



# **Alternatives to Abortion**

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**As Required by**

**2018-2019 General Appropriations Act,  
Senate Bill 1, 85th Legislature, Regular  
Session, 2017 (Article II, Health and  
Human Services Commission, Rider 107)**

**Health and Human Services**

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**TEXAS**  
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## Executive Summary

The 2018-19 General Appropriations Act, Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 107), requires HHSC to submit a report on the Alternatives to Abortion (A2A) program.

A2A services are delivered through contracted providers and are available to any pregnant woman or adoptive parent seeking services. With additional funds appropriated through Rider 107, HHSC executed new contracts with two entities to expand services to include pregnancy care coordination and job training or placement services, as well as increase program eligibility until the child's third birthday.

As a result of the program expansion in fiscal year 2018, A2A served 37,258 unique clients who received 148,800 services. Both figures represent a substantive percentage increase over fiscal year 2017 clients served and services provided.

## 1. Introduction

Rider 107 requires HHSC to submit a report on the Alternatives to Abortion (A2A) program no later than December 1 of each fiscal year to the Governor and the Legislative Budget Board.

The report must include:

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

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 three 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 two years post-adoption finalization, regardless of the age of the child.

## 2. Background

The 2006-07 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) created the A2A program. 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.

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

HHSC's responsibilities under the program include allocation of state and federal funds, development of rules and policies, monitoring adherence to state and federal policies, providing technical assistance to contractors, and the collection and maintenance of program data.

Rider 107 appropriated the A2A program \$38.3 million. In January 2018, HHSC issues a request for application after the agency identified program needs and several key opportunities to expand services, increase the effectiveness of the A2A program, and improve the lives of A2A clients and their children. HHSC executed new contracts with two entities on May 31, 2018: Texas Pregnancy Care Network (TPCN) and Human Coalition (HC). The additional funding has expanded service eligibility up to a child's third birthday, while also providing women with additional training, parenting resources, and the support necessary to care for themselves and their children.

### 3. Program Expansion, Enhancement, and Improvement

With the additional funding, the A2A program has expanded services and added HC as an additional contractor. The services that have been added to the array include:

#### *Providing Services to Children Up to Third Birthday*

The 2016-17 General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015 appropriated additional funding to expand services through a child's third birthday. Expanded eligibility allowed women to receive additional training, parenting resources, and support necessary to care for themselves and their children. Further expansion of services until a child's third birthday increases opportunities to make a meaningful impact on the health and safety of families participating in the program.

#### *Pregnancy Care Coordination*

Due to the Texas Legislature's focus on continuity of care and 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), Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children, Early Childhood Intervention, Healthy Texas Women, and Nurse-Family Partnership.

Adding pregnancy care coordination to the A2A program has improved access to prenatal care, led to early identification of pregnancy risk factors, and helped women access vital health and human services programs. A2A contractors have focused on connecting pregnant women and families to community health workers and medical services through HHSC programs.

#### *Job Training and Placement Services*

Many people living in poverty 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.<sup>1</sup> Helping women access trainings to secure high-quality gainful employment will lead to greater self-sufficiency and lower reliance on health and human services programs across their lifespan. By adding job training, job placement, GED classes, and referrals to the Texas Workforce Commission or other skills development programs, low-income pregnant women will gain skills necessary to qualify for higher-paid positions.

As a result of the program expansion in fiscal year 2018, TPCN and HC provided services to 47,561 clients (37,258 unique clients), which represents a 26 percent increase from 2017. The 37,258 clients received 148,800 services through the A2A program, which represents a 36 percent increase from 2017.

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<sup>1</sup> 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>

## 4. Funding and Expenditures

Each biennium, funding for the A2A program has remained stable or increased (refer to Table 1). A2A is funded by TANF and general revenue funds.

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

<b>Biennium</b>	<b>TANF</b>	<b>General Revenue</b>	<b>Total</b>
<b>2006-07</b>	\$5,000,000	\$0	\$5,000,000
<b>2008-09</b>	\$5,000,000	\$0	\$5,000,000
<b>2010-11</b>	\$5,000,000	\$3,000,000	\$8,000,000
<b>2012-13</b>	\$6,000,000	\$2,300,000	\$8,300,000
<b>2014-15</b>	\$6,000,000	\$4,300,000	\$10,300,000
<b>2016-17</b>	\$6,000,000	\$12,300,000	\$18,300,000
<b>2018-19</b>	\$6,000,000	\$32,300,000	\$38,300,000

For fiscal year 2018, HHSC contracted with TPCN and HC, beginning June 1, 2018, using the additional appropriations received for 2018-19. TPCN has been a contractor for the A2A program since program inception in 2005. As of today, for fiscal year 2018, TPCN expended \$11,651,719.44 and HC expended \$1,498,913.10.

## 5. Conclusion

Rider 107 allowed for an additional \$20 million for fiscal years 2018-19 for A2A direct client services. HHSC identified a need to expand services to include pregnancy care coordination and job training or placement services, as well as increase program eligibility until the child's third birthday. HHSC provided detailed plans for program expansion and the contractors have successfully implemented these new components. HHSC has focused on streamlining efficiencies across state agencies and local organizations providing support services to women and children, including providing referrals to all relevant social service programs to ensure positive outcomes and to promote self-sufficiency.

## List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
A2A	Alternatives to Abortion
CHIP	Children's Health Insurance Program
GED	General Education Development
HC	Human Coalition
HHSC	Health and Human Services Commission
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
TPCN	Texas Pregnancy Care Network