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The Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF) program focuses on meeting the educational, social service, and health needs of vulnerable expectant and parenting individuals and their families during pregnancy and the postnatal period. The Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended) established the program and provided \$25 million in annual mandatory funding for each of FY2010 through FY2019. The law identifies eligible populations as expectant and parenting teens, college students, and women of any age who experience domestic violence, sexual violence, sexual assault, or stalking.

Background

The research literature indicates that pregnancy has high costs for the individuals eligible for the PAF program. Teenage mothers and fathers tend to have less education and are more likely to live in poverty than their peers who are not parenting. Nearly one-third of adolescent females who have dropped out of high school and college cite pregnancy or parenthood as a reason. One analysis found that single young women who had children after enrolling in community college were 65% more likely to drop out than their same-age peers who did not have children after enrolling. Studies further indicate that approximately 3% to 9% of women experience domestic violence during pregnancy.

Grant Categories and Requirements

The U.S. Department of Health and Human Services (HHS) administers the PAF program, and funding is awarded competitively to the 50 states, District of Columbia (DC), U.S. territories, and tribal entities (hereinafter, state grantees) that apply successfully. The grantees may use the funds as follows:

- to provide subgrants to institutions of higher education (IHEs), high schools, or community service providers to enable these subgrantees to establish, operate, or maintain pregnancy or parenting services for the expectant and parenting population;
- to provide, in partnership with the state attorney general's office, certain legal and supportive services for women who experience domestic violence, sexual violence, sexual assault, or stalking while they are pregnant or parenting an infant; and
- to support, either directly or through a subgrantee, public awareness about PAF services for the expectant and parenting population that is eligible for the program.

The PAF authorizing law requires each subgrantee to provide an annual report to the state grantee that itemizes program expenditures; reviews and evaluates its performance; and describes its achievements in meeting the

needs of participants, including the frequency with which they used services. Grantees must prepare an annual report to HHS on this subgrantee information, the number of subgrantees that were awarded funds, and the number of individuals who were served with funds.

IHEs, High Schools, and Community Service Providers

Subgrants can be provided to high schools (schools that serve grades 7-12), community service organizations (organizations that provide social services directly or by government contract), and IHEs (vocational schools, community colleges, universities, etc.). Only IHEs must provide a 25% match of their awards with funds or non-monetary support such as services and facilities.

The law specifies that subgrantees can carry out selected activities on campuses and in communities, such as conducting a needs assessment to examine pregnancy and parenting resources on a campus and within a community, as well as setting goals for improving such resources and access to them. Other activities can include annually assessing the performance of the subgrantee in meeting needs of participants with regard to child care, flexible or alternative academic scheduling, parenting education, basic provisions, and including maternity coverage and availability of riders for additional family members in student health coverage.

Offices of State Attorneys General

State grantees must partner with their state's office of the attorney general to provide specified activities—intervention services, accompaniment services, and supportive social services—targeted to individuals of any age who are pregnant or have been pregnant in the past year and are victims of domestic violence, sexual violence, sexual assault, or stalking. “Intervention services” refers to 24-hour telephone hotline services for police protection and referral to shelters. “Accompaniment services” means assisting, representing, and accompanying a woman in seeking judicial relief for restraining orders and help with filing criminal charges, among other activities. “Supportive social services” means transitional and permanent housing, vocational counseling, and individual and group counseling aimed at preventing domestic violence, sexual violence, sexual assault, or stalking.

These partnership grants also focus on providing training and technical assistance (related to domestic violence, sexual violence, sexual assault, or stalking against pregnant women or women pregnant within the past year) to specified entities, such as government agencies, professionals working in social service settings, and nonprofit organizations.

Public Awareness Activities

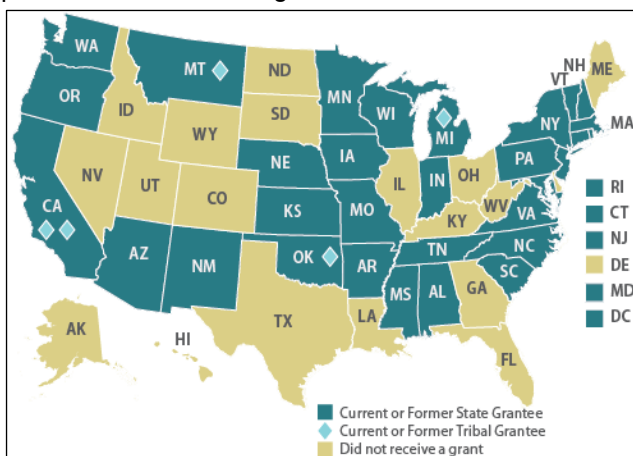
State grantees and/or their subgrantees can fund public awareness activities for individuals who are eligible for the PAF program. Such activities can include print materials, in-person events, social media campaigns, public services announcements, and websites. State grantees are responsible for setting guidelines or limits on how much funding is to be used for public awareness activities. HHS has specified in guidance that grantees may not use PAF funding exclusively for public awareness activities.

Grantees

HHS has provided funding to 36 grantees from FY2010 through FY2018. This includes 30 states, DC, and five tribal entities (see **Figure 1**). In general, these grantees have provided PAF subgrants to high schools, community service organizations, and IHEs.

Figure 1. Jurisdictions with PAF Grants

Each grantee received funds in at least one year over the period from FY2010 through FY2018



Source: Prepared by the Congressional Research Service (CRS).

Participants

HHS collects and reports data on expectant and parenting individuals and their children who receive PAF services. In FY2016, 20 grantees (17 state grantees and 3 Indian tribes) served 16,053 individuals. Of these participants, 55% were expectant or parenting mothers, 37% were children, and 8% were expectant or parenting fathers.

HHS provides participant age and race data for expectant and parenting mothers and fathers, but not their children. More than half (56%) of the participants were ages 16 to 19, and almost one-quarter were ages 20 to 24. Data on race are available for about 6 out of 10 participants. Of these, nearly half were white, about one-third were black, and the rest were another race or multiracial. Nearly half (46%) of the participants who reported on ethnicity were Hispanic.

Services Provided to Participants

Grantees provide a range of services to meet the needs of participants within each of the program's purpose areas. Of the 16,053 PAF parents and children in FY2016, the greatest number received educational services (7,195), followed by parenting skills training (7,161) and case management (7,157). Approximately one-third of

participants (5,194) received health care services. Some services were more likely to be provided directly by grantees or subgrantees (e.g., case management and home visiting services), while other services were more likely to be provided by organizations to which recipients were referred (e.g., health care, child care, and food and clothing).

Evaluation

An HHS study by Mathematica Policy Research, a social policy research organization, is evaluating the effectiveness of the program in shaping youth outcomes. The evaluation is measuring selected outcomes of PAF participants in three jurisdictions. Findings are available for the program in one of the jurisdictions (DC), where PAF-funded services were provided in nine high schools through a voluntary program known as New Heights. Researchers found that teen mothers improved in school engagement and credits earned per year compared to teen mothers who attended the high schools immediately before the program was introduced. Case coordinators from the program were embedded at the schools to provide case management, weekly educational workshops, and in-kind incentives.

Issues for Congress

If Congress considers reauthorizing the PAF program beyond FY2019, it may look to emerging findings from the evaluation. In addition, Congress may also consider whether to establish guidelines regarding how the program should interact with other, similar federal programs. Because of its cross-cutting approach to meeting the needs of the expectant and parenting population, PAF may overlap with activities of other programs serving the needs of other populations. PAF can also play a role in referring expectant and parenting individuals to other programs as appropriate—including those in education, social services, and health policy—though the authorizing law does not reference such programs. HHS does not require state grantees to report on how PAF funds interact with other sources of payment for similar services; however, grantees must describe in their funding application how PAF funds will contribute to and enhance, rather than supplant, the services that are already available.

Congress may also consider whether PAF should play a role in building the evidence base for programming that supports participants. HHS has directed grantees to provide services that are evidence-informed or evidence-based. An HHS study by Mathematica Policy Research found that many PAF grantees had used evidence-based models, most commonly those for home visiting and parenting education; however, some grantees reported challenges with finding programming more narrowly tailored to the PAF-eligible population.

For further information, see CRS Report R45426, *The Pregnancy Assistance Fund: An Overview*.

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