Sexual Risk Avoidance Education
Curriculum Implementation
Subgrant Solicitation

Background
The Idaho Adolescent Pregnancy Prevention (APP) Program, housed in the Bureau of Clinical and Preventive Services, Idaho Department of Health and Welfare, is funded in part by the Sexual Risk Avoidance Education (SRAE) Program. This application process addresses the priorities of the APP SRAE Program plan for 2020-2022.

The goal of the SRAE plan is to educate middle school-aged youth (ages 10-14) on the health benefits of abstinence to prevent pregnancy and sexually transmitted infections, including HIV/AIDS, by replicating effective, evidence-based program models that have been proven to delay sexual activity in an effort to reduce pregnancy and STD/HIV infection among youth.

The SRAE Program is designed to teach youth personal responsibility, self-regulation, goal setting, healthy decision-making, a focus on the future, and the prevention of youth risk behaviors such as drug and alcohol use without normalizing teen sexual activity. The SRAE Program provides two evidence-based youth curricula options to implement in school or community-based settings and a parent-education curriculum. The student curricula options include Making a Difference! and Draw the Line/Respect the Line while the parent-education options include Families Talking Together and Bridging the Gap Dinner.

Making a Difference! is a student-focused, 8-module curriculum that is an evidence-based abstinence approach to sexual health education. Each module is approximately 60 minutes in length with a total intervention time of 8 hours. The curriculum can be taught in a school or community setting to youth ages 10-14. The goal of the program is to empower youth to postpone sexual activity by remaining or returning to abstinence. Activities within the curriculum are created to increase youths’ decisions to practice abstinence and provide skills that allow youth to overcome concerns and obstacles for practicing abstinence. These skills include personal responsibility, self-regulation, goal-setting, healthy relationships, and healthy decision making. Students are taught skills to make responsible, healthy decisions about their sexual health. These skills also help youth refrain from peer pressure to engage in other risky behaviors such as drug and alcohol use.

Draw the Line/Respect the Line (DTL/RLT) is a 3-year, evidence-based abstinence curriculum for youth ages 10-14. This curriculum consists of 19 lessons which are divided among three grade levels (6th, 7th, and 8th) to promote and encourage abstinence. The 6th grade curriculum is a 5.lesson course with each lesson lasting 45-50 minutes for a total intervention length of
approximately 4 hours. The 6th grade curriculum focuses on general experiences dealing with pressures to engage in risk behaviors such as drug and alcohol usage. Students are taught how to set personal limits, use refusal skills, and how to effectively communicate with their peers and parents. The 7th grade curriculum is a 7-lesson course with each lesson lasting 45-50 minutes for a total intervention length of approximately 5.5 hours. The 7th grade lessons introduce sexual risk behaviors that can be avoided through practicing abstinence. Setting limits, refusal skills, and practicing personal responsibility are skills that are built upon for students to use to remain abstinent. The 8th grade programming is a 7-lesson course with each lesson lasting 45-50 minutes for a total intervention length of approximately 5.5 hours. The 8th grade lessons focus on refusal skills and sticking to limits such as remaining abstinent. Lesson 6 of the 8th grade curriculum will be adapted to remove the condom demonstration in compliance with the SRAE grant requirements. Subrecipients will provide medically accurate information about condoms in the form of a mini-lecture and will obtain prior approval from the implementation site.

Families Talking Together (FTT) is an evidence-based parent curriculum from The Center for Latino Adolescent and Family Health at New York University. This curriculum can be implemented in a clinic or community-based setting. FTT is a two-part intervention series that can be implemented in an individual or group format. The length of each series depends on the size of the intervention. On average, a group setting intervention series can last 2-3 hours with a total intervention time of approximately 4-6 hours. FTT focuses on reducing sexual risk behavior by increasing parent communication skills, building parent-child relationships, teaching successful monitoring strategies, and encouraging parents to discuss sexual health topics with their child. The curriculum strengthens protective factors by increasing parent involvement in their child’s life.

Bridging the Gap (BTG) dinner is an evidence-informed parent education event. The community dinner provides an opportunity for parents and caregivers to learn how to discuss sexual health topics with their child in a comfortable environment. This program focuses on parents of youth ages 10-14 and is facilitated by trained health educators and youth facilitators. The 3-hour event covers topics such as sexual activity among youth, the importance of increasing parent-child communication, how to start the sexual health conversation, and the use of social media among youth. The event also provides leadership opportunities for local youth to co-facilitate the dinner with a health educator. This Positive Youth Development (PYD) approach allows for youth to gain skills facilitating and having important discussions with adults.
Funding Opportunity Activities

Infrastructure/Communication

1. **Primary Person of Contact**
   The APP Health Program Specialist will communicate with funded subgrantees regarding project progress.

2. **Site Visit**
   A site visit will be conducted at least once during the initial subgrant year per region served. The site visit will include a meeting with program and facilitator staff, as well as a curriculum facilitation observation. After the initial year of programming, a site observation will be conducted every other year unless requested more frequently by the subrecipient.

3. **Routine Subgrantee Calls**
   The subrecipient will be required to participate in up to three APP calls throughout the subgrant year. These calls will cover APP updates and allow subrecipients to share successes and lessons learned.

4. **APP Annual Training**
   The subrecipient will be required to attend at least one in-person APP training during each subgrant year when offered.

5. **SRAE Curricula Training**
   Subrecipient staff will be required to attend an SRAE curricula training depending on the curriculum that has been chosen. Applicants that have already been trained in implementing SRAE curricula will receive greater consideration in the application scoring process.

Implementation

1. **Kick-Off Meeting**
   Subrecipient will attend a kick-off meeting either in-person or via conference call with APP staff in late October or early November, exact time to be determined. The meeting will be an informal session, with the subgrantees providing the staff an overview of the curriculum, planned method of implementation, and roll out of the programming. The full subgrantee team will be required to attend to ensure key program staff have the foundational knowledge necessary to meet the subgrant goals.

2. **Work Plan**
   After the kick-off meeting, the subrecipient will develop a work plan to be implemented during the funding period. The key decision maker will need to participate in the development of the work plan to address organizational barriers, implementation service sites, priority populations, and program implementation. A draft work plan will be submitted for APP staff to review with a final work plan to be negotiated. The work plan will outline SRAE implementation including the following intervention activities:
• SRAE Curricula Training – Facilitators who are not currently trained in SRAE curricula implementation will need to attend an in-person training prior to implementation.

• Program Implementation – SRAE curricula are middle school aged curricula for youth ages 10-14. The implementation of the curricula can vary depending on the community setting. The subrecipient will be required to teach the chosen SRAE curricula with fidelity and in accordance with SRAE federal grant requirements. The following SRAE topics are found in the SRAE curriculum and must be taught:
  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 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) The effect of other youth risk behaviors, such as drug and alcohol usage, on increasing the risk for teen sex.
  f) Strategies on how to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that—even with consent—teen sex remains a youth risk.
    ▪ Contraception. For programs that provide information on contraception, the information must be medically accurate and complete, and ensure students understand that contraception offers physical risk reduction, but not risk elimination, and the education cannot include demonstrations, simulations, or distribution of contraceptive devices.

• Implementation Site – SRAE curricula can be implemented in a variety of settings including schools, community and health centers, sports leagues (school or out-of-school), faith groups, juvenile justice centers, etc. Developing relationships with the community and communities in which the primary audience (youth ages 10-14) resides will be important to successful interventions.

• Priority Populations – The APP Program has identified priority populations with higher rates of teen pregnancy. These priority populations include Latino youth, youth in the juvenile justice system, and rural youth with limited access to health services.

• Positive Youth Development – Positive Youth Development (PYD) is a framework that focuses on the support young people need to make a successful
transition to adulthood. The framework revolves around the physical, cognitive, social, and emotional needs of a young person. Activities selected under each chapter of the SRAE curricula shall be implemented based on the principles of PYD. More information about the PYD framework can be found at https://www.acf.hhs.gov/fysb/positive-youth-development.

- Medical Accuracy – Programs supported by SRAE funds must be medically accurate. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published peer reviewed journals, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

**Reporting**

1. **Monitoring Reports**
   The subgrantee will be required to track work plan activities and complete a total of four (4) quarterly reports. Subgrantees will be required to submit Fiscal Operating Detail Reports and Personnel Detail Reports monthly with each invoice provided to the program.

2. **Invoicing**
   Subgrantees will be required to invoice at least quarterly but may invoice monthly.

3. **Evaluation**
   The subgrantee must, at a minimum, report session participation data, pre and post evaluation survey data, participant feedback data, manage data entry, maintain program fidelity and medical accuracy, and work to ensure all participants enrolled in the SRAE intervention complete at least 75% of the curriculum chapters. The APP Program will provide data collection forms and links for online data reporting.

4. **Implementation Schedule**
   Once an SRAE curriculum series has been scheduled, the subgrantee will send the APP Program the schedule. At least one site visit must be completed in the initial subgrant year per region served and every other year thereafter.

**Timeline and Funding Availability**

Activities funded by this process shall commence on or around October 1, 2020, and be completed by September 30, 2021. Up to $40,000 will be provided to each funded project. The APP program anticipates funding up to two (2) projects or providers not to exceed $80,000. Projects may include multiple implementation sites within the same region. If proposing multiple sites in more than one region, each region counts as one proposed project for delivering services. The amount of funding will be dependent on region, capacity, reach, and availability of funds. Funding agreements may be extended annually for up to four (4) years to ensure continued programming is successfully implemented. Applicants need to submit a budget, using the provided budget proposal spreadsheet, outlining the cost for staff to complete an in-person SRAE
curriculum training (if applicable), a SRAE intervention series, develop a work plan, participate in a kick-off meeting, attend at least one APP training, and complete quarterly monitoring reports. The budget will then be negotiated and amended based on the work plan developed.

Eligible Applicants
This funding opportunity is available to all entities public, private, and not-for-profit. Eligible applicants do not have to have prior training in SRAE curricula implementation, however trained applicants will receive greater consideration in the application scoring process. Eligible applicants must demonstrate experience with providing health education to adolescents. Applicants will be required to provide their Data Universal Numbering System (DUNS) number and must affirm their understanding that no entity, as defined by 2 CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided its DUNS number. (2 CFR 25.110.)

Funding Restrictions
- Recipients may not use funds for the purchase of furniture or equipment without a detailed explanation in the budget and demonstrated relevance to project activities.
- Reimbursement of pre-award costs is not allowed.
- Recipients may not use funds to supplant state, local, or organizational funding.
- Funds may not be used for lobbying, e.g. to influence legislation or intervene in any political campaign per Section 4002 of Public Law 111-148.
- Recipients may only use funds for reasonable project purposes such as supplemental materials, costs associated with educational events or meetings, staff time, etc.
- Recipients must perform a substantial role in carrying out the project objectives, not merely serve as a conduit to another party.

Expected Funding and Subgrant Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>August 1, 2020</td>
<td>Subgrant Solicitation announced</td>
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<tr>
<td>August 24, 2020</td>
<td>Application deadline</td>
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<tr>
<td>September 2, 2020</td>
<td>Applicants will be notified</td>
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<tr>
<td>September 2-28, 2020</td>
<td>Subgrant negotiations</td>
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<tr>
<td>October 1, 2020</td>
<td>Estimated subgrant activities start date</td>
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<tr>
<td>September 30, 2021</td>
<td>Last invoice to be sent to APP Program for payment and conclusion of subgrant activities</td>
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Application and Scoring
The application is available with this solicitation or upon request by emailing Heidi Smith at Heidi.Smith2@dhw.idaho.gov. Applications are due by 5:00pm (MT) on August 24, 2020.
Please email completed applications to Heidi Smith at Heidi.Smith2@dhw.idaho.gov. Each section of the application has an assigned point value for scoring.

Applications will be reviewed by a committee of at least three people. Applications will be scored based on compliance with the application guidelines, capacity of the organization to
achieve the funding goals, and the region(s) served in relation to Idaho teen pregnancy rates. Funding determinations will be made after all funding requests are received and reviewed after the August 24, 2020, deadline.

All applicants will be notified by email by September 2, 2020.
Region 1 — Benewah, Bonner, Boundary, Kootenai, Shoshone Counties
Region 2 — Clearwater, Idaho, Latah, Lewis, Nez Perce Counties
Region 3 — Adams, Canyon, Gem, Owyhee, Payette, Washington Counties
Region 4 — Ada, Boise, Elmore, Valley Counties
Region 5 — Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls Counties
Region 6 — Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power Counties
Region 7 — Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton Counties