

Revisiting the Link Between Family Planning and Other Social Services

Janelle M. Duffy

December 2000

Center for Law and Social Policy

CLASP

Introduction

In partnership with the State Family Planning Administrators, CLASP collected data in mid-1999 that examined the interaction between state family planning agencies and other social service providers. This study, entitled *Linking Family Planning with Other Social Services: The Perspectives of State Family Planning Administrators*, offered a snapshot of the state family planning agencies' policies effective at that time. This report updates the original study with policy additions and changes since 1999.¹ Our findings indicate that many states have undertaken new initiatives to enhance interaction between family planning and social service agencies in the past year. Some State Family Planning Administrators (SFPAs) that did not report much interaction in mid-1999 are now engaged in a number of new collaborative initiatives, and some SFPAs that were already making progress in this area have continued to do so. For example:

- **New States Tap TANF:** Four of the 16 SFPAs that said their states were not using TANF funds for family planning, reproductive health, or teen pregnancy prevention projects in 1999 now report that they are using TANF funds for these purposes. These states are Michigan, Minnesota, Oregon, and Washington. Among the initiatives begun in these states with TANF funds are home visiting programs, teen pregnancy prevention efforts, and a vasectomy project which offers vasectomies to low-income men who are not eligible for Medicaid, and don't have insurance coverage for these procedures.
- **Expansion of Clinical Services:** A group of SFPAs have reported using TANF funds to expand their clinical services to increase the availability of longer-lasting forms of contraception, such as Depo Provera shots, as initiated in Alabama, Iowa, Kentucky, and New Hampshire.
- **Collaboration with Head Start:** A couple of states' family planning agencies, such as those in Georgia, New Hampshire, Montana, and in one rural county in Washington, have developed collaboration and/or co-location with Head Start or early Head Start programs. For example, in Moses Lake/ Grant County, Washington, a family planning agency and the Head Start program co-located their services. In one community in New Hampshire, collaboration between Early Head Start and a family planning agency has arisen. This collaboration consists of intensive interventions with high-risk families, in which family planning and prenatal staff address reproductive health issues.²
- **Employment Linkages:** Several SFPAs noted the development of local initiatives aimed at linking employment programs and employers with family planning services. In addition, there are some developments strengthening this link on the county and state level. In Anchorage, Alaska, for example, at a "one-stop shop" for employment at a TANF job center public health workers now conduct breast and cervical cancer outreach and make referrals to family planning agencies.

These expanded outreach efforts and additional services demonstrate some of the new interactions that have occurred between state family planning agencies and social services providers since mid-1999. As these developments continue and improve, the need for shared

information on these services and efforts will grow across the states. Such shared information might provide examples for successful implementation and adaptation of these new practices in other areas.

In order to revisit the link between family planning and other social services and examine new innovations in this area, a request for an informational update was distributed to the State Family Planning Administrators in July of 2000. This update (see Appendix) asked whether four potential interactions between the state family planning agencies and other social service providers had occurred since mid-1999. The four areas of inquiry included the following:

- 1) **Use of TANF funds** to begin or expand family planning, reproductive health or teen pregnancy projects
- 2) **Use of state family planning funds to provide training** in any aspect of reproductive health or family planning services to TANF or other social service workers
- 3) **Collaborative efforts** to reach out to low-income men, women and teens *through* other social service programs
- 4) **Employer or employment program outreach** efforts in conjunction with the state family planning agencies, such as a state's one-stop employment center referring women to local family planning clinics.

Nearly all State Family Planning Administrators (46) responded to this informational update. The information reported in this update provides a continuing snapshot on SFPA activities related to TANF funds, training of other social service providers, and other innovations. However, while this second snapshot offers updated information, several cautions with respect to the SFPAs' reports should be recognized in reviewing the findings. For example, when asked about funding and other interactions, an SFPA may have not been aware of all of its state's TANF agency decisions related to family planning and pregnancy prevention. The TANF agency may have awarded a grant for a teen pregnancy prevention awareness campaign to a community-based agency without involving the SFPA. Also, this update did not ask the SFPA respondents to provide supporting documents outlining or describing new policies so some important nuances in interpreting policy may not be captured by this report.

Furthermore, there may have been some confusion among the SFPAs when asked about "new" efforts to use TANF or state family planning funds to begin or expand initiatives in their states. Some of the TANF or state family planning funding that is currently being used may have been allocated in a three or four-year grant in FY 98 or FY 99. Some respondents may consider this "old" money, while others may consider the current year funding a new initiative.

The analysis that follows is based on the state family planning administrators' observations and descriptions of policies regarding state family planning collaboration and investments.

Reports from the State Family Planning Administrators

Most States Tap TANF for Family Planning and Reproductive Health Services

- Twenty-four SFPAs reported using TANF funds to begin or expand new initiatives in family planning, reproductive health, or teenage pregnancy prevention in the last year. The range in TANF grants used for family planning and reproductive health is vast- between \$2,000 and \$10,000,000 annually.³
- Of the 24 SFPAs that reported the use of TANF to begin or expand family planning, reproductive health, or teen pregnancy prevention in their states, four of these SFPAs reported that their states were not tapping TANF for these purposes as of mid-1999. In addition, two SFPAs that were unsure if their states were tapping TANF for family planning/reproductive health in mid-1999 now confirm that their states are using TANF monies for these purposes. In total, between this update and the 1999 informational update, 40 SFPAs reported the use of TANF funds for family planning and reproductive health services by September 2000.⁴
- Of the 24 respondents that reported that their states are tapping TANF for new or expanded family planning/reproductive health services, 18 SFPAs previously reported tapping TANF in mid-1999 for these purposes. These 18 states have continued to tap TANF to expand or begin new projects in family planning/reproductive health in the past year and a half. Furthermore, there may be additional states that are currently using TANF money for family planning/reproductive health purposes that have not reported this because these TANF funds were allocated in a multi-year allocation, and some respondents did not consider those previously allocated funds to be “new” money or initiative.
- Sixteen SFPAs reported that their states have not used TANF funds to undertake new initiatives in family planning or reproductive health. At least five of these 16 SFPAs mentioned some planning or attempts to use TANF funds for new or expanded initiatives concerning family planning, reproductive health or teen pregnancy prevention. Six SFPAs did not answer this question.
- Of the 16 SFPAs that indicated that their states are not currently tapping TANF to begin or expand new initiatives, five of these SFPAs reported that their states were not tapping TANF for family planning/reproductive health in mid-1999. However, at least two of these five states are making some attempt through discussion and requests for proposals to tap TANF for family planning/reproductive health services.

What Kinds of Family Planning and Reproductive Health Services are Funded with TANF?

New or increased TANF funds for family planning and reproductive health services are most commonly being used for clinical services, teen pregnancy prevention projects, and outreach or media campaigns. Several states are engaged in a variety of initiatives.

-
- **Expansion of Clinical Services:** At least six SFPAs specify that their states are providing some form of clinical services with their TANF money. Among these six states, at least four are using TANF funds to provide family planning clients with Depo Provera contraception. An example of expansion of family planning services using TANF funds is in Iowa, where clinical services now include initial and annual family planning exams (including the cost of contraception for both), problem visits and Depo Provera. In North Carolina, there have been several additions to the family planning services, many of which are designed to increase patient access to family planning. For example, 18% of local family planning providers in North Carolina now offer transportation services to and from appointments. Clinical services in North Carolina have also been expanded to include psychological counseling, nutrition therapy, and wraparound services, all of which are available from 18% the local providers. Furthermore, using TANF funds, West Virginia has expanded access to clinical family planning services for individuals who have exhausted their Medicaid eligibility.
 - **Teenage Pregnancy Prevention Programs** have been initiated or expanded with TANF monies in at least thirteen states. Although most of the SFPAs did not detail the specific uses of TANF funds for their adolescent pregnancy prevention projects, some provided details. For example, in West Virginia several new approaches under their Adolescent Pregnancy Prevention Initiative were begun: a pregnancy prevention specialist was hired to develop, oversee and coordinate statewide activities and an extensive media and outreach campaign, including mailings, radio spots, posters, poster contests and fact sheets, was mobilized. North Carolina conducted a similar multi-faceted approach to improving and expanding teen pregnancy prevention projects in the past year. TANF funds have funded media campaigns, local councils on teen pregnancy prevention, and community-based projects that offer counseling and education to high-risk teens, among other programs. In North Carolina, each local agency is using a best practice model so as to tailor each program to the needs of the community. TANF monies are also being used to fund pilot “teen care coordination projects,” which follow up on teens who test negative on pregnancy tests administered by the Health Department and offer them counseling and other family planning services if needed.
 - **Outreach and Education:** At least six states are engaged in outreach or media campaigns designed to disseminate information on existing programs and raise awareness of family planning issues in general. Components of these media campaigns vary across the states. Some states have contracted with social marketing firms for assistance with their outreach, while other states have conducted their own targeted mailings describing the availability of family planning services to potential clients. At least one state, Alaska, has used TANF funds to air television and radio spots across the state. West Virginia, which undertook an extensive outreach campaign as a part of their Adolescent Pregnancy Prevention Initiative (mentioned above), also conducted outreach and education for TANF recipients through mailings and brochures. Educational programs have been expanded with TANF funds in at least 2 states. These education programs consist of family planning and parenting classes in Arizona. In Virginia, TANF funds are used for abstinence-until-marriage education, consisting of character bases curriculum for 6 weeks in middle and high schools in 6 targeted

sites, and an after school program. At least one state, Minnesota, is using TANF funds for a public health nursing home visiting program aimed at reducing unintended pregnancies.

- **Male Initiatives:** A couple of SFPAs programs have included male initiatives in their states' TANF spending for family planning. North Carolina has undertaken fatherhood initiatives in the area of teen pregnancy prevention, and Washington has awarded TANF money for the expansion of the Washington Department of Health's Vasectomy Project, which provides funding for vasectomies for men under 200% of the poverty level who are not Medicaid eligible and who don't have insurance coverage for vasectomies. In California, the 1998 TANF out-of-wedlock bonus has been used to fund statewide community based organizations that address pregnancy prevention through a number of approaches, one of which is the promotion of male responsibility.
- **Training of Other Social Service Providers:** A few SFPAs (at least Montana and West Virginia's) have indicated that their states have used TANF funds (sometimes combined with other monies) to provide family planning/ reproductive health training to a broader group of social service workers. In West Virginia, TANF funds were used for 13 educational workshops/training sessions throughout the state for 220 Family Support Specialists (TANF Eligibility Workers). These workshops provided the Family Support Specialists with an overview of the Family Planning Program and information on available services.

While the majority of respondents indicated that they have used TANF funds to begin or expand new services in family planning/reproductive health, at least one state reported supplanting state family planning funds with TANF funds. Supplantation of state funds can include full substitution or partial substitution of state funds allocated for family planning with federal TANF dollars. While it is not illegal to use TANF funds to supplant state funds in this context, there are policy and political dangers to supplantation. One danger is that federal decision-makers will conclude that states don't need all of their TANF allocation and cut federal funds. This creates a potential problem not only for the programs that are funded with supplanted dollars, which might have a hard time regaining state funding if the federal TANF funds are cut, but also if TANF funds are needed for cash assistance during a weaker economy. In addition, states who have not supplanted funds, but have used TANF to expand their programs, would be hurt if the actions of a few states led Congress to believe that the TANF block grant should be cut. In any of these scenarios, a variety of services for low-income families might become restricted.

Use of Family Planning Funds to Provide Training to Other Social Service Providers

Eleven states indicated that they have provided family planning funds (Title XX, Title X, state or other) for some type of family planning or reproductive health training for other social service workers.

- The state family planning administrators generally did not cite the specific amount of family planning funding that has been used to provide training to other social service workers. The

limited number of states that provided these funding figures indicated that between \$10,000 and \$24,000 of family planning monies have been spent on this training.

- Among the eleven states that have made new efforts to use family planning funds to provide training to social service providers, there is considerable variety in the types of social service providers who are receiving this training. Included are the following:
 - Public health care coordinators, TANF workers/ case managers, WIC staff community based social service providers, Healthy Families (home visiting) case managers, juvenile detention staff, domestic violence, mental health, and substance abuse agency staff.
- Training funded with state family planning money was conducted using a number of different methods. Most of the states that undertook this training conducted informational workshops and classes for the staff of the other social service providers. Some states reported their use of comprehensive approaches. For example, Alaska's state family planning agency developed a curriculum for TANF workers for assistance in making family planning referrals, and developed brochures on birth spacing/family planning for WIC and Healthy Families programs. These brochures are also available to Head Start, Early Intervention and other social service agencies. Other states have taken advantage of interactive technologies to provide family planning training to other social service providers. Hawaii, for example, used an interactive video conference session to train WIC staff on contraceptives, referrals, and available clinical providers. In Texas, the Family Violence Prevention Coordinator is developing a web site, using Title X funds, for training health and social service professionals about child sexual abuse and prevention of coercion in personal relationships.
- Among the eleven SFPAs that reported the use of family planning funds to provide training to other social service providers in their states, ten of those SFPAs previously reported involvement in training other social service providers in mid-1999 (The original information update did not ask about the funding for that training. Attachment A).
- Among the respondents that indicated that their states did not explicitly use family planning funds to provide training to other social service providers, there were a number of states (at least eight) that mentioned informal training and or strong working relationships with other social service providers. At least two states, Florida and North Dakota, are hoping to provide training in aspects of reproductive health and family planning for other social service providers in the future.

Interagency Collaboration Initiated Through Other Social Service Programs

Sixteen states indicated that they initiated some new collaboration to reach out to low-income individuals through other social service programs.

-
- **Collaboration with WIC:** Among the sixteen SFPAs that reported new interagency collaboration, at least 5 reported new collaboration with WIC programs. New family planning collaboration with WIC ranges from sharing a booth at an annual health fair, to electronic referrals from the WIC to family planning agencies, to collaborative outreach efforts in rural areas.
 - **Collaboration with Head Start/ Early Head Start:** At least 4 respondents have undertaken new interagency collaboration with Head Start or Early Head Start providers in their states. In one rural community in Washington the family planning and Head Start services are housed together. Georgia also suggests that there may be some co-location of family planning and Head Start services at some sites. Thus far, the collaboration in Montana appears to be focused on developing a plan for extended collaboration and information sharing between the Montana Head Start Association and the State Public Health officials. In at least one area in New Hampshire, collaboration between a family planning agency and Early Head Start agency aims to assist high-risk families through intensive interventions in which family planning and prenatal staff address reproductive health issues.⁵
 - **Male Initiatives:** At least 2 states, Alaska and Kentucky, have adopted interagency initiatives that focus on male involvement in family planning. Alaska's male involvement initiatives were tailored to suit the needs of each community involved, while Kentucky's initiatives in this area were reported for one county. The Pike County male initiative program in Kentucky, known as the "Wise Teen Program," targets students from fifth to tenth grade and provides young men with the "information they need to prevent pregnancy and otherwise demonstrate sexual responsibility..."
 - **Out-stationing:** North Carolina's collaborative efforts include out-stationing of public health personnel (including nurses) to local DSS offices for outreach and case management services. Conversely, some of the DSS agencies are out-stationing staff at local family planning sites for the same purposes.
 - **Hard-to-Reach Populations:** Some of the SFPAs reported on efforts to create interagency collaboration that focuses on outreach and provision of services to "hard-to-reach" populations. In Kansas, there have been collaborative efforts to expand services for individuals in substance abuse treatment centers and/or correctional facilities and for Hispanic women. In Oklahoma, the Women's Health Division has engaged in collaborative efforts with an array of community agencies and groups, particularly the Native American groups. In some rural counties in this state, there has also been collaboration between the family planning agencies and other social service providers to reach clients via WIC sites, and at metro-tech area campuses and pre-release prison facilities.
 - Of the 22 SFPAs that reported that they were not engaged in any new interagency collaboration and the eight respondents that did not provide an explicit "yes" or "no" answer about interagency collaboration, eight respondents mentioned previous or planned interagency collaboration with WIC.

Interaction with Employers or Employment Programs

Twenty SFPAs reported they have had or are planning some interaction with employers or employment programs on the state or local level.

- **State Level:** At least nine respondents indicated that in their states there was some form of interaction between employers or employment programs and family planning agencies on the state level. Some of this interaction was isolated to one city or area in each state. For example, in Alaska, the “one-stop shopping” that is occurring in a TANF job center appears to be limited to just one job center in Anchorage. In Maryland, employment-related programs for young men and women are specific to Baltimore City. In the other seven states, the state-level initiatives range from SFPA exhibits at employee health fairs to extensive integration between the family planning and the welfare-to-work programs.
- **Local Level:** At least another six SFPAs indicated that there are new local or county specific initiatives in place in their states to bolster interaction between employers and employment programs and family planning agencies. In Alabama and Iowa, for example, local agencies have contacted the chicken processing and meat packing plants to offer family planning services.
- **Upcoming Interaction:** At least five additional SFPAs have responded that they are in the process of planning or discussing new strategies for incorporating employers or employment programs into the family planning systems in their states. In New Hampshire, for example, the state family planning agency plans to expand outreach to WalMart and other workplaces that employ low-income women and teens.⁶

Conclusion

This informational update indicates that there have been many new activities in several areas of interaction between state family planning administrators and other social service providers. Of the 46 respondents, most SFPAs reported using TANF funds to begin or expand a variety of new initiatives in family planning, reproductive health, and teenage pregnancy prevention, and some SFPAs reported new links with social service providers created by using family planning funds to provide training to various social service providers. As of September 2000, forty SFPAs have reported either on this update and or the 1999 information update that their states have used TANF funds for family planning/reproductive health services. Furthermore, the number of states that have collaborated with other social services agencies to expand and improve available services, as well as the number of states that are planning or are engaged in employer or employment program links, indicate a continued and growing interest in this area.

In addition to reporting on the new interactions that have occurred between the state family planning administrators and other social service providers, this informational update has also raised the following issues, which need to be examined as state family planning agencies continue to make links and interact with an increasing number of social service providers:

-
- Based on some of the SFPAs' responses, there appears to be an on-going need for accurate information on allowable TANF spending under the final TANF regulations. As states continue to expand and improve the links between family planning and other social service providers, it is essential that the states be aware of all of the allowable uses for TANF funds.
 - There appears to be a continued interest in more information sharing about the different ways family planning agencies can link with social service providers.
 - The new innovations that have arisen in the past year and half merit further review as these efforts develop, e.g. coordination with Head Start, outreach to employers and employment programs, expansions in clinical services funded with TANF monies.

CLASP expects to continue to develop materials and resources to assist efforts designed to address unintended pregnancy.

Endnotes:

¹ The information in this update includes policy changes and additions as of September 2000.

² *Family Planning and TANF Collaboration in New Hampshire*, February 2000, Family Planning, Maternal and Child Health, NH Department of Human Services.

³ While Out-of-Wedlock bonus funds are treated like any other TANF dollar, California's \$20 million Out-of-Wedlock bonus, which is used for statewide county community based organization projects for pregnancy prevention through promotion of abstinence, responsible parenting, male responsibility and overall youth development and reproductive health, is not part of the range described in the text.

⁴ Thirty-four SFPAs reported tapping TANF for reproductive health /family planning services by August 1999 (see Attachment A), two SFPAs that were unsure if their states were tapping TANF by August 1999 now confirm that they are, and four SFPAs that reported that their states weren't tapping TANF for these purposes in 1999 now indicate that they are.

⁵ *Ibid.*, *Family Planning and TANF Collaboration In New Hampshire*.

⁶ *Ibid.*, *Family Planning and TANF Collaboration in New Hampshire*.

Of the 24 SFPAs that said “Yes” 18 previously reported tapping TANF for family planning/reproductive health purposes:

| | | | |
|----------------|----------------------|-----------------------|----------------------|
| <i>Alabama</i> | <i>Kansas</i> | <i>New York</i> | <i>Virginia</i> |
| <i>Alaska</i> | <i>Kentucky</i> | <i>North Carolina</i> | <i>West Virginia</i> |
| <i>Arizona</i> | <i>Maryland</i> | <i>Ohio</i> | <i>Wisconsin</i> |
| <i>Georgia</i> | <i>Massachusetts</i> | <i>South Carolina</i> | |
| <i>Iowa</i> | <i>New Hampshire</i> | <i>Texas</i> | |

Of the sixteen SFPAs that reported “No,” 5 states were not tapping for family planning/reproductive health in mid-1999:

Mississippi Nebraska Nevada North Dakota South Dakota

At least two of these states, Nevada and South Dakota, are working to use TANF funds for family planning/reproductive health.

USE OF TANF MONEY FOR FAMILY PLANNING/REPRODUCTIVE HEALTH

1) At least 6 SFPAs reported the use of TANF funds for clinical family-planning services:

| | |
|----------------|-----------------------|
| <i>Alabama</i> | <i>Kentucky</i> |
| <i>Alaska</i> | <i>New Hampshire</i> |
| <i>Iowa</i> | <i>North Carolina</i> |

Of these states, at least the following 4 used TANF funds to provide Depo Provera to family planning clients:

Alabama Iowa Kentucky New Hampshire

2) At least 13 SFPAs reported the teenage pregnancy prevention programs had been initiated or expanded using TANF funds²:

| | | |
|-----------------------------|-----------------------|-----------------------|
| <i>Alabama</i> | <i>Michigan</i> | <i>South Carolina</i> |
| <i>Alaska</i> | <i>New Hampshire</i> | <i>West Virginia</i> |
| <i>District of Columbia</i> | <i>New York</i> | <i>Wisconsin</i> |
| <i>Kansas</i> | <i>North Carolina</i> | |
| <i>Maryland</i> | <i>Oregon</i> | |

3) *At least 6 states are using TANF funds to engage in outreach or media campaigns pertaining to some aspect of family planning/reproductive health:*

| | | |
|----------------------|----------------------|-----------------------|
| <i>Alaska</i> | <i>New Hampshire</i> | <i>North Carolina</i> |
| <i>Massachusetts</i> | <i>New York</i> | <i>West Virginia</i> |

4) *Educational programs have been expanded with TANF funds in at least 2 states:*

| | |
|----------------|-----------------|
| <i>Arizona</i> | <i>Virginia</i> |
|----------------|-----------------|

FAMILY PLANNING FUNDS

2. Since 1999 have there been any new efforts in your state using family planning funds (Title X, Title XX, state, other) to provide training in any aspect of reproductive health or family planning services to other social service workers like TANF or WIC personnel? Please note funding amount/source and briefly describe initiative:

11 SFPAs³ said “Yes”:

| | | |
|-------------------|----------------------|-------------------|
| <i>Alabama</i> | <i>Kentucky</i> | <i>Oregon</i> |
| <i>Alaska</i> | <i>Maryland</i> | <i>Texas</i> |
| <i>California</i> | <i>Montana</i> | <i>Washington</i> |
| <i>Hawaii</i> | <i>New Hampshire</i> | |

Among the 11 SFPAs that answered “Yes” to this question, 10 of those states previously reported involvement in training other social service providers in mid-1999:

| | | |
|-------------------|----------------------|-------------------|
| <i>Alaska</i> | <i>Maryland</i> | <i>Texas</i> |
| <i>California</i> | <i>Montana</i> | <i>Washington</i> |
| <i>Hawaii</i> | <i>New Hampshire</i> | |
| <i>Kentucky</i> | <i>Oregon</i> | |

Among the SFPAs that answered “No” to this question and the SFPAs who did not explicitly answer “Yes” or “No,” at least 8 SFPAs mentioned informal training and or strong working relationships with other social service providers:

| | | |
|--------------------|------------------|---------------------|
| <i>Colorado</i> | <i>Idaho</i> | <i>New Mexico</i> |
| <i>Connecticut</i> | <i>Kansas</i> | <i>South Dakota</i> |
| <i>Georgia</i> | <i>Louisiana</i> | |

INTERAGENCY COLLABORATION

3. Since 1999 has your state family planning agency initiated any new collaborative efforts to reach low-income men women and teens through other social service programs? E.g.; WIC agency now automatically asks WIC clients if they want family planning referral and the WIC agency provides a referral; the Head Start program invites Title X staff to a monthly meeting for parents etc.; etc. Please note funding amount/source and briefly describe the initiative.

16 SFPAs answered “Yes” to this question:

| | | | |
|------------|----------|---------------|----------------|
| Alaska | Hawaii | Maine | North Carolina |
| Arizona | Idaho | Montana | Ohio |
| California | Kansas | New Hampshire | Oklahoma |
| Georgia | Kentucky | New Mexico | Washington |

a) At least 5 of these 16 states reported new collaboration with WIC programs:

Georgia Hawaii Idaho New Mexico Oklahoma

b) At least 4 of these 16 states have undertaken new interagency collaboration with Head Start or Early Head Start.

Georgia Montana New Hampshire Washington

Of the 22 SFPAs that reported that they were not engaged in new interagency collaboration and the 8 respondents that did not provide an explicit “Yes” or “No” answer to this question, 8 respondents mentioned previous or planned interagency collaboration with WIC.

| | | | |
|-----------------|------------------|-----------------------|----------------------|
| <i>Alabama</i> | <i>Minnesota</i> | <i>Nevada</i> | <i>Texas</i> |
| <i>Colorado</i> | <i>Nebraska</i> | <i>South Carolina</i> | <i>West Virginia</i> |

OUTREACH THROUGH EMPLOYERS OR EMPLOYMENT PROGRAMS

4. Does your agency have any ongoing or planned efforts to reach low-income men, women, and teens through employment programs or employers? For example the state’s one-stop employment centers refer women to the local family planning clinic; the state family planning agency has established referral relationships with employers who employ large numbers of people.

At least 9 SFPAs reported employer interaction at the state level:

| | | |
|----------------------|----------|----------------|
| Alaska | Hawaii | Nevada |
| Colorado | Maine | New Mexico |
| District of Columbia | Maryland | South Carolina |

At least 6 SFPAs⁴ reported employer interaction at the local level:

| | | | | | |
|---------|---------|------|--------|-----------|----------|
| Alabama | Georgia | Iowa | Kansas | Minnesota | Virginia |
|---------|---------|------|--------|-----------|----------|

At least 5 SFPAs reported that they are in the process of planning or discussing new strategies for incorporating employers or employment programs into the family planning systems in their states:

| | | | | |
|------------|----------|---------------|-----------|---------------|
| California | Kentucky | New Hampshire | Tennessee | West Virginia |
|------------|----------|---------------|-----------|---------------|

20 SFPAs in total reported that have had or are planning some interaction with employers or employment programs at the state or local level.

Endnotes:

¹ When some SFPAs did not indicate explicit “yes” or “no” answers to the update questions, the author interpreted their answers based on the narrative they provided. Furthermore, additional information that some states included via attachments or reports were added to their responses. Some SFPAs, at least five, indicated that they could not comment on some of the questions due to inabilities to access the information required for an answer.

² Includes states that have expanded outreach campaigns specifically targeted at teenage pregnancy prevention.

³ This question asked about the use of family planning funds for training of other social service providers. SFA responses that described the use of TANF funds for this training were included in the answers to question 1 on the use of TANF funds. The states that did not explicitly indicate that they were using family planning funds for this training were not included in this total. The states that did not fully explain the training component of some of these initiatives were not included in this total.

⁴ This number may be underestimated since some respondents appear to have interpreted this question as asking about interaction with employers and employment programs at the state level only, and not at the local level.

ATTACHMENT A

The following page is excerpted from the 1999 report, *Linking Family Planning with Other Social Services: The Perspectives of the State Family Planning Administrators*.

Family planning programs provide some type of training⁷ to the staff of other programs in many states, most commonly to welfare or WIC staff.

- **Of the 31 states that engage in training initiatives, 21 undertook training welfare staff and 20 provided training to WIC staff; about half the states (15) that engaged in training offered the training to staff in more than one program.**
- **In addition to staff training efforts, five states report that they are training welfare or other social service clients to serve as “peer educators” for other recipients.⁸**

The majority of states (34) are tapping into the TANF funding stream for a variety of family planning, reproductive health or teen pregnancy prevention projects.

- **Some states (at least nine)⁹ rely on TANF to provide clinical family planning services.**
- **Some states (at least 14) use TANF for projects that focus on teens.**
- **A few states (at least two) tap TANF to support abstinence-only education programs.**
- **At least one state uses TANF to support a Statutory Rape Taskforce.**
- **Of the sixteen¹⁰ states not tapping TANF, five indicate that they are considering future use of TANF funds.**

⁷ The depth of the training is not captured by our question, but some additional comments suggest that the depth varies quite a bit. In some states the training is described as “informal in-services” while in other states a specific training curriculum has been developed.

⁸ At least one state, Massachusetts, mentioned that it was training peer educators to inform community members and social service clients about how to prevent HIV transmission. Other states may be providing such training as well, although they did not include such information in response to our question about peer education for “reproductive health.”

⁹ Information about the nature of the TANF spending comes from narrative descriptions offered by respondents. Some states did not provide descriptions of their initiatives, while other states noted that the decision of how to spend TANF funds is a local one. Thus, we were not able to identify all the ways TANF funds are being used. We provide these highlights of statewide efforts to demonstrate the range of options that could be undertaken.

¹⁰ Two states reported that they did not know whether their states were tapping TANF.