

## EXECUTIVE SUMMARY

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Maternity group homes offer an innovative and intensive approach to addressing the needs of an extremely vulnerable population—teenage mothers and their children who have no other suitable place to live. Interest in these homes has increased in recent years, due in part to recent welfare reform rules that require minor parents to live in an adult-supervised setting as a condition of Temporary Assistance for Needy Families (TANF) receipt. Yet surprisingly little is known about maternity group homes; to date there have been few studies of the implementation of maternity group home programs and no rigorous evaluations that examine their effectiveness.

Given the considerable interest in maternity group homes and the roles they can play in assisting pregnant and parenting teens' transition to independence, it is important to fill some of the gaps in the existing research. For this reason, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services is interested in learning more about maternity group home programs and in assessing the feasibility of conducting a rigorous evaluation to measure the effectiveness of such programs. To this end, ASPE contracted with Mathematica Policy Research, Inc. to conduct a study of how these programs operate and to explore options for studying them further. The study has two main objectives: (1) document the implementation of maternity group home programs and (2) explore the feasibility of conducting a rigorous evaluation of their effectiveness. This report addresses the first of these two objectives; a future report will address the second objective.

### METHODOLOGY AND RESEARCH QUESTIONS

This study examines maternity group home programs in seven states. In this study, a maternity group home is defined as a residential program providing substantial supervision and other services primarily to pregnant and/or parenting teenagers. Because one main goal of the current study is to assess the feasibility of conducting a more rigorous evaluation of the effectiveness of maternity group home programs, our emphasis was on programs that seemed to have the highest potential for inclusion in such an evaluation. Thus, the homes included in this study are not necessarily typical or representative of maternity group homes

nationwide. In particular, the programs in the study are relatively large, most including multiple homes. Table 1 provides a brief overview of the seven programs in this study.

We conducted two-day site visits to each of these programs, visiting up to five maternity group homes in each program. During the visits, we met with staff of the agency or organization that oversees all the homes in the program, and sometimes with staff of another agency that provides the majority of funding or referrals. At each home, we toured the facility, met with key staff, and, where possible, spoke with residents and observed program activities.

This report describes the implementation of these seven large maternity group home programs. In particular, the report addresses three sets of research questions:

- ***Management, Funding, and Target Population.*** What kinds of management structures support and guide larger maternity group home programs? What are the sources of funding for these programs? What are the eligibility requirements and typical referral sources? What are the characteristics of the population these homes serve?
- ***Services Provided.*** What are maternity group homes like? What kinds of facilities house the programs? What kinds of services do they provide?
- ***Staffing and Costs.*** How are maternity group homes staffed? What are the levels of funding for these programs? Why do program costs vary across homes?

## KEY FINDINGS

***Management.*** Maternity group homes are often operated by larger organizations with broader social service missions. In some cases, a single parent organization—such as St. Andre Home, Inc. in Maine or Friends of Youth in Washington—operates multiple maternity group homes. In addition, some large maternity group home programs have another layer of management. Four of the seven study programs are networks, consisting of several homes that are each operated by a different parent organization. Networked homes are linked together by a state or county agency that provides funding, oversight, and other support to the homes.

Both parent organizations and network agencies provide extensive support to their homes. Network managing agencies can provide their homes with funding and technical assistance, facilitate interactions between different homes, and encourage standardization or deliberate variety among their homes. Parent organizations can take on similar roles, particularly for homes that do not belong to a network. Parent organizations can also provide more direct management to maternity group homes, often taking responsibility for all financial matters and sometimes sharing staff and facilities. Providing such assistance, however, uses financial resources, and centralized networks may limit homes' flexibility to tailor their programs to meet local needs. Agencies and organizations should take these

tradeoffs into account when considering opening a maternity group home program or creating a network.

**Funding Sources.** The study programs rely on various funding sources (see Table 1). Each typically depends on a single major government funding source, that covers two-thirds or more of the cost of the program. However, the main source of funding varies substantially across the programs. Two programs rely primarily on federal child welfare

**Table 1. Overview of Maternity Group Home Programs**

Program (State)	Number of Homes	Program Capacity	Primary Funding Source	Primary Referral Source	Eligible Age Range of Mother
GCAPP Second Chance Homes (Georgia)	8	44	Federal child welfare	Child welfare agency	13 to 20
St. Andre Group Homes (Maine)	4	16	Medicaid	Child welfare agency	15 to 24 <sup>a</sup>
Teen Living Program (Massachusetts)	20 <sup>b</sup>	167	State	TANF agency	13 to 20
Teen Parent Supportive Housing Services Collaborative (Michigan)	3	34	HUD	TANF agency	15 to 18
Teen Parent Program (New Mexico)	5	38	State	No single main source	13 to 21
Inwood House Maternity Residence (New York)	1	36 <sup>c</sup>	Federal child welfare	Child welfare agency	13 to 20
Friends of Youth Transitional Living Program (Washington)	2	20	HUD	No single main source	18 to 21

GCAPP= Georgia Campaign for Adolescent Pregnancy Prevention.

HUD= U.S. Department of Housing and Urban Development.

TANF= Temporary Assistance for Needy Families.

<sup>a</sup> Up to age 29 in one of the four homes.

<sup>b</sup> In addition to these 20 homes, the Massachusetts program includes 3 homes designed for older, more mature teens. However, these homes do not fit the definition of a maternity group home used in this study due to the lower levels of supervision provided.

<sup>c</sup> Inwood House officially has the capacity to serve 36 residents. However, the home has been operating below this capacity for some time and, in response, has reduced staff and converted some space for other uses. Thus, in this report, we consider their capacity to be 24 when calculating staffing ratios and costs per resident.

funds, and two others receive the majority of their funding from Supportive Housing Program grants from the U.S. Department of Housing and Urban Development (HUD). One program uses federal Medicaid funds—for the professional services received by maternity group home residents—supplemented by specially allocated state funds. Two other programs are funded primarily with state funds. The study programs typically supplement funds from their primary source with smaller amounts of funding from other governmental and nongovernmental sources. For example, most homes receive private donations—either cash or in-kind contributions—from charities and individuals. In addition, most homes require residents to make small monthly contributions, typically set at 25 to 33 percent of residents' monthly income.

***Target Population.*** Maternity group home programs serve a highly disadvantaged population with many special needs. Program staff reported that histories of physical, emotional, and sexual abuse were common among the residents of the homes. Residents often come from chaotic family backgrounds that put them at high risk for adverse outcomes. Many were raised in unstable family situations, often involving frequent moves and a lack of structure. In other cases, residents have spent many years in the foster care system with little or no contact with their families. Program staff frequently indicated that their residents had extremely poor models of parenting as young children and, therefore, now find it extremely challenging to be good parents themselves.

Most maternity group home programs share a basic set of eligibility requirements. In general, residents must be young single women who are in need of housing and are either pregnant or raising a young child. The homes in this study primarily serve teenage mothers. Programs typically screen out young women with severe mental health and behavior problems, active drug abusers, and those who might be a danger to themselves or others at the home. Even so, many residents have histories of psychological and behavioral problems.

In many cases, maternity group home programs have additional eligibility rules tied to their funding sources. For example, programs that receive HUD funding, such as those in Washington and Michigan, require residents to meet the HUD definition of homelessness as a condition of program eligibility. Homes in the Massachusetts and New York programs may not accept residents who are not referred by the agencies that provide the homes' funding.

Other programs accept referrals from multiple sources, although some have a primary source that provides the bulk of their residents (see Table 1). For example, the Georgia and Maine programs receive most of their referrals from local child welfare agencies, while the Michigan program homes receive most of their referrals from the TANF agency. Most homes also accept referrals from various other sources, including schools, the juvenile justice system, homeless shelters, hospitals, and informal channels—for example, friends, relatives, and churches. In other cases, the young mothers themselves request assistance from the program.

***Services Provided.*** The potential of maternity group home programs to address the numerous problems facing pregnant and parenting teens rests in the range of services they

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provide to their residents. The maternity group homes in this study are intensive, comprehensive support programs for pregnant and parenting young women and their children. The homes provide a safe place to live, constant supervision, and an extensive array of services to the families living there. All the homes visited for this study provide the following core set of services:

- **Housing.** Probably the most fundamental need filled by maternity group homes is that of secure housing. The majority of the study homes are congregate facilities, in which all residents share common areas, such as living rooms, dining rooms, and kitchens. However, many programs also include some facilities in which residents live in individual or shared apartments.
- **Supervision and Structure.** In response to the need of teen parents for support and supervision, maternity group homes typically have staff on site 24 hours a day, 7 days a week. In addition to providing general supervision and other services to their residents, staff provide structure by establishing and enforcing rules under which maternity group home residents must live. Homes often impose numerous restrictions and obligations on residents, both to provide needed structure to the lives of those living there and to teach them responsibility and skills they will need to be self-sufficient once they leave the home.
- **Case Management.** All homes in this study provide case management services to their residents, usually through regularly scheduled, mandatory individual meetings with staff. Case management sessions often involve setting personal goals and discussing progress on achieving them. In addition, case managers work to connect residents with external providers of other services that the homes themselves cannot offer.
- **Parenting and Life Skills.** The constant presence of home staff offers residents many opportunities for informal lessons on the skills needed to parent and live independently. Moreover, some of the required chores are specifically designed to give residents a chance to practice these skills. In addition, maternity group homes offer formal instruction in parenting and life-skills topics, and attendance at these classes typically is mandatory for all residents. Some homes require residents to attend several group sessions each week, while others offer such classes only a few times a month.

The homes also often provide logistical supports—such as child care and transportation assistance—to enable residents to access additional services outside the home and to attend school, work, and other activities. In addition to these common services, some maternity group homes strive to offer additional services on site, such as mental health services, educational assistance, follow-up services for former residents, and services to the fathers of residents' children. Through these intensive programs of comprehensive services, maternity group homes have the potential to benefit disadvantaged young mothers and their children in both the short and long term.

***Staffing and Costs.*** Operating a residential program that provides supervision, structure, and other services to pregnant and parenting teens and their children can require a large staff. On average, the homes in our study have about five full-time and six part-time staff. In addition to their own staff, homes often rely on external providers to perform certain services, such as teaching classes or providing therapy to residents within the homes. These providers may be unpaid partners, paid contractors, or staff of the home's parent organization.

Staffing—which can make up 70 percent or more of overall operating expenses—is by far the largest expense in operating maternity group home programs. The cost of operating a maternity group home can be high, due to the number of staff needed. The average monthly cost per resident family ranges from \$1,200 to \$8,600 in the study homes.

The number of staff varies considerably across the homes, depending in part on the size and type of facility, the specific population served, and the intensity of supervision and other services provided directly by home staff. Since staffing is the single largest component of program expenses at most homes, any program feature that has strong implications for staffing will have similar implications for costs. Thus, programs serving populations that require more intensive supervision—such as younger teens or those placed in the homes by child welfare agencies—will typically have higher costs. Homes able to rely on other community organizations to provide many services to residents can realize cost savings by not providing these services directly. In addition, programs that operate larger homes tend to have lower per-resident costs, due to economies of scale. Policymakers and social service organizations should consider these factors when determining the features and likely costs of operating maternity group home programs.

## **RECOMMENDATIONS FOR FURTHER RESEARCH**

By systematically examining the implementation of maternity group home programs in 22 different homes, this report fills some of the gaps in the existing literature. However, much remains to be learned about the operation and effectiveness of maternity group homes. For one thing, this study examined only 7 of the more than 100 maternity group home programs in the country. Moreover, this study focused on relatively large programs, most of which included a number of different affiliated homes. Future research would be necessary to determine to what extent, and in what ways, the many smaller programs and independent maternity group homes might differ from those included in this study. In addition, we cannot know to what extent maternity group home programs live up to their potential to address some important consequences of teen pregnancy without a rigorous evaluation of their effectiveness. Future research should include a careful examination of the impact of these programs on the well-being of the young mothers and children they serve.