

**SENATE BILL 2394     SERVICES FOR PREGNANT MINORS**

Chairman Weisz, members of the Health and Human Services Committee and other guests, I am Janell Regimbal, Vice President of Children and Family Services of Lutheran Social Services of ND representing the collaboration of adoption related services offered by Lutheran Social Services of ND and The Village Family Service Center. I am also joined by Larry Bernhardt, Executive Director of Catholic Charities and Jody Bettger Huber, Program Director of the Healthy Families program. We are pleased to join you today to provide follow up to the testimony offered by Sue Grundysen, Adoption Option Program Director who is unable to be present today. Mr. Bernhardt and Ms. Bettger Huber also provided testimony at the June 16, 2010 meeting of this committee. Upon your request we are here to share more detailed information on services to pregnant minor such as:

- Program outline
- Funding sources
- Budget

We continue to recommend funding support of five (5) specific strategies to better support pregnant and parenting teens in North Dakota:

- expansion of outreach and education
- delivery of options – decision-making counseling
- incentives for accessing these service by both males and females
- incentives for post adoption achievement

- expansion of home-based proactive support services for teen families.

Across all five of these strategies we especially want to hold up the need to be both preventative and collaborative in our approach.

### **Expansion of Outreach & Education:**

We feel strongly that this group of pregnant minors could be better served through the expansion of outreach and education including specifically through:

- Enhanced training with the 211 system on how to best provide information to pregnant teens or those that may be calling on their behalf to access more information so that better and stronger linkage would occur to providers of needed services.
- A closer connection between providers of services to this targeted group and Odney (the company that has the state contract for the Alternative to Abortion advertising mass media campaign). We specifically recommend the use of social media to supplement current approaches of TV, radio, college newspaper ads and posters since this appears to be the preferred medium of our target age group.
- The addition of six (6) Public Education and Outreach Workers to further efforts statewide. This would include 1 FTE in Region 1&2/ 1 FTE in region 3&4/ 2 FTE in region 5&6/ 2 FTE in region 7&8 plus a .50 FTE position to provide oversight of this area of education and outreach. The main duties of these positions would include:

- Presentations to school groups and other places where teens gather (classrooms, conferences, church groups, 4-H, at risk youth programs, etc.)
  - Presentations to community groups where parents and grandparents are present.
  - Presentations to community service providers including health providers, group homes, social service agencies and others.
  - Collaboration with SADD (Students against Destruction Decisions) and other similar groups in which we can provide training and mentoring so as to better reach students by the utilization of groups to provide peer to peer messaging.
  - Market availability of all alternative to abortion providers in their geographic area.
- As a result of these additional positions we anticipate that service visits to alternative to abortion providers would show a 20% increase in year one and 25% in year two through having educational outreach reaching every county in the state.

**Provide Incentives to Access Support Services for Pregnant and Parenting Teens Including Options Counseling & Home Visitation Services:**

Carol Cartledge. Director of Public Assistance of the Department of Human Services provided in her testimony to this committee on 6/16/10 that of the 500 women (unduplicated) who received services, 337 had a single service visit (67%) while 163

(33%) had more than one service visit. Our goal would be that women would seek services for more than pregnancy test results, instead focusing on options available should they be pregnant. We recognize that developmentally young people at this point in their lives may be quite incentive driven and need additional enticements to make thoughtful decisions.

Due to this reality, we propose that funds be made available to alternative to abortion providers and home visitation programs that could help to increase participation in these services which act as a safety net to increase well being for both parents and children. Incentives would be used to reward participation in these two types of supportive service areas to promote and reward participation in decision making, post birth services and home visitation services for both men and women and would reward positive outcomes such as remaining drug free, accessing regular prenatal care, follow through with well baby checks and immunizations, maintaining enrollment or becoming re-enrolled in education programs. We propose the following as incentives:

- Gas vouchers/bus tokens/taxi vouchers
- Personal Care products
- iTunes cards
- Restaurant Coupons
- Educational Fee assistance (i.e. independent study course fees, CNA certification fee, etc.)
- Work Tools assistance (steel toed boots, uniforms, etc.)

With these incentives in place we would project that the percent of teens accessing services more than a single visit would increase from the 33 % it is currently at to 38% in the first year and 43% in second year.

**Support of Home Visitation Services for Pregnant Teens:**

Jody Bettger Huber and others testified previously that free and voluntary home visitation programs for parents such as "Healthy Families" are a great way to reach out to high risk teen parents during pregnancy, with a focus on pregnancy wellness, and immediately after their child is born, emphasizing child wellness and parent self-sufficiency. Weekly home visits support parents progress in areas that are critical in preventing child abuse and neglect while encouraging healthy child development, enhancing the potential for a healthy child.

We propose increased availability of services such as Healthy Families and others that have similar objectives, so that they are available statewide. Besides the expansion of current services we would also ask that we think more broadly about the use of wraparound services and increase funding support of wraparound.

Through these efforts of expansion such services would be available in 100% of North Dakota counties rather than the 8% currently served by 2015.

**Funding to Expand Post Decision Making Counseling and access to incentives for those who have specifically made an adoption plan.**

The teenage years are full of adjustments, but none likely as large as what those who experience an unplanned pregnancy must go through. Post adoption placement counseling and incentives to continue to access services that can best assist in dealing with these adjustments are vital and are not currently supported due to lack of funds and a sense of reluctance for teens themselves to participate due to the

difficult emotional reality, grief and loss issues and prevalent negative stereotypes and assumptions of others related to their adoption decision. This service is best suited to be provided for continuity and understanding of the unique issues involved by the licensed child placing agency staff. This service also provides support towards the goal of preventing subsequent births.

Currently 95 % of the clients served through our three agencies (Lutheran Social Services, The Village and Catholic Charities) that make an adoption plan, have had at least one follow up visit to access support, but many of those had a very limited number of contacts and after 3 months only 55% still had any follow up visits. We propose providing up to eight sessions be made available as in line with a brief solution based counseling model following the individual needs of the young men and young women in these situations. Through these incentives and increased availability of post decision making counseling we anticipate that 63% would be engaged in follow up beyond a single visit in year one and 68% in year two.

It is important to note that all of the above recommendations are taking both the teen mother and father into consideration. The prevention of abortion and of the occurrence of child abuse and neglect and subsequent unplanned births are cornerstone values of this proposal.

Collaboration around the service provision related to pregnancy decision making counseling and adoption has been in place for many years between our three

agencies, Catholic Charities, Lutheran Social Services and the Village. In this spirit of collaboration, we chose to solicit feedback of our other alternative to abortion providers, child placing agencies and the Catholic Conference in order to assess their level of support of these proposed strategies. While we did not hear back from all of those contacted via email, we did receive positive comments of support from several.

We have provided an annual draft budget included with this testimony of projected costs of these prospective enhancements, all of which we feel would greatly advance the support to pregnant minors, for those who chose to parent as well as those who chose an adoption plan. We appreciate your time and attention and are happy to answer any questions you may have.



## Services for Pregnant Minors Annual Budget Projection

**Goal: Increase the availability and capacity of services available to pregnant minors (mothers and fathers) throughout the state.**

Expansion of Outreach & Education			
	Quantity	Cost Per	Total
Education & Outreach Workers (sal + benefits)	6	\$ 47,896	\$ 287,376
Supervisor of Education & Outreach Services Staff (.50 FTE)	1	\$ 54,126	\$ 27,063
Travel expenses per quadrant	4	\$ 750	\$ 3,000
Furnishing per staff person (one time costs)	7	\$ 750	\$ 5,250
Tech equip per person (one time costs includes ppt projector)	7	\$ 2,000	\$ 14,000
Marketing expenses per quadrant	4	\$ 5,000	\$ 20,000
Occupancy/phone/long dist/ copy/supplies etc per quadrant	4	\$ 10,000	\$ 40,000
CAP @ 10%			\$ 39,669
<b>Total Education &amp; Outreach</b>			<b>\$ 436,358</b>

Incentives to Access Support Services			
	Quantity	Cost Per	Total
Incentive dollars available to alternative to abortion providers and home visitation staff working with parenting teens	500	\$ 200	\$ 100,000
CAP @ 10%			\$ 10,000
<b>Total Incentive dollars statewide</b>			<b>\$ 110,000</b>

Support of Home Visitation Services			
	Quantity	Cost Per	Total
Personnel Costs	8	\$ 191,588	\$ 1,532,704
Other Expenses	8	\$ 70,106	\$ 560,848
CAP at 09%			\$ 188,420
<b>Sub-total for Healthy Families services statewide</b>			<b>\$ 2,281,972</b>
<b>MINUS current state funds available for service</b>			<b>\$ 300,000</b>
<b>Total for services in 8 regions</b>			<b>\$ 1,981,970</b>

Expand Post Decision Making Counseling & Access to Incentives			
	Quantity	Cost Per	Total
8 hours service at \$75/hour with 10% of 500 clients seen making an adoption plan	50	\$ 600	\$ 30,000
			\$ -
<b>Total Post Decision Making Counseling &amp; Incentives</b>			<b>\$ 30,000</b>

<b>TOTAL Annual Costs</b>			<b>\$ 2,558,328</b>
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