

Program #40025 - Adolescent Sexual Health Equity Program (ASHEP) 2/18/2016

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs: 40011, 40012
Program Characteristics: Measure 5 Education, In Target

Executive Summary

The Adolescent Sexual Health Equity Program (ASHEP) aims to create a culture that affirms the sexual and reproductive health and justice of youth in Multnomah County. ASHEP provides direct evidence-based comprehensive sexual health education to youth and parents/caregivers, as well as training and capacity building for middle schools, high schools, and community partner agencies. Goals include reducing unintended pregnancy and sexually transmitted infections, eliminating sexual health disparities, and more. In FY17, ASHEP will reach over 10,000 youth.

Program Summary

The Adolescent Health Promotion (now, ASHEP) program plays an integral role in sexual health promotion strategies through large-scale population-level sexual health programming in multiple school districts and community settings, with youth, caregivers and service providers. The program uses positive youth development approaches and focuses efforts on current geographically- and demographically-based data. ASHEP partners collaboratively to promote personal and community resilience and restoration, dismantle inequities, and support culturally-specific and responsive efforts.

Public health indicators targeted: The overall teen unintended pregnancy rate in Multnomah County is higher than the state’s rate, and significant inequities exist among Latinos, Native Americans, African Americans. Sexually transmitted infection rates are high in youth, with worse impact in specific racial/ethnic and LGBTQ youth populations when compared to the county as a whole. Both of these health issues can impact long term health and fertility, interrupt education, and change future opportunities.

Program Activities: Youth education and skill building: Health Educators teach youth directly, using evidence-based culturally specific or general education approaches as appropriate. Sites include alternative high schools, SUN programs, residential treatment, and juvenile detention and other community sites. Middle and High School teacher training: Supports school districts in providing evidence-based comprehensive sexuality education through technical assistance and capacity building effort for teachers, including training and coaching, classroom co-teaching, as well as curriculum support. Community services: Community capacity is increased by training partner organizations and working together on policy advocacy, increasing community awareness, and improving cultural responsiveness of educational curricula. In tandem with community partners, ASHEP increases skills and knowledge of parents, foster parents, and other supportive adults to communicate with youth about sexual health, relationship skills, and decision-making. Culturally-specific approaches are implemented by and for African American, Latino, and Native American communities by staff and through partnerships.

Performance Measures

Measure Type	Primary Measure	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of participants in educational sessions/training.	10,474	1,500	3,500	12,000
Outcome	Percent of educators who feel confident teaching evidence-based sexuality education.	NA	NA	85%	90%
Quality	Percent of classes taught to fidelity.	NA	NA	NA	85%

Performance Measures Descriptions

1)Total number of target population participants reached through direct services (includes parents, youth, teachers, and community-based program staff) 2) Outcome: The percentage of newly trained facilitators that feel confident they can implement an evidence-based sexual health curriculum (new measure). 3) Quality: The percentage of observed classes that include key components of evidence-based curricula (new measure).

Legal / Contractual Obligation

The Office of Adolescent Health Teen Pregnancy Prevention Grant (Adolescents and Communities Together) requires 5,000+ priority youth and 12,000 total youth served with evidence-based curricula.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$453,323	\$129,835	\$211,182	\$670,999
Contractual Services	\$1,500	\$0	\$1,500	\$676,463
Materials & Supplies	\$10,551	\$1,667	\$33,451	\$21,347
Internal Services	\$56,297	\$13,651	\$109,543	\$81,190
Total GF/non-GF	\$521,671	\$145,153	\$355,676	\$1,449,999
Program Total:	\$666,824		\$1,805,675	
Program FTE	4.80	1.55	2.01	6.89

Program Revenues				
Indirect for Dept. Admin	\$8,727	\$0	\$63,476	\$0
Intergovernmental	\$0	\$145,153	\$0	\$1,449,999
Total Revenue	\$8,727	\$145,153	\$63,476	\$1,449,999

Explanation of Revenues

Federal Teen Pregnancy Prevention Grant: \$1,449,999.

Significant Program Changes

Last Year this program was: FY 2016: 40025A-16 Adolescent Health Promotion

Three grants ended in FY16 totaling \$145,153, but the 5-year Teen Pregnancy Prevention grant award began in FY16 at \$1,249,000 annually, encompassing the same areas of work. The ending grants are:

Fed/State Latina Teen Pregnancy Prevention grant: \$87,206

State My Future-My Choice teacher training curriculum grant: \$30,000

Healthy Marriage Initiative funding: \$27,947