



Alternatives to Abortion

As Required by

**2018-2019 General Appropriations
Act, Senate Bill 1, 85th Legislature,
Regular Session, 2017 (Article II,
Health and Human Services
Commission, Rider 222)**

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Executive Summary

The *Alternatives to Abortion* report for fiscal year 2017 is submitted per 2018-2019 General Appropriations Act, Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 222).

The Alternatives to Abortion program (A2A) is a statewide program promoting childbirth and providing support services to pregnant women and adoptive parents. For the 2018-2019 biennium, the A2A program was appropriated \$18,300,000 and was authorized to expend an additional \$20,000,000 if HHSC determined there is additional need based on gaps in the current program structure.

HHSC identified additional need and several key opportunities to expand services, increase the effectiveness of the A2A program, and improve the lives of A2A clients and their children. Identified needs include expanding services to include pregnancy care case management and job training or placement services, as well as increasing eligibility until the child's third birthday.

In fiscal year 2018, HHSC will release a new procurement opportunity to expand services and require contractors and sub-contractors to provide additional data elements to effectively evaluate programmatic impacts.

1. Introduction

Rider 222 requires HHSC to submit a report on the A2A program annually, by December 1, to the Legislative Budget Board (LBB) and Governor.

The report must include:

- any identified need for additional funds;
- an explanation of the need for additional funds; and
- the expenditure of current funds by grant recipients.

Any additional funds must be used for direct client services.

2. Background

The A2A program was created by the 2006-2007 General Appropriations Act, S.B. 1, 79th Legislature, Regular Session, 2005 (Article II, Special Provisions Relating to all Health and Human Services Agencies, Section 50). A2A is a statewide program promoting childbirth and providing support services to pregnant women and adoptive parents. A2A is designed to:

- reduce abortions and improve pregnancy outcomes by helping women practice sound health-related behaviors and improve prenatal nutrition;
- improve child health and development by helping parents provide responsible and competent care for their children; and
- improve families' economic self-sufficiency by helping parents continue their education and find a job.

A2A services are delivered through contracted providers, including adoption agencies, residential care facilities for pregnant women, pregnancy centers, and social service providers. Currently, A2A services are available to any pregnant woman or adoptive parent seeking services from a contracted service provider. Services are available for up to 2 years post-partum; for 90 calendar days after miscarriage or loss of a child (counseling, referrals, and other relevant services); and to adoptive parents for up to 2 years post-adoption finalization, regardless of the age of the child.

The A2A program provides:

- Counseling, referral, and pregnancy information through a hotline and website
- Mentoring
- Information regarding pregnancy and parenting (brochures, pamphlets, books, classes, and counseling)
- Support groups in maternity homes
- Referrals to community and social service programs such as childcare, transportation, housing, and state and federal benefit programs
- Classes on life skills, budgeting, parenting, stress management and obtaining a General Education Development (GED) certificate
- Material items such as car seats, maternity clothes, infant diapers, and formula

3. Funding and Expenditures

Each biennium, funding for the A2A program has remained stable or increased (see Table 1). In the 2018-2019 biennium, the A2A program was appropriated \$18,300,000, with an option to seek an additional \$20,000,000 if HHSC determines there is additional need. A2A is funded by Temporary Assistance for Needy Families (TANF) and General Revenue funds.

Table 1. Alternatives to Abortion Funding Fiscal Years 2006-2019

Biennium	TANF	General Revenue	Total
2006-2007	\$5,000,000	\$0	\$5,000,000
2008-2009	\$5,000,000	\$0	\$5,000,000
2010-2011	\$5,000,000	\$3,000,000	\$8,000,000
2012-2013	\$6,000,000	\$2,300,000	\$8,300,000
2014-2015	\$6,000,000	\$4,300,000	\$10,300,000
2016-2017	\$6,000,000	\$12,300,000	\$18,300,000
2018-2019	\$6,000,000	\$12,300,000	\$18,300,000 ¹

In fiscal year 2017, HHSC contracted with Texas Pregnancy Care Network (TPCN) for \$9,150,000 to provide A2A services. TPCN expended all contracted funds for fiscal year 2017.

¹ In the 2018-2019 biennium, the A2A program was appropriated \$18,300,000 with an option to seek an additional \$20,000,000 if HHSC determines there is additional need (Rider 222).

4. Program Expansion and Improvement

To better serve clients and achieve positive outcomes for pregnant women and their children, HHSC identified three opportunities for expansion of the A2A program and opportunities to streamline efficiencies.

Program Expansion Needs

Serving Children through Their Third Birthday

2017-2018 General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015, appropriated additional funding to the A2A program to expand services through a child's second birthday. Expanded eligibility provided women additional training, parenting resources, and support necessary to care for themselves and their children. Further expansion of services until a child's third birthday will increase opportunities to make a meaningful impact on the health and safety of families participating in the program.

Pregnancy Care Case Management

Due to the Texas focus on continuity of care for healthy birth outcomes for women and children, A2A contractors play a vital role in connecting pregnant women to services. A2A contractors must connect pregnant women, new mothers, and their children to health and human services programs. These programs include but are not limited to Medicaid, Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), TANF, Special Supplemental Nutrition Program for Women, Infants, and Children, Early Childhood Intervention, and Nurse-Family Partnership. Connecting pregnant women and new mothers to health care services improves pregnancy outcomes, family stability, and self-sufficiency by helping women access health and nutrition services linked to pregnancy outcomes.^{2,3}

² K.E. Debiec, K.J. Paul, C.M. Mitchell, & J.E. Hitti. Inadequate prenatal care and risk of preterm delivery among adolescents: a retrospective study over 10 years. *American Journal of Obstetrics and Gynecology*, 2010, 203(2), 122.e1-122.e6.

³ S.L. Charmichael, W. Yang, A. Herring, B. Abrams, & G.M. Shaw. Maternal food insecurity is associated with increased risk of certain birth defects. *The Journal of Nutrition*, 2007,

Adding pregnancy care case management to the A2A program would improve access to prenatal care, lead to early identification of pregnancy risk factors, and help women access vital health and human services programs. A2A contractors will focus on connecting pregnant women and families to community health workers and medical services through HHSC programs.

Job Training and Placement Services

Many members of the working poor must rely on health and human services programs, including Medicaid, CHIP, and SNAP, which require a significant amount of state and federal resources to operate.⁴ Helping women access trainings to secure high-quality gainful employment will lead to greater self-sufficiency and lower reliance on health and human service programs across the lifespan. By adding job training, job placement, and GED classes or referrals to the Texas Workforce Commission (TWC) or other skills development programs, low-income pregnant women will gain skills necessary to qualify for higher-paid positions.

Opportunities for Improvement

In addition to the program expansion needs identified, HHSC will focus on streamlining efficiencies across state agencies and local organizations involved in providing support services to women and children. State agencies include, but are not limited to:

- Department of Family and Protective Services
- Department of State Health Services
- Texas Education Agency
- Texas Workforce Commission
- Texas Department of Housing and Community Affairs
- Office of the Attorney General

137(9), 2087-2092.

⁴ K. Jacobs, I. Perry, & J. MacGillvary. The high public cost of low wages: Research brief. UC Berkeley Center for Labor Research and Education, 2015. <http://laborcenter.berkeley.edu/pdf/2015/the-high-public-cost-of-low-wages.pdf>

5. Procurement

In fiscal year 2018, HHSC will release a procurement opportunity for A2A to enhance client services, require additional financial information from contractors, and require contractors and sub-contractors to provide data elements necessary to effectively evaluate programmatic impacts.

To ensure appropriate use of A2A funds, contractors will be required to provide additional financial information:

- Any agreements with partner organizations to provide services
- Fund allocation methodologies
- Costs for covered benefits
- Average cost-per-client
- Detailed inventories.

Administrative costs will also be capped, and contractors will be required to submit cost-reimbursement invoices and provide supplemental documentation.

Tables 2 and 3 provide details on proposed data elements to be required for each contractor and sub-contractor in addition to expenditures by service delivery, contractor, and sub-contractor; client satisfaction feedback survey results; and course information and training materials.

Table 2. Proposed Client Demographic Data Elements

Information	Description
Client Demographics	<ul style="list-style-type: none">• Marital status• Client type• Public health region or county of residence• Age at first-time client• Ethnicity• Number of current children

Table 3. Proposed Client Services Data Elements

Information	Number of...
Medical care	<ul style="list-style-type: none"> • Women referred for medical services/care • Women who become pregnant again before program eligibility ends
Prenatal care	<ul style="list-style-type: none"> • Women who received prenatal care • Women who entered prenatal care during first, second, or third trimester • Women referred to prenatal care • Women who delivered preterm, if known • Women who delivered low birthweight babies, if known
Nutritional Services	<ul style="list-style-type: none"> • Women who received nutrition services • Women referred to nutrition services
Adoption Services	<ul style="list-style-type: none"> • Parents who received adoption services • Babies placed for adoption (maternal homes) • Women referred to adoption services
Education and Employment Services	<ul style="list-style-type: none"> • Women who received education and employment services • Women referred to education and employment services • Women who complete high school or receive their GED • Women who complete post-secondary education, vocational training
Parenting Education and Support Services	<ul style="list-style-type: none"> • Women who received parenting education and support services • Types of parenting education and support services provided • Women referred to parenting services
Referrals to Health and Human Services Programs	<ul style="list-style-type: none"> • Women who received referrals to health and human services programs by program and by woman

6. Conclusion

Rider 222 allows for an additional \$20,000,000 for fiscal years 2018-2019 for A2A direct client services contingent upon HHSC identifying needs and submitting a report to the LBB and the Governor. HHSC identified a need to expand services to include pregnancy care case management and job training or placement services, as well as to increase eligibility until the child's third birthday. If approved, HHSC will provide detailed plans for program expansion. In addition, HHSC will focus on streamlining efficiencies across state agencies and local organizations involved in providing support services to women and children.

List of Acronyms

Acronym	Full Name
A2A	Alternatives to Abortion program
CHIP	Children's Health Insurance Program
GED	General Education Development
HHSC	Health and Human Services Commission
LBB	Legislative Budget Board
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
TCPN	Texas Pregnancy Care Network
TWC	Texas Workforce Commission