

**NEW YORK STATE  
DEPARTMENT OF HEALTH  
PERSONAL RESPONSIBILITY EDUCATION PROGRAM  
STATE PLAN**

**TABLE OF CONTENTS**

**Standard Forms**

**Assurances**

**Transmittal Letter**

**State Plan Abstract**

**Introduction**

**Program Narrative**

**Goal Statement, Objectives and Logic Model**

**Updated Need Statement**

**Target Population**

**Program Management**

**Program Plan/Approach**

**Models to be Replicated/Implementation Strategy**

**Sub-Awardee Involvement**

**Collaborations and Stakeholder Participation**

**Performance Measurement**

**Evaluation**

**Budget Narrative/Justification**

**Appendices**

## **Introduction**

Over the past two decades, New York State (NYS) has made impressive progress in reducing adolescent pregnancy rates. In 1993 the pregnancy rate for teens ages 15 to 19 was 95.3 per 1000; the rate reported for 2008 was 57.6 per 1000. NYS has also experienced a reduction in the adolescent birth rate. The total number of births to teens age 15 to 19 reported in 1998 was 22,321 (26.2 per 1000); the number of births to teens reported in 2008 was 17,245 (25.1 per 1000). Despite these positive trends, the number of teens who become pregnant each year in NYS is still unacceptably high. Moreover, other indicators of sexual health illustrate the fact that young people in NYS 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 NYS in 2008, but constituted only 14 % of the State's population. The number of young people ages 13 to 24 living with HIV/AIDS has steadily increased in recent years; from 3,511 reported in 2002 to 4,598 reported in 2007. In addition, NYS 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 the NYS Department of Health (NYSDOH), 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. Efforts to reduce unintended pregnancies can no longer be developed, funded and managed separately from efforts to reduce STDs and efforts to prevent HIV infection. The NYS plan to promote adolescent sexual health detailed in this document

represents a combination and culmination of many strategies and activities that NYSDOH has undertaken in the past 5 years to comprehensively address adolescent sexual health. These activities include, but are not limited to: creation of NYSDOH's Adolescent Sexual Health Work Group; consolidation of NYSDOH 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; establishment through a contractual agreement, a Center of Excellence on adolescent sexual health and youth development; a statewide social marketing campaign to promote sexual health among young people; and, development and recent release of a competitive Request for Applications (RFA) 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 issuance of the State Personal Responsibility Education Program (PREP) funding opportunity and NYS's award is very timely in that it coincides with the release of NYSDOH's RFA entitled *Comprehensive Adolescent Pregnancy Prevention (CAPP)*. The RFA includes approximately \$17 million in state and federal funding to support community-based programs within high need communities throughout NYS to promote adolescent sexual health. The RFA was released by NYSDOH on September 13, 2010; a copy of the RFA can be downloaded at <http://www.health.ny.gov/funding/rfa/1007301230/index.htm>. Applications were due on 10/29/10. Of the 85 applications received, 50 were selected for funding, and an additional 11

were designated as “approved but not funded” – i.e. they were approved based on score but there were not sufficient funds available through the initial RFA to make awards. Because the CAPP RFA is fully consistent with the federal PREP funding, it is NYSDOH’s intent to use the majority (approximately \$2.0 million) of its PREP allotment to fund additional local programs that were determined to be “approved but not funded” through the CAPP RFA application review process.

NYSDOH also intends to use approximately \$400,000 to support the Assets Coming Together for Youth (ACT) Center of Excellence (COE). Created in 2000 with NYSDOH funding, the COE provides technical assistance and training to NYSDOH-supported youth serving organizations to assure consistent services of the highest quality, and serves as a clearinghouse for resources and best practices on adolescent sexual health and youth development topics. The COE is the Bronfenbrenner Center for Translational Research at 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 NYSDOH, its state level partners and communities. The COE is an active member of the NYS Youth Development Team and provides assistance and guidance to many of its member agencies. The COE will play a prominent role in assisting NYSDOH with activities associated with the implementation and evaluation of the CAPP-PREP initiative including providing training and technical assistance to the funded programs on selecting, implementing with fidelity, and adaptation of evidence-based educational programs. The COE will also assist

NYSDOH with the overall evaluation of the CAPP-PREP initiative. In addition, NYSDOH plans to use approximately \$400,000 of PREP funds to support a project to develop, implement and evaluate a model for pregnancy prevention specifically designed for the needs of high-risk foster care youth. 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. 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. Studies have demonstrated that the past experiences of foster care youth make them more vulnerable to high-risk sexual activity that can lead to pregnancy and STDs. NYSDOH will seek input from the NYS Office on Children and Family Services (OCFS) and the New York City Administration on Children's Services (ACS) (agencies with foster care oversight responsibilities) in the development and implementation of a program designed to serve youth in foster care.

What follows is a full description of the efforts NYS has undertaken to achieve its current strong position to promote adolescent sexual health. The detailed information provided in this document about the strategies and activities the State will employ to successfully meet the challenges presented by addressing adolescent sexual health are the result of the thoughtful

planning and the positive actions taken by NYSDOH over the past several years. New York's State Plan, detailed in this document, demonstrates the State's commitment to adolescent pregnancy prevention and improving the sexual health of NYS's young people.

## **Program Narrative**

### **Goal Statement, Objectives and Logic Model**

#### Goal Statement:

The NYSDOH will foster leadership and strengthen coordination of programs at the state and local level to reduce unintended teen pregnancy, STDs, HIV/AIDS, reduce ethnic/racial disparities in sexual health outcomes, and promote optimal sexual health for young people ages 10 to 21 in NYS.

#### Process Objectives:

- By September 2011, implement and support eight community-based CAPP-PREP programs to educate 4492 youth on abstinence and contraception through implementation of evidence-based programs (EBPs) appropriate for the designated target group.
- By September 2011, implement and support eight community-based CAPP-PREP programs to educate 3656 youth on adult preparation subjects.
- Develop the capacity of the eight community-based CAPP-PREP programs to ensure access to the physical, social, emotional, and developmental supports necessary for adolescents and young adults, including pregnant and parenting, out-of-school, foster

care, and other at-risk youth, to transition into a healthy, productive, connected adulthood.

- In conjunction with the NYSDOH-funded ACT COE, NYSDOH will ensure the implementation of EBPs with fidelity, and provide expertise related to the adaptation of evidence-based practices as needed throughout the initiative by February 28, 2012.

Outcome Objectives:

- By September 2012, of the 4492 youth who participated in the CAPP-PREP programs, 80% will report that it is easy or very easy to say no to sex.
- By September 2012, of the 4492 youth who participated in the CAPP-PREP programs, 80% will report that they will decide to use condoms if they have sex in the next three months.
- By September 2012, of the 4492 youth who participated in the CAPP-PREP programs, 80% will report that they will decide to use birth control (other than a condom) if they have sex in the next three months.

Logic Model Narrative:

The logic model illustrates the expected impact of the NYSDOH, local stakeholders and other influences on the process to develop and implement CAPP-PREP initiative. Under the leadership and program management of the NYSDOH, each partner offers input to the project and works in tandem with others to influence and support the success of the project. The objectives and process measures are consistent with the work of the CAPP-PREP sub-awardees

and include medically accurate evidence-based sexual health education; identification of barriers to comprehensive reproductive health care and family planning services to improve access to these services; the development of a Community Advisory Council (CAC) and annual community assessment of adolescent sexual health to sustain efforts made during the contract period. The CAPP-PREP sub-awardees are expected to incorporate a youth development framework to design and deliver their services. The short-term and intermediate outcomes identify the work that the sub-awardees will accomplish through activities directed to youth, family, school and the community to foster improved sexual health outcomes for youth. Throughout the logic model, arrows depict the sharing of information and strategies, and opportunities for evaluation and continuous quality improvement. The logic model includes the long-term outcomes of the NYSDOH to decrease adolescent pregnancies, STD's and HIV/AIDS; decrease racial/ethnic disparities; and promote optimal sexual health among young people. Other desired long-term outcomes include improved well-being and life outcomes for youth and contribution to strong healthy communities.

### **Updated Need Statement**

Adolescent sexual health is a prominent public health priority for the NYSDOH. Evidence of the importance NYSDOH places on improving sexual health outcomes for young people and reducing the corresponding racial and ethnic disparities is the recently released CAPP RFA that represents an investment of \$17 million in state and federal funding.

The focus NYSDOH places on this issue is further demonstrated by the inclusion of reducing pregnancies among females ages 15 to 17, as a specific measurable indicator in NYSDOH’s *Prevention Agenda*, which has been developed to support the goals of health care reform. One such public health priority is *Healthy Mothers, Healthy Babies, Healthy Children*, which includes the measure for reducing the pregnancy rate among females ages 15 to 17 (per 1,000). The State’s Prevention Agenda 2013 Objective for this measurement is depicted below. This is an admittedly ambitious objective, but one that reflects the State’s commitment and investment in improving sexual health outcomes for young New Yorkers.

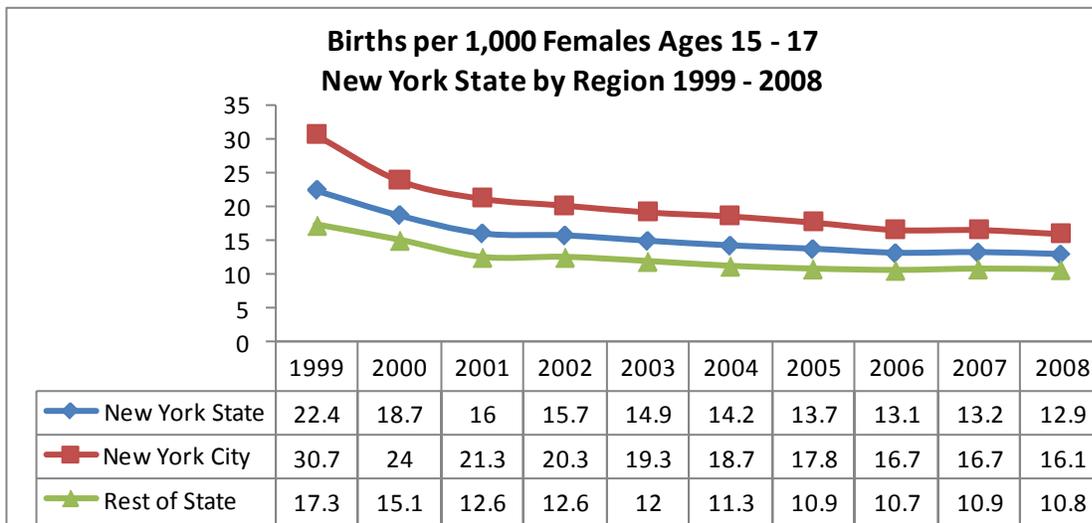
**Healthy Mothers/ Healthy Babies/Healthy Children**

Indicator	Prevention Agenda 2013 Objective	US	NYS
Pregnancy rate among females aged 15-17 years (per 1,000)	28.0	40 (2005)	36.5 (2005)

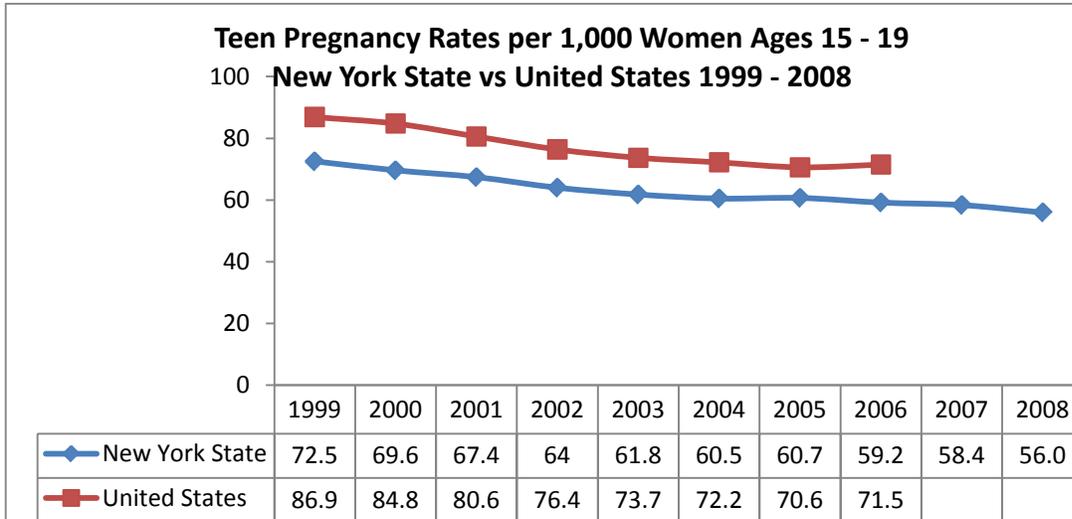
The geographic area to be served with the combined CAPP and PREP funding is the entire state of New York, with a focus on serving high need communities. Resources are allocated based on a methodology developed by NYSDOH to identify high-need communities in the State. This methodology, Adolescent Sexual Health Needs Index, will be described later in this section. Since NYSDOH’s initiative to improve sexual health outcomes for young people is a statewide effort, it is important to have an understanding of statewide and regional trends in births, pregnancies and other outcomes related to sexual health for young people. A sampling of such data that document burden (number of cases or events), and trends in rates are included below:

NYS’s birth rate for 15-17 year old girls has been declining over the past 10 years. The birth rate for teenagers aged 15-17 declined between 2007 and 2008 to 12.9 per 1,000 teen girls. The 2008 rate of 12.9 was 42 percent lower than the 1999 decade high rate of 22.4 per 1,000 teen girls.

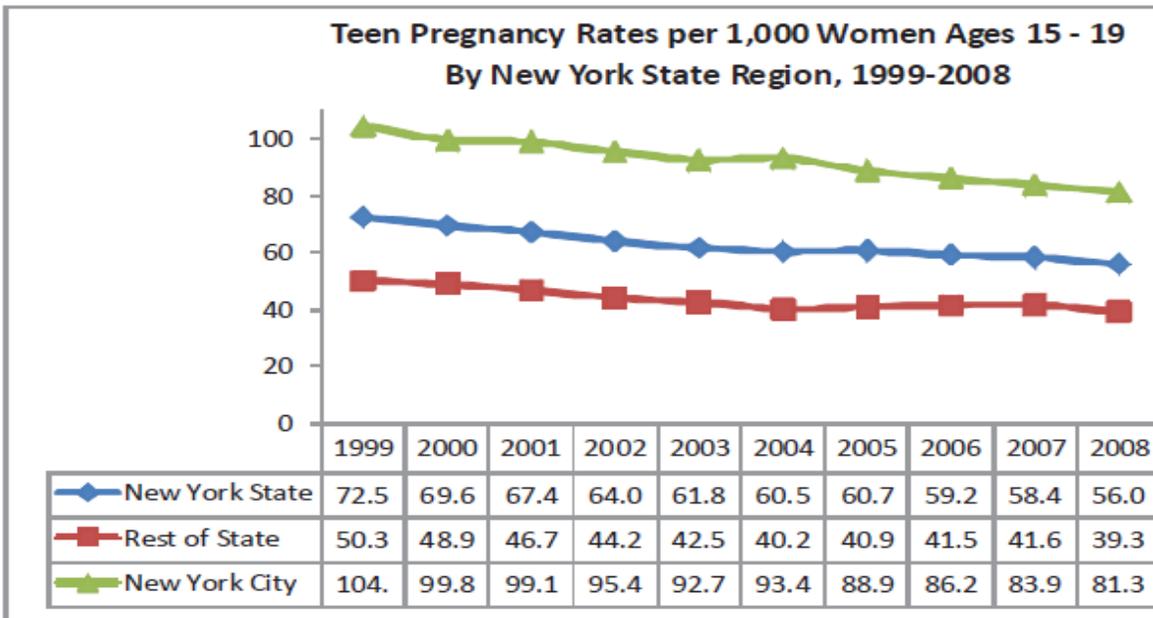
The New York City rate, at 16.1 per 1,000, is higher than the Rest of State rate, which was 10.8 per 1,000 young women between the ages of 15 and 17.



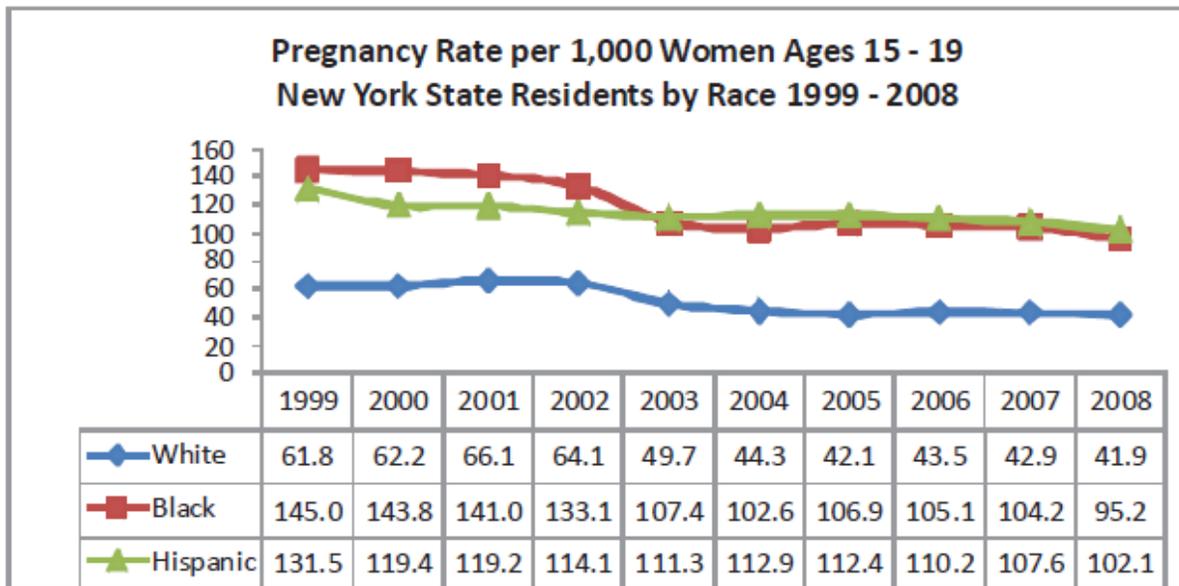
New York’s adolescent pregnancy rate is lower than the national average but still unacceptably high. New York is continuing to address this issue in an effort to reduce pregnancies in this age group even further with a focus on the striking and persistent regional and racial/ethnic disparities in adolescent pregnancy and birth rates, and in cases of reportable STDs and HIV/AIDS.



Since 1999, the pregnancy rate for girls aged 15-19 has been decreasing. The 2008 rate of 56.0 per 1,000 is 23% lower than the 1999 rate of 72.5 per 1,000. The teen pregnancy rate in NYC is approximately double the rate in the rest of the state.



Adolescent pregnancy and birth rates are among the most racially and ethnically disparate public health outcomes that NYSDOH monitors. 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.



There is a relationship between age of sexual initiation, number of partners, frequency of sexual activity, history of sexual abuse, and a myriad of other risk factors particular to adolescents. In NYS, the 2009 Youth Risk Behavior Survey (YRBS) found:

- The percentage of teens that have experienced sexual intercourse increases with age, from 26.4% of ninth graders to 61.8% of 12th graders. Although these numbers are cause

for great concern, they are less than the national average of 31.6% of ninth graders and 62.3% of 12<sup>th</sup> graders (2009 YRBS).

- 31.5% of NYS high school students describe themselves as currently sexually active, compared to 34.2% nationally.
- Although 58.0% of NYS high school students in 2009 reported they never had sex, 8.8% of male students and 3.3% of female students reported having their first sexual intercourse before the age of 13.
- Black high school students were the most likely to report ever having had sexual intercourse (51.7%), followed by Hispanic students (48.2%), White students (39.9%) and Asian students (13.8%). These rates are similar to what was reported in 2007.

There is often a significant period of time between initiation of sexual intercourse and the choice and utilization of an effective method of contraception. According to the 2009 YRBS:

- The percentage of sexually active New York teens reporting condom use during their last sexual intercourse was 67.7, up from 63.3% on the 1999 survey but below the 70.7% reported in the 2005 survey.
- NYS adolescent males reported a lower use of condoms during their last sexual intercourse than did adolescent females – 67.6% of adolescent males (compared to 67.6% in 1999 and 72.5 in 2007) and 68.4% of adolescent females (compared to 58.9% in the 1999 survey and 61.9% in the 2007 survey) reported using condoms during their last intercourse.

- In NYS, 17.0% of high school students reported using birth control pills during their last sexual intercourse.

A total of 26.8% of the adolescent males responding to the survey and 17.7% of adolescent females who responded reported alcohol or drug use at last sexual intercourse. Use of alcohol is generally associated with reduced inhibitions and has a negative statistical correlation with effective use of contraceptives. These data for the 2007 survey were at levels of 26.8% for males and 19.3% for females.

Youth in foster care have significantly higher rates of sexual activity and pregnancy than their peers in the general population. Nearly one-third of young women in foster care reported that they had been pregnant at least once by age 17. By age 19 that number rose to almost half (50%) with 46% reporting they had been pregnant more than once. By comparison, only about one-fifth of their peers not in foster care had been pregnant by 19 and only 29% of those had a subsequent pregnancy as teens. Another study found that half of 21-year-old men aging-out of foster care reported impregnating someone compared to 19% of their peers. In fact, studies suggest that some pregnancies are intended with the hope of starting a new family.

Currently, STDs remain highest in the 15 to 24 year old population, with an estimated prevalence of one of every two sexually active persons having a STD by age 25. In 2008, 88,460 cases of Chlamydia were reported in NYS, making it the most commonly reported communicable disease. Chlamydia morbidity has continued to increase since reporting began in 2000. Women

are disproportionately affected by Chlamydia. The case rate per 100,000 population for females in 2008 was more than twice the rate for males (623.3 vs. 296.6). Young women had the highest rates of infection. Among females 15-19 in NYS, the infection rate was 3,749.6 per 100,000, and among females aged 20-24, the rate was 3290.3 per 100,000. Gonorrhea is the second most commonly-reported STD in NYS. In 2008, 17,120 cases of gonorrhea were reported statewide. The case rate of 90.2 per 100,000 population was slightly lower than the 2007 rate of 93.3 per 100,000. Overall, rates of gonorrhea by sex were similar with 95.9 cases per 100,000 males and 84.9 cases per 100,000 females. Gonococcal infection rates were highest among adolescent and young adults. Statewide, age-specific rates by sex were highest among 20-24 year old males (409.5 per 100,000) and 15-19 year old females (504.1 per 100,000).

The risk-taking behaviors of foster care youth increases their risk of getting STDs compared to their peers. Foster care youth of both sexes are less likely to use contraception when they have sex for the first time. One study showed that almost twice as many foster care youth had an STD compared to other youth.

As of December 2007, 4,598 people between the ages of 13 to 24 were living with HIV or AIDS in NYS. This statistic in part represents a success story, as people are living longer due to effective therapies. However, data regarding the number of newly HIV infected young people illustrate the continuing risk for HIV infection among NYS's youth. In 2007, there were 198 newly confirmed cases of HIV infection (not AIDS) among persons ages 13 to 19, and 508

newly confirmed cases of HIV infection among persons ages 20 to 24 in NYS. Young people of color were overwhelming disproportionately represented in these data as well.

It is well established that negative health outcomes, including the sexual health outcomes described above, are directly correlated with societal and community environmental factors such as poverty, education, housing, crime, unemployment, substance abuse, domestic violence, child abuse, and others. Brief descriptions of the impact of such societal factors on young people in NYS are provided below.

Poverty is highly associated with poor health outcomes, especially for women and children.

Poverty is most common in families headed by single females, and single-female headed households with children are more likely than other families to be living below poverty. This is true regardless of race or ethnicity. According to the 2009 Current Population Survey, during 2008, 3.9 percent of the people in female-headed households with children lived below poverty in NYS. The child poverty rate in New York City (26.7%) was about twice as high as the rate in the rest of the state (13.7%).

In NYS, 72% of students who started 9<sup>th</sup> grade in 2005 graduated by June 2009, while 15.5% of those students were still enrolled. The statewide 2007/2008 reported high school drop-out rate was 2.9 percent which was a decrease from the prior year (3.1%). New York City's drop-out rate for 2007/2008 was 4 percent which was also down from the prior year (4.6%). Graduation rates varied among students. Fifty-six percent of Black and American Indian Alaska Native

students, 55% of Hispanic students, 80% of Asian Students and 83% of white students graduated as expected. The percentage of students who do not complete high school is of significant concern. According to the 2008 American Community survey, in NYS, 25 percent of persons with less than a high school education live below poverty.

There were more than 12,000 adolescents (ages 12 to 17 years) admitted to substance abuse treatment in 2007 in NYS. Most of the admissions were to outpatient programs (80%), followed by residential (13%) and inpatient (7%). Of respondents to the 2009 YRBS, 41.4% of all students reported having had at least one drink of alcohol in the past 30 days; 20.9% had their first drink before age 13. In 2007, these data were at 43.7% and 22.9%, respectively. Binge drinking (five or more drinks of alcohol in a row on one or more days in the last 30 days) in 2009 was reported by 26.6% of males and 20.7% of females. In 2005, 25.7% of males and 23.8% of females reported binge drinking. The use of drugs other than alcohol was consistently higher for males than for females. The 2009 survey findings regarding drug use were as follows:

- 20.9% used marijuana one or more times in the last 30 days, compared to 18.6% in 2007;
- 7.2% of students reported using cocaine, compared to 7.0% in 2007;
- 10.8% of students reported they had sniffed glue or breathed the contents of aerosol cans to get high, compared to 11.9% in 2007;
- 3.9% used heroin one or more times during their life, compared to 3.4% in 2007;
- 4.8% reported using methamphetamines, compared to 4.4% in 2007.

A review of juvenile justice data between 2005 and 2007 reveals a decrease in nearly every category of juvenile justice system involvement. With the exception of juvenile justice arrests in New York City and the use of secure detention, contact points in the juvenile justice system saw a decline in volume over the three-year period. Juvenile arrests outside of New York City decreased 13.8% from 2005 to 2007. All categories of juvenile arrest reported a decrease, with a 25.5% decrease in weapons offenses, a 15.8% decrease in drug arrest, a 10.9% decrease in property crime, and a 5.2% decrease in violent crime. Juvenile arrests were on the rise between 2005 and 2007 in New York City. This increase was driven by a 26.4% increase in misdemeanor juvenile arrests from 5,264 in 2005 to 6,653 in 2007. Felony juvenile arrests decreased 7% over the same period, from 5,887 to 5,473. Still, with over 35,000 arrests of youth under age 18 in jurisdictions outside New York City and a 26.4% increase in misdemeanor arrest in New York City from 2005 to 2007, juvenile crime remains a significant problem throughout NYS.

The New York State Office for the Prevention of Domestic Violence reports that NYS is experiencing an increase in indicators of domestic violence. Some of the upward trends identified between 2007 and 2009 continued through 2009, such as more claims from domestic violence and sexual assault victims filed with the Crime Victims Board and more public assistance applicants disclosing a current danger due to domestic violence.

NYS has experienced an increase in the unemployment rate over the past few years, as have all states due to the downturn in the national economy. This is best demonstrated by a comparison

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New York State Department of Health State Plan

of 2008 and 2009 unemployment statistics.

Region	2008 Rate	2009 Rate
New York State	5.3%	8.4%
New York City	5.4%	9.5%
Rest of State	5.2%	7.6%

These rates represent a total of almost 300,000 more people who were out of work in 2009 as compared to 2008 (813,400 and 514,300, respectively). The substantial negative impact of recent unemployment rates is further illustrated by the fact that the statewide unemployment rate in 2000 was just 4.5%. And young people have been severely impacted by the downturn in the economy; the unemployment rate for New Yorkers ages 16 to 19 is more than 20%.

The total number of reports of child abuse or maltreatment received reported in NYS increased by 12% between 2000 and 2008, from 143,719 to 161,580. The increase in the number of reports was more pronounced in the rest of the state (from 88,702 to 102,831) than in New York City (from 55,017 to 58,749). In addition, a total of 12,529 children ages 0 to 17 were admitted to foster care in 2009 (a rate of 28 per 10,000 children ages 0 to 17 in the population). There are more than 25,900 children ages 0 to 17 currently residing in foster care in NYS.

As illustrated by the data presented above, young New Yorkers are greatly impacted by many factors that influence sexual health. NYS will use CAPP and PREP funding to address the needs of young people residing in the communities that bear the greatest burden of adverse sexual health outcomes for young persons and which have a number of community factors that are

significantly associated with adverse sexual health outcomes. The project focused on foster care youth funded through PREP will seek to identify the needs of foster care youth related to improved sexual health outcomes.

To guide the selection of target communities, NYSDOH undertook a rigorous process to develop a methodology to calculate the relative level of adverse adolescent sexual health burden for all NYS communities. The result of this deliberative process is the Adolescent Sexual Health Needs Index (ASHNI). CAPP and PREP funded projects will be located in targeted high-need areas that have been identified based on the 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. In the recently released CAPP RFA, the ASHNI is used to identify eligible target communities, to prioritize the selection of CAPP and PREP funded projects, and to determine the amount of funding that funded projects are eligible to receive. By utilizing the ASHNI, NYSDOH has assigned communities throughout the state to one of four possible tier designations. Tier 1 communities have the highest ASHNI score/burden of adverse adolescent sexual health outcomes and tier 4 communities have the lowest. See Appendix 2 for the ASHNI Tier

designations. NYSDOH is confident that the implementation of ASHNI as described above, and as detailed in the CAPP RFA, will result in the effective allocation of CAPP and PREP funding to communities throughout NYS to achieve the anticipated outcomes.

A significant public health problem facing NYS includes the striking/racial disparities in the sexual health outcomes for adolescents and young adults in the state; and the continued trend of higher pregnancy and birth rates in New York City and in specific upstate communities. The CAPP-PREP project will enable NYS to provide additional programming in areas of the state that have the highest burden of adverse sexual health outcomes through a coordinated statewide effort. Fiscal resources will be targeted based on a funding methodology developed by NYSDOH that prioritizes the selection of projects based on the ASHNI score/burden of adverse adolescent sexual health outcomes.

The target population for each CAPP-PREP program will benefit by the utilization of a multi-pronged strategy that provides local communities with the necessary resources to:

- Implement evidence-based medically accurate sexual health educational programming;
- Ensure access to reproductive health services;
- Provide education on adult preparation subjects and opportunities that provide support and alternatives to sexual activity for adolescents to promote an optimal transition through adolescent developmental milestones into a healthy young adulthood; and
- Advance a comprehensive and sustainable local community effort to improve the community environment for adolescents through the development of a coordinated

community plan.

**Target Population**

As discussed previously, NYSDOH will fund programs in communities throughout NYS. Sub-awardees will be funded to serve male and female adolescents, ages 10 to 21, including pregnant and parenting youth, high risk and disconnected youth, as well as their families and community members. High risk and disconnected youth include, but may not be limited to, youth who are out of school; living with a disability; residing in institutions or foster care; lesbian, gay, bisexual, transgender, or questioning (LGBTQ); involved in the juvenile justice system; recently immigrated; and/or homeless. NYSDOH undertook several specific efforts to disseminate the CAPP RFA to organizations that serve these youth. Particular emphasis is placed on reducing racial and ethnic disparities in sexual health outcomes. It is anticipated that services will be delivered to individuals and groups in a variety of settings including, but not limited to, schools, faith-based organizations, community-based organizations, community health centers, foster care residences, juvenile detention centers, homeless shelters, substance abuse treatment centers, and other community settings where youth congregate. A particular emphasis will be placed on looking at pregnancy prevention initiatives focused on foster care youth to provide sexual health education, reduce high-risk sexual behaviors, and provide access to reproductive health care for this population.

All youth will be eligible to participate in program services without regard to race, ethnicity or sexual identity. NYSDOH has a long history of supporting and working with community-based organizations that are indigenous to the populations targeted for services. NYSDOH places great

value in funding organizations that have a documented history of reaching and serving their communities' residents. The CAPP RFA gives preference to applicants that document that 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, and/or 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 disconnected youth.

As noted earlier, 50 applicant organizations were selected to receive funding through the recently-completed CAPP RFA, with an additional 11 applications designated as “approved but not funded”. Based on the level of PREP funding available for NYS, it is planned that CAPP awards will be made to fund 8 of these “approved but not funded” applications. Since it is anticipated that sub-awardees will need several months for program start-up activities, it is projected that for the first year of implementation the number of participants each funded program will serve will range from 250 to 750 for a projected total number of participants of 24,000 to 72,000. It is expected that in the second year of implementation that sub-awardees' programs will be fully operational and, therefore, it is projected that the number of participants each sub-awardee will serve will range from 500 to 1500 for a total number of participants of 48,000 to 144,000. While all young people between the ages of 10 to 21 will be eligible to be served, based on past experience it is anticipated that 36 % will be between the ages of 10 to 14; 54% will be between the ages of 15 to 19; and 10% will be between 19 to 21. Given the great emphasis NYSDOH has placed on reducing racial and ethnic disparities among youth

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New York State Department of Health State Plan

experiencing negative sexual health outcomes, it is projected that a significant majority of the young people who will be served through the initiative will be from communities of color. It is projected that 65 % of the young people will be Black and that 40% will be Hispanic.

**Summary of Populations to be Served**

Agency	Target Population	Age group	Evidence-Based Curriculum Proposed	Number served -EBP	Number served-adult prep topics
Center for Community Alternatives	African-American and Latino	14-17	Be Proud! Be Responsible!, Becoming a Responsible Teen	700	388
Community Counseling and Mediation (CCM)	African-American and Latino	10-21	Carrera Model	180	180
Claremont Neighborhood Center	Black, Hispanic, Caucasian, Asian	11-21	Carrera Model	80	200
Mothers and Babies Perinatal Network of SCNY, Inc.	Caucasian, Asian, African-American, and Latino	10-19	Draw the Line/Respect the Line	2,200	1,240
Research Foundation of SUNY Downstate Medical Center	African-American and Afro-Caribbean	10-21	SiHLE, Becoming A Responsible Teen	787	600
Woodhull Medical and Mental Health Center	African-American and Latino	10-21	Be Proud! Be Responsible!	190	48
YWCA of the City of New York	African-American and Latino	10-21	Making Proud Choices, Project AIM, FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women, Be Proud! Be Responsible!	250	440
YWCA of Jamestown	Low income youth	11-14	Project AIM, The Teen Health Project	105	560

### **Program Management**

Overall management responsibility for PREP funding rests with the NYSDOH. NYSDOH is part of the executive branch of NYS government and the Commissioner of Health reports directly to the Office of the Governor. Within NYSDOH, the Bureau of Maternal and Child Health (BMCH) has direct programmatic management responsibility for the PREP funding. BMCH is located within the Division of Family Health, in the Center for Community Health, under the Office of Public Health (see Appendix 3 for the organizational charts).

BMCH manages 472 contracts with service providers located throughout NYS, 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 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; Comprehensive Family Planning and Reproductive Healthcare Providers; School-Based Health Centers; Adolescent Sexual Health Promotion (teen pregnancy, STD and HIV prevention); Rape Crisis Services and Sexual Violence Prevention; Childhood Lead Poisoning Prevention; and Children with Special Health Care Needs.

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

Fiscal management of the PREP funding will be the responsibility of the Division of Family Health's Administration 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 Services 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.

As previously stated, NYSDOH recently released a RFA, CAPP, to solicit applications for current and anticipated new PREP funding to support community-based programs to promote adolescent sexual health throughout NYS. NYSDOH has very well-defined and established procedures for issuing competitive procurements, reviewing applications and awarding funding.

CFDA No. 93.092 – Personal Responsibility Education Program  
New York State Department of Health State Plan

All eligible applications were reviewed by a team of NYSDOH 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.

NYSDOH 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 DFH Administration 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.

CFDA No. 93.092 – Personal Responsibility Education Program  
New York State Department of Health State Plan

NYS 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.

Sub-awardees funded through the CAPP initiative, with either current funds or new PREP funds, 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. 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 NYSDOH 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. Coupled with this robust system for developing, managing, monitoring contracts with sub-awardees and systems for assessing sub-awardees performance, is BMCH's 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. BMCH staff have also provided the leadership within NYSDOH in the efforts to integrate the principles and practices of youth development into the program designs of NYSDOH-funded adolescent sexual health programs.

In 2009, NYSDOH convened a symposium on adolescent sexual health with the essential assistance of the COE. The symposium included youth, national and state experts on adolescent sexual health, and key stakeholders to review research and best practices, and make recommendations for future programming (the list of national/state experts who presented at the symposium is included in the Appendix 4). 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, along with the youth and adult focus groups, provided extensive input from experts and stakeholders to NYSDOH for future initiatives including the CAPP RFA. Adolescents 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, STDs, HIV/AIDS 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.

Key findings and recommendations from the symposium currently being implemented include:

- Incorporating evidence-based programming that is appropriate for gender, stage of development and cultural/ethnic populations served.
- Improving access to a full range of coordinated services that are delivered confidentially and efficiently.

- Increasing the capacity of healthcare providers to effectively serve adolescents in primary care and specialty care settings.
- Mobilizing the talents, skills, and assets of adolescents and supportive adults within the target community.
- Utilizing technology to raise awareness, provide information, engage young people and improve clinical services.

As referenced in the introduction to this plan, NYSDOH has taken several steps in the last five years that has enabled NYS to be in a very strong position to effectively utilize the PREP funding and make significant inroads into improving sexual health outcomes for young people in the State. BMCH staff has played an essential role in all of these efforts and continue to provide leadership within NYSDOH on program and policy efforts to improve adolescent sexual health outcomes in NYS. Brief descriptions of these efforts and their outcomes are found in Appendix 5.

### **Program Plan/Approach**

NYSDOH re-procured funds to support a new adolescent pregnancy prevention initiative known as the CAPP program through a competitive RFA procurement in September, 2010. This initiative has a focus on the prevention of pregnancies, STDs and HIV/AIDS among male and female adolescents, age 10 to 21 years in high-burdened areas of the state. Funded community-based organizations are required to implement comprehensive, age appropriate evidence-based, and medically accurate sexuality education with fidelity; ensure access to comprehensive

reproductive healthcare and family planning services for teens to prevent pregnancies, STDs, and HIV/AIDS; and provide at least three adulthood preparation topics.

Requirements for CAPP are consistent with PREP. NYSDOH plans to award eight programs that had received the “approved not funded” category during the CAPP procurement due to a lack of funding. PREP funds will be used to support these eight programs and will be known as CAPP-PREP sub-awardees. The CAPP-PREP programs will be separated from the CAPP-funded programs and monitored separately in all documentation/data collection and reporting to ACYF.

The CAPP RFA reflects many of the findings, recommendations, best practices, and policies that have been identified and tested through the Adolescent Sexual Health Symposium and other activities discussed in the previous Program Management section. The CAPP RFA represents NYSDOH’s program plan and approach for using PREP funding. Much of the information presented below about NYS’s Program Plan and Approach are taken directly from the CAPP RFA. A full copy of the RFA is available on-line at:

<http://www.health.ny.gov/funding/rfa/1007301230/index.htm>

The specific goals of the CAPP community-based initiative and local CAPP programs are to:

- Promote healthy sexual behaviors and reduce the practice of risky sexual behaviors among adolescents;
- Expand opportunities and provide support and alternatives to sexual activity for adolescents, including pregnant and parenting teens, in order to promote an optimal transition through

adolescent developmental milestones into a healthy young adulthood;

- Advance a comprehensive and sustainable local community effort to improve the community environment for adolescents through the development of a coordinated community plan; and
- Ensure access to comprehensive reproductive healthcare and family planning services for adolescents.

NYS adolescent sexual health programs are based on a youth development framework.

Adolescents involved in sexual risk-taking that results in pregnancy, STDs or HIV/AIDS infection are often involved in other risky behaviors. Although adolescents may have the knowledge of how to prevent pregnancy, STDs, and HIV/AIDS infection, including access to contraception, without the motivation and desire to do so they may still engage in risky sexual behaviors. The connection between youth, family, school and the community is critical in fostering a sense of self-worth and a promising future to motivate adolescents to avoid risky behaviors. Programs funded through the CAPP RFA will be expected to design and deliver their programs services within a youth development framework. The programs will receive training and resources regarding the integration of youth development principles and practices into their sexual health promotion programs.

NYSDOH plans to use approximately \$400,000 of PREP funds to support a project to develop, implement and evaluate a model for pregnancy prevention specifically designed for the needs of high-risk foster care youth. NYSDOH is collaborating with the New York State OCFS and the New York City ACS to develop and implement a program designed to serve youth in foster care.

NYSDOH plans to use the CAPP-PREP model for this target population focusing on implementation of comprehensive, age-appropriate, evidence-based, and medically accurate sexuality education to promote healthy sexual behaviors including abstinence, delay the onset of sexual activity and reduce the practice of risky sexual behaviors among youth; ensure access to comprehensive reproductive healthcare and family planning services; and provide training and support necessary for youth to practice life skills through activities that are a part of a comprehensive, multidimensional program, be ongoing and incorporate at least three of the adulthood preparation topics.

Mechanisms to Deliver Services, Services to be Delivered, and Referrals

All of the funded community-based programs will be required to conduct activities and deliver services that are designed to implement four core strategies. The core CAPP strategies are:

***Core Strategy 1:*** Provide comprehensive, age appropriate, evidence-based, and medically accurate sexuality education to promote healthy sexual behaviors including abstinence, delay the onset of sexual activity and reduce the practice of risky sexual behaviors among youth.

Each funded project will be required to choose and implement at least one of the EBPs listed in the CAPP RFA (the program models included in the CAPP RFA include the program models included in the PREP funding announcement). The program model's educational services are to be delivered, with fidelity to the model, to individuals or groups in schools, faith-based institutions, community organizations, community health centers, day habilitation programs, the juvenile justice system, juvenile detention centers, foster care, homeless shelters, etc. In

addition, programs are strongly encouraged to incorporate education for parents, caregivers, and other adults in the community in order to improve knowledge and communication skills related to adolescent sexual health and risky behaviors.

Programs are also encouraged to disseminate written and oral information about the importance of reproductive health care and family planning services, and information about available services, in community and school settings. Programs may also provide for individual and/or group discussions, presentations, recruitment and training of peer educators, and parent workshops about the full range of methods of family planning and reproductive healthcare services.

***Core Strategy 2:*** Expand educational, social, recreational, vocational and economic opportunities for teens, including pregnant and parenting, high risk and disconnected youth, to provide alternatives to sexual activity and to develop skills that can support a successful transition into healthy young adulthood.

See Adult Preparation Subjects below for detailed information about this strategy.

***Core Strategy 3:*** Advance a comprehensive and sustainable local community effort to improve the community environment for adolescents, reduce initial and subsequent adolescent pregnancy, STDs, and HIV/AIDS infection and reduce health disparities related to race, ethnicity, socioeconomic status and geography.

CAPP programs are expected to identify and utilize existing community resources; maximize the use of federal, state, private and local resources; educate community members and decision makers; and collaborate with local youth, families, schools, family planning providers, reproductive and sexual healthcare providers, and other community stakeholders. The purpose of this community network of resources is to create a comprehensive, coordinated and sustainable local response to the community barriers that impede adolescents' optimal sexual health outcomes and create opportunities for young people to transition into a healthy, productive, connected adulthood.

CAPP programs will be expected to be active participants on community advisory councils that are convened for the purpose of improving the target community's environment relevant to the prevention of adolescent pregnancy, STDs and HIV/AIDS infection. If a community does not have an established group, the CAPP program will be expected to develop one. The advisory group is expected to conduct an annual assessment of adolescent sexual health in the target community, and provide guidance and direction for a coordinated community response that is aimed at reducing adolescent pregnancy, STD, and HIV/AIDS infection in the community.

***Core Strategy 4:*** Ensure access to comprehensive reproductive healthcare and family planning services for teens to prevent pregnancies, STDs, and HIV/AIDS.

This strategy may be accomplished by facilitating access to reproductive health and family planning services, options education, and STD/HIV screening for male and female adolescents.

Programs must demonstrate direct linkages and connections with community reproductive health and family planning service providers. Applicants who are also approved under Article 28 of the NYS Public Health Law to provide clinical family planning services (i.e. hospitals and community health centers) may request additional CAPP funding to maximize the use of communication technologies that are consistent with current modes of communication used by young people.

#### Emphasis on Abstinence and Contraception

The CAPP RFA specifically requires that funded projects implement evidence-based sexuality educational programming and states that evidence-based educational programming should be comprehensive and provide a full range of information and skills which includes abstinence (not abstinence only), comprehensive sexual health education; methods to reduce risky behaviors, prevent pregnancy; STDs and HIV/AIDS; and increase access to comprehensive sexual healthcare for adolescents.

#### Adult Preparation Subjects

As stated in the CAPP RFA, a key factor in promoting positive sexual health outcomes is improving a teen's sense that he/she has real life alternatives to sexual activity and a positive outlook for the future. The CAPP initiative strives to implement the dual strategy of risk reduction and building protective factors that are necessary for optimal transition through

adolescent developmental milestones into a healthy, productive, connected adulthood. This may be achieved through creating opportunities while also providing the mentoring and support necessary for youth to practice life skills. Funding may be used to support comprehensive multidimensional program activities and/or specific activities that reduce identified community barriers to adolescents' accessing clinical services. Activities should be part of a comprehensive, multidimensional program, be ongoing and incorporate at least three of the following topics:

- Healthy relationships, such as positive self esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions.
- Adolescent development such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.
- Financial literacy.
- Parent-child communication.
- Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and work productivity.
- Healthy life skills such as goal setting, decision making, negotiation, communication and interpersonal skills and stress management.

The societal, cultural and personal experience of adolescents with disabilities should be factored into these activities to ensure successful skill-building. Also, special considerations such as location, providing child care and/or a child friendly environment may be necessary to engage pregnant and parenting teens, high risk and disconnected youth to ensure access to programming.

CFDA No. 93.092 – Personal Responsibility Education Program  
New York State Department of Health State Plan

Grantee will monitor implementation of adult preparation topics through submission of quarterly reports from each CAPP-PREP sub-awardee. The quarterly report will include a description of the activities implemented, number of sessions, and the unduplicated number of youth and adult participants for three or more of the adult preparation topics. Pre and post tests will be conducted along with the implementation of adult preparation topics. Process information from the quarterly report and pre and post tests will be compiled by NYSDOH in conjunction with the NYSDOH-funded ACT COE.

Eligible Applicants and Potential Sub-Awardees

Applications to the CAPP RFA were accepted from state and local government entities such as city and county health departments, school districts, and youth bureaus; and from not-for-profit 501(c)(3) organizations, including, but not limited to, NYS Public Health Law Article 28 healthcare providers, community-based health and human service providers, and local health and human service agencies.

Target Population to be Served

Funded projects are expected to serve male and female adolescents age 10 to 21 including pregnant and parenting youth, high risk and disconnected youth, as well as their families and community members. For the purpose of the CAPP RFA, reference to ‘high risk and disconnected youth’ includes but may not be limited to youth who are: out of school; living with a disability; residing in institutions or foster care; LGBTQ; involved in the juvenile justice

system; recently immigrated; and/or homeless. Particular focus should be given to the reduction of racial/ethnic disparities.

### Program Models to be Implemented

In order to assure the requirement for use of evidence-based educational programming is met, applicants for CAPP funding were required to select one or more evidence-based program(s) from the list of resources attached to the CAPP RFA (See Appendix 6) and propose a plan to implement the selection(s). There are a wide variety of comprehensive EBPs included in the attached list, representing programs with demonstrated effectiveness in a wide range of target communities, program settings, and population groups. A program should be selected based on the target community, culture (ethnicity, race, religion, language, ability, gender, and sexual orientation), setting (individual, small and/or large groups) and venue (schools, faith-based institutions, community centers, institutional settings or community organizations) to be served.

### Positive Impact

As mentioned in the introduction, the CAPP RFA, and this plan for PREP funding, represent the culmination of a number of efforts undertaken by NYSDOH over the recent past. These efforts, described in detail in previous sections of this plan, have created a foundation upon which NYS can build a comprehensive response to the issues that result in negative sexual health outcomes for adolescents and young adults in NYS. The lessons learned from previous sexual health initiatives managed by NYSDOH that are the building blocks of this new foundation include:

- *Promoting effective interventions.* The use of EBP models has elevated the quality and effectiveness of the prevention and risk reduction education that is being provided to adolescents in NYS.
- *Investing in a youth development framework.* Since the late 1990's, NYSDOH has invested a great amount of resources (funding, staff efforts, interagency task forces, etc.) on integrating a positive youth development framework into all its youth-serving programs.
- *Creating access.* The provision of direct access to reproductive health, family planning and sexual health services (including STD screening and HIV testing) has become NYSDOH's expectation of the youth-serving programs it funds. The connection between effective prevention services to high quality and youth-friendly health services will result in more young people utilizing contraception, knowing their STD and HIV/AIDS status, and receiving treatment as needed.
- *Involving the whole community.* The need to get entire communities involved and committed to improving health outcomes for young people is an essential component of a sexual health program for young people. Young people, like adults, interact with all segments of a community. In order to maximize the messages and services young people receive through the programs they attend, the entire community must be educated about and capable of reinforcing those messages.
- *Integrating resources.* Breaking the boundaries created by categorical funding and management of adolescent sexual health initiatives is an integral first step toward developing a comprehensive approach to adolescent sexual health. Recent RFAs from

NYSDOH to support sexual health programs for young people are inclusive of activities to prevent unintended pregnancies, STDs, and HIV/AIDS infection. The same integration of resources has been realized organizationally through the re-alignment of NYSDOH staff from two distinct parts of NYSDOH into one unit responsible for managing adolescent sexual health programs.

- *Hearing from young people.* The importance of getting input from young people about what they need and want from a community program cannot be over emphasized. NYSDOH has created several mechanisms to elicit input directly from young people on a number of sexual health related topics and has strongly encouraged that the community programs do the same.
- *Collaborating with experts.* The partnership with a university-based COE has greatly enhanced the quality of the adolescent sexual health programs managed by NYSDOH. The COE's internal expertise and ability to leverage experts and resources from other institutions have proven to be invaluable.
- *Building programs' capacity.* The planned and consistent delivery of a range of supportive activities (training, regular meetings, online resources, individual technical assistance, etc.) to funded local programs is vitally important to the success of any program initiative. The COE serves an essential role in providing such supports to DOH grantees.

It is due to these attributes, and others that the programs funded with CAPP-PREP funding will have a positive impact and result in positive outcomes for young people in NYS.

Coordinated, Integrated and Linked to Existing Services

Since adolescents may require additional supports and services that are outside the scope of the *CAPP* initiative, projects 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 *CAPP* initiative will not fund direct services such as case management, GED preparation, employment placement, mental health counseling, crisis intervention, and child care or services that are available through other resources. However, applicants should incorporate partnerships and strategies to identify needs for such services and make referrals to address the needs that have been identified.

In addition, an anticipated outcome of the required community advisory council will be a stronger network of community service providers that will result in increased referrals to and utilization of community services and resources by young people and their families.

Through submission of quarterly reports, sub-awardees will report on the activities related to the frequency (1-4 times; 5-9 times; 10 or more times; never) of all referrals made to federal, state, and local agencies for additional services identified through their work with young people. This documentation will capture community level information about the utilization of existing community resources. NYSDOH, in conjunction with the NYSDOH-funded ACT COE, will then compile the data for the *CAPP*-PREP sub-awardees.

**Model(s) to be Replicated/Implementation Strategy**

Given the great diversity of NYS's population of young people (race, ethnicity, culture, socio-economic status, sexual orientation, family composition, immigrant status, etc.) and geography (highly urbanized areas, suburban communities, and isolated rural areas) no single evidence-based program model meets the needs of a wide variety of potential target populations, risk taking behaviors, and settings. The CAPP RFA included detailed information about 56 evidence-based program models, which includes the list of 28 models from the PREP funding announcement; the list of effective programs from "What Works 2009 Curriculum-Based Programs that Prevent Teen Pregnancy", National Campaign to Prevent Teen and Unplanned Pregnancy; and the list of programs from Science and Success, Second Edition: Sex Education and Other Programs That Work To Prevent Teen Pregnancy, HIV and Sexually Transmitted Infections, Advocates for Youth, 2008, (Appendix 6). CAPP applicants were required to identify their target population(s), the settings in which services will be delivered, and the model(s) they will implement. The information about program models in the CAPP RFA included details about each model's target audience, length, main message, group size, setting, evaluation findings and cost. This information was displayed several ways including models by setting, models proven effective by gender, models proven effective by age group, models proven effective by race/ethnicity, and models proven effective by the risk behaviors to be addressed. This information enabled applicants to the CAPP RFA to make informed decisions about the model(s) they will select to implement. Please see table under Summary of Populations to be Served, which includes models chosen by each CAPP-PREP sub-awardee. NYSDOH in

conjunction with the NYSDOH-funded ACT COE will assess that each model selected by the CAPP-PREP sub-awardees are appropriate for the target population.

During the CAPP application review process, NYSDOH staff ensured that each applicant's chosen program model(s) is comprehensive, age-appropriate, medically accurate and culturally appropriate for the identified community's adolescent target population. Through a strong partnership with the NYSDOH, the ACT COE will assess the appropriateness of the selected evidence-based program for the proposed target population by each of the eight sub-grantees and assess their capacity and readiness for implementation. They will provide training and technical assistance to the subgrantees on the individual programs or assist in making arrangements for training with the developers. The NYSDOH will be responsible for assuring that the assessment for appropriateness, capacity and readiness are completed and that adequate training has been delivered to initiate the evidence-based program. Fidelity to the original evidence-based program model will be stressed with all funded CAPP programs, with only minor adaptations permitted on a case-by-case basis, in consultation with NYSDOH and the COE. Any potential adaptations will be consistent with guidelines on program adaptation from the Centers for Disease Control and Prevention (CDC), the Healthy Teen Network, and the adaptation tools developed by ETR and the CDC Division of Reproductive Health. Assistance will also be provided to programs on strategies for integrating the three selected adult preparation subjects into the overall program design. A review of each program's implementation and delivery of its selected program model will take place through on-going monitoring activities conducted by NYSDOH staff.

As described previously, NYSDOH has invested significant resources into assisting adolescent sexual health programs gain the capacity to select and deliver EBPs. Examples of this investment include the COE's provision of nine state-wide trainings in the fall of 2009 for staff from a wide range of health and human service organizations on the "*Identification and Implementation of Evidence-Based Programming*," the development and dissemination of *Guiding Principles for Sexual Health Education for Young People: A Guide for Community-Based Organizations*, close collaboration with the NYSDOH AIDS Institute to help programs access training on programs proven to be effective to reduce the risk for HIV infection (Diffusion of Evidence-Based Interventions), and the continuous identification and dissemination of materials designed to educate programs about evidence-based models.

Several mechanisms are in place to assist CAPP RFA applicants, and subsequent sub-awardees, access detailed information about the costs and staff training needs associated with implementing each of the evidence-based program models listed in the RFA. In addition, the RFA included links to the institutions and/or individuals who were responsible for developing the model. This information will be replicated, enhanced and provided to the sub-awardees upon notification of funding. CAPP-PREP sub-awardees will be able to request funding in their budgets to support all costs associated with program model implementation including purchase of the curriculum and related materials, initial and ongoing staff training, and other costs essential to the successful delivery of the selected program models (e.g. participant incentives, etc.).

Finally, the COE will play a vital role in assisting programs implement evidence-based program models. 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 NYS 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. NYSDOH's association with the COE is a singular strength of NYS's efforts to improve sexual health outcomes for young people and it will provide invaluable assistance in ensuring the success of the CAPP initiative.

### **Sub-Awardee Involvement**

NYSDOH has a well-established and very structured process for procuring funding including the dissemination of the funding announcement (RFA), reviewing applications, and awarding funding. An announcement about the CAPP RFA was widely distributed to health and human services agencies throughout the State by collecting mailing lists from relevant units within NYSDOH, as well as from other State agencies (e.g. OCFS and the Office of Mental Health). Particular emphasis was placed on informing agencies and service systems that have not traditionally received NYSDOH funding to provide sexual health services for adolescents (e.g. foster care agencies, mental health providers, etc). The RFA was posted on the NYSDOH's public website at <http://www.health.ny.gov/funding/>, and also announced in the NYS Contract Reporter.

The RFA clearly lays out the expectations of applicants and the requirements of contracting with the State of New York. Applicants were invited to submit written questions concerning any aspect of the RFA and an applicant conference, via conference call, was held to describe the RFA and answer applicants' questions. Written answers to all the questions received, written and from the applicant conference, and other updates to the RFA, were posted on the NYSDOH website with sufficient time for applicants to incorporate any new information about the RFA into their applications.

The COE will play a critical role in assisting NYS to ensure that the funded programs are provided with the training, technical assistance and resources to implement the new program strategies and services, required by CAPP-PREP. The role of the COE will increase to develop, implement and evaluate the quality and effectiveness of the services provided by youth-serving programs and provide oversight of compliance with readiness to implement evidence-based models. As NYSDOH requires funded adolescent sexual health programs to utilize and adapt evidence-based interventions, the COE will provide training on selecting and implementing evidence-based models across the continuum of comprehensive adolescent sexual health as well as adapting these models, if indicated, to specific communities and target populations. The COE will work with each funded program to provide technical assistance to assess the appropriate use of evidence-based curricula; ensure curricula are inclusive of comprehensive sexual health; assist programs with adaptation of curricula, when indicated; and ensure that curriculums are being

implemented with fidelity. A portion of PREP funding will be allocated to the COE to support this critical work.

NYS has stringent requirements that assure financial accountability and program integrity to satisfy the priorities of the State and the funding agency. All PREP-funded sub-awardees will contract with the NYSDOH. It is anticipated that the initial contract will be for the period from January 1, 2011 through December 31, 2011 with renewal for four additional years depending on performance and availability of funding. Each contract, and contract renewal, contains a detailed work plan that delineates deliverable services, a line item budget depicting expected program-related expenditures, and standard language required in all contracts with NYS. The NYS contract process is multi-layered and each contract must be approved by the originating agency (NYSDOH in this case), the Office of the Attorney General and the Office of the State Comptroller (OSC). NYS Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are required to file the Vendor Responsibility Questionnaire, which is reviewed by the NYSDOH and OSC prior to contract execution.

Each sub-awardee is required to submit quarterly invoices and required reports of expenditures to the NYSDOH Division of Family Health Administration Unit. Grant contractors are required to provide complete and accurate billing vouchers and 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.

### **Collaborations and Stakeholder Participation**

By definition, all the sub-awardees funded through the CAPP RFA will be partners in the State plan for PREP funding. As such, they will play an integral role in achieving the goals and objectives of the State Plan and advising NYSDOH of their recommendations for improvements to the Plan. NYSDOH will continue to utilize several well-established methods of communication with and among the sub-awardees including regular meetings (via conference call, webinars, face-to-face, etc), a listserv through which information about new resources and upcoming events can be shared, a website managed by the COE, and ongoing open communication channels between sub-awardees and their assigned NYSDOH staff person.

In addition to the sub-awardees, NYSDOH BMCH staff has longstanding working relationships with staff in many other State, County and City government agencies and private organizations from across NYS. Some of these relationships have been previously discussed in the descriptions of such inter-agency efforts such as the NYS Youth Development Team and the Governor's Children's Cabinet. Information about NYSDOH's efforts to promote adolescent sexual health has been presented in both of these venues and the State Plan for PREP, once approved, will be presented and options for additional stakeholder participation will be explored.

Other noteworthy collaborations include:

- NYSDOH works closely with the 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. NYSDOH will collaborate with these organizations to assure that youth at greatest need for the CAPP-PREP programming will be served.

- NYSDOH will work with the OCFS and other appropriate state and local agencies to implement the NYSDOH PREP initiative focused on improving sexual health outcomes for youth in foster care.
- A memorandum of understanding with the State Education Department that funds activities to support the provision of HIV/AIDS prevention education in public schools in NYS; 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.

It is anticipated additional stakeholders will be identified and partnerships created during 2011 as the CAPP-PREP funded programs work to implement their programs and become fully operational in their communities.

### **Performance Measurement**

Bureau of Maternal and Child Health, the unit within NYSDOH responsible for managing the CAPP-PREP 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; and the type and number of services provided. 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

The ACT COE will be assisting NYSDOH with monitoring the fidelity of implementation of the EBPs. Through the new NYSDOH CAPP initiative, the ACT COE is supporting over 50 projects implementing 15 different EBPs. They have been in contact with each developer to discuss implementation and any proposed adaptations. They will utilize this same level of rigor in assisting NYSDOH with implementation of the eight CAPP-PREP programs. They will evaluate the CAPP-PREP programs and their utilization of EBPs for specific target populations,

ensure the implementation of EBPs with fidelity, and provide expertise related to the adaptation of evidence-based practices, as needed. NYSDOH and the ACT COE will monitor the implementation of the EBPs with the following tools:

- Individualized “fidelity checklists” to accompany each EBP. These tools track each module of the EBP, asking facilitators/educators to report on how they implemented each of the activities, including whether they changed them in any way, and if so, why.
- Linked to the fidelity checklist is an attendance sheet that tracks the participation of the young people so that dosage can be measured. This will allow the ACT COE to measure the extent that youth participants complete the entire EBP.
- Linked to both of these tools will be a pre/post test that measures knowledge and attitudes about sexual health.

For all funded projects, the ACT COE will work with each individual project and the NYSDOH to develop and conduct an evaluation for their local project and for the overall CAPP-PREP initiative. Please note all proposed educational programming will be subject to initial and ongoing review by the NYSDOH and ACT COE for appropriateness.

#### Implementation and capacity-building

Programs will be closely monitored by NYSDOH 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 as necessary.

Since one of the core strategies of the initiative is the development of a community-wide response to promote the sexual health of young people, NYSDOH will closely monitor the successes and barriers programs experience in addressing this component of their program design. Sub-awardees will be required to submit an annual assessment of the community resources available to promote adolescent sexual health. A review of these assessments will enable NYSDOH to track programs' progress in developing community partnerships and creating opportunities for young people in their communities.

#### 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 NYSDOH 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 about methods to reduce adverse sexual health outcomes, increased competency in the adult preparation subjects, etc. NYSDOH 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. NYSDOH will review contractors'

evaluation activities through quarterly progress reports and comprehensive monitoring site visits.

The COE also has experience in designing initiative-wide evaluation strategies and plans where common elements are identified and measured in order to assess the overall impact of the initiative. The COE will work with NYSDOH and the sub-awardees on such an evaluation strategy for CAPP-PREP, as described below.

### Community data

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

- NYSDOH vital statistics (pregnancy and birth rates)
- Epidemiological reports from the NYSDOH Bureau of STD Control
- Epidemiological reports from the NYSDOH Bureau of HIV/AIDS Epidemiology
- Annual updates of the ASHNI
- Data from the annual YRBS;
- Information from annual community assessments conducted by sub-awardees

### **Evaluation**

The NYSDOH affirms their willingness to participate in the national evaluation, if selected.

### Evaluation Plan

NYSDOH and the COE are developing a multi-level evaluation plan designed to assess the impact of the CAPP-PREP funding. The plan will incorporate the performance measurements delineated in the PREP plan guidance – i.e. output measures; fidelity/adaptation; implementation and capacity building; outcome measures; and community-level data. This five-year CAPP-PREP initiative presents unique opportunities for longitudinal evaluation work that will identify individual-level impacts as well as community-level changes. The evaluation plan will build upon the strong infrastructure that has been developed at NYSDOH 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 NYSDOH-funded initiatives including assessing changes in knowledge, attitudes and behaviors among participants of sexual health education sessions, and evaluating community change models and outcomes.