Multnomah County				
Program #40025 - Adolese	cent Sexual Health Equity Progr	am (ASHEP)		6/27/2018
Department:	Health Department	Program Contact:	Kim Toevs	
Program Offer Type:	Existing Operating Program	Program Offer Stage:	As Adopted	
Related Programs:	40011, 40012, 40060			
Program Characteristics:	Measure 5 Education			

#### **Executive Summary**

The Adolescent Sexual Health Equity Program (ASHEP) aims to create a culture that affirms and advocates for individual and relationship health and justice of youth, and address the root causes of health inequities including racism. Through training, ASHEP builds community capacity in schools and community partners and provides direct evidence-based health promotion with youth, parents, and caring/mentoring adults. Goals: support school districts to meet state requirements, reduce youth/teen dating violence, eliminate sexual/reproductive health disparities, and promote youth development.

#### **Program Summary**

The Adolescent Sexual Health Equity Program (ASHEP) promotes individual and relationship health through empowering partners to provide large-scale population-level programming in multiple school districts and community settings. ASHEP uses public health and social determinate data to identify geographic areas and specific populations at highest need for focused resources. Locally, significant sexual and reproductive health inequities exist among Latinos, Native Americans, and African Americans. LGBTQ youth populations are also disproportionately impacted by violence and sexually transmitted infection when compared to the county as a whole. Both health inequities and trauma related to violence can interrupt education and limit future opportunities impacting the long-term fertility and health of youth. In FY19, ASHEP will reach over 2,000 youth.

ASHEP partners with youth, educators, caregivers, and service providers in school and community settings. Oregon law requires comprehensive sexuality and healthy relationship skill education for youth; development and adoption of child sexual abuse prevention programs for students in grades K-12; and that all youth, regardless of income, citizenship status, gender identity or type of insurance, have access to the full range of preventive reproductive health services. ASHEP plays a key role in supporting schools to meet this goal, and to help ensure community members have the information and support systems needed to access and advocate for their own health care. ASHEP trains educators and adult mentors in evidence-based sexual and relationship health curricula and teen-dating violence prevention curricula. ASHEP staff evaluate programs and adapt/translate curricula to provide effective education to special populations. ASHEP Health Educators also reach high-need youth not enrolled in mainstream public schools. Together ASHEP staff and community partners work to strengthen community resilience, address inequities, and support culturally-specific and responsive efforts. The capacity of African American, Latino, and Native American communities is increased by training, collaborating, and providing technical support to partner organizations to provide culturally-specific skill building, policy advocacy, and community mobilization among both youth and their parents/caring adults.

Performance Measures						
Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer	
Output	Number of participants in educational sessions/training	11,035	11,200	10,500	2,500	
Outcome	Percent of trained educators who feel confident teaching evidence-based sexuality and/or violence prevention curr	90%	85%	90%	85%	
Quality	Percent of classes taught to fidelity	85%	89%	90%	85%	
Performa	nce Measures Descriptions		1			

1) Total number of target population participants reached through direct services (includes parents, youth, teachers, and community-based program staff) See significant changes 2) The percentage of educators, after training, that feel confident they can implement an evidence-based sexual health or violence prevention curriculum. 3) The percentage of observed classes that include key components of evidence-based curricula.

# **Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$176,616	\$528,389	\$230,915	\$0
Contractual Services	\$0	\$637,520	\$0	\$0
Materials & Supplies	\$4,723	\$19,839	\$959	\$0
Internal Services	\$114,194	\$64,251	\$98,500	\$0
Total GF/non-GF	\$295,533	\$1,249,999	\$330,374	\$0
Program Total:	\$1,545,532		\$330,374	
Program FTE	1.72	5.13	2.15	0.00

Program Revenues				
Indirect for Dept. Admin	\$50,038	\$0	\$0	\$0
Intergovernmental	\$0	\$1,249,999	\$0	\$0
Total Revenue	\$50,038	\$1,249,999	\$0	\$0

**Explanation of Revenues** 

## Significant Program Changes

### Last Year this program was: FY 2018: 40025 Adolescent Sexual Health Equity Program (ASHEP)

The significant decrease in our OUTPUT performance measure is due to a loss of federal funding in 2018. AHEP had received a multi-year Teen Pregnancy Prevention (TPP) grant from the federal Office of Adolescent Health (OAH). National TPP funding was eliminated mid-contract cycle, resulting in a local loss of half of AHEP personnel and ending financial support to community partners for staff and program implementation. However, positive impact for youth continues due to continuation of work by trained school and community partners.