



**State of Connecticut**  
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Testimony of Rep. Mary Mushinsky and Rep. Robert Keeley Regarding RB 461, An Act  
Concerning Teenage Pregnancy Prevention Programs  
Before the Public Health Committee  
Public Hearing Monday, March 03, 2008 10:00 a.m.

In the 1980's the two of us authored an Adolescent Pregnancy Task Force to strive to reduce the state's adolescent pregnancy rate, which was rising at that time. (We recommend use of the term "adolescent" rather than "teen" to more accurately reflect the target population, which includes both pre-teens and teens.) The task force wrote a bill which we sponsored and shepherded into law that set up seven pilot programs. One of the seven was a highly-evaluated success story in New Britain; some were less than successful. The task force came to the conclusion that we needed to target two groups of adolescents:

- (1) youths who wished to avoid pregnancy or to avoid causing a pregnancy (these are kids with life goals, including plans to attend college); and
- (2) youths who did not have a good reason to avoid adolescent pregnancy, nor reason to avoid causing a pregnancy, because they had no future career or scholastic goals.

To this second group of kids, having a child while in high school made perfect sense.

For the first group, already motivated to be pregnancy-free while in their teens, the legislature needs to promote research-based best practices for comprehensive education on sexual responsibility, contraception and abstinence. There is a bill in the Education Committee for this purpose. For the second group, who lack motivation to delay early pregnancy, the legislature must promote research-based best practices for adolescent pregnancy prevention. That is Raised Bill 461, which should reference the Department of Public Health (DPH) or the Department of Social Services (DSS) rather than the Department of Education. Best practice includes two models: the extremely successful

Pathways/Senderos in New Britain (a Carrera-model program) and the newer service-learning programs. Both of these models use career training after school and mentoring by successful adults to direct the at-risk youth to concentrate on scholastic success and career goals. Pathways/Senderos works with 75 kids per year at high risk of adolescent pregnancy and successfully delays early pregnancy among this group.

Targeting adolescent pregnancy prevention is one of the solutions that made the final cut among the principle recommendations of the Child Poverty and Prevention Council. Reducing the adolescent pregnancy rate has a powerful and immediate impact on reducing child poverty. We recommend targeting the limited funds toward those municipalities that have the worst rates of adolescent pregnancy and requiring results-based accountability (RBA) in administration of the grant program. As DSS is developing RBA approaches to adolescent pregnancy prevention right now, it would make sense for the Public Health Committee to require collaboration with other state agencies, including DSS, DPH and Department of Children and Families (DCF) when developing this grant program. We used an agency collaboration approach for our original task force. Thank you for raising this bill.