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Background

Based on US Census Bureau 2014 data, South Carolina (SC) ranks high for poverty, low educational attainment, and uninsured population compared to other US states. Corresponding with SC's data related to poverty, educational attainment, and uninsured population, SC's teen birth rate and HIV/sexually transmitted infection (STI) rates are consistently higher than the US rates. Sexually risky behaviors place adolescents at risk for HIV infection, other STIs and unintended pregnancy. The long-term goal of the South Carolina Abstinence Education Grant Program (SC AEGP) is to reduce adolescent pregnancies and STI incidence in SC. Strategies to impact the goal include providing medically accurate, A-H compliant, abstinence education and/or positive youth development (PYD) strategies that promote delayed sexual activity through mentoring, counseling and adult supervision. Increasing adult and community support for adolescents to delay sexual activity is also a strategy of this program.

The South Carolina Department of Health and Environmental Control (SCDHEC) is the State's authorized Maternal and Child Health Agency, and is therefore authorized to apply for and administer the Title V State Abstinence Education Program funds on behalf of the State. By using public health strategies, SCDHEC intends to utilize the grant funds to support local health programs, schools, community organizations and faith-based organizations to achieve healthy communities by increasing awareness understanding and support for teens to delay sexual activity until marriage. Projects focus on those groups most likely to bear children out of wedlock, including youth, (ages 10 to 19), who are homeless, in foster care, living in rural areas or geographic areas with high teen birth rates, or coming from racial or ethnic minority groups. Through collaboration and productive public health and human service agency connections, funding that comes to SC for teen pregnancy prevention will be used efficiently and effectively

across agencies to help ensure that the needs of priority populations are addressed. In planning for this grant application, we have coordinated with partners in the state's Personal Responsibility Education Program (PREP) and the University of South Carolina's (USC) Arnold School of Public Health. Our goal is to continue planning and collaborative work with all organizations who receive federal funds to prevent teen pregnancy in order to provide a multi-pronged effort to reduce teen births and STIs in our state.

Description of Problem and Need:

In 2014, South Carolina celebrated a 10% decline in the teen birth rate, compared to 2013. In fact, the teen birth rate has declined 61% since peaking in 1991, with the most substantial decline seen among African-American, school-aged youth ages 15-17. The SC 2014 teen birth rate is 28.5 per 1,000 females for 15-19 year olds.¹ Much progress has been made educating young people about the importance of delaying pregnancy by abstaining from sexual activity until marriage, which is the safest choice for all teens. There has also been strategic work by other teen pregnancy prevention partners in the state to educate teens who are already sexually active about the best ways to protect themselves against repeat teen births and the spread of STIs. However, officials at the SC Campaign to Prevent Teen Pregnancy (SC Campaign), state "now is not the time to cutback prevention efforts. Instead, we need to refocus our efforts and target our resources to maximize impact"²

¹ Data Source: Division of Biostatistics, Public Health Statistics and Information Services, SCDHEC, 2015

² South Carolina Campaign to Prevent Teen Pregnancy: <http://www.teenpregnancysc.org/news/2015/12/start-early-stay-late-teens-south-carolina-are-delaying-pregnancy-just-not-long-enough>

South Carolina still has the 12th highest teen birth rate in the nation - more than 4,300 teens give birth in our state each year.³ Disparities still exist and despite improvement, our state's teen birth rate remains higher than the national rate of 24.2 births for every 1,000 adolescent females ages 15-19, with some SC counties more than double the US rate. Nearly eighty-nine percent (89%) of these births occurred outside of marriage.⁴ In addition, the U.S. teen birth rate is higher than that of many other developed countries, including Canada and the United Kingdom.⁵

Teen birth rates differ substantially by age, racial and ethnic group and region. Previous efforts have been particularly successful among younger teens, 17 years and younger. But much work remains among 18-19 year olds who make up 72% of all teen births in the state.⁶ While all races have experienced a decline, disparities still exist with age, race, ethnicity and geography. In SC, teen birth rates were highest among minority teens: 42.9 per 1,000 Hispanic and 35.2 per 1,000 African American, compared to 23.6 per 1,000 Caucasian. SC AEGP efforts will focus on reaching populations of young people who remain at elevated risk of becoming teen parents, including youth in state systems such as juvenile justice and foster care and those residing in areas of higher teen birth rates.

Based on the Epidemiologic Profile of HIV and AIDS in South Carolina 2015, of the more than 27,000 cases of Chlamydia diagnosed in SC in 2014, 52% were African American women and of nearly 8,000 cases of Gonorrhea, 81% were African American women. Also, of

³ South Carolina Campaign to Prevent Teen Pregnancy. The Issue. <http://www.teenpregnancysc.org/issue>. March 24, 2016

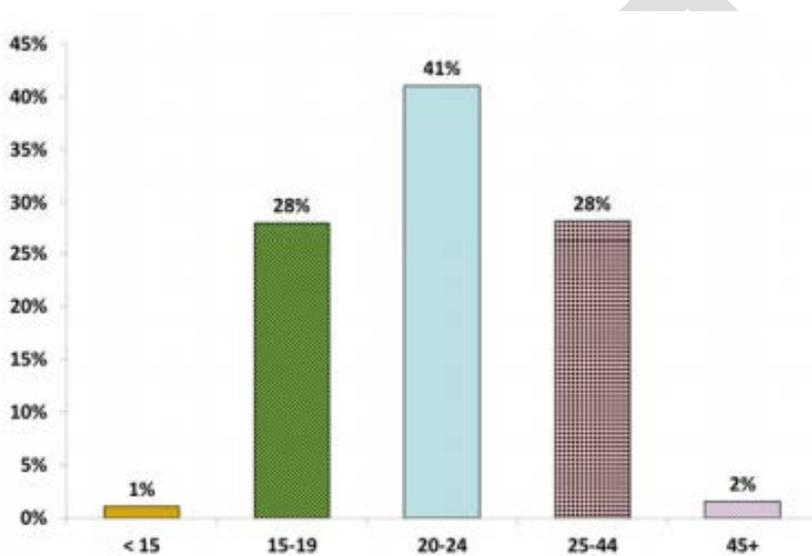
⁴ Hamilton, B.E., Martin, J.A., Osterman, M.J.K., & Curtin, S. C. (2015). Births: Final Data for 2014. Hyattsville, MD: National Center for Health Statistics. Retrieved February 22, 2016, from http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf

⁵ United Nations Statistics Division. (2015). *Demographic Yearbook 2013*. New York, NY: United Nations. Retrieved February 22, 2016, from <http://unstats.un.org/unsd/demographic/products/dyb/dyb2013/Table10.pdf>

⁶ South Carolina Campaign to Prevent Teen Pregnancy. The Issue. <http://www.teenpregnancysc.org/issue>. March 24, 2016

those total cases of Chlamydia, 28% were among ages 15-19 and of Gonorrhea, 22% were among ages 15-19 (See Figures 1 and 2). In addition, SC has the highest prevalence rate of HIV/AIDS among rural states⁷ and has the 8th highest annual AIDS rate in the US. As of 2015, there were 54 youth, ages 15-19 living with HIV/AIDS in SC.⁸

Figure 1: Proportion of 2014 Chlamydia Cases by age group

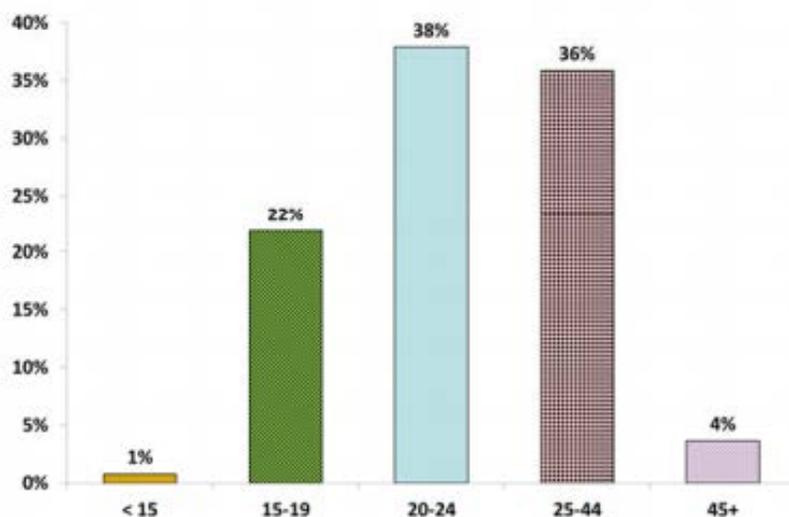


Source: An Epidemiologic Profile of HIV and AIDS in South Carolina 2015, Division of Surveillance and Technical Support, Bureau of Disease Control, SCDHEC

⁷ [http://rhr/sph.sc.edu/report/\(11-1\)HIV%20AIDS%20in%20Rural%20America.pdf](http://rhr/sph.sc.edu/report/(11-1)HIV%20AIDS%20in%20Rural%20America.pdf)

⁸ An Epidemiologic Profile of HIV and AIDS in South Carolina 2015, Division of Surveillance and Technical Support, Bureau of Disease Control, SC DHEC

Figure 2: Proportion of 2014 Gonorrhea Cases by age group



Source: An Epidemiologic Profile of HIV and AIDS in South Carolina 2015, Division of Surveillance and Technical Support, Bureau of Disease Control, SCDHEC

Poverty

The financial implications of teen pregnancy and sexually transmitted disease are staggering, but the societal consequences are dire. Teen mothers, fathers, and their children face social and economic disadvantages throughout their lives. Approximately 52% of all SC mothers on welfare had their first child as a teenager. Two-thirds of families living in poverty were begun by a young unmarried mother. Nearly 80% of fathers do not marry the teen mother of their child and pay less than \$800 annually in child support. In SC, 22% of children live in poverty – that is less than \$17,000 annual household income for a family of three. Preventing teen pregnancy is an effective and efficient way to reduce poverty and improve overall child and family well-being in South Carolina.⁹

⁹ South Carolina Campaign to Prevent Teen Pregnancy. On Poverty. www.teenpregnancysc.org/issue/poverty. March 22, 2016

Foster Care

Teen pregnancy affects the foster care system in two major ways: teens in foster care are more likely to become pregnant and babies born to teen mothers are more likely to be placed in foster care. In South Carolina, teen girls in foster care are 2.5 times more likely to experience a pregnancy than their peers not in foster care. Teen mothers aged 17 and younger are 2.2 times more likely to have a child placed in foster care than mothers who delay childbearing until age 20 or 21. There are more than 7,500 children in foster care in South Carolina. Prevention would mean fewer children in foster care and less stress on the foster care system.¹⁰

Education

Unfortunately, becoming pregnant makes it hard for teens to do their best in school. Conversely, school failure and disconnection from school are important risk factors for becoming pregnant as a teen. Youth who are not engaged in school are more likely to engage in risky behaviors that can lead to teen pregnancy. Teen pregnancy is a leading cause of high school drop-out. In fact, only 51% of young women who become mothers as teens get their high school degree by the age of 22 compared to 89% of young women who were not teen parents. Negative outcomes from teen childbearing also weigh on the child as children of teen mothers are less prepared to enter the school system and score lower on measures of school readiness. Schools can play an important part in preventing pregnancy among their students. Helping teens get involved and succeed in school can reduce the likelihood of teen pregnancy.¹¹

¹⁰ South Carolina Campaign to Prevent Teen Pregnancy. On Foster Care. www.teenpregnancysc.org/issue/foster-care. March 22, 2016

¹¹ South Carolina Campaign to Prevent Teen Pregnancy. On Education. www.teenpregnancysc.org/issue/education. March 22, 2016

Target Population

The following factors have been considered in making the determination that South Carolina will use 2016 AEGP funding to support school or community-based programs of abstinence-until-marriage education and/or programs that provide mentoring, counseling and adult supervision services to male and female youth ages 10-19 residing in communities with high teen birth rates:

- Epidemiological data
- Coordination of funded programs to prevent teen pregnancy
- Stakeholder input and recommendations
- Existing resources

SC's 2016 Title V AEGP funding will be used to provide education and support to increase:

- (a) The proportion of adolescents postponing sexual activity as a means to prevent teen pregnancy, birth and/or STIs;
- (b) Adult and community support for adolescents to delay sexual activity; and
- (c) PYD strategies that promote delayed initiation of sexual activity through mentoring, counseling and adult supervision.

The strategies and population groups established by the SC AEGP are:

1. Abstinence-based education for males and females 10-19 years of age;
2. PYD strategies that promote abstinence for youth 10-19 years of age; and
3. Awareness, education, and skill building interventions for parents and other adults who influence the primary populations targeted.

The SC AEGP's intent is for abstinence education programs to impact selected SC health indicators, to include:

- a lower out-of-wedlock birth rate;
- a lower abortion rate;
- a reduced number of adolescents 19 years old and younger who engage in sexual intercourse;
- a reduced incidence of STIs; and
- a lower pregnancy rate among teenagers.

Figure 3: Priority Target County Areas for 2016 Title V AEGP funding

Based on scoring of the above health indicators, the priority target county areas established by the SC AEGP are detailed in table below:

Priority Area 1	Priority Area 2	Priority Area 3	Priority Area 4	Priority Area 5	Priority Area 6
<i>Counties Scoring Above the South Carolina Average Rate 5 of 5 Variables*</i>	<i>Counties Scoring Above the South Carolina Average Rate 4 of 5 Variables*</i>	<i>Counties Scoring Above the South Carolina Average Rate 3 of 5 Variables*</i>	<i>Counties Scoring Above the South Carolina Average Rate 2 of 5 Variables*</i>	<i>Counties Scoring Above the South Carolina Average Rate 1 of 5 Variables*</i>	<i>Counties Scoring Below the South Carolina Average Rate 5 of 5 Variables*</i>
Allendale Colleton Greenwood Orangeburg	Bamberg Barnwell Cherokee Chester Chesterfield Clarendon Darlington Dillon Fairfield Florence Hampton Horry Lee Marion Marlboro Newberry Sumter Union	Abbeville Anderson Charleston Jasper Kershaw Lancaster Laurens McCormick Richland Saluda Spartanburg	Aiken Edgefield Georgetown Oconee Williamsburg York	Calhoun Dorchester Greenville	Beaufort Berkeley Lexington Pickens
<p>*The information above reflects SC's priority areas for Abstinence Education based on: (1) out-of-wedlock birth rates; ages 10-19, (2) birth rates; ages 10-19, (3) abortion rates; ages 10-19, (4) sexual transmitted disease rates; ages 10-19, and (5) pregnancy rates; ages 10-19. Rankings are based on 3-year rates by county 2012-2014 for females 10-19 years of age. Data Sources: SCDHEC, Division of Biostatistics and the STI/HIV Prevention Program</p>					

Implementation strategies will be inclusive of those groups that are most likely to bear children out-of-wedlock, such as youth who are runaway or homeless, youth in or aging out of foster care,

youth in the juvenile justice system and youth residing in areas with high teen birth rates or in racial or ethnic minority groups. Note: Though we know that we reach foster care youth within public schools, schools and/or state agencies are not at liberty to disclose foster children's identity in that way. Therefore, though we will serve youth in foster care, we will not be able to report numbers based on that category.

Program efforts will continue to be planned and implemented based on information from health status indicator and prevalence/incidence data to determine the nature and extent of unfavorable outcomes resulting from sexual behaviors occurring outside of wedlock. The fiscal resources provided through this grant effort enable the state to implement efforts and activities, which teach and advocate for abstinence until marriage. Although trend data continue in the right direction on several health status indicators, the state needs to continue to address these outcomes.

Location of program delivery

SC AEGP's current sub-grantees, Heritage and Bamberg School District Two, will work with students in school districts in the following ten (10) counties: Allendale, Barnwell, Bamberg, Greenwood, Spartanburg, Cherokee, Darlington, Florence, McCormick and Dorchester. Additional future sub-grantees will provide school or community-based 1) evidence-based, medically accurate, abstinence-until-marriage education programs and/or 2) evidence-based mentoring, counseling, and adult supervision programs using PYD strategies designed to delay the initiation of sexual behavior among youth ages 10-19, residing in priority areas in SC identified by their applications (including youth in foster care and other state systems).

Efforts will be made to coordinate plans with prevention services provided under the PREP grant and the Office of Adolescent Health's Teen Pregnancy Prevention (TPP) funding to create a multi-pronged approach across the state.

Mentoring, Counseling, or Adult Supervision

With the increased funding allocated to SC in the 2016 Title V AEGP, SCDHEC will conduct a "Request for Grant Applications" (RGFA) process, to solicit school or community-based organizations who will provide abstinence-until marriage education or mentoring, counseling and adult supervision programs to promote abstinence through a strengths-based PYD approach. Realizing the role that adolescent's attitudes, behaviors, relationships and environments have in predicting problem behaviors like early sexual activity, SC AEGP would like to create opportunities for youth to access PYD programs to help them build protective factors that mitigate the impact of past and future negative experiences. For the RFGA, application scoring will favor organizations who provide evidence-based, medically accurate, A-H compliant programs to populations who are the most vulnerable for pregnancies, including culturally underrepresented populations, (Hispanic, African American or Native American teenagers), youth in or aging-out of foster care or adjudication systems, runaway and homeless youth and young people in high need communities in SC.

Ensuring the Well-Being of Vulnerable Children and Families

To promote social and emotional well-being of children, youth and families who have experienced maltreatment, exposure to violence and/or trauma, Children's Trust of South Carolina offers free training in Adverse Childhood Experiences. Sub-grantees of SCDHEC's

AEGP will be encouraged to complete this training in 2016 to promote a trauma-informed approach which involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress, as well as the potential behavioral and mental health consequences of trauma in youth that they serve.

Implementation Plan

It is the intent of SCDHEC to use the 2016 Title V AEGP funding to provide school or community-based 1) evidence-based, medically accurate, abstinence-until-marriage education programs and/or 2) evidence-based mentoring, counseling, and adult supervision programs using PYD strategies designed to delay the initiation of sexual behavior among youth ages 10-19 residing in priority areas in SC (including youth in foster care and other state systems).

Background

During the fall of 2014, SCDHEC Procurement Services Division conducted a statewide “request for grant application” (RFGA) process, which resulted in awards to two organizations who are experienced in providing abstinence-until-marriage program services being selected by an independent panel to enter into a five-year contract with SCDHEC to implement medically accurate and A-H compliant abstinence education programs. These organizations are Heritage Community Services (Heritage), implementing *Heritage Keepers Abstinence Education* and Bamberg School District Two, implementing *Sex Can Wait*. Both organizations are using evidence-based curriculum to reach over 3000 students, combined, annually in ten South Carolina counties with abstinence-until-marriage education. In addition, they are working with community organizations to create opportunities for parents and other caring adults to build skills to more effectively communicate with youth about sexual health and building healthy relationships. To date, these organizations continue to meet or exceed their goals for numbers of

students reached through school-based interventions and for numbers of parents or other adults reached through community events or social media. They are participating in independent and statewide evaluation processes to monitor the reach and fidelity of their programs. SCDHEC will utilize a portion of the Title V 2016 AEGP funding to continue working with these two organizations through formal sub-grantee relationships. These sub-grantees certify that they will utilize medically accurate, evidenced-based curriculums that are consistent with A-H definitions of Section 510 (b) (1) of the Social Security Act and are experienced in doing so.

Realizing the role that young people's attitudes, behaviors, relationships and environments have in predicting problem behaviors like early sexual activity, SC AEGP would like to create opportunities for youth to access PYD programs to help them build protective factors that mitigate the impact of past and future negative experiences. With increased funding allocated to SC in the FY2016 Title V Abstinence Education grant, SCDHEC will conduct an additional RFGA to solicit organizations to provide school or community-based 1) evidence-based, medically accurate, abstinence-until-marriage education programs and/or 2) evidence-based mentoring, counseling, and adult supervision programs using PYD strategies designed to delay the initiation of sexual behavior among youth ages 10-19 residing in priority areas in SC. For the RFGA, application scoring will favor organizations who provide services to populations who are the most vulnerable for teenage pregnancies, including culturally underrepresented populations, (Hispanic, African American or Native American teenagers), youth in or aging-out of foster care or adjudication systems, runaway and homeless youth and young people in high need communities in SC. The RFGA scoring will also include the requirement for applicants to incorporate an evidence-based, medically accurate approach and/or effective strategies that have demonstrated impacts on delaying initiation of sexual activity. Applicants will be directed to the

list of evidence-based programs provided in the FOA at:

<http://tpevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>.

Finally, the increased funding allocation to SC AEGP for 2016 will also allow us to provide statewide training to educators working with youth aged 10-19 on Sexual Risk Avoidance Certification (SRA). SC AEGP will contract with the National Abstinence Education Association (NAEA) to offer this training and certification program to educators in order to increase the overall quality of school and community sexual health education in our state.

What follows are the outcome and process objectives associated with implementing the 2016 Title V SC AEGP initiative, the strategies that will be supported with the 2016 AEGP funding in our state, and a description of the capacity of SCDHEC to manage the program.

DRAFT

South Carolina Title V State Abstinence Education Grant Application

FY 2016

CFDA No 93.235

Figure 4: Logic Model

Inputs	Activities	Outputs	Outcomes		
			Immediate	Intermediate	Long-term
-Title V, Section 510 Abstinence Education funds -SCDHEC Staff -Sub-awardees/grantee Staff -Curriculum Materials -Positive Youth Development curriculum -National Abstinence Education Association -Grantee's independent evaluators -USC CARE evaluator -Partnerships (faith/schools) -PREP/SAASH (State Alliance for Adolescent Sexual Health in South Carolina) -Male and female adolescents aged 10-19 from high-risk zip codes	-Community and school based programs for adolescents -Parent activities -Faith/Civic leader and Health/Education Professionals Activities -Capacity Building -Sexual Risk Avoidance Training -Contract/Compliance Monitoring -Data Collection and Analysis -Community Education and Mobilization -Positive Youth Development/Mentoring program for adolescents	-Number of youth completing the curriculum -Number of youth served by Abstinence Education program -Number of parent/child events -Number of capacity building activities -Number of staff who receive SRA training -SCDHEC statewide performance measures --Number of site visits conducted -Number of adults receiving information on abstinence education via media -Number of adolescent participating in positive youth development and/or mentoring	-Increased parent-child communication -Increased knowledge of pregnancy and consequences -Increased perception of personal risk -Improved communication skills -Increased self-efficacy to refuse sex -Improved personal confidence and role identity -Ability to set short and long-term academic goals -Increase attachment to one or more adults -Increase connectedness between teens and parents	-Increase number of youth delaying sexual debut -Decrease the number of future sexual partners among program young adults -Increased abstinent behavior among school-aged students	-Decrease teen birth rates -Decrease teen HIV and STIs rate -Sustain abstinence education in communities
Challenges: High rates of teen pregnancy among the most vulnerable populations in South Carolina			Assumptions: Adolescents aged 10-19 who receive abstinence education are more likely to have lower risk of teen birth and STIs. Adolescents within the foster care system will be reached through school-based programs.		
External Factors: Experienced grantee staff to implement programming, target population size in rural counties, federal funding for abstinence education programs, and community views on abstinence education.			Constraints: Non-duplication of youth participants, limited number of applicants, and state matching funds availability.		

Program Implementation

Goal Statement: The goal of SC AEGP is to decrease teen birth rates and teen HIV/STI rates in priority counties by providing school or community-based 1) evidence-based, medically accurate, abstinence-until-marriage education programs and/or 2) evidence-based mentoring, counseling, and adult supervision programs using PYD strategies designed to delay the initiation of sexual behavior among youth ages 10-19 residing in priority areas in SC.

Outcome Objective 1: By September 2017, a minimum of 2,000 SC youth ages 10-19 will complete a state-approved abstinence-until-marriage program in either a community or school setting in priority areas in SC.

Process Objectives:

- SCDHEC will contract with Heritage Community Services and Bamberg School District Two to provide evidenced-based abstinence-until-marriage programs in school settings in ten (10) counties in SC. These programs include youth in the foster care system.
- Sub-grantees will provide updated training to facilitators of evidence-based abstinence-until-marriage curriculums being utilized.
- Sub-grantees will renew and/or update MOAs with community-based organizations and/or schools where education is being provided.
- Sub-grantees will implement programs with fidelity to youth in identified priority areas.

Outcome Objective 2: By September, 2017, a minimum of 3000 youth will be served by a state-approved abstinence education program

Process Objectives:

- SCDHEC will contract with Heritage Community Services and Bamberg School District Two to provide evidenced-based abstinence-until-marriage programs in school settings in ten (10) counties in SC. These programs include youth in the foster care system.
- Sub-grantees will provide updated training to facilitators of evidence-based abstinence-until-marriage curriculums being utilized.
- Sub-grantees will renew and/or update MOAs with community-based organizations and/or schools where education is being provided.
- Sub-grantees will implement programs with fidelity to youth in identified priority areas

Outcome Objective 3: By June 2017, 10 parent/child events will have been conducted in targeted communities in SC.

Process Measures:

- Sub-grantee will determine settings/date best suited to conduct parent/child events.
- Sub-grantee will conduct parent-child event with target population.
- Sub-grantee will evaluate and report the reach and effectiveness of the parent-child event.

Outcome Objective 4: By June 2017, sixty (60) staff from youth-serving organizations will have attended the NAEA Sexual Risk Avoidance training and certification.

Process Measures:

- SCDHEC will work with NAEA to identify dates and locations for SRA training.
- SCHDEC will partner with NAEA to conduct SRA trainings.

- SCDHEC will evaluate the effectiveness and outcomes of the SRA trainings.
- At least 80% of enrolled participants will complete the training and receive SRA certification.

Outcome Objective 5: By September 2017, SCDHEC in collaboration with a program evaluator at USC Core for Applied Research and Evaluation (USC CARE) will coordinate with sub-grantees to evaluate the SC AEGP statewide performance measures to gauge the performance of the sub-grantees and the overall impact of the SC AEGP initiative.

Process Objectives:

- USC CARE evaluator will work with SC AEGP staff to finalize the statewide performance measures.
- SCDHEC/USC CARE will provide training and technical assistance to sub-grantees on data collection for performance measures.
- USC CARE evaluator will monitor and evaluate received from sub-grantees and create a final report.
- SCDHEC and USC CARE will ensure that the sub-grantee's program report includes the Administration for Children & Families (ACF)-required efficiency measures (i.e.: Sections A-D of the Performance Progress Report).

Outcome Objective 6: By September 2017, 2000 adults will have received information on abstinence education and effectively communicating with youth on sexual health topics.

Process Objectives:

- Sub-grantee will provide take-home parent information to all students who participate in school or community-based abstinence education programs.

- Sub-grantee will distribute 24 Heritage Healthy Family Formation Coalition newsletters to parents and other interested adults.

Outcome Objective 7: By September 2017, SCDHEC program staff will have conducted at least two site visits with each sub-grantee.

Process Objectives:

- SCDHEC will create site visit tool for assessment of progress on deliverables, fidelity to curriculum, medical accuracy, and adherence to A-H elements.
- SCDHEC will provide training to grantees on plans for assessments during site visits.
- SCDHEC will review data and program reports submitted by the funded programs to identify successes and areas needing improvement.

Outcome Objective 8: By September 2017, a minimum of 300 SC youth ages 10-19 will have been served through a school or community-based PYD and/or mentoring program.

Process Objectives:

- SCDHEC will work with SC Campaign to research evidence-based and promising mentoring, counseling and adult supervision program models which employ a strengths-based, PYD approach to assist young people to transition to a healthy adulthood and delay sexual activity.
- SCDHEC will develop an RFGA that clearly describes the goals of the AEGP initiative, target populations, eligible applicants, fundable services, medical accuracy requirements and reporting and budget requirements.

- SCDHEC will solicit input from a variety of stakeholders including, but not limited to: SCDHEC staff, other SC agency staff (the state's welfare/foster care agency and education agency), and other private organizations who work with adolescent populations
- SCDHEC will release an RFGA to solicit additional proposals for organizations to provide school or community-based 1) abstinence-until-marriage education programs or 2) mentoring, counseling and adult supervision programs that target youth residing in priority areas of South Carolina.
- SCDHEC will widely disseminate the RFGA to eligible applicants which will include, but not limited to: any organization doing business with the State of SC, not-for-profit community-based organizations, foster care agency, school districts, faith-based organizations, United Way, Commission for Minority Affairs, Foster Parents association, and local and county government agencies.
- SCDHEC will recruit an independent, unbiased review team to score the applications received.
- SCDHEC will instruct the panel review all eligible applications using a standard review tool and criteria.
- The panel will recommend funding to successful applicants including a determination that said applicants have proposed to serve high-need counties, including youth in foster care or other state systems.
- SCDHEC will award AEGP funds to approximately 2-4 organizations whose applications were selected by the independent review panel.

- SCDHEC will initiate formal contracts with the successful applicant 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.
- SCDHEC will execute contracts with the successful applicants and commence implementation of the programs.
- SCDHEC will provide or arrange for training and technical assistance to program staff on program implementation and service delivering issues to include assistance in overcoming barriers that programs may encounter.
- SCDHEC will monitor program implementation milestones including hiring of staff, staff development activities, recruiting the target population, delivering services and program evaluation activities.
- Sub-grantee(s) will implement program reporting requirements (including data elements and performance measures required by ACF) and other data/information required to complete the overall AEGP evaluation.

Barriers

Though we know that we reach foster care youth within public schools, those schools/state agencies are not at liberty to disclose foster children's identity in that way. Therefore, though we will serve youth in foster care, we will not be able to report numbers based on that category. Other potential barriers to implementation of the SC AEGP might include continuation of federal funding throughout the grant period. SC Legislature has also historically funded state budget Provisos for the purpose of providing abstinence education, which DHEC has recently used as a match for federal funding. Interruption of this state funding could be a potential barrier, which would require sub-grantees to assist in documenting the state's matching funds.

Mechanisms for formal partnerships

As described above, SCDHEC will develop and implement formal sub-grantee agreements with Heritage and Bamberg School District Two to guide programmatic efforts across ten of the State's 46-counties for school-based abstinence-until-marriage education and statewide for parent and community education via marketing and social media. In addition, SCDHEC will contract with an evaluator from the USC CARE to create a coordinated state level evaluation that will allow SCDHEC to assess sub-grantee achievement of goals; including reach and fidelity, as well as streamline data collection for federal reporting. The evaluator will work with SCDHEC and the sub-grantees to design strategies that will provide needed state level information, but will work with the structures already created by the sub-grantees with a minimum of additional burden. Finally, due to additional funding allocated to SC for 2016 Title V AEGP, SCDHEC will conduct a RFGA process to solicit applicants to provide school or community-based 1) evidence-based, medically accurate, abstinence-until-marriage education programs and/or 2) evidence-based mentoring, counseling, and adult supervision programs using PYD strategies designed to delay the initiation of sexual behavior among youth, ages 10-19, residing in priority areas in SC. Once awards are made, formal agreements will be executed between SCDHEC and the sub-grantees who are awarded funds for 2016. All formal agreements will be effective for the dates of October 1, 2016 – September 30, 2017.

Monitoring

SCDHEC will be responsible for overall program budgeting, management, evaluation and for the development and submission of federal reports. Additionally, SCDHEC will plan and facilitate planning with other organizations who receive federal funds for teen pregnancy prevention and provide or facilitate technical assistance to sub-grantees. Sub-grantees will develop an annual work plan and budget that will guide annual performance objectives. SCDHEC will monitor the implementation of each sub-grantee's work-plan through regular

program reports and quarterly meetings and/or site visits to program service areas to assure program integrity to the proposed plan and the priorities of the state and ACF. SCDHEC will ensure that the abstinence-until-marriage educational programs offered by the sub-grantees will be evidence-based, medically accurate and compliant with A-H definitions. SCDHEC will ensure that the programs are inclusive and non-stigmatizing toward lesbian, gay, bisexual, transgender and questioning youth and not express a judgement with regard to sexual orientation or seek to influence the beliefs of participants with respect to sexual orientation or gender identity

The sub-grantees will conduct independent process and impact evaluations. SC AEGP will work with an evaluator from the USC CARE to create a coordinated state level evaluation that will allow SCDHEC to assess sub-grantee achievement of goals; including reach and fidelity, as well as streamline data collection for federal reporting. The evaluator will work with SCDHEC and the sub-grantees to design strategies that will provide needed state level information, but will work with the structures already created by the sub-grantees with a minimum of additional burden. Components of the plan will include:

- Attendance monitoring;
- Fidelity monitoring;
- Demographic data for reporting;
- Measures of attitudes and intentions;
- Regular reporting on sub-grantees progress towards goals;
- Federal reporting; and

- Assessment of future evaluation.

Coordination

The SC AEGP will coordinate planning with stakeholders and other teen pregnancy prevention organizations. The SC State Alliance for Adolescent Sexual Health (SAASH) is a group of committed stakeholders dedicated to the health and well-being of youth in our state. The SC AEGP staff are members of SAASH and will participate regularly to help build our state's capacity to integrate programs and strengthen partnerships around adolescent sexual health issues. The SC PREP coordinator and the SC Campaign staff are members of this group, in addition to representatives of the state child welfare agency, juvenile justice, department of education, mental health agency, substance abuse agency and other organizations who serve adolescents.

Service Recipient Involvement

SC AEGP staff will request permission to post the state plan on the SCDHEC agency website at <http://www.scdhec.gov/> after approval from FYSB in order to facilitate comments from stakeholders. SCDHEC will publicize the availability of funds through posting the RFGA to the agency website as well as the SC Business Opportunities website at <http://www.mmo.sc.gov/PS/general/scbo/PS-scbo-online.phtm>. In addition, we will request to utilize the SAASH list-serve to notify stakeholders and will follow-up with emails and phone calls to known interested groups and previous sub-grantees.

Referrals

SC AEGP staff will ensure that sub-grantee educators maintain a listing of appropriate organizations for referrals as needed to services such as pregnancy and STI testing, prenatal care, substance abuse and mental health counseling, partner violence, smoking cessation, parenting resources, and related services, according to school district referral policies.

Objective Performance Measures

Two program-related objective performance measures that SC AEGP proposes to use to measure its success in reaching key goals are:

Outcome Objective 1: By September 2017, a minimum of 2,000 SC youth ages 10-19 will complete a state-approved abstinence-until-marriage programs in either a community or school setting in priority areas in SC.

Outcome Objective 5: By June 2017, sixty (60) staff from youth-serving organizations will have attended the Sexual Risk Avoidance training.

SC AEGP will work with an evaluator from the USC CARE to create a coordinated state-level evaluation that will allow SCDHEC to assess sub-grantee achievement of goals; including reach and fidelity, as well as streamline data collection for federal reporting. The evaluator will work with SCDHEC and the sub-grantees to design strategies that will provide needed state-level information, but will work with the structures already created by the sub-grantees, with a minimum of additional burden. Components of the plan will include:

- Attendance monitoring;
- Fidelity monitoring;
- Demographic data for reporting;
- Measures of attitudes and intentions;

- Regular reporting on sub-grantees progress towards goals;
- Federal reporting; and
- Assessment of future evaluation.

Objective Efficiency Measures

SC AEGP will coordinate with sub-grantees to collect and report data on the service recipients served by the program as required by ACF/ACYF. The data will be reported on required forms in the Performance Progress Report, Tables A-D.

Sustainability Plan

SC AEGP will seek to work with SAASH, sub-grantees, school and community partners and others to create a sustainability plan for the programming to adolescents provided through the Title V AEGP. In some counties of the state, school districts are electing to train their own staff to implement curriculum, instead of having sub-grantee staff conduct the abstinence programs. This model is conducive to sustainability if federal funding should be discontinued. SC Legislature has historically provided annual budget Provisos to SCDHEC for the purpose of providing abstinence-until-marriage programs to complement the federal program. This funding would also help to sustain programs if federal funding should be discontinued. We will work with stakeholders to continue to seek creative methods of planning for program sustainability and expansion.

Description of Programmatic Assurances

To ensure compliance with the following requirements:

1. Applicants for sub-awards understand and agree formally to the requirement of programming to not contradict section 510 (b)(2) A-H elements;
2. Materials used by sub-grantees do not contradict section 510 (b)(2) A-H elements; and
3. Curricula and materials must be reviewed for medical accuracy by awardees and sub awardees,

SCDHEC will take the following measures:

- SCDHEC will require all applicants for sub-awards under the AEGP to provide certification from a national organization that their current curriculum and all supporting materials have been reviewed and have been found to adhere with federal Section 510 (b)(2) A-H elements.
- SCDHEC will require all applicants for sub-awards under the AEGP to provide certification that their current curriculum and all supporting documents have been reviewed and that the information contained within is medically accurate.
- Sub-award applications will be considered incomplete without the above certifications and will not be scored without them.
- Requirement for program adherence to Section 510 (b)(2) A-H definitions and use of medically accurate information for AEGP sub-grantees will be included in formal contracts.
- Throughout the program implementation, SCDHEC program staff will make site visits to observe curriculum implementation and ensure that materials being used are medically accurate and not contradictory to Section 510 (b)(2) A-H elements.
- See Appendices for additional certification

Nondiscrimination: SCDHEC certifies it will comply with all federal statutes and regulations relating to non-discrimination. SCDHEC will require and ensure that all funded organizations have policies in place to protect youth from bullying and harassment. SCDHEC will monitor and ensure that all funded organizations allow youth to participate in programming without regard to race, ethnicity, sexual orientation or gender identity.

Budget

SCDHEC will maintain a portion of its Title V AEGP grant award to support administrative and programmatic functions within the agency's program. Administrative support includes salaries, fringe, indirect costs, supplies, and travel for program staff. Travel funds will be set aside for 1-2 staff members to attend the annual ACF conference for state grantees. Contractual support for the SC AEGP program evaluator is included in administrative funds as well. Sub-grantees will be required to submit detailed line-item budgets supportive of their planned program efforts and work plans. Sub-grantees will submit regular itemized invoices seeking reimbursement for programmatic expenditures incurred while conducting AEGP activities. SC AEGP program staff will review these invoices prior to approval and payment and will review sub-grantee's budget expenditures during regular meetings and site visits.

Cost Sharing or Matching

SCDHEC will show that at least 42.857% of the project's annual total cost is funded with non-federal resources (at least \$563,793). It is anticipated that State Budget Provisos dedicated to Abstinence Education (\$646,972 in total) will be used as the state's match. If State funds are not awarded to SCDHEC, a portion of the match requirements will be passed on to sub-grantees, who will document the matching funds required by utilizing other state funds, private funds or in-kind donations.

Appendices

Medical Accuracy Certification (attached)

DRAFT