

## Cover Page

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**Project Title:** Title V State Sexual Risk Avoidance Education (SRAE) Grant 2018

**Applicant Name:** South Carolina Department of Health and Environmental Control

**Service Areas:** Priority Population groups in South Carolina to include:

Allendale 29810, 29827	Charleston 29447, 29403, 29414, 29401, 29405, 29406, 29412, 29418, 29464, 29420, 29407, 29445	
Barnwell 29812,29583	Cherokee 29342	
Bamberg 29003, 29042	Dorchester 29477,29437	
Greenwood 29692	Sumter 29151	

Note: Additional Counties/zip codes to be added by RFGA process

**Fiscal Year:** 2018

**Grant Amount:** \$1,022,851

**Address:** South Carolina Department of Health and Environmental Control  
 Bureau of Maternal and Child Health  
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## State Plan Abstract

State: South Carolina  
 Fiscal Year: 2018  
 Grant Allocation Amount: \$ 1,022,851

	Prefix	Name	Title	Telephone	Email Address
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South Carolina (SC) has consistently higher teen birth and STI rates than national rates. The goal of SC Sexual Risk Avoidance Education (SRAE) program is to increase the proportion of adolescents, ages 10-19, voluntarily refraining from sexual activity as a means to prevent teen pregnancy and STI by providing education that normalizes the health behavior of avoiding non-marital sexual activity. The SC SRAE programs will be school or community-based, evidence-based and/or informed, medically accurate, culturally appropriate and age-appropriate for the target population. Programs funded by the FY2018 Title V State SRAE grant will incorporate positive youth development (PYD) strategies that empower youth to build healthy life skills and protective factors that mitigate the impact of past and future negative factors. Examples of these strategies include teaching youth about personal responsibility, self-regulation, goal setting, healthy decision-making, and avoidance of risk behaviors such as drug and alcohol use. SC Department of Health and Environmental Control (DHEC) will carry out a competitive bid process to select and enter into formal sub-agreements with organizations who have expertise in implementing SRA curriculum, as defined by section 510(b)(2) of the Social Security Act. These programs will be conducted state-wide, focusing in priority counties with higher rates of teen pregnancy and STI. Most of these priority counties are also considered rural areas. The target population will be males and females ages 10-19 who reside in the priority counties, including groups most likely to bear

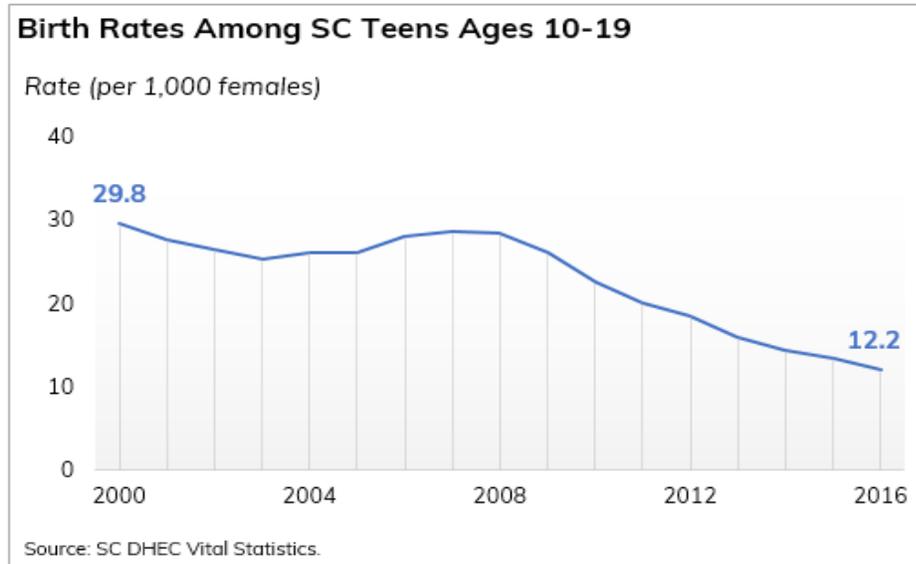
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children out of wedlock. The grant funds will also support efforts to improve parent-child communication about reproductive health and sexual risk-avoidance and a statewide social media strategy to raise community awareness and support for adolescents to delay sexual activity until marriage. Educator training for Sexual Risk Avoidance certification will be offered statewide. Sub-grantee agreements and overall program deliverables for the grant will be monitored through detailed reports, invoices, evaluations and regular site visits.

### *Description of Problem and Need*

Since the early 1990's, the teen birth rate in South Carolina (SC) has fallen by 67%. Over the last 25 years, declines have been most substantial among African American youth ages 15-17, whose teen birth rate has decreased by 82% since 1991 (Figure 1). While this success is significant, SC still has the 15<sup>th</sup> highest teen birth rate in the nation (2016).<sup>1</sup> In our state, 3,696 teens gave birth in 2016 and many counties still exceed national averages.<sup>2</sup> Interventions including educational efforts have been particularly successful among teens 17 years and younger. While all races have experienced a decline in teen births, disparities still exist with age, race, ethnicity and geography. The 2016 rate of births to youth, ages 10-19, in SC was 13.4 for whites and 18.9 for black and other teens. Youth 18-19 years old comprised 75% of all teen births in the state in 2016.

**Figure 1: South Carolina Birth Rates among Teenagers 10-19**



<sup>1</sup> Data Sources:

South Carolina Teen Birth Data: Department of Health and Environmental Control, S.C. Community Assessment Network (SCAN), accessed April 23, 2018.

U.S. Teen Birth Data: Centers for Disease Control and Prevention (CDC, National Center for Health Statistics, National Vital Statistics Report.

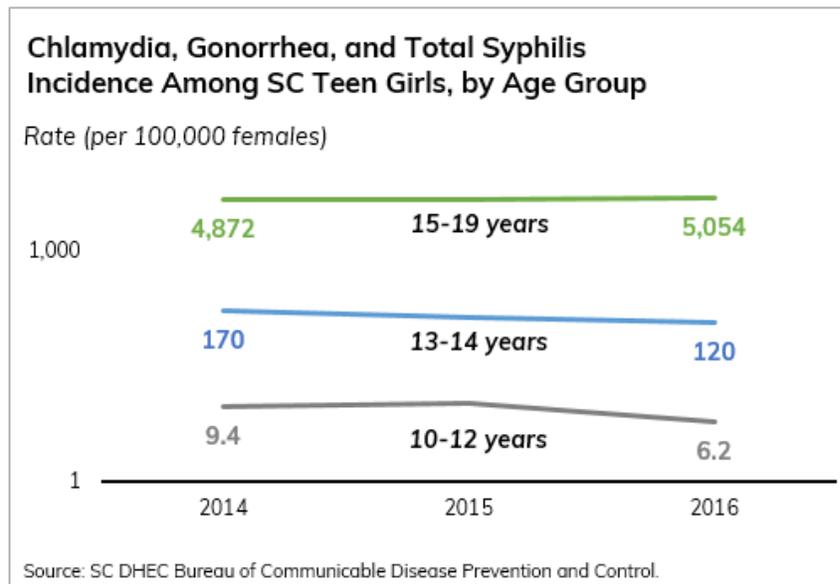
<sup>2</sup> South Carolina Campaign to Prevent Teen Pregnancy. The Issue. <https://www.teenpregnancysc.org/theissue>, Accessed April 23, 2018.

In SC, teens 15-19 years old also experience higher rates of sexually transmitted infections, with rates in this age group consistent in recent years. (Figure 2). Untreated STIs are a common cause of pelvic inflammatory disease, infertility and chronic pelvic pain. In addition, they can increase the spread of HIV and cause cancer. In 2015, South Carolina:

- Ranked 7<sup>th</sup> among 50 states in chlamydial infections and ranked 4<sup>th</sup> among 50 states in gonorrheal infections.
- Reported rates of chlamydia among women were 2.4 times greater than those among men.<sup>3</sup>

These data emphasize why it is important to continue to leverage strategic partnerships and outreach efforts to reach vulnerable youth and provide resources to local communities.

**Figure 2: SC Chlamydia, Gonorrhea and Total Syphilis Incidence Among Teen Girls 2014-2016**



<sup>3</sup>Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: South Carolina State Profile. <https://www.cdc.gov/nchhstp/stateprofiles/default.htm> Accessed July 3, 2018.

The following topics highlight the impact of teen pregnancy in SC and the importance of the social, psychological and health gains to be realized by supporting youth to refrain from non-marital sexual activity and engage in healthy relationships:

*Teen Pregnancy and Poverty*

Pregnant teens are more likely to drop out of high school, and often must do so to find employment to support themselves and their babies. Because these young women have not finished their education, teen mothers are forced to take lower paying jobs. Many pregnant teens live in poverty and rely on public assistance programs in South Carolina:

- Approximately 52% of all SC mothers receiving TANF had their first child as a teenager.
- Two-thirds of families living in poverty were begun by a young unmarried mother.
- In SC, 22% of children live in poverty, defined as less than \$17,000 annual household income for a family of three.<sup>4</sup>

*Teen Pregnancy and 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. Prevention would mean fewer children in foster care and less stress on the foster care system. 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.

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<sup>4</sup> SC Campaign to Prevent Teen Pregnancy. On Poverty: <https://www.teenpregnancysc.org/issue/poverty>, accessed April 23, 2018.

- There are more than 7,500 children in foster care in South Carolina.
- Approximately 6% of Medicaid-enrolled 18-19-year-olds who became pregnant in 2006 were in foster care as children.<sup>5</sup>

### *Teen Pregnancy and Education*

It is important that young people in SC succeed in school, so they can thrive as adults. Unfortunately, becoming pregnant (or getting a partner pregnant) makes it hard for teens to do their best in school. Preventing teen pregnancy increases the opportunity for youth to achieve success in school. Conversely, school failure and disconnection from school are important risk factors for becoming pregnant as a teen. Teen pregnancy is a leading cause of high school drop-out. Only 51% of young women who become mothers as teens complete high school 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.<sup>6</sup>

### *Teen Pregnancy and Child Well-Being*

Children born as a result of an unplanned pregnancy are more likely to experience adverse health and developmental consequences. Teen mothers are more likely to deliver pre-term and low- birth-weight babies, two factors which raise the probability of health problems for a child. In addition, one-third of teens do not see a healthcare provider during the first trimester

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<sup>5</sup> SC Campaign to Prevent Teen Pregnancy. On Foster Care: <https://www.teenpregnancysc.org/issue/foster-care>, accessed April 23, 2018.

<sup>6</sup> SC Campaign to Prevent Teen Pregnancy. On Education: <https://www.teenpregnancysc.org/issue/education>, accessed April 23, 2018.

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of pregnancy, increasing the odds of a baby born with complications. Children of teen parents suffer higher rates of abuse and neglect than children of mothers that delayed childbearing.<sup>7</sup>

DHEC is the State’s authorized Maternal and Child Health Agency and is therefore authorized to apply for and administer the Title V State Sexual Risk Avoidance Education (SRAE) funds on behalf of the state. DHEC’s mission is to improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment. DHEC intends to utilize the FY 2018 State SRAE grant funds to support local schools, community organizations and/or faith-based organizations that provide evidence-based SRAE programs for youth ages 10-19 who are most likely to bear children out of wedlock.

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. The SC SRAE program has coordinated with other teen pregnancy prevention partners, creating a multi-pronged approach in the state. Coordination with partners such as the Personal Responsibility Education Program (PREP), the SC Campaign to Prevent Teen Pregnancy (SC Campaign) and the State Alliance for Adolescent Sexual Health in SC (SAASH) will be ongoing to increase the provision of evidence-based reproductive health education to SC youth. In addition, strategic partnerships increase resources and opportunities to improve parent-child communication on reproductive health topics.

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<sup>7</sup> SC Campaign to Prevent Teen Pregnancy. On Child Well-Being: <https://www.teenpregnancysc.org/issue/child-well-being>, accessed April 23, 2018.

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

The goal, outcome and process objectives and logic model associated with implementation of the FY 2018 Title V SC SRAE program and a description of the capacity of DHEC to manage the program are as follows:

**Goal Statement:** The goal of SC SRAE program is to increase the proportion of adolescents, ages 10-19, postponing sexual activity as a means to prevent teen pregnancy and STIs by providing education that normalizes the health behavior of avoiding non-marital sexual activity. The SC SRAE programs will be school or community-based, evidence-based and/or informed, medically accurate, culturally appropriate and age-appropriate for the target population. Programs funded by the FY2018 Title V State SRAE grant will incorporate positive youth development (PYD) strategies that empower youth to build healthy life skills and protective factors that mitigate the impact of past and future negative factors, Examples of these strategies include teaching youth about personal responsibility, self-regulation, goal setting, healthy decision-making, and avoidance of risk behaviors such as drug and alcohol use.

**Outcome Objective 1:** By September 2019, the SC SRAE program will serve a minimum of 4,000 SC youth ages 10-19 through a state-approved SRAE program in either a community or school setting in priority areas in SC.

Process Objectives:

- By October 31, 2018, DHEC will utilize a competitive process to develop formal agreements with two or more organizations experienced in providing SRA programs to youth.

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- By November 30, 2018, sub-grantees will begin program implementation to provide SRAE programs in school or community settings in at least eight to ten (8-10) priority counties in SC.
- SC SRAE priority areas will include vulnerable youth who are most at risk of out-of-wedlock births.
- Sub-grantees will provide training and ongoing technical assistance to facilitators of evidence-based SRAE curricula being utilized.
- Sub-grantees must provide documentation that SRAE curricula is evidence-based and/or informed, medically accurate, culturally appropriate and age-appropriate for the target population, while providing a message that normalizes the health behavior of avoiding non-marital sexual activity.
- Sub-grantees will provide DHEC with letters of support from community-based or schools partners.
- Sub-grantees will implement SRAE curricula with fidelity, using approved adaptations. DHEC staff will make periodic announced and unannounced site visits with each sub-grantee for monitoring purposes.

**Outcome Objective 2:** By September 30, 2019, a minimum of 3000 youth will complete at least 75% of a state-approved SRAE program.

Process Objectives:

- By October 31, 2018, DHEC will utilize a competitive process to develop formal agreements with organizations experienced in providing SRA programs to youth.

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- By November 30, 2018, sub-grantees will begin program implementation to provide evidenced-based and/or informed SRAE programs in school or community settings in at least eight to ten (8-10) priority counties in SC.
- SC SRAE priority areas will include vulnerable youth who are most at risk of out-of-wedlock births.
- Sub-grantees will provide training and ongoing technical assistance to facilitators of evidence-based SRAE curricula being utilized.
- Sub-grantees must provide documentation that SRAE curricula is evidence-based and/or informed, medically accurate, culturally appropriate and age-appropriate for the target population, while providing a message that normalizes the health behavior of avoiding non-marital sexual activity.
- Sub-grantees will provide DHEC with letters of support from community-based or schools partners.
- Sub-grantees will implement SRAE curricula with fidelity, using approved adaptations. DHEC staff will make periodic announced and unannounced site visits with each grantee for monitoring purposes.

**Outcome Objective 3:** By September 30, 2019, SC SRAE program sub-grantees will complete a minimum of 10 parent/child events in targeted communities in SC.

Process Measures:

- Sub-grantees will work with school or community partners to determine locations/dates best suited to conduct parent/child events.

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- Sub-grantees will conduct parent-child event with target population.
- Sub-grantees will evaluate and report the reach and effectiveness of the parent-child event.

**Outcome Objective 4:** By August 31, 2019, a minimum of 30 SC SRAE youth educators will have opportunity to attend a Sexual Risk Avoidance training and certification class.

Process Measures:

- By November 30, 2018, DHEC will procure an SRA trainer and training site/date.
- By December 31, 2018, SCHDEC will partner with the selected trainer and possibly with neighboring states to plan the SRA training.
- By August 31, 2019, DHEC will host the SRA training and will evaluate the effectiveness and outcome of the SRA training.
- At least 80% of enrolled participants will complete the training and receive SRA certification.

**Outcome Objective 5:** By October 2019, DHEC, in collaboration with an external evaluator at USC Core for Applied Research and Evaluation (USC CARE), will train sub-grantees to implement the required national performance measures and prepare the semi-annual reports.

Process Objectives:

- At a time determined by the Administration on Children, Youth, and Families(ACF), DHEC staff and external evaluator will receive training on required national performance measures.

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- At a time after receipt of national performance measures, DHEC staff and USC CARE evaluator will provide training and technical assistance to sub-grantees on data collection for performance measures.
- In April 2019 and October 2019, USC CARE evaluator will assist SC SRAE program to manage data collection from sub-grantees and to synthesize data received on performance measures for submission of semi-annual reports.

**Outcome Objective 6:** By September 2019, a minimum of 3000 adults will have received information on SRA education and effectively communicating with youth on sexual health topics.

Process Objectives:

- Sub-grantees will provide an opportunity in all settings for parent orientation to material to be presented to youth. Parents will have an opportunity to exempt their student from the education if desired.
- Sub-grantees will provide all students who participate in school or community-based SRA programs with take-home parent information.
- Sub-grantees will distribute quarterly newsletters to parents and other interested adults.

**Outcome Objective 7:** By September 30, 2019, DHEC program staff will have conducted at least three (3) site visits with each sub-grantee.

Process Objectives:

- DHEC will provide training to grantees on plans for assessments during site visits.

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- DHEC will create site visit tool for assessment of classroom management, fidelity to curriculum, medical accuracy, and adherence to ACF-required curriculum elements.
- DHEC will review data and program reports submitted by the funded programs to identify successes and areas needing improvement.

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Inputs	Activities	Outputs	Outcomes		
			Immediate	Intermediate	Long-term
Continued allocation of funding for Sexual Risk Avoidance education: -Title V, State SRAE -SC State funding for SRA /Abstinence Education -In-kind resources  DHEC staff  Sub-grantee staff  SRAE Curriculum and supporting materials  Organization providing SRA training and certification  USC CARE external evaluator  School and community partnerships  Other teen pregnancy prevention partners (PREP, SAASH, SC Campaign)  Male and female adolescents aged 10-19	Community and/or school based SRAE programs for adolescents  Parent activities/resources  Community education activities: capacity building  Sexual Risk Avoidance training and certification  SRA curriculum training  Contract/Compliance Monitoring (meetings, reports, site visits)  Sub-grantee training  Data Collection and Analysis  PYD/Mentoring for adolescents  Referrals to other health service providers (e.g.: substance abuse, mental health)	Number of youth 10-19 served by SRAE programs  Number of youth 10-19 who complete 75% of the curriculum  Number of parent/child events  Number of community/capacity building activities  Number of staff who receive SRA training  National performance measures  Number of site visits conducted by DHEC  Number of adults receiving SRA information  Number of referrals to other health service providers  Number of partnering schools/community sites	Increased knowledge of pregnancy and consequences  Increased perception of personal risk  Improved youth communication skills  Increased parent-child communication on sexual health  Increased youth self-efficacy to delay sex  Improved ability to maintain healthy relationships  Improved youth personal confidence and role identity  Youth ability to set short and long-term academic and personal goals  Increased youth trust in one or more adults  Increased connectedness between teens and parents	Increased number of youth delaying sexual debut  Decreased number of future sexual partners among program youth  Increase in sexual risk avoidance behavior among school-aged students	Decrease SC teen pregnancy rates  Decrease SC teen birth rates  Decrease SC teen HIV and STI rates  Sustain SRA education in SC communities
<b>Challenge:</b> High rates of teen pregnancy and STIs among vulnerable SC youth. <b>Demographics:</b> Youth ages 10-19 in priority counties who are most at risk for out-of-wedlock births.		<b>Assumptions:</b> Adolescents aged 10-19 who receive SRA education are more likely to have lower risk of teen birth and STIs. Vulnerable adolescents will be reached through school and/or community-based programs in identified priority counties.			
<b>External Factors:</b> Competitiveness in awarding funds, experienced grantee staff to implement programming, target population size in rural counties, funding for SRAE programs, and community views on SRA education vs. SRR education.		<b>Constraints:</b> Non-duplication of youth participants, missed dosage of curriculum, negotiations with stakeholders, and limited number of RFGA applicants.			

### *Implementation Plan*

In an effort to lower the teen birth rates and STI rates in SC, DHEC proposes to utilize the FY 2018-19 Title V SRAE funding to provide education on sexual risk avoidance that normalizes the optimal health behavior of avoiding non-marital sexual activity. The educational programs will be school or community-based, evidence-based and/or informed, medically accurate, and culturally and age-appropriate for the target population. The educational programs will incorporate positive youth development strategies designed to delay the initiation of sexual behavior among youth ages 10-19 residing in priority areas in SC who are most likely to bear children out of wedlock.

SC SRAE programs will be required to ensure that the unambiguous and primary emphasis and context for each topic described below is a message to youth that normalizes the optimal health behavior of avoiding non-marital sexual activity:

- a) The holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision making, and a focus on the future
- b) The advantage of refraining from non-marital sexual activity in order to improve the future prospects and physical and emotional health of youth
- c) The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.
- d) The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.
- e) How other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex.

- f) How to avoid risk and receive help regarding sexual coercion and dating violence, recognizing that even with consent, teen sex remains a youth risk behavior.

SC SRAE program efforts will be planned and implemented based on prevalence/incidence data from health status indicators to determine priority areas of the state with the most need for services. SC SRAE programs will use a variety of approaches to reach vulnerable youth ages 10-19 and adults, including school and community-based activities. In addition to provision of youth programs, SRAE resources and activities will be provided to parents and other supporting adults to improve communication with youth about reproductive health and risk-avoidance.

#### **Mechanisms for formal partnerships**

During the fall of 2014, DHEC conducted a statewide Request for Grant Application (RFGA) process, which resulted in awards to two organizations, who are experienced in providing SRAE/abstinence-until-marriage services. They were selected by an independent panel to enter into a five-year contract with DHEC to implement education programs, contingent on continued receipt of federal funds for this purpose. These organizations are Heritage Community Services (Heritage), implementing *Heritage Keepers Abstinence Education*, and Bamberg School District Two (Bamberg), implementing *Sex Can Wait* and *Making a Difference*. Both organizations are using evidence-based curriculum to reach over 3000 students, combined, annually in eight-ten South Carolina counties with SRA education. In addition, they are working with community and faith organizations to create opportunities for parents and other

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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 processes to monitor the reach and fidelity of their programs. DHEC will utilize a portion of the Title V 2018 SRAE funding to continue working with these two organizations through formal sub-grantee relationships for the fifth of five years. These sub-grantees certify that they will utilize medically accurate, evidenced-based SRAE curricula and are experienced in doing so.

With additional funding allocated to SC in the 2018 Title V SRAE grant, DHEC will conduct an RFGA to solicit additional organizations to provide school or community-based SRAE programs. For the RFGA, application scoring will favor organizations who provide evidence-based or evidence-informed, medically accurate SRAE programs to populations who are the most vulnerable for out-of-wedlock pregnancies, including culturally underrepresented populations, (e.g.: Hispanic, African American or Native American teenagers), youth in or aging-out of foster care or adjudication systems, victims of trafficking, runaway and homeless youth or those in high need communities.

Finally, the increased funding allocation to SC SRAE for 2018 will allow DHEC to provide statewide training and certification to youth educators in Sexual Risk Avoidance. SC AEGP will contract with a training organization and attempt to collaborate with neighboring

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states to offer this training and certification program to educators to increase the overall quality of school and community sexual risk avoidance health education in SC.

Description of DHEC RFGA process

- DHEC will develop an RFGA that clearly describes the goals of the SRAE initiative, target populations, eligible applicants, fundable services, medical accuracy requirements, reporting and budget requirements.
- DHEC will release the RFGA to solicit proposals from organizations to provide school or community-based SRAE education programs that target vulnerable youth residing in priority areas of South Carolina.
- DHEC will widely disseminate the RFGA to eligible applicants.
- DHEC will recruit an independent, unbiased review team to score the applications received.
- DHEC will instruct the panel to review all eligible applications using a standard review tool and criteria.
- The panel will make a funding recommendation to DHEC based on the scoring results.
- DHEC will award SRAE funds to organization(s) with the strongest application(s) and will initiate formal agreements with the successful applicant(s). This will include 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.

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- DHEC will execute contracts with the successful applicants and commence implementation of the programs.
- DHEC will provide or arrange for training and technical assistance to program staff on program implementation and service delivery issues to include assistance in overcoming barriers that organizations may encounter.
- DHEC will monitor program implementation milestones including hiring of staff, selecting curriculum, providing staff development activities, recruiting the target population, training educators, delivering services, collecting data, and preparing sustainability plans.
- Sub-grantee(s) will implement program reporting requirements (including data elements and performance measures required by ACF) and other data/information required to complete required reporting for the state SRAE program.

SC AEGP's current sub-grantees, Heritage and Bamberg School District Two, will work with students in school districts in the following counties: Allendale, Barnwell, Bamberg, Charleston, Cherokee, Dorchester, Greenwood, and Sumter. Additional future sub-grantees will provide school or community-based SRAE services to youth ages 10-19, residing in additional priority areas in SC, which will be identified by their proposals in response to the RFGA.

The SC Legislature currently provides annual budget provisos to DHEC in the amount of \$646,972 for the purpose of providing SRAE/Abstinence Education programs to complement the federal program. These state funds will enable the SC SRAE program to reach more youth in FY 2018 than with federal funds alone. In semi-annual federal reports, DHEC will include progress on state-funded SRAE programs as well.

Monitoring

DHEC will be responsible for overall program budgeting, management, evaluation and for the development and submission of federal reports. Additionally, DHEC will plan with other organizations who receive federal funds for teen pregnancy prevention to provide or facilitate topical training and technical assistance to sub-grantees. Sub-grantees will develop an annual work plan and budget that will guide annual performance objectives. DHEC will monitor the implementation of each sub-grantee's work-plan through regular program reports, quarterly meetings and site visits to program service areas to assure program integrity to the proposed plan and the priorities of the state and ACF. DHEC will ensure that the educational programs offered by the sub-grantees are evidence-based, medically accurate, age-appropriate and compliant with A-F definitions of SRA education. DHEC will ensure that the programs are inclusive and non-stigmatizing toward lesbian, gay, bisexual, transgender and questioning youth and do 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.

DHEC will continue to contract with an evaluator from the USC CARE to create a coordinated state level monitoring and data collection system. This contractor will assist DHEC to assess sub-grantee achievement of goals, including reach and fidelity, as well as streamline data collection for federal reporting. The evaluator will coordinate with DHEC and the sub-grantees to design strategies that will address upcoming federal performance measures and provide required information for federal semi-annual reports. The evaluator will accommodate existing systems used by the sub-grantees to minimize additional burden.

Components of the monitoring and data collection system will include:

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- Attendance monitoring;
- Fidelity monitoring;
- Demographic data for reporting;
- Measures of attitudes and intentions before and after program delivery;
- Regular reporting on sub-grantees progress towards goals;
- Federal reporting; and
- Assessment for feasibility of future evaluation and/or research projects.

Barriers

In some community/faith settings, recruitment of program participants can be a potential barrier. Current sub-grantees have been able to overcome this barrier by working with the community partners to provide parent orientation sessions to showcase the curriculum, answer any questions from the parents and allow the parent to exempt the student if desired. Schools also use this same strategy. In addition, although sub-grantee programs will reach foster care youth, victims of trafficking and or homeless youth within public schools, group homes and other programs, those schools/state agencies are not at liberty to disclose personal information about the youth. Therefore, though services will be provided to these vulnerable youth groups, quantifying the numbers of each population will not be possible. Another potential barrier to implementation of the SC SRAE project may include continuation of current federal and state funding throughout the grant period. SC Legislature, in recent years has provided state budget

provisos to DHEC for the purpose of providing abstinence education. This allows SC sub-grantees to reach an even greater number of youth with SRA/abstinence education messages. Discontinuation of either funding stream would lead to a significant reduction in services,

### *Description of Programmatic Assurances*

DHEC requires applicants responding to the RFGA for Title V SRAE funds to provide a letter of certification stating that the program/curriculum defined within the RFGA application has been reviewed and that the information contained within is medically accurate and complete for the population to be served. Most organizations provide this certification from the Medical Institute for Sexual Health. Sub-grantees will be made aware that they would be required to take appropriate action to correct any inaccurate information discovered by ACF or the state program at any time during the grant project period.

DHEC will require that programs of all awarded applicants meet criteria established in the Title V SRAE funding opportunity announcement, to include that SRA education must ensure that the unambiguous and primary emphasis and context for each topic, A-F (as described earlier in this section) is a message to youth that normalizes the optimal health behavior of avoiding non-marital activity. These requirements will also be included in formal grant agreements with awarded organizations and will be monitored by DHEC staff.

**Nondiscrimination:** DHEC certifies it will comply with all federal statutes and regulations relating to non-discrimination. DHEC will require and ensure that all funded organizations have policies in place to protect youth from bullying and harassment. DHEC will monitor and ensure

that all funded organizations encourage youth to participate in programming without regard to race, ethnicity, sexual orientation or gender identity.

### *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 training in Adverse Childhood Experiences. Sub-grantees of DHEC’s SRAE program will be encouraged to complete this training in 2019 to promote a trauma-informed approach. This training raises educator awareness for 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.

Programs funded by the FY2018 Title V State SRAE grant will incorporate positive youth development (PYD) strategies that empower youth to build healthy life skills and protective factors that mitigate the impact of past and future negative factors. Examples of these strategies include teaching youth about personal responsibility, self-regulation, goal setting, healthy decision-making, and avoidance of risk behaviors such as drug and alcohol use.

### *Target Population*

DHEC acknowledges that while trend data shows that fewer teens are engaged in risky behaviors, there is a need for intentional efforts to teach sexual delay as a normative behavior. During the FY 2018 funding period, DHEC sub-grantees utilizing SRAE funds will target youth

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ages 10 to 19 who are more likely to bear children out-of-wedlock. Youth will be provided services in schools, community or faith-based settings and, as recommended by ACF, target populations may include youth who are:

- In culturally underrepresented populations, especially Hispanic, African American, or Native American
- In or aging out of foster care or adjudication systems
- Living in under-resourced areas
- Runaways or homeless and/or victims of trafficking
- Living in areas with high rates of teen births and STIs

The priority county areas established by the SC SRAE program were based on scoring of the following health indicators for SC youth ages 10-19 for the years 2014-2016:

- Birth rate;
- Out-of-wedlock birth rate;
- Abortion rate;
- Incidence of STIs; and
- Pregnancy rate among teenagers.

The analysis of these indicators is reflected in the following table (Figure 3). Sub-grantees are directed to utilize this information to guide in the selection of targeted counties for program delivery. Priority areas are designated (1-6, with 1 given highest priority) based on the latest three-year rates available for the indicators mentioned above. If counties other than those

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in priority areas 1 or 2 are selected, justification must be provided for serving high-risk populations in lower priority counties.

**Figure 3: Priority Target County Areas for FY 2018 South Carolina Title V SRAE funding**

<b>Priority Area 1</b>	<b>Priority Area 2</b>	<b>Priority Area 3</b>	<b>Priority Area 4</b>	<b>Priority Area 5</b>	<b>Priority Area 6</b>
<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 Barnwell Fairfield Greenwood Lee Marion Marlboro Newberry Orangeburg Sumter Union	Aiken Chester Chesterfield Clarendon Colleton Darlington Dillon Florence Horry Williamsburg	Cherokee Hampton Lancaster Laurens Richland	Abbeville Anderson Bamberg Jasper Kershaw Oconee Saluda York	Beaufort Charleston Dorchester Georgetown Lexington McCormick	Berkeley Calhoun Edgefield Greenville Pickens Spartanburg
<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 2014-2016 for females 10-19 years of age. Data Sources: SCDHEC, Division of Biostatistics and the STI/HIV Prevention Program</p>					

### *Health Care Service Referrals*

SC SRAE staff will ensure that sub-grantee educators maintain a listing of appropriate organizations for referrals for adolescent pregnancy prevention-related health care services and other providers of health care 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 and organizational referral policies. Sub-grantees will also be provided with information on how to assist eligible youth to enroll in health assistance programs such as Medicaid and Children’s Health Insurance Program (CHIP), WIC or any other federal or state assistance program for which they may be eligible.

### *Research and Evaluation*

As mentioned earlier, October 1, 2018 DHEC will begin the fifth of five-year grant agreements with two youth-serving organizations (Heritage and Bamberg) to provide SRAE programs. In addition, through a competitive RFGA process initiated in August, 2018, additional funds will be awarded to one or more SC youth-serving organizations. During FY 2018 DHEC will focus on working with these sub-grantees to create and/or coordinate systems to collect data and information to address upcoming federal performance measures. Once there is a solid infrastructure in place to monitor those measures, DHEC will explore the feasibility of establishing a local evaluation project for SRAE in SC in FY 2019. DHEC will stipulate in sub-awardee RFGAs and grant agreements that the organizations must assure that if the SC SRAE program is chosen for a federal evaluation, that they must also agree to participate.

### *Performance Measurement*

DHEC will work with sub-grantees to collect information related to attendance, number of youth served, hours of programming provided, fidelity to curriculum and results of pre and post-tests of youth served. In addition, once federal performance measures are determined, we will coordinate with sub-grantees to provide the required information to assist the state and ACF to monitor the extent to which the programs are being implemented according to the SRAE objectives and to monitor progress towards expected outcomes.

### *Objective Performance Measures*

Two program-related objective performance measures that SC SRAE proposes to use to measure its success in reaching key goals in FY 2018 are:

Outcome Objective 1: By September 30, 2019, the SC SRAE program will serve a minimum of 4,000 SC youth ages 10-19 through a state-approved SRAE program in either a community, faith or school-based setting in priority areas in SC.

Outcome Objective 5: By August 31, 2019, a minimum of 30 SC SRAE youth educators will be provided the opportunity to attend a Sexual Risk Avoidance training and certification class.

### *Objective Efficiency Measures*

SC SRAE program will coordinate with sub-grantees to collect and report data on the recipients served by the program as required by ACF/ACYF. The data will be reported on required forms in the semi-annual performance progress reports. In addition, we will monitor on

a quarterly basis for each sub-grantee how many youths were proposed to be served and the actual numbers served, along with any barriers encountered.

### *National Evaluation*

DHEC and sub-awardees will participate in the national evaluation, if selected. DHEC will stipulate in sub-awardee RFGAs and grant agreements that the organizations must assure that if the SC SRAE program is chosen for a federal evaluation, that they must also agree to participate.

### *Coordination*

The State Alliance for Adolescent Sexual Health is a group of committed stakeholders dedicated to the health and well-being of youth in our state. The SC SRAE 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 also 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. DHEC will continue to coordinate planning with other ACF-funded adolescent pregnancy prevention partners in SC, such as PREP, to provide joint topical trainings to sub-awardees. With successful programs provided via a multi-partner approach, DHEC aims to continue working to decrease teen births

in SC, decrease teen STI rates, and empower youth to make healthy decisions about their future.

### *Service Recipient Involvement*

SC SRAE staff will request permission to post the state plan on the DHEC agency website at <http://www.scdhec.gov/> after approval from ACF in order to facilitate input from stakeholders.

DHEC 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, DHEC 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. DHEC staff will continue to solicit input from previous sub-grantees, other organizations who provide teen pregnancy prevention programs and members of the SAASH as we implement the SRAE state plan.

### *Sustainability Plan*

SC SRAE program staff will work with sub-grantees, school and community partners and others to plan for sustainability of the programming to adolescents provided through the Title V State SRAE funds. In some counties of the state, school districts elect to train their own certified teaching staff to implement reproductive curriculum, instead of having sub-grantee staff conduct the abstinence programs as guest presenters. This model is conducive to sustainability if federal funding should be discontinued. The SC Legislature currently provides annual budget

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provisos to DHEC for the purpose of providing SRAE/Abstinence Education programs to complement the federal program. This state funding will help to sustain programs if federal funding should be discontinued. DHEC will continue to seek creative methods of planning for program sustainability and expansion.

### ***Budget***

DHEC 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 are delineated for 2-3 staff members to attend the annual ACF conference for state grantees and for 1-2 staff members to attend topical trainings, as required.

Contractual costs for the SC FY 2018 AEGP program include:

- Sub-grantees to provide SRAE services (Heritage, Bamberg, and additional to be determined by RFGA). Sub-grantees will be required to submit detailed line-item budgets supportive of their planned program efforts and work plans, which will be approved by DHEC program and financial staff. Sub-grantees will submit regular itemized invoices seeking reimbursement for programmatic expenditures incurred while conducting SRAE activities. DHEC 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.
- Vendor (to be determined) to provide SRA training/certification for educators.

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- University evaluator support for data collection and management, overall program monitoring, preparation of data reports, implementation of performance measures and exploration of possible formal evaluation project in the future.

Please see the itemized budget and justification narrative attached, along with a revised SF-424A due to the revised budget/award amount. DHEC's indirect cost rate agreement is also attached.

Note: State funds designated to DHEC for 2018-19 SRAE/Abstinence Education total \$646,972 and are not included in the itemized budget. Possible in-kind resources from sub-grantees and school/community partners are also not included in this budget.

### *Appendices*

- SC SRAE FY 2018 Itemized Budget and Justification Narrative
- SC DHEC Indirect Cost Rate Agreement
- Revised SF-424 M
- Revised SF-424 A (due to revised budget amount)
- Protection of Human Subjects Assurance Identification/IRB form (see comments)