

GRANT REQUIREMENTS 101



FUNDING SOURCE



- U.S. Department of Health and Human Services, Administration on Children, Youth and Families' (ACYF), Family and Youth Services Bureau (FYSB).
 - Personal Responsibility Education Program (PREP):
 - Affordable Care Act 2010
 - Section 215 of the Medicare Access and CHIP Reauthorization Act of 2015 (Pub. L. No. 114-10) extended funding through 2018
 - Title V Abstinence Education Program:
 - Section 510 of the Social Security Act (42 U.S.C. § 710)
 - Amended in Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 to support continued funding

ADDITIONAL FUNDING SOURCE



- Temporary Assistance for Needy Families (TANF)
 - Allocated by the Utah state legislature through the Department of Workforce Services
 - Focused on meeting TANF Purpose 3:
 - Prevent and reduce the incidence of out-of-wedlock pregnancies.

ADDITIONAL TANF REQUIREMENTS:



- Give credit to Department of Workforce Services for funding in:
 - Written or verbal advertising
 - Discussion of the program in brochures, flyers, informational materials, talk shows, etc.
- All staff involved in the program will complete:
 - Code of conduct form
 - Non-disclosure agreement
 - An annual Utah Bureau of Criminal Identification (BCI) fingerprint-based national criminal history record check.

PERSONAL RESPONSIBILITY EDUCATION PROGRAMS (PREP)



- Funding must be used to implement an ***evidence-based*** program designed to educate adolescents on:
 - Abstinence
 - Contraception (and safer sex practices in most cases)
 - At least THREE adult preparations subjects:
 - Healthy life skills
 - Healthy relationships
 - Education and career success
 - Parent-child communication
 - Financial literacy
 - Adolescent Development
- Goal of program:
 - To prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS

TITLE V ABSTINENCE EDUCATION PROGRAMS



- Funding must be used to implement *evidence-based*:
 - Education
 - Mentoring
 - Counseling
 - Adult supervision programs
- Goals:
 - Support decisions to abstain from sexual activity
 - To prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS.

DEFINITION OF ABSTINENCE EDUCATION:



• **Section 510(b) of the Social Security Act (42 U.S.C. § 710(b)) gives the following definition of abstinence education:**

- a) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- b) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- c) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- d) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- e) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- f) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- g) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- h) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

NEW AREAS OF FOCUS:



- Evidence-based requirement for *all* programs.
- Positive Youth Development
- Trauma-Informed Education
- LGBTQ Inclusiveness

EVIDENCE-BASED PROGRAMS



- Must use a program model found on the Office of Adolescent Health approved curriculum list.
 - <http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>
 - Proven on the basis of scientific research to change behavior, such as:
 - Delaying sexual activity
 - Increasing condom or contraceptive use for sexually active youth
 - Reducing the number of partners
 - Reducing teen pregnancy

POSITIVE YOUTH DEVELOPMENT



- Positive Youth Development Programs:
 - Minimize risk factors
 - Build on protective factors
 - Take a multi-faceted and strengths-based approach to teen sexual behavior and pregnancy

TRAUMA INFORMED EDUCATION



- Take into account the trauma and mental health needs of many young people who have experienced maltreatment, abuse, or exposure to violence.
- Ensure that the programming provided speaks to the unique experiences, challenges, needs, and strengths of youth who have experienced abuse, neglect, trauma, or other Adverse Childhood Experiences (ACEs).

LGBTQ INCLUSIVENESS



- Federal requirement states the following:
 - *“Programs should consider the needs of lesbian, gay, bisexual, transgender, and questioning youth. Programs should be inclusive and non-stigmatizing towards such youth and must not express a judgment with regard to sexual orientation or seek to influence the beliefs of participants with respect to sexual orientation or gender identity.”*
- Antidiscrimination policies should prohibit harassment or discrimination based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin.

GRANT REQUIREMENTS:



GENERAL REQUIREMENTS:



- Give credit to U.S. Department of Health and Human Services, Administration on Children, Youth and Families' (ACYF), Family and Youth Services Bureau (FYSB) on all print materials.
- Programs may not contain or promote any religious information, references, or instruction. (See additional guidance for faith-based programs)
- Receive approval from the state program coordinator prior to making any significant changes to the program budget and implementation plan.
 - A revised budget and implementation plan will be submitted for Year 2 of the grant as needed.

MEDICAL ACCURACY



- **MEDICAL ACCURACY:**
 - *Medically accurate information is defined as material that is verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable, or comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete.*
- Ensure that all material taught follows this criteria
- Stay current on statistics, trends, and best practices regarding teen pregnancy prevention topics.

FIDELITY



- **FIDELITY:**

- *The degree to which an intervention is delivered as designed. Faithfulness with which a curriculum or program is implemented; that is, how well the program is implemented without compromising its core content that is essential for the program effectiveness.*

- All educators must be **formally** trained and certified by a curriculum trainer **prior** to implementing the program.
- Must be **formally** trained and certified as a curriculum trainer prior to training others.
- Submit a Adaptation Request Form to the state program coordinator **prior** to making an significant adaptations.
- Each educator will complete a fidelity log after teaching a class.
 - Some modifications may be made for school-based programs.

PROGRAM IMPLEMENTATION



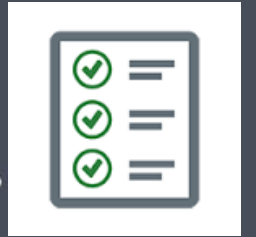
- Obtain parental permission forms *prior* to beginning implementation
 - Done automatically for school-based programs
- Complete an Memorandum of Agreement (MOA) with community partners *prior* to beginning implementation.
- Receive necessary approval through school districts *prior* to beginning implementation
 - Generally a formal committee is appointed to review health curriculum material for approval.

ANTIDISCRIMINATION POLICY



- All funding recipients are required to establish and publicize policies prohibiting harassment or discrimination based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin.
- All youth-serving staff should be trained to prevent and respond to harassment or bullying in all forms.
- Programs should be prepared to monitor claims, address them seriously, and document any corrective action so all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation.
- Data from current programs show that 19% of program participants felt that they were picked on or bullied
 - 17% because they were LGBTQ
 - 16% because of race or ethnicity

PROGRAM MONITORING & TECHNICAL ASSISTANCE:



- Project lead will participate in monthly check-in calls with state coordinator.
- All funding recipients will participate in at least one site visit with the state program coordinator.
- Additional technical assistance will be available as needed.
- Quarterly conference calls with others implementing the same type of program or curriculum will be offered on a quarterly basis. (Optional)
- “Site visit swaps” can also be arranged for those interested. (Optional)

TRAINING:



- Training for each evidence-based program model is required.
- At least one representative from all funding recipients is required to attend an annual training.
- Additional summer topical training will be offered (Participation is optional)
- Federally sponsored webinars will be shared with funding recipients (Participation is optional)
- Other resources and professional development/educational opportunities will be shared as available.
- One representative from each grant will be invited to attend a national grant conference each year. (Rotating basis)

EVALUATION:



- Administer pre/post surveys.
 - Pre tests should be given before **any** program activities begin.
 - Post test should be given after **all** program activities are completed.
- DISCUSSION:
 - Is standardization best??

REPORTING:



- Collect the following data:
 - Numbers served by age, gender, race/ethnicity
 - Program dosage
 - Federal and state program indicators
 - Other pre/post survey data
 - Narrative of program activities
- Submit semi-annual reports by April and October 10.
- Local health departments will report their monthly expenditures through the Monthly Expenditure Report (MER)

PREP SPECIFIC:



- Implement programs with youth age 14-19.
- Cover at least **three** adult preparation subjects with **every** program participant.
 - Don't have to cover the same three every session
 - Tailor to the needs of each group
- Obtain parent permission/youth consent forms **prior** to survey administration.
- Administer federal PREP Performance Measures survey.
 - Voluntary participation
- Submit PREP Performance Measures data by end of August on the Communities of Practice website.

ABSTINENCE SPECIFIC:



- Implement programs with youth age 10-16.
- Provide a 43% match of ***total program costs***.
 - Use the following formula:

Funding Amount/.57 – Funding Amount = Match Requirement

- Example:

Funding Award: \$65,000

$$.57 = \$114,035$$

$$\underline{-65,000} =$$

\$49,035 (Match Requirement)

- Submit a match report to UDOH at least quarterly (October, January, April, and July).
 - Can be part of the Monthly Expenditure Report (MER)
 - A separate form can be submitted directly to the state program coordinator.

CURRENT REPORTING:



OTHER REPORTING POSSIBILITIES:



- Revised Excel spreadsheets and tools
- Electronic real-time reporting platform:
 - Survey Monkey
 - User friendly
 - Not able to view data after submitted
 - Limited data and analytic capabilities
 - RedCap
 - Would require additional training
 - Everyone could view data
 - Other capabilities
- Other ideas??

QUESTIONS

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