

SENATE BILL 2394 SERVICES FOR PREGNANT MINORS

Chairman Weisz, members of the Health and Human Services Committee, and other guests, I am Sue Grundysen, Program Director for the collaboration of adoption related services offered by Lutheran Social Services of ND and The Village Family Service Center. I wish to share with you our experiences and outcomes related to the Alternatives to Abortion funding and comment on the issues you are studying related to teen pregnancy services.

We are recommending 5 specific strategies to support pregnant and parenting teens in North Dakota: supporting funding for expansion of outreach and education and the delivery of options – decision-making counseling; incentives for accessing this service by males and females, incentives for post adoption achievement, and expansion of home-based proactive support services for teen families.

Collectively our two agencies have been delivering pregnancy and parenting support services for 208 years. The methods of service delivery have changed greatly over the years, as have the staffing patterns to carry out the services. Historically, the services our agencies have been able to provide to pregnant and parenting teens has been tied ultimately to adoption placement revenue. Given the declining numbers of adoption placements over recent years, services to this population group have declined as well. This indicates to us an unfortunate unintended consequence of less service availability to this vulnerable group. This is a trend that needs to

change. Alternative to Abortion funding support has begun this change, and has the potential to assist us in making more creative options available.

Specific comparisons might help in showing this change over time:

The Village Family Service Center Infant placements in 1977 totaled 66;
Lutheran Social Service of ND Infant placements in 1977 totaled 61;
compared to a combined 23 infant placements in 2009 with the collaboration of
LSSND and The Village.

The social trend **away** from considering adoption has become ingrained since the 1970s. The developmental life cycle of the teenager also makes them a specifically challenging population to serve. Currently, we see approx 85% of those receiving pregnancy counseling and support services make a parenting plan for their child, while 10-13% will make an adoption plan. Approximately 2% will make a plan for an abortion.

Statewide in 2009, our two partner agencies received \$19,100 dollars in reimbursement for options counseling to pregnant women and families. This represents 11% of our total budget. The average cost of a pregnancy counseling hour is \$75.

The average age of a pregnant woman in receipt of our pregnancy options counseling is 22 years of age. 18% of the women we served in 2009 were under the age of 20. Outcomes for this service in 2009 noted the following:

- * 23 women made an adoption plan (2 of which were teenagers);
- * 58 women made a parenting plan; * 4 women made an abortion plan;
- * 5 plans were unknown.

Pregnant teens need to know that they have options, where and what the services are and, that these services are free. The addition of a Pregnancy Options Counseling FTE time would allow our agencies staff time for increased access to the schools, churches, and additional places the target population of teens gather, to share a curriculum of "options & decision-making" . This would take public awareness beyond the sole use of major media.

Incentives for accessing options & decision-making could be replicated from the Federal "Earn While You Learn" programming, with the twist of starting earlier and supporting learning about options and involving specific action steps in deliberate planning for the child to be born. This could reinforce problem solving and decision-making skills, with the pregnant client earning 'bonus money' (gas coupons/walmart gift cards)that could be used for self an baby instead of or inconjunction to shopping specifically at a mommy-baby boutique.

Much of the federal funding to support our ND teens is heavily focused on unplanned pregnancy reduction. In a literature review of pregnancy related services provided through federal grants, specific "lessons learned" provide a direction for service programming, and is summarized as follows:

- Engagement of parents and partners is critical to program success,
- Staff is key to success,
- Implementation needs to be carefully planned,
- Relationship building should be a major focal point,
- Market the programming for success,
- Be realistic in what can be accomplished.

These success tips are directly correlated to obstacles and challenges:

- Staffing turnover creates setbacks,
- Attrition and retention of high risk populations is difficult to maintain,
- Data collection and evaluation processes are challenging,
- Intervention timing and activities offered in programming are important to success,
- Parental involvement takes work,
- Outside factors influencing teens impacts programming.

It is imperative supportive programming work together in providing services.

We believe a component of support services must involve the new father. This would allow a strong commitment to and development of increased support services to new fathers. He also needs incentives for accessing options and decision-making.

Programs such as The Village's Family Group Decision Making provide a strength-based, problem solving process proven to have a tremendous impact on families, and supported children living safely and successfully within their kinship system.

Utilizing effective engagement strategies, 50% of cases involved fathers, 91% involved paternal relatives.

Home visitation programs for parents such as the "Healthy Families" program are also great way to reach out to these high risk teen parents during pregnancy and immediately after a child is born. Programs like Healthy Families provide a vital link that is needed to support parenting teens in North Dakota and are a logical referral step for pregnancy counselors to make once it is ascertained that the plan made is to parent. We recommend assuring that these home-based support services for new parents are expanded to cover all areas of the state.

Incentives for those women and families who make an adoption plan ethically borders on coercion. We must be extremely careful not to jeopardize the integrity of any plan developed by a pregnant family. Supporting the maintenance of post adoption counseling, goals, & supports could be a better utilization of incentives.

Supportive housing options are extremely important for women and new infants. Securing a priority on HUD housing waiting lists could be one easy way of supporting safe, affordable housing. Programs through Youthworks and YWCA should be evaluated for potential expansion in meeting needs across the state.

Collaborative work with Child Care Resource and Referral services could support the development of child care options, including the existing child care stipends available through county social service income assistance.

I appreciate your time and attention, and summarize with these recommendations:

- 1) Support expansion of Alternative to Abortion funding for additional FTEs to Licensed Child Placing Agencies to provide outreach, education, options and decision-making counseling;
- 2) Support the development of incentives for those teens who access options & decision-making counseling;
- 3) Support the development of incentives specifically for new fathers to access Services;
- 4) Support home-based service for new parents expansion to cover all areas of the state;
- 5) Consider post adoptive placement incentives to assist birth parents accessing and achieving goals.

Thank you.