



EVALUATION OF STRONG FAMILIES TODAY AND TOMORROW (SFTT),
A Teen Pregnancy and Parenting Program
of the Lake County Health Department

WAUKEGAN, ILLINOIS
January 2007 – January 2012

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EXECUTIVE SUMMARY

- *“This program made me learn new things about playing with my son and how to understand my son as well. They made me be a better mom.”*
— SFTT Program Participant
- *“They taught me how to interact with my baby. They taught me things to do to help my baby’s mind develop better.”*
– SFTT Program Participant
- *“We all say we would do anything for our kids. However, we rarely show that to them and, in turn, they don’t feel that way. This class showed me ways of opening up to my kids, improving our communication skills, and allowing them to know without a doubt they come first.”*
– SFTT Grandmother
- *“This [program] has prepared me today for tomorrow’s concerns. Armed for battle but focused on love.”*
– SFTT Grandmother

Project Overview

THE STRONG FAMILIES TODAY AND TOMORROW (SFTT) PROGRAM of the Lake County Health Department (LCHD) Family Life Education (FLE) Program offered an array of services designed to empower individuals and families to build relationships and develop a strong network that supports the positive life they want for themselves and for their children. The program was funded under a five-year grant from the U.S. Office of Adolescent Pregnancy Programs.

During the five-year grant life, from January 31, 2007 to January 30, 2012, 777 pregnant and parenting teens and 1,264 family members were served through SFTT services. While the original grant planned to serve 180 pregnant or parenting teens and 300 family members each year, by Year 03 the program exceeded its target numbers. In Year 05, 332 pregnant and parenting teens and 526 family members were served through SFTT services.

During Year 05, SFTT participants had 4,588 contact hours through the program's multiple interventions. Education groups accounted for 3,052 hours or 67% of service time. In addition, 641 hours of home visits were conducted. Family events contributed 505 hours for SFTT participants and Grandparent Support Groups added another 309 hours of service time. All told, the 332 teens engaged in SFTT activities during Year 05; they averaged 14.3 contact hours.

The Lake County Health Department Family Life Education (FLE) Program has a long history of offering highly effective services. FLE and SFTT program development draws heavily from the following theoretical approaches:

- *Stages of Change* provides a theoretical framework in which to present behavior change messages and assess the individual's readiness to change.
- *Social Learning Theory* states that individuals learn through example and by doing.
- *Health Belief Model* recognizes that individuals learn and identify behaviors that they believe will impact health positively or negatively, and that facts, culture, myth, family, and other factors may influence these beliefs.

Each of these approaches is used within the context of *Youth Development Theory*, a research-based approach that identifies the power of positive influences and experiences to give children and teens the foundation needed to become productive adults.

Using these approaches, SFTT targets a low-income population at high-risk for the well-documented consequences of teen pregnancy and parenting. Program interventions take place on three levels:

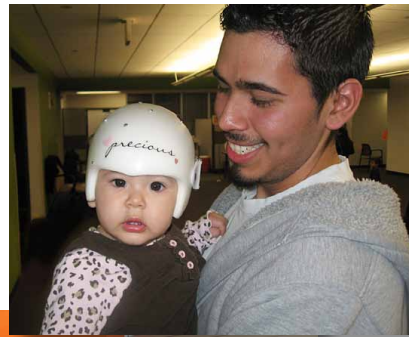
“I think Strong Families has made a difference in the lives of so many families. PAGES, Parenting and Home Visiting have been the most successful program components. Strong Families has allowed us to reach out to families and our sometimes hard-to-reach pregnant and parenting moms do not get lost. They are afforded many opportunities to receive services. Most programs will cut clients that are initially non-compliant. SFTT has continued to reach out a hand and girls who initially refused services almost always sought us out when they were ready and available. That is one of our most significant accomplishments. SFTT staff care deeply and establish valuable relationships with their clients which greatly contributes to the success of the program.”

SFTT Staff Member, 2012

- Intervention for the individual
- Institutional intervention designed to increase the internal efficiency and effectiveness of the LCHD/CHC, by assigning a Service Coordinator to each participant, and
- A broader intervention to ensure a more efficient and effective community-wide response.

SFTT works with pregnant and parenting teens and their families to identify and build assets so that they are able to address successfully the immediate and future challenges of adolescent child rearing. SFTT assists pregnant and parenting teens to:

- Have a healthy pregnancy, delivery, and newborn
- Promote the health of the child
- Defer a subsequent pregnancy
- Attain education and training
- Enhance parenting skills
- Build relationship skills



The SFTT Program Model

The Lake County Health Department/Community Health Center (LCHD/CHC) has offered a myriad of services related to pregnancy prevention, adolescent sexual abstinence, and services to pregnant and parenting teens for more than 35 years. A rich combination of prevention education and clinical services has been available. SFTT built on these programs and sought to strengthen the interrelationships between them.

SFTT provided a full continuum of services and options to pregnant and parenting teens and their families:

- During pregnancy, teens participated in the Pregnant Adolescent Groups for Education and Support (PAGES) Program offering school-based prenatal education and support groups. PAGES in-school educational programming has been offered in collaboration with local schools in Lake County since 1981 and served as the foundation of the SFTT program.
- After delivery, new teen parents were encouraged to participate in intensive six-month follow-along services. Intensive, home based services were offered during the third trimester through 12 weeks postpartum to support health and promote successful parent-child bonding;
- Once SFTT was fully implemented, the emphasis was on engaging teen parents, their partners and families in skill-building training that supported positive, long-term relationships and strong families.
- Individualized assessment and planning for academic support, job training, and post-secondary educational guidance were also emphasized.
- Extended family members were integrated into the service process during home visits and through family dinners, special events, and grandparent support groups.
- SFTT enhanced services by assigning a Service Coordinator to work with direct service staff to connect participants with needed resources. Service Coordinators also conducted a postpartum contact with each participant who did not work with home visiting SFTT staff to continue the teen's contact with SFTT and to assist the new mother with any needs that had come up since the delivery.

In addition to direct services, SFTT was designed to serve as a catalyst for community-wide networking to bring greater knowledge and linkages for all area programs that served pregnant and parenting teens and their families.

Objectives of the SFTT Program

The SFTT program sought to undertake and complete an objective, well-constructed evaluation that would contribute to knowledge about services for pregnant and parenting teens and their families and would offer information useful for program development and/or replication. To this end, the evaluation was designed to document the extent to which a mix of intervention strategies for pregnant and parenting teens positively affected several outcomes:

- Outcome Objective 1: Promote positive health outcomes for mother and child;
- Outcome Objective 2: Reduce the rate of subsequent pregnancies among participants;
- Outcome Objective 3: Increase educational attainment;
- Outcome Objective 4: Promote development of a strong set of parenting skills;
- Outcome Objective 5: Increase immunizations; and
- Outcome Objective 6: Increase in family and relationship-building knowledge and skills.

Evaluation of the SFTT Program

Program staff and the evaluation team together designed a comprehensive evaluation as part of the original project planning. The plan was followed throughout the life of the project in order to document program outcomes, as well as fidelity to the original model and program modifications resulting from the evaluation. The design of the evaluation: (1) drew upon past evaluation experiences and successes with previous OAPP grants; (2) utilized both quantitative and qualitative tools that have been developed and have produced consistent results over several years; (3) provided for a comparison group that included teens who had delivered in Lake County, but had not participated in the program; and (4) took into account strong organizational capacity and commitment, including LCHD's long time experience with evaluation; well-developed protocols for confidentiality, data collection and storage; a carefully developed database system; well-trained staff, and access to health data.



Accomplishments

1. **The intended intervention was fully implemented.** Using PAGES as its foundation, FLE was able to create and implement a complex program model that was multi-faceted and designed to engage pregnant and parenting teens, babies' social and biological fathers, grandparents and other family members in programming. The program model utilized in-school and after-school sessions, home-based services, family nights and other activities to reinforce program messages and to meet the six outcome objectives.
2. **During the five-year grant life, from January 31, 2007 to January 30, 2012, 777 pregnant and parenting teens and 1,264 family members were served through SFTT services, thereby exceeding the program's enrollment goals.** While the original grant planned to serve 180 pregnant or parenting teens and 300 family members each year, by Year 03 the program was exceeding its target numbers. In Year 05, 332 pregnant and parenting teens and 526 family members were served through SFTT services.

3. **SFTT was able to recruit and provide services to its intended population of pregnant and parenting teens, grandparents and other family members; retention rates were high.**

Participation by extended family members increased six-fold from 92 extended family members in Year 02 to 526 family members during Year 05.

The extent to which the program was able to engage family members over the long term, particularly through the family dinners and grandparent support group, was unprecedented. SFTT was able to recruit and serve biological/social fathers, but not at the level it had initially planned.



- The characteristics of program participants (pregnant and parenting teens, babies, babies' fathers and family members), match those of the targeted group. During Year 05 of SFTT at the program's end, 332 young women participated in school-based groups. The typical participant attended Waukegan schools. Nearly 70% (69%) of the teens were Latina, 31% were African-American.
- The program was reaching its target population of pregnant and parenting teens and their babies, biological and social fathers, and providing them with planned services and activities. Every component of the program was delivered to designated groups. Participants were receiving significant dosages of programming.

4. **SFTT achieved documented successes with respect to healthy outcomes for mother and child.** During each program year, there was evidence of program success with data regarding healthy pregnancy, delivery, and newborn (Outcome Objective 1), deferring a subsequent pregnancy (Outcome Objective 3), and achieving high rates of immunization (Outcome Objective 5). During Year 05, 123 PAGES participants gave birth. The birth outcome, weight and gestational age are used as partial measures of program success. During Year 05, the average birth weight of infants born to PAGES participants was 7 lbs., 1 oz. Of the babies born, 97% were live births and 93% were full-term deliveries. Eighty-three percent of the pregnancies (83%) resulted in normal vaginal deliveries. This lower incidence of caesarean delivery, compared to other births to women and teens in Lake County is statistically significant at $p=0.05$.

Birth Outcomes for PAGES Participants (n varies)							
	Total PAGES	Births to PAGES	Live Births	Full Term Deliveries	Vaginal Births	Cesarean Births	Average Birth Weight
Year 02	131	131	99%	98%	82%	18%	7 lbs. 5 oz.
Year 03	252	127	100%	95%	80%	20%	8 lbs. 2 oz.
Year 04	247	114	97%	95%	80%	20%	8 lbs. 12 oz.
Year 05	243	123	97%	93%	83%	17%	7 lbs. 1oz

During Year 04, 232 of SFTT participants (70.5%) were enrolled in WIC and 85% of all WIC clients are up-to-date with immunizations according to the CDC recommended immunization schedule.

5. **SFTT exceeded its objective with regard to subsequent pregnancies: Over 90% of SFTT teens with consents have not had a subsequent birth, as evidenced by participant tracking and follow up documentation.** For example, of the 119 Year 04 SFTT enrolled teens with consents, 6.7% (8) had a second pregnancy after entering the program during the first pregnancy

and 5.0% (6) had a live birth. In contrast, 28.6% (128) of the 451 teens in the comparison group have had more than one live birth and national data suggests that over 19% of teens with one birth will have a second birth before they are 20.



6. **SFTT achieved its objectives with regard to educational attainment, while strengthening already strong relationships with participating schools.**

Of 64 Year 04 teens on schedule to graduate in June 2010, 54 (84.4%) graduated, 4 (6.2%) remained in school in 2010-2011, 4 (6.2%) withdrew from school, and the status of 2 (3.1%) was unknown. Thus, the program exceeded its objective of an 80% graduation rate. Of the 411 teens with signed consents, 32.4% have graduated, 36.5% are in school, 7.1% withdrew from school and the status of 24.1% was unknown. In contrast, 48.5% of the comparison group members are listed in Cornerstone as having 12 or more years of education. (This excludes teens under 18.6 years of age who would be expected to be in school.) Also, according to a recent national study, only 40% of teens who give birth before the age of 18 graduate from high school.

7. **Based on observations, staff surveys, and participant feedback, SFTT had strong and appropriate staff, able to provide quality services.** With regard to the quality of service delivery, several recurring themes related to the strengths of staff were identified through observations, staff surveys, and participant feedback. These strengths have been identified as parts of FLE programming over time:

- Based on survey responses and observations, with the establishment of the Service Coordinator role, SFTT took a significant step toward increasing internal efficiency and efficacy.
- Key strengths identified through surveys and interviews conducted as part of the evaluation are the high quality of the relationship between staff and participants, the high level of commitment of SFTT staff to clients and their families, the diversity of SFTT staff and the fact that so many were residents of the target area.
- There was program-wide commitment to staff training and development. Staff demonstrated a high level of knowledge of relevant topics.
- As a corollary, Home Visitors and other staff provided a range of information and services. Substantive content was also provided in PAGES sessions, home visits and other venues.

8. **There was evidence through surveys and other evaluation tools that SFTT was successful in creating a more effective community wide-response to the problems of teen pregnancy and parenting.**

- The establishment of the Pregnant and Parenting Teen Collaboration (PPTC) was effective. Members reported increased awareness and use of community resources, and greater coordination of services for clients.
- Family planning resources were maximized (Focus on Outcome Objective 2: Reducing Repeat Pregnancies).
- Ties with targeted schools were strengthened through the continued collaboration (Focus on Outcome Objective 3: Increasing Educational Attainment). There were specific, documented

steps taken to strengthen the connections between SFTT and targeted schools, thereby improving service delivery for program participants. In some cases, these steps resulted in system changes in the schools.

- Coordination of services with the WIC program facilitated obtaining up-to-date immunization records. (Focus on Outcome Objective 5: Increased Immunization)

9. **Over the course of the five-year grant period, FLE demonstrated through SFTT its ongoing commitment to evaluation, to being a learning organization, and to constantly working to improve programming.** Over the years, staff were engaged in evaluation through training, participation in the development of evaluation tools, focus groups, and in other ways. The evaluation team met with program staff on a regular basis. LCHD consistently and strongly valued evaluation and acted on evaluation results to improve programming. The process used to follow up on findings from structured observations and staff surveys was one example of the value placed on evaluation and program improvement.

10. **Most importantly, SFTT has had a demonstrated profound impact on the lives of participants and their families, as documented by staff and the evaluation team.** For example, a grandmother said this, in gratitude for the program's role in her life:

- *"This program is wonderful. I cannot express enough how much your program has helped me and my family. I came to this program when I felt like I was at the lowest point of my life. My children, my marriage, my job, everything was just crumbling all around me. I had nowhere to go and absolutely no one to turn to. And then one day I got a nice postcard in the mail inviting me to a Grandparent's Support Group. Although I felt like there was no help for me, this invitation gave me a small tinge of hope. I had nothing to lose. So I decided to come. I was completely lost at the time; I had no one to talk to about what I was feeling or about my concerns or issues. I've never had a support system. And even though I did feel a little bit of hope, it wasn't enough to truly convince me that this group would help me. My first few sessions were really hard for me; I could not speak of my family issues without crying. I was so desperate. I was ready to pack up my family and take them all back to Mexico, thinking that somehow the relocation would solve all of our issues.*

After coming to more groups, I started to realize that I needed to change myself before I could expect any change from my daughters and husband. And although that was extremely hard to do, I was able to do it. Almost 2 ½ years later, I am a better mother, a better wife and a better person. There was hope for me. My family is much better now than ever. I have a great relationship with my older daughter, she loves me and most importantly she respects and appreciates me. My younger daughters come to me and want to tell me about their day at school and they help me around the house. This is something that we have never done. I also have a better relationship with my husband. I have made great friends in this group, which includes all the staff members, and I look forward to seeing each and every one of them every month. If I cry in our group now, it's because I am overwhelmed with gratitude for what you have all done for me. Susan, I don't know you but I appreciate you for bringing this group into my life. I wish I did know you like I know your staff because I would love to tell you in person how grateful I am to you and your group. I thank you all very much and only wish that I would have had this opportunity to learn so much, a long, long time ago."



Challenges:

- Finding ways to minimize the impact of the close of the program, once OAPP grants ended their cycles.
- Finding ways to address the issues facing teens whose families are not actively engaged in their lives, whose families have a high level of dysfunction. As one staff member said, *“With some kids we were fighting an uphill battle to keep them healthy, in school, and their babies safe...”*
- Finding the resources to properly address issues of mental illness facing some of the teens in the program. The program was able to add some professional support, but felt more was needed.
- Finding ways to deliver essential information to pregnant and parenting teens on so many important topics, without overwhelming them.
- Making certain that the program was integrated in its approach—that information imparted in PAGES was consistently reinforced in home visits and other settings.
- Building a viable, effective program for dads; succeeding in involving dads over the long term.
- Finding a suitable balance between the strong, growing interest of teens and extended family members (e.g., babies’ grandparents) in additional programming, such as family nights, support groups and other activities, while avoiding staff burnout.
- Ensuring that staff specialties—for example, the breastfeeding specialist’s expertise—were fully utilized by other staff to reinforce curriculum lessons.



Key Lessons Learned

1. *The importance of an organizational commitment at all levels to being a learning organization.* LCHD strongly values evaluation and acts on evaluation results to improve programming. The process to follow up on findings from structured observations and staff surveys was one example of the value based on evaluation.
2. *The critical importance of taking the time to build a community commitment to the program before beginning services.* Using a carefully constructed strategy to engage individuals and institutions through the formation of PPTC and other community partnerships has proved successful.
3. *As a corollary, the importance of understanding the community context as a program was developed.* Community context—for example, issues facing the school system, as well as issues of high mobility—have to be carefully considered and addressed in order to build a successful program.
4. *The value of taking a fresh look at traditional ways of programming.* SFTT gave the LCHD the opportunity to do something new in all three areas of intervention: (1) for the individual, with the formal involvement of family members in programming, (2) increasing organizational efficiency and efficacy, with the creation of the Service Coordinator position, and (3) creating a more effective community-wide response, with the formation of PPTC.

5. *The real potential for maximizing community resources through the establishment of collaboration with other local organizations working in the area of teen pregnancy and parenting.* SFTT was able to effectively lead this collaborative effort because of the longstanding reputation of the LCHD in the area.
6. *The importance of removing barriers to client participation.* For example, SFTT saw providing transportation as a critical facet of their programming and purchased two vans to transport participants to appointments, events, and activities. This allowed the program to circumvent the problems of unreliable public transportation, participants who might not have private vehicles or were too young to drive, and ensure assist in meeting their overall goals of support health, immunization, and well-being in the community.
7. *The untapped potential for reaching family members, who appear to highly value the programming—particularly the Grandparent Support Group and other opportunities to interact with other adults in a meaningful way.*
8. *The reality of effecting significant change through a multi-faceted well thought out and well delivered program model.*

EVIDENCE OF LONG LASTING CHANGES RESULTING FROM THE SFTT PROGRAM

Individual Changes

Using these approaches, SFTT has targeted a low-income population at high-risk for the well-documented consequences of teen pregnancy and parenting. Program interventions take place on three levels:

- Intervention for the individual
- Institutional intervention designed to increase the internal efficiency and effectiveness of the LCHD/CHC, by assigning a Service Coordinator to each participant, and
- A broader intervention to ensure a more efficient and effective community-wide response.

In each of these areas, there is evidence of long lasting changes resulting from the SFTT program. Examples of long lasting changes are drawn from the comments of SFTT staff through surveys and other evaluation means.

As described throughout this report, SFTT was able to achieve better health outcomes for both mother and baby and to engage teens in the program for a sustained period of time. As one SFTT staff member wrote, the program's most foundational impact will be on the teens who participated:



“The long lasting impact will live on in the lives of the teen, the baby, and the extended family. Many of the teens served will now and later as they become grandmas in the distant future remember and pass down the information, support, advocacy, and compassion they received in their caring relationships with [the staff of SFTT] – Candy, Sandra, Jeanette, Diana, Ernie, Connie, Cathy, David, Sean, Jesus, Alan, Tara, Tracy, Ellen, Nancy, Pat, Pamela, Kathy, and Sharon.”

A SFTT staff member summed up the program's long lasting impact with this comment:

“Specific to SFTT, we can point out the remarkable positive birth outcomes, the delayed subsequent pregnancies, the up-to-date immunizations, the academic achievements, and the supportive and integrated community services the individuals and families receive. These are incredible positive outcomes that will have truly long lasting positive public health implications that will be passed down to the next generation. What we talk about less often was the purely “human” element of our interventions. Throughout SFTT when we discuss the impact of SFTT programming, we have reasoned together and discovered that one element we don't accurately measure was the lasting positive impact of the personal relationship between the social worker/nurse/Home Visitor and the teen and her family... The improved quality of life, the lasting impact of feeling loved and cared for, the confirmation that you are a person with worth, the confidence to face the future because someone believed in you, this has been happening in SFTT because the staff has engaged with these teens and their families on their terms in ways they cherish and respond to. How grateful the SFTT staff was to be reaching teen parents on a physical and public health level AND an emotional and relational level.”



SFTT was able to have a long lasting impact through parenting classes offered in area schools.

As one staff member wrote:

“Our school based parenting program was based on a nurturing parenting curriculum and most of these girls lacked nurturing in their own lives. Moms' group makes a difference because staff nurtures the moms so that they can turn around

and nurture their children. Through group discussions, intakes, one-on-one discussions after class and on the phone, crises are averted so that teen moms can move forward with their lives. Teens are referred to their school counselors/social workers, social service agencies, for medical follow-up etc. They have questions about relationships, infant development, sick babies, school and parent issues. By having a safe place in school to talk about being a mom, with nurturing staff, students tend to stay in school vs. their national counterparts who have a higher dropout rate. There was also a positive peer influence to use more loving terms about their babies/toddlers when they misbehave or cry a lot.”

SFTT also had an impact on teens' educational status. Educational achievement was a lasting accomplishment for the Strong Families program. The graduation rate of the PAGES students was quite high. A significant number of PAGES students enrolled in college courses after high school. By monitoring the teens' well-being, support systems, school attendance, school success, relationship issues, parental conflicts, housing issues, and other concerns, SFTT staff was also able to keep students in school. In the absence of intervention, they may have dropped out.

The program's capacity to reach family members and to draw them to programming over an extended period of time was one of its strongest outcomes. Among the grandparents of the babies, the support group served as an essential aspect of their lives. As seen below, for many grandparents it served as a transformative experience for them and led to long lasting changes in their families. As one staff member said:

“Our last meeting of the Grandparent Support Group was this past Monday 1-9-12. It was a bittersweet night, with many great memories shared and sadness on both our part and on the grandparents. Many friendships were made between these women. I would guess that they will continue to see each other on a

semi-regular basis. They spoke about wanting to meet, even for a meal or an outing. There were no formal plans made in the group. They are aware that [LCHD staff] will still be seeing their daughters at school in PAGES and Parenting. They have our contact information, if they need assistance.”

Institutional Changes

- Because SFTT worked well in targeted middle and high schools with the highest rates of pregnancy in the area, the positive experience with the program built trust with area schools. The Lake County Health Department has become a leader in the county for assistance and referrals. School administrators, counselors, and social workers come to LCHD as a first point of contact.
- SFTT was able to explore, develop and implement new ways of delivering services that can serve as a model for other programs. For example, the use of service coordinators enabled the program to build and strengthen ties with other organizations and offer better coordinated care.
- For SFTT staff, the program also had a long lasting impact in several important ways. According to survey results:
- More than 90% (93%) of the SFTT staff members agreed that their training and experiences improved their ability to work as a team member, increased their understanding of the population FLE serves, increased their understanding of evaluation, improved their teaching/presentation, and organizational skills.
- 92% reported “significant” professional or personal growth during the time they had been a part of LCHD Family Life Education.

Community-Wide Changes

- SFTT partner schools will continue to offer PAGES and Parenting education in their curriculum with the assistance of the LCHD after the SFTT ceases. These core components of the program were deemed essential to maintaining inroads that had been accomplished for maternal child health.
- Schools are attuned to additional programs and resources available from the LCHD because of the initial contacts made through PAGES, Parenting education, and SFTT. The schools request more assistance in educating their students about sexual health and pregnancy prevention.
- The schools have developed better communication with additional resources like the Women’s Health Clinic for their students, so that they know how to access care for their students without the specific intervention of the SFTT program, after it ceases. In addition, the clinic started some new programs for pregnant teens because of SFTT’s close association with them.
- Through the Pregnant and Parenting Teen Collaboration (PPTC), word of the available resources has spread. Schools, with which LCHD had minimal prior contact, became engaged with the agency.
- The PPTC was very well attended and received. New participants are being added at each meeting as the information spreads between school districts. This group has already begun the transition to continue the work after SFTT was over. The PPTC was one example of how the SFTT grant greatly influenced the public’s view on the teen pregnancy problem, and the options for assisting these young families.



- LCHD programs became better known by the local hospitals and private physicians; especially OB-GYNs. The agency received referrals, and increased communication with these physicians as another source of education for their patients.
- SFTT allowed staff more time to interact not only with teens and families, but also with other professionals serving them. This significantly contributed to the cementing of the relationships between the key gatekeepers and service providers and contributed to the high level of services available for pregnant and parenting teens.
- The constellation of services (health, education, social and supportive) available and very accessible to pregnant and parenting teens formed a strong safety net for them. The professional partners in this constellation have come to expect a high level of services from each other for the teen population.

As one staff member stated:

- *“To a certain extent, being able to deliver services and reinforce the appropriateness and positive outcomes of routine provision of those services produced a normative change. In many communities, pregnant and parenting teens are made to be as invisible as possible. In schools and communities served by SFTT, pregnant and parenting teens are supported through integrated services that allow them to continue to participate in community institutions. Hopefully, this normative change and institutionalization of services and supports for pregnant and parenting teens will assure continuation of core services after the end of external funding.”*

