

**TITLE V**  
**STATE ABSTINENCE EDUCATION GRANT PROGRAM**

**NEW YORK STATE PLAN**

## State Plan Cover Page

**Project Title:** ACT (Assets Coming Together) for Youth – Healthy Transition Initiative

**Applicant Name:** New York State Department of Health

**Service Area:** High-need communities in New York State

**Fiscal Year:** FY 2010

**Grant Amount:** \$2,991,440

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### **3. Program Narrative**

#### **Introduction**

Adolescent sexual health is a prominent public health priority for the New York State Department of Health (DOH). DOH's *Prevention Agenda* for New York State identifies ten public health priorities including *Healthy Mothers, Healthy Babies, Healthy Children*. To measure progress toward improvements in this priority area, DOH identified a range of important health status measures that can be employed by communities as starting points for the development of locally-appropriate performance targets. One of the measures for *Healthy Mothers, Healthy Babies, Healthy Children* is the pregnancy rate among females ages 15 to 17 (per 1,000). The State's *Prevention Agenda* 2013 Objective for this measurement is a pregnancy rate of 28 per 1,000. The reported rate of pregnancies for females ages 15 – 17 in New York State for 2008 was 33.3 per 1,000. The 2013 objective is admittedly ambitious, but one that reflects the State's commitment and investment in improving sexual health outcomes for young New Yorkers and the State's sustained success in reducing teen pregnancies and births as illustrated by the following:

- the pregnancy rate for teens ages 15 – 17 fell from 56.6 per 1,000 in 1997 to 33.3 per 1,000 in 2008; and
- the birth rate for teens ages 15 – 17 fell from 23.2 per 1,000 in 1997 to 12.9 per 1,000 in 2008.

Despite these positive trends, other indicators of sexual health illustrate the fact that young people in New York State are still at great risk for experiencing negative sexual health outcomes.

For instance, 15 to 24 year olds accounted for 64% of total reportable sexually transmitted diseases (STDs) in New York State in 2008, but constituted only 14 % of the State's population. The number of newly diagnosed cases of HIV among young people ages 13 to 19 has steadily increased in recent years; from 111 newly diagnosed cases in 2002, to 194 newly diagnosed cases in 2008. In addition, New York State continues to have striking and persistent regional and racial/ethnic disparities in adolescent pregnancy and birth rates, and in cases of reportable STDs and HIV/AIDS.

It is due to the continuing negative sexual health outcomes briefly described above that DOH, in collaboration with national, state and local partners, has focused its attention and resources on developing a comprehensive and innovative approach to promoting adolescent sexual health. The New York State plan to promote adolescent sexual health, including delaying the initiation of sexual activity, represents a combination and culmination of many strategies and activities that DOH has undertaken in the past 5 years to comprehensively address adolescent sexual health. These activities include, but are not limited to: the creation of the DOH's Adolescent Sexual Health Work Group; the consolidation of DOH staff and resources to create one organizational unit responsible for overseeing adolescent sexual health programming; research into the latest trends and best practices regarding adolescent sexual health including convening a symposium of national experts in the field and conducting multiple focus groups with young people and parents; the establishment of a Center of Excellence on adolescent sexual health and youth development; a statewide social marketing campaign to promote sexual health among young people; and the development and recent release of a request for applications designed to create

and support a comprehensive, statewide, community-based initiative to prevent unintended pregnancies, STDs and HIV infection among young people in New York State.

The funding made available through the Title V State Abstinence Education Grant Program (AEGP) will enable New York State to address a critical area of need that, due to lack of resources, has not received substantial attention. DOH intends to use AEGP funding to support community-based programs that will provide mentoring, counseling, and adult supervision activities targeted toward 9 to 12 year olds living in high-need communities in the state, including youth residing in foster care. Creating such a program initiative will extend New York State's current continuum of services designed to reduce teen pregnancies, promote sexual health and assist in the healthy transition to adolescence and adulthood for young New Yorkers.

What follows is a description of how, building on past successes, current programming and existing resources, DOH will use the AEGP funds to implement an effective program initiative designed to increase youth and community assets and reduce the initiation of sexual activity among young people in New York State. Included in the State plan is a discussion about the need and rationale for the proposed program, the proposed program design, the anticipated outcomes of the program, and how program implementation and performance will be monitored and measured.

### **Description of Problem and Need**

As noted above, New York State has made significant strides in reducing teen pregnancies and births, but much work remains to be done. New York State has dedicated a significant amount

of resources toward efforts to promote the sexual health of young New Yorkers. For example, the State is in the process of awarding more than \$17 million in State funding to support up to 70 community-based programs statewide to provide comprehensive pregnancy, STD and HIV prevention services for adolescents. The pending award of Personal Responsibility Education Program (PREP) funding (FY 2010 amount of \$3,236,330) will be added to this initiative to fund additional programs. DOH also supports a \$2 million initiative designed to promote adolescent sexual health, with a primary focus on HIV prevention, through youth leadership and community change. When fully operational, all these programs will deliver evidence-based education, ensure access to comprehensive reproductive health care services, provide adult preparation and youth development opportunities, and mobilize their communities to support the optimal sexual health of young people. While young people spanning the 10 to 21 age range are eligible to be served through these initiatives, the vast majority of the programs funded through these initiatives serve young people from 13 to 19 years of age. The AEGP funding will support programs that will specifically target and serve pre-teen New Yorkers age 9 to 12 years.

The negative consequences of teen pregnancy and childbearing are well-known and documented. Negative sexual health outcomes have long-lasting impact on teens, families, communities and on society as a whole. Obviously, as teens get older their sexual activity increases and their risks for negative outcomes increase as well. However, as the following data indicate, pre-teens in New York State are engaging in sexual activity and are experiencing negative outcomes.

### Youth Risk Behavior Survey (YRBS) Results

According to the 2009 YRBS results, 6.2% of New York State high school students had sexual intercourse for the first time **before age 13** (8.8% males and 3.3% females). The results of the 2007 YRBS for New York City high students also highlight the fact that young teens are sexually active. A total of 17.1% of NYC public high school students reported having had intercourse at **age 13 or earlier** (25.9% males and 9.1% females). While it is true that young people age 13 and younger are having sex, it is also true that the vast majority of pre-teens are not. However, 2009 YRBS results demonstrate that as young people become 14 and 15, sexual activity increases significantly. For example, in response to the question “How old were you when you had sexual intercourse for the first time?” - 5.4% of high schools students answered they were 13 years of age. The percent who reported having their first sexual intercourse at age 14 or 15 increased to 9.0% and 9.9%, respectively. This increase in sexual activity from age 13 to age 14 illustrates the critical need to reach pre-teens before they initiate sexual activity.

### Sexually Transmitted Diseases (STDs)

As the following 2009 data show, young people ages 10 to 14 in New York State are contracting sexually transmitted diseases (i.e. Chlamydia and Gonorrhea). What is particularly striking is the dramatic rise in rates from the 10 - 14 age category to the 15 - 17 age category, highlighting the need to address sexual activity at an early age. Equally striking is the fact that infection rates for females far exceed the rates for males even though more young males report having sexual intercourse than young females by a 2.5 to 1 margin (see YRBS data above).



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2009 STD Rates (per 100,000) Among Young People – New York State

| <b>Gender/Age</b> |                    | <b>Chlamydia</b> | <b>Gonorrhea</b> |
|-------------------|--------------------|------------------|------------------|
| <b>Females</b>    | <b>10-14 years</b> | 181.6            | 26.1             |
| <b>Females</b>    | <b>15-17 years</b> | 2885.6           | 363.8            |
|                   |                    |                  |                  |
| <b>Males</b>      | <b>10-14 years</b> | 22.2             | 6.2              |
| <b>Males</b>      | <b>15-17 years</b> | 652.9            | 121.8            |

Pregnancy

Similar to the STD data above, 2008 statewide data regarding the number and rates of pregnancies also illustrate that young teens in New York State are sexually active and document the dramatic increase in pregnancies among 15 to 17 year olds compared to younger teens ages 10 to 14.

| <b>Age</b>           | <b>Number of Pregnancies</b> | <b>Pregnancy Rate</b> |
|----------------------|------------------------------|-----------------------|
| <b>10 – 14 Years</b> | 862                          | 1.4                   |
| <b>15 – 17 Years</b> | 13,087                       | 33.3                  |

Pregnant 10 to 14 year olds in New York State predominantly live in New York City, its surrounding suburban counties and in upstate counties with large urban areas (e.g. Buffalo, Rochester, and Syracuse). Data from the New York City Department of Health and Mental Hygiene for 2007 provide some insight into the demographic characteristics of pregnant New York City residents 14 years of age and younger. For example: 53.2% were Black non-

Hispanic, 37.7% were Hispanic, and 3.3% were White non-Hispanic; 14% were foreign-born; 71.5% lived in neighborhoods with the highest poverty rates; and 58.3% were on Medicaid.

Racial and ethnic disparities in teen pregnancy rates continue, although the actual magnitude of the disparity is decreasing. In 2008, the White teen pregnancy rate was 41.9 per 1,000 white teen girls, less than half the rate for Black (95.2) and Hispanic (102.1) teen girls. Rates for all race/ethnicity groups continue to decline. The Black/white ratio of teen pregnancy rates was 2.3 to 1 in 2008. Adolescent pregnancy and birth rates are among the most racially and ethnically disparate public health outcomes that DOH monitors.

### Births

In 2008 there were 242 births to females under the age of 15 in New York State and 5,074 births to females ages 15 to 17. As expected, the young mothers resided in the metropolitan areas of New York State (i.e. New York City, Buffalo and Rochester).

### Youth in Foster Care

The Schuyler Center for Analysis and Advocacy, a not-for-profit organization located in Albany, New York, issued a report in 2009 entitled *Risking Their Future: Understanding the Health Behaviors of Foster Care Youth*. The report documents the fact that youth in foster care have significantly higher rates of sexual activity and pregnancy than their peers in the general population. At the end of 2008, New York State had 25,878 young people in foster care. A little over half of the youth resided in foster boarding homes and a quarter were living with approved family relatives. The remaining youth resided in institutions, group residences and group homes.

Sixty percent (60%) of the youth were 13 years of age or younger; 14.5% were between the ages of 10 to 13 years. As the report states, youth in foster care, who are estranged from their parents because of abuse, neglect or other trauma, do not have the emotional support and guidance that their peers with intact families enjoy. The factors that can protect young people from engaging in risky sexual behaviors that strong family relationships provide are often missing for youth in foster care. To mitigate this loss of protective factors, the report offers several recommendations including: training adults who work with foster care youth on the risk taking behavior found among youth in foster care; and creating programs that provide mentoring experiences for foster care youth so they can experience positive role models.

#### Developmental Assets

Providing opportunities for young people to increase the number of developmental assets they have is the primary organizing concept of a program designed to promote the healthy transition to adulthood for young people, including delaying the initiation of sexual activity. The Search Institute has identified 40 developmental assets that are the building blocks of healthy development that help young people grow up healthy, caring and responsible. Research conducted by the Search Institute, briefly described below, has documented the power developmental assets have in protecting youth from many different harmful or unhealthy choices (e.g. problem alcohol use, violence, illicit drug use, sexual activity, tobacco use, etc.). The Search Institute's developmental asset framework includes 20 external assets organized under the following four categories: support, empowerment, boundaries and expectations, and constructive use of time; and 20 internal assets organized in these four categories: commitment to learning, positive values, social competencies, and positive identity. Examples of the 40

developmental assets for young people, ages 8 to 12, identified by the Search Institute include: family support, positive family communication, other adult relationships, caring neighborhood, adult role models, responsibility, healthy lifestyle, planning and decision making, resistance skills, and a positive view of one’s personal future. The complete list of the Search Institute’s 40 developmental assets for young people ages 8 to 12 is attached.

The developmental assets serve as protective factors to help young people avoid negative risky behaviors. The positive effects of these protective factors increase as the number of assets a young person has increases. In its well-known 2003 survey of almost 150,000 6<sup>th</sup> to 12<sup>th</sup> grade youth in 202 communities throughout the United States, the Search Institute found that older youth have lower average levels of assets than young youth. Specifically, the average number of assets by grade level decreased as follows:

| Grade            | Average # of Assets |
|------------------|---------------------|
| 6 <sup>th</sup>  | 23.0                |
| 7 <sup>th</sup>  | 20.2                |
| 8 <sup>th</sup>  | 18.7                |
| 9 <sup>th</sup>  | 17.7                |
| 10 <sup>th</sup> | 17.6                |
| 11 <sup>th</sup> | 17.6                |
| 12 <sup>th</sup> | 17.8                |

The largest decline in the average number of assets are in the 6<sup>th</sup> to 8<sup>th</sup> grade age groups, again highlighting the distinct vulnerability of pre teens and the need to specifically target and serve this population.

Additionally, the 2003 Search Survey documented that youth with the most assets are the least likely to engage in patterns of high-risk behavior. For examples, the Search survey found the following relationship between the number of assets a youth has and the percent of survey respondents who were sexually active:

|                |                     |
|----------------|---------------------|
| 0 - 10 assets  | 34% sexually active |
| 11 - 20 assets | 23% sexually active |
| 21 - 30 assets | 11% sexually active |
| 31 - 40 assets | 3% sexually active  |

Mentoring, counseling and adult supervision programs that are designed to help young people, ages 9 to 12, acquire developmental assets hold great promise in aiding their healthy transition to adulthood including delaying the initiation of sexual activity.

### *Focal Population*

As the above data illustrate, pre and young teens in New York State are engaging in sexual activity and are experiencing the negative consequences of such activity as evidenced by STDs, pregnancies and births. But what is most striking about the data is the explosion in the negative outcomes resulting from sexual activity among 15 to 17 year olds. The sharp increases in sexual activity and incidences and rates of STDs, pregnancies and births from young teens to the middle teen years dictate that services to support pre and younger teens' healthy transition to adulthood, including delaying sexual initiation, are essential. Given the critical need to work with youth before they become sexually active, and the current and pending array of DOH-funded programs that serve young people ages 13 to 19, DOH will use the AEGP funding to support community-

based programs to provide mentoring, counseling and adult supervision services to young people 9 to 12 years of age in high need communities in the State, including young people residing in foster care.

Recently, DOH undertook a rigorous process to develop a methodology to calculate the relative level of adverse adolescent sexual health burden for all New York State communities. The result of this deliberative process is the Adolescent Sexual Health Needs Index (ASHNI). The ASHNI is an indicator, calculated at the zip code level, to provide a single, multi-dimensional measure related to adolescent pregnancy and STDs. The ASHNI takes into consideration a variety of key factors related to these outcomes, including the size of the adolescent population, the actual burden (number) of adolescent pregnancies and STD cases, and a number of specific demographic and community factors (education, economic, and race/ethnicity indicators) that are significantly associated with adverse sexual health outcomes. The ASHNI is a tool to assist DOH to effectively allocate funding to communities in the State most in need of adolescent sexual health services and prevention programming, and to address the racial and ethnic disparities in health outcomes that persist among young New Yorkers. The ASHNI has been used to identify eligible target communities and to prioritize the selection of community-based organizations funded to provide comprehensive adolescent pregnancy prevention services and to determine their funding amounts. The PREP funding, once it is available, will be awarded using the ASHNI methodology as well. The ASHNI will also be used to direct the AEGP funds to the highest need communities in New York State.

In addition to developing the ASHNI, DOH has undertaken several projects since 2008 to gather input from young people, parents/guardians, and adolescent sexual health experts about the content and design of effective sexual health programs for young people. In the fall of 2008, a study designed to inform DOH about how young people get information about sexual health, where they go for sexual health care services, their experiences in accessing services, and their unmet needs was conducted by the ACT for Youth Center of Excellence (a DOH-funded program). Twenty-seven focus groups with 291 youth participants were held statewide with consideration given to geographic and participant characteristics, including gender, gender identity, and race and ethnicity. Focus group participants included youth in foster care, and youth who identify as having a disability, LGBT, HIV positive, from rural, suburban and urban areas across New York State.

Many of the recommendations made by young people during these focus groups were incorporated into DOH's recent Request for Applications entitled *Comprehensive Adolescent Pregnancy Prevention (CAPP)*. The following specific recommendations from focus group participants have informed the development of the state AEGP plan:

- work with young people at earlier ages, before high school;
- discuss alternatives to sex;
- make resources more visible in the community;
- help parents talk to their kids about sex; and
- educate caring adults such as mentors, relatives, adults in the community to provide sexual health information and support to young people.

A complementary project to the youth focus groups was the convening of focus groups of parents, guardians, grandparents, and other adults. The Center of Excellence (COE) conducted focus groups to ascertain parents' and other adults' attitudes and recommendations about their role in educating and supporting young people about sexual health. Fifteen parent focus groups were conducted statewide during 2009. Five groups (with 42% of the total focus group participants) were conducted in Spanish. Participants' recommendations that have informed the development of the AEGP plan included:

- Parents need to be engaged and proactive including:
  - take the initiative to talk to their children about sex;
  - be prepared with the accurate information and confidence to start the conversation about sex;
  - start to educate their children at an early age;
  - help youth understand the influence of media;
  - teach children about the consequences and responsibilities of having sex; and
  - foster healthy communication between parents and children.
- Parents need to have access to education and support about sexual health including:
  - obtain accurate information;
  - translate personal experiences into education for their children;
  - dispel myths and stereotypes; and
  - speak to their children in a way in which they can relate.
- Community resources and programs can support parents including:
  - create parent-teacher mentor groups to increase communication about what children are being taught at school about sex that parents can reinforce at home;



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- create mentor programs at faith-based organizations to give children the opportunity to learn about sex in the context of their faith; and
- create programs for parents to equip them with a plan for discussing sexual health topics with their children

Additional input was obtained through a symposium on adolescent sexual health convened in 2009 by DOH with the essential assistance of the COE. The symposium included youth, national and New York State experts on adolescent sexual health, and key stakeholders to review research and best practices, and make recommendations for future DOH programming. Dr. Jonathan Klein, Associate Executive Director of the American Academy of Pediatrics, provided the professional leadership for this event through his role with the COE. The symposium resulted in extensive input from youth, experts and stakeholders and recommendations for future DOH initiatives including the *CAPP* RFA and this plan for AEGP funding.

Young people at the symposium requested quality, accurate comprehensive sexuality education in schools; and, for the adults in their lives, to be better informed to provide and support this education. Adolescents and researchers recommended a new approach to sexuality education to convey accurate messages about avoiding pregnancy and STDs/HIV infection within a broader context including information about healthy relationships and sexual activity, effective communication and decision making. Stakeholders and researchers emphasized the need to provide community health care providers with information and resources on current and emerging adolescent sexual health issues. The information gained through the symposium, as well as the focus groups, significantly informed the development of the recently released *CAPP* RFA.

Recommendations from symposium participants that have specifically informed the AEGP state plan include:

- Take a multi-level, ecological approach that meets young people’s developmental needs.
  - Adolescent risk behaviors are affected by myriad factors beyond the scope of sexual health curricula and evidence-based programming. Young people grow up in families, schools, neighborhoods, faith communities, and work places; in face-to-face and online social networks; their behaviors are impacted by their security, relationships, cultures, aspirations, and opportunities. An effective, comprehensive strategy would include programs, but would also tap into the protective resources offered by adolescents themselves and the adults within their environments, with a focus on growing developmentally supportive relationships and opportunities.
  - Family-inclusive programming that supports strong parent-child relationships is a critical and fruitful element of a comprehensive ecological approach. Parent/family education that works in tandem with the family’s cultural values is an especially promising approach for reducing racial and ethnic health disparities.
- Take a positive, holistic approach to sexual health education.
  - A positive new approach is needed; a new vision for sexual health that moves beyond a problem focus. While a clear message about avoiding pregnancy, STDs and HIV infection is critical, young people want a broader context; they want to know what constitutes a good relationship and what is a positive sequence of sexual activity within a relationship.

The experts on adolescent sexual health who presented and participated in the two-day forum were:

- Five young people associated with several youth programs from around the state
- Claire Brindis, Dr. P.H. – University of California, San Francisco
- Sarah Brown, M.P.H. – National Campaign to Prevent Teen and Unplanned Pregnancy
- Michael Carrera, Ph.D. – Hunter College & Mount Sinai School of Medicine
- Alwyn Cohall, M.D. – Columbia University
- Angela Diaz, M.D., M.P.H. – Mount Sinai School of Medicine/Adolescent Health Center
- Ralph DiClemente, Ph.D. – Emory University
- Douglas Kirby, Ph.D. – ETR Associates
- Jonathan Klein, M.D., M.P.H. – American Academy of Pediatrics
- Deborah Levine, M.A. – Internet Sexuality Information Services
- Guillermo Prado, Ph.D. – University of Miami School of Medicine
- John Santelli, M.D., M.P.H. – Columbia University

In summary, the following factors have been considered in making the determination that New York State will use AEGP funding to support community-based programs to provide mentoring, counseling, and adult supervision services to male and female pre-teens (ages 9 to 12) residing in communities in the State that experience adverse sexual health outcomes for young people (as identified by the ASHNI methodology), including youth in foster care:

- *Epidemiological data* – which documents the very large increases in pregnancies, births and STDs among young people age 15 to 17, compared to 10 to 14 year olds. While data

show that younger teens are becoming sexually active and experiencing negative outcomes of such behavior, the dramatic increase in sexual activity and negative outcomes for teens starting at age 15, illuminates the critical need to reach pre-teens with programming designed to delay the initiation of sexual activity. The declining number of assets among young people as they age, as documented by the Search Institute, may also have an influence on the stark increases in sexual health outcomes among 15 to 17 year olds.

- *Stakeholder Input and Recommendations* – young people, parents, and experts on adolescent sexual health all highlighted the important role families/parents/adults play in teaching children about sexual health, the need to educate and support young people at an early age (before high school), the importance of helping parents/adults communicate with young people, and the opportunities to help pre-teens delay sexual initiation by taking advantage of the protective factors that adults, mentors, communities can provide to young people. All of these recommendations also address the needs of young people in foster care.
- *Existing Resources* – by early 2011, DOH will have committed approximately \$22 million to support community-based programming that will provide comprehensive sexual health education, support and youth development services to young people (primarily ages 13 to 19) residing in high-need communities throughout New York State. Substantial amounts of other funding is also allocated to support more than 200 school-based health center clinics and more than 200 family planning/reproductive health care clinics that provide a variety of sexual health care services to young people in the State. Utilizing the AEGP funds to serve pre-teens will enable DOH to create a fuller

continuum of prevention programming for young people and fill a critical gap in current services.

### **Implementation Plan**

It is the New York State Department of Health's intent to use the AEGP funding to support community-based programs in high-risk communities in New York State to provide mentoring, counseling and adult supervision services to pre-teens, ages 9 to 12, (including youth in foster care) with the goal of increasing the number of young people who delay the initiation of sexual activity. What follows are the outcome and process objectives associated with implementing the AEGP initiative, the design and core strategies of the community-based programs that will be supported with AEGP funding, and a description of the capacity of DOH to manage the program.

#### *Program Implementation*

Goal Statement: The New York State Department of Health (DOH) will develop and support high quality, community-based mentoring, counseling and adult supervision programs designed to delay the initiation of sexual behavior among young people, ages 9 to 12, residing in high-risk communities in New York State (including youth residing in foster care).

Outcome Objective 1: By May 2011, DOH will release a Request for Applications (RFA) to solicit proposals for community-based mentoring, counseling and adult supervision programs that target pre-teens residing in high-risk communities in New York State, including youth in foster care.

Process Objectives:

- To solicit input from a variety of stakeholders including, but not limited to: DOH staff, other NYS agency staff (e.g. Office of Children and Family Services – the State’s child welfare/foster care agency), advocacy groups, service providers, parents and young people to inform the development of the RFA.
- To research evidence-based and promising mentoring, counseling and adult supervision program models designed to assist young people acquire developmental assets, transition to a healthy adulthood, and delay sexual activity. (This research will be conducted with the assistance of the ACT for Youth Center of Excellence and the program models will be highlighted in the RFA as potential programs that applicants can implement with AEGP funding.)
- To develop a RFA that clearly describes the goals of the AEGP initiative, target populations, eligible applicants, fundable services, evaluation activities, and reporting and budget requirements.
- To widely disseminate the RFA to eligible applicants which will include, but not limited to: not-for-profit community-based organizations, foster care agencies, school districts, faith-based organizations, and local and county government agencies.

Outcome Objective 2: By July 2011, DOH will award AEGP funds to approximately 15 community-based programs to provide evidence-based, or promising, mentoring, counseling and/or adult supervision services to pre-teens residing in high-risk communities in New York State, including youth in foster care.

Process Objectives:

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- To review all eligible applications using a standard review tool and criteria.
- To recommend funding to successful applicants including a determination, using the ASHNI methodology, that successful applicants have proposed to serve high-need communities, including youth in foster care.
- To initiate the New York State contracting process with the successful applicants including the receipt of a work plan that delineates the specific services and activities to be delivered and a line-item budget that details the costs associated with operating the program.
- To execute contracts with the successful applicants and commence implementation of the programs.

Outcome Objective 3: By September 2011, a plan to evaluate the performance of the sub-awardees and the impact of the overall AEGP initiative will be developed by DOH and the COE.

Process Objectives:

- To ensure that the sub-awardees' program report includes the ACF-required efficiency measures (i.e. Sections A through D of the Performance Progress Report).
- To review the program designs and proposed services to be delivered by the sub-awardees to identify common elements among the funded programs.
- To solicit input from sub-awardees regarding program performance indicators and their ability to collect and report data to measure program performance.
- To finalize an AEGP evaluation plan, distribute the plan to all sub-awardees, and provide training and technical assistance to the sub-awardees regarding the plan.

Outcome Objective 4: By December 2011, all funded programs will be fully operational and delivering mentoring, counseling and/or adult supervision services to pre-teens, ages 9 to 12, in their communities.

Process objectives:

- To provide training and technical assistance to program staff on program implementation and service delivering issues including assistance in overcoming barriers programs may encounter. (Training and technical assistance to be provided by DOH and COE staff.)
- To monitor program implementation milestones including hiring of staff, staff development activities, recruiting the target population, delivering services, and program evaluation activities.
- To implement program reporting requirements (including data elements and performance measures required by ACF) and other data/information required to complete the overall AEGP evaluation.

Outcome Objective 5: By December 2011, all funded programs will have been assessed by DOH and COE staff regarding the status of their implementation and performance.

Process Objectives:

- To review data and program reports submitted by the funded programs to identify successes and areas needing improvement.
- To maintain regular contact (e.g. phone calls, conference calls, site visits) with all programs to assess the status of each program's implementation and delivery of contracted services.



- To provide technical assistance regarding program improvement to programs on an as-needed basis.

*Sub-Awardee Program Design*

Goal Statement: The AEGP-funded community-based programs will increase the number of young people, ages 9 to 12, residing in high-risk communities (including youth in foster care) who delay the initiation of sexual activity.

Outcome Objective: To increase the number of developmental assets among young people, ages 9 to 12, who reside in high-risk communities, including youth in foster care.

Process Objective: To deliver evidence-based, or promising, mentoring, counseling and/or adult supervision services to young people, ages 9 to 12, in their communities.

The organizing principle and primary purpose of the community-based programs is to increase the number, and enhance the quality of, internal and external developmental assets for the young people served. The core program design will focus on helping young people acquire developmental assets that will help them transition to healthy adulthood, avoid risky behaviors, and delay the initiation of sexual activity. As an example, programs may be designed to promote such developmental assets as positive family communication, caring neighborhoods, adult role models, creative activities, motivation to do well in school, responsibility, self-esteem, and sense of purpose.

Potential specific program activities may include:

- Providing a one-to-one mentoring program that pairs an adult with a young person.
- Providing adult supervision activities – e.g. after-school program – that provide alternatives to engaging in risky behaviors.
- Providing parent education to strengthen parents’ communication and supervision skills.
- Providing or expanding educational, recreational, vocational and economic opportunities for young people and their families.
- Organizing or participating in community efforts to provide or expand positive opportunities for young people and their families.
- Establishing linkage agreements among service providers to ensure that young people have facilitated access to needed services not directly provided by the AEGP program.

The proposed Request for Applications for AEGP funding will require applicants to propose specific activities designed to achieve the initiative’s goal and outcomes based on the needs and resources of the target community and the developmental, socio-economic, racial, ethnic and cultural needs and perspectives of the population(s) to be served. Sub-awardees will assure that programming is held in fully accessible spaces and program modifications and accommodations for participants with disabilities are provided. Sub-awardees will incorporate the input of a diverse group of stakeholders, including the young people they intend to serve, as well as parents, caregivers, and representatives from relevant community organizations and institutions in program planning, implementation and evaluation.

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As with other youth-serving programs supported by DOH, the AEGP sub-awardees will utilize a youth development, strength-based approach to working with young people. Funded programs will receive information and training on integrating the principles of youth development into their program operations in general. Programs will also receive training and assistance on how to increase and enhance young people's developmental assets (per the Search Institute's list of developmental assets for young people age 8 to 12). Assessing and building on the young people's internal and external assets, actively seeking input from youth and their families on program design and service delivery, fostering long-term involvement with program services, involving the entire community in the programs' activities, and providing educational, social, vocational, economic and recreational opportunities will be core elements of the programs.

All youth will be eligible to participate in program services without regard to race, ethnicity or sexual identity. DOH has a long history of supporting and working with community-based organizations that are indigenous to the populations targeted for services. DOH places great value in funding organizations that have a documented history of reaching and serving their communities' residents as demonstrated by fact that preference will be given to applicants to the AEGP RFA that document they have a Board of Directors and staff, including senior management staff, who are representative of the racial, ethnic and/or cultural populations they plan to serve. Preference will also be given to applicants that demonstrate that they have experience serving racial and ethnic minorities and a history of providing comprehensive, multi-dimensional youth programming and forging productive relationships with community institutions that serve at-risk youth.

*Program Management*

Overall management responsibility for AEGP funding rests with the New York State Department of Health. DOH is part of the executive branch of New York State government and the Commissioner of Health reports directly to the Office of the Governor. The Bureau of Maternal and Child Health (BMCH) has direct programmatic management responsibility for the AEGP funding. BMCH is located within the Division of Family Health, in the Center for Community Health, under the Office of Public Health. Two BMCH staff assigned to manage the AEGP initiative and work with the funded programs will attend the annual AEGP grantee meeting.

BMCH manages 472 contracts with service providers located throughout New York State, oversees more than \$137 million in state and federal funding, and has a staff of 54 (program directors, contract managers, data and evaluation specialists, and support staff). BMCH staff has extensive expertise and experience in managing a broad range of program initiatives designed to promote the health of women of reproductive age, new mothers, infants, children and adolescents. These program initiatives include three home visiting programs (Nurse Family Partnership, the Community Health Worker Program and Healthy Mom-Healthy Baby Initiative); Regional Perinatal Centers; Comprehensive Prenatal-Perinatal Services Networks; Family Planning Providers; School-Based Health Centers; Adolescent Sexual Health Promotion (teen pregnancy, STD and HIV prevention); Sexual Violence Prevention; Lead Poisoning Prevention; and Children with Special Health Care Needs.

BMCH also has lead responsibility for receiving and managing funds allocated to New York State for the federal Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. In that capacity, BMCH staff are responsible for facilitating a work group of State agency representatives, has completed a statewide home visiting needs assessment and is developing New York State's plan for home visiting services. BMCH will also have programmatic responsibility for managing the Personal Responsibility Education Program (PREP) funding that was recently awarded.

BMCH staff have extensive experience and expertise regarding adolescent health in general and sexual health in particular. BMCH has a wealth of firsthand experience managing several program initiatives designed to improve adolescent sexual health outcomes. Brief descriptions of these initiatives follow.

- The **Community-Based Adolescent Pregnancy Prevention Program (CBAPP)** was established in 1995 to reduce the rate of pregnancy among teens residing in targeted communities. The program began with ten targeted zip codes and has expanded to 237 in 2009. The three program strategies are to provide comprehensive sexual health education to promote abstinence, delay the onset of sexual activity and reduce the practice of risky sexual behaviors among adolescents; expand educational, recreational, vocational and economic opportunities for teens to provide alternatives to sexual activity and develop skills leading to higher earning power and reducing the need for public assistance; and, provide access to comprehensive family planning and reproductive health care services to prevent pregnancies, STDs and HIV.

- The **Adolescent Pregnancy Prevention and Services (APPS)** program was transferred to the DOH from the state Office of Children and Family Services (OCFS) in 2008. The purpose of the APPS program is to address adolescent pregnancy prevention through the coordination of community resources, and promote self-sufficiency and healthy development among the young people served.

**NOTE:** The CBAPP and APPS program initiatives described above have been replaced by the *Comprehensive Adolescent Pregnancy Prevention (CAPP)* initiative. The CAPP initiative is supported with \$17 million in state funding and supplemented with the pending PREP award. CAPP-funded programs are scheduled to start January 1, 2011.

- **Adolescent HIV Prevention Services (AHPS)** was created in 1994 to expand and strengthen HIV/AIDS prevention services for young people and to support these services with a comprehensive statewide strategy for program development, delivery, and evaluation. Program management responsibility for the AHPS initiative was transferred to BMCH in the Spring of 2010. The AHPS initiative was redesigned and funding was resolicited in 2010 resulting in 16 programs around New York State. The new initiative is entitled Sexual Health Promotion for Young People through Youth Leadership and Community Engagement. The programs employ youth leaders who, working with adult partners, are responsible for designing strategies and delivering activities to improve the sexual health outcomes for young people in their communities.
- **Sexual Violence Prevention/Rape Crisis Program:** Since 1982, DOH has supported direct services to victims of rape and sexual assault and primary prevention efforts to reduce the

incidence of rape and sexual assault. DOH contracts with Rape Crisis Centers to provide crisis intervention and primary prevention education in every county in New York State. In conjunction with the service providers and two funded regional centers of excellence, DOH is in the process of implementing a primary prevention component to the initiative that will assure that prevention activities through community education and coalition building are being provided across the State.

DOH has infused the principles and practices of positive youth development into all of the adolescent sexual health programs. Using this approach, programs seek opportunities for young people to learn, meet challenges, develop self-confidence and improve their communities. A program that uses a positive youth development approach works with young people to help them realize their full potential. BMCH staff have provided the leadership within DOH in the efforts to integrate the principles and practices of youth development into the program designs of DOH-funded adolescent sexual health programs.

An integral partner in DOH's efforts to promote youth development and support adolescent sexual health programming is **The Assets Coming Together (ACT) for Youth Center of Excellence (COE)**. The COE was created in 2000 to work with youth-serving organizations by providing technical assistance, training and serving as a clearinghouse for resources and best practices on adolescent sexual health and youth development topics. The COE is the Family Life Development Center of Cornell University in partnership with University of Rochester, New York State Center for School Safety, and Cornell Cooperative Extension of New York City. The COE serves as a resource for research, information and guidance, and forms a bridge between

policy and guidance, principles and practice for DOH, its state level partners and communities. The COE is an active member of the New York State Youth Development Team and provides assistance and guidance to many of its member agencies.

The COE will play a vital role in assisting AEGP-funded programs implement evidence-based, or promising, program models and evaluating the overall impact of the AEGP initiative. In addition to the COE's core capabilities to provide training and resources on evidence-based models and youth and community development, the COE has forged strong working relationships with an impressive cadre of national and New York State experts on adolescent sexual health (see list of experts who presented at the Adolescent Sexual Health Symposium). These relationships have resulted in a network of expertise that the COE can draw upon for a wide variety of needs and activities including assistance with the implementation of evidence-based program models. The COE also manages a statewide youth network comprised of young people from around New York State who provide input into materials and issues regarding adolescent health. DOH's association with the COE is a singular strength of New York State's efforts to improve sexual health outcomes for young people and it will provide invaluable assistance in ensuring the success of the AEGP initiative.

As referenced in the **Introduction** to this plan, DOH has taken several steps in the last five years that has enabled New York State to be in a position of strength to effectively utilize the AEGP funding and make significant inroads into improving sexual health outcomes for young people in the State. BMCH staff have played essential roles in all of these efforts and continue to provide



leadership within DOH on efforts to improve adolescent sexual health outcomes in New York State. Brief descriptions of these efforts and their outcomes follow.

#### Adolescent Sexual Health Work Group

In November 2006, DOH launched the Adolescent Sexual Health Work Group (ASHWG) to promote a statewide environment conducive to every adolescent (ages 10 -24) achieving optimal sexual health. The ASHWG is comprised of DOH program representatives whose shared vision and expertise promote and improve the sexual health of adolescents. The work group is comprised of representatives from the AIDS Institute, Office of Health Insurance Programs, Office of Minority Health, Bureau of Maternal and Child Health, Bureau of STD Control, Bureau of Communicable Disease Control, and Division of Family Health Office of the Medical Director.

Within the DOH, the ASHWG provides a cross-programmatic forum for assessing and developing strategic responses to identified needs. The Work Group has formed three committees to assess issues related to adolescent sexual health and carry out specific initiatives:

- Access Committee: Identifies ways to increase adolescent access and utilization of sexual and reproductive health services and to reduce barriers to these services
- Prevention/Education Committee: Identifies resources to educate the public and providers and creates resources to promote comprehensive sexual health education
- Surveillance Committee: Utilizes current data to raise awareness of adolescent sexual health issues, to plan and evaluate program and service delivery and to promote policy development

The Surveillance Committee was responsible for developing the Adolescent Sexual Health Needs Index (ASHNI) which was discussed previously. The Prevention/Education Committee has produced a guidance document entitled *Guiding Principles for Sexual Health Education for Young People: A Guide for Community-Based Organizations*. Based on a review of current research regarding effective interventions targeted toward young people to promote sexual health, the document identified ten guiding principles that community-based organizations should consider when developing or selecting a curriculum. The guidance document provides a number of strategies that programs can use to implement the principles in their programming and additional background information and resources for each principle. The Access Committee has explored several avenues for identifying and implementing quality indicators to measure providers' sexual healthcare services delivered to adolescents. The Committee has had discussions with staff from DOH Office of Health Insurance Programs and New York City Department of Health and Mental Hygiene on the inclusion of the indicators in the quality measures reported by managed care plans and in electronic medical records.

In addition to the work taking place in the three committees, the ASHWG spearheaded a multi-component media campaign (described in detail below) focused on comprehensive adolescent sexual health to address the common behaviors that contribute to adolescent pregnancy, STDs and HIV. Additionally, a strategic adolescent sexual health framework is being developed by the ASHWG Leadership Team with representatives from all DOH adolescent sexual health programs. The intent is to identify the components and steps necessary to accomplish a cross-programmatic statewide plan for comprehensive adolescent sexual health to decrease the incidence of unintended pregnancy, STDs and HIV for adolescents and young adults. The

framework will promote a statewide environment conducive to every adolescent and young adult to achieve optimal sexual health.

### Statewide Youth Network

At the direction of DOH, the COE formed a youth network that develops materials for DOH and advises on issues important to and relevant to youth in New York State. Network members include youth from across the State so communication strategies are, by necessity, diverse, and include social networking sites (e.g., Face book), monthly meetings (with a NYC group) and interaction with groups who have invited COE staff to attend meetings. The youth network provided input to all areas of the website ([www.nysyouth.net](http://www.nysyouth.net)) development. During the initial preparation for the Adolescent Sexual Health Media Campaign, the COE spoke with youth from across the state about the content of a website designed to address sexual health issues.

### Adolescent Sexual Health Media Campaign

A large scale, statewide media campaign sponsored by DOH occurred in two phases. The first phase, launched in 2008, focused primarily on STD prevention and testing. The second phase, *Take Control*, was launched in 2010, and included broad adolescent sexual health promotion and prevention messages and media (internet ads, texting component, transit ads, radio PSAs, and posters), and included a call to action that directs youth to the website ([nysyouth.net](http://nysyouth.net)) that was developed through the COE, with significant input from youth stakeholders. The website will be an ongoing resource for youth after the current campaign ends.

Training and Resources for Adolescent Sexual Health Providers

The COE delivered a training series for youth-serving providers throughout New York State, “*Identification and Implementation of Evidence-Based Programming*,” that highlighted curricula that are designed to build skills and knowledge necessary for healthy relationships among adolescents who are at risk for early and unplanned pregnancy and other adverse sexual health outcomes. The COE has provided extensive training throughout New York State on positive youth development. Youth development workshops delivered by the COE include such topics as the basics of youth development, youth leadership, youth/adult partnerships, community development, youth as evaluators, to name a few. The COE has also developed youth forums on violence, abuse and risky sexual behaviors; peer education for violence prevention; conflict resolution training to train peer mediators; and mentoring programs.

Over the past several years DOH has focused on the issue of evidence-based models and interventions, particularly how they apply to DOH-funded programs serving young people. This work has resulted in a guidance document for providers (i.e. *Guiding Principles for Sexual Health Education for Young People: A Guide for Community-Based Organizations*). The COE has also produced and makes available a number of resources regarding evidence-based models for programming targeted for young people. For example, the COE regularly publishes *Research Facts and Findings* which distills the latest research on a number of topics with the goal of updating service providers on effective and best practices for working with youth. One such publication discussed STD/HIV prevention programs for teens and offered four specific strategies that programs can use to provide effective interventions. The COE will provide training workshops to AEGP funding sub-awardees on implementing evidence-based

interventions in their programs with an emphasis on issues of ensuring fidelity to the program models and effective adaptations. COE and DOH staff will also be available to provide one-to-one technical assistance to AEGP sub-awardees regarding the effective implementation of evidence-based program models related to mentoring, counseling and adult supervision.

### *Barriers*

The most typical barrier encountered during the program implementation phase of an initiative is a delay in the contracting process with agencies that have received awards. Delays in the contracting process results in corresponding delays in the ability of the contractors to hire staff, develop program policies and procedures, and deliver services. As evidenced above, there is an extensive infrastructure in place and a wealth of staff experience available to deal with and overcome contracting and any other barriers to program implementation that may arise.

### *Mechanisms*

As previously stated, DOH will release a Request for Applications (RFA) to solicit applications for AEGP funding to support community-based programs throughout New York State. DOH has very well-defined and established procedures for issuing procurements, reviewing applications and awarding funding. All eligible applications are reviewed by a team of DOH staff using a uniform review tool that contains clear standards and expectations of what constitutes a successful application. The RFA also contains a clearly defined award methodology developed to ensure the optimal use of available funding and guaranteeing a statewide allocation of programs and funding.

DOH has well-defined policies and procedures for managing grant projects and overseeing the activities of sub-awards (i.e. contractors). Once successful applicants to the RFA are selected and approved, each applicant is required to submit a work plan and a line item budget detailing contract deliverables and proposed expenditures. The work plans and budgets are reviewed by program staff in BMCH and staff in the Division of Family Health Fiscal Unit. It is the responsibility of these staff to ensure that proposed activities and expenditures comply with provisions set forth in the funding announcement. There are several layers of supervisory review of contract documents as well, which further strengthens DOH's ability to comply with all grant requirements and ensure that grant funds are used efficiently and effectively to meet the goals of the program initiative. Contracts, which include the approved work plan and budget, are executed with agencies typically for a 12-month period. Contracts, which include updated work plans and budgets, are renewed annually, contingent on satisfactory performance, for a total grant period of five years. BMCH staff also review any written educational materials, curricula, and web site content to ensure that the information is medically accurate and reflects the goals of the program initiative.

New York State has clear criteria regarding the obligations of agencies that contract with the state including the submission of information documenting agencies' governance structure and ability to accept public funds, submission of annual audited financial statements, and adherence to rules and regulations governing client confidentiality, retention of records, submission of

required reports, etc. Contracts are reviewed by several state agencies prior to full execution to ensure that all requirements are met.

### *Monitoring*

Sub-awardees funded through the AEGP initiative will be required to submit quarterly program narrative reports and quarterly expenditure reports. An annual final report will also be required. Sub-awardees will be provided with report templates and clear instructions on how to complete the reports. The report templates will include the data elements required by ACF as outlined in the AEGP funding opportunity announcement. On a quarterly basis, sub-awardees will be required to report on the activities they conducted to achieve the objectives and outcomes that define the program initiative. Sub-awardees will report on the successes they achieved, the challenges they encountered, and the strategies they employed to overcome the challenges. Information about activities the program conducted to foster community-wide involvement to enhance services for the target population will also be required. In addition to a narrative description of their activities, sub-awardees will report on the number of clients served, their demographic characteristics, the type and number of the services provided, and the outcomes of the services. The annual report will require sub-awardees to reflect and report on their program's overall achievements and progress toward meeting the anticipated outcomes. The annual report, in combination with the quarterly reports, will be used by DOH to document and report on the successes and challenges the overall initiative experienced.

In addition to reviewing and responding to the quarterly and annual reports, BMCH staff actively monitor the activities of the sub-awardees through regular communication (phone, email), site visits, and periodic meetings of all the sub-awardees (face-to-face, conference calls, webinars). Per BMCH guidelines, comprehensive on-site monitoring visits will be conducted for all sub-awardees during the grant period. The visit will consist of a comprehensive review of the program services delivered, the fiscal management systems used by contract agencies, program management operations, data collection and program evaluation activities. Visits typically include interviews with the contractor's executive staff, program management staff, direct service staff, fiscal staff and clients. Contractors are sent comprehensive monitoring reports that detail the findings from the visit and resulting recommendations for program improvement including timelines for the implementation of the recommendations. BMCH staff follow up with contractors to assess progress in implementing the recommendations and to offer technical assistance to help contractors improve program operations and service delivery.

Program monitoring activities are also supported by DOH regional office staff. DOH is organized into four regional areas: Metro (NYC and the greater metropolitan area), Northeastern (Capital and Adirondack areas), Central and Western. Each regional office assigns staff to provide oversight and technical assistance to projects in local communities. Regional office staff provide assistance in coordination of local and regional efforts, as well as enhanced knowledge of issues impacting the region's health.



Fiscal management of the AEGP funding will be the responsibility of the Division of Family Health's Fiscal Unit. The Division of Family Health (DFH) has extensive experience and expertise in administering State and Federal funds (e.g. HRSA, CDC) for large statewide initiatives including the Maternal and Child Health Block Grant. DFH has well-established systems and internal controls in place to monitor receipt of funds, track expenditures, develop and process contracts with service providers with standardized budget guidance and work plan deliverables, assure the appropriate use of funds, adhere to funding agencies' standards, and comply with all reporting requirements. Currently, the Federal funding administered by Division includes three awards from the Department of Health and Human Services and two awards from the Department of Education totaling over \$100 million.

### *Coordination*

BMCH staff participate in numerous statewide task forces and advisory groups convened to address a number of health and human service topics and initiatives. Additionally, BMCH have longstanding working relationships with staff in many State, County and City government agencies and private organizations from across New York State and are experienced in coordinating activities on a wide array of program initiatives. Some examples of these coordinating bodies include:

Governor’s Children’s Cabinet

DOH is represented on the Governor’s Children’s Cabinet Subcommittee on Child Welfare and Juvenile Justice and its workgroup for Teen Parents and Pregnancy Prevention focusing on youth in foster care. Through these efforts, recommendations are being made for New York’s response to pregnancy, particularly for teens in foster care. These recommendations will be coordinated with programming developed through AEGP efforts to address the sexual health needs of teens in foster care.

New York State Youth Development Team

In order to enhance coordination of youth programs and promote positive youth development, a state-level partnership established the Youth Development Team in 1998. Over 40 leaders from New York's health, education, and human service agencies, statewide not-for-profit organizations, and universities are actively working together to promote effective strategies for positive youth development. This team provides DOH access to other state agency representatives who oversee program initiatives that serve youth, including the Offices of Children and Family Services, Mental Health, Alcoholism and Substance Abuse Services, People with Developmental Disabilities, and the Department of Labor. The BMCH staff who participate and have leadership roles on the YD Team include the Associate Director of BMCH and the Adolescent Unit Coordinator.

Other noteworthy collaborations include:

- DOH works closely with the Office of Children and Family Services (OCFS) on its initiative directed toward young fathers. The OCFS Fatherhood Initiative works with

fathers whose children are in the care and custody of OCFS, with fathers in the child welfare system and juvenile justice programs, and with fathers who reside in residential centers to help them positively participate in the lives of their children. Given OCFS's responsibility for overseeing foster care in New York State, DOH will work very closely with OCFS staff to ensure that foster care agencies are made aware of the AEGP funding opportunity (RFA) and to ensure the success of any AEGP programs that may be operated by foster care agencies.

- a memorandum of understanding with the State Education Department that funds activities to support the provision of HIV prevention education in public schools in New York State; and
- Maternal, Infant and Early Childhood Home Visiting Program State Agency Work Group which has been convened by BMCH in response to the Federal Affordable Care Act home visiting funding. State agencies participating on this work Group include the Office of Children and Family Services, the Council on Children and Families, the Office of Alcohol and Substance Abuse Services, the Office of Mental Health, the State Education Department, and the Office for the Prevention of Domestic Violence.
- Most of the HHS Teen Pregnancy grantees and all of the eventual Personal Responsibility Education Program grantees have been and will continue to be contractors with DOH. The potential exists for the HHS Teen Pregnancy and PREP programs to also be AEGP programs if they successfully compete for the funding. DOH will ensure that all programs (state-funded, HHS, PREP and AEGP) will coordinate their activities to create a coordinated system of services for young people in their respective communities.

*Service Recipient Involvement*

As evidenced by the focus groups with young people and parents/adults and the symposium on adolescent sexual health, New York State received a great deal of input from both service recipients and service providers to help guide the development of the State's AEGP plan. Once approved by ACF, the plan will be widely disseminated to interested parties throughout the state. The primary purpose of the distribution of the plan will be to solicit input and recommendations for the content of the proposed Request for Applications. Recommendations regarding evidence-based or promising models for mentoring, counseling and adult supervision programs to delay initiation of sexual activity among pre-teens will be of particular interest to DOH. The plan will be disseminated to, and input requested from, a broad range of service providers and stakeholders including, but not limited to: representatives of other State agencies, members of the New York State Youth Development Team, DOH-funded adolescent sexual health service providers (including PREP-funded providers), HHS Teen Pregnancy Prevention grantees, foster care agencies, faith-based organizations, educators, parent groups, and young people.

*Referrals*

Since the target populations may require additional supports and services that are outside the scope of the AEGP initiative, programs are expected to implement mechanisms to refer individuals to other federal, state, county, city, school district, and local community service providers for physical, social, emotional, educational, and developmental support and services as necessary. The AEGP initiative will not fund direct services such as case management, mental

health counseling, crisis intervention, health care services, or services that are available through other resources. However, AEGP programs will be expected to use strategies to identify the other service needs of the young people they serve and make referrals to address the needs that have been identified. The funded community-based AEGP programs will work with other service providers and individuals in their respective communities to identify and provide a range of positive opportunities for the young people they serve. It is anticipated that this process will foster a network of community service resources which will facilitate referrals to, and utilization of, needed community services by young people and their families.

Finally, given BMCH's role in overseeing several program initiatives that serve young people and families, it is anticipated that specific service providers located in the communities where AEGP-funded programs will operate will be identified and will establish linkages with the programs. Also, BMCH staff's relationships with staff from other New York State agencies that provide services for young people (e.g. Office of Children and Family Services, Office of Mental Health, State Education Department, Youth Development Team member agencies) will facilitate the establishment of needed referral linkages in the targeted communities.

### **Objective Performance Measures and Efficiency Measures**

DOH and the COE will develop a multi-level evaluation plan designed to assess the impact of the AEGP funding. DOH and the COE are currently developing an evaluation plan for the

*CAPP/PREP* initiative. The AEGP plan will measure program performance indicators such as output measures; fidelity/adaptation of evidence-based program models; implementation and capacity building; outcome measures; and community-level data. Similar to the *CAPP/PREP* initiative, the AEGP initiative presents unique opportunities for longitudinal evaluation work that will identify individual-level impacts as well as community-level changes. The AEGP evaluation plan will build upon the strong infrastructure that has been developed at DOH and COE for data gathering, management and analysis, and for the utilization of evaluation findings to generate program improvements. The COE has extensive evaluation and research experience and capabilities that have benefitted past DOH-funded initiatives including assessing changes in knowledge, attitudes and behaviors among participants of sexual health education sessions, and evaluating community change models and outcomes.

The Bureau of Maternal and Child Health, the unit within DOH responsible for managing the AEGP initiative, has extensive experience and systems in place to measure the performance of sub-awardees and assess the impact of the overall initiative. These systems include:

Output measures

Sub-awardees will be required to submit annual work plans that describe the activities they will conduct and enumerate the number of people to be served and the number of services to be delivered. Sub-awardees will also be required to participate in data collection and program evaluation activities. Sub-awardees will submit quarterly statistical reports which identify the populations served (age, gender, race/ethnicity, etc); the number of people served; the locations

of service; the type and number of services provided; and all the ACF-required objective efficiency measures.

The quarterly reports will also include information about the progress of the program with respect to implementation, success in meeting work plan objectives, standards and milestones; accomplishments achieved during the reporting period; barriers encountered, and plans to address barriers and improve program performance.

#### Fidelity/adaptation

As described previously, DOH (with the assistance of the COE) will research and identify evidence-based, or promising, models for mentoring, counseling and adult supervision programs designed increase the number and quality of developmental assets among young people. Sub-awardees will be encouraged to implement an evidence-based program best suited for its target population and community. Sub-awardees will be required to include information in their quarterly reports about their experiences with implementing and delivering their selected program models and inform DOH staff about any planned adaptations to the models.

#### Implementation and capacity-building

Programs will be closely monitored by DOH staff during the initial program start-up period to assess their progress in meeting certain milestones (e.g. hire staff, train staff, develop program policies and procedures, recruit program participants, etc.). Barriers to programs start-up and the implementation of program services will be identified and assistance will be provided to programs by DOH and COE staff as necessary. Since one of the functions of the AEGP-funded

community-based programs will be to work with other community service providers, sectors and individuals to provide or expand positive opportunities for young people and their families, DOH will also monitor the successes and barriers programs experience in addressing this component of their program design.

### Outcome measures

It is expected that programs will use the evaluation tools that are included in the evidence-based program models they have selected to implement. Sub-awardees will be required to submit the results of those evaluations to DOH on a periodic basis. In addition, programs are expected to design and conduct process and outcome program evaluation measures to ensure that high quality and appropriate services are being provided. Examples of such measures may include retention of participants, completed referrals to other services, changes in knowledge and attitudes about delaying initiation of sexual activity, increases in the reported number of developmental assets, etc. DOH and COE staff will assist programs to develop evaluation plans that are suited to their program designs. Training, technical assistance and proven effective evaluation tools will be provided to the sub-awardees. DOH will review sub-awardees' evaluation activities through quarterly progress reports and comprehensive monitoring site visits.

The COE also has experience in designing initiative-wide evaluation strategies where common indicators are identified and measured in order to assess the overall impact of the initiative. The COE will work with DOH and the sub-awardees on such an evaluation strategy for AEGP.



Community data

DOH routinely collects and analyzes data regarding incidences and rates of sexual health outcomes for young people. DOH can access community and population data from a number of sources including:

- New York State Department of Health vital statistics (pregnancy and birth rates)
- Epidemiological reports from the DOH Bureau of STD Control
- Epidemiological reports from the DOH Bureau of HIV/AIDS Epidemiology
- Annual updates of the Adolescent Sexual Health Need Index (ASHNI)
- Data from the semi-annual Youth Risk Behavior Survey (YRBS);

**Specific outcome measures** that New York State will use to measure its success in reaching the key goals of the AEGP initiative include, but are not limited to:

- The number of young people who, at the completion of program services, report having an increased number of internal and external developmental assets.
- The number of young people who, at the completion of program services, report having a positive relationship with an adult (e.g. parent, other relative, adult in the community);
- The number of parents/adults who, at the completion of program services, report having a discussion about sex and the merits of delaying sexual activity with their child(ren) or other young people.
- The number of young people who, at the completion of program services, report having an intention of abstaining from sexual activity; and

- The number of young people who, six-months after the completion of program services, report having abstained from sexual activity.

#### *Objective Efficiency Measures*

As described above, DOH has extensive experience and systems in place to collect and use data reported by sub-awardees. AEGP sub-awardees will be required to submit quarterly program narrative reports that will include the specific efficiency measures contained in Sections A through D of the Activity Results of the Performance Progress Report. All sub-awardees will be provided with the Performance Progress Report template and given clear directions, and follow-up assistance, regarding its accurate completion. All of the sub-awardees' Performance Progress Reports will be reviewed by DOH staff for completeness and accuracy, as well as reviewed to assess each sub-awardee's performance. DOH staff will follow-up in a timely manner to provide assistance to sub-awardees regarding the correct completion of reports and assistance regarding program improvement measures if necessary. All of the data from the sub-awardee reports will be use to complete an AEGP initiative-wide report for New York State.

#### **Description of Programmatic Assurances**

DOH will assure that

- applicants for sub-awards understand and agree formally to the requirement that programming does not contradict Section 510 (b)(2) (A-H elements);
- materials used by sub-awardees do not contradict Section 510 (b)(2) (A-H elements); and
- curricula and materials are reviewed for medical accuracy.

Compliance will be assured by including specific language (as detailed in the AEGP funding announcement) regarding these three requirements in the Request for Applications to be issued for the AEGP funding, including a requirement that RFA applicants submit an attestation, signed by the applicant agency's Executive Director/CEO, that their organization will comply with the requirements. In addition, similar language regarding compliance with the three requirements will be included in the contracts between the sub-awardees and DOH. Sub-awardees will also be required to submit any materials (including curricula) they use in their AEGP program to DOH for review to ensure that the materials do not contradict Section 510 (b)(2) (A-H elements) and that the materials are medically accurate. Finally, during site visits, DOH staff will monitor sub-awardees' compliance with the three requirements.

### **Budget Discussion**

The New York State Department of Health is requesting **\$2,991,440** for the grant period October 1, 2010, through September 30, 2011, to implement the Title V State Abstinence Education Grant Program.

*General description of budget* – All of the grant funding will be used to support sub-awardees as follows: funding in the amount of **\$200,000** is requested for the ACT for Youth Center of Excellence to support the provision of training and technical assistance to the community-based sub-awardees on such topics as youth development, implementation of evidence-based programs and program evaluation, as well as assistance to DOH on the development and management of the overall evaluation plan for the AEGP initiative. A portion of the \$200,000 funding may also

support required data collection and reporting functions. Approximately **\$2,791,440** will support community-based programs to provide mentoring, counseling and/or adult supervision services to pre-teens in high-need communities in New York State. Up to 15 awards will be made (average program award of \$200,000).

All costs associated with DOH's management of the AEGP initiative will be in-kind from DOH. Such costs include staff time and effort devoted to such tasks as working with the sub-awardees on program implementation and operation issues, reviewing narrative and data reports, providing technical assistance, developing data collection systems, ensuring coordination of AEGP activities with other adolescent sexual health initiatives managed by BMCH/DOH, and conducting all related administrative functions. The related fringe, equipment, supplies, travel and indirect costs, all necessary to support the DOH staff functions, will be in-kind from DOH as well.

*Monitoring sub-awardees' budget management* - Fiscal management of the AEGP funding will be the responsibility of the Division of Family Health's Fiscal Unit. The Division of Family Health (DFH) has extensive experience and expertise in administering State and Federal funds (e.g. HRSA, CDC) for large statewide initiatives including the Maternal and Child Health Block Grant. DFH has well-established systems and internal controls in place to monitor receipt of funds, track expenditures, develop and process contracts with service providers with standardized budget guidance and work plan deliverables, assure the appropriate use of funds, adhere to funding agencies' standards, and comply with all reporting requirements. Currently, the Federal funding administered by Division includes three awards from the Department of

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Health and Human Services and two awards from the Department of Education totaling over \$100 million. Each sub-awardee is required to submit quarterly invoices and required reports of expenditures to the Division of Family Health Fiscal Unit. Sub-awardees are required to provide complete and accurate billing vouchers that must contain all information and supporting documentation required by the contract. Payment of vouchers is for reimbursement of costs incurred as allowed in the contract budget and is contingent on the timely submission of acceptable required reports. All sub-awardee contract-related documents are public records.

*Funds to support service recipient involvement* – As discussed, a great deal of service recipient input was already received through focus groups conducted by the COE. Additional service recipient involvement will be accomplished through subsequent activities of the COE and DOH staff. Grant funds to the sub-awardees may also be used for service recipient involvement in the implementation of the community-based programs through supporting costs associated with convening focus groups, and establishing and maintaining program advisory councils.

*Source of non-Federal funds* – The source of the required 43 percent non-Federal funds match of the project's total cost will be from the agencies selected to receive AEGP funds through the DOH proposed Request for Applications. The matching funds from the sub-awardees will be either from the sub-awardees' dollars or in-kind support, or a combination thereof, as documented in their contracts with DOH.

*Qualifications of key personnel* – Key DOH staff responsible for overall management of the AEGP initiative are: Rachel de Long, M.D., M.P.H., Director of the Bureau of Maternal and

Child Health; Kristine Mesler, Associate Director, Bureau of Maternal and Child Health; and Barbara Leo, Adolescent Health Unit Coordinator, Bureau of Maternal and Child Health.

Resumes are included in the appendices. DOH assures that the work and activities conducted by staff of AEGP sub-awardees will directly support the accomplishment of the AEGP program goals.

*Sub-awardee documents* – Documents relevant to the sub-awardees are not included with the application but will be developed. The sub-awardee documents will include: the Request for Applications for AEGP funding; completed reviews of the sub-awardees applications; letters to the sub-awardees announcing their awards; detailed work plans and line item budgets required to initiate the New York State contract process; attestations that the sub-awardees' programming and materials will not contradict Section 510 (b)(2) (A-H elements) and that materials and curricula used by sub-awardees are medically accurate; and executed contracts between DOH and each sub-awardee.

#### **4. Appendices**

Search Institute 40 Developmental Assets for Middle Childhood

Medical Accuracy Certification

Resumes of Key Staff

#### **5. Application for Federal Assistance (SF-424) and the Project/Performance Site Location (SF – P/PSL)**

Attached

**6. Budget Information Non-Construction Projects – SF-424A**

Attached

**7. Budget Narrative/Justification**

The New York State Department of Health is requesting **\$2,991,440** for the grant period October 1, 2010, through September 30, 2011, to implement the Title V State Abstinence Education Grant Program. The total cost of the project is **\$5,250,000** which includes **\$2,258,560** for the required 43% match of non-Federal resources. The match will be from the sub-awardees selected through the proposed RFA process. The matching non-Federal funds from the sub-awardees will be either from the sub-awardees' dollars or in-kind support, or a combination thereof, as documented in their contracts with DOH.

All of the AEGP grant funding will be used to support sub-awardees as follows:

**Contractual Sub-awardees \$2,991,440**

Funding in the amount of **\$200,000** is requested for the ACT for Youth Center of Excellence to support the provision of training and technical assistance to the community-based sub-awardees on such topics as youth development, implementation of evidence-based programs and program evaluation, as well as assistance to DOH on the development and management of the overall evaluation plan for the AEGP initiative. A portion of this funding may also be allocated to support required data collection and reporting functions

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Approximately **\$2,791,440** will support community-based programs to provide mentoring, counseling and/or adult supervision services to pre-teens in high-need communities in New York State. Up to 15 awards will be made (average program cost of \$200,000). DOH has established procedures for ensuring a competitive procurement process for awarding and monitoring all contracts. Funded contractors will be required to develop, implement, and administer programs which are responsive to the grantees' assessment of the populations to be served.

The DOH costs associated with managing the AEGP program – personnel costs (salary and fringe benefits), supplies, equipment, travel (including staff travel to the grantee conferences), and indirect costs - will be provided as in-kind support.