

**Colorado Title V State Abstinence Education Grant Program  
HHS-2016-ACF-ACYF-AEGP-1131**

**CFDA Number: 93.235**

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## **i. Project Abstract**

**Overview and Summary.** The Colorado Title V State Abstinence Education Grant Program is part of a comprehensive approach to adolescent well-being that seeks to support Colorado youth in developing and navigating healthy relationships, thus reducing teen pregnancy and sexually transmitted infections (STIs). This program will be administered through the Colorado Department of Education (CDE) and will be consistent with Colorado as a local control state.

**Mechanism for Delivering Services.** CDE will administer the abstinence education program through a competitive and rigorous application grant process that will be offered to nonprofits and communities as sub-grantees. All sub-grantees will be required to provide an 85% match.

**Geographic Area and Target Population.** Funding will be available to applicants across Colorado. Priority will be given to counties with teen birthrates higher than the Colorado (23 per 1,000) and national (26 per 1,000) averages. Priority will be given to applicants targeting populations at most risk including, but not limited to foster care, parenting, runaway, homeless and minority teens; LGBTQ youth; and teens with developmental disabilities.

**Description of Interventions.** Priority will be given to applicants using evidence-based teen pregnancy prevention programs for direct services through mentoring, counseling, or adult supervision based on best practices and sound theoretical frameworks and for classroom

instruction. **Goals.** The primary goal is to *support local efforts* in communities throughout the state to reduce the rate of teen pregnancy and STIs, and support local efforts on positive youth development to increase the value of self-sufficiency, academic achievement and future

orientation in students. **Monitoring Strategies.** A grant administrator will oversee and monitor the sub-grantees through site visits, performance and financial reporting, and will also provide assistance, data and evaluation information to grantees.



**COLORADO**  
Department of Education



**Colorado Title V State Abstinence Education Grant Program  
HHS-2016-ACF-ACYF-AEGP-1131**

**CFDA Number: 93.235**

**State Name**  
Colorado

**Fiscal Years**  
2016  
2017

**Grant allocation amount**  
\$925,137.00

**Colorado Department of Education  
1580 Logan Street, Suite 200  
Denver, CO 80203**

[http://www.cde.state.co.us/healthandwellness/title\\_v](http://www.cde.state.co.us/healthandwellness/title_v)

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## PROJECT DESCRIPTION

The Colorado State Plan for the Title V State Abstinence Education Grant Program is part of a comprehensive approach to adolescent well-being that seeks to support Colorado youth in developing and navigating healthy relationships and in making decisions that result in reduced teen pregnancy and sexually transmitted infections, including HIV. This approach is based on guidance from Title V of the Elementary and Secondary Education Act (ESEA) as well as Section 510(b) of the Social Security Act.

The chief strategy of the plan is a competitive grant program that will be offered to all communities in the state through the Colorado Department of Education (CDE). The Colorado Constitution, Article 9, Section 15, states that local school boards "shall have control of instruction in the public schools of their respective districts." The local control framework will guide implementation of the state Title V plan in which providers funded by this grant may offer abstinence education programs appropriate to the needs and challenges of local communities and school districts. In Colorado, Local Education Agencies (LEAs) may use multiple programs to meet state academic standards and address local needs. Thus, funded programs may be used in concert with other health and wellness programs, such as those that emphasize positive youth development to address the comprehensive health and wellness needs of children.

### iii. Description of Problem and Need

Compared to states across the nation of similar size and demographics (see Table 1 for Colorado demographics), Colorado adolescents experience median rates of unintended pregnancies and sexually transmitted diseases. According to the 2013 Annie E. Casey Foundation report *Kids*

Count, the Colorado teen birthrate ranked 21st in the United States with a rate of 23 births per 1,000 young women ages 15-19 compared to the national rate of 26 births per 1,000.<sup>1</sup>

According to *The State of Adolescent Sexual Health in Colorado 2015*, teen birthrates in

individual counties vary greatly. While overall the state experienced declines in teen birth rates (ages 15-19) between 1991 and 2013, a disparity still exists in the most populated counties in the State and in the rural counties of Colorado as well. The most populated counties have teen birthrates well above the national average (26) and Colorado average (23) including Denver (39.9), Adams (37.7), and Pueblo (40.4). Even more alarming are the teen birthrates in the most rural parts of Colorado. The 10 Colorado counties with the highest teen birthrates are presented

<b>Race or Ethnicity</b>	<b>% of Population</b>
Non-Hispanic White	57%
Hispanic	31%
African-American	4%
Two or more races	4%
Asian	3%
American Indian	1%

<b>Rank</b>	<b>County</b>	<b>Birthrate</b>
1	Crowley	66.5
2	Otero	61.6
3	Prowers	61.6
4	Baca	60.8
5	Montezuma	49
6	Saguache	46.2
7	Moffat	43.5
8	Morgan	43.3
9	Huerfano	43.1
10	Conejos	42.5
	<b>Colorado</b>	<b>23</b>

in Table 2. Among high school students in Colorado 33.1 percent have reported to ever having sexual intercourse. High school seniors who have ever had sexual intercourse are 52.8 percent and freshmen are 14.9 percent.<sup>3</sup> Table 3

specifies birthrates by demographic and age on the following page.

<sup>1</sup> The Annie E. Casey Kids Foundation. 2013. *Kids count data book*. Retrieved from: <http://www.aecf.org/m/resourcedoc/AECF-2013KIDSCOUNTDataBook-2013.pdf>

<sup>2</sup> Colorado Youth Matter. 2015. *The state of adolescent sexual health in Colorado*. Retrieved from: <http://www.coloradoyouthmatter.org/images/stories/pdf/2015sashfinal.pdf>

<sup>3</sup> Colorado Department of Public Health and Environment. 2013. *Healthy Kids Colorado Survey: High School Overview*. Retrieved from: [http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent\\_Health\\_Data](http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data)

	All Ages		10-17 years		18-19 years	
	Number	Percent	Number	Percent	Number	Percent
<b>Total Live Births</b>	65,816	100	903	100	2,484	100
<b>Race/Ethnicity of Mother</b>						
White, non-Hispanic	40,495	63.3	282	32.5	947	39.7
White, Hispanic	14,378	22.5	445	51.2	1,010	42.3
Black	3,749	5.9	58	6.7	204	8.6
Asian American/Pacific Islander	2,933	4.6	18	2.1	48	2.0
American Indian/Native American	693	1.1	10	1.2	45	1.9
Other	1,741	2.7	56	6.4	131	5.5
Unknown	1,827	N/A	34	N/A	99	N/A

The Colorado Department of Public Health and Environment reports the risk of teen pregnancy is highest for Hispanic females in the state, followed by African American females.<sup>5</sup> For African American women, 55 percent of all pregnancies are unintended; Hispanic - 46 percent; and White - 32 percent.<sup>6</sup> The cost of unintended pregnancy to the state is approximately \$160 million dollars annually.<sup>7</sup> Research closely links teen parenthood to many negative consequences for mothers, fathers and their children. For example, compared to those who delay bearing children, teen mothers are more likely to drop out of school, remain unmarried and live in poverty; their children are more likely to be born at low birth weight, grow up poor, live in single-parent households, experience abuse and neglect, and enter the child welfare system. Daughters of teen mothers are more likely to become teen parents themselves and sons of teen

<sup>4</sup> Colorado Department of Public Health and Environment. 2014. *Colorado Births and Deaths 2014*. Retrieved from: file:///Users/Gina/Downloads/Colorado.pdf

<sup>5</sup> Colorado Health Information Data Set, local-level health data compiled by the Colorado Department of Public Health and Environment Retrieved from: [www.cdphe.state.co.us/cohid](http://www.cdphe.state.co.us/cohid)

<sup>6</sup> State of Colorado. 2014. *Maternal and child health issue brief*. Retrieved from: [https://www.colorado.gov/pacific/sites/default/files/LPH\\_MCH\\_Issue-Brief-1\\_Unintended-Pregnancy.pdf](https://www.colorado.gov/pacific/sites/default/files/LPH_MCH_Issue-Brief-1_Unintended-Pregnancy.pdf)

<sup>7</sup> Retrieved from: [https://www.colorado.gov/pacific/sites/default/files/LPH\\_MCH\\_Issue-Brief-1\\_Unintended-Pregnancy.pdf](https://www.colorado.gov/pacific/sites/default/files/LPH_MCH_Issue-Brief-1_Unintended-Pregnancy.pdf)

mothers are more likely to be incarcerated.<sup>8</sup> Those most likely to have an unintended pregnancy are young, less educated, poor women; and those who are not married.<sup>9</sup>

Just as teen birthrates are of concern, so are sexually transmitted infections (STIs) among youth. According to the Center for Disease Control, youth ages 15-24 make up a quarter of the sexually active population, but account for half of the new STIs each year in the United States.<sup>10</sup> Even though teen birthrates have decreased in Colorado, the rate of Chlamydia has increased steadily from 2003-2011 in Colorado and is the most reported STI. The age groups most affected are 15-24 year olds.<sup>11</sup> The counties most affected by Chlamydia are Denver and Montezuma,<sup>12</sup> which also both have high teen birthrates. While non-Hispanic African Americans make up only 4 percent of the population, they represent 9.2 percent of the reported cases.<sup>13</sup>

Colorado's overall rank in child wellbeing is 21st in the nation, however the State's Health Rank is 44<sup>th</sup> in the nation.<sup>14</sup> Low birth weight babies, children without health insurance, child/teen death, and teens who abuse drugs and alcohol all contribute to the determination of the Health Rank. The child wellbeing is based on the following indicators, including the following:

- Percentage of teens not in school and not school graduates
- Percentage of children living in families where no parent has full-time, year-round employment

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<sup>8</sup> Hoffman, S.D. (2006). *By the Numbers: The Public Costs of Teen Childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

<sup>9</sup> State of Colorado. 2014. *Maternal and child health issue brief*. Retrieved from:

[https://www.colorado.gov/pacific/sites/default/files/LPH\\_MCH\\_Issue-Brief-1\\_Unintended-Pregnancy.pdf](https://www.colorado.gov/pacific/sites/default/files/LPH_MCH_Issue-Brief-1_Unintended-Pregnancy.pdf)

<sup>10</sup> Center for Disease Control. 2016. *Adolescents and Youth Adults*. <http://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>

<sup>11</sup> Colorado Department of Public Health and Environment. 2013. *Sexually transmitted infections in Colorado*. Retrieved from:

[https://www.colorado.gov/pacific/sites/default/files/DC\\_STI-HIV\\_Surv\\_STI-Profile-2013.pdf](https://www.colorado.gov/pacific/sites/default/files/DC_STI-HIV_Surv_STI-Profile-2013.pdf)

<sup>12</sup> Center for Disease Control. 2013. *Rates of Reportable STDs among Young People 15 - 24 Years of Age Colorado*. Retrieved from: <http://www.cdc.gov/std/stats/by-age/15-24-all-STDs/state/2013/CO13.pdf>

<sup>13</sup> Colorado Department of Public Health and Environment. 2013. *Sexually transmitted infections in Colorado*. Retrieved from:

[https://www.colorado.gov/pacific/sites/default/files/DC\\_STI-HIV\\_Surv\\_STI-Profile-2013.pdf](https://www.colorado.gov/pacific/sites/default/files/DC_STI-HIV_Surv_STI-Profile-2013.pdf)

<sup>14</sup> Annie E. Casey Foundation. 2015. *Kids Count Data Book*. Retrieved from: <http://www.aecf.org/m/resourcedoc/aecf-2015kidscountdatabook-2015.pdf>

- Percentage of children living in poverty
- Percentage of children in single parent families
- Low birth-weight babies

Drug and alcohol use can also lead to risky sexual behavior. Marijuana use by teens is of particular concern in Colorado. Marijuana became legalized in Colorado in late 2013 for adults 21 and older. The effects on youth and marijuana usage because of legalization are still yet to be determined. The average age of first use is 18, but the age is beginning to decline.<sup>15</sup> Even before legalization in the 2013 Healthy Kids Colorado Survey, nearly 55 percent of high school students felt marijuana was easy to obtain.<sup>16</sup> Nearly 37 percent have tried marijuana at least once and 19 percent have used within the last 30 days.<sup>17</sup>

Colorado is one of the very few states that do not require any health education courses in middle school or high school.<sup>18</sup> The lack of this requirement creates a gap in sex education to middle and high school students. It is likely that many students are not receiving any form of sex education, including abstinence education. This could point to an environment in which providers in local communities can work with LEAs to develop and deliver a health education program – including medically accurate abstinence education.

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<sup>15</sup> Colorado Department of Public Health and Environment. 2014. *Marijuana use in Colorado*. <http://www.chd.dphe.state.co.us/MJ/2014-Adult-Marijuana-Use-In-Colorado.html>

<sup>16</sup> Colorado Department of Public Health and Environment. 2013. *Healthy kids Colorado survey marijuana overview*. Retrieved from: [http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent\\_Health\\_Data](http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data)

<sup>17</sup> *ibid.*

<sup>18</sup> Center for Disease Control. 2014. *School health profiles*. Retrieved from: [http://www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014\\_profiles\\_report.pdf](http://www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014_profiles_report.pdf)



#### **iv. Target Populations**

As a statewide agency charged with instructional responsibility for all Colorado students, the CDE will make every effort to reach out to the entire state with information to apply for the Title V State Abstinence Education Grant funds. Based on the Statement of Problem and Need section of this proposal, counties/communities that experience the highest number of teen pregnancies and large numbers of students that are at risk for STIs and HIV will be specifically encouraged to submit proposals. The RFP requires applicants to cite a needs assessment of problems related to teen pregnancy and STDs/STIs, and to identify which groups are most at risk for unintended births and have the greatest need for early interventions. Priority will be given to applications from providers in communities with subpopulations with high rates of teen pregnancy and sexually transmitted diseases.

Applicants will also be encouraged to reach teen populations at most risk such as minority teens including Native Americans, youth aging out of foster care, parenting, runaway, homeless, LGBTQ youth and teens with developmental disabilities. Special consideration will be given to applications that reach these youth through their programming.

Priority will be given to applicants serving minority teens due to the higher birthrates as describe in the Problem Statement and Need. Applicants targeting teens who are aging out of foster care, parenting, runaway, or homeless will be given special consideration. These youth are more likely to experience unplanned pregnancy. In a longitudinal study, 33 percent of females in the foster care system became pregnant by age 17 or 18 compared to 14 percent of females not in

the foster care system.<sup>19</sup> Parenting teens are more likely to become pregnant a second time and at an even greater rate for those who were in the foster care system. For those in the foster care system 46 percent who had ever been pregnant became pregnant again compared to 34 percent of females in the general population.<sup>20</sup> Homeless and runaway youth are a priority because of their lack of family support, access to healthcare and other resources. “Compared to the national average of ten percent, 48 percent of street youth and 33 percent of shelter youth have been pregnant or have impregnated someone.”<sup>21</sup>

While little information exists about teen pregnancy rates among youth with developmental disabilities, research indicates that teens with low cognitive function “are at increased risk for early sexual activity and early pregnancy”.<sup>22</sup> Low cognitive function is associated with an increased risk of STIs among teens. Eight percent of males with low cognitive ability were exposed to STIs compared to three percent of males with an average cognitive ability. For females the exposure is 26 percent and 10 percent respectively.<sup>23</sup>

Applicants are encouraged to consider the needs of LGBTQ youth and identify how their programs will be inclusive of and non-stigmatizing toward such participants. “Students who identify as lesbian, gay or bisexual are twice as likely as their heterosexual counterparts to report becoming pregnant or getting someone pregnant.”<sup>24</sup> LGBTQ students may be at more risk for

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<sup>19</sup> Boonstra, Heather. “Teen Pregnancy Among Young Women In Foster Care: A Primer” *Guttmacher Policy Review*. Spring 2011, Volume 14, Number 2. Retrieved from: <https://www.guttmacher.org/pubs/gpr/14/2/gpr140208.html>

<sup>20</sup> *ibid.*

<sup>21</sup> Youth.gov. 2015. *Physical and Reproductive Health*. Retrieved from: <http://youth.gov/youth-topics/runaway-and-homeless-youth/physical-and-reproductive-health>

<sup>22</sup> Deschaine, Matthew. 2011. *How developmental disabilities impact the sexual health of young adults*. Retrieved from: <https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/YouthSexualHealth/Documents/SexualHealthDisparities-DevelopmentalDisabilities.pdf>

<sup>23</sup> *ibid.*

<sup>24</sup> Colorado Youth Matter. 2015. *The state of adolescent sexual health in Colorado*. Retrieved from: <http://www.coloradoyouthmatter.org/images/stories/pdf/2015sashfinal.pdf>

unintended pregnancy because of the stigma around their sexual orientation. They may have limited access to health resources and most likely have fewer caring adults in their lives. Among high school students in Colorado, nearly, 56 percent of LGBTQ students reported ever having sex and 40 percent have had sex in the last three months. By comparison, of the heterosexual high school students in Colorado 32 percent have ever had sex and 22 percent have had sex in the last three months.<sup>25</sup>

### **Location of Program Delivery**

Sub-grantees may implement the programs in after school mentoring settings, within classroom settings in schools or communities, but must demonstrate collaboration through letters of support and memoranda of understanding with each partner. Sub-grantees will be required to serve the target populations listed in this application. Special consideration will be given to applications from providers in communities with subpopulations with high rates of teen pregnancy and sexually transmitted diseases.

## **v. Mentoring, Counseling, or Adult Supervision**

Applicants will be eligible to apply for funding utilizing evidence-based teen pregnancy prevention curricula for mentoring and classroom instruction. Factors that contribute to preventing teen pregnancy are involvement in extra-curricular activities, having a sense of connectedness and school connectedness.<sup>26</sup> Special consideration will be given to applicants that incorporate direct services to youth through mentoring, counseling, or adult supervision. These

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<sup>25</sup> Colorado Department of Public Health and Environment. 2013. *Healthy kids Colorado survey: Sexual orientation overview*. Retrieved from: [http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent\\_Health\\_Data](http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data)

<sup>26</sup> Colorado Maternal and Child Health Issue Brief. 2014. *Unintended pregnancy in Colorado*. Retrieved from: [https://www.colorado.gov/pacific/sites/default/files/LPH\\_MCH\\_Issue-Brief-1\\_Unintended-Pregnancy.pdf](https://www.colorado.gov/pacific/sites/default/files/LPH_MCH_Issue-Brief-1_Unintended-Pregnancy.pdf)

services will be highly encouraged to applicants. Programs and curricula for direct services to youth, such as mentoring must be based on best practices and sound theoretical frameworks. Also considered will be programs that provide further connectedness to the school or community as well as parent education.

#### **vi. Ensuring the Well-Being of Vulnerable Children and Families**

Applicants will assure that all youth-serving staff implementing programming is sensitive to the needs of youth and the demographic they serve. Programs and curricula utilized must be evidence-based, sensitive and inclusive to participants of all races, ethnicities, and classes, and LGBTQ students. Sub-grantees will show how they will prevent and respond to harassment or bullying within their programs. They will promote the social well being of all youth and be prepared to address any trauma experienced by youth they serve by taking appropriate action such as reporting, if necessary. Priority will be given to applicants serving populations at most risk such as youth aging out of foster care, parenting, runaway, homeless, minority teens including Native Americans, LGBTQ youth and youth with developmental disabilities. Plans should include implementation strategies that are inclusive of youth aging out of foster care, runaway and homeless youths, LGBTQ youth, and youth residing in areas with high teen birth rates.

#### **Promoting Healthy Transitions to Adulthood Through Positive Youth Development**

Sub-grantees must incorporate positive youth development (PYD) into the programming to help strengthen the psychosocial, behavioral and moral development of youth, building self-efficacy, increasing healthy relationships with adults and peers. According to research findings on evaluated PYD programs, these programs must achieve one or more of the following

objectives:<sup>27</sup>

- promote bonding
- foster resilience
- promote social, emotional, cognitive, behavioral, and moral competence
- foster self-determination
- foster spirituality
- foster self-efficacy
- foster clear and positive identity
- foster belief in the future
- provide recognition for positive behavior and opportunities for prosocial involvement
- foster pro-social norms (healthy standards for behavior).

## **vii. Implementation Plan**

### **Program Description**

The Health and Wellness Unit at the Colorado Department of Education (CDE) will issue the Title V funding opportunity to providers to support local abstinence education programs administered by nonprofit organizations, after-school programs and community organizations throughout Colorado with a focus on high-risk communities.

A comprehensive approach to health is at the forefront of Colorado's Comprehensive Health and Physical Education standards, which include abstinence throughout all grade levels. By the end of eighth grade, students will have developed mastery about the benefits of abstinence combined with information about contraception. The specific goals of this grant are to

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<sup>27</sup> Office of the Assistant Secretary for Planning and Evaluation. 1998. *Positive youth development in the United States*. Retrieved from: <https://aspe.hhs.gov/execsum/positive-youth-development-united-states-research-findings-evaluations-positive-youth-development-programs>

support Colorado youth in developing and navigating healthy relationships and in making decisions that result in reduced teen pregnancy and sexually transmitted infections, including HIV.

The Colorado Title V implementation plan is based on the state context of local control of school and health care systems. The plan is designed to support local efforts in ways that individual communities deem appropriate to provide comprehensive sexual health services to their students and citizens. The main strategy and activity of the plan is a comprehensive grant process via a statewide Request for Proposal (RFP) that will solicit applications from nonprofits, community organizations, and health providers. Through the grant awards, the state will be able to support local initiatives to promote healthy relationship development and prevent teen pregnancy and STIs.

Local providers of health and sexuality education and information will incorporate the Colorado Comprehensive Health and Physical Education standards into programs and materials, particularly Standards 3, 4 and 5 (Personal and Physical Wellness, Emotional and Social Wellness, and Prevention and Risk Management). Providers should also ensure that programs are consistent with the state statute, HB07-1292 concerning medically accurate sex education.

Eligible applicants are nonprofit organizations, after-school programs, and community organizations throughout Colorado. School districts are ineligible to apply for this funding opportunity (HB13-1081).

Applicants are highly encouraged to use an evidence-based abstinence program for this funding opportunity and will be given higher priority in the competitive selection process. A list of evidence-based programs can be found at [http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/db/tpp-searchable.html](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/tpp-searchable.html). Providers funded by this grant may offer

developmentally appropriate programs that focus on emotional and social wellness, prevention and risk management from an abstinence perspective, and where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity. Programs designed for students and parents will be considered for this grant. As described earlier, Colorado LEAs may choose to use multiple programs to meet state academic standards and address local needs, thus, funded abstinence education programs may be used in collaboration with other health and wellness programs, such as those that emphasize positive youth development to address the comprehensive health and wellness needs of children.

As a result of the RFP process, communities across the state will develop context-appropriate implementation plans based on the problems and needs in their community for reaching their focal population(s). Each grantee will develop and identify goals, activities, mechanisms, and a set of broad steps that will be used to implement the activities. For each step, the RFP will require articulation of the responsible party, the expected outputs, and the start and end dates.

An annual Sexual Risk Avoidance Training (SRA) will be provided to grantees and communities across Colorado conducted by the national association Ascend. While increasing competencies, SRA certified instructors distinguish themselves in their field, increase credibility and demonstrate a professional commitment to enhancing their teaching expertise. Certification promotes excellence in the preparation of professionals as SRA educators. Sexual Risk Avoidance Specialist (SRAS) certification: Provides competency, knowledge and performance-based training; Encourages uniform levels of professional expertise in SRA methodology; Increases the overall quality of school and community sexual health education; Provides seasoned SRA educators with continuing education to assure that they have the most current data

and research in the SRA field. Successful completion earns the SRAS (Sexual Risk Avoidance Specialist) designation to signify professional training.

The Training will include:

- The history of sex education
- Basis and definition for SRA
- Content of successful SRA programs
- Theory-based approach for SRA
- Implementing an evidence-based approach
- Sexual health data, research, trends & medical accuracy
- Effective public messaging
- Applying an SRA code of ethics to your program
- Current public sex education policy

As part of the training, a representative from the Colorado Department of Education (CDE) will present on the Colorado Sexual Health Standards and the requirements of the law.

### **Program Components: Goals, Objectives, Logic Model**

#### *Goals*

The primary goal of the Colorado Title V State Abstinence Education Grant Program is to *support local efforts* in communities and programs throughout the state to reduce the rate of teen pregnancy and sexually transmitted infections. Specifically, the state plan will:

1. Support local efforts to reduce unplanned pregnancies among adolescents in Colorado.
2. Support local medically accurate and evidence-based education efforts and initiatives for young people in Colorado that align with HB 07-1292 concerning medically accurate sex and abstinence education.



3. Support local efforts on the implementation of the newly revised Colorado Comprehensive Health and Physical Education Standards (see Appendix A).
4. Support local efforts on positive youth development to increase the value of self-sufficiency, academic achievement and future orientation in students.
5. Support local efforts to increase the skills of parents to be able to connect with their adolescents and deliver clear health messages regarding the avoidance of alcohol, tobacco and other drugs as well as delaying and abstaining from sexual activity.
6. Provide Sexual Risk Avoidance Specialist training conducted by the Ascend organization.

### **Outcome Objectives**

Recipients of Title V abstinence education funds through Colorado's state plan will be expected to craft outcome objectives that are specific to that local community's needs, challenges, population and proposed intervention/program. Sub-grantees objectives must be specific, measurable, achievable, realistic, and time-framed (S.M.A.R.T.) The State's outcome objectives are broader as they reflect the State's goal to support local efforts and initiatives to reduce pregnancy, sexual activity, and sexually transmitted diseases among Colorado youth.

Additionally, funds are intended to be used in conjunction with the full implementation of the Colorado Comprehensive Health and Physical Education standards if delivered in public schools.

1. Creation of local abstinence education programs in areas of high need throughout the state of Colorado.
2. Development of working partnerships between the CO Department of Education and the CO Dept. of Public Health and Environment.
3. Incremental changes in beliefs and attitudes of students in communities where these

programs are running.

4. Implementation of Colorado Health and Physical Education standards into programs and materials, particularly Standards 3, 4, & 5.
5. Decreased rates of teen births, sexually transmitted infections, percentage of adolescents that engage in sexual activity.
6. The incidence of positive behaviors among adolescents, relating to their feelings and beliefs of self-sufficiency, academic achievement and a future orientation, will increase.
7. Increased number of parents who participate in programs and communicate with their child about health messages and the avoidance of sexual activity.

How CDE will measure outcome objectives:

- Collection and analysis of data from grantees.
- Site visits of grantees (at least one per fiscal year).
- Utilize reports produced by the Colorado Department of Public Health and Environment.
- Biennial CDE Youth Risk Behavior Survey, part of Healthy Kids Colorado state survey.
- Utilize the CDE Accountability System data (CSAP, Student Growth Model).

Process Objectives/Activities

- Develop RFP for release upon approval of the Title V Colorado State Plan.
- Design and distribute newsletter announcements notifying potential grantees of RFP process. Specific outreach to organizations and health departments serving the target populations for this funding.
- Conduct a webinar to answer questions and provide technical assistance to potential grantees.
- Recruit outside grant reviewers

- Collect, read and assess all proposals using rubric scored by outside grant reviewers and CDE staff when necessary.
- Notify selected grantees.
- Annually collect, analyze and report data on all objectives of the grant to determine effectiveness of efforts and to identify gaps to address.
- Conduct site visits to all grantees (1-3 times a year) to discuss effectiveness of programs.
- Provide technical assistance to grantees toward understanding and integration and implementation of HB 07-1292 (“Adoption of Science-based Content Standards for Instruction Regarding Human Sexuality”).
- Provide and promote the Sexual Risk Avoidance training related to teen pregnancy prevention.

### **Logic Model**

The logic model on the next page demonstrates how proposed inputs and activities will lead to the outcome objectives and ultimately the achievement of the goal statement. Each sub-grantee will be required to submit a logic model for their proposed programs.

### **Project Requirements**

#### *Medical Accuracy*

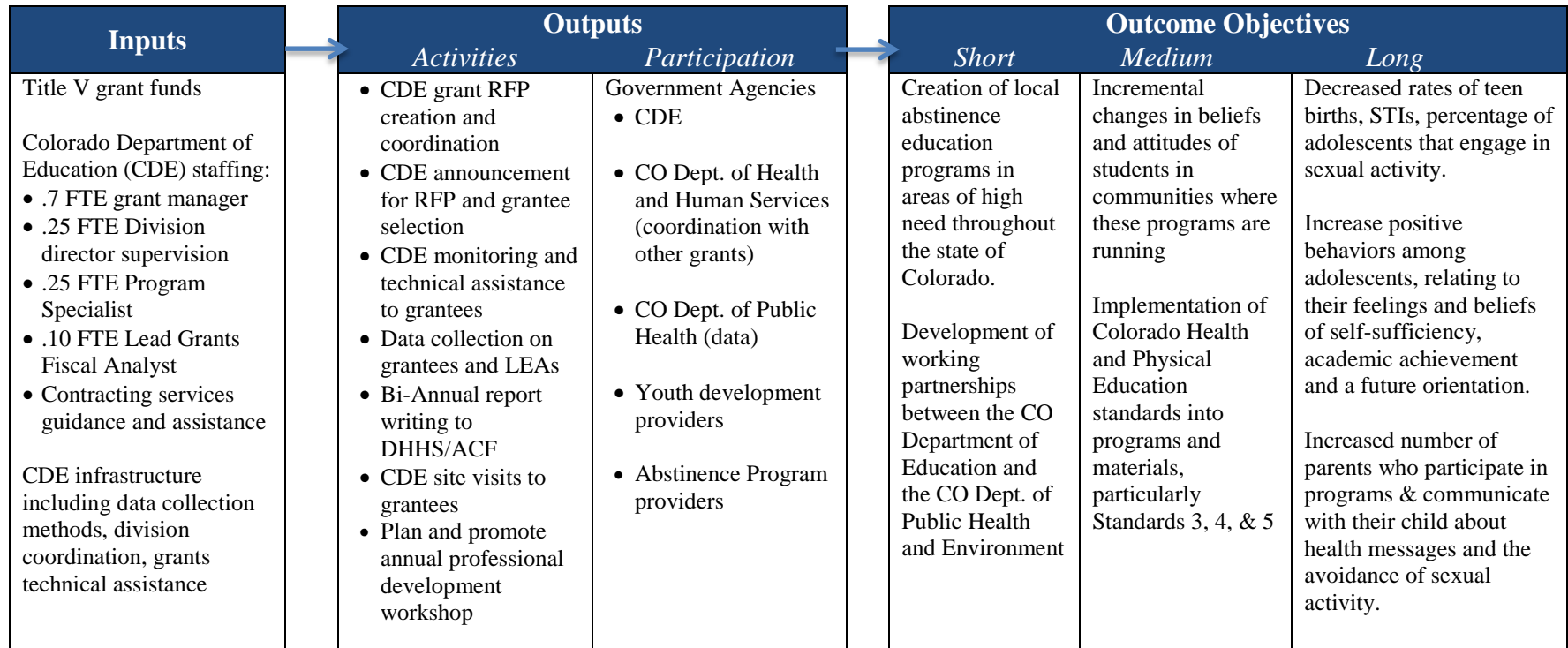
Sub-grantees will be required to describe how the program is medically accurate, as defined in HB13-1081/HB 07-1292. Medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable. Medical information must also comprise material that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete.

*Program Effectiveness*

Sub-grantees are highly encouraged to utilize evidence-based curricula and programs for classroom materials. Program models must incorporate effective strategies that have demonstrated impacts on delaying initiation of sexual activity. Priority will be given to applicants that incorporate direct services to youth through mentoring, counseling, or adult supervision. Programs and curricula for direct services to youth, such as mentoring must be

## Title V State Abstinence Education Grant Program Logic Model

**GOAL:** Support local efforts in communities and programs throughout the state to reduce the rate of teen pregnancy and sexually transmitted infections.



Barriers
<ul style="list-style-type: none"> <li>• According to CO HB 1081, schools cannot apply for this funding, but youth-serving agencies can provide abstinence programming to the schools.</li> <li>• Unknown the impact of the legalization of marijuana in Colorado will have on youth. Increased use of marijuana and other drugs may increase sexual activity among teens.</li> </ul>
Assumptions
<ul style="list-style-type: none"> <li>• As a local control state, local education providers are authorized and best suited to determine local approaches to addressing unwanted teen pregnancy and STDs/STIs.</li> <li>• Colorado Health and Physical Education standards should be aligned to programs and materials, particularly Standards 3, 4 and 5.</li> </ul>

Opportunities
<ul style="list-style-type: none"> <li>• Adoption of Comprehensive Health and Physical Education Standards, Colorado Department of Education, 2009</li> <li>• HB 1292, providing guidance on teaching human sexuality in public schools</li> </ul>
External Factors
<ul style="list-style-type: none"> <li>• Colorado geography: disparities/distances between urban and rural communities of the state</li> <li>• Colorado is a local-control state</li> <li>• Relying on school implementation choices</li> <li>• Relying on outside organizations to implement abstinence instruction in the schools.</li> </ul>

based on best practices and sound theoretical frameworks.

#### *Cost Sharing and Matching*

In order to meet the federally mandated match requirement, sub-grantees will be required to provide evidence of a match at 85% (\$.85 for every \$1.00) of grant funds they receive from the Title V State Abstinence Education Grant Program. Applicants that do not provide an 85% match will not be considered for award. The matching funds can come from state dollars, local government dollars, private dollars or in-kind support. Federal funds may not be used for matching funds.

#### *Unallowable Activities*

The applicant may not use Federal or matching funds under this award to support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing (45 CFR Part 87).

#### *Target Populations*

Sub-grantees will be required to serve the target populations listed in this application. Special consideration will be given to applications from providers in communities with subpopulations with high rates of teen pregnancy and sexually transmitted diseases.

#### **Mechanisms**

Through the Title V State Plan RFP process, the Colorado Department of Education intends to develop partnerships with sub-grantees to deliver locally appropriate services throughout the state to youth serving agencies. The RFP will be released by the Competitive Grants and Awards unit of CDE upon notification of approval of our Title V state plan by DHHS. Each applicant will provide letters of support and/or memoranda of understanding with all partners for their proposed project.

## **Required Elements of the Sub-grantee Application**

Eligible applicants may include local health departments, local community-based organizations, and non-profits with demonstrated experience working with students, parents, and teachers to Local Education Agencies (LEAs) and youth serving agencies within the state.

The Title V State Plan is a competitive process – applicants will need to score a minimum point value to be approved for funding. CDE encourages applicants to write their applications following a scoring rubric that CDE provides within the application for funds. The scoring rubric is designed to ensure applicants have developed a needs assessment, a project and implementation plan, letters of commitment, an evaluation plan, and a budget in order to be considered for funding. Applications are reviewed by CDE staff as well as external peer reviewers to ensure they contain all required components. Applicants must respond adequately to each of the components within the scoring rubric in order to be approved for funding. The program staff may send out the file to any networks and should post on the program website. The Office of Competitive Grants and Awards (CGA) will then link to the program website on CGA’s index page. CGA will also put an announcement in the Scoop (<http://www2.cde.state.co.us/scripts/TheCDESCOOP/messageform.asp>) regarding the release of the application.

Based on the awarded amount of \$925,137, approximately \$735,000 will be available to fund sub-grantees working with youth and abstinence education programs. Approximately \$15,000 will be will be distributed for the Sexual Risk Avoidance Specialist training. Competitive Grants within CDE will set an award floor and ceiling. The required elements of the RFP are listed below.

**Part I: Introduction (not scored)** includes: Cover Page, Assurances Form (see page 30), and

Executive Summary.

## **Part II: Narrative**

Section A: Needs Assessment: Applicants will provide a needs assessment of problems related to teen pregnancy, and STDs/STIs in Colorado; identify a focal population; and address how programs will be inclusive.

Section B: Program Effectiveness and Quality: Mentoring programs, if not evidence based should be based on best practices and sound theoretical frameworks (e.g., social cognitive theory, theory of reasoned action, or theory of planned behavior, etc.). Programs must foster peer support. They must describe how the program provides opportunities for mentoring, promotes abstinence from sexual activity, with a focus on those groups, which are most likely to bear children out-of-wedlock. They must also describe how the proposed programs are medically accurate. Classroom programs must provide the evidence base behind the program to be implemented and describe how the program has been rigorously evaluated and has demonstrated effectiveness.

Section C: Implementation Plan: Applicants will develop an implementation matrix based on the problem and need for reaching the proposed focal population(s); Develop and identify goals, activities, timeline, and person(s) responsible to implement the activities; Demonstrate coordination with Child Welfare Agencies, Education Agencies, and/or Public Health Agencies, as well as community partners, parents and schools; Identify the number of teens/parents served; Describe qualifications of key personnel.

Section D: Letters of Commitment: Provide letters of commitment or memoranda of understanding (MOU) with schools or organizations where young people, teachers or staff will provide the program. Provide written in-kind documentation from partners that will support the



program.

Section E: Evaluation Plan: Provide evidence that the organization has the capacity to fulfill all data collection, fiscal and reporting requirements. Provide at least two program-related outcomes that will be used to measure the program's success in reaching key goals and are linked to the logic model. Compare the teen pregnancy rates before their program starts and follow the rates throughout the grant period.

Section F: Budget Narrative and Electronic Budget: Applicants must submit a budget/justification spreadsheet provided by CDE and demonstrate the costs of the proposed project are reasonable and the budget sufficient in relation to the objectives, design, scope and sustainability of project activities; Provide a description of how the proposed budget and matching funds support the administrative and programmatic activities necessary to manage the program and to accomplish the proposed activities; Document how the provider will assure an 85% match rate each year of the project's total cost with non-Federal resources; Identify all sources of non-Federal matching funds.

Attachments: Letters of Commitment/MOUs; Partner in-kind documentation; Key Personnel

### **Barriers**

The primary barrier to the implementation of this plan is Colorado's geography. Outside of the heavily populated urban areas along the Front Range of the state (Denver, Adams, Jefferson and Douglas Counties) are numerous and far-flung rural communities that face significant challenges of isolation, low population and transportation issues. The Title V competitive grant process is designed to select providers who will ensure that their services match the specific challenges of each community they intend to serve, and that they can provide equal access to services to all communities in Colorado.

A second barrier is Colorado State House Bill 1081, which prevents schools from applying for abstinence funding, however outside agencies will be eligible to apply. In order to deliver services to the schools the outside organizations will need to develop a collaboration with partner schools to deliver abstinence education with these funds.

A final challenge is alignment and coordination of the Title V State Abstinence Education Grant Program with a federal grant to be administered by the Colorado Department of Health and Human Services (CDHHS). The Personal Responsibility Education Program, offered through the DHHS Administration for Children and Families, has similar yet distinct goals and objectives to the Title V grant program. The Colorado Department of Education will work with the CDHHS as necessary to ensure that the goals, objectives, and overall messages of the two grant programs are clear, coordinated and understood by all grantees. We intend these two federal programs to be mutually supportive to communities across Colorado.

### **Monitoring**

CDE will retain the current Title V grants administrator (.7 FTE) to oversee and monitor the grant sites and provide assistance, data and evaluation information to grantees throughout the state. Providers receiving Title V Abstinence Education Grant funding will be required to submit to CDE at minimum:

- A semi-annual performance report (see elements below)
- Any additional information required by the US Department of Education
- A quarterly financial report.

The grants administrator will also conduct site visits throughout the duration of the grant period to monitor and learn from site-specific programs. The performance reports for the funded sites of the grant program must be submitted to CDE semi-annually. Narrative responses will be

submitted via email to provide feedback on the following six questions. Additional information may be required.

1. Discuss how planned activities/strategies did or did not occur as planned.
2. Provide a description of the progress on each of the measurable objectives. Include a description of how the grant activities supported the objectives.
3. Discuss how this grant led to successes, based on the Outcome Objectives, and how the grantee will continue to build on these successes and reach sustainability.
4. Discuss any obstacles or lessons learned that you would share with another grantee doing the same work.
5. Provide advice to CDE on how it can continue to support an LEA in its abstinence education efforts.
6. Information will also be required on the following by gender, ethnicity and age:
  - Unduplicated count of clients served
  - Hours of service received by clients
  - Tracking and reporting of the number of all clients that complete the various types of program(s) offered
  - Track and report geographical areas in which the grantee has provided services.

### **viii. Coordination**

Colorado Department of Education staff will manage and coordinate the Title V grant program. The CDE Assistant Director of the Health and Wellness Unit, The Title V Program Manger, the Competitive Grants and Awards Unit and Office of Grants Fiscal will provide support and leadership to the program. All of these parties will work closely with other CDE divisions to ensure internal coherence and coordination of all health and wellness initiatives within the

department.

In addition, CDE will have meetings as necessary with staff of the Colorado Department of Health and Human Services to ensure program coordination with the Personal Responsibility Education Program grantees and the one funded Teen Pregnancy Prevention grantee in Colorado. Applicants will need to assure duplicate efforts are not taking place in the communities and schools they serve with this funding. Sub-grantees must provide structure and consistency in program delivery, working with the schools and/or community and executing the program throughout the duration of the grant cycle.

#### **ix. Service Recipient Involvement**

CDE will ensure service recipient and public involvement through a number of ways. CDE will post both the Colorado State Plan of the Title V State Abstinence Education Grant Program and the Request for Proposals on the CDE website; issue announcements of the program and RFP; and host a program page on the CDE website for all grant recipients and the general public to find up-to-date information on the grant program, guidelines and effectiveness of grantee efforts.

#### **x. Referrals**

Specific program needs of the service recipients that cannot be accommodated by CDE will be referred to the Colorado Department of Health and Human Services for more information about other programs around the state. In cases where additional medically accurate information is needed, CDE will refer the recipient to a licensed health care professional. Sub-grantees will be required to maintain a list of providers and give referrals should students need further assistance

related to contraceptives, substance abuse, drugs, alcohol, or tobacco use, mental health issues, intimate partner violence and other relevant services.

## **xi. Objective Performance Measures**

The CDE objective performance measures are based directly on the state goals of this program, restated below:

1. Support local efforts to reduce unplanned pregnancies in Colorado.
2. Support local abstinence education efforts and initiatives for young people in Colorado.
3. Support local efforts on the implementation of the newly revised Colorado Comprehensive Health and Physical Education Standards.
4. Support local efforts on positive youth development to increase the value of self-sufficiency, academic achievement and future orientation in students.
5. Support local efforts to increase the skills of parents to be able to connect with their adolescents and deliver clear health messages regarding the avoidance of alcohol, tobacco and other drugs as well as delaying and abstaining from sexual activity.
6. Conduct these efforts in a way that is inclusive of LGBTQ youth, and identify how their programs will be inclusive of and non-stigmatizing toward such participants.

Two program-related *objective outcome* measures that the state will use to measure its success in providing support to local providers in reaching these key goals are described below.

1. We will measure the use of abstinence education as the means of preventing teen pregnancy and decreasing the teen pregnancy rate in Colorado by collecting and analyzing local data from each grantee through the biannual School Health Profiles survey for principals and teachers in the funded areas. In addition, we will analyze data

collected and reported from CDPHE's Epidemiology, Planning and Evaluation Branch. The most recent Colorado Teen Fertility rates will establish baseline figures.

2. We will measure the use of abstinence education programs to increase positive behaviors of adolescents relating to measurable outcomes as specified in the Colorado Comprehensive Health and Physical Education Standards through the biannual Healthy Kids Colorado Survey.

**Additional performance measures** include both outcome and output measures. Output measures are those designed to measure the success of the program staff in implementing activities such as the number of program recipients or communities served:

- Count of clients served (broken down by ethnicity, gender and age)
- Hours of service received by clients
- Number of clients that complete various types of programs offered
- Track geographical areas in which the grantee has provided services.

The RFP will contain the grant monitoring process, forms and narrative that will assist CDE in tracking this information. Twice a year, progress reports are submitted by sub-grantees through an online PDF fillable form. Quarterly they fill out financial reports. CDE intends to use the Performance Progress Report forms provided in the Title V Federal Grant announcement.

## **xii. Objective Efficiency Measures**

Sub-grantees are required to complete performance reports with the number of clients served, the number of program hours and the location of services. These reports are compiled by the Title V Program Manager and submitted to ACF through their On Line Data Collection (OLDC) web

page. Compliance with tracking and reporting will help determine the efficiency of the programs.

## **xii. Sustainability Plan**

Eligible applicants will be established organizations with a 501c3 status. Funding opportunities will not be available for new and start-up organizations. They must have an established history of programming and sustainability. Sub-grantees will be required to submit a sustainability plan that will demonstrate how the program will continue beyond this funding. The sustainability plan may include but is not limited to donor development, fundraising events, sponsorships, fee-for-service, and in-kind donations. Fundraising and development of any kind including but not limited to curriculum, magazines, advertising may not occur with federal funds including this funding. Sub-grantees must demonstrate the current resources they have to invest in their sustainability plans.

## **xiv. Description of Programmatic Assurances**

Grant recipients will be required to comply with the three legislative priorities related to Section 510 (b)(2) and medical accuracy. Each applicant will be required to illustrate and provide evidence that the following elements have been adequately addressed in the grant application and subsequent contract with CDE.

1. That applicants for sub-awards understand and agree formally to the requirement of programming to not contradict Section 510 (b)(2) (A-H elements). CDE requires sub-grantees to fill out an A-H criteria form annually that include how their programs meet

the criteria.

2. That materials used by sub-grantees do not contradict Section 510(b)(2) A-H elements.
3. That curricula and materials be reviewed for medical accuracy.

Each sub-grantee will have the Authorized Representative, Program Contact, and Fiscal Manager complete and sign their approval of the assurances, contents of the application and the receipt of program funds. Applicant will date and sign that they hereby apply for and, if awarded, accepts the state funds requested in this application. In consideration of the receipt of these grant funds, the Board of the agency agrees that the General Assurances form for all state funds and the terms therein are specifically incorporated by reference in this application. The Board also will certify that all program and pertinent administrative requirements will be met. These include the Office of Management and Budget Accounting Circulars, and the Department of Education's General Education Provisions Act (GEPA) requirement. In addition, providers that accept the **Title V State Abstinence Education Grant Program** funding agree to the following:

1. The applicant will semi-annually provide the Colorado Department of Education the following information:
  - a. Progress Report Pages 1,2,3, Sections A-D
  - b. Narrative
  - c. Grant Evaluation/Data Collection
2. The application will annually have an 85% match rate of the project's total cost with non-Federal resources. A financial report is due quarterly on specified date.
3. The work of personnel supported through this grant, directly supports the accomplishment of the program goals. (Describe)



4. Funded programs must comply with Section 317P(c)(2) of the Public Health Service Act (42 U.S.C. § 247b-17(c)(2)) regarding medically accurate information (see Attachment B). All educational materials and curricula designed, mass produced and used for instructional and information purposed are certified as medically accurate. (List sources of materials used)
5. The applicant will not discriminate against anyone regarding race, gender, sexual orientation, national origin, color, disability, or age. They will explain how the programs will be inclusive of and non-stigmatizing toward LGBTQ participants. (Indicate how the program complies)
6. Funded projects will maintain appropriate fiscal and program records and conduct fiscal audits as needed of this program as a part of their regular audits. Fiscal and program records will be maintained according to grant requirements.
7. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
8. The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.
9. Funded programs must comply with Colorado CRS 22-1-110.5, “Education regarding human sexuality-prior written notice to parent-content standards.”  
[http://www.leg.state.co.us/clics/clics2013a/csl.nsf/billcontainers/1B0EC2643B4EFFB787257AEE0054AB45/\\$FILE/1081hie\\_01.pdf](http://www.leg.state.co.us/clics/clics2013a/csl.nsf/billcontainers/1B0EC2643B4EFFB787257AEE0054AB45/$FILE/1081hie_01.pdf) (Indicate how the program complies)
10. Funded programs must align with the 2009 Colorado Comprehensive Health and Physical Education Standards. <http://www.cde.state.co.us/cohealthpe/statestandards> (Indicate how the program complies)

11. Funded programs agree formally to the requirement of programming to not contradict Section 510 (b)(2) of the Social Security Act, A-H elements (see Attachment A). (Indicate the A-H component/s that the program emphasizes)