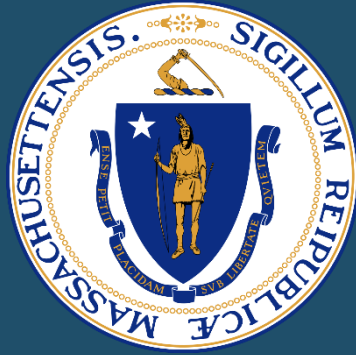


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2-Gen Economic Mobility Programs Report

May 2023



DEPARTMENT OF TRANSITIONAL ASSISTANCE
2-GEN ECONOMIC MOBILITY PROGRAMS REPORT
MAY 2023

REPORT OVERVIEW

Pursuant to line item 4401-1003 of the fiscal year 2023 (FY23) General Appropriations Act (GAA), the Department of Transitional Assistance (DTA) is required to report on the status of the administration of a 2-Gen grant program that supports economic mobility among high-risk young parents. The grant program is jointly administered by DTA and the Department of Public Health (DPH) through the Massachusetts Pregnant and Parenting Teen Initiative.

DEPARTMENT OF TRANSITIONAL ASSISTANCE MISSION

DTA's mission is to assist and empower low-income individuals and families to meet their basic needs, improve their quality of life, and achieve long-term economic self-sufficiency. We do this through a comprehensive system of programs and supports, including food and nutritional assistance, economic assistance, and employment supports. DTA serves one out of every seven people in the Commonwealth including working families, children, older adults, and people with disabilities.

BACKGROUND

In recent years, DTA has emphasized removing economic mobility barriers through policy reforms and the enhancement of the Department's employment support programming. Part of this barrier removal is exploring new approaches to meaningfully engage with families who receive Transitional Aid to Families with Dependent Children (TAFDC) benefits. Beginning with our Young Parent Program Request for Responses (RFR) in 2018, the Department has implemented a Two-Generational (2-Gen) approach in many of our employment and training programs. The 2-Gen approach recognizes that outcomes for parents and children are intertwined and cannot develop independently of one another. A 2-Gen approach is of the utmost importance as it is necessary to address not only the current economic disparities, but how those disparities will continue to affect future generations.

Additionally, DTA has focused on increasing support and opportunities for young parents in recent years so that they might receive more coordinated and streamlined services. This work is coordinated through the Whole Family Approach to Jobs, with leadership and representation from DTA and DPH. COVID-19 has illustrated the importance of improving coordination of services cross-sector, particularly for high-risk young parents with young children, who often are falling through the cracks of service delivery.

2-GEN ECONOMIC MOBILITY PROGRAMS FOR HIGH-RISK YOUTH

Following an investment of \$3.5 million in the state's FY22 GAA, DTA entered into an interagency service agreement (ISA) with the Department of Public Health to continue administering a 2-Gen grant program that supports economic mobility among high-risk young parents and leveraging cross-sector collaboration of service delivery through the Massachusetts Pregnant and Parenting

Teen Initiative (MPPTI). For more than a decade, MPPTI has provided multidisciplinary, team-based case management to young parents in Massachusetts; with a goal of increasing life opportunities and enhancing family stability among expectant adolescents and young families in priority populations and communities.

DTA and DPH continued to work with seven community-based agencies to provide targeted support to high-risk expectant and parenting adolescents using the MPPTI model. All funded agencies served at least one community with high teen birth rate (Tier 1 community), while some agencies also served a geographically nearby Tier 2 community with moderate teen birth rates.

To continue the program’s important work, an additional \$1 million for a total of \$3.5 million was allocated in the FY23 GAA. DTA awarded DPH the additional million dollars to increase the number of community-based agencies providing services with the MPPTI program model. DPH is currently in the procurement process to identify one to two additional community-based agencies.

TABLE I MASSACHUSETTS PREGNANT AND PARENTING TEEN INITIATIVE PROVIDERS	
Priority Community – T1/T2	Agency
Lawrence/Methuen	Family Services of the Merrimack Valley
Lowell	Community Teamwork Inc.
Brockton	Brockton Neighborhood Health Center
New Bedford	Meeting Street
Chelsea/Everett/Revere	Roca Inc
Springfield/Holyoke	The Care Center
Fitchburg	LUK

Since the partnership between DTA and DPH began, MPPTI has served 758 young parents: 331 began receiving services in FY21, 152 began receiving services in FY22, and 275 began receiving services in FY23. Demographics for program participants can be found in **Table 2**. Of those served to date, 29%, or 220 participants were COVID-19 response participants, meaning that they received services 1-3 times to meet urgent needs related to the effects of the COVID-19 pandemic, like housing or rental assistance, utility payment assistance, food, transportation, and assistance with applying for benefits. Seventy-one percent, or 538 participants, were MPPTI participants, meaning they received more comprehensive ongoing services, including not only meeting urgent concrete needs related to the effects of the COVID-19 pandemic, but also case management, health promotion, education/employment, and child health/parenting services and resources.

**Table 2
MPPTI Participant Demographics, FY21-F23**

Age at Intake			Housing at Intake		
	Number	Percent		Number	Percent
14-19 years	233	31%	Lives with Parents or Partner's Parents	306	40%
20-24 years	514	68%	In Apartment/House	199	26%
25 years	9	1%	In Supervised Shelter/ Supportive Housing/ Hotel/Motel	76	10%
Unknown/Not reported	2	<1%	Friend or Relative's House	158	21%
			Somewhere Else	13	2%
Gender	Number	Percent	School Status at Intake	Number	Percent
Male	73	10%	Not in School	459	61%
Female	686	91%	In HiSET Program	166	22%
Sexual Orientation	Number	Percent	In Higher Education/College Program	53	7%
Straight/Heterosexual	687	91%	In Middle School/High school	63	8%
LGBQ	63	8%	In job training program	8	1%
			On maternity leave	8	1%
			Other/Not reported	1	0%
Unknown/Not reported	12	2%	Employment Status at Intake	Number	Percent
Race & Ethnicity*	Number	Percent	Not Employed	482	64%
American Indian/Alaska Native	13	2%	Employed Full-time	141	19%
Asian	20	3%	Employed Part-time	135	18%
Black	111	15%	Ever involved with DCF at Intake	Number	Percent
Latinx/Hispanic	519	68%	Yes	213	28%
White	109	14%	No	543	72%
Declined to state	11	1%	Benefits Received at Intake*	Number	Percent
Other	22	3%	WIC	509	67%
Primary Language	Number	Percent	DTA	454	60%
English	418	55%	Transportation Benefits	82	11%
Spanish	272	36%	Healthy Families	109	14%
Portuguese	20	3%	Childcare Assistance	58	8%
Haitian Creole	12	2%	Early Intervention	66	9%
Cape Verdean Creole	12	2%	Head Start or Early Head Start Program	21	3%
Other	20	3%	SSI	22	3%
Missing	4	1%	Section 8/Housing assistance	24	3%
Pregnancy Status at Intake	Number	Percent	Help with utility bills	6	1%
Pregnant/Expecting	150	20%	Parents as Teachers	8	1%
Parenting/Postpartum	607	80%	None	162	21%
			Other	34	4%

**Total will not add up to 100% because participants could select more than one category.*

Among all 758 young parents served, 90% received concrete supports, 52% received personal health promotion and counseling, 39% received education and/or employment supports, 42% received parenting support, and 41% received child health services. A breakdown of services provided can be found in **Table 3**. Additional evaluation of the program measuring changes from intake to 6+ months after program enrollment, particularly for outcomes such as education and employment, will begin to be conducted at the end of FY22.

TABLE 3 MPPTI SERVICES PROVIDED, FY21-F23			
Type of Service	Number	Percent	Services Included
Concrete Supports	629	90%	Housing assistance, utility payments, food, clothing, transportation, childcare, child needs (diapers, formula, toys, books), benefits assistance
Personal Health	422	52%	Reproductive health care/counseling, mental & behavioral health services, primary care, violence prevention & intervention, breastfeeding support, OBGYN care, childbirth classes, health insurance enrollment assistance, nutritional counseling, dental hygiene/oral health, substance use prevention & counseling, nurse health promotion & counseling, sexuality education
Parenting Skills	396	42%	Parenting education & resources, time management, stress management, self-care support, parenting groups, health relationship skill-building, communication skills
Education / Employment support	361	39%	HiSET classes, vocational training, technology access, mentorship, education & career planning, college planning, financial aid assistance, tutoring, life skills (financial literacy, budgeting, etc.)
Child Health	390	41%	Early education & care, childcare, early intervention, well child/pediatric care, dental services, nurse health promotion & counseling, nutritional counseling

CONCLUSION

This DTA and DPH collaboration, along with additional support from [Whole Family Approach to Jobs](#) consultants, has led to concrete efforts that support young parents. The agencies have partnered with the National Parent Leadership Institute to pilot three community based young parent advisories in New Bedford, Worcester, and Lawrence. The importance of young parents' voices in providing quality services and supporting economic mobility has become increasingly clear, and these advisories provide the opportunity for young parents to share their story in a safe, meaningful, and effective way. As leaders of the Young Parents with Young Children Working Group, DTA and DPH are committed to providing all young parent stakeholders an equitable voice in policy and practice. DTA and DPH recently received additional technical support from the System Alignment for Young Families Learning Academy through the American Public Human Services Association. This opportunity brought together DTA and DPH leaders with community providers and young parents to build concrete steps toward a statewide young parent advisory. After the completion of the learning academy, DTA and DPH now participate in a community of practice to share expertise and learn from other states. DTA and DPH will also serve as advisors on matters relating to young parents on the Policy ADapt Project, a new project of the UCLA Center for the Developing Adolescent and ChildFOCUS that seeks to create an interactive, online tool to inform policymakers at all

levels about the fundamentals of the adolescent brain development and help them to incorporate findings into the earliest stages of policy and program design. Finally, DTA and DPH have begun collaborating with the Center for Child Well Being and Trauma on the development on a toolkit and community of practice for young parent practitioners. Both DTA and DPH value and look forward to this continued partnership.