



Teen Pregnancy Prevention in California after State Budget Cuts

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California's long and exemplary tradition of support for teen pregnancy prevention programs has eroded in recent years. Since 2008, the state has eliminated or severely reduced support for teen pregnancy prevention (TPP) programs by shifting federal block grant funds to different programs, or by reducing state general funds for this purpose. In this 2012 study, we examined how the state budget cuts have affected organizations that provide teen pregnancy prevention programs and services.

We collected detailed information on changes in TPP programs after the state funding cuts to the Adolescent Family Life Program (AFLP), Community Challenge Grant program (CCG), Information & Education program (I&E), Male Involvement Program (MIP), and the TeenSMART Outreach program (TSO). Data collection included an online survey and in-depth interviews with staff at agencies that received grants from one or more of these funding initiatives.

Results of the study reveal a number of ways in which agencies have scaled back their teen pregnancy prevention efforts since the funding cuts. They also suggest reasons why policymakers should restore funding for teen pregnancy prevention programs.

BACKGROUND

California has a history of leadership in teen pregnancy prevention.

Preventing unplanned pregnancy among adolescents has long been a priority for California. Policymakers have recognized that the state economy is directly influenced by cost savings from the state-provided medical and social services which would otherwise be required to support the pregnant teens, teen parents, and their children. The most recent estimated net cost of teen births to California taxpayers was \$870 million.¹

Over the past several decades, the California state budget has supported innovative community-based programs to equip adolescents and young adults to make healthy decisions and to delay parenthood. With investments of state and federal funds since 1974, California built a successful infrastructure of programs and policies aimed at preventing teen births through multi-faceted approaches. These included educational and positive youth development programs for teens; supportive services for teen parents; and outreach programs to connect teens with family planning and reproductive health services, such as the state's family planning benefits program for low-income Californians, Family PACT.

California's above national average declines in teen birth rates over the past twenty years can be credited in part to these investments. But despite the 50% decrease in the teen birth rate since the early 1990s, more than 38,000 babies were born to teen mothers between the ages of 15 and 19 in 2011.²

KEY FINDINGS:

- In the last several years, the State of California has dramatically reduced funding for TPP.
- Most agencies have curtailed their TPP programs and services since the state budget cuts.
- Agencies are providing TPP programs and services to fewer sites and participants than before the state budget cuts.
- Even with much effort, most agencies have not been able to replace the lost state funding.
- Despite the tough funding climate, the benefits of TPP programs for youth, families, schools, and communities are key reasons for reinstating TPP funding.

1 Petra Jerman, Norman Constantine, and Carmen Rita Nevarez. No Time for Complacency: Teen Births in California, Public Health Institute, Center for Research on Adolescent Health and Development, Spring Update 2012.

2 Number of Live Births by Age of Mother, California, 1960-2011. State of California, Department of Public Health, Birth Records. <http://www.cdph.ca.gov/data/statistics/Documents/VSC-2011-0201.pdf>. Accessed online 12/14/12.

METHODS

ONLINE SURVEY:

In April 2012, an invitation to complete an online survey was sent to TPP program staff at 152 agencies that received funding through one or more of California's TPP funding initiatives in fiscal year 2007-08. The final sample consisted of 130 agencies (86% response rate), including 41 community-based organizations, 40 health care organizations, 29 county health departments or city governments, and 20 educational organizations.

IN-DEPTH INTERVIEWS:

Between June and August of 2012, in-depth telephone interviews were conducted with a subsample of 24 agency staff that had at least five years of experience with the agency and were knowledgeable about TPP programs. We selected agencies for interviews based on information from their corresponding online survey. These interviews captured the effects of budget cuts on agencies and programs in greater detail.

ANALYSES:

Statistical analysis was conducted to summarize the online survey data. Interview data were analyzed to identify key themes and representative quotes.

Since 2008, California has dramatically cut funding for teen pregnancy prevention.

TPP Program Total (and CA General Fund) Allocations in 2007-08 and 2011-12 (\$Millions)

| Program | Years Funded | Total Funding Allocation (CA General Fund ^a) | |
|---|--------------|--|------------------|
| | | 2007-08 | 2011-12 |
| Adolescent Family Life Program (AFLP) Case management and mentoring services to promote the health and well-being of pregnant or parenting teens and their children. <i>Approximately 35 grantees in 2011.</i> | 1985-Present | \$19.2 (\$7.3) | \$10.9 (\$0) |
| Community Challenge Grant (CCG) Community-based partnership programs to provide comprehensive sex education, youth development activities, and linkages to family planning and reproductive health care services for high-risk youth. <i>Approximately 116 grantees in 2011.</i> | 1996-2011 | \$20.0 (\$0) | \$0 (\$0) |
| Information & Education Program (I&E) Prevention and comprehensive sex education programs for high-risk youth, parents and caregivers, and youth-serving professionals, with linkages to family planning and reproductive health care services. <i>Approximately 24 grantees in 2011.</i> | 1974-Present | \$3.1 (\$1.6) | \$2.0 (\$1.0) |
| Male Involvement Program (MIP) Programming for adolescent and young adult males to promote male responsibility for teen pregnancy prevention, including prevention education, leadership development, mentoring, and job readiness training. <i>Approximately 21 grantees in 2008.</i> | 1995-2008 | \$2.3 (\$1.2) | \$0 (\$0) |
| TeenSMART Outreach Program (TSO) Various community outreach activities, including community events, informational presentations, and multi-media tools to increase youth awareness of and access to family planning and reproductive health care services. <i>Approximately 21 grantees in 2008.</i> | 1998-2008 | \$1.8 (\$0.9) | \$0 (\$0) |

Source: California Department of Public Health, Maternal, Child & Adolescent Health Division, Contracts and Grants Unit.

^a Amount that comes from State General Fund dollars (rounded). The balance of funding is from federal sources: AFLP (Maternal and Child Block Grant-Title V and Medicaid-Title XIX); CCG (Temporary Assistance for Needy Families-TANF Block Grants); I&E, MIP, TSO (Medicaid-Title XIX).

In state fiscal year (FY) 2007-08, California budgeted \$46.4 million, including \$11 million supplied by General Funds, to five programs devoted to primary or secondary pregnancy prevention. These programs included the Adolescent Family Life Program (AFLP) specifically for pregnant and parenting teens; Community Challenge Grants (CCG), Information & Education program (I&E), and Male Involvement Program (MIP) to provide prevention education and youth development programs; and the TeenSMART Outreach program (TSO) to connect youth with reproductive health services. In 2007-08, according to provider reports to the state, up to 300,000 participants received direct services through these five programs.³ In addition, many more were reached through media campaigns and community events.

³ Some individuals may have received more than one service or program and would have been counted more than once.

“Youth got multiple hits of prevention education through middle and high school. They got messages that were recurring, consistent, and medically accurate every year in some shape or form. Now we don’t know what they’re getting...”

– Program Manager at an agency speaking about lost CCG funding for prevention education

After 2008, funds for these programs were significantly reduced or eliminated. The MIP and TSO programs lost all funding in 2008, while the CCG program lost all funding in 2011. Funding for the AFLP and I&E programs has been significantly reduced. In fiscal year 2011-12, California budgeted \$12.9 million for the AFLP and I&E programs, representing a 72% decline in total spending on TPP programs since fiscal year 2007-08. According to provider reports to the state, 18,228 participants received direct services through I&E and AFLP programs in 2011-12, representing a 94% decline in participants served.

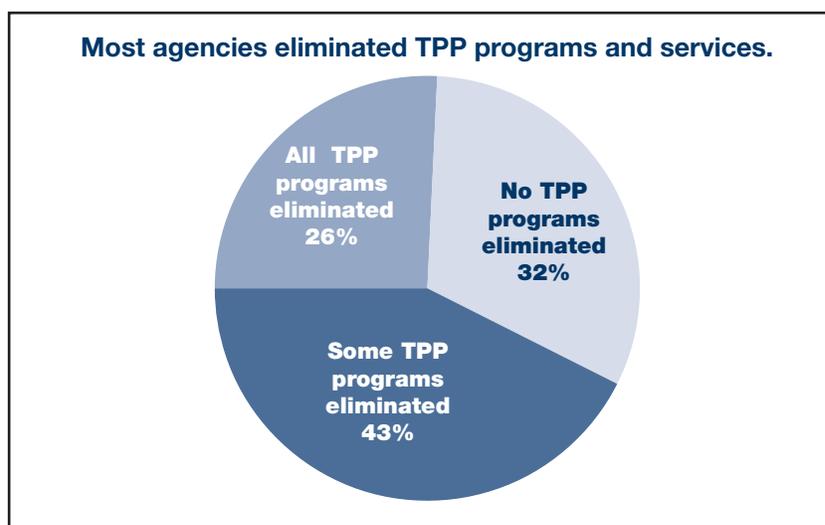
New federal funds have been accessed by the State of California through the Personal Responsibility Education Program (CA PREP), established as part of the Affordable Care Act in 2010 “to educate adolescents and young adults on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS.”⁴ This limited scope initiative distributed a total of \$5 million to 21 agencies that began implementing programs in 2012-13.

KEY FINDINGS

Agencies have scaled back their TPP programs and services since the state budget cuts.

Teen pregnancy prevention programs have experienced widespread curtailment since the state budget cuts. Among the former funding recipients, most (69%) stopped offering a TPP program or service (See Figure 1). One quarter (26%) of agencies no longer provide any TPP programs or services. Only one third of agencies (32%) reported that they continued all their programs. Community-based organizations have found it particularly hard to continue TPP programs since the state budget cuts. About two-fifths (41%) of community-based organizations (CBO) stopped offering any TPP programs, compared to about one-third (35%) of educational organizations⁵, 18% of county or city government agencies, and 10% of health care organizations.

FIGURE 1
Percentage of Agencies that Eliminated Teen Pregnancy Prevention (TPP) Programs since FY 2007-08 (n=129)



Source: UCSF survey of agencies that received TPP funding in FY 2007-08.

4 Affordable Care Act (ACA) Personal Responsibility Education Program (PREP). Department of Health and Human Services, Administration for Children and Families. <https://www.cfda.gov/?s=program&mode=form&tab=step1&id=e9085baafb785d09c9e4e52f9ec4ac4> Accessed online 12/18/12.

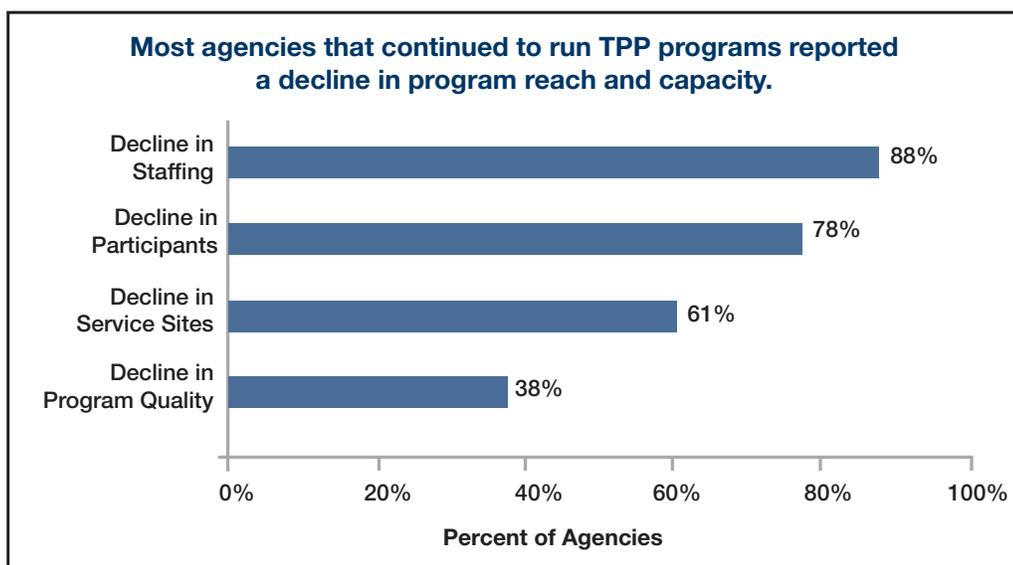
5 TPP grantees supplied many public schools with state-mandated HIV/AIDS prevention education (CA Education Code 51931), as well as locally required sexuality education. The number of schools that relied solely on TPP funds for their prevention education is unknown.

The state budget cuts also impacted the reach of agencies' TPP programs. Among the agencies that continued offering TPP programs, more than three quarters (78%) reported a decline in participants, and the majority (61%) reported a decline in the number of sites of service since the budget cuts (See Figure 2). A program manager at a health care organization described how the funding cuts dramatically affected the number of youth they are able to reach with their TPP programs, which included prevention education in schools, community outreach, and referrals to the organization's family planning clinic. After the loss of their CCG and AFLP funding she said, "Our numbers for health education and outreach have gone down by thousands – at least 4,000 people each year. This then cuts back on the number of people who learn about the [family planning] clinic and come seeking services."

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– Program Manager at a health care agency speaking about lost CCG and AFLP funding

FIGURE 2
Among Agencies Continuing Teen Pregnancy Prevention (TPP) Programs, Percentage that Reported Reductions since FY 2007-08 (n=97)



Source: UCSF survey of agencies that received TPP funding in FY 2007-08.

Since the state budget cuts, many agencies that continued programs have reduced the “dosage” or intensity of their TPP programs. For example, agencies that provide prevention education reported fewer class sessions, larger class sizes, and less frequent opportunities for valuable one-on-one interaction between health educators and students. A staff member at a public health agency that lost TSO funding described how staff scaled back their outreach and prevention education efforts in schools: “We were able to be at every school on a weekly basis...Now, we’re probably at the schools once a month, and at many of the schools, every six to eight weeks. Instead of being at the school all day, we are there probably for a couple of hours.” She described the consequences of reducing their staff presence in the schools: “It’s just that we’re not able to do [outreach and presentations] as often as it needs to be done in order to make sure that teens develop rapport with the counselors and they feel that they can trust the counselors to come into the clinic.”

The funding cuts have impacted agencies' capacity to provide TPP programs, in particular, their program staffing. Among the agencies that have continued offering TPP programs, about six in seven (88%) agencies have reduced the number of staff. More than half of agencies reduced staff hours (60%) and professional development opportunities for staff (56%), which is key to assuring that staff members are up-to-date on the most important developments in the field. Despite the loss of state funding, 62% of agencies reported they were able to maintain or improve the quality of their TPP programs.

Agencies have struggled to replace the lost state funding for TPP programs. Fewer than half (45%) of agencies managed to secure a new funding source, and most (85%) reported a decline in their total budget for TPP programs since the state budget cuts. More than one quarter (28%) of agencies reported no current funding for TPP programs. Program managers described many challenges to fundraising, particularly a lack of funding opportunities for TPP. As one program manager stated, many agencies have been "plugging in the holes" with short-term funding sources, leaving the future of TPP programs uncertain.

"The other big loss is that not all the kids are being offered services because we have fewer slots."

– Program Manager at an agency that serves pregnant and parenting teens speaking about AFLP cutbacks

SPOTLIGHT

State funding cuts have left a gap in prevention education and youth development opportunities in communities.

One of the agencies that eliminated all TPP programs was an education department in a rural county. Funding from the CCG program had enabled the department to provide prevention education in public schools, youth development programs, community mobilization, referrals to family planning clinics, and training for teachers and other youth-serving professionals. The department was forced to eliminate all of these TPP programs and services after CCG's defunding. A former program administrator, who had worked at the agency for 15 years, described how the loss of the TPP programs affected youth in the community:

"It has been a huge detriment to their healthy development because they are no longer getting the quality, comprehensive, multiple-layered prevention education and youth development opportunities that were present. By multiple levels I mean we had [Agency Name] doing programming, we had teachers being trained, we had [a program] going in and doing peer education after the adults did prevention education. Youth got multiple hits of prevention education through middle and high school. They got messages that were recurring, consistent, and medically accurate every year in some shape or form. Now we don't know what they're getting..."

Adolescent pregnancy prevention is a public health goal that requires state funding.

After the establishment of the Information & Education program in 1974, California developed a range of TPP programs to serve youth, their families and communities, particularly in areas where teen birth rates have been higher than the state average. Acknowledging the tough funding climate in 2012, program managers nonetheless suggested some key reasons for reinstating funding in support of teen pregnancy prevention programs that policymakers should consider.

- **TPP programs promote broad life opportunities for young people through positive youth development activities.**

A program manager who has worked at her agency in a rural area over a decade said, “TPP has been a foundation to build a healthy young person and to increase positive decision-making skills and to know what healthy relationships look like, not necessarily just to prevent getting pregnant by a certain age, but to gain skills to plan for your future.” Another program manager working in a health care organization observed, “The skills that they learned in our youth development programs could also be applied towards gang prevention, towards drug and alcohol prevention, so it really went beyond teen pregnancy.”

*“That one-on-one is out the door. The ability for the teens to ask questions and feel comfortable to ask questions in a smaller group is out the door... Really, that **personal experience** that participants were able to get from us **has significantly dropped.**”*

– Program Manager at a health care agency that lost CCG funding

SPOTLIGHT

State funding cuts have forced agencies to reduce the “dosage” of their TPP programs and services.

A health care organization in Southern California was among the many agencies that scaled back their TPP programs and services after the funding cuts. CCG funding had supported the organization’s efforts in prevention education, peer education and other youth development programs, parent education classes, direct family planning services, and referrals to their family planning clinic. After losing CCG funding, the agency eliminated their peer education and other youth development programs. Instead of a comprehensive 10-session prevention education curriculum, they now offer one or two information sessions in school and offer fewer parent education classes. According to the program manager who had 11 years of experience at the organization, the agency now serves fewer youth, and staff members have fewer opportunities for valuable one-on-one interaction with youth:

“We’re having to combine classrooms. Before we would be able to present to a classroom of 24 or 25. Now we’re presenting the information to a classroom of 60, 80, sometimes even 100. That one-on-one is out the door. The ability for the teens to ask questions and feel comfortable to ask questions in a smaller group is out the door. Now, if they’re brave, they’ll ask a question in front of everybody. Again, because I don’t have the staff, I have to book them back-to-back-to-back so they don’t have the ability to stay behind and answer any questions. So they have to give the teens their email address to answer any questions. Really, that personal experience that participants were able to get from us has significantly dropped.”

“Be prepared to do a lot of quilting...If the government got out of teen pregnancy prevention and teen parent support, I don’t think you could even quilt anything that would be meaningful. You need to have some kind of base that you’re building from in order to have a quilt that’s going to have any effectiveness at all, any strength.”

– Program Director at a community-based organization speaking about the importance of state funding for TPP

- **TPP programs teach young people lifelong skills needed to take responsibility for their reproductive health.**

Empowering youth who are at risk of an unintended pregnancy to seek their own reproductive health care is a distinctive feature of state-funded TPP programs. They link youth with clinical resources such as Family PACT. At a public agency in a coastal area one program manager expressed the following concern:

“The young people who haven’t gotten these services in the last couple of years, they don’t know their reproductive rights as minors. They don’t know firsthand where the clinics are or that there’s a private teen entrance unless they interface with one of us. They aren’t highly skilled on how to use condoms effectively if nobody’s been showing them, and they don’t know about emergency contraception and how to use it...which are all things that young people who got our programs would walk away having that knowledge base for the most part.”

- **TPP programs are needed to maintain the declining trend in teen birth rates.**

A program manager at a public health agency in the Central Valley, where teen birth rates are higher than the state average, described the effects of losing state funding on youth in her community: “When you’re not out there reaching out to teens, they don’t come into clinics. So my theory is that our low rates of teen pregnancy that we have now will start to climb as we see less and less outreach being done in the various communities throughout California.” Many of the interviewees shared her concern about future increases in the teen birth rate. One interviewee at a large health care agency cautioned, “TPP programs are no longer a priority for [this agency]...People think the problem has already been taken care of since the teen pregnancy rate has decreased. But if we don’t continue the work that we do, there will be an increase in the [teen birth] rate again.”

- **The benefits of California’s TPP programs extend to families, schools, and communities.**

An education director at a health center in northern California ventured, “When teens don’t have the information they need to postpone parenting and become good parents, go to college, then I think the whole community suffers.” Parents have relied on TPP programs for expertise they themselves cannot supply. As one health educator concluded, “Although one would hope that parents would provide the comprehensive reproductive health [education] as their children grow up, many parents got no information themselves growing up and don’t have the skill set to talk to their kids about sex and sexuality issues.”

- **Agencies cannot rely on the private sector alone; state funding is required to ensure the long-term sustainability of TPP programs.**

Program managers often sought to replace state funding with private sector funding sources, but they encountered limited funding opportunities, fluctuating priority areas, and stigma attached to teen pregnancy prevention. At one rural agency, they had “written about 100 [grants] in the last few years.” In a different community, local fundraising is tough because, “Teen pregnancy prevention to the loud minority in our county would be to just say “no”. So, to ask them to help support us is very difficult.” Reflecting on the cost of TPP funding, an educational programs director said, “It’s a good investment. Prevention is much less expensive than intervention...In this economy, it’s hard, but it’s the right thing to do.”

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SPOTLIGHT

Since the state funding cuts, agencies have been unable to meet the demand for TPP programs and services.

State funding cuts to the AFLP program have led to reductions in staffing and clients at agencies serving pregnant and parenting teens. A program manager with more than 20 years of experience at a county health department described the impact of AFLP funding cuts at her agency. While they served 120 clients with three case managers in fiscal year 2007-08, they now serve 29 clients with one part-time case manager. She explained how the agency has resisted increasing its ratio of clients-to-case manager in order to maintain a high quality of services:

"In AFLP, you try to make once per month face-to-face contact with the client, more often if they have greater needs, so 34-36 was an ideal size to do effective case management...The state has changed the ratio of clients-to-case manager to say a case manager can serve 50 clients per month, which in my opinion is totally unrealistic to do effective case management with really high risk teens...It's not realistic that programs can continue to survive unless something happens with funding. And we can't do the quality of services that we want to do."

In turn, the agency is no longer able to meet all of the pregnant and parenting teens' service needs:

"The other big loss is that not all the kids are being offered services because we have fewer slots. At the same time as the number of clients we can serve has decreased, issues of homelessness and gang activity, economic situation, and lack of transportation has gone up. So the need is greater, but we are able to do less for less people."

CONCLUSIONS

Starting in the 1970s, California built a successful infrastructure of programs and policies aimed at preventing teen births through multi-faceted approaches, including educational and positive youth development programs for teens; supportive services for teen parents; and outreach programs to connect teens with family planning and reproductive health services. However, in the last several years, the state dramatically reduced funding for teen pregnancy prevention. As a result, agencies are reporting reductions in their teen pregnancy prevention programs and services offered. Budget cuts have forced them to serve fewer sites and participants and reduce the intensity of their TPP programs. Despite much effort, most agencies have been unable to replace the lost state funding. Program managers acknowledge the difficult funding environment, but cite the benefits of teen pregnancy prevention programs for youth, families, schools, and communities as reasons for reinstating state funding for TPP programs.