**Program Element #48: Teen Pregnancy Prevention Personal Responsibility Education Program, PREP**

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Teen Pregnancy Prevention Personal Responsibility Education Program (PREP).
	1. Funding provided under this Agreement for this Program Element may only be used in accordance with and subject to the restrictions and limitations set forth below to implement at least one of the following programs: ¡Cuídate!, Family Life and Sexual Health, or Rights Respect Responsibility.
	2. Program implementation must address healthy relationships, prevention of unintended pregnancy and sexually transmitted infections (STIs), abstinence and contraception and be medically accurate. Program implementation must include sessions that incorporate three adulthood preparation subjects: healthy relationships, adolescent development, and healthy life skills as defined by federal guidance. If programs are to be implemented in school settings during school, program implementation must meet Oregon health education standards and benchmarks on sexual health: <http://www.oregon.gov/ode/educator-resources/standards/health/Pages/default.aspx>
	3. Programs consist of 7 to 15 sessions depending on selected program and youth population served. Program sessions are between 50-60 minutes in length.

This Program Element is aligned with the State Health Improvement Plan in protecting the population from communicable diseases, Gonorrhea in women aged 15-44 years and HIV infections in Oregon residents; and improving HPV vaccination series rates among 13-17 year olds. The Program element is aligned with the Oregon Youth Sexual Health Plan and addresses reduction in rates of unintended teen pregnancy, sexually transmitted infections, non-consensual sexual behaviors and elimination of sexual health inequities. Programming addresses youths’ behaviors, education, self-efficacy, skill building and decision making so that youth may use accurate information and well developed skills to make thoughtful choices about relationships and sexual health.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

1. **Definitions Specific to Teen Pregnancy Prevention Personal Responsibility Education Program, PREP.**Not applicable.
2. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (<http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf>) as well as with public health accountability outcome and process metrics (if applicable) as follows:
	1. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

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| **Program Components**  | **Foundational Program** | **Foundational Capabilities** |
|  | CD Control | Prevention and health promotion | Environmental health | Access to clinical preventive services | Leadership and organizational competencies | Health equity and cultural responsiveness | Community Partnership Development | Assessment and Epidemiology | Policy & Planning | Communications | Emergency Preparedness and Response |
| Population Health | Direct services |
| *Asterisk (\*) = Primary foundational program that aligns with each component**X = Other applicable foundational programs* | *X = Foundational capabilities that align with each component* |
| Serving Youth – PREP Youth Sexual Health Program Implementation | X |  \* |  |  X |   |  |  X |  X | X |  X | X |  |

* 1. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metrics:**
* Communicable Disease Control – Gonorrhea Rates
* Access to Clinical Preventative Services – Effective Contraceptive Use.
	1. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:**Not applicable
1. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:
	1. Engage in activities as described in its Local Program Plan, which has been approved by OHA and as set forth in Attachment 1, incorporated herein with this reference.
2. LPHA will implement at least one of the following programs:
	1. ¡Cuídate!: <http://www.etr.org/ebi/programs/cuidate/>.
	2. Family Life and Sexual Health: <http://www.kingcounty.gov/depts/health/locations/family-planning/education/FLASH.aspx>
	3. Rights, Respect, Responsibility: <http://www.advocatesforYouth.org/3rs-curriculum>
3. LPHA will implement programs with a minimum of 150 youth for each 12-month period from July 1 through June 30.
4. LPHA will recruit youth ages 15-19 years of age in at least one of the priority youth populations: youth in foster care, youth in juvenile justice, youth experiencing homelessness, youth that identify as Latino, lesbian, gay, bisexual, transgender, queer or questioning or, youth that reside in a county that has a five percent higher pregnancy rate than the state average over the five-year period (2010-2014), specifically one of the following Oregon counties: Baker, Clatsop, Coos, Crook, Douglas, Grant, Harney, Jackson, Jefferson, Josephine, Klamath, Lake, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Tillamook, Umatilla, or Wasco County.
5. LPHA will implement program(s) with inclusivity to include all individuals, families and communities regarding culture, race, class, identity, sexual orientation, gender expression and disability while maintaining the programs' fidelity including core components, content, pedagogical and implementation methods.
6. LPHA will inform community members and local youth serving organizations about program offerings.
7. At each implementation site, facilitators are required to share with youth participants, information about reproductive health and sexually transmitted infection services available in their community.
8. LPHA will:
	1. Employ qualified staff to conduct grant activities and program implementation, including a bilingual Spanish/English project coordinator for serving Latino Youth or implementing the ¡Cuídate! program.
	2. Participate in all project conferences and trainings, including, but not limited to, having facilitators become trained in a manner satisfactory to OHA to LPHA's selected program(s): *¡Cuídate!, Family Life and Sexual Health, or Rights Respect Responsibility* .
	3. Participate in all conference calls and regularly scheduled meetings with OHA staff.
	4. Collect evaluation data according to OHA and federal requirements.
	5. Support one LPHA program staff to join the Oregon Youth Sexual Health Partnership (OYSHP) as a participating member and as a representative of the LPHA and youth sexual health programming work.
	6. Provide space for project implementation.
	7. Partner with others in the community including youth serving organizations and/or priority population specific serving organizations.
	8. Report any concerns to OHA staff as they arise.
	9. Use funds for this Program Element in accordance with its Local Program Budget, which has been approved by OHA and as set forth in Attachment 2, incorporated herein with this reference. Modification to the Local Program Budget may only be made with OHA approval.
9. Funding Limitation
10. Funds may be used by LPHA to cover reasonable costs of grant related personnel, consultants, equipment, material expense supplies, travel, training expenses, and other grant-related costs.
11. Funds must be used by LPHA in a manner consistent with program requirements as outlined in this Program Element and as otherwise directed by OHA. Allowable administrative functions/costs include:
	1. Usual and recognized overhead, including indirect rates for all consortium organizations that have a Federally approved indirect cost rate; and
	2. Management and oversight of specific project components by LPHA funded under this Program Element.
12. Funds may not be used by LPHA for clinical services, building alterations or renovations, construction, rent, fundraising activities, political education or lobbying.
13. Funds may not be used by LPHA to support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing.
14. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter, by the 25th of the month following the end of the fiscal year quarter.
15. **Reporting Requirements.**
16. LPHA will supply all data with respect to this program in a manner satisfactory to OHA and in accordance with post-award state plan. LPHA staff will report and submit on:

**(1)** Activities completed (e.g. program outreach, challenges, successes);

**(2)** Fidelity monitoring;

**(3)** Participants served at each program session;

**(4)** Participants survey data and consent; and

**(5)** Financial reporting.

1. Reports during the period of the grant are to be submitted to OHA by, September 28, 2018, March 29, 2019 and July 31, 2019 . OHA will provide report due dates for future PREP grant awards and supply guidance of the reporting requirements and required format for submitting reports.
2. LPHA agrees to participate in a federal program evaluation if LPHA is selected.
3. **Performance Measures.** Not applicable

**Attachment 1**

**Local Program Plan**

**Attachment 2**

**Local Program Budget**