Family Planning Special Projects Program

Background
Established by the Minnesota Legislature in 1978, the Family Planning Special Projects (FPSP) program provides low-income, high-risk individuals pre-pregnancy family planning services. Funding is targeted to individuals who would have difficulty accessing services because of barriers such as poverty, lack of insurance, or transportation. Grants are awarded to counties, Tribal governments, or nonprofit organizations to provide family planning services in communities throughout the state.

FPSP is governed by Minnesota Statute 145.925 and Minnesota Rule 4700.1900 to 4700.2500. Funding is distributed through a regional formula with a separate competitive award process within each of eight regions. The SFY 2019 appropriation is $6.353 million per year, $100,000 of that is awarded annually for a statewide family planning hotline. Individuals throughout the state can call the toll-free phone line (1-800-783-2287) or access information by web chat and text messaging at www.sexualhealthmn.org. In SFY 2018, the Hotline responded to over 3,000 inquiries.

Currently there are 24 grantees located throughout the state. Grantees include one county-and one university-operated clinic, five local public health agencies, and 17 non-profit organizations.

Services Provided by FPSP Grantees SFY2018
- Reached 96,000 individuals through outreach activities such as classes and health fairs.
- Counseled 40,267 individuals on reproductive life planning and contraceptive options.
- Provided 29,641 men and women with a range of family planning method services, with 25.6 percent of women choosing a Tier 1 or most effective Method.

Progress in percent of women using most effective contraceptives

Individuals Served – SFY2018
- 58 percent had incomes below 100 percent of the federal poverty guidelines and 87 percent were below 200 percent.
- 91 percent of individuals receiving method services were 18 or older with 68 percent between ages 18 and 29.
- 51 percent of individuals receiving family planning methods were served by agencies in Greater Minnesota.
• Individuals served by Race and Ethnicity
  • Caucasian – 66 percent
  • African-American – 14 percent
  • Asian – 4.3 percent
  • American Indian – 1.7 percent
  • More than one race – 4.4 percent
  • 16 percent were of Hispanic ethnicity

**Stories of Success**

From a Public Health Agency in Northwestern Minnesota: “A 26 year old female who was recently hospitalized for Mental Health issues moved back home with her Mom after being in the Hospital with over $5,000 in Hospital bills. She works full time but with no health insurance at work. She was not eligible for MFPP because of her Mom’s income. So FPSP money was used to support her getting a contraceptive and she made a cash donation of what she could.”

From a Public Health Agency in Southern Minnesota: “A very upset, anxious woman presented at our office. She was couch hopping, homeless, with application of Medical Assistance pending. Often those applications take 2-3 months. She had no money, no transportation, and a history of parental rights termination. This was a perfect opportunity to provide FPSP services to help her until she received Medical Assistance.”

From a Non-Profit in the Twin Cities: “FPSP funds our educator who has monthly classes with 2 groups of women struggling with post-partum depression or psychosis. Members of this group have disproportionately experienced sexual violence and/or are in abusive relationships, and are struggling with daily tasks. For many reasons, they are at an increased risk of an unplanned pregnancy following quickly behind their previous or current pregnancy. The topic at this meeting was birth control, and there was a lot of interest in Nexplanon. One mother took out her planner and wrote the word ‘Nexplanon’ as a note to herself. The following month she was present again, and enthusiastically exclaimed that she had gone to the doctor and asked for a Nexplanon right away after our previous class and had it inserted that same day! She was very happy with her method.”

**Family Planning Saves Money**

According to The Guttmacher Institute, the services provided at publicly funded family planning centers saved the federal and state governments an estimated $13.6 billion in 2010.

For every $1.00 invested in helping women avoid unplanned pregnancies, the Medicaid program saved $7.09 in related health expenditures.¹

**What is the need?**

• From 2012-2014, the unintended pregnancy rate for US Born African American Women in Minnesota was double that of non-Hispanic white women.²

• In 2017, the rate of Chlamydia increased by 4 percent and Gonorrhea increased by 28 percent. The Chlamydia rate is 9 times higher for Black youth compared to White youth and the Gonorrhea rate is 33 times higher for Black youth.³

• 20 percent of sexually active 11th graders in Minnesota report that they did not use an effective method to prevent pregnancy the last time they had sexual intercourse.⁴
1 Guttmacher Institute, “Publicly Funded Family Planning Services in the United States”, September 2016
2 Minnesota PRAMS Data 2017
3 Minnesota Department of Health, “Annual Summary: 2017 Minnesota Sexually Transmitted Disease Statistics”, 2018
4 Minnesota Student Survey, 2016

Minnesota Department of Health
Family Planning Special Projects
Maternal & Child Health
PO Box 64882
St. Paul, MN 55164-0882
651-201-3760
health.MCH@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-3760