

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Probation *js*

BOARD AGENDA # *B-5

Urgent

Routine

AGENDA DATE December 8, 2015

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Approval for the Chief Probation Officer to Accept, if Awarded, a Grant from the San Joaquin Valley Health Fund to Provide Educational Services to Youth Housed in the Juvenile Custodial Facilities in an Effort to Prevent Teen Pregnancy and Sexually Transmitted Diseases

STAFF RECOMMENDATIONS:

Authorize the Chief Probation Officer to accept the funding from the San Joaquin Valley Health Fund Grant and if awarded, sign any related contracts, amendments, or extensions relative to the grant.

FISCAL IMPACT:

The Sierra Health Foundation Center for Health Program Management has made grant funding available through the San Joaquin Valley Health Fund to networks and organizations located and working in the counties of Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus and Tulare to improve outcomes for populations disproportionately experiencing poor health. Grant awards of up to \$20,000 are available for a one-year period. The Probation Department will apply for \$10,066 for Budget Year 2016-2017 to expand a current Life Skills Education program provided by the Health Services Agency.
(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2015-599

On motion of Supervisor Chiesa, Seconded by Supervisor O'Brien and approved by the following vote.

Ayes: Supervisors: O'Brien, Chiesa, Monteith, DeMartini, and Chairman Withrow

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:

ATTEST: *Christine Ferraro*
CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval for the Chief Probation Officer Accept, if Awarded, a Grant from the San Joaquin Valley Health Fund to Provide Educational Services to Youth Housed in the Juvenile Custodial Facilities in an Effort to Prevent Teen Pregnancy and Sexually Transmitted Diseases

FISCAL IMPACT: (Continued)

Grant funding will provide for \$7,254 in staffing costs, \$2,312 in materials and operating costs, and \$500 in travel costs incurred by the Health Services Agency beginning July 1, 2016. In the event the grant is awarded, revenue and appropriations will be included in both the Probation Department's and Health Services Agency's 2016-2017 Proposed Budgets. The grant does not require matching funds.

DISCUSSION:

Teenage pregnancy has long been associated with decreased access to health care, increased maternal and infant disease and death, and poorer life course trajectories for both mother and offspring. Narrowing health inequities associated with teenage pregnancy within Stanislaus County is important for many reasons. According to the California Department of Public Health (CDPH), fewer than 70% of Stanislaus County mothers aged 19 and younger received early (first trimester) prenatal care, compared to more than 80% of mothers aged 25 and above. Additionally, higher percentages of infants of teen mothers (0-19 years) were born pre-term than infants of older mothers (at least 20 years) in 2012 (11.0% vs. 9.8%). Research indicates that having children at a young age can make it harder for teens to achieve their career and financial goals. Comprehensive teen sex education provides adolescents with the information and skills they need to avoid many health risks, including unintended or unwanted pregnancy, as well as most sexually transmitted diseases (STDs) or infections (STIs), including Human Immunodeficiency Virus (HIV).

Despite recent national and state reductions in the teen birth rate, according to the CDPH, Stanislaus County continues to be affected by early childbearing with higher rates than California (35.8 vs. 28.4 per 1,000 females aged 15-19 for 2010-2012). While the rates of early childbearing are worse in Stanislaus, the County does have a lower rate of repeated births to mothers with one or more previous live births among females 15-19 years of age (16.7% versus 17.4% for California in 2010-2012).

Young adults 20-24 years of age bear the highest burden of all age groups for chlamydia and gonorrhea, the most commonly reported sexually transmitted infections in the County. Among females, adolescents 15-19 years of age have the next highest risk per CDPH. In 2013, 29% of chlamydia cases and 34% of gonorrhea cases were in individuals less than 20 years of age, with more than two-thirds of cases occurring in individuals less than 25 years of age.

The issues surrounding teen pregnancy in Stanislaus County are complex; variables include racial, ethnic, and geographical disparities in adolescent sexual and reproductive health access and outcomes. A large number of teens live in circumstances that expose them to poor socio-economic conditions, inadequate housing, low educational attainment, limited literacy and English proficiency, family violence, child abuse/neglect and gang involvement. These are all factors that cause teens in Stanislaus County to be at high-risk for pregnancy.

According to CDPH in 2012, 66.5% of Stanislaus teen mothers (15-19 years of age) were Latina while 29.8% were Non-Latina White. Of adolescent mothers in Stanislaus County (15-19 years of age) with repeat births, 72.4% were Latina and 22.9% were Non-Latina White. Low income is also a risk factor for teen pregnancy. In 2012, Medi-Cal was the expected principal source of payment

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for 75.5% of births to teens (15-19 years), but only 56.4% of births to all mothers had Medi-Cal as the principal payer source per the CDPH.

Disparities exist in STI rates, as well teen pregnancy throughout the County. Racial and ethnic minorities bear a higher burden of STIs than Non-Hispanic Whites. For example, Black/African American individuals have the highest rates of chlamydia, gonorrhea, primary and secondary syphilis, and HIV according to a 2014 report by CDPH. Together, these statistics indicate that adolescents from impoverished areas and racial and ethnic minorities are especially likely to benefit from comprehensive sex education.

This grant will serve youth detained in the Stanislaus County Juvenile Hall and the Juvenile Commitment Facility. During the first ten months of calendar year 2015, the average daily population of the Juvenile Hall was 65.86 youth, ranging in age of 10 through 18 years old. The average daily population of the Juvenile Commitment Facility, for this same time period, was 25.22 youth, ranging in age of 16 through 18 years old. In the first ten months of 2015, 79.4% of admissions into Juvenile Hall were male, and 20.6% were female. According to the Probation Department's Racial and Ethnic Disparities Technical Assistance Project (R.E.D.-T.A.P.) Phase One Assessment, 61% of the admissions into detention were Hispanic youth, 22% were White, 14% were African American, 2% were Asian American, and 1% was other. Those youth detained in the Juvenile Hall or serving a commitment in the Juvenile Commitment Facility reside in cities throughout Stanislaus County and come from a wide array of socioeconomic backgrounds. The youth in custody, or in the community under the supervision of the Probation Department, represent a greater risk level than those who are not under the care or supervision of the Probation Department.

The Health Services Agency is currently providing a Life Skills Education program to youth who are in Juvenile Hall, on a quarterly basis. The program consists of three sessions covering four lessons including an Introduction to Healthy Relationships, Family Planning (Contraceptives and Making Healthy Decisions), Sexually Transmitted Diseases and HIV, and Life Planning. Each course is an hour to 90 minutes in length. Each session has identified learning objectives, learning goals, activities, and resources for the youth to utilize. The outcomes from the course are measured through a pre (Lesson 1) and post (Lesson 4) test. In an effort to have a positive effect on the rate of Teen Pregnancy and Sexually Transmitted Infections/Diseases among our youth, increasing the frequency of the course and reaching more youth would be the only way to achieve measurable outcomes. Without additional funding, the Health Services Agency is unable to provide these services more frequently than once per quarter.

With funding from the San Joaquin Valley Health Fund, the program would consist of three Life Skills Education sessions every month, alternating between the Juvenile Hall and the Juvenile Commitment Facility. This expanded program will provide a critically important prevention program that addresses teen pregnancy and sexually transmitted infections/diseases among a high risk population. Although the youth who will be provided this educational program will be in custody, they will return to the community where they can have a positive impact on other youth in their environment. This program also addresses health and safety related issues of all racial, ethnic and socioeconomic backgrounds.

Approval for the Chief Probation Officer Accept, if Awarded, a Grant from the San Joaquin Valley Health Fund to Provide Educational Services to Youth Housed in the Juvenile Custodial Facilities in an Effort to Prevent Teen Pregnancy and Sexually Transmitted Diseases

POLICY ISSUES:

The application deadline to submit funding for the grant was December 1, 2015. Due to the notification of the availability of the Grant and the timing of the next Board of Supervisor's meeting, the Department submitted the application. If approved and funded, the Probation Department and Health Services Agency, will provide educational services to youth housed in the Juvenile Custodial Facilities in an effort to prevent teen pregnancy and sexual transmitted diseases. The recommended actions support the Board's priorities of A Safe Community, A Healthy Community, Effective Partnerships, and Efficient Delivery of Public Service.

STAFFING IMPACT:

There are no staffing impacts associated with this Agenda Item. Existing Probation staff will provide oversight of the grant, and existing Health Services Agency staff will provide the expanded program services.

CONTACT PERSON:

Steve Jackson, Division Director-Institutions. Telephone: (209) 525-4573.

2015 San Joaquin Valley Health Fund Grant Application

Application deadline: December 1, 2015, at noon

Application Cover Sheet

Center for
Health Program
Management
SIERRA HEALTH FOUNDATION

Read Application Instructions and Criteria and Proposal Writing Tips carefully before completing this application. To complete this form, save this document in Microsoft Word and type into each shaded field; click to select a check box. Use the TAB key to move from field to field, or click in each field.

Note to current SJVHF grantees: Do not use this form for your continuation request. There is a separate process.

Applicant Information (IRS qualifying organization; use legal name as registered with the IRS)

Organization Stanislaus County Probation Department

Address 2215 Blue Gum Avenue

City Modesto State CA Zip Code 95358

Phone 209-567-4726 Ext 5-4573 E-mail jacksons@stancounty.com

CEO/Director Jill Silva Title Chief Probation Officer

Tax Exempt ID# N/A

Web site Stanislaus County.com/probation

Nonprofit Public Agency

Contact person regarding this application Steve Jackson Division Director

Name Title

Project Contact Information (if different than applicant organization)

Entity carrying out project Stanislaus County Probation Department

Project Address 2215 Blue Gum Avenue

City Modesto State CA Zip Code 95358

Phone 209-525-4573 Ext _____ E-mail jacksons@stancounty.com

Web site Stanislaus County.com/probation

Fiscal Sponsorship

A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS.

Is the applicant organization a fiscal sponsor for this project?

Yes No

The San Joaquin Valley Health Fund is managed by the Center for Health Program Management, with funding from Sierra Health Foundation, The California Endowment, The California Wellness Foundation, Rosenberg Foundation and W.K. Kellogg Foundation.

Project Summary Information

Project Name Teen Pregnancy and Sexually Transmitted Infections/Diseases Prevention

Brief Purpose of Project (limited to 190 characters): Grant funding will be used:
To provide a Life Skills Education program to youth in detention, in an effort to teach and discuss the dangers of sexually transmitted diseases, and to protect against teen pregnancy.

Project Period: Start Date (m/d/yy) 7/1/16 End Date (m/d/yy) 6/30/17

Amount Requested (up to \$20,000) \$10,066

Primary and Secondary Topic Focus of Project. Place a 1 in the field next to your **one primary use** of funds; place a 2 in the field next to your **one secondary use** of funds, if applicable. You may select an upper-level category or a sub-category.

- Agricultural Labor
- Community/Economic Development
 - Employment/Workforce Development
 - Entrepreneurship
 - Food Systems
 - Housing/Shelter
- Community Safety
 - Built Environment
 - Criminal Justice
 - Violence Reduction
- Other (specify): _____
- Education Reform
 - Public Education Pre-K to College and Career
 - Programs/Curricula Reflect Community Diversity
 - Parent Leadership/Involvement
- Environment
 - Air Quality
 - Clean Drinking Water
 - Pesticide Exposure
- Health Services
 - Access
 - Quality
- Immigrant Integration/Immigrant Rights
 - Citizenship
 - DACA/DAPA
 - Comprehensive Immigration Reform
- Positive Early Childhood and Youth Development
 - Juvenile Justice
 - Youth Leadership
- Sustainable Communities
 - Land Use
 - Transportation

Primary Intended Beneficiaries

Age Group(s) that are the *primary* intended beneficiaries of the Proposed Project/Effort

- Under 5
- 5-9
- 10-14
- 15-19
- 20-24
- 25-54
- 55+

Group (Select one)

- Individuals
- Families
- Community

Racial/Ethnic Population(s)

Select all racial/ethnic populations that will be affected and provide your best estimate of the percentage of the overall target population.

- African-American/Black: 14%
- Asian-American/API: 2%
- Latino/Hispanic: 61%
- Native American: _____%
- White: 22%
- Other (specify: _____) 1%

If applicable, indicate the specific racial/ethnic population that is a primary focus of the project: Each youth in detention will have the opportunity to participate in the services regardless of their race or ethnicity.

In addition, check any of the following populations that are a **primary focus** of the project:

- People with disabilities Immigrants Farmworkers People who are homeless
 Lesbian/Gay/Bisexual/Trans/Queer or Questioning Boys and Men of Color

Geography That Will Be Affected by the Project

Indicate in the space next to the county's name the percentage of project activity that will serve people living there (best estimate).

Fresno _____% Madera _____% Merced _____% Stanislaus 100%
Kings _____% Mariposa _____% San Joaquin _____% Tulare _____%

Project and Systems Change Strategies

Check the **primary 1-3** approaches your project will use to accomplish its goals. Even if multiple strategies are proposed, please limit your responses here to the 1-3 that will be the focus of your activities. NOTE: The San Joaquin Valley Health Fund does not fund direct services (see definition of direct services on page 5 of the application instructions).

- | | |
|--|--|
| <input type="checkbox"/> Coalition building/Partnership development | <input type="checkbox"/> Multi-ethnic/multi-racial collaboration |
| <input type="checkbox"/> Policy development | <input type="checkbox"/> Capacity building |
| <input type="checkbox"/> Leadership development | <input checked="" type="checkbox"/> Communications/outreach and education |
| <input type="checkbox"/> Community engagement, organizing and advocacy | <input checked="" type="checkbox"/> Youth engagement, organizing and advocacy |
| <input type="checkbox"/> Research/Participatory Action Research | <input type="checkbox"/> Peer learning |
| | <input checked="" type="checkbox"/> Other (please specify): <u>Health services</u> |

Application Materials Checklist

- Completed San Joaquin Valley Health Fund form (download the form on the Center's web site, www.shfcenter.org/sjvhealthfund), which includes:
- Application Cover Sheet form
 - Proposal Narrative
 - Project Budget and Budget Explanation
 - Performance Measures table
- Applicant organization's 501(c)(3) determination letter (PDF format) (if not a public agency)
- Applicant organization's most recent statement of financial activity that shows revenue and expenses for a full year (**not IRS form 990**) (PDF or Excel format)

Name of authorized 501(c)(3) or public agency officer N/A

Title N/A

Submit all materials in the checklist above by attaching them to an e-mail and sending to sjvhealthfund@shfcenter.org. Include the applicant organization name and the name and

telephone number of the person sending the application e-mail in the body of the e-mail so we can contact you if we have questions.

Proposal Narrative

Please answer each of the following questions completely and succinctly. Limit your Proposal Narrative responses to a maximum of five pages.

1. Provide a brief overview of your organization: a) when it was established, b) your organization's mission, c) whom you serve, d) geographic area your organization serves, and e) the types of programs you provide. If applicant is acting as fiscal sponsor, provide some information about the applicant and more detail about the entity that will carry out the project.

The Stanislaus County Probation Department was established in 1909, and has approximately 255 probation employees including institutions, field and administration staff. There are approximately 101 Deputy Probation Officers and Supervisors—35 of which are assigned to the juvenile division. There are approximately 79 Probation Corrections Officers and Supervisors assigned to the Institutions. The juvenile division supervises approximately 700 youth on probation. The department operates a juvenile detention facility referred to locally as the “Juvenile Hall”. The Juvenile Hall is a maximum security, 24-hour secure detention facility with a state rated capacity of 158 youth. The probation department also oversees the Juvenile Commitment Facility which is located adjacent to the juvenile hall. The commitment facility is a 60-bed secure placement for youth completing a court-ordered post-adjudication commitment.

The mission of the Stanislaus County Probation Department is to protect the community by: Promoting responsible behavior and offender accountability. Providing objective information and recommendations to the Courts. Operating safe and secure juvenile facilities and programs, and by partnering with the community to provide direct services to offenders, families and victims.

Stanislaus County is located in California's Central Valley and covers a total area of approximately 1,515 square miles. The County consists of 9 incorporated cities and several unincorporated communities. Modesto is the seat of County government and is also the largest city in the County.

The Probation Department operates two Institutions; the Juvenile Hall and the Juvenile Commitment Facility. The Juvenile Hall is where youth are held in detention awaiting a disposition. The Juvenile Commitment Facility is where youth are held after being committed by the Court. Both facilities offer a wide array of programs and services. The Stanislaus County Office of Education operates our school, and the Behavioral Health and Recovery Staff provide mental health counseling, Moral Reconation, Anger Regression Therapy, and individual counseling. We have outside providers that conduct religious services, Girl Scouts, Without Permission, Growing Healthy Habits, Parenting Classes, and a Youth Employment Specialist. Our Probation Corrections Officers conduct groups that consist of learning gardening skills, guitar lessons, a running program, Girls Circle, Young Women United, and a Culinary Arts Training program.

2. a) Describe the opportunity, challenges, issues or need and the community that your proposal addresses.

Teenage pregnancy has long been associated with decreased access to health care, increased maternal and infant disease and death, and poorer life course trajectories for both mother and offspring. Narrowing health inequities associated with teenage pregnancy within Stanislaus County is important for many reasons. As of 2012 fewer than 70% of Stanislaus County mothers aged 19 and younger received early (first trimester) prenatal care, compared to more than 80% of mothers aged 25 and above (California Department of Public Health (CDPH), Office of Health Information and Research (OHIR) , 2012). Additionally, higher percentages of infants of teen mothers (0-19 years) were born pre-term than infants of older mothers (at least 20 years) in 2012 (11.0% vs. 9.8%; CDPH, OHIR, 2012). Research indicates that having children at a young age can make it harder for teens to achieve their career and financial goals. When compared to older mothers of similar background, teens who become mothers show lower overall levels of educational attainment, higher levels of single motherhood, less stable employment and reduced psychological functioning (Jernan, Constantine & Nevarez, 2012). Such social inequities do not impact mothers alone. Children of teen mothers are less likely to finish high school, more likely to live in poverty, end up incarcerated or become teen parents themselves. These rates are much lower for children of older mothers. Fortunately, comprehensive sex education has been shown to reduce the likelihood of teen

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pregnancy and birth (Kirby, 2007). Comprehensive teen sex education provides adolescents with the information and skills they need to avoid many health risks, including unintended or unwanted pregnancy as well as most sexually transmitted infections (STIs), including HIV.

Despite recent national and state reductions in the teen birth rate, Stanislaus County continues to be affected by early childbearing with higher rates than California (35.8 vs. 28.4 per 1,000 females aged 15-19 for 2010-2012; CDPH, Center for Family Health (CFH), 2014). While the rates of early childbearing are worse in Stanislaus, the County does have a lower rate of repeated births to mothers with one or more previous live births among females 15-19 years of age (16.7% vs. 17.4% for California in 2010-2012; CDPH, CFH, 2014).

Young adults 20-24 years of age bear the highest burden of all age groups for chlamydia (CT) and gonorrhea (GC), the most commonly reported sexually transmitted infections (STIs) in the County. Among females, adolescents 15-19 years of age have the next highest risk (CDPH, Sexually Transmitted Disease (STD) Control Branch, 2014). In 2013, 29% of CT cases and 34% of GC cases were in individuals less than 20 years of age, with more than two-thirds of cases occurring in individuals less than 25 years of age (CDPH, STD Control Branch, 2014).

The issues surrounding teen pregnancy in Stanislaus County are complex; variables include racial, ethnic, and geographical disparities in adolescent sexual and reproductive health access and outcomes. A large number of teens live in circumstances that expose them to poor socio-economic conditions, inadequate housing, low educational attainment, limited literacy and English proficiency, family violence, child abuse/neglect and gang involvement. These are all factors that cause teens in Stanislaus County to be at high-risk for pregnancy.

In 2012, 66.5% of Stanislaus teen mothers (15-19 years of age) were Latina (of any race), while 29.8% were Non-Latina White (CDPH, Office of Health Information and Research (OHIR), 2012). Of adolescent mothers in Stanislaus County (15-19 years of age) with repeat births, 72.4% were Latina (of any race) and 22.9% were Non-Latina White (CDPH, OHIR, 2012). Low income is also a risk factor for teen pregnancy. In 2012, Medi-Cal was the expected principal source of payment for 75.5% of births to teens (15-19 years) but only 56.4% of births to all mothers had Medi-Cal as the principal payer source (CDPH, OHIR, 2012).

Disparities exist in STI rates as well teen pregnancy throughout the County. Racial and ethnic minorities bear a higher burden of STIs than Non-Hispanic Whites (CDPH, STD Control Branch, 2014). For example, Black/African American individuals have the highest rates of CT, GC, primary and secondary syphilis, and HIV (CDPH, STD Control Branch, 2014). Together, these statistics indicate that adolescents from impoverished areas and racial and ethnic minorities are especially likely to benefit from comprehensive sex education.

b) Give us a clear picture of the specific population whose needs will be addressed (including size of the population, age, gender, ethnicity, and socioeconomic situation, where they live and any special circumstances).

The target population for this program are those youth detained in the Stanislaus County Juvenile Hall, and the Juvenile Commitment Facility. During the first ten months of calendar year 2015, the average daily population of the Juvenile Hall was 65.86 youth ranging in age of 10 through 18 years old. The average daily population of the Juvenile Commitment Center, for this same time period, was 25.22 youth ranging in age of 16 through 18 years old. In the first ten months of 2015, 79.4% of those admissions into Juvenile Hall were males, and 20.6% were females. According to the department's Racial and Ethnic Disparities Technical Assistance Project (R.E.D.-T.A.P.) Phase One Assessment, 61% of the admissions into detention were Hispanic youth, 22% were White, 14% were African American youth, 2% were Asian American, and 1% was other. Those youth detained in the Juvenile Hall or serving a commitment in the Juvenile Commitment Facility reside in all cities throughout the County of Stanislaus and come from a wide array of socioeconomic backgrounds. The youth in custody, or in the community under the supervision of the Probation Department, represent a greater risk level than those who are not under the care or supervision of the Probation Department.

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3. Explain how the focus described in number 2 above was determined and who was involved in that decision-making process.

While the funding of programs related to teen pregnancy and sexually transmitted infections/diseases continues to decrease, the need for these services in Stanislaus County remains of high importance, as the statistics demonstrate. Currently, the Health Services Agency is providing a Life Skills Education program to youth in custody on a quarterly basis. For Stanislaus County to have a positive impact at reducing these high percentages of teen pregnancy and sexually transmitted infections/diseases, this specific group needs to be provided on a more frequent basis, so that we can reach more youth. For example, the average length of stay for youth at Juvenile Hall is 50 days. While the average length of stay for youth at the Juvenile Commitment Facility is 43 days. As the numbers suggest, providing this course on a quarterly basis, does not reach its potential. By providing this course on a monthly basis, we would reach a new group of youth virtually every month. Offering it on a quarterly basis leaves out an entire cycle of youth. After consulting with management from the Health Services Agency, it was determined that we would seek this funding opportunity to increase the level of service we are providing to youth in custody. Without sustainable funding the ability to provide monthly groups at the institutions would not be possible.

4. Describe the proposed project. (List specific activities and how they will be measured in the Performance Measures table on page 7.)

Session 1	Learning Objective	Learning Goals	Activities	Resources
<p>Introduction: Healthy Relationships¹</p> <p>Topics:</p> <ul style="list-style-type: none"> ○ Introduction or review of basic ground rules for class discussions ○ Pre-test ○ Understanding Sexual Development ○ Sexual Behavior of Teens ○ Maintaining Reproductive Health ○ What is a Healthy Relationship? ○ Love and Intimacy ○ Sexual Aggression and Date Rape ○ Healthy Responsible Sexual Behavior <p>Timeframe: 60 minutes</p>	<ul style="list-style-type: none"> ○ Increase communication skills to develop healthy dating and future relationships in life. 	<ul style="list-style-type: none"> ○ Identify the traits and skills required for a quality relationship ○ Identify and explain 3 components of love ○ Identify and give examples of the 8 types of intimacy ○ Identify warning signs of a dysfunctional dating relationship ○ Identify situations and locations which may place a teen at sexual risk ○ Recognize and report sexual aggression ○ Demonstrate effective communication skills within healthy dating relationships ○ Use effective verbal and non-verbal communication skills to prevent sexual involvement, HIV, other STDs and pregnancy ○ Compare and contrast healthy and responsible sexual behaviors with unhealthy, irresponsible sexual behavior 	<ul style="list-style-type: none"> ○ Brainstorm and class discussion of ground rules ○ Pre-test ○ Class participation in review of teen health statistics, and basic vocabulary ○ Brainstorming and class discussion regarding quality relationships ○ Exploration of the dimension of love and intimacy ○ Intimacy Cards activity ○ Discussion of sexual assault and statutory rape ○ Identification of sexual risk situations ○ Class brainstorm and discussion regarding responsible and healthy sexual behavior 	<ul style="list-style-type: none"> ○ Classroom Agreements (Ground Rules) ○ Local Teen Pregnancy statistics ○ Teen sexual behavior trends ○ Quality Relationships worksheet ○ Intimacy Inventory worksheet ○ Warning Signs worksheet ○ Intimacy activity cards ○ Health Educator ○ Positive Prevention PLUS curriculum

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Session 2	Learning Objective	Learning Goals	Activities	Resources
<p data-bbox="149 211 464 315">Family Planning, Contraceptives & Making Healthy Decisions²</p> <p data-bbox="117 360 205 386">Topics:</p> <ul data-bbox="117 393 491 996" style="list-style-type: none"> ○ Discussion regarding the definition of “Family Planning” ○ Discussion regarding reasons for delaying a pregnancy ○ Overview of contraceptive methods including abstinence ○ Sexual Abstinence activity ○ Discussion of non-verbal communication ○ Family PACT program ○ Discussion regarding facing an unplanned pregnancy ○ Discussion of the Baby Safe Haven Law and surrender sites ○ Scenario of an Unplanned Pregnancy ○ Making Important Decisions ○ Lesson summary <p data-bbox="117 1034 264 1060">Timeframe:</p> <p data-bbox="117 1067 243 1093">60 minutes</p>	<ul data-bbox="527 211 810 439" style="list-style-type: none"> ○ Increase knowledge and skills to prevent teen pregnancy, STI/HIV and to increase knowledge to access and utilize Family PACT Services. 	<ul data-bbox="842 211 1199 1248" style="list-style-type: none"> ○ Identify reasons for sexual abstinence and planning for a family ○ Identify sexual abstinence as the only certain way to prevent unintended pregnancy or sexually transmitted diseases ○ Describe a range of contraceptive methods, including their effectiveness in preventing pregnancy or sexually transmitted diseases ○ Identify local family planning and contraception services ○ Identify differences and similarities between young male’s and female’s attitudes toward abstinence and sexual activity ○ Identify and demonstrate non-verbal ways to resist pressure to engage in sexual risk behaviors ○ Demonstrate how to make an important decision if facing an unplanned pregnancy ○ Describe the Family PACT program , available services and local service providers 	<ul data-bbox="1224 211 1570 574" style="list-style-type: none"> ○ Class discussion regarding sexual abstinence and family planning ○ Presentation on types of methods of contraception ○ Poster activity on abstinence from sexual activity ○ Overview of the Family Program, services and local providers ○ Decision making exercise, 	<ul data-bbox="1606 211 1913 811" style="list-style-type: none"> ○ Birth control samples for demonstration ○ Student handout on birth control methods ○ Poster paper and markers ○ Family PACT services ○ Confidential services ○ Family PACT brochures ○ REAL Pocket guides listing local services ○ Decision Making Model ○ Brochures about abstinence and contraceptive methods ○ Health Educator ○ Positive Prevention PLUS curriculum

² Positive Prevention PLUS: Sexual Health Education for California Youth - Level B, 2010, The American National Red Cross, Lesson Two: Family Planning and Contraceptives, Lesson 3: Making Informed Decisions California Safe Surrender Law.

Session 3	Learning Objective	Learning Goals	Activities	Resources
<p>Sexually Transmitted Diseases and HIV³</p> <p>Topics:</p> <ul style="list-style-type: none"> ○ Overview of the HIV infection and AIDS pandemic, including international, national, statewide and local data ○ HIV, STD, transmission myths and facts ○ Overview of STDs other than HIV ○ Discussion of the importance of limiting the number of sexual partners if sexually active ○ The importance of STD counseling and testing ○ Discussion of Assertiveness Skills ○ Review Family PACT services and information ○ Summarize lesson <p>Timeframe: 60 minutes</p>	<ul style="list-style-type: none"> ○ Increase knowledge and skills to prevent teen pregnancy, STI/HIV and to increase knowledge to access and utilize Family PACT Services. 	<ul style="list-style-type: none"> ○ Identify and describe common STDs and their symptoms ○ Describe how common STDs are ○ Name at least five common STDs ○ Distinguish between curable and incurable STDs ○ Identify behaviors that lead to HIV transmission ○ Understand that HIV and AIDS impact a broad variety of people, including males and females of all ages ○ Describes routes of HIV transmission ○ Identify symptoms of STDs ○ Identify local resources for STD counseling and testing ○ Demonstrate basic assertiveness and refusal techniques ○ Demonstrate setting personal boundaries in a variety of situations 	<ul style="list-style-type: none"> ○ Presentations of STD PowerPoint ○ Displaying and discussing overheads of the AIDS pandemic in the world, in the U.S, and in California ○ Displaying and discussing the immune system, the impact of HIV on the immune system, and the four fluids and four body openings which transmit HIV ○ Mismatch activity – students match STD pictures with STD information cards ○ Assertiveness skills practice ○ Students sort STDs based on curable (bacterial) and incurable (viral) infections ○ Review local STD counseling and testing locations 	<ul style="list-style-type: none"> ○ STD PowerPoint Presentation ○ STD brochures and handouts ○ STD pictures and mismatch cards ○ Health Educator ○ Positive Prevention PLUS curriculum

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Session 4	Learning Objective	Learning Goals	Activities	Resources
<p>Life Planning⁴</p> <p>Topics:</p> <ul style="list-style-type: none"> ○ Discussion regarding the reasons for having personal goals and life plans ○ Lead students through the Lifeline Activity ○ Discussion of the importance of setting personal goals, reflecting on past and future experiences ○ Discussion with students on the importance of setting goals for their future and a plan on how to achieve those goals ○ post-test <p>Timeframe: 60 minutes</p>	<ul style="list-style-type: none"> ○ Increase knowledge and skills to establish personal and educational goals for a future-oriented life. 	<ul style="list-style-type: none"> ○ Identify personal goals and life plans, including steps for achieving these goals and plans ○ Recognize the potential of successful future opportunities ○ Understand the negative consequences of teen pregnancy 	<ul style="list-style-type: none"> ○ Group discussion ○ Complete My Lifeline activity ○ Describe how an unplanned pregnancy would change these personal goals and life plans, including measures to avoid an unplanned pregnancy ○ Administer Post-test 	<ul style="list-style-type: none"> ○ My Lifeline ○ My Lifeline worksheet ○ Post-test ○ Health Educator ○ Positive Prevention PLUS curriculum

⁴ Positive Prevention PLUS: Sexual Health Education for California Youth - Level B, 2010, The American National Red Cross, Lesson Two: Family Planning and Contraceptives, Lesson 5: Life

5. Describe how the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.

The proposed activities will increase the knowledge of incarcerated youth about where to access Family PACT clinical services after release, increase confidence to effectively communicate with sexual partners, and identify a life goal to increase positive future-oriented life outcomes. As discussed, the issues surrounding teen pregnancy in Stanislaus County are complex; variables include racial, ethnic, and geographical disparities in adolescent sexual and reproductive health access and outcomes. A large number of teens live in circumstances that expose them to poor socio-economic conditions, inadequate housing, low educational attainment, limited literacy and English proficiency, family violence, child abuse/neglect and gang involvement. These are all factors that cause teens in Stanislaus County to be at high-risk for pregnancy. Furthermore, disparities exist in STI rates as well teen pregnancy throughout the County. Racial and ethnic minorities bear a higher burden of STIs than Non-Hispanic Whites (CDPH, STD Control Branch, 2014). For example, Black/African American individuals have the highest rates of CT, GC, primary and secondary syphilis, and HIV (CDPH, STD Control Branch, 2014). Together, these statistics indicate that adolescents from impoverished areas and racial and ethnic minorities are especially likely to benefit from comprehensive sex education. Providing a Life Skills Education program to youth in custody will have a tremendous impact. As previously discussed, the admissions into juvenile hall demonstrates

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a clear diversity of racial, ethnic and socioeconomic backgrounds. Providing a Life Skills Education program to a group of youth considered to be at high risk for teen pregnancy and sexually transmitted infections/diseases will have an impact that goes beyond a custodial setting. Comprehensive teen sex education provides adolescents with the information and skills they need to avoid many health risks, including unintended or unwanted pregnancy as well as most sexually transmitted infections (STIs), including HIV. It is hopeful these youth will take what they learn in custody and share and practice what knowledge they have gained with their partners and peer groups in the community. Also, if the youth know where to obtain the resources they need in the community, it may prevent further teen pregnancy and SDI/SDT's issues.

6. a) Describe the organization's capacity to effect change. Include examples of ways your organization has been successful in its work (not just the kind of work, but the results you have accomplished).

Stanislaus County Health Services Agency (HSA) has provided teen pregnancy, STI and HIV prevention services for over 20 years. HSA/PH has 11 years of experience implementing research and/or evidence-based program models (EBPM) related to teen pregnancy, STI and HIV prevention, and over 15 years of experience in conducting comprehensive sex education in schools, juvenile hall, alternative schools and other community settings. The program has met reporting requirements for the past 20 years, including the CA PREP and Information and Education (I&E) program requirements. Between September 2013 and June 2014 HSA/PH CA PREP program reached 233% of their intended reach. 1114 youth completed the CA PREP program while the minimum number to be served was 479. Health Services Agency Teen Pregnancy Prevention Program will utilize Life Skill-Positive Prevention Curriculum. The goal is to provide incarcerated teens with the knowledge, understanding and behavioral skills necessary to make responsible decisions regarding at risk behaviors.

The Probation Department continues to effect change with our customers and the community as a whole. Two examples of our work include the Girls Juvenile Justice Initiative-GRAD (Gender Responsive Alternatives to Detention) program, and the R.E.D. (Reducing Racial and Ethnic Disparities) Grant. With the success our department has shared in the GRAD program we have been able to sustain the level of service beyond the funded years of the grant. We continue to hold quarterly stakeholder meetings, partner with other county agencies, and dedicate supervision resources and services to the female population. As it relates to the RED Grant, we recently received an award for a second year of funding. During the first year of this grant period, we held community stakeholders meetings, held an initial Implicit Bias Training lead by Dr. Rita Cameron Wedding, and held a follow-up stakeholders meeting to review and discuss the readiness assessment report created by the Burns Institute. Our purpose for the second year of funding is to capitalize on those areas in the assessment identified as challenges or barriers. Utilizing expert consultants, should result in a strong infrastructure moving forward into future phases.

- b) Describe the organization's connections to the community or communities in which it is proposing to work. How is the community experiencing the health disparity engaged, if at all, in this project?

HSA/PH and the Teen Pregnancy Prevention (TPP) program are known for its strong commitment to, and experience with, community collaboration; it is one of the vital strategies within the Spectrum of Prevention. Partners with a history of partnership with HSA/PH who have supported comprehensive sex education include: Family PACT providers, safety net medical providers, the local Planned Parenthood office, social services providers, schools and the probation department. Mentioned partners are engaged in community awareness and mobilization. They are active members of the County's Teen Pregnancy Prevention Collaborative and participate in local community events, teen rallies, community workshops, and/or health fairs to promote teen pregnancy prevention messages and increase Family PACT clinical services.

The Probation Department plays many roles in the community including one of a law enforcement agency and a social service agency. The probation department takes pride in the many partners we collaborate with in the community. We have several officers assigned to local school districts and have other county service workers assigned to our department. The department acts as a referral service and a service provider for our customers. The department enjoys many contractual services with Community Based Organizations that we refer our youth and adults to for service. As discussed in prior sections, Stanislaus County is experiencing higher rates than other counties, in California, as it relates to teen pregnancy and sexually transmitted infections and diseases.

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c) Describe the qualifications of the project leaders and key staff on the project or to be hired. What skills/individuals (if any) need to be added for the project to be successful?

The project leaders and the facilitators of the Life Skills Education program will be Roberta Perez and Claudia Cruz of the Stanislaus County Health Services Agency. Ms. Perez is a Community Health Worker III, assigned to Teen Pregnancy Prevention Programs. She has been employed by the Health Services Agency since 1997, and has vast experience leading groups in the community, and in the juvenile institutions. Furthermore, she has experience in working with youth, parents, community partners, public agencies and schools. A copy of her resume is attached to the grant proposal. Ms. Cruz is also a Community Health Worker III, and has been employed by the Health Services Agency since 2011. She also has experience with leading groups in the community, and in the juvenile institutions. Furthermore, she has the experience of working in a Medical Office, and providing groups to youth and parents. She has also lead groups within the school system and worked with community partners. A copy of her resume is also attached to the grant proposal. These two Public Health Workers have more than enough experience and knowledge to lead the Life Skills Education program described in this proposal.

7. Identify any partnerships, cooperative relationships and/or collaborations needed for the proposed project to be successful. Identify the specific people or entities and whether the relationship(s) are already in place. If not, what are the plans to establish these relationships?

Stanislaus County Health Services Agency (HSA) has provided teen pregnancy, STI and HIV prevention services for over 20 years. HSA/PH has 11 years of experience implementing research and/or evidence-based program models (EBPM) related to teen pregnancy, STI and HIV prevention, and over 15 years of experience in conducting comprehensive sex education in schools, juvenile hall, alternative schools and other community settings. The program has met reporting requirements for the past 20 years, including the CA PREP and Information and Education (I&E) program requirements. Community Health Worker's Roberta Perez and Claudia Cruz are currently providing Life Skills Education to youth in custody on a quarterly basis. With the assistance of this grant, the Probation Department and the Health Services Agency would be able to enhance the number of Life Skills Education classes currently being offered in an effort to reach more youth, and have a greater impact on the community upon their release.

8. If the project has been, or will be, submitted to other funders, list them and the status of their consideration of the project. What is the status of any other funding needed to complete this project? If you have not submitted this project to other funders, please explain.

The San Joaquin Valley Health Foundation is the only funding source the Probation Department has pursued for this project. Also, we are not aware of any other similar funding opportunities at this time.

9. If the project is to continue beyond the grant period, describe your plans for sustainability of the proposed project.

The Stanislaus County Probation Department is currently collaborating (quarterly) with the Stanislaus County Health Services Agency in providing a Life Skills Education program that addresses the needs of our youth in custody. However, to be effective, the program needs to be provided at a greater rate (monthly) so the results of the program can be evaluated over a period of time and have reportable outcomes. To maintain sustainability of this program the Stanislaus County Probation Department and the Health Services Agency would continue to seek funding sources to provide this program to youth in custody on a long term basis. We plan to demonstrate the outcomes to make this a viable program going forward.

10. This funding includes required participation in grantee convenings. What training or technical assistance would be most useful to you at a grantee convening?

The training I find most useful is hearing from other recipients. The type of program they instituted, their outcomes, and any issues that arose from implementing the program. I think it is also good to hear the pros and cons of the progress of a new program and how collaborating agencies worked together.

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Don't forget to complete the Proposed Project Budget and Budget Narrative, and the Performance Measures table. See example Performance Measures tables at www.shfcenter.org/sjvhealthfund.

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**CENTER FOR HEALTH PROGRAM MANAGEMENT
PROPOSED PROJECT BUDGET AND BUDGET EXPLANATION**

Do not enter in-kind resources on this form. Describe in-kind in the Budget Explanation.

Project Start Date: 7/1/16

Project End Date: 6/30/17

		Requested from Center for Health Program Management	Other Funding Committed to Project (if applicable)	Total Project Budget
I. Personnel				
Salaries (list position)	FTE			
1 RP (CHW III) \$20.96	5%	\$2,263.68		
2 CC (CHW III) \$21.82	5%	\$2,356.56		
3				
4				
5				
6				
Payroll Taxes and Benefits		\$2,625.40		
Total Personnel		\$7,254.64		
II. Other Expenses				
Consultant Fees				
1				
2				
3				
4				
Postage				
Printing/Duplicating		\$500.00		
Information/Materials		\$500.00		
Equipment				
Rent/Utilities				
Travel		\$500.00		
Miscellaneous (list)				
1				
2				
3				
4				
5				
6				
Total Other Expenses		\$1,500.00		
Indirect (up to 15% of direct costs)		\$1,311.85		
Total Grant Expenses		\$10,066.49		

BUDGET EXPLANATION

For each item, explain how the funds will be used for the project, including other funding committed to the project and the source of other funding. Describe in-kind resources.

Shaded field will expand as you type and continue on to additional pages.

The \$7,254.64 will be used to pay for Health Services Agency staff, Roberta Perez and Claudia Cruz. This includes the their 5% full-time equivalency rate at \$20.96 and \$21.82 hourly wage. These figures also account for taxes and benefits.

The \$500.00 for printing/duplicating will pay for the materials to be copied for each course provided throughout the grant period. The \$500.00 for information/materials will be used to purchase the course materials for the Life Skills Education program.

The \$500.00 allocated for travel will be to provide mileage reimbursement for the two HAS staff to travel back and forth from their agency to the Insitutions.

The \$1,311.85 billed to indirect costs will help cover any expenses to attend required trainings or incidental costs that may arise during the course of the grant period.

As it relates to in-kind resources, there will be no in-kind resources needed for this award. There will already be correctional staff in place during the group time, existing space will be provided in the institution and there will be no transportation issues for the youth involved, as we will be serving youth currently in custody.

San Joaquin Valley Health Fund Application

Performance Measures

All grantees will be required to report on key performance measures for their grants. In the following table, you are asked to identify (1) key activities that will be carried out in order to implement the project, (2) the expected outputs of those activities, and (3) the goals, or expected outcomes, of the project. For example, key activities could include conducting trainings or organizing community meetings, among other steps. Examples of the expected outputs of activities include the number of trainings and/or community meetings and the number of people or organizations that are expected to participate. The activities and expected outputs are ways of measuring progress toward the goals. The expected outcomes of the project identify how the project will make a difference in the short-term. Examples of goals include development of a cadre of youth leaders, increased awareness of water quality issues, improved park safety, among many other possibilities. For the performance measures table, identify the extent of change that you expect to achieve and the ways in which the change(s) could be measured.

Fill in the table below with your best estimate of the proposed activities, outputs and expected outcomes. As you identify performance measures for the proposed project, consider how, when and where the data will be collected and who will collect it. Use the sample Performance Measures tables on the Center's web site at www.shfcenter.org/sjvhealthfund as a guide. This table will expand as you type and continue on to additional pages.

Brief Purpose of Project (limit to 190 characters and should be the same as stated on the cover sheet): To provide a Life Skills Education program to youth in detention, in an effort to teach and discuss the dangers of sexually transmitted diseases and to protect against teen pregnancy.

Key Activities	Activity Outputs	Expected Outcomes	Planned or Potential Outcome Measures
<i>What will you do? (List major activities specific to the Center-funded project)</i>	<i>How much will you do? (List outputs in terms of numbers of people served or activities performed)</i>	<i>What do you expect to achieve as an immediate or direct result of the project? (List the ways people or circumstances will be different. What number or percent of people will show improvement in knowledge, skills, behavior or circumstance?)</i>	<i>How will you know the extent to which you have achieved the expected outcome(s)? (List the ways in which you will measure change in knowledge, skills, behavior or circumstance)</i>
Brainstorm and class discussion of ground rules. Pre-test. Class participation in review of teen health statistics, and basic vocabulary. Brainstorming and class discussion regarding quality	The Life Skills Education program is scheduled to have three one-hour, to one and a half hour courses each month, alternating between the Juvenile Hall and the Juvenile Commitment Facility. If there are 15 youth present during each course, we should be able to	It is expected that youth who attend the Life Skills Education program will increase communication skills and to develop healthy dating and future relationships in life. Increase knowledge and skills to prevent teen pregnancy, STI/HIV and to	It will take multiple funding cycles to determine whether we are having a positive effect on the youth and the community of Stanislaus County. Long term, if we are having an impact on this specific population, we would see a decrease in Sexually

<p>relationships. Exploration of the dimension of love and intimacy. Intimacy Cards activity. Discussion of sexual assault and statutory rape. Identification of sexual risk situations. Class brainstorm and discussion regarding responsible and healthy sexual behavior. Class discussion regarding sexual abstinence and family planning. Presentation on types of methods of contraception. Poster activity on abstinence from sexual activity. Overview of the Family Program, services and local providers. Decision making exercise. Presentations of STD PowerPoint. Displaying and discussing overheads of the AIDS pandemic in the world, in the U.S, and in California. Displaying and discussing the immune system, the impact of HIV on the immune system, and the four fluids and four body openings which transmit HIV. Mismatch activity – students match STD pictures with STD information cards. Assertiveness skills practice. Students sort STDs based on curable (bacterial) and incurable (viral) infections. Review local STD counseling and testing locations. Group discussion.</p>	<p>reach approximately 180 youth in custody per year. During the course of the year it will be important to know who each youth were that attended the course. This way you could verify who was a unique attender versus a youth who recidivated and remediated the course during a subsequent booking.</p>	<p>increase knowledge to access and utilize Family PACT Services. Increase knowledge and skills to prevent teen pregnancy, STI/HIV and to increase knowledge to access and utilize Family PACT Services. Increase knowledge and skills to establish personal and educational goals for a future-oriented life. A way to measure if you demonstrate agrowth in knowledge is through the use of the Pre and Post test. It would be easy to track those youth who improved their scores over the course of the program. The only way their behavior can be measured in the community is through statistical data gathered by the Health Services Agency.</p>	<p>Transmitted Infections and Diseases, along with a decrease in Teen Pregnancy rates in the County. For this information the Probation Department would work closely with the Health Services Agency to monitor updated STI/STD and Teen Pregnancy rates. The Life Skills Education program will measure change in knowledge from the youth with the use of a Pre and Post test. Internally, we can measure success by the change in scores from the youth from the Pre to the Post test. A better score on the Post test would demonstrate a level of knowledge obtained. To measure whether or not these youth put that knowledge into practice, would be based on statistical data collected by the County's Health Services Agency.</p>
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<p>Complete My Lifeline activity. Describe how an unplanned pregnancy would change these personal goals and life plans, including measures to avoid an unplanned pregnancy. Administer Post-test.</p>			
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Long-term impact: If your project is successful, what is the long-term impact on the participating individuals, organizations and/or communities?

The Life Skills Education program described herein has the potential to have a tremendous long-term impact on the youth, their families, our organizations and the community as a whole. Having the ability to provide tools, resources and education to a high risk population (in custody) about the dangers of STIs/STDs, and teen pregnancy will hopefully equip these youth with the knoweldge to make positive decisions about their personal health, along with their partners, when they return to the community. Organizationally, these types of activities are not always funded in a manner that can sustain long term programming in the community, school, and institutions. With sustainable funding and programming, one would assume that a direct result would be a decrease in the percentages of youth contracting STIs/STDs or becoming parents as a teen. The rates of STIs/STDs and teen pregnancy has continued to be on the rise in Stanislaus County, which heightens the efforts of the resources available in the community. If we can provide a high risk population with the knowledge base to make healthy decisions within their own community, then you would expect to see this translate through the youth, to their families, partners, schools, work force and the community as a whole. The ultimate goal of the Stanislaus County Probation Department and Health Services Agency, is to see the trend of STIs/STDs and Teen Pregnancy decrease, which has not been the case over the last several years. It is critically important that we obtain sustainable funding to continue to provide these services to the youth in our community.