

Appendix I

This appendix provides a breakdown of the state responses to each of the multiple-choice questions. It also provides additional analysis, for example cross-tabulations of states' responses to more than one question and comparisons to information provided in other reports and studies. The additional analyses are indicated in italicized language, while the original questions are indicated by non-italicized font.

TITLE X INVOLVEMENT

The state family planning administrators listed below indicated that their programs included the following proportions of the state's Title X program.

All of Title X: 33 States:

Alabama	Kentucky	North Dakota
Arkansas	Louisiana	Ohio
Colorado	Maine	Oklahoma
Delaware	Maryland	South Carolina
District of Columbia	Michigan	South Dakota
Florida	Mississippi	Tennessee
Georgia	Montana	Texas
Hawaii	Nebraska	Vermont
Idaho	New Hampshire	Virginia
Illinois	New Mexico	West Virginia
Kansas	North Carolina	Wyoming

Some of Title X: 10 States:

Alaska	New York	Washington
Iowa	Oregon	Wisconsin
Nevada	Rhode Island	
New Jersey	Virgin Islands	

None of Title X: 9 States:

Arizona	Indiana	Missouri
California	Massachusetts	Pennsylvania
Connecticut	Minnesota	Utah

CONNECTION TO WELFARE AND OTHER SOCIAL SERVICE AGENCIES

1. What role, if any, has the state family planning administration had with respect to any welfare agency policy that potentially touches on reproductive health/access to contraceptive services? Please check if your administration was involved in planning the implementation of:

A. Family cap:

B. Directly targeted at reaching recipients of other social services (e.g. WIC, food stamps, subsidized housing) through those social services programs?

The state family planning administrator in 42 states answered “Yes”:

Alabama	Iowa	North Carolina
Alaska	Kansas	North Dakota
Arkansas	Kentucky	Oklahoma
California	Louisiana	Oregon
Colorado	Maine	Rhode Island
Connecticut	Maryland	South Carolina
Delaware	Massachusetts	South Dakota
District of Columbia	Minnesota	Tennessee
Florida	Missouri	Texas
Georgia	Montana	Utah
Hawaii	Nebraska	Vermont
Idaho	New Hampshire	Virgin Islands
Illinois	New Mexico	West Virginia
Indiana	New York	Wyoming

28 states report utilizing both the welfare system and other social service programs to reach clients:

<i>Alaska</i>	<i>Kentucky</i>	<i>Oklahoma</i>
<i>Arkansas</i>	<i>Louisiana</i>	<i>Rhode Island</i>
<i>Colorado</i>	<i>Maine</i>	<i>South Carolina</i>
<i>Delaware</i>	<i>Massachusetts</i>	<i>Tennessee</i>
<i>District of Columbia</i>	<i>Montana</i>	<i>Utah</i>
<i>Georgia</i>	<i>New Hampshire</i>	<i>Virgin Islands</i>
<i>Hawaii</i>	<i>New Mexico</i>	<i>West Virginia</i>
<i>Idaho</i>	<i>New York</i>	<i>Wyoming</i>
<i>Illinois</i>	<i>North Carolina</i>	
<i>Kansas</i>	<i>North Dakota</i>	

14 states focus only on recipients of other social services programs:

<i>Alabama</i>	<i>Iowa</i>	<i>Oregon</i>
<i>California</i>	<i>Maryland</i>	<i>South Dakota</i>
<i>Connecticut</i>	<i>Minnesota</i>	<i>Texas</i>
<i>Florida</i>	<i>Missouri</i>	<i>Vermont</i>
<i>Indiana</i>	<i>Nebraska</i>	

One state reports outreach only through the welfare system:

Washington

C. Planned to soon target recipients of welfare?¹

The state family planning administrator in 12 states answered “Yes”:

Colorado	Missouri	North Carolina
Idaho	Montana	Oregon
Kentucky	New Hampshire	Washington
Mississippi	New Mexico	Wyoming

D. Planned to soon target recipients or other social services?

The state family planning administrator in 10 states answered “Yes”:

California	Kentucky	New Mexico
Colorado	Mississippi	Vermont
Indiana	Montana	
Kansas	New Hampshire	

Eight states do not currently use either welfare or other social service programs to reach out to clients:

<i>Arizona</i>	<i>New Jersey</i>
<i>Michigan</i>	<i>Ohio</i>
<i>Mississippi</i>	<i>Pennsylvania</i>
<i>Nevada</i>	<i>Virginia</i>

One of these states, Mississippi, plans to use both the welfare system and other social service programs to reach potential clients in the future.

The following questions ask about the state family planning program's connection to recipients of welfare and/or other social services through targeted information dissemination, referral, co-location, and training.

22 states use all four of the specific mechanisms we asked about (e.g. information dissemination, co-location, referral systems and staff training efforts):

<i>Alaska</i>	<i>California</i>	<i>Connecticut</i>
<i>Arkansas</i>	<i>Colorado</i>	<i>Delaware</i>
<i>Georgia</i>	<i>Louisiana</i>	<i>South Dakota</i>
<i>Hawaii</i>	<i>Montana</i>	<i>Texas</i>
<i>Idaho</i>	<i>Nebraska</i>	<i>Virgin Islands</i>
<i>Iowa</i>	<i>New Hampshire</i>	<i>Washington</i>
<i>Kansas</i>	<i>North Dakota</i>	
<i>Kentucky</i>	<i>South Carolina</i>	

16 states use three mechanisms:

<i>Alabama</i>	<i>Missouri</i>	<i>Virginia</i>
<i>Florida</i>	<i>New Mexico</i>	<i>Utah</i>
<i>Illinois</i>	<i>North Carolina</i>	<i>West Virginia</i>
<i>Indiana</i>	<i>Oklahoma</i>	<i>Wyoming</i>
<i>Maryland</i>	<i>Rhode Island</i>	
<i>Massachusetts</i>	<i>Tennessee</i>	

Five states use two mechanisms:

<i>Maine</i>	<i>Vermont</i>
<i>New York</i>	<i>Wisconsin</i>
<i>Oregon</i>	

Four states use only one mechanism:

District of Columbia
Minnesota
Mississippi
Pennsylvania

INFORMATION DISSEMINATION FOR A SOCIAL SERVICE RECIPIENT GROUP

3. Does the family planning program in your state disseminate family planning/reproductive health information *through* the welfare program and/or other social service programs in order to reach clients participating in those programs?

28 states answered “Yes”:

Alabama	Maine	South Carolina
Alaska	Maryland	South Dakota
Arkansas	Missouri	Texas
Delaware	Montana	Utah
District of Columbia	Nebraska	Vermont
Georgia	New Hampshire	Virgin Islands
Hawaii	New Mexico	Washington
Indiana	New York	West Virginia
Iowa	North Dakota	
Kentucky	Rhode Island	

14 states answered “Yes, but local not state policy determines dissemination”:

California	Illinois	Tennessee
Colorado	Kansas	Virginia
Connecticut	Louisiana	Wisconsin
Florida	Massachusetts	Wyoming
Idaho	North Carolina	

- A. If yes (either through state or local policy) , please indicate the target group(s). Please check all that apply:

34 states target welfare recipients:

Alabama	Kansas	Rhode Island
Alaska	Kentucky	South Carolina
Arkansas	Louisiana	Tennessee
Colorado	Maine	Utah
Connecticut	Maryland	Virgin Islands
Delaware	Massachusetts	Virginia
District of Columbia	Montana	Washington
Florida	New Hampshire	West Virginia
Georgia	New Mexico	Wisconsin
Hawaii	New York	Wyoming
Illinois	North Carolina	
Indiana	North Dakota	

38 states target recipients of other social services (e.g. WIC, food stamps, subsidized housing.)

Alabama	Indiana	North Dakota
Alaska	Iowa	Rhode Island
Arkansas	Kentucky	South Carolina
California	Louisiana	South Dakota
Colorado	Maryland	Tennessee
Connecticut	Massachusetts	Texas
Delaware	Missouri	Utah
District of Columbia	Montana	Vermont
Florida	Nebraska	Virgin Islands
Georgia	New Hampshire	Washington
Hawaii	New Mexico	West Virginia
Idaho	New York	Wyoming
Illinois	North Carolina	

The majority of states undertaking information dissemination efforts do so through both the welfare and other social service programs:

30 states utilize both the welfare system and other social service programs:

<i>Alabama</i>	<i>Illinois</i>	<i>North Carolina</i>
<i>Alaska</i>	<i>Indiana</i>	<i>North Dakota</i>
<i>Arkansas</i>	<i>Kentucky</i>	<i>Rhode Island</i>
<i>Colorado</i>	<i>Louisiana</i>	<i>South Carolina</i>
<i>Connecticut</i>	<i>Maryland</i>	<i>Tennessee</i>
<i>Delaware</i>	<i>Massachusetts</i>	<i>Utah</i>
<i>District of Columbia</i>	<i>Montana</i>	<i>Virgin Islands</i>
<i>Florida</i>	<i>New Hampshire</i>	<i>Washington</i>
<i>Georgia</i>	<i>New Mexico</i>	<i>West Virginia</i>
<i>Hawaii</i>	<i>New York</i>	<i>Wyoming</i>

Eight states utilize social service programs other than welfare:

<i>California</i>	<i>Nebraska</i>
<i>Idaho</i>	<i>South Dakota</i>
<i>Iowa</i>	<i>Texas</i>
<i>Missouri</i>	<i>Vermont</i>

Four states rely solely on the welfare program:

Kansas
Maine
Virginia
Wisconsin

4. What is the nature of the information dissemination? Please check all that apply.

40 states use brochures:

Alabama	Iowa	Rhode Island
Alaska	Kansas	South Carolina
Arkansas	Kentucky	South Dakota
California	Louisiana	Tennessee
Colorado	Maine	Texas
Connecticut	Maryland	Utah
Delaware	Massachusetts	Virgin Islands
District of Columbia	Missouri	Virginia
Florida	Montana	Washington
Georgia	Nebraska	West Virginia
Hawaii	New Hampshire	Wisconsin
Idaho	New Mexico	Wyoming
Illinois	New York	
Indiana	North Dakota	

20 states use flyers:

Arkansas	Louisiana	South Carolina
California	Maryland	Vermont
Colorado	Massachusetts	Virginia
Delaware	Montana	Washington
District of Columbia	New Mexico	West Virginia
Georgia	New York	Wyoming
Kentucky	Rhode Island	

15 states use media campaigns:

Alaska	Florida	Nebraska
Arkansas	Georgia	New Mexico
California	Indiana	New York
Connecticut	Massachusetts	Washington
Delaware	Montana	West Virginia

21 states use toll-free telephone lines:

Alabama	District of Columbia	Iowa
Arkansas	Florida	Massachusetts
California	Georgia	Missouri
Colorado	Hawaii	Montana
Connecticut	Illinois	New York

South Carolina
Vermont

Washington
West Virginia

Wisconsin
Wyoming

17 states use some other form of information dissemination:

Alaska
Arkansas
Connecticut
District of Columbia
Illinois
Kansas

Kentucky
Maryland
Montana
Nebraska
New York
Oklahoma

Rhode Island
South Dakota
Tennessee
Vermont
Washington

Most states use more than one information dissemination method:

Four states use five methods:

*Arkansas
Montana
New York
Washington*

Six states use four methods:

*California
Connecticut
District of Columbia*

*Georgia
Massachusetts
West Virginia*

13 states use three methods:

*Alaska
Colorado
Delaware
Florida
Illinois*

*Kentucky
Maryland
Nebraska
New Mexico
Rhode Island*

*South Carolina
Vermont
Wyoming*

11 states use two methods:

*Alabama
Hawaii
Indiana
Iowa*

*Kansas
Louisiana
Missouri
South Dakota*

*Tennessee
Virginia
Wisconsin*

Eight states use only one method:

*Idaho
Maine
New Hampshire
North Dakota*

*Oklahoma
Texas
Utah
Virgin Island*

5. Which program(s) funded the information dissemination? Please check all that apply.

33 states use Title X funds:

Alabama	Indiana	North Dakota
Arkansas	Kansas	Rhode Island
Colorado	Kentucky	South Carolina
Connecticut	Louisiana	South Dakota
Delaware	Maine	Tennessee
District of Columbia	Maryland	Texas
Florida	Massachusetts	Vermont
Georgia	Montana	Virgin Islands
Hawaii	Nebraska	Washington
Idaho	New Hampshire	West Virginia
Illinois	New Mexico	Wyoming

13 states use welfare funds:

Alabama	Kentucky	South Carolina
Alaska	Montana	West Virginia
California	New Hampshire	Wisconsin
Hawaii	North Carolina	
Kansas	Rhode Island	

16 states use Medicaid funds:

Alabama	Maryland	South Carolina
Arkansas	Massachusetts	Texas
Colorado	Montana	Vermont
Kansas	New Hampshire	Washington
Louisiana	New Mexico	
Maine	Rhode Island	

21 states use state funds:

Arkansas	Kansas	New York
California	Louisiana	Rhode Island
Connecticut	Maryland	South Carolina
Delaware	Massachusetts	Tennessee
Florida	Missouri	Vermont
Georgia	Montana	Virginia
Illinois	New Mexico	Washington

10 states use other funds:

Alaska	Florida	Utah
Connecticut	Iowa	Washington
Delaware	Nebraska	
District of Columbia	Tennessee	

Most states use a combination of funding sources to support the information dissemination effort.

Five states use four funding sources:

*Kansas
Montana
Rhode Island
South Carolina
Washington*

12 states use 3 funding sources:

<i>Alabama</i>	<i>Florida</i>	<i>New Hampshire</i>
<i>Arkansas</i>	<i>Louisiana</i>	<i>New Mexico</i>
<i>Connecticut</i>	<i>Maryland</i>	<i>Tennessee</i>
<i>Delaware</i>	<i>Massachusetts</i>	<i>Vermont</i>

12 states use two funding sources:

<i>Alaska</i>	<i>Georgia</i>	<i>Maine</i>
<i>California</i>	<i>Hawaii</i>	<i>Nebraska</i>
<i>Colorado</i>	<i>Illinois</i>	<i>Texas</i>
<i>District of Columbia</i>	<i>Kentucky</i>	<i>West Virginia</i>

13 states use only one funding source:

<i>Idaho</i>	<i>North Carolina</i>	<i>Virgin Islands</i>
<i>Indiana</i>	<i>North Dakota</i>	<i>Wisconsin</i>
<i>Iowa</i>	<i>South Dakota</i>	<i>Wyoming</i>
<i>Missouri</i>	<i>Utah</i>	
<i>New York</i>	<i>Virginia</i>	

6. Did the targeted social service program have any role in the development of the materials?

23 states answered “Yes”:

Alabama	Arkansas	Colorado
Alaska	California	Connecticut

Idaho	Montana	South Carolina
Illinois	Nebraska	South Dakota
Kansas	New Hampshire	Texas
Kentucky	New Mexico	Washington
Maryland	New York	Wisconsin
Missouri	Rhode Island	

REFERRAL ARRANGEMENTS WITH A SOCIAL SERVICE AGENCY

7. Does the state family planning administration in your state have a referral system² established with the welfare program and/or other social services programs?

20 states answered “Yes”:

Alaska	Kansas	Oklahoma
Arkansas	Kentucky	South Carolina
Colorado	Montana	South Dakota
Delaware	Nebraska	Virgin Islands
Georgia	New Hampshire	Washington
Hawaii	New Mexico	West Virginia
Iowa	North Dakota	

18 states answered “Yes, but local policy determines referral system”:

Alabama	Indiana	Rhode Island
California	Louisiana	Tennessee
Connecticut	Maryland	Texas
Florida	Massachusetts	Vermont
Idaho	Missouri	Virginia
Illinois	North Carolina	Wyoming

A. If yes (either through state or local policy) , please indicate the program(s). Please check all that apply:

25 states have referral systems with the welfare program:

Alabama	Idaho	North Carolina
Alaska	Illinois	North Dakota
Arkansas	Indiana	Oklahoma
California	Kentucky	Tennessee
Connecticut	Louisiana	Virgin Islands
Delaware	Massachusetts	Washington
Florida	Montana	West Virginia
Georgia	New Hampshire	
Hawaii	New Mexico	

33 states have referral systems with other social services programs (e.g. WIC, food stamps, subsidized housing):

Alabama	Illinois	North Carolina
Alaska	Indiana	North Dakota
Arkansas	Iowa	Oklahoma
California	Kansas	Rhode Island
Colorado	Kentucky	South Dakota
Connecticut	Massachusetts	Tennessee
Delaware	Missouri	Texas
Florida	Montana	Vermont
Georgia	Nebraska	Virgin Islands
Hawaii	New Hampshire	Washington
Idaho	New Mexico	Wyoming

Most states with referral systems maintain them with both welfare and other social service programs.

23 states maintain referral systems with welfare and other social service programs:

<i>Alabama</i>	<i>Hawaii</i>	<i>New Mexico</i>
<i>Alaska</i>	<i>Idaho</i>	<i>North Carolina</i>
<i>Arkansas</i>	<i>Illinois</i>	<i>North Dakota</i>
<i>California</i>	<i>Indiana</i>	<i>Oklahoma</i>
<i>Connecticut</i>	<i>Kentucky</i>	<i>Tennessee</i>
<i>Delaware</i>	<i>Massachusetts</i>	<i>Virgin Islands</i>
<i>Florida</i>	<i>Montana</i>	<i>Washington</i>
<i>Georgia</i>	<i>New Hampshire</i>	

Ten states maintain referral systems with other social service programs, but not welfare:

<i>Colorado</i>	<i>Nebraska</i>	<i>Vermont</i>
<i>Iowa</i>	<i>Rhode Island</i>	<i>Wyoming</i>
<i>Kansas</i>	<i>South Dakota</i>	
<i>Missouri</i>	<i>Texas</i>	

Two states maintain referral systems solely with the welfare agency:

<i>Louisiana</i>
<i>West Virginia</i>

8. What is the nature of the referral system? Please check all that apply.

15 states use an interagency agreement for referral:

Arkansas	Colorado	Delaware
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Indiana	Nebraska	South Carolina
Iowa	New Hampshire	South Dakota
Kansas	New Mexico	Washington
Kentucky	North Dakota	West Virginia

12 states use a special referral form:

California	Indiana	Oklahoma
Florida	Louisiana	Rhode Island
Georgia	Montana	Texas
Illinois	New Hampshire	Virgin Islands

9 states use special appointment scheduling for referred clients:

Florida	Kentucky	Oklahoma
Georgia	Louisiana	South Carolina
Illinois	Montana	Virginia

3 states have interagency agreements for tracking referred clients to see if they keep appointments:

Delaware	Kentucky	New Hampshire
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16 states use other mechanisms for referrals:

Alabama	Kansas	South Dakota
Alaska	Maryland	Tennessee
Connecticut	Massachusetts	Washington
Florida	Missouri	Wyoming
Hawaii	North Carolina	
Idaho	South Carolina	

The majority of states use only one referral mechanism.³

Four states use three referral mechanisms:

<i>Florida</i>	<i>New Hampshire</i>
<i>Kentucky</i>	<i>South Carolina</i>

Ten states use three mechanisms:

<i>Delaware</i>	<i>Kansas</i>	<i>South Dakota</i>
<i>Georgia</i>	<i>Louisiana</i>	<i>Washington</i>
<i>Illinois</i>	<i>Montana</i>	
<i>Indiana</i>	<i>Oklahoma</i>	

23 states use only one referral mechanism:

<i>Alabama</i>	<i>Iowa</i>	<i>Rhode Island</i>
<i>Alaska</i>	<i>Maryland</i>	<i>Tennessee</i>
<i>Arkansas</i>	<i>Massachusetts</i>	<i>Texas</i>
<i>California</i>	<i>Missouri</i>	<i>Virginia</i>
<i>Colorado</i>	<i>Nebraska</i>	<i>Virgin Islands</i>
<i>Connecticut</i>	<i>New Mexico</i>	<i>West Virginia</i>
<i>Hawaii</i>	<i>North Carolina</i>	<i>Wyoming</i>
<i>Idaho</i>	<i>North Dakota</i>	

9. Which program(s) funded the referral system? Please check all that apply.

18 states use Title X funds:

Arkansas	Kentucky	Oklahoma
Colorado	Louisiana	South Dakota
Connecticut	Massachusetts	Texas
Delaware	New Hampshire	Virgin Islands
Idaho	New Mexico	Washington
Illinois	North Dakota	Wyoming

8 states use welfare funds:

Alabama	Illinois	New Hampshire
Georgia	Kansas	West Virginia
Hawaii	Kentucky	

13 states use Medicaid funds:

Arkansas	Louisiana	South Carolina
Colorado	Massachusetts	Texas
Illinois	New Hampshire	Washington
Kansas	New Mexico	
Kentucky	North Dakota	

13 states use state funds:

Arkansas	Kansas	New Mexico
California	Louisiana	Rhode Island
Connecticut	Massachusetts	Washington
Delaware	Missouri	
Illinois	New Hampshire	

16 states use other funds:

Alabama	Alaska	Colorado
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Delaware	Maryland	South Dakota
Florida	Missouri	Tennessee
Hawaii	New Hampshire	Washington
Indiana	Rhode Island	
Iowa	South Carolina	

About half the states use more than one funding source to support their referral systems.⁴

One state, New Hampshire, uses five funding sources.

Two states use four funding sources:

<i>Illinois</i>	<i>Washington</i>
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Eight states use three funding sources:

<i>Arkansas</i>	<i>Kentucky</i>
<i>Colorado</i>	<i>Louisiana</i>
<i>Delaware</i>	<i>Massachusetts</i>
<i>Kansas</i>	<i>New Mexico</i>

Nine states use two funding sources:

<i>Alabama</i>	<i>Rhode Island</i>
<i>Connecticut</i>	<i>South Carolina</i>
<i>Hawaii</i>	<i>South Dakota</i>
<i>Missouri</i>	<i>Texas</i>
<i>North Dakota</i>	

13 states use only one funding source:

<i>Alaska</i>	<i>Indiana</i>	<i>Virgin Islands</i>
<i>California</i>	<i>Iowa</i>	<i>West Virginia</i>
<i>Florida</i>	<i>Maryland</i>	<i>Wyoming</i>
<i>Georgia</i>	<i>Oklahoma</i>	
<i>Idaho</i>	<i>Tennessee</i>	

CO- LOCATION OF TITLE X SERVICES WITH A SOCIAL SERVICE AGENCY

10. Is there currently any co-location (within a building or “next-door”) of your family planning program services with any of the following? Please check all that apply.

39 states have some co-location of family planning and other services:

Alabama	California	Delaware
Alaska	Colorado	Florida
Arkansas	Connecticut	Georgia

Hawaii	Missouri	South Carolina
Idaho	Montana	South Dakota
Indiana	Nebraska	Tennessee
Iowa	New Hampshire	Texas
Kansas	North Carolina	Utah
Kentucky	North Dakota	Virgin Islands
Louisiana	Oklahoma	Virginia
Massachusetts	Oregon	Washington
Minnesota	Pennsylvania	Wisconsin
Mississippi	Rhode Island	Wyoming

15 states have co-location with welfare offices:

Alabama	Indiana	South Carolina
Arkansas	Kansas	Virgin Islands
Colorado	Kentucky	Virginia
Delaware	Montana	Washington
Georgia	North Dakota	Wisconsin

37 states have co-location with WIC offices:

Alabama	Kansas	Pennsylvania
Alaska	Louisiana	Rhode Island
Arkansas	Massachusetts	South Carolina
California	Minnesota	South Dakota
Colorado	Mississippi	Tennessee
Connecticut	Missouri	Texas
Delaware	Montana	Utah
Florida	Nebraska	Virgin Islands
Georgia	New Hampshire	Wisconsin
Hawaii	North Carolina	Virginia
Idaho	North Dakota	
Indiana	Oklahoma	Washington
Iowa	Oregon	

7 states have co-location with food stamp offices:

Arkansas	Colorado	Delaware
Kansas	Montana	New Hampshire
South Carolina		

11 states have co-location with other social service programs:

Alaska	Massachusetts	Oregon
Connecticut	Montana	Texas
Delaware	New Hampshire	Wisconsin
Kansas	Ohio	Wyoming

About half the states that employ a co-location strategy, do so with more than one program.

Three states co-locate family planning services with four programs:

*Delaware
Kansas
Montana*

Five state co-locate family planning services with three other programs:

*Arkansas
Colorado
New Hampshire
South Carolina
Wisconsin*

12 states co-locate family planning services with two other programs:

<i>Alabama</i>	<i>Indiana</i>	<i>Texas</i>
<i>Alaska</i>	<i>Massachusetts</i>	<i>Virgin Islands</i>
<i>Connecticut</i>	<i>North Dakota</i>	<i>Virginia</i>
<i>Georgia</i>	<i>Oregon</i>	<i>Washington</i>

19 states co-locate family planning services with one other program:

<i>California</i>	<i>Minnesota</i>	<i>Rhode Island</i>
<i>Florida</i>	<i>Mississippi</i>	<i>South Dakota</i>
<i>Hawaii</i>	<i>Missouri</i>	<i>Tennessee</i>
<i>Idaho</i>	<i>Nebraska</i>	<i>Utah</i>
<i>Iowa</i>	<i>North Carolina</i>	<i>Wyoming</i>
<i>Kentucky</i>	<i>Oklahoma</i>	
<i>Louisiana</i>	<i>Pennsylvania</i>	

11. Are plans underway to undertake co-location?

7 States answered “Yes”:

<i>California</i>	<i>Massachusetts</i>	<i>Washington</i>
<i>Indiana</i>	<i>New Hampshire</i>	
<i>Kentucky</i>	<i>Virgin Islands</i>	

TRAINING ABOUT REPRODUCTIVE HEALTH/FAMILY PLANNING

12. Has your family planning administration been involved in training staff of social service programs (e.g. welfare, WIC) in any aspect of reproductive health/family planning? (This could include training on how to do a referral to how to answer a basic question on contraception)

31 states said “Yes”:

Alaska	Kansas	Oklahoma
Arkansas	Kentucky	Oregon
California	Louisiana	South Carolina
Colorado	Maine	South Dakota
Connecticut	Maryland	Texas
Delaware	Montana	Utah
Georgia	Nebraska	West Virginia
Hawaii	New Hampshire	Virgin Islands
Idaho	New Mexico	Washington
Illinois	New York	
Iowa	North Dakota	

A. If yes, did the state family planning administration arrange for training staff of the following?
Please check all that apply.

21 states train staff in welfare offices:

Alaska	Kentucky	North Dakota
Arkansas	Maine	Oklahoma
Connecticut	Maryland	South Carolina
Delaware	Montana	Utah
Georgia	Nebraska	Virgin Islands
Idaho	New Hampshire	Washington
Illinois	New York	West Virginia

20 states train staff in WIC offices:

Alaska	Kansas	Oregon
Arkansas	Montana	South Carolina
California	Nebraska	South Dakota
Colorado	New Hampshire	Texas
Delaware	New Mexico	Virgin Islands
Hawaii	North Dakota	Washington
Iowa	Oklahoma	

3 states train staff in food stamp offices:

Delaware	Kentucky	Montana
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9 states train staff in other social service programs (e.g. housing):

Alaska	Louisiana	Oklahoma
Colorado	Montana	Oregon
Connecticut	New Hampshire	Virgin Islands

About half the states that engage in staff training train staff in more than one program.

One state, Montana, trains staff from four programs.

Five states train staff from three programs:

<i>Alaska</i>	<i>Oklahoma</i>
<i>Delaware</i>	<i>Virgin Islands</i>
<i>New Hampshire</i>	

Nine states train staff from two programs:

<i>Arkansas</i>	<i>North Dakota</i>
<i>Colorado</i>	<i>South Carolina</i>
<i>Connecticut</i>	<i>Washington</i>
<i>Kentucky</i>	<i>Oregon</i>
<i>Nebraska</i>	

16 states train staff from only one program:

<i>California</i>	<i>Kansas</i>	<i>South Dakota</i>
<i>Georgia</i>	<i>Louisiana</i>	<i>Texas</i>
<i>Hawaii</i>	<i>Maine</i>	<i>Utah</i>
<i>Idaho</i>	<i>Maryland</i>	<i>West Virginia</i>
<i>Illinois</i>	<i>New Mexico</i>	
<i>Iowa</i>	<i>New York</i>	

13. Has the state family planning administration been involved in training recipients participating in a social service program (e.g. welfare, WIC) to serve as reproductive health “peer educators?”

5 states answered “Yes”:

Alaska	Georgia	Oklahoma
Arkansas	Maine	

TANF FUNDS

14. Does your state currently tap TANF funds for family planning, reproductive health, or teen pregnancy prevention projects?

34 states said “Yes”:

Alabama	Kentucky	Pennsylvania
Alaska	Louisiana	Rhode Island
Arizona	Maine	South Carolina
Colorado	Maryland	Tennessee
Florida	Massachusetts	Texas
Georgia	Montana	Utah
Hawaii	New Hampshire	Vermont
Idaho	New Jersey	Virginia
Illinois	New York	West Virginia
Indiana	North Carolina	Wisconsin
Iowa	Ohio	
Kansas	Oklahoma	

16 states said “No”:

Arkansas	Missouri	South Dakota
Connecticut	Nebraska	Virgin Islands
Delaware	Nevada	Washington
Michigan	New Mexico	Wyoming
Minnesota	North Dakota	
Mississippi	Oregon	

2 states said “Do not know”:

California	District of Columbia
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States are tapping TANF for a variety of initiatives.

At least nine states use TANF to provide clinical family planning services:

<i>Alaska</i>	<i>Indiana</i>	<i>North Carolina</i>
<i>Florida</i>	<i>Iowa</i>	<i>Texas</i>
<i>Georgia</i>	<i>Kentucky</i>	<i>Vermont</i>

At least 14 states have a teen-focused initiative:

<i>Florida</i>	<i>Louisiana</i>	<i>North Carolina</i>
<i>Georgia</i>	<i>Maryland</i>	<i>Oklahoma</i>
<i>Illinois</i>	<i>New York</i>	<i>Rhode Island</i>
<i>Kansas</i>	<i>New Hampshire</i>	<i>South Carolina</i>

*Utah**Virginia**At least two states use TANF to support abstinence-only programs:**Arizona**Idaho**At least one state, Pennsylvania, uses TANF to support a Statutory Rape Task Force.*

15. Was your family planning administration involved in the project planning for TANF-funded initiative(s) in any way?

20 states answered “Yes”:

*Alaska**Florida**Georgia**Hawaii**Illinois**Kentucky**Maryland**Montana**New Hampshire**New Jersey**New York**North Carolina**Ohio**Oklahoma**Rhode Island**Tennessee**Utah**Vermont**Virginia**West Virginia*

In some states, the human services administrators and the family planning administrators appear to be unaware of each other’s initiatives and policies.

In six states, human service administrators report using TANF funds to support teen programs, abstinence education programs, and/or media campaigns to reduce teen pregnancy and out-of-wedlock births, while the family planning administrators in those states report that no TANF funds are used for any reproductive health, family planning or teen pregnancy prevention projects.⁵

*Connecticut**Mississippi**Missouri**Oregon**Virgin Islands**Wyoming*

The human services administrator in West Virginia reports that TANF funds are used to provide contraceptive care, while the family planning administrator in that state reports that TANF funds are used to support an information dissemination initiative.⁶

16. Is your state considering tapping TANF funds in the future for family planning, reproductive health, or teen pregnancy prevention projects?⁷

21 states answered “Yes”:

Colorado	Minnesota	North Dakota
Florida	Montana	Ohio
Illinois	New Hampshire	Oklahoma
Kansas	New Jersey	Rhode Island
Kentucky	New Mexico	Washington
Louisiana	New York	West Virginia
Massachusetts	North Carolina	Wyoming

Of the sixteen states not tapping TANF, five are considering doing so in the future:

<i>Minnesota</i>	<i>North Dakota</i>	<i>Wyoming</i>
<i>New Mexico</i>	<i>Washington</i>	

- A. If yes, will your agency be involved in the project planning in any way?

15 states answered “Yes”:

Colorado	Massachusetts	North Dakota
Florida	Montana	Ohio
Illinois	New Hampshire	Rhode Island
Kansas	New Jersey	Washington
Louisiana	New Mexico	West Virginia

OTHER INITIATIVES

17. Does the state family planning administration agency interface with welfare or other social service programs in ways (other than information dissemination, referral, co-location, and training describe above) that promotes improved access to reproductive health and contraceptive services?

9 states answered “Yes”:

Alabama	California	Rhode Island
Alaska	Montana	Utah
Arkansas	New Mexico	Washington

18. Has your state adopted any of the following reproductive health initiatives? Please check all that apply:

12 states indicated they have expanded Medicaid eligibility for contraceptive services:

Alabama	Maryland	Rhode Island
Arizona	Missouri	South Carolina
Arkansas	New Mexico	
Delaware	New York	
Florida	Oregon	

11 states indicated they have state managed care policies specially designed regarding reproductive health:⁸

Arkansas	Illinois	Vermont
California	Maryland	Virginia
District of Columbia	Massachusetts	Washington
Georgia	Minnesota	

10 states indicated that they have special state funded reproductive health programs:

Connecticut	New York	Washington
Delaware	Oklahoma	Wisconsin
Maryland	Pennsylvania	
Massachusetts	South Carolina	

States have tapped TANF, expanded their Medicaid programs or created state-funded family planning programs in a variety of combinations.

3 states have expanded their Medicaid programs, tapped TANF and developed state-funded family planning programs:

<i>Maryland</i>	<i>New York</i>	<i>South Carolina</i>
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9 states have chosen not to expand Medicaid, tap TANF or create a state-funded family planning program:

<i>Michigan</i>	<i>Nebraska</i>	<i>South Dakota</i>
<i>Minnesota</i>	<i>Nevada</i>	<i>Virgin Islands</i>
<i>Mississippi</i>	<i>North Dakota</i>	<i>Wyoming</i>

2 states have not expanded Medicaid or tapped TANF but have created a state-funded family planning program:

Connecticut

Washington

4 states have not tapped TANF or created a state-funded family planning program but have expanded Medicaid:

Arkansas

New Mexico

Missouri

Oregon

23 states have not expanded Medicaid or created a state-funded family planning program but have tapped TANF:

Alaska

Kansas

Ohio

Colorado

Kentucky

Tennessee

Georgia

Louisiana

Texas

Hawaii

Maine

Utah

Idaho

Montana

Vermont

Illinois

New Hampshire

Virginia

Indiana

New Jersey

West Virginia

Iowa

North Carolina

9 states combine two of these three methods of expanding or enhancing family planning services:⁹

Alabama

Massachusetts

Wisconsin

Arizona

Oklahoma

Delaware

Pennsylvania

Florida

Rhode Island

¹ Some respondents who indicated that they planned to target welfare or other social service recipients in the future also noted that their state currently targets such recipients for outreach. We included all states that answered “Yes” to this question here and provide additional information about how many of the states that are not targeting such recipients plan to do so in the future.

² An affirmative answer to this question could either be a mandatory referral requirement, a policy encouraging referral or an informal referral system of some sort. We could not always tell from the information provided, but when the comments indicated that the referral system was merely informal, we did not enter “Yes” in the database, because we wanted to focus on formal arrangements, e.g. agreements, policies and the like. However, since not all respondents provided comments, we may have included some states that have only informal referral systems.

³ One state provided no information about its referral system.

⁴ Five states did not provide information on the funding sources supporting their referral systems.

⁵ These conclusions come from a comparison of the information we collected from state family planning administrators and the information the American Public Human Services Association (APHSA) collected from human services administrators. The differences may result from the different methodologies employed in the studies. On the other hand, the findings suggest that, at least in these states, the welfare agency may be engaged in or funding family planning related activities about which the family planning administrator is unaware.

⁶ Both administrators could be correct; the TANF agency could be using TANF funds to provide contraceptives while the family planning administration could be using TANF funds to disseminate information. Since the two administrators report different uses of the money, this suggests the possibility that they may not know how each other are utilizing TANF funding.

⁷ Some respondents who indicated that their state planned to tap TANF in the future also noted that their state is currently tapping TANF. We include all states that answered “Yes” to this question here and provide additional information about how many states not tapping TANF plan to do so in the future.

⁸ The information provided in response to this question is difficult to interpret and thus should not be used for comparative purposes. Some respondents described Medicaid managed care policies, while others described more general managed care policies applicable to all health insurance coverage. Some respondents wrote in “freedom of choice,” which is a federal mandate for Medicaid family planning services, while others indicated that their state had adopted a specific policy to enact the freedom of choice provision (e.g. a carve out of all family planning services from the Medicaid managed care contract). We entered “Yes” in the database only if the comments indicated that the state had done something more than required by federal mandate.

⁹ Two states did not provide sufficient information to categorize them in this manner.