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## CREATIVE STRATEGIES USED TO OVERCOME CRITICAL BARRIERS

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### SERVICES TO PARENTS

#### Educational Programming

Strategies to provide more flexibility in how credits are earned toward graduation (while maintaining educational quality) include:

- Offering additional opportunities to cover material and accumulate credits through such options as home schooling (Columbus, St. Paul, Oakland) and summer sessions (Albuquerque, Portland)
- Alternative approaches to credit accumulation, e.g., competency-based education (Minneapolis New Vistas, Sarasota), partial credits (Pinellas County, Oakland) and creative course development (Silver Springs High School, Albuquerque)
- Changing policies with regard to absences (Sarasota) and school hours (Minneapolis New Vistas, Silver Springs High School)

Maximizing both flexibility and equity in access to a full range of educational opportunities for pregnant and parenting adolescents can be accomplished through district-wide programs that offer students a mix of educational settings and options from which to choose. (Minneapolis and Pinellas County)

#### Health Care

Strategies for providing family planning services (particularly contraception) on site include:

- Offering health services through outside providers rather than by school personnel (Albuquerque)
- Obtaining legislative exception to a law prohibiting dispensing contraceptives on school grounds for school-based programs specifically for adolescent parents (Louisville)

- Transportation
- Provide students with bus passes or vouchers for local public transportation (Portland, Oakland)
- Transport students and babies on program-operated buses equipped with child safety seats (Sarasota, Louisville)
- Transport students and babies on regular school buses, requiring students to bring and use child safety seats (Pinellas County)

### SERVICES FOR CHILDREN

Creating a sufficient supply of quality child care:

- Involves developing a variety of child care settings including on-site centers, family child care homes and relative care

Ensuring quality includes:

- Incorporating licensing standards for both centers and family child care homes
- Requiring both center staff and family child care providers to receive training in early childhood education; training in adolescent development is also helpful for providers working with adolescent parents
- Monitoring home providers through regular visits
- Developing a network of home providers and facilitating regular networking and support meetings

While linking children in on-site care to health and developmental services is relatively easy, providing these links for children in family child care or relative care is more difficult. Strategies observed include:

- Periodically bringing children into a central location to receive routine health and developmental assessments (Pinellas County)

**Creative Strategies Used to Overcome Critical Barriers (continued)**

- Employment of visiting or rotating professionals to provide limited services in the caretaker's home (Minneapolis)

Adolescent parents also need counseling and education around selecting quality care for their children.

Strategies observed include:

- Providing students with a questionnaire that covers such topics as daily schedules, health and safety issues, and regulatory compliance and license inspection (Inglewood, CA)
- Discussions with staff about what to look for in quality care, visits to an average of three family child care homes followed by further discussion with staff about the strengths and weaknesses of each provider (San Francisco)

**FUNDING SERVICES**

**Sources of Flexible Funding**

Enhanced ADA (Average Daily Attendance) and FTE (Full-Time Equivalent) formula funding provides flexible dollars that can be used to pay for a wide range of services for adolescent parents and their children.

- Florida's Teenage Parent Program provides schools with 1.6 FTE in state education funds for each student enrolled in a school-based program for pregnant and parenting students plus an additional 1.6 FTE for each child of these students. Funds can be used to pay for basic educational services, child care (on or off-site), transportation, case management, counseling, etc. These additional funds must be used for dropout prevention activities, but are not restricted to programs for pregnant and parenting students.
- Oregon provides school districts with additional ADA funds for pregnant and parenting students. While these dollars may be used to fund a range of services for pregnant and parenting students, districts are not required to use the funds for this population.
- California's Pregnant Minor Program provides additional funds to several county offices of education to

operate programs and provide support services for pregnant students. While these funds must be spent on services for this population (unlike Florida and Oregon), the enhanced funding is not available statewide.

**Funding Child Care**

Programs face several barriers to funding child care for adolescent parents. Overcoming these obstacles generally requires programs to draw upon multiple sources of child care dollars. The primary source of child care subsidy for welfare-eligible parents is JOBS; however, programs often have difficulty accessing these funds for in-school parents because JOBS does not place a high priority on serving in-school teen parents.

- Child care for non-welfare-eligible teens can be subsidized with Child Care and Development Block Grant (CCDBG) funds, with Community Development Block Grant (CDBG) funds, with Carl Perkins Single Parent/Displaced Homemaker Program funds and various state, local and foundation sources.
- Because most child care funds are not targeted specifically for adolescent parents, teen parent advocates need to participate in community planning efforts to ensure adolescent parents receive priority for various block grant funds.
- Breaks in service during school vacations often jeopardize students' child care subsidy. While CCDBG provides no flexibility for covering these breaks in service, JOBS regulations allow states the option to pay for breaks in service. Another alternative for covering these breaks is to supplement either federal source with foundation funds.
- While many child care funding sources cannot be used to support training, technical assistance and support activities for child care providers, sources such as CCDBG, Social Services Block Grant funds and some foundation, state education and county funds have been used successfully to support these activities.

**Creative Strategies Used to Overcome Critical Barriers (continued)**

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**Funding Services for Parents**

Programs rely on various federal (Title XX, JTPA, Medicaid), state and local funds to pay for educational and support services for adolescent parents.

- Title XX may be used to support counseling, case management, health education and child care.
- JTPA funds are available to pay for support services as well as summer programming, pre-employment and school-to-work transition services .
- Medicaid reimbursement can be claimed for case management services provided to eligible students.
- States often have specific programs that fund services for adolescent parents. California's Adolescent Family Life Program funds case management services for pregnant and parenting students. Ohio's Graduation, Reality and Dual Role Skills program funds parenting education and case management services for pregnant and parenting students.

While Medicaid is the primary source of funds for school-based health services, programs need to identify alternative sources to cover the cost of health services for students (and their children) who do not qualify for Medicaid.

- Programs most often rely on Title V Maternal and Child Health Block Grant funds to pay for health services for non-Medicaid-eligible students. These funds can be used for pre-natal care, preventive well-baby care, family planning and health assessments and rehabilitative services for children.

As the health care system is increasingly dominated by managed care plans, for both Medicaid and privately insured patients, schools' ability to recover payment for health services is becoming more complicated.

- School-based clinics can opt to become primary providers for specific managed care plans, or
- School-based clinics can negotiate agreements with managed care plans to become a satellite to other primary care providers, allowing students to be referred to the school-based clinic for services.