious kitchen, and laundry room. There is also a courtyard. The house has a smaller upstairs area, which is allocated for the home's staff. This space includes a few office cubicles, a full bath, and two sofa beds.

Because of the expense associated with new construction, few programs are fortunate enough to have facilities built specifically to serve as a maternity group home. Programs take advantage of a wide variety of types of preexisting facilities, including former single-family homes, apartment buildings, motels, rectories, convents, and nursing homes. By far the most common settings, especially for congregate homes, are buildings that were originally large single-family houses. Almost half of the homes visited for this study are in buildings that were once single-family homes. Apartment-model programs are sometimes in such settings as well but more often are housed in former apartment buildings. These programs typically fill an entire (small) apartment building; but in some cases, they have only a few units in a larger building. For example, one program in Massachusetts shares an apartment building with other residential programs operated by the same parent organization. One program in New Mexico is housed in eight units of a much larger regular apartment complex.

Apartment-model homes tend to be somewhat larger than congregate homes, but most maternity group home programs are quite small. Half of the homes we visited have the capacity to serve no more than six resident families each, and only two of the homes we visited can serve as many as a dozen at one time. In addition, since this study focused on larger maternity group home programs, it is possible that the homes in these programs tend to have greater capacity than those in programs not visited.

Different populations of pregnant and parenting teens may benefit from different types of facilities. Congregate homes, which tend to be smaller and more communal, may be the best arrangement for less mature teens who need more attention and supervision. Larger, apartment-model homes may be more appropriate for older, more independent residents. Some programs deliberately vary their structures (or take advantage of the natural variation in the available facilities) to provide different types of arrangements for different types of residents or to help young mothers gradually make the transition to independence. For example, the network in Massachusetts includes both congregate homes and some apartment model homes, and network staff place residents in the type of home that will best meet their needs.

***Resident Responsibilities.*** Regardless of the type of facility, maternity group home programs take steps to encourage residents to take responsibility for the facilities in which they live. Such policies serve dual purposes: (1) to keep the facilities clean and well maintained, and (2) to help prepare residents to one day live independently in their own homes. Programs use two methods to accomplish this, requiring residents to pay rent and to assist in the upkeep of the facilities by performing household chores.

Most maternity group homes require residents to make some financial contributions to the home (discussed in Chapter II). One goal of such policies is to give residents experience in paying monthly rent, which they will have to do when they leave the home and live independently. Staff also mentioned that charging residents rent during their stay in the maternity home allows staff to serve as a credit reference when residents apply for their own apartment.

Residents of maternity group homes are also required to perform standard household chores, typically including cooking and keeping their own rooms or apartments clean. Practicing such tasks helps prepare teens for living on their own, when they will be responsible for keeping their own homes and feeding themselves and their children on their own. For example, staff at one St. Andre home in Maine said that having residents take turns planning meals and going grocery shopping with staff—in addition to cooking—provide valuable opportunities for staff to teach hands-on lessons about nutrition and price comparisons. Although programs often have staff to maintain the facility and may assist the residents in preparing healthy meals, putting some of the responsibility for such everyday tasks on residents also saves money on housekeeping and kitchen staff.

Specific chore assignments vary, depending on the type of facility. Residents of congregate-model maternity group homes are typically responsible for cleaning their own bedrooms individually but share responsibility for preparing group meals (sometimes including shopping for food) and cleaning common areas. Shared duties typically rotate among the residents in most congregate homes—for example, a particular resident might be responsible for cooking one week, washing dishes the next week, tidying the living room the following week, and taking out the garbage the next week. Teens living in clustered apartments usually are responsible for preparing meals for themselves and their children and are required to keep their own apartments clean. Residents of both types of homes—congregate homes and clustered apartments—must typically do their own laundry, and homes often have schedules for the use of laundry facilities. Some programs have set specific times when assigned chores must be completed.

## HOW MUCH SUPERVISION AND STRUCTURE DO HOMES PROVIDE?

Many pregnant and parenting teens have had little structure in their lives prior to entering a maternity group home. One of the functions group homes can fill is to provide such structure. To this end, maternity group home programs provide adult supervision and establish a set of rules by which residents must live. Adult staff are on hand to provide general supervision, informal counseling, emotional support, and nurturing to residents, as well as to enforce program rules and offer other support services.

***Level of Supervision.*** In response to the great need of teen parents for support and supervision, maternity group homes typically are staffed round the clock.[1] Most of the homes included in our study have staff on site 24 hours a day, 7 days a week, to provide general supervision and other services to their residents. One exception is one apartment-model home in New Mexico, which provides *almost* constant staffing but does not guarantee that a staff person will be present at all times. The home has only four staff members and attempts to schedule them so that someone is available during the hours that residents are home. However, there may not be any staff on site during school hours, when residents are generally away from the home. The Friends of Youth homes in Washington each have a resident manager who lives on site and is on call during the night, but these staff are allowed to leave the home while on call as long as they go no farther than 20 minutes away.

Nevertheless, there is some variation in the level of supervision provided even among homes with 24-hour staffing. Some programs require overnight staff to remain awake at all times, while others do not, instead having staff who sleep in the group home. For example, both Friends of Youth homes in Washington have resident staff who live—and sleep—in their own apartments on site. Some other homes, such as the St. Andre homes in Maine, have shift staff who do not live on site but who can sleep on sofa beds in the group homes during their overnight shifts. In contrast, most of the homes we visited in Georgia, Massachusetts, Michigan, and New York specify that staff remain awake at all times while on duty. Some homes go a step further, such as one in Michigan that has a minimum of two awake staff on duty at all times.

Some networks have a continuum of staffing intensity, to meet the needs of different types of teens. These networks include some homes with full staffing and others with lower levels of supervision for residents transitioning to independence. Massachusetts' network includes two types of maternity group homes—congregate homes with 24-hour-awake staffing and apartment model homes that are not required to have awake staff overnight. Massachusetts network staff place residents in the type of home that will best meet their needs. The network in Detroit, Michigan also offers different levels of supervision, requiring most homes to provide 24-hour-awake staff but including one home—targeted to serve slightly older and more mature residents—that does not have awake staff at night.

***House Rules.*** One of the purposes of adult supervision is to provide structure by establishing and enforcing rules under which maternity group home residents must live. Homes often impose numerous restrictions and obligations on residents, both to provide needed structure to the lives of those living there and to teach them responsibility and skills they will need to be self-sufficient once they leave the home. Rules are typically documented in handbooks given to all residents when they move into the home; some homes also require residents to sign a "contract" promising to follow the rules. Although some homes are

[1] The high level of supervision in the homes in this study is, in part, by design, since, as discussed in Chapter I, our definition of maternity group homes excluded programs that did not provide substantial supervision to their residents.

stricter than others, typical rules include restrictions on the comings and goings of residents and visitors, mandatory activities and schedules, and prohibitions on certain behaviors.[2]

Maternity group home programs generally monitor the comings and goings of their residents and guests and often place limits on their movements. Most homes have curfews, but the specific times vary. Weekday curfews ranged from as early at 7:00 P.M. to as late as 10:00 P.M. in the homes in our study. Curfews often are an hour or two later on weekends than on weekdays, and some homes offer their residents weekend passes under certain circumstances. In most cases, a curfew simply means that all residents must be in the home by the specified time, but a few homes impose a mandatory bedtime. In one New Mexico home, for example, residents had to be in their own bedrooms with the doors closed by 9:00 P.M. Some homes have both a building curfew and a set bedtime—for example, one home in Maine requires residents to be in the home by 8:00 P.M. and in their rooms and quiet by 10:00 P.M. Some other homes have earlier bedtimes for residents' children.

In addition to curfews at night, some homes require residents to let staff know where they are when they leave the homes during the day. Some homes use sign-in sheets to keep track of where each resident is at all times. In one New Mexico home, residents must give an address or phone number of their destination each time they leave the home.

Some homes place additional restrictions on residents' movement. For example, due to state rules concerning minors in custody, residents of maternity group homes in the network in Georgia cannot typically leave the facility without being accompanied by a staff member. Residents of one home in New Mexico are not generally allowed to leave the premises by themselves, due in part to the home's remote location and in part to the fact that many of the residents are in the child welfare system.

In addition to restrictions on leaving the home, some programs maintain schedules that residents must follow while they are there. Fixed meal times are common, and some homes have requirements that residents be engaged in some sort of productive activity at certain times. Some homes give their residents wake-up calls or require them to be dressed and downstairs for breakfast at a certain time. Residents of one home in Michigan, for example, typically receive wake-up calls at 7:30 A.M., are expected to dress and get ready before they go to the kitchen, must talk to their assigned case worker before 9:00 A.M., and spend the next three hours in designated "constructive time" (often devoted to attending school or employment outside the home).

Most maternity group homes require residents to attend at least some program activities, which range in frequency from a few times a month to as often as several sessions per week. The most common type of required program activity is attendance at classes on

[2] In some cases, the strictness of program rules may be related to the specific population served. For example, homes that serve younger teens may have stricter rules than those serving older residents. In addition, some homes serve primarily residents who are in state custody or on probation, or who are required to live in the home as a condition of retaining custody of their child. Because these populations may be considered to need more supervision, the homes that specialize in serving them may have stricter rules.

**BALANCING VARIOUS RESPONSIBILITIES**

Home staff recognize how busy young mothers are and try to create a balance between program activities, the responsibilities of motherhood, and often school or work. However, some suggested that there is a tradeoff between providing a rich and intensive set of services to address all of residents' needs and adding too much to their already busy lives. For example, some homes limit the number of mandatory meetings to just three or four each month to avoid overwhelming residents. Other homes prohibit or discourage residents from working. Exceptions from requirements for residents to attend school, for example, are often made for some period of time immediately after a baby just born or reunited with a parent. Still, some residents complain that their schedules are too busy.

parenting and life-skills topics (discussed in detail below). In addition, some homes hold mandatory house meetings or other group activities. One of the most intensive schedules found in our study is a home in New York whose residents must attend seven mandatory group activities per week—including classes on independent living skills, childbirth, caring for an infant, health, and substance abuse prevention; a special workshop, and a house meeting. Besides group activities, many homes require residents to attend individual case management meetings or therapy, most often weekly. Some homes in Maine also require all residents to participate in some type of support group not affiliated with the home (a requirement intended to help them learn to access outside services and connect with some kind of group that they will be able to continue after they leave the home).

In addition to these requirements, homes often prohibit their residents from engaging in behaviors considered undesirable or dangerous. It is common for homes to have rules against fighting and being disrespectful of other residents or staff; also, homes often have rules governing child safety. They commonly prohibit the use of alcohol and drugs, and many ban smoking, at least indoors. Residents typically are forbidden to engage in sexual activity on the premises and are discouraged from doing so away from the home as well.[3] One home in New Mexico even has rules against dating. In a few other homes, residents who become pregnant again would have to leave, typically due to limits on the number of children.

In part to enforce their prohibitions against sexual activity, maternity group homes typically place some restrictions on visitors, especially overnight guests. Many homes have set visiting hours. These may be narrow ranges—such as allowing guests in the home only for a few hours each evening or on weekends—or they may simply be intended to prohibit guests from staying overnight. In addition to restrictions on time, there are often restrictions on where visitors can go in the homes—many congregate homes allow visitors only in

[3] However, many staff recognize that some residents will be sexually active regardless of any rules against such activity. Homes often include lessons on pregnancy prevention in their life-skills curricula.

**A SAMPLE SET OF RULES FOR RESIDENTS**

At the Federation of Youth Services maternity group home in Detroit, yelling and using disrespectful language is not allowed. Curfews are set at 9:00 P.M. on weekdays and 11:00 P.M. on weekends, although residents over 18 can sign up to be away for the whole weekend. Visitors are allowed only during set hours and are not allowed in the residents' bedrooms at all; residents can meet with their visitors in the home's common areas only. Residents must attend three weekly group activities (life skills, parenting, and a house meeting) and regular therapy sessions with the home's social worker, either individually or in groups. They are also required to attend school, unless they have graduated, in which case they may either attend community college or find jobs. Each resident is assigned a different chore—such as cooking or cleaning a particular common area—each week. Each must also keep her own bedroom and bathroom clean and is assigned a day to do her laundry.

common areas. Some homes limit the number of guests a resident may have, and some restrict *who* can visit. For example, in some homes in the network in Georgia, visitors of teens in state custody must be approved by their child welfare worker, and visitors of other teens must be approved by their parent or guardian. A few homes do not allow male visitors on the property at all. One home in Michigan does not allow *any* visitors inside the house, for safety and confidentiality reasons, and does not allow any males to enter even the yard. Some homes also have restrictions on telephone usage.

***Enforcement of Rules.*** Effective enforcement of these rules requires both determining when a rule is broken and administering the appropriate consequences for any violations. Homes have developed a variety of methods for monitoring compliance with different program rules. In addition, maternity group homes often define positive incentives to encourage residents to follow the established rules, as well as negative consequences for violating them. To ensure consistency and so that residents know what to expect, these incentives and consequences typically are set forth in the handbook given to all residents.

The primary means of monitoring adherence to program rules is observation by staff. For example, staff on duty pay attention to whether residents engage in prohibited behaviors and whether they are following any set schedule. Staff also monitor attendance at mandatory program activities and may make calls to find out if residents missed a scheduled appointment off-site. Staff conduct regularly scheduled or random checks to ensure that assigned chores were completed.

To detect any violations of curfews and restrictions on visitors (and, in some cases, to supervise residents' interactions with their children), homes employ various methods to monitor their residents—especially overnight. Most of the homes we visited have staff on duty 24 hours a day. In some homes, night staff check on each resident during the night—

**RESIDENTS' PERSPECTIVE ON RULES**

Most of the residents we met with are generally satisfied with the amount of structure provided by the maternity group homes in which they live. Although they may dislike one or two specific rules, residents typically understand the necessity of the rules. Some residents are relieved to be in a safe environment—sometimes for the first time in their lives—and many are willing to sacrifice a great deal of personal freedom for the security and support provided by the homes. Still, some residents complain that the rules are too strict. Dissatisfaction is particularly common among residents who are in some way required to live in a maternity group home (such as being sent there by a juvenile justice or child welfare agency). Staff noted that many of the teens have never had to follow rules before, and staff credit dislike of rules as the main reason some residents have very short stays in the homes. It can be a challenge for homes to strike the right balance between imposing necessary structure on residents' lives and allowing them some degree of freedom. Some homes have deliberately relaxed at least some rules to increase resident satisfaction and encourage them to remain in the program.

visual checks are made hourly in at least one home in Massachusetts; but in other homes, checks may be conducted only once or twice during the night. Some programs rely on electronic sound monitors to alert them to any problems in resident areas. One home in

Georgia—housed in a facility specifically designed as a maternity group home—sets alarms on residents' bedroom doors and windows to warn staff if they are opened at night. Some homes have video cameras at each entrance so that staff can monitor all comings and goings of residents and their visitors; this can catch anyone attempting to sneak out after curfew or attempting to sneak in an overnight guest. In some cases, such high-tech methods are used instead of requiring overnight staff to remain awake at all times.

Homes tend to be patient with most violations of program rules. Staff believe in giving residents second—and often third, and fourth—chances, and they recognize that teens will violate minor rules (by missing curfew, for example) every once in a while. The consequences for most offenses typically are short-term loss of privileges—such as suspension of telephone privileges, loss of weekend time off, or the imposition of an earlier curfew—or, possibly, a fine (one home in Michigan charges residents 25 cents for using curse words, for example, while curfew-breaking residents in one home in Washington have to pay a $10 fine or lose a weekend). Some homes have specific penalties for specific rule violations, while others use a points system that determines the level of restriction for each resident based on an overall measure of her behavior over a period of time. Sometime specific consequences are developed appropriate for certain violations—for example, at the Friends of Youth homes in Washington, guests who violate rules covering visiting hours can be banned from entering the home again. Some homes issue written warnings to rule-breakers, and residents may be required to attend a meeting with staff to discuss any

violation. Termination from the programs only results in the relatively rare cases of chronic rule-breaking or if a resident poses a danger to herself or others.[4]

Besides the fear of negative consequences for violating rules, some homes use positive incentives to encourage residents to obey. For example, one home pays residents $10 or $15 to attend program classes and meetings, including those that are mandatory. Another home in the same state has a mini-store where residents can spend credits they earn from doing assigned chores, attending scheduled meetings, school/work attendance, and so on. (The home also imposes fines against these credits for violations of some rules.) Staff at another home can adjust residents' curfews by an hour in either direction in response to their behavior. Some homes have established various levels of rules that allow residents to attain more independence within the program as they demonstrate increasing levels of responsibility. For example, some homes in one state have "phase systems" with different levels of rules for different residents, depending on how well they are doing in the program. Residents of a few homes can qualify for a situation with more independent living—either their own individual apartment within the same facility or a space in a different, less restrictive, facility within the larger network.

## WHAT CASE MANAGEMENT SERVICES DO HOMES PROVIDE?

All the maternity group homes we visited provide case management services for their residents. While some case management may take place on an ad hoc basis, many homes require residents to attend regular individual meetings with their case manager. Such sessions are commonly scheduled once a week.

Case management sessions often involve setting personal goals and discussing progress on achieving them. At some homes, case managers develop an individual service plan for each resident that includes goals related to parenting, education, health, and family interaction. In addition, case management sessions often involve counseling (although the staff involved may not be licensed therapists)—for example, talking over residents' issues and challenges.

Referrals are another important part of case management. In addition to the array of services home staff can provide directly to their residents, case managers work to connect residents with providers of other services that the homes themselves cannot provide. Although some homes are themselves able to offer direct services to meet almost all of their residents' needs, all homes must refer their residents to outside providers for at least some services. In addition to the types of services discussed elsewhere in this chapter, home staff provide referrals to a number of other services—for example, medical and substance abuse treatment and education or training programs. Often, when a teen first enters a maternity

[4] Even when a resident is evicted from one home, she is not necessarily barred from other homes in the same network. In Massachusetts, for example, where the state is obligated to place every eligible teen parent, residents who violate program rules can be moved from one home to another until they find a situation that works.

group home, case management staff will work to get her connected with various resources and programs, including TANF, food stamps, and Medicaid benefits, school, and day care for their children.

At some homes, residents' meetings with case management staff may become shorter or less frequent over time. Just before a resident leaves the home (possibly moving into a housing situation her case manager helped her find or apply for), the case manager will often work with her to plan her transition to independent living and arrange for any follow-up services the home may provide. Many homes also offer continued case management services to their former residents.[5]

## HOW DO THE HOMES TEACH PARENTING AND LIFE SKILLS?

The constant presence of home staff offers residents many opportunities for informal lessons on the skills needed to parent and live independently. In addition, some of the required chores are specifically designed to give residents a chance to practice these skills. Still, most maternity group homes—and all of those visited for this study—also offer formal instruction in these areas. Classes covering parenting and life-skills topics are one of the most common support services that homes provide, and attendance at these classes is typically mandatory for all residents.

Such classes can look very different in different homes, however. For one thing, the frequency at which life skills and parenting classes are held varies considerably across homes. Some homes require residents to attend several group sessions each week, while others offer such classes only a few times a month. Programs also differ in the specific topics covered, the use of standard curriculum across a number of networked homes, and the types of staff involved in leading these classes.

Classes cover a wide range of topics, including nutrition, child development, health, money management, resumes, housing search, self-esteem, anger management, domestic violence, family planning, and sexually transmitted diseases. Some homes organize their classes in a single series that combines all parenting and life skills, covering a different specific topic at each session. Other homes offer a few separate series, each covering a different broad topic area (such as one on parenting and another on life skills), so that residents attend a number of different classes each week or month. For example, a common pattern is to hold a parenting class one night a week and a life-skills class another night. Also, some homes have regular house meetings that may include discussion of parenting and life skills topics.

[5] In addition, a few homes provide outreach case management services to other nonresidents, typically pregnant and parenting teens living in other settings who are (a) eligible for, but not interested in, the residential component of the program, or (b) unable to live in the home due to capacity limitations or eligibility requirements. Most of the maternity group homes in New Mexico's state network provide case management services to nonresident pregnant and parenting teens. In some other sites, the homes themselves do not offer services to nonresidents, but their parent organization does.

Some networks have selected a single curriculum for parenting or life-skills classes to be used in all their homes. For example, all homes in Georgia's network use the Minnesota Early Design (MELD) curriculum, specially designed to teach parenting skills to at-risk adolescent parents. The main objective of the MELD curriculum is to reduce incidents of physical and emotional abuse of children. Homes in Massachusetts's statewide network use the Preparing Adolescents for Young Adulthood (PAYA) curriculum—developed by the Massachusetts Department of Social Services (MDSS), which includes sections specifically for teen parents and is used across the state to teach life skills to adolescents in MDSS care—supplemented by more hands-on lessons and sometimes external speakers. Other homes decide on their own which specific life skills and parenting topics to cover, and in what format.

Some homes rely on their own staff to teach parenting and life-skills classes, while others bring in partners to fill these roles. Homes may have a single partner teach an entire series of classes, or they may use a different partner to lead each session, thus providing residents with access to an expert on each specific topic (and avoiding burdening any one partner too much). A few homes pay partners, but most are volunteers—often employees of other organizations with missions to provide such services. (Types and roles of partners are discussed in greater detail in Chapter IV.)

## WHAT LOGISTICAL SUPPORTS DO HOMES PROVIDE?

In order to attend school, work, keep appointments, and engage in other activities, young parents need logistical supports such as child care and transportation assistance. While some programs make referrals to connect their residents with outside providers for such supports, others provide logistical supports directly.

***Child Care.*** Maternity group home staff typically assist their residents in obtaining quality child care for their children. Some staff have ongoing relationships with off-site child care providers. Many homes go a step further and directly provide some limited or short-term babysitting. At some homes, staff will watch residents' children for a short time when residents need a break. (Most try to keep this to a minimum, since the primary responsibility for caring for their children rests with the parents, not home staff.) Other homes provide babysitting services only at specific times, such as during mandatory program activities. A few homes even provide ongoing regular child care while mothers are attending school or work. For example, one home in Michigan and another in Washington are affiliated with organizations that operate day care centers that are free to residents of the home.

Homes in the Georgia network do not provide child care directly, but, because most residents of the Georgia homes are in state custody, the homes do pay for the use of regular day care centers while teens are attending school. In some other states, maternity group homes rely on the fact that teen mothers receiving TANF can get vouchers to pay for child care while they are engaged in certain activities such as school.

***Transportation.*** Some maternity group homes provide transportation for their residents, and typically have vans for this purpose. Homes often limit rides to types of destinations they consider necessary—for example, school, medical appointments, grocery stores, and group outings. Some go beyond this, also driving residents to and from such destinations as parks and malls. Homes in remote locations, such as one in rural New Mexico, may have no choice but to drive residents everywhere they need to go. Homes in the Georgia network must typically do the same, in part because the high level of supervision required by state law generally requires staff to accompany the residents when they leave the home.

Homes without these restrictions often encourage residents to learn to navigate and use the public transportation system in the area, so they will be experienced at doing so when they move out on their own. Such encouragement is especially common at homes in locations where the public transportation system is good, such as in large cities. These homes often assist their residents with transportation costs. Some provide bus tickets or subway passes for residents. A few homes will pay for occasional cab rides home late at night or in case of emergency. Two Washington homes operated by Friend of Youth help pay for gas for those residents who own cars.

## WHAT OTHER SERVICES DO SOME HOMES PROVIDE?

The services described above are provided—in one way or another—by most of the homes in this study. Besides these common program features, some maternity group homes provide additional support services. These include mental health and educational assistance to current residents, follow-up services to former residents, and outreach to the fathers of residents' children.

***Mental Health.*** Some maternity group homes offer mental health services to their residents. A few homes have contracted with psychiatrists to provide therapy for residents; others have licensed therapists or masters-level social workers on staff. The homes we visited in Georgia and Maine tend to place the greatest emphasis on providing mental health services to their residents. Residents of the St. Andre homes in Maine are required to meet with their home's social worker for at least an hour each week. The social workers at the St. Andre homes also assess the need for mental health services among new residents, and the homes contract with psychiatrists to make house calls for individual appointments. The homes in the Georgia network also make individual therapy available to residents on a weekly or biweekly basis. Some Georgia homes have licensed therapists on staff or use staff of their parent organization, while others contract with a therapist to provide these services, which are paid for out of the group home budget. In Michigan, an organization that formerly operated a maternity group home now provides mental health services—including clinical therapy, infant mental health, and psychological evaluations—to the remaining homes in the network. One home in New York has a clinical psychologist on staff half-time, but staff there noted that many residents were reluctant to see the psychologist.

Residents of other homes are referred to external providers for mental health services. For example, none of the homes in the New Mexico network have staff members trained to provide mental health counseling. Residents of maternity homes in the Massachusetts network are referred to therapists covered by Medicaid. However, staff in some sites noted that mental health services—while important and greatly needed by residents—are expensive and not always available to low-income families outside the homes.

***Education Assistance.*** A few homes provide some type of direct assistance with residents' education. One large home in New York offers GED classes in a large classroom on-site for residents who are unable to enroll in regular schools in the area. It is somewhat more common for homes to offer tutoring services to their residents, sometimes provided by home staff and sometimes by partners. In one home in New Mexico, for example, tutoring is available to residents seven days a week, and tutoring abilities and subject area coverage are considered when hiring staff. One Michigan home contracts with an external social service organization to provide on-site tutoring to residents twice a week. Some homes in Georgia's network offer a fixed guided study period on weeknights and will check residents' homework, and one Georgia home has a special education teacher provide weekly tutoring services on site. Some homes also have computers that residents can use for their schoolwork.

More common than these forms of direct assistance are educational requirements for maternity group home residents. Many homes require residents to actively pursue formal education while residing in the group home. These requirements may be for full-time or part-time activity, and educational requirements can typically be satisfied in a variety of ways, including attending regular or alternative high schools, GED programs, and community colleges. In some cases, the goal of such requirements is to encourage residents to complete high school, while in others it is simply to engage in some type of productive activity. Some homes allow residents—particularly those who have graduated from high school or earned their GED—to pursue employment rather than attending school.[6] However, other homes even require continued education of those who have completed high school.

***Follow-Up Services.*** Many maternity group homes provide some type of follow-up or "aftercare" services to young mothers for some period of time after they leave the residence. Most often these services consist of ongoing case management for about six months after their departure, typically provided by the same staff who did so during their time in the home. Some homes attempt to contact former residents at specific intervals (such as at six months, and then one year, after their departure) to check on them.

A few homes offer some material assistance for young mothers now living on their own. For example, one home in Michigan pays the security deposit and first month's rent for

[6] Some homes encourage volunteer work for those who are not ready for a regular job. One home even hires residents who have completed high school as interns and pays them minimum wage to perform clerical duties.

residents after they leave the home, in addition to helping with grocery shopping and checking in periodically for six months. Some maternity homes in Washington have relationships with a partner organization that provides free furniture and household items for former residents setting up their own households, and one Washington home presents its residents with $1,000 upon completion of the maternity group home program.

***Services for Fathers.*** Some homes provide support services to family members of current residents, particularly the fathers of their residents' babies. The Massachusetts' statewide network has a father outreach program that not only encourages fathers to participate in their children's lives, but assists the fathers in finding employment and other services. Each home in the network has a designated father outreach worker (paid through a special federal grant from ASPE that has recently ended) to contact fathers and provide case management services to them. One maternity group home in New York also offers case management and other services to fathers.

## SUMMARY OF SERVICES

Maternity group homes are intensive, comprehensive support programs for pregnant and parenting young women and their children. The homes visited for this study provide an extensive array of services to the families living there. At the most basic level, all the homes provide secure housing and extensive adult supervision and structure to their residents. They also offer a core set of other support services, including parenting and life-skills lessons and case management. The homes commonly assist their residents in connecting with a variety of outside services and provide logistical supports—such as child care and transportation assistance—to enable them to access additional services outside the home and to attend school, work, and other activities. In addition to these common services, some maternity group homes strive to offer additional services on site, such as mental health services, educational assistance, follow-up services for former residents, and services to the fathers of residents' children.

Through these intensive programs of comprehensive services, maternity group homes have the potential to benefit disadvantaged young mothers and their children in both the short and long term. As will be seen in the next chapter, however, the cost of providing these services, particularly intensive supervision, can be high.

# CHAPTER IV

# THE STAFFING AND COSTS OF MATERNITY GROUP HOME PROGRAMS

For maternity group home programs to provide the extensive set of services, structure, and supervision described in Chapter III, they must have adequate staffing and funding. The issues of staffing and funding are closely related, since staffing is by far the greatest expense for these programs. In general, the intensive services offered by these homes require fairly large staffs, even for a small facility. In turn, these high staffing levels lead to relatively high costs for these programs.

In this chapter we examine carefully the staffing patterns and costs of operating maternity group home programs, particularly the following research questions:

- How are maternity group home programs staffed? How many staff are needed to provide supervision and services to their residents? What types of staff perform each function?
- How much do maternity group home programs cost to operate? What implications do staffing levels, specific services provided, and the length of time residents stay in the homes have on program costs?

## HOW ARE MATERNITY GROUP HOMES STAFFED?

Although maternity group homes tend to offer many of the same types of services to pregnant and parenting teens, they use a variety of different staffing strategies to serve their residents. Each maternity group home program must decide how many and what types of staff to use to supervise its residents and to provide each service the home offers. This section describes the staffing patterns these homes use to deliver the array of services discussed in Chapter III.

***Number of Staff Members.*** Operating a residential program for pregnant and parenting teens and their children can require a large staff. On average, the homes we visited had 11 staff members (including both full-time and part-time staff), and about 8 full-time equivalent (FTE) staff (Table IV.1). The number of staff members varies considerably across the homes we visited, however, ranging from 4 to 28 FTE staff (4 to 39 total staff).

**Table IV.1. Numbers of Full-Time and Part-Time Staff in Maternity Group Home Programs**

| Program (State) | Number of Staff Members per Home | | | Number of Full-Time Equivalent Staff (Estimate)[a] |
|---|---|---|---|---|
| | Full-Time | Part-Time | Total | |
| GCAPP Second Chance Homes (Georgia) | 4 to 6 | 3 to 7 | 7 to 13 | 5.5 to 9.5 |
| St. Andre Group Homes (Maine) | 6 | 1 | 7 | 6.5 |
| Teen Living Program (Massachusetts) | 2 to 7 | 3 to 11 | 5 to 17 | 3.5 to 11.5 |
| Teen Parent Supportive Housing Services Collaborative (Michigan) | 4 to 8 | 1 to 13 | 6 to 21 | 5.0 to 14.5 |
| Teen Parent Program (New Mexico) | 2 to 5 | 1 to 8 | 4 to 10 | 3.5 to 6.0 |
| Inwood House Maternity Residence (New York) | 17 | 22 | 39 | 28 |
| Friends of Youth Transitional Living Program (Washington) | 1 to 2 | 5 to 7 | 7 to 8 | 4.5 |
| **Overall Range** | **1 to 17** | **1 to 22** | **4 to 39** | **3.5 to 28.0** |
| **Overall Mean** | **5.3** | **5.8** | **11.0** | **8.2** |

[a]In computing full-time equivalent (FTE) staffing levels, we assumed that all part-time staff are half-time.

GCAPP = Georgia Campaign for Adolescent Pregnancy Prevention.

The number of staff members needed at a home depends on the number of its residents; however, resident-to-staff ratios vary considerably across the homes we visited. Some had fewer than one FTE staff member for every three resident families, while others had more than two FTE staff members for each resident family. About half of the homes we visited had more FTE staff than residents, while the other half had more residents than staff. Several program features seem to be correlated with staffing levels:

- **Number of Residents.** Smaller homes tend to have more staff per resident—perhaps because larger homes benefit from economies of scale. The average capacity of homes with more than one FTE staff member per resident family is about 8, while the average capacity among homes with fewer staff members than residents is about 10. The existence of economies of scale in staffing is not surprising, since some program services can be provided to several residents at once. For example, providing overnight supervision typically requires only one staff person, regardless of whether there are 3 resident families or 16. Similarly, life skills classes can be held with a larger number of young mothers without increasing staffing needs.

- **Type of Home.** Apartment-model group homes tend to need fewer staff members than congregate-model homes. More than two-thirds of all congregate-model homes in our study had a staff-to-resident family ratio greater than 1:1. In contrast, only one of the apartment-model homes we visited had such a high staff ratio. This may be due, at least in part, to the fact that apartment-model homes tend to provide less supervision to their residents. All but one of the homes visited with 24-hour-awake staff are congregate-model homes.

- **Specific Population Served.** Certain populations—such as younger teens or those placed in the homes by child welfare agencies—may require more supervision than others. For example, because the maternity group home network in Georgia serves primarily teen mothers in state custody, the network had to negotiate with the state to develop a specific set of rules for regulating these homes. State licensing requirements determine the staffing ratios during waking and sleeping hours and require homes in the Georgia program to have 24-hour-awake staff. Massachusetts, as mentioned above, has a continuum of homes with different levels of supervision, so that they can place younger or less mature teens in more heavily supervised settings. Staff at some homes that do not serve young teens or those in state custody noted that they cannot do so because the staffing and other licensing requirements would result in prohibitively high program costs.

***Group Home Staff and Their Roles.*** Most homes employ a mix of full-time and part-time staff members, as well as a mix of degreed professionals and relatively unskilled staff. On average, the homes in our study employ about five full-time and six part-time staff members (Table IV.1).[1]

The number of staff members varies considerably across homes, however. Among the homes we visited, the number of full-time staff ranges from 1 to 17, and the number of part-time staff ranges from 1 to 22.

The staff members employed by maternity group homes tend to fall into four categories:

- **Director.** A typical home has a director who is responsible for the overall management of the home. Some homes also have an assistant director to support the director in these duties. The director usually has final authority to make decisions about service delivery, staffing, and often admissions—within any guidelines set by the home's network or managing organization. Some directors spend part of their time working directly with residents, while others perform purely management functions. In some homes, the director is

[1] Some individuals categorized here as part-time staff are actually full-time employees of the home's managing organization but spend only part of their time working for the maternity group home itself.

**A SAMPLE STAFFING PATTERN FOR A MATERNITY GROUP HOME**

The Families First Second Chance Home in College Park, Georgia has five full-time and four part-time staff members serving eight resident families. The home's director spends half her time administering the home and the rest of her time on other Families First programs. The full-time group home supervisor, a masters-level social worker and licensed counselor, oversees the daily functioning of the home and also provides weekly individual therapy and case management services to each resident. The other full-time staff members are an activities coordinator—who teaches the parenting classes and handles referrals, assessments, and follow-up services—and three full-time house parents (two of whom are a married couple) who live in private apartments within the group home facility. The home also has three part-time staff members to provide supervision during weekend hours when the house parents have time off.

responsible for the home's budget and funding, while in other cases financial tasks are handled by staff at the managing organization. Directors tend to work regular business hours. They are most often full-time, although some split their time among multiple homes or between a maternity home and another program operated by the same organization. For example, the two maternity group homes run by Friends of Youth in Washington share both a program director and an assistant program director with three other residential programs.

- **Case Manager**. Case management staff typically work with residents individually, to help them set and pursue personal goals and to discuss their progress and challenges. Case managers also make referrals to ensure that residents get necessary services the homes cannot provide directly. In homes with multiple case managers, each resident is typically assigned to a specific case manager. Some homes have additional, specialized case managers who focus on a particular task, such as outreach, referrals, or serving a special population, for example, former residents or fathers.[2] In some homes, licensed social workers perform case management duties, while in others staff members with less training fill this role.

- **Youth Supervisor**. The bulk of maternity group home staff members are youth supervisors, who provide general supervision and have the most day-to-day contact with residents. These staff members tend to have lower levels of education than program directors and case managers. They provide a wide variety of services, ranging from enforcing house rules to helping with cooking and shopping to simply spending time with residents. Youth supervisors often teach informal or ad hoc lessons about child rearing and life skills. In some

[2] For example, homes in the Massachusetts program have father outreach workers who provide case management and other services to the fathers of the children of maternity group home residents. These staff typically work part-time or are shared by multiple homes.

homes, they also lead formal parenting and life-skills classes. In homes that offer transportation or child care assistance to their residents, youth supervisors provide these services. These staff members are responsible for the around-the-clock supervision the homes offer. Therefore, they often work flexible schedules to cover all shifts. Some youth supervisors are full-time, while others are part-time. Many homes have a mixture of both. Some homes have a few regularly scheduled youth supervisors, plus a pool of part-time "on-call" or "relief" staff who fill in as needed—on weekends, for example, or when other staff are on vacation—and who may work only a few hours a week. At the other extreme, some youth supervisors are "house parents," who live in apartments within the group home and are on-call 24 hours a day when they are on duty.

- **Other Support Staff**. Some larger homes have additional staff members who fill necessary roles in the home but who may not work directly with the residents—for instance, maintenance staff to perform repairs or a cook to prepare meals. Similarly, some homes have administrative support staff to perform clerical, accounting, and research tasks. However, most of the homes we visited rely on their directors to fill these functions.

***External Staff Who Provide Support Services***. In addition to their own staff members, maternity group homes often rely on external providers to perform certain services, such as teaching classes or providing therapy to residents. These staff members typically come to the home only on a regularly scheduled day (often weekly or monthly) to provide a specific service. The homes we visited relied on three types of external staff:

- **Unpaid Partners**. These external staff members are either employed by other organizations (and therefore not paid by the maternity group home program) or are unpaid volunteers from the community. For example, the Washington program has staff members from the Program for Early Parent Support come to the homes monthly to teach the program's parenting classes. A group called Horizons for Homeless Children furnished on-site play areas at two maternity homes in Massachusetts, in addition to providing staff to play with residents' children at the home for two hours each week. A teacher employed by the New York City school system comes to the Inwood House maternity home in New York and provides daily GED instruction to some of the residents. Using staff from partner organizations to fill these roles can save programs money, as well as build connections between the homes and other service provider organizations in their communities. New Mexico's maternity group homes are expected to rely heavily on other providers in the community for services. State officials point to the ability of their homes to access community resources as one of the strengths of its network.

- **Paid Contractors/Consultants**. Contractors and consultants play a similar role but are paid by the maternity group homes. Homes may contract with organizations or with individual professionals. For example, the St. Andre program in Maine contracts with psychiatrists to provide mental health services to residents of their homes and with the YWCA for masters-level parent

educators. The New York program relies on several outside consultants to provide residents with specialized training in parenting skills, substance abuse counseling, and other areas. Relying on paid consultants can result in more expensive programs. However, when services are not readily available for free through partner organizations or unpaid volunteers, using paid consultants or contractors may be the only means of providing certain supports for residents.

- **Parent Organization Staff**. Most maternity group homes are managed by larger parent organizations that run multiple programs for at-risk populations. These organizations often have staff members who provide special services (such as mental health services) to all clients the organization serves. These staff members are paid by the parent organization and may not be paid out of the budget for the maternity group home. Like unpaid partners and paid contractors, these staff members typically visit the homes at regularly scheduled intervals. For example, residents of one home in Georgia are served by a team of mental health professionals who are employed by the parent organization. This team meets regularly to discuss the plan for addressing the mental health needs of each resident of the home.

## HOW MUCH DO MATERNITY GROUP HOMES COST TO OPERATE?

An important issue to consider when examining maternity group home programs is the typical cost of serving young mothers in this setting. To fully explore this issue, it is necessary to have information both on the cost of operating the programs and on the typical amount of time residents stay in these homes. For this reason, we asked staff members to provide information on the cost of operating their programs, as well as the amount of time their residents typically remain in the homes.

Getting complete and precise information on program costs proved difficult in some instances. Program staff were sometimes reluctant to share information on costs. In addition, some of the staff we spoke with were not knowledgeable about budget issues or did not have this information readily available. In other cases, it was difficult to separate the cost of the maternity group home program from the cost of other programs the parent organization operated. In spite of these challenges, we were able to collect fairly complete information on per-resident costs from most programs. However, given the difficulties encountered, the costs reported here should be considered only as estimates of the actual per-resident costs.

Getting detailed information on residents' typical length of stay proved to be even more challenging. Homes often did not keep detailed records on length of stay or did not have this information in a form that could be readily compiled and tabulated. In addition, when information on average length of stay was available from programs, it was not always clear how the information had been calculated and how, for example, the ongoing stays of current residents were factored in to any averages reported. Finally, it appeared that when staff members did not have specific information on this topic and instead gave their general sense of the typical length of stay, they tended to overestimate how long residents remained in the

homes. They generally reported much longer stays than were indicated from reports based on specific data on all program participants.[3]

To address the limitations of the cost information, we report figures in terms of average monthly costs per resident family, rather than average total costs per resident family served (which would require precise information on average length of stay).[4] We then describe the available information on typical length of stay and discuss what this suggests about the typical total cost for serving young mothers and their children in this setting. However, since the length of stay information is less complete, we do not calculate specific total cost estimates per resident family served for each of the study programs.

***Typical Monthly Costs***. Operating a maternity group home can be expensive. Many programs reported average costs per resident family of more than $4,000 a month (Table IV.2). By far the largest expense in operating these programs is staffing cost. Salaries and benefits can make up 70 percent or more of their overall operating expenses. As discussed in Chapter III, maternity group home programs typically offer 24-hour supervision, as well as intensive support to residents. This high level of supervision and support requires a large number of staff members per resident family. These high per-resident staffing levels lead to high per-resident costs.

The cost of providing housing is another important component of program costs. Program staff indicated that housing costs represented anywhere from 10 to 30 percent of their operating expenses. There are several reasons why the proportion of program costs devoted to housing may vary. In many cases, the parent organizations that operate maternity group home programs own the buildings where the homes are located, which help keep their ongoing housing costs down. Other programs rent space for their maternity group homes. In these cases, housing costs typically are higher and represent a larger fraction of overall operating expenses. In addition, costs vary substantially by location. In general, homes located in urban areas face much higher housing costs than those in small-town or rural settings.[5]

[3] In many cases, it appeared that staff members based their more informal estimates on the typical length of stay primarily on those residents who remained in the home long enough for them to be easily remembered. This phenomenon may have caused some staff members to inadvertently exclude residents with short stays when providing an estimate of the typical length of stay. In other cases, staff members may have deliberately omitted residents with very short stays, since they considered these residents to have never fully engaged and participated in the program.

[4] A "resident family" includes the young mother and her child or children. If the young woman is pregnant and has no other children in the program, the "resident family" includes only her.

[5] Of course, programs with relatively low staffing levels, and thus low staffing costs, are more likely to have smaller budgets and to devote a higher fraction of their budgets to housing.

**Table IV.2. Average Monthly Costs per Resident Family in Maternity Group Home Programs**

| Program (State) | Estimated Average Monthly Cost per Resident Family | Average Staff-to-Resident-Family Ratio[a] | Average Number of Families per Home |
|---|---|---|---|
| **Programs with Average to Above Average Costs** | | | |
| St. Andre Group Homes (Maine) | $8,600 | 1.6 | 4.0 |
| Inwood House Maternity Residence (New York) | $6,000 | 1.2 | 24.0 |
| GCAPP Second Chance Homes (Georgia) | $4,300–6,700 | 1.3 | 5.5 |
| Teen Living Program (Massachusetts) | $3,500–4,800 | 1.1 | 8.4 |
| **Programs with Below Average Costs** | | | |
| Teen Parent Supportive Housing Services Collaborative (Michigan) | $1,200–4,200 | 0.7 | 11.3 |
| Teen Parent Program (New Mexico) | $1,300–3,300 | 0.6 | 7.6 |
| Friends of Youth Transitional Living Program (Washington) | $1,300–3,200 | 0.5 | 10.0 |

Note: Cost estimates are approximate. Ranges indicate the lowest and highest average per resident family costs in the homes within the program.

[a]Average among the homes we visited. Figures represent full-time-equivalent staff per resident family.

GCAPP = Georgia Campaign for Adolescent Pregnancy Prevention.

Funding levels per resident vary greatly across maternity group homes. Several homes reported average costs per resident family of less than $1,500 per month, while others reported average monthly costs of more than $8,000 per family (Table IV.2). Not surprisingly, costs are closely tied to the number of staff members the home employs. Programs with average or above average costs tend to have the highest number of staff per resident (Table IV.2). For example, the Maine program had the highest costs per resident family of the programs we visited, as well as the highest staff-to-resident ratio, with 1.6 full-time equivalent staff members per resident family. Conversely, the programs with the lowest per-resident family costs (those in Michigan, New Mexico, and Washington) had the lowest number of staff per resident. These programs all averaged fewer than one staff member per resident family.[6]

In addition, programs that operate smaller homes tend to have higher per-resident costs.[7] The Maine and Georgia programs, which have above-average costs, operate homes

[6] This pattern could also be seen among homes within a program. Among the homes in the Michigan, New Mexico, and Washington programs, those with the highest per-resident costs also had the highest number of staff per resident.

[7] There is one notable exception to this pattern. Inwood House, in New York City, was the largest single facility we visited (typically serving about 24 pregnant teens) but did not have below average costs. This is most likely due to the program's relatively high staff-to-resident ratio, which was higher than other large homes

## THE RELATIONSHIP BETWEEN STAFFING LEVELS AND COSTS

Two examples illustrate the considerable variation in staffing levels at different maternity group homes, as well as how these staffing levels affect both program services and program costs. One of the highest staff-to-resident ratios we observed was in the St. Andre program in Maine, which operates four small congregate-model homes. These homes typically have one part-time and six full-time staff members to serve four resident families—about 1.6 FTE staff members per family. This high staffing level allows the home to provide a high level of service for its residents, including 24-hour supervision, parenting and life-skills classes three or four times a week, and intensive mental health treatment. It also leads to fairly high costs, about $8,600 per month per resident family served.

In contrast, one large apartment-model home operated by Friends of Youth in Washington had one of the lowest staff-to-resident ratios we observed. This facility has one full-time and seven part-time staff members to serve 14 resident families—about 0.3 FTE staff members per family. Because of the lower staffing levels, the home offers a less intensive set of services to its residents. For example, unlike the Maine home, the Washington home does not offer intensive mental health services and conducts parenting and life skills classes only about twice a month. The lower staffing level at this home keeps their costs relative low, only about $1,300 per month per resident family served.

that average fewer than six resident families per home (Table IV.2). In contrast, the average size of homes in the Michigan and Washington programs, which have relatively low costs per resident, is 10 or more. This connection between home size and per-resident costs may be tied to staffing levels. For example, it generally takes more staff per resident to offer 24-hour supervision in a home with 5 resident families than it does in a home with 10 resident families. In addition, there may be other ways in which larger homes enjoy "economies of scale" and are able to offer the same level of service with fewer staff members.

Finally, programs with higher per-resident costs generally provide a more intensive set of services. The Maine and Georgia programs, for example, place strong emphasis on mental health treatment. In both programs, residents see a trained therapist weekly. These sessions are usually conducted by a specially trained, licensed social worker who is a member of the group home staff. In addition, many residents in the Maine and Georgia programs see a psychiatrist regularly. For both these programs, the cost of this intensive mental health treatment is included in their overall program budgets. Other programs place substantially less emphasis on mental health treatment, and most residents in these other programs do not receive regular mental health therapy. In addition, the mental health treatment that is

(*continued*)
we observed. Inwood House offers an especially intensive set of services for its residents, which likely requires it to have higher staffing levels (and, therefore, higher costs) than other large maternity group homes.

provided for residents in these other programs usually is provided by other organizations and is not part of the budget of the homes. Similarly, the New York program, which has above average costs, also offers a particularly intensive set of services. Residents in the New York program are required to participate in six weekly one-hour classes on independent living skills, childbirth, infant care, health, substance abuse prevention, and other special topics. No other program we observed included as many hours of formal instruction.

***Typical Length of Stay***. Residents of maternity group homes are generally free to remain in these programs a relatively long time. Several programs have official limits on stays of 18 to 24 months. In other programs, residents may remain in the home as long as they are below the program's age limit (often 21). Home staff often reported that they were flexible about these limits and, in some cases, allowed residents to stay beyond them if it appeared that the family would benefit from remaining in the program.

In spite of the potential for fairly long stays in these homes, it appears that the typical stay is relatively short. As mentioned, the data available on length of stay are limited and incomplete. However, in programs and homes for which this information is available, the average length of stay is about four to six months. For example, staff in the Georgia program reported that the average stay for its residents was just over four months, while staff from the Massachusetts program reported an average of about six months. Similarly, in the one Michigan home that was able to provide this information, the average length of stay was just over six months. Staff at the New York program indicated that the average stay for its residents was about five months.[8]

In some cases, residents remain in the program only a short time. In programs that had this information available, anywhere from 10 to 25 percent of residents remained in the program for a month or less. In other programs, staff reported anecdotally that residents sometimes left the program after only a few days, once it became clear to them what life in the home would be like. In other cases, residents remained in the program for a year or more. Programs that had this information indicated that 10 to 15 percent of residents remained in the program for at least a year. Staff at many homes mentioned several of their recent residents who had remained in the home for more than a year.

***Typical Total Costs***. We end this chapter by considering the typical total cost of serving a family in a maternity group home. To estimate this figure, we must combine information on the typical length of stay with information on typical monthly costs. Based on the information gathered in this study, it appears that a stay of five to six months is fairly typical for a family residing in one of these homes. In addition, although costs vary substantially across homes, several programs had homes with monthly costs in the $4,000 to $5,000 per-family range, which falls in the middle of the full range of costs we observed. Combining these figures suggests that a reasonable estimate of the typical cost of serving a

[8]The maximum stay in the New York program is limited by the fact that residents can remain in the program only while they are pregnant. Even so, the average length of stay in the program is similar to that of other programs in which residents are allowed to remain after their babies are born.

family in a maternity group home is $20,000 to $30,000 for a five- or six-month stay. Of course, families often remain in these homes for more or less time than that. Therefore, the actual cost of serving a family in one of these homes would often be higher or lower than this range.

# CHAPTER V

# IMPLEMENTATION LESSONS

Maternity group homes are intensive, comprehensive support programs for pregnant and parenting young women and their children. In addition to stable housing, these homes provide a wide array of services to meet the needs of the families they serve. Supervision and rules help provide the structure teens and their children need as they develop a foundation on which to build their lives. Classes on parenting and life skills aim to provide residents with skills they will need to care for themselves and their children after they leave the home. Case management services and referrals strive to ensure that residents have access to additional services homes cannot provide directly, and logistical supports—such as child care and transportation assistance—enable them to access services outside the home and to attend school, work, and other activities. In addition to this common set of services, some maternity group homes directly provide mental health services, educational assistance, follow-up services for former residents, and services to the fathers of residents' children. Through these intensive programs of comprehensive services, maternity group homes have the potential to benefit disadvantaged young mothers and their children in both the short and long term.

The preceding chapters describe the implementation of maternity group home programs in detail. This chapter summarizes some of the key findings and implementation lessons for practitioners and policymakers who are operating programs of this type or considering creating them. This information can help in designing new maternity group home programs and improving existing ones.

## NETWORKS AND PARENT ORGANIZATIONS CAN PROVIDE EXTENSIVE SUPPORT TO THEIR HOMES

Most of the homes in this study are part of state- or county-wide networks of similar homes. In addition, many of the homes are operated by larger social service organizations, which may also operate other maternity group homes and typically have broader missions as well. Network managing agencies and parent organizations can assist maternity group homes in several different ways. Providing such assistance, however, uses financial resources and may limit homes' flexibility to tailor their programs to meet local needs.

Agencies and organizations should take these tradeoffs into account when considering opening a maternity group home program or creating a network.

***Networks.*** State policymakers who are concerned about the needs of teenage parents and their children may want to consider establishing a state network of maternity group homes. Where such networks are established, local social service providers will need to decide whether to operate homes within a network. Networked maternity group home programs can offer several advantages to participating homes. One of the most important ways in which many networks support their member homes is by providing funding. In addition, network agencies typically have network-level staff devoted (at least part-time) to providing technical assistance, support, and advocacy for the homes. These types of assistance may be particularly important for creating and fostering new programs. However, even staff of established homes in some networks cited the ongoing support of the network-level agency as central to their operations.

Besides providing top-down assistance to their individual homes, networks facilitate cooperation between the homes within the network. Being part of a network can also offer homes the opportunity to learn from each other, typically through regular meetings of home directors sponsored by the network agency. These connections between homes can also inform those operating at capacity about other locations with openings, so they can refer new applicants. Networked programs often have formal or informal mechanisms for transferring residents from one home to another within the network, to find the best match between residents' needs and homes' specific service offerings.

Creating networks also enables state and local government agencies to ensure that all homes within their purview conform to certain rules. In return for providing various types of assistance, networks typically require their homes to follow at least some, often broad, rules concerning program features. For example, homes may be constrained to accept only residents who are eligible to receive other services from the network agency, such as TANF or child welfare. In some cases, network agencies are involved in the referral process, and homes are even required to accept every resident referred by the network agency. Networks may also dictate certain services that all homes must provide, as well as particular levels or types of staffing. While agencies that manage networks may consider it important to be able to focus services in certain directions and/or standardize key program elements across all of their different homes, some individual homes (and some networks) may consider the resulting loss of flexibility a disadvantage. For instance, a network that is overly centralized might limit the ability of individual homes to respond to local needs and work with the community. Specifically to avoid this type of situation, the maternity group home network agency in New Mexico designed a decentralized network that gives local organizations considerable independence in operating their homes.

On the other hand, working with a number of different homes can make it possible for networks to create deliberate variety among the homes within its service area. Some networks include different types of homes that offer a continuum of care for different types of residents. In addition to the two types of maternity group homes discussed earlier in this report—congregate and apartment model homes—the Massachusetts network includes a

few transitional facilities that provide considerably lower levels of supervision than the network's other homes. These homes provide only limited adult supervision and are targeted to older, more mature teens program staff have deemed ready to move from a maternity group home into a more independent setting. Another example of this model is Rhode Island's small statewide network (not included in this study), which also provides a continuum to help residents move toward independence. Young teen residents enter the program at the first level—living in a congregate home with 24-hour-awake supervision—and move to apartment model homes with less supervision over time.

The many benefits of network support come at the price of higher program costs, however, since adding a layer of network-level staff to perform these functions increases the cost of the program. Not surprisingly, the networks that provided the greatest amount of technical support and assistance to their member homes also dedicated the most network-level staff time to overseeing the network.

***Parent Organizations.*** Policymakers interested in funding maternity group homes or establishing networks must consider who will be responsible for actually operating the homes, and social service organizations interested in this role must consider whether they are up to the task. Active parent organizations serve many of the same functions as network agencies: providing their homes with funding and technical assistance, facilitating interactions between different homes, and encouraging standardization or deliberate variety among their homes.

In addition to the types of assistance that network agencies provide, homes can benefit from having access to the management, administration, and other staff of established parent organizations. Parent organizations often take responsibility for all financial matters—including fundraising, budgeting, and accounting—and have direct authority over all expenditures. In some cases, parent organizations own the buildings in which maternity group homes operate. Parent organizations also are often involved in hiring at least some of the staff—such as the home's director and other key professional staff—who work at the homes. In some cases, staff from the parent organization come to the homes to provide specific direct services to residents. Such arrangements can help homes access specialized staff—such as mental health professionals—that a single home may not be able to support on its own. In addition, two or more homes with the same parent organization may share a program manager, a pool of on-call relief staff, or a set of partners.

These roles are especially important for homes that do not belong to a network, although many homes benefit from the assistance of both parent organizations and networks. Parent organizations experienced in offering services to pregnant and parenting teens or operating other residential programs for adolescents in need may be better prepared for many of the challenges of operating a maternity group home, and thus have less need of the kinds of support a network can offer. Policymakers should seek out such providers to operate maternity group homes, particularly in the absence of networks. Social service organizations with less comprehensive experience in this area may want to join a larger network of homes, if this is an option in their area.

## MATERNITY HOMES CAN FACE CHALLENGES RETAINING RESIDENTS

Providers of maternity group home programs often struggle with high turnover rates among residents. Although maternity group home programs typically allow residents to remain in the homes two years or longer, or until they reach an eligibility age limit, residents often leave much sooner. In many homes, staff reported that although many residents stay in the program for a year or more, just as many leave within a month or so of their initial entry into the home

High rates of turnover are a concern to practitioners and policymakers, for two reasons. First, maternity group home program staff expressed concern that many residents leave too soon to get the full benefit of the program. The homes are not designed as temporary shelters but as longer-term programs in which residents must spend considerable time if they are to take full advantage of the rich set of services the homes provide. Second, high rates of turnover can result in a large number of empty beds in some places. Although it may be useful for homes to have a few empty beds available for new residents, programs are able to use their space and staff most efficiently when operating at or close to capacity. Too much excess capacity can also affect program funding.

How to address high turnover depends on the reasons for it. Anecdotal evidence suggests several factors that may be related to turnover rates and excess capacity:

- ***Lack of Commitment to the Program.*** Staff suggested that some residents simply want housing and are not committed to the maternity group home program. These teens often do not follow program rules and do not stay at the home very long. Careful screening of applicants may help minimize the number of uncommitted residents. For example, one home implemented new, particularly challenging application procedures, designed to screen out applicants who are not fully committed to the program. This strategy may be appropriate only for programs where there is high demand, however, since programs that usually have empty beds may not want to turn away any applicants, even those who are less committed and may not stay as long.

- ***Strictness of Rules.*** There may be a relationship between the strictness of program rules and the length of stay in the home. Dislike of program rules was the most common reason staff mentioned for residents leaving the home after only a short stay.[1] High turnover rates among residents of maternity group homes reflect, in part, teens' dissatisfaction with program rules that limit their freedom too much. Staff reported that it could be challenging to strike the right

[1] However, some of the programs with the strictest rules may also be those that serve populations who may not be free to leave the home without consequences. For example, some homes serve primarily residents who are required to live in the home because they are in state custody or on probation, or as a condition of receiving TANF or retaining custody of their child. Because these populations may be considered to need more supervision, the homes that specialize in serving them may be required to have stricter rules.

balance between imposing necessary structure on residents' lives and allowing them some degree of freedom. Some homes have deliberately relaxed at least some rules to increase resident satisfaction and encourage them to stay with the program. Some programs offer a range of homes with varying degrees of structure to meet the needs of different types of residents, thus allowing more independence for more mature residents, which, in turn, may increase their length of stay. In addition, transitional slots can be a good incentive for regular home residents to work toward.

- ***Location.*** Anecdotal evidence suggests higher demand for maternity group home slots in urban locations. This may be due to the fact that there are more pregnant teens in these areas, and teens entering maternity group homes typically wish to remain in the area they know. In addition, some staff noted that if there is no maternity group home in a teen's hometown, she typically prefers to move to a home in a larger city (where she may have a relative). Perhaps the only solution to the location issue is to conduct a needs assessment before opening a new home, and this way ensure an adequate demand for services in the area.

Policymakers and practitioners might consider these issues both when designing new programs and when making changes to existing programs.

## COSTS DEPEND ON SERVICE INTENSITY AND COMPREHENSIVENESS

Providing the level of support and comprehensive array of services that maternity homes offer can be expensive, but some programs have considerably lower per-family costs than others. As discussed in Chapter IV, the monthly operating costs of the homes in this study ranged from as little as $1,200 to as much as $8,600 per resident family. Those designing new maternity group home programs should consider the reasons for this considerable variation, as well as the interaction between specific program features and program costs.

This study found a generally positive relationship between program costs and the intensity of supervision and other services provided directly by home staff. Since staffing is the single largest component of program expenses at most homes, any program feature that has strong implications for staffing will have similar implications for costs. Thus, financial considerations should be taken into account when making decisions about which services to provide directly, which specific populations to serve, and what size facilities to use. Policymakers and social service organizations should consider these factors when determining the likely costs of operating maternity group home programs.

***Direct Provision of More Intensive Services.*** Offering more direct services—such as mental health services, more frequent life-skills and parenting classes, and more intensive supervision—will require more staff, resulting in higher program costs. Some types of services may increase costs more than others. For example, providing intensive mental health services requires more highly trained staff who will likely require higher salaries.

To reduce costs, programs may be able to rely more heavily on other social service agencies and organizations in the community to provide some services to home residents. Relying on external service providers—whether on site as partners or off site through referrals—can reduce the number of paid staff needed by a home. Thus, forging close relationships in the community can enable homes to expand the services available to their residents, while at the same time holding down the homes' operating costs. For example, among the homes in our study, those that rely on existing services in the community for mental health services have lower costs than those that provide these services directly to their residents. In New Mexico's maternity group home network—which is among the least expensive programs in our study—home staff are expected to serve largely as case managers, connecting residents with other providers in the community for most services. State officials who oversee the network cited as a strength of their program the ability of their homes to access community resources. Community organizations also provide small amounts of funding and in-kind donations to homes.

Nevertheless, the ability of programs to shift some responsibilities away from home staff and onto external service providers depends on the actual availability of services in the community. In some cases, certain services will simply not be available if the group home does not offer them directly. For example, in both Georgia and Maine—where the maternity group home programs pay for mental health services for their residents—staff noted that such services were not readily available to low-income families outside the home. Staff in another state mentioned long waiting lists for mental health and drug treatment services in the area. Staff of the network agency in New Mexico—which uses a model that relies heavily on local community involvement—cautioned that not all communities can support a home based on this model.

***Choice of Target Population.*** Specific populations may require more intensive supervision and higher staff-to-resident ratios, resulting in more staff and thus higher program costs. For example, 24-hour-awake staff typically are required to supervise teens in state custody, and some states have licensing rules that require similarly high levels of supervision for all group homes that house minors. Besides supervision, there may be other state licensing requirements and regulations relating to these populations that add expense. Thus, serving younger teens and those in state custody may lead to higher program costs. Homes that are not subject to such requirements, such as some homes that serve older or more mature teens, may provide less intensive supervision, and thus tend to have lower costs. Those designing new maternity group home programs will need to consider the implications for program costs of the population served.

Policymakers designing networks might consider creating a continuum of different types of homes within a single program, in order to meet the needs of different types of residents at the lowest cost. The homes visited for this study represent a continuum of levels of program intensity and cost. In some sites, multiple levels of intensity exist within a given program, sometimes intentionally. The programs visited in Massachusetts, Michigan, and Washington each have some homes with higher operating costs and higher levels of supervision/service intensity and other homes with lower costs and intensity, which they target to a somewhat older or more mature population. For example, Massachusetts' STEP

facilities, which provide considerably lower levels of supervision than the network's other homes, operate at about half the cost of the other homes. Staff in some sites that do not have such transitional programs mentioned a need for semi-independent facilities to bridge the gap between highly structured maternity group home programs and fully independent living.

***Home Size.*** Policymakers may want to consider operating slightly larger homes as a strategy to reduce per-resident costs. This study found that larger homes tend to be less expensive to operate, due to economies of scale. A certain minimum number of staff is needed to provide supervision and services to a few residents, but homes with adequate physical capacity often can serve additional residents without increasing their staffing levels proportionately. In locations where the need for maternity group home programs is high enough to support larger homes, and where appropriate facilities with adequate capacity are available, operating a few large homes may be more cost efficient than operating a larger number of smaller homes.

There is a tradeoff involved in operating larger facilities, however. The resulting lower staff-to-resident ratios may likely result in less personal attention given to each resident, which may be inappropriate for some populations. In particular, the same state regulations that mandate 24-hour-awake staff in homes that serve minors or teens in state custody may also specify a low staff-to-resident ratio, making it impossible for these homes to expand capacity without a proportional increase in staff. In addition, larger facilities are likely to be more institutional and less like a family, which may not provide the same kind of supportive environment a small home can.

Thus, policymakers and organizations establishing maternity group home programs may need to decide whether to offer a high-intensity, high-cost program model or a more streamlined, lower-cost model. Those that wish to serve younger teens and/or provide constant adult supervision and a richer set of direct services must anticipate the higher costs that come with that model. Homes with lower levels of funding may have to rely more heavily on partners and referrals, and/or serve a more independent population that requires less intensive supervision.

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# APPENDIX A

# SUMMARY OF THE SEVEN STUDY PROGRAMS

This appendix provides a summary of the seven maternity group home programs included in this study. For each program, we describe its basic structure, funding sources and levels, eligibility rules and referral sources, setting and structure of its facilities, staffing patterns, and core program services. Table A.1 presents the general characteristics of each of the seven study programs.

## GCAPP SECOND CHANCE HOMES (GEORGIA)

***Basic Program Structure.*** The Georgia Campaign for Adolescent Pregnancy Prevention (GCAPP) operates a statewide network of eight maternity group homes, serving 44 teenage mothers and their babies. The GCAPP program began serving teens in 2001 and is funded primarily by the Georgia Department of Human Resources (DHR). The eight GCAPP homes have flexibility in determining their daily operations and procedures. However, the homes all offer a similar set of services and serve similar populations. GCAPP provides technical assistance and support to the homes in its network, helping them troubleshoot when challenges arise, such as issues involving resident behavior or government regulations. GCAPP also convenes regular meetings with program managers to provide training and discuss issues relevant to all the homes.

***Funding Sources and Levels.*** GCAPP receives $1.4 million annually from DHR to fund the homes and provide them with assistance and support. Grants from GCAPP to individual homes currently range from about $100,000 to $150,000 per year and make up about a third of the operating budgets of these homes. Most of the rest of their funding comes directly from DHR as payments for providing shelter and services to children in state custody. Some homes also receive funding from charitable organizations and individual donations. The average monthly cost per resident family served ranges across the eight GCAPP homes from about $4,300 to as much as $6,700. In general, smaller facilities, as well as those offering more intensive support services and serving higher risk teens, have higher costs.

**Table A.1. General Characteristics of the Seven Study Programs**

| | GCAPP Second Chance Homes (Georgia) | St. Andre Group Homes (Maine) | Teen Living Program (Massachusetts) | Teen Parent Supportive Housing Services Collaborative (Michigan) | Teen Parent Program (New Mexico) | Inwood House Maternity Residence (New York) | Friends of Youth Transitional Living Program (Washington) |
|---|---|---|---|---|---|---|---|
| **Sponsoring Agency/ Management Structure** | Fairly centralized program overseen by GCAPP in partnership with Georgia Dept. of Human Resources | Very centralized program managed by Saint Andre Homes, Inc. | Very centralized program managed by Massachusetts Dept. of Social Services | Fairly decentralized program funded and overseen by Wayne County Family Independence Agency | Decentralized program funded and overseen by New Mexico Children, Youth, and Family Dept. | Very centralized program run by Inwood House | Very centralized program run by Friends of Youth |
| **Program Capacity (Families) and Number of Homes** | 44 in 8 homes | 16 in 4 homes | 167 in 20 homes | 34 in 3 homes | 38 in 5 homes | 36 in 1 home | 20 in 2 homes |
| **Key Funding Sources** | State TANF funds and federal child welfare funds for foster care placements | Mainly from Medicaid funds; also state funds for residential services for young mothers | Mainly state TANF funds; some state child welfare funds | Mainly from HUD Supportive Housing Program grant; also other HUD grants, United Way, private donations | Primarily from state funds allocated for teen parent services, also HUD and child welfare | Funded primarily through federal child welfare funds for foster care placements; also some Medicaid funding | Mainly HUD funding, with additional help from the United Way and private donations |
| **Approximation of Average Monthly Cost per Resident Family** | $4,300 to $6,700 | $8,600 (includes health service costs paid by Medicaid) | $3,500 to $4,800 | $1,200 to $4,200 | $1,300 to $3,300 | $6,000 | $1,300 to $3,200 |
| **Main Referral Sources** | Primarily regional child welfare agencies | Primarily regional child welfare agencies; also hospitals, shelters, schools | Primarily state welfare agency; also regional child welfare agencies | Primarily county welfare agency | Schools, hospitals, child welfare, juvenile justice | All referrals from New York City child welfare agency | Public health clinics, foster care, shelters, crisis hotlines, other social service organizations |
| **Key Eligibility Requirements** | 13-20, pregnant or parenting, no other appropriate adult-supervised setting, no history of serious drug use or violence | 15-29, pregnant or parenting, Medicaid eligible, not violent or active drug user, willing to follow program rules | 13-20, pregnant or parenting, no other appropriate adult-supervised setting, on TANF or active child welfare case | 15-18, pregnant and parenting, on TANF, no other appropriate place to live, parental consent if under 18 | Under 22, pregnant or parenting, willing to follow rules, and Medicaid eligible. | Under 21, pregnant, and in New York City foster care system | 18-21, pregnant or parenting, homeless by HUD definition, no severe mental health problem, not violent or active drug user |
| **Core Program Services** | 24-hr (awake) supervision, life skills classes 3-4 hrs/wk, case management, tutoring, mental health counseling | 24-hr supervision, life skills classes 3-4 hrs/wk, case management, mental health counseling | 24-hr (awake at most homes ) supervision, life skills classes 3-4 hrs/wk, case management, outreach to fathers | 24-hr (awake at most homes) supervision, life skills classes 3-4 hrs/wk, case management, some tutoring | 24-hr supervision, life skills classes 1-2 hrs/wk, case management, some tutoring | 24-hr (awake) supervision, health, child birth, and life skills classes 7 hrs/wk, case management, on-site school, outreach to fathers | Staff on site at most times, life skills classes about once a week, case management |

GCAPP = Georgia Campaign for Adolescent Pregnancy Prevention.

***Eligibility Rules and Referral Sources.*** To participate in the GCAPP program, teenage mothers must be between the ages of 13 and 20, have no history of serious drug use or violent criminal behavior, and have a current living situation that is considered unsafe or inappropriate. The program serves both pregnant and parenting teens. However, state regulations seriously limit the number of pregnant teens the homes can serve. For this reason, most teens have already had their babies before they enter the program. Teens may voluntarily enter the homes with the permission of their parents or guardians. However, it is more common for teens who enter the homes to be in state custody through either the foster care or juvenile justice systems. Referrals are generally handled by individual homes; GCAPP is not involved. About two-thirds of referrals are from local child welfare agencies, while about 10 percent are from juvenile justice. Other referrals come from a mix of sources, including schools, churches, hospitals, health clinics, community organizations, and family members.

***Setting and Structure of the Homes.*** The eight GCAPP homes are located throughout Georgia: two in the metropolitan Atlanta area, one in the mid-size city of Columbus and the rest in small towns. All homes involve congregate living, in which the teens share living, dining, and kitchen areas. In all the homes, teens have their own bedrooms that they share with their babies. Most are in converted single-family homes in quiet residential areas and can serve five or six teens and their children. One home near Atlanta is in a newly constructed facility that can serve eight teen families and includes two separate apartments for house parents. Another home in southern Georgia is part of a campus of residential and educational facilities for disadvantaged and troubled youth. The latter home is operated by a social service organization that has been providing residential services to children in this location for almost 100 years.

***Staffing Patterns.*** Although there is some variation, the basic staffing pattern at each of the GCAPP homes is fairly similar. All provide a very high level of supervision for their residents, including staff on site 24 hours a day and low resident-to-staff ratios. These staffing patterns are required by state law for facilities that house minors in state custody, as these homes do. State regulation requires a 6-to-1 resident-to-staff ratio (counting both the teen mothers and their children) during waking hours and a 10-to-1 ratio at night. In accordance with state regulations for children in foster care, teens are generally not allowed to leave the home unless they are accompanied by a group home staff member. Homes typically have two or three full-time staff members with advanced degrees: a program director, who manages the daily operations of the home and its staff, and one or two case managers. The homes also have a number of "advocates" who provide general supervision for residents. These staff may be part-time and typically do not have advanced degrees.

***Core Program Services.*** The eight homes all offer a similar set of services, including weekly parenting and life-skills classes taught by the group home staff. These classes use the Minnesota Early Design (MELD) curriculum, which was specially designed to teach parenting skills to at-risk adolescent parents and to reduce the risk of child abuse and neglect. Classes cover a variety of topics, including child development and health, family management, and other parenting issues. The GCAPP program places strong emphasis on mental health services, and all teen residents receive regular individual therapy sessions.

Some homes have licensed therapists on staff, while others contract with an outside therapist to provide this service. Residents also meet weekly with their case manager to review progress toward meeting their personal goals concerning parenting, education, and health. Homes also offer guided study and tutoring services, as well as transportation to medical appointments, educational events, and group outings.

## ST. ANDRE HOME, INC. (MAINE)

***Basic Program Structure.*** St. Andre Home, Inc. operates four maternity group homes in Maine, which can serve a total of 16 pregnant and parenting young women and their children. The organization was founded in 1940 by a local order of nuns, the Good Shepherd Sisters, which owns the buildings out of which the four group homes operate. Three of the homes opened in the mid-1970s; the fourth opened in 1998. The four homes are quite similar to each other, providing similar services and serving similar populations. The central St. Andre office handles all financial issues and provides general oversight of the homes. However, treatment planning, as well as the day-to-day functioning of the homes, is handled by staff at each home. Central office staff and staff from the four group homes work closely together and have regular and frequent contact with each other.

***Funding Sources and Levels.*** The St. Andre group homes are funded primarily by Medicaid funds (covering about two-thirds of operating expenses) and by a state contract to provide residential services to young mothers (covering just over one-fourth of the operating expenses). Other funding comes from a mix of sources. In some cases, the children of the young mothers who reside in these homes are in state custody. In these situations, the program receives monthly payments from the Maine Department of Human Services (DHS), which are provided to organizations that house children in the foster care system. These payments cover less than 5 percent of the operating expenses of the homes. The program also receives small amounts of funding from religious organizations, the United Way, and private donations. In addition, residents with income are required to pay program fees, representing either one-fourth or one-third of their income, depending on their circumstances. Each home has an annual budget of between $364,000 and $448,000 and the average monthly cost per family served is about $8,600. Costs vary somewhat across the four homes, with one home specifically designed to accommodate young mothers with more than one child having the highest per-family costs. Unlike most other group homes visited as part of this study, the budget for the St. Andre group homes includes Medicaid-funded mental health, drug treatment, and other medical services residents receive, all of which contribute to the high per-family cost of the program.

***Eligibility Rules and Referral Sources.*** To reside in a St. Andre group home, young women must be Medicaid-eligible and be either pregnant or parenting a child younger than age three. All homes serve young mothers ages 15 to 24, while one home serves women up to the age of 30. Most homes can accommodate only mothers with one child; however, one can accept mothers with two children. Residents cannot be a danger to themselves or others, must not be active drug users, and must be willing to follow program rules. Applications and admissions are handled by individual homes. Most referrals to the program are from DHS. Many of these referrals are situations in which the children are in

state custody and are being reunited with their mothers on a trial (and closely supervised) basis. Other DHS referrals may involve young women who must live in the homes as a condition of retaining custody of their child. Other referrals come from a variety of sources, including hospitals, counselors, churches, shelters, family, and friends.

***Setting and Structure of the Homes.*** The four St. Andre homes are located in southern and central Maine: two in Lewiston, one in Biddeford, and one in Bangor. All the homes follow the congregate model, in which the residents share living, dining, kitchen, playroom, and other common areas. Residents have their own bedrooms that they share with their children. In one home each mother has her own suite with bedroom, small living room, and bath. This home is a large four-story former rectory, while two of the other facilities are converted single-family homes in residential neighborhoods. The fourth home is a new facility specifically built as a maternity group home. Each home can serve three to five families.

***Staffing Patterns.*** Although there is some variation, the basic staffing pattern at each of the St. Andre homes is very similar. All homes have staff on site 24 hours a day; however, overnight staff are not required to remain awake. The homes all have low resident-to-staff ratios, with each employing six full-time and one part-time staff member. Staff typically include a supervisor, a masters-level clinical social worker, and four "group life workers" who provide general supervision for residents. In addition to the staff who work directly for the homes, the program contracts with a number of consultants, including psychiatrists, medical doctors, and public health nurses.

***Core Program Services.*** In addition to housing and supervision, each home provides a number of individual and group services to its residents. Homes convene group sessions three or four times each week. These sessions include parenting and life-skills classes, as well as house meetings. In some cases, sessions are conducted by group home staff; in other cases, outside experts are brought in to teach the classes. In addition to the group sessions, residents must meet weekly with the home's social worker. Some residents also meet regularly with psychiatrists who come to the home to provide therapy. Finally, homes occasionally provide child care and transportation for their residents.

## THE TEEN LIVING PROGRAM (MASSACHUSETTS)

***Basic Program Structure.*** The Massachusetts Teen Living Program (TLP) includes 20 regular TLP group homes and 3 transitional Supportive Teen Parent Education and Employment Program (STEP) facilities for pregnant and parenting teens throughout the state. The TLP homes and STEP facilities can house 177 teens and their children, making the program the largest maternity group home network in the country. The network is managed by the Massachusetts Department of Social Services (DSS), which oversees child welfare issues for the state, in partnership with the Massachusetts Department of Transitional Assistance (DTA), which manages the state's Temporary Assistance for Needy Families (TANF) program. The program began in 1995 as part of state welfare reform legislation that, among other changes to the state welfare program, required teen mothers to live in an adult-supervised setting as a condition of receiving cash assistance. The state

funded TLPs as an option for those who did not have an appropriate relative or guardian with whom they could live. The first homes opened in 1996. The network is fairly centralized, with DSS guidelines governing the services the homes must offer and the population they must serve. However, the homes have flexibility in making decisions about their specific structure and rules. In addition to regular meetings, the network director has frequent—sometimes daily—informal contacts with home directors.

***Funding Sources and Levels.*** The program operates on an annual budget of about $8.2 million, of which $2.4 million is from DSS and the remainder from DTA. In addition, the program is in the last year of a three-year grant from ASPE to provide outreach services to the fathers of TLP residents' children. The amount of funding the network provides to each home varies by program size and location. The average monthly cost per TLP resident ranges from around $3,500 to $4,800, depending on the cost of living in the area. STEP program costs are considerably lower, about $2,300 per bed each month, because of the lower level of supervision and services. The homes rely almost exclusively on the network funding to operate; however, some receive small donations and in-kind contributions from local organizations in their communities. Homes also require residents to contribute 30 percent of their monthly income—typically TANF benefits—to the program.

***Eligibility Rules and Referral Sources.*** All homes require that residents be: (1) between the ages of 13 and 20; (2) Massachusetts residents; and (3) pregnant or parenting. In addition, residents must have no other appropriate adult-supervised place to live and must be willing to abide by the rules of living in a TLP home. Each bed within the network is designated either "DTA" or "DSS," which indicates the referral source and eligibility requirements for that bed. All DTA-bed residents must receive TANF, while all DSS-bed residents must have an open DSS case for their children or themselves. There is considerable overlap between these two groups, however, as most residents in DSS beds also receive TANF, and some residents in DTA beds also have DSS cases. The source of referrals also depends on the type of slot. All placements to the 102 DTA beds are made by the network coordinator, who is a state-level DSS staff member. Referrals to the 64 DSS beds are made by regional DSS staff. Placements in the network's 11 emergency beds are made by DTA staff directly. These beds are available for immediate use for teens in crisis situations or while they wait for an opening in a regular TLP bed.

***Setting and Structure of the Homes.*** The TLP network covers the entire state of Massachusetts, although homes are more prevalent in population centers. Each TLP home follows one of two structural models: (1) congregate programs for most teens, or (2) apartment-model programs for older teens who are better able to take care of themselves and their children. Congregate-model programs have 24-hour-awake staff. Staff members have frequent contact with residents and provide them guidance on parenting and life skills through role modeling and informal instruction. Teens have their own bedrooms, which they share with their children; however, bathrooms, kitchens, living rooms, and eating areas are shared by all group home residents. Residents of congregate homes typically pool their food stamps and rotate cooking duties. In apartment-model programs, two or three teens and their children share an apartment, with each teen responsible for preparing her family's meals. Staff in these homes may provide somewhat less supervision than those in

congregate homes, although apartment-model homes all have staff on site 24 hours a day. Most of the homes in the network are congregate-model programs; only five use the apartment model. In addition to these two types of TLPs, the network includes three STEP programs—apartment-model facilities for TLP "graduates" who are transitioning to independent living. Residents of STEP homes still receive some supervision and case management and attend group sessions and classes, but less frequently than other TLP residents.

***Staffing Patterns.*** All TLP group homes have staff on site 24 hours a day. However, congregate homes must have awake staff at all times, while some apartment-model homes have live-in house parents instead. Staff-to-teen ratios are established for each home individually by the state's Office of Child Care Services (OCCS), which licenses all TLP group homes. TLP network staff reported that OCCS typically requires ratios of one staff person per five teens, with more staff during peak times and fewer staff at other times. At the TLP group homes we visited, the number of staff ranged from about 4 to 11 full-time-equivalent staff, with larger homes typically having more staff. Each home uses a mix of full-time and part-time staff. STEP programs have much lower staff-to-teen ratios than the congregate and apartment-model TLPs, since they serve more mature teens who are transitioning to independent living. STEP programs are staffed by a case manager 20 hours per week, and they often share staff with nearby TLPs.

***Core Program Services.*** All homes provide a number of regularly scheduled group and individual sessions to their residents. Homes typically have three or four group sessions a week, including life skills/parenting groups and weekly house meetings. All homes use the Preparing Adolescents for Young Adulthood (PAYA) curriculum, which was developed by DSS for adolescents and includes some sections specifically for teen parents. Residents also meet weekly with their case manager, who develops and updates a service plan for each teen. Some homes have masters-level social workers on staff to provide counseling; others will connect residents with therapy providers covered by Medicaid. Residents' children are screened by Early Intervention Services and are often assigned to Early Head Start. Homes will also assist residents in finding child care and many will provide transportation in some situations. Besides services to current residents, TLPs offer follow-up assistance to former residents. The programs also provide outreach and case management services to the fathers of current residents' children.

## TEEN PARENT SUPPORTIVE HOUSING SERVICES COLLABORATIVE (MICHIGAN)

***Basic Program Structure.*** The Family Independence Agency (FIA) of Wayne County, the agency responsible for serving TANF families, oversees a small county-based network the capacity to serve pregnant and parenting teens in the Detroit area. The network currently includes three maternity group homes, an agency that provides mental health and outreach services to support the homes, and a parenting program (operated by an organization that also runs a non-network maternity home not directly supported by FIA). The agency that currently provides mental health and outreach services operated a home until recently when funding cuts from United Way necessitated the closing of this home.

The three network homes offer similar services and serve similar populations; however, the network's management is fairly decentralized. FIA leads monthly meetings of the five network members and is the fiduciary agent for the network's primary funding source; however, decisions about the daily operations of the residential facilities are left to the homes themselves.

***Funding Sources and Levels.*** The network receives Supportive Housing Program funding from the U.S. Department of Housing and Urban Development (HUD) of about $1 million annually. Each of the homes receives a HUD grant of between $135,000 and $400,000 per year, and these grants make up a substantial fraction of the operating budget of these homes. While the federal grant is the primary source of funding for all the homes in the network, none relies exclusively on this funding source. Homes also receive funding from HUD Emergency Shelter Grants, the United Way, and private donations. Each home also requires residents to contribute a quarter of their monthly income as rent. The average monthly cost per teen family served ranges substantially across the three homes, from as low as $1,200 to as much as $4,200.[1]

***Eligibility Rules and Referral Sources.*** The three network homes serve broadly similar populations. All homes serve both pregnant and parenting teens, and each home can accommodate a small number of parents with two children. None of the homes accept teens younger than 15 or older than 18, but some individual homes have narrower age ranges. Residents must be from Wayne County, and all homes require parental consent for minors. The homes also require residents to be on TANF, and all admissions decisions are made with the approval of FIA caseworkers. FIA is the primary source of referrals for all three homes, although homes also get referrals from a number of other sources including emergency hotlines, churches, teachers, friends, and family members. The homes are not licensed to care for teens in state custody.

***Setting and Structure of the Homes.*** All network homes are located in Detroit. Two of the homes are congregate living facilities, in which all residents share living, dining, and kitchen areas, and bathrooms. In one of the congregate homes, residents share bedrooms, with two teen mothers and their children sharing a room. Both of the congregate facilities are converted, large single-family homes in residential areas. The third facility is an old apartment building in which each teen parent has her own one-bedroom apartment. This facility targets slightly older teens than the other network homes do and is designed for young mothers who are mature enough to care for themselves and their children in their own apartment.

***Staffing Patterns.*** All three homes have staff on site 24 hours a day, although there is considerable variation in staffing patterns and resident-to-staff ratios across the homes. The two congregate homes have 24 hour awake staff (and, in fact, one of these homes has two awake staff members on site at all times.) The apartment model facility has fewer staff than

[1] We have had a challenging time obtaining good funding information from some of the homes in this program. Therefore, these per-resident-family costs should be viewed only as approximate.

the congregate homes, despite serving more residents, and the home does not always have awake staff. Each home has at least four full-time staff and a number of part-time staff. Homes typically have a program manager, a social worker and/or a case manager, and several "specialists" who provide general supervision for residents. In addition to staff who work directly for the homes, some staff from partner organizations come in to the homes to provide services, such as teaching parenting classes.

***Core Program Services.*** Besides housing and supervision, all the homes provide case management and a number of scheduled classes and individual meetings. The homes typically offer classes for the residents most weekday evenings, and the topics include classes related to parenting and life-skills (including such topics as budgeting, nutrition, and anger management). The residents typically are required to attend the classes, and at least one home offers them incentives to attend. Group and individual counseling are also commonly provided. Some homes provide child care and transportation to enable residents to attend school or work, while others help residents access external providers for these supports. Some homes also take the residents on outings in the Detroit area, as well as offer annual trips to other parts of the country. In addition to services provided to residents, each home offers some continued assistance to former residents after they leave the home.

## THE TEEN PARENT PROGRAM (NEW MEXICO)

***Basic Program Structure.*** The New Mexico Teen Parent Program (TPP), which is managed by the state's Children, Youth, and Family Department (CYFD), funds five group homes and three non-residential programs for pregnant and parenting teens throughout the state. The five homes have the capacity to serve 38 pregnant and parenting teens and their children. The program began operating in 1990 and is the oldest statewide network of maternity group homes in the country. The state program imposes broad guidelines on the services the homes it funds should offer. However, by design, program operations are highly decentralized, and individual homes have considerable flexibility in determining the specific services they offer and population they serve. State officials consider it very important for the local organizations that run these homes to have the flexibility to design programs that are appropriate for the needs of their community. The five TPP homes operate fairly independently of each other. However, the homes' directors meet a few times a year to discuss funding, services, referrals, and other issues.

***Funding Sources and Levels.*** TPP provides $500,000 annually toward the operating expenses at the five homes. TPP grants to the individual homes range from $55,000 to $165,000 per year. For three of the five homes, TPP funding covers most (80 percent or more) of their operating budget. For these homes, most additional funding comes from regular payments required of residents, typically $150 per month paid out of their TANF checks. The other two homes receive substantial funding from other sources to cover their operating expenses. One of these homes receives only about half its funding from its TPP grant; the rest comes from a HUD grant to house homeless teens, as well as a government grant to fund housing for teens transitioning out of the foster care system. The other TPP home (which, unlike the other homes in the network, serves primarily teens referred from child protective services) receives just over half its funding from government grants to cover

services for teens in the child welfare system. This home also receives about 15 percent of its funding from Catholic charities, so that its TPP grant covers less than a third of its operating budget. Monthly operating costs vary substantially across the five homes and range from about $1,300 to $3,300 per bed per year. Homes with higher per-resident costs tend to be smaller, have more staff, and provide a somewhat more intensive set of services for residents.

***Eligibility Rules and Referral Sources.*** The homes serve pregnant or parenting young women who must enter the program before their 20th birthday and can remain until they turn 21. Residents must be eligible for Medicaid. In addition, they must be willing to follow program rules and attend school to remain in the program. Some homes have additional eligibility requirements, such as meeting the HUD definition of homelessness, a requirement for homes that receive HUD funding. The five TPP homes all handle their own referrals and applications. Homes will refer teens to another TPP home if their home is full. However, because the homes are located far apart geographically, teens are often unwilling to consider placement in one of the other homes. Referrals for the five TPP homes come from a variety of sources, including schools, hospitals, the juvenile justice system, and child welfare agencies.

***Setting and Structure of the Homes.*** The setting and physical structures of the five TPP homes vary substantially. One home is in Albuquerque (the state's largest city); others are in small towns several hours from Albuquerque. Two are in converted single-family homes, where the residents have separate bedrooms but share living, kitchen, and dining areas. Another program is located in a set of three attached two-bedroom apartments, each of which can house two teenage parents and their children. One program operates out of a set of eight, clustered one- and two-bedroom apartment units in a large privately owned apartment complex in an urban area. Another is in a converted motel in a remote location off of old Route 66. The level of supervision and strictness of the rules imposed on residents concerning curfews, visitors, and other issues varies across the five homes.

***Staffing Patterns.*** Each home uses a mix of full-time and part-time staff, although specific staffing patterns vary considerably across the homes. The number of full-time staff at each home ranges from two to five; however, those with fewer full-time staff typically employ more part-time staff. Full-time staff at each home include the home director and sometimes a residential coordinator, a case manager, or a counselor. Staff generally provide 24-hour supervision, including overnight and weekend shifts. Overnight staff are not required to remain awake. In addition to paid staff, most homes rely on volunteers from partner organizations to provide some services to home residents.

***Core Program Services.*** All homes offer regular parenting and life-skills classes to residents. These classes typically meet once or twice a week and are led by home staff, although they sometimes rely on outside speakers. In addition, homes typically offer case management services to teens, regularly reviewing their progress toward meeting their program goals and offering them referrals if needed. Other services vary across the five homes. Some offer regular tutoring sessions for residents. Others provide respite child care on a limited basis and provide transportation to school, appointments, and shopping.

## INWOOD HOUSE MATERNITY RESIDENCE (NEW YORK)

***Basic Program Structure.*** With a capacity to serve up to 36 teens, Inwood House Maternity Residence is the largest of three New York City maternity homes for pregnant teens in the foster care system.[2] The Administration for Children Services (ACS), the city's child welfare agency, contracts with Inwood House to operate the program, which serves pregnant young women under the age of 21 until the birth of their child. After their babies are born, residents and their babies must be placed with a foster family or in a group home for teen parents. Inwood House was founded in 1830 and opened its first maternity residence in 1847. It has been serving pregnant teens from the city's foster care system since the 1930s. In addition to its maternity residence, Inwood House operates several other programs to serve pregnant and parenting teens, as well as programs designed to reduce teen pregnancy.

***Funding Sources and Levels.*** The Inwood House maternity home has an annual budget of about $1.7 million. These funds come primarily (91 percent) from ACS, which provides Inwood House with set monthly payments to cover the costs of their housing and support services. Most other funding for the program comes from Medicaid. In addition, the state provides Inwood House some TANF funding to cover case management services for the fathers of residents' babies. These government funds are supplemented with funding from private foundations. The average monthly costs per teen served by the program is about $6,000.

***Eligibility Rules and Referral Sources.*** To be eligible, residents must be pregnant and in the foster care system. In addition, since ACS regulations prohibit babies from residing in facilities for pregnant teens in foster care, residents must not have custody of any other children. All referrals to the program come from ACS, and Inwood House is generally required to accept the referrals it receives. ACS requires all teens living in group homes (the most common setting for these teens) to transfer to a maternity residence if they become pregnant. In addition, many foster families hosting teens request that the teen be moved if she becomes pregnant. For this reason, most pregnant teens in the city's foster care system live either at Inwood House or one of the other two city maternity homes that serve foster care teens.

***Setting and Structure of the Homes.*** Inwood House is located in a quiet residential neighborhood on New York's Upper East Side. The organization owns the six-story building and operates several programs out of the facility. Three of the floors are devoted to the maternity home and each of these floors has 12 rooms, one large bathroom, and a lounge. Because of low enrollment in the maternity residence in recent years, one of the residential floors is now used by other Inwood House programs. Residents all have their own bedrooms and share living rooms and dining areas.

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[2] Inwood House officially has a capacity to serve 36 residents. However, the home has been operating below this capacity for some time, due primarily to a large drop in the city's foster care population in recent years.

***Staffing Patterns.*** The Inwood House program serves a large number of teens, typically about 24 at a given time in recent years. Moreover, ACS regulations require 24-hour-awake staff, as well as a low resident-to-staff ratio. For these reasons, the program has a large staff of social workers, paraprofessionals, administrators, and support staff. The maternity residence is overseen by a director of residential services, assisted by a director of youth care who oversees the large staff (7 full-time and 12 part-time) of paraprofessionals who provide basic supervision and other services to residents. The home also employs two full-time social workers who provide case management services; a full-time independent living coordinator who provides life-skills training; a full-time registered nurse who coordinates residents' medical care and teaches child birth, child health, and nutrition classes; and a part-time clinical psychologist who provides group and individual therapy, as well as psychological testing, to residents. Inwood House also employs a job developer who provides career readiness training to residents and a housing specialist who assists young women aging out of foster care find appropriate housing. In addition, the program employs a full-time cook, three maintenance workers, and several other administrative and clerical staff.

***Core Program Services.*** The Inwood House maternity home offers a wide array of support services. Residents are required to participate in six weekly one-hour classes on independent living skills, childbirth, infant care, health, substance abuse prevention, and other special topics. Residents are offered incentives for attending these sessions, including vouchers that can be used to purchase items for their baby at the program's "baby boutique." Residents also have weekly meetings with their case managers to review their behavior, school performance, and other personal issues. Inwood House requires all residents to attend school full time if their health permits. The program offers an on-site school for teens who are unable to find an appropriate educational program in the community. This school, which is used by about one in four residents, provides daily class instruction and is taught by a certified New York City school teacher. Inwood House also operates the "Fathers Count" program for the fathers of the residents' babies. The program offers case management services to these young men, including referrals to job and education services, parenting classes, anger management groups, and legal assistance. Fathers are also encouraged to attend the childbirth and other classes Inwood House offers for its residents.

## FRIENDS OF YOUTH TRANSITIONAL LIVING PROGRAM (WASHINGTON)

***Basic Program Structure.*** Friends of Youth (FOY) operates the Transitional Living Program, which includes two maternity group homes and three residential programs for other youth populations in the Seattle area.[3] The two maternity homes serve 20 pregnant

[3] Until shortly before our site visit in November 2004, one of the other three residential programs was also a maternity group home. However, FOY staff had recently decided to transition this home into a home for young women (ages 18 to 22) without children, because they felt this population was more in need of residential services in their area than was the young parent population.

and parenting young women and their children. FOY has operated other residential programs for youth since 1951 and opened their first maternity home exclusively for pregnant and parenting young women in 1991. The program's management is fairly centralized—one FOY staff member is the program manager for both maternity homes. The two homes offer a similar set of services and serve fairly similar populations; however, one home (Harmony House) is a congregate living facility while the other (Arbor House) is an apartment-model facility.

***Funding Sources and Levels.*** The combined annual funding for the two maternity homes is about $452,000. HUD provides over $300,000 of this funding—around $200,000 to Harmony House and over $100,000 to Arbor House. The homes receive smaller amounts of funding from the state, county, and city governments; the United Way; and private donors. In addition, residents at both homes are required to contribute about a third of their incomes to the program. The two homes receive roughly similar levels of overall funding, despite their different capacities (Arbor House serves 14, while Harmony House serves 6). Thus, the average monthly cost per resident family served differs substantially, from about $1,300 at Arbor House to $3,200 at Harmony House.

***Eligibility Rules and Referral Sources.*** The eligibility requirements are the same at both FOY maternity homes. Residents must be pregnant or parenting young women between the ages of 18 and 21 at time of entry into the home.[4] They can have only one child, and their children must be no older than four when they enter the home. The homes must verify and document that applicants are homeless according to HUD's definition. The homes also screen applicants for severe mental or physical health problems, current drug addiction or domestic violence, and any evidence that they might be dangerous. The homes take referrals from numerous sources, including public health workers, social service providers, shelters, foster care, FOY outreach staff, a community information hotline, and former residents.

***Setting and Structure of the Homes.*** Both homes are located in the Seattle area: one in a residential neighborhood in a northern suburb and the other in a complex with other group living facilities on a former military base on the east side of Seattle. Arbor House is an apartment model facility, while Harmony House is a congregate home. Some of the families in Arbor House share two-bedroom units while others live in individual one-bedroom units. This facility also contains a number of common areas shared by all residents and an apartment for the live-in resident manager. All families at Harmony House share living, dining, and kitchen areas, but each family has its own bedroom.

***Staffing Patterns.*** The basic staffing pattern at the two homes is similar, and they even share some staff. Each of the homes has a resident manager who lives on site, so someone is available to residents day and night, although neither home has 24-hour-awake staff. Each home also has its own full-time case manager. The two maternity homes share a program

[4] Despite similar eligibility requirements, Harmony House tends to serve younger mothers who may need more supervision, while Arbor House tends to serve older mothers who are more ready for independent living.

manager and an assistant program manager with the three other residential facilities that are part of the FOY Transitional Living Program. The homes also share a pool of relief staff who provide supervision on weekends, holidays, and when a resident manager is on vacation. Since the two homes have similar numbers of staff despite widely different capacities, Arbor House has a much higher resident-to-staff ratio than Harmony House.

***Core Program Services.*** The two homes offer a fairly similar set of services. Arbor House provides twice-monthly house meetings led by group home staff, as well as a monthly parenting class and a monthly nutrition class, both of which are taught by outside staff from partner organizations. Harmony House has weekly group meetings. In addition to group activities, residents in both homes are required to meet weekly with their case manager to review progress toward meeting their individual goals. Harmony House also contracts with external providers for mental health services. Harmony House provides child care for its residents, while Arbor House home has only limited funding for occasional child care. Both homes provide bus passes to their residents.