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Nebraska's 2024 Title V State Sexual Risk Avoidance Education (SRAE) State Plan

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Nebraska State Plan Abstract

Nebraska's Title V State Sexual Risk Avoidance Education (SRAE) program envisions a world where all young people will grow and become happy, healthy, and thriving adults. Title V SRAE-supported programming is one vital tool in pursuing that goal. It supports the implementation of high-quality youth programming firmly rooted in the principles of Positive Youth Development (PYD) and supports adults that work with youth.

Nebraska is quite rural and many areas face challenges in accessing medical care, mental health services, education, and other supportive services. The data explored in the description of problem and need demonstrates the ongoing need for health education in under-resourced regions, among youth that are a part of historically and culturally underrepresented and underserved groups, and particularly vulnerable youth that have experienced foster care, adjudication systems, and/or homelessness.

The selected evidence-based intervention, Teen Outreach Program® (TOP®) can easily be replicated in urban or rural communities and adapted to fit cultural needs without compromising fidelity to the model. The TOP curriculum helps young people develop healthy relationships, life skills, self-regulation, education, and career success, and learn about adolescent development.

Nebraska's SRAE program is administered by the Adolescent Reproductive Health (ARH) program in the Division of Public Health at the Nebraska Department of Health and Human Services (NEDHHS). The Project Director and identified contact between NEDHHS and the federal program office in the Administration for Children Youth and Families is Michaela Jennings, the ARH DHHS Program Manager II. NEDHHS is a certified replication partner for

TOP and the ARH staff are certified TOP Trainers. Youth programming is carried out by local organization partners that are in the Nebraska TOP network.

Contact and Grant Request Information

State: Nebraska

Fiscal Year: 2024

Grant allocation amount: $282,920

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State Plan/Program Narrative

Nebraska's Title V State Sexual Risk Avoidance Education (SRAE) program envisions a world where all young people will grow and become happy, healthy, and thriving adults. All Nebraska youth deserve access to medically accurate, inclusive, culturally responsive, and age-appropriate education to thrive. Title V SRAE-supported programming is one vital tool in pursuing that goal. It supports the implementation of high-quality youth programming firmly rooted in the principles of Positive Youth Development (PYD) and supports adults that work with youth. The following plan outlines the needs of Nebraska's youth population and Nebraska's plan to utilize Title V SRAE funds to work toward positive health outcomes for Nebraska youth.

Description of Problem and Need

Demographics and Special Populations

According to the U.S. Census Bureau's 2020 Decennial Census, Nebraska's population for 2020 was 1,961,504, with approximately 27% of the population living in a rural area (CDC AtlasPlus). The 2020 Decennial Census tallied that the majority (78.4%) of Nebraska residents identified as White, while 4.9% of Nebraskans identified as Black or African American, 1.2% identified as Native American or Alaskan Native, 2.7% identified as Asian, 5.4% identified as "Some Other Race," and 7.3% identified as two or more races. Twelve percent of Nebraska's population identified as Hispanic or Latino. As of 2022, the American Community Survey 5-year estimates indicate that youth aged 10 to 14 made up 7.1% of Nebraska's total population, while those aged 15 to 19 also accounted for 7.1%. The racial identity makeup for Nebraska youth aged 10 to 19, was predominantly White (61%), followed by Hispanic/Latino (16%), Black or African American was 5%, young people who identify as Asian were 2%, and

American Indian/Alaska native were just 1% of the youth population. "Some Other Race" was identified in 4% of the youth population and 13% considered themselves multiracial.

Based on the U.S. Census Bureau's Income and Poverty report, the U.S. poverty rate was 11.4% and Nebraska's 2022 estimated poverty rate[1] was comparable at 11.2% of the population living in poverty. According to the ©Kids Count in Nebraska 2023 Report (Kids Count), there are an estimated 56,544 children[2] living in poverty in 2022. With 23,859 of those children living in extreme poverty which is 50% of the Federal Poverty Line. According to the U.S. Department of Health and Human Services, the Federal Poverty Line for a household in Nebraska with a family size of four is an income of $31,200.00 per year.[3] In 2021, 12% of Nebraska children experienced food insecurity (Kids Count), thus "the percentage of students receiving free or reduced-priced lunch is often used to measure how many students live in poverty." [4] According to the Nebraska Department of Education, to qualify for a reduced lunch price a student's household would earn between 130 – 185% of the Federal Poverty threshold. To be eligible for free lunch the student's household earnings are at or below 130% of the Poverty Income threshold. Kids Count found in 2022 that 41.3% of Nebraska children who attend school are eligible for free and reduced school meals, both breakfast and lunch. On average, 33,985 meals were served daily in the 2020 – 2021 school year.

Having a home provides a sense of stability for children and youth. Special populations within Nebraska, such as youth experiencing homelessness and youth involved in the foster care

[1] Based on The American Community Survey 2022 1-year estimates
[2] The Kids Count Nebraska report defines "children" as all individuals under the age of 18 (0 to 17 years old).
[3] Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: http://aspe.hhs.gov/poverty
[4] USAFacts. *How many US children receive a free of reduced-price school lunch?* (2023). Retrieved online at: https://usafacts.org/articles/how-many-us-children-receive-a-free-or-reduced-price-school-lunch/

system, may significantly benefit from SRAE and connections to caring adults. Dropping out of, or being expelled from school, having experienced neglect or abuse, and/or having experience in the foster care system may present risk for becoming homeless. While the number of young people aged 10 to 19 at risk of experiencing homelessness or running away is difficult to quantify, Kids Count estimated 2,239 children under age 18 were homeless and an additional 1,373 children were at risk for homelessness.

According to Kids Count in 2022, 2,873 children experienced maltreatment in Nebraska with 83% of those cases including physical neglect. Of these maltreatment cases, school age children who are 5 to 12 years old accounted for 39.6% and youth aged 13 to 18 accounted for 25.4%. The total number of children who were involved with the child welfare system in 2022 was 7,919 with 120 to 124 of those youth aging out upon reaching their 19th birthday. The number of young people arrested in Nebraska in 2022 was 5,258 with 29.9% being for crimes against a person.

According to the literary summary of evidence supporting Healthy People 2030's selection of High School Graduation as a social determinant of health,

> *a high school diploma is a standard requirement for most jobs — and for higher education opportunities. Not completing high school is linked to a variety of factors that can negatively impact health, including limited employment prospects, low wages, and poverty. A student's ability to graduate from high school may be affected by factors related to the individual student as well as by broader institutional factors such as family, school, and community. There are negative outcomes of not completing high school, as well as positive outcomes of graduating high school. Students who do not complete high school may experience poor health and premature death. Individuals who do not graduate high school are more likely to self-report overall poor health. They also more frequently report suffering from at least 1 chronic health condition — for example, asthma, diabetes,*

> *heart disease, high blood pressure, stroke, hepatitis, or stomach ulcers — than graduates.*[5]

Education only works when students are in school every day where they can receive the support they need to learn and thrive. The U.S. Department of Education states that students who are chronically absent, which is more than 15 days in a school year, are at risk for falling behind in their education. Frequent absences and irregular attendance may lead to dropping out of school before graduation. "A study of public school students in Utah found that an incidence of chronic absenteeism in even a single year between 8th and 12th grade was associated with a seven-fold increase in the likelihood of dropping out." [6] Kids Count found in the 2021 – 2022 school year, both public and nonpublic schools in Nebraska, 22.22% (66,585) students were absent 10 to 19 days. An additional 9.1% (21,855) of students missed 20 to 29 days and another 8.4% (25,847) of students were absent from school for more than 30 days.

According to the Nebraska Department of Education (NDE), the 2022 Nebraska high school graduation rate was 87.12% for students who earned their high school diploma in four years. Nebraska ranks 22nd in four-year cohort graduation rates out of all 50 states for the 2019 - 2020 school year.[7] Disparities exists between racial/ethnic groups, gender, and other historical and culturally underrepresented and underserved groups (see **Table 1**). Kids Count stated in the 2021 - 2022 school year, in both public and nonpublic schools, 677 students were expelled, and

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[5] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2030,* High School Graduation (2020).

[6] U.S. Department of Education, *Chronic Absenteeism in the Nation's Schools*. (2019). Retrieved online at: https://www2.ed.gov/datastory/chronicabsenteeism.html

[7] Data for Illinois were suppressed due to concerns with data quality. Data for Texas were not submitted by the National Center for Education Statistics' due date. Data source: U.S. Department of Education, National Center for Education Statistics, *Common Core of Data*, school year 2019-20, via Nebraska's Coordinating Commission for Postsecondary Education. *Higher Education Progress Report* (2024).

1,901 youth dropped out of school in Nebraska. Overall, 4% of youth aged 16 to 19 were neither in school nor working during the 2021 – 2022 school year.

Table 1: Nebraska Four-Year High School Graduation Rates 2022[8]

Student Population	Graduation Rate
All Students	87.12%
Race / Ethnicity	
White	92.04%
Native Hawaiian / Pacific Islander	90.32%
Asian	89.61%
Two or More Races	82.07%
Hispanic / Latino	76.98%
Black / African American	73.55%
American Indian / Alaska Native	70.03%
Gender	
Female	90.33%
Male	84.11%
Underrepresented and Underserved Groups	
Free / Reduced Lunch	79.03%
Special Education	65.82%
Homeless	60.89%
Foster Care	54.41%
English Language Learners	53.06%

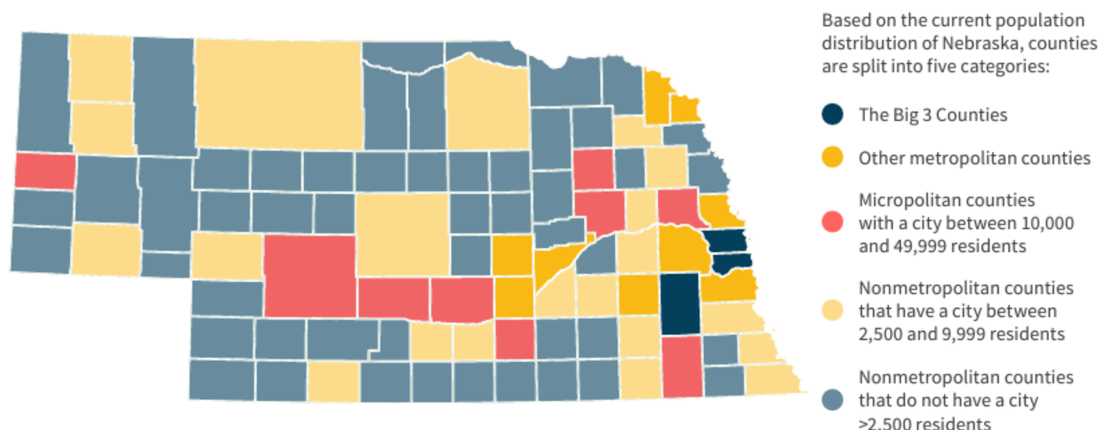
Geography, Access to Programs, and Counties at Risk

Most of Nebraska's population is in the eastern portion of the state. Kids Count states that 56.6% of Nebraska children live in the "Big 3" (Lancaster, Douglas, Sarpy) counties, thus most services are concentrated in the eastern geographic area of the state (**Figure 1**). However, it is critical that access to services extend to all counties in need, especially in the central and western parts of the state where services are limited. Counties scattered throughout the state

[8] State of Nebraska, Nebraska Department of Education. *Nebraska Four-Year High School Graduation rates in the 2021 - 2022 school year, by race/ethnicity, gender, free/reduced lunch, special education, homeless, foster care, and English language learners* (2022). Retrieved online at: https://nep.education.ne.gov//State?DataYears=20212022

experience high rates of poverty, which coincide with high rates of sexually transmitted diseases/sexually transmitted infections (STDs/STIs), and unintended pregnancies and birth.

Figure 1: Nebraska Rurality Classification 2022[9]



Medically Underserved Areas/Populations (MUAs/MUPs) are areas or populations designated by Health Resources & Services Administration (HRSA) as having: a shortage of primary care providers, high infant mortality, high poverty, and/or high elderly population. MUPs are groups that may face additional economic, cultural or language barriers to healthcare such as people experiencing homelessness, people who are low-income and/or eligible for Medicaid, Native Americans, and migrant farm workers. Within Nebraska, 73 counties, either in full or in part, are designated as MUAs or as having MUPs. Utilizing MUAs/MUPs data to plan SRAE programming provides insight on where to focus efforts to overcome gaps in services and how to plan for barriers that may arise when providing programming in these specific areas and populations.

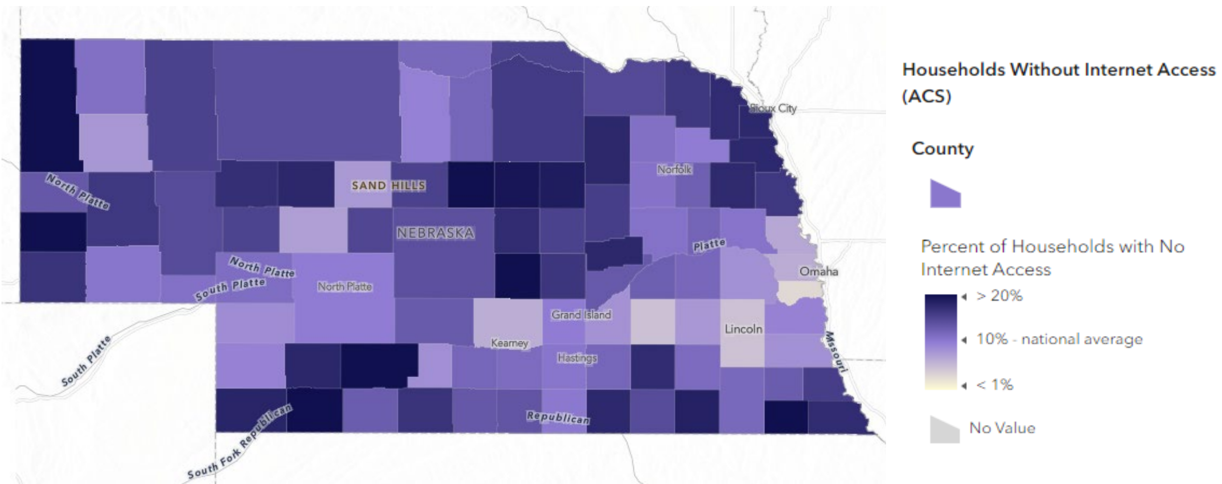
Internet access has increased the amount of information available and plays a role in health outcomes. The Federal Communications Commission (FCC) estimates that 19 million people in

[9] Image sourced from ©*Kids Count in Nebraska 2023 Report*. Data used for the image from *U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for Counties: April 1, 2020, to July 1, 2022.*

the U.S. lack access to reliable broadband internet service. According to the FCC's Connect2HealthFCC Task Force broadband access and health mapping assessment, most of the counties with low access to Primary Care Providers (PCP), like MUAs/MUPs, are the least connected to the internet. These digitally isolated counties also have a PCPs shortage more than twice the national average. In 2017 that accounted for 40 – 60% of people in those counties that do not have broadband internet access at home. Rural counties are 10 times more likely than urban areas to have low internet access which is less than 50% connected. The Task's Force data also concluded that there is a significant correlation between increased broadband internet access and improved health outcomes both individually and as a community and can be viewed as a social determinant of health. Being connected to the internet helps reduce inequities by increasing opportunities for education, employment, training, and healthcare access.

The map below from Connecting Nebraska shows broadband internet access by depicting the variance in households' internet access (**Figure 2**). The national average is 10%, a medium purple. The more households without broadband, the darker the color. These dark colored counties are more numerous in the more rural areas of the state, including central and western counties.

Figure 2: Households in Nebraska Without Internet Access



Recent Birth Rates and Disparities in Health Status and Outcomes

In 2022 the National Vital Statistics recorded that teen birth rates reached another record low in the United States with 13.6 births per 1,000 females aged 15 to 19. According to Nebraska Vital Statistics the 2022 rate was 14.4 births per 1,000 in Nebraska youth aged 10 to 19 for a total birth count of 988. The most recent comparison of national to Nebraska vital statistics data, indicates Nebraska is experiencing lower rates for teen birth rates than most other states with a ranking of 15th. The ranking system classifies a ranking of 1 as the state with the lowest rate and a ranking of 50 as the state with the highest rate. In the U.S., disparities are seen with those who identify as Hispanic females aged 15 to 19, their overall birth rates rose 1% in 2022.

While the overall incidence of teen birth in Nebraska are low compared to other states, disparities exist within Nebraska. A review of the 2022 birth rate data from the Nebraska Department of Health and Human Services (NEDHHS) indicates multiple counties experience a higher incidence of teen birth than the state. With some counties reporting incidence rates being twice the state rate or more. These counties with higher teen birth rates are outside of the "Big

3” counties and are in the designated rural areas across the State of Nebraska. According to CDC Wonder[10] in 2022, birthing people aged 15 to 19 who identified as White, both Hispanic and non-Hispanic, had the highest rates of teen birth compared to their peers. White accounted for 39% and Hispanic/Latino[11] 38% of the total number of teen births in Nebraska, followed by Black or African American with 12%, “More than One Race” with 7%, American Indian or Alaska Native at 3%, and Asian with 2%. There is a disparity amongst Hispanic/Latino females, while their birth rate is 38%, they only represent 8% of the total Nebraska youth population. This data illustrates the need for evidence-based/informed programming that has the ability to decrease unintended teen pregnancy in a culturally appropriate manner.

Findings from the Nebraska Youth Risk Behavior Surveillance Survey (YRBSS) show a steady long-term decline with a more recent increase in the number of high school students engaging in sexual intercourse. According to Nebraska YRBSS, the highest rate was reported in 1991 where 52.5% of high school students reported engaging in sexual intercourse in their lifetime compared to the lowest rate of 29.1% in 2016 (**Figure 3**). The most recent Nebraska YRBSS data in 2021 shows an increase to 34.5% with 2.5% of those students who had sexual intercourse for the first time before age 13 years.

[10] Notes: The caveats are that ‘Suppressed” appears when the data do not meet the criteria for confidentiality constraints and each birth record represents on liveborn infant. More information. For help, See Natality, 2016-2022 expanded Documentation for more information. Query Date; May 21, 2024, 12:25:58 PM

[11] Hispanic/Latino origin is assessed in addition to the respondent’s race. Total Hispanic/Latino percentage calculated in the birth rate data from CDC Wonder included those who identify as White; Black or African American; or American Indian or Alaska Native.

Figure 3: Percentage of High School Students Who Ever Had Sexual Intercourse, 1991 - 2021

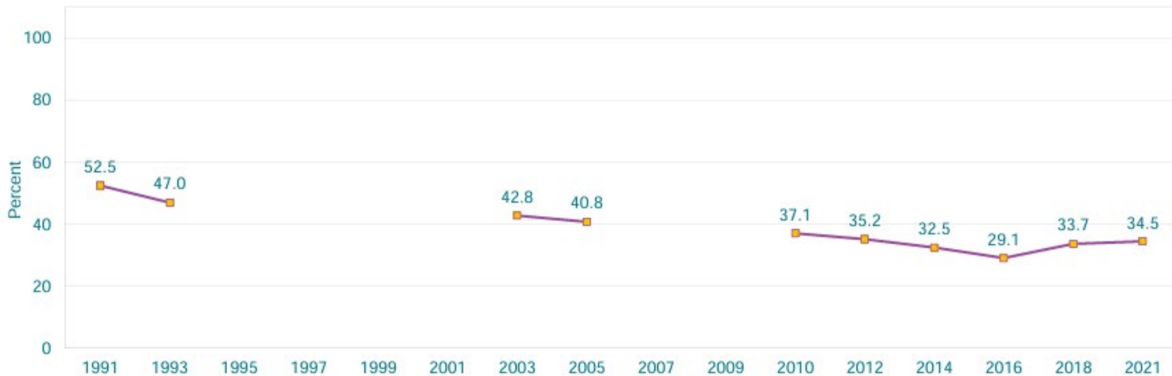
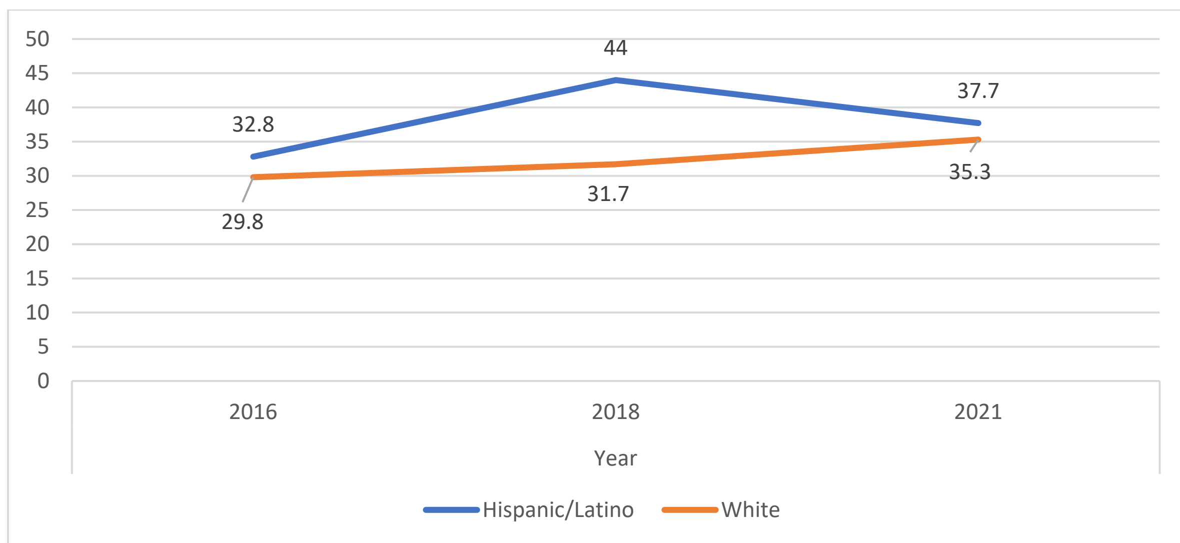


Figure 4 illustrates the higher percentages of Hispanic high school students who ever had sexual intercourse, which is notable considering that Hispanic youth represent a lower proportion of the total youth population (16%) compared to White youth (61%).

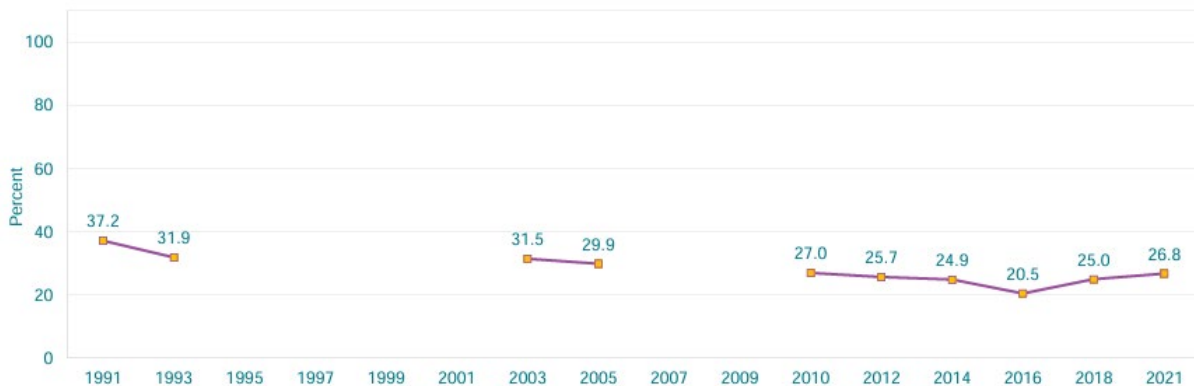
Figure 4: Percentage of White and Hispanic Nebraska High School Students Who Ever Had Sexual Intercourse[12]



[12] Based on Nebraska YRBSS Summary Tables with weighted results (2016, 2018, and 2021). Note some students were excluded from the statistical analysis. In other racial categories such as Black, there were too few of respondents to perform subgroup statistical analysis.

There is a similar trend with fewer high school students who reported being currently sexually active, meaning they had sexual intercourse with at least one person, during the previous three months before the survey. In 1991, 37.2% of high school students were sexually active which declined to 20.5% in 2016. Since then, there has been an increase and as of 2021, 26.8% of students reported having sex within the past three months (**Figure 5**). The majority of the students whose sexual debut occurred before age 13, who have ever engaged in sexual intercourse, and who are currently having sex are self-identified as White and/or Hispanic/Latino. Though the percentage of sexually active students is lower than the national percentage of 30%, other risk behavior data collected demonstrates a continued need for youth to have access to medically accurate and age appropriate SRAE programming. **Figure 6** illustrates a similar pattern as high school students who have ever had sexual intercourse. Higher percentages of Hispanic high school students reported being currently sexually active in recent years, which is notable considering that Hispanic youth represent a lower proportion of the total youth population (16%) compared to White youth (61%).

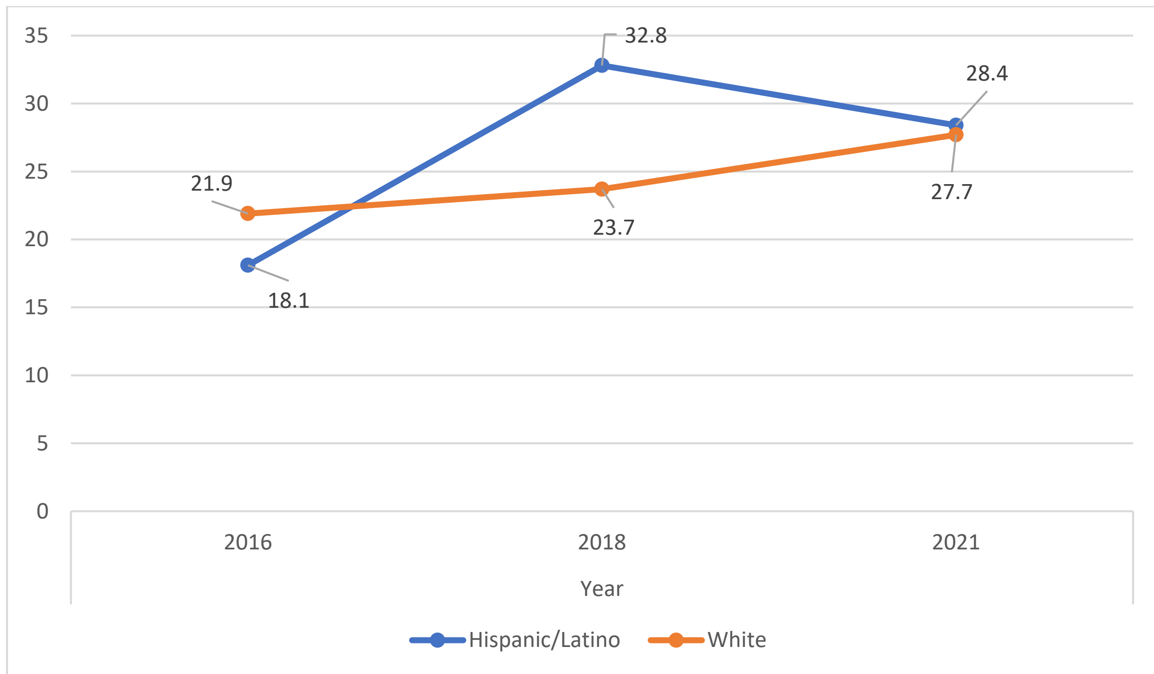
Figure 5: Percentage of High School Students Who Were Currently Sexually Active, 1991 - 2021



*Had sexual intercourse with at least one person, during the 3 months before the survey
†Decreased 1991-2021 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]
Data not available for 1995, 1997, 1999, 2001, 2007, 2009.
This graph contains weighted results.

Nebraska - YRBS, 1991-2021 - QN60

Figure 6: Percentage of White and Hispanic Nebraska High School Students Who Were Currently Sexually Active 2016 – 2021[13]

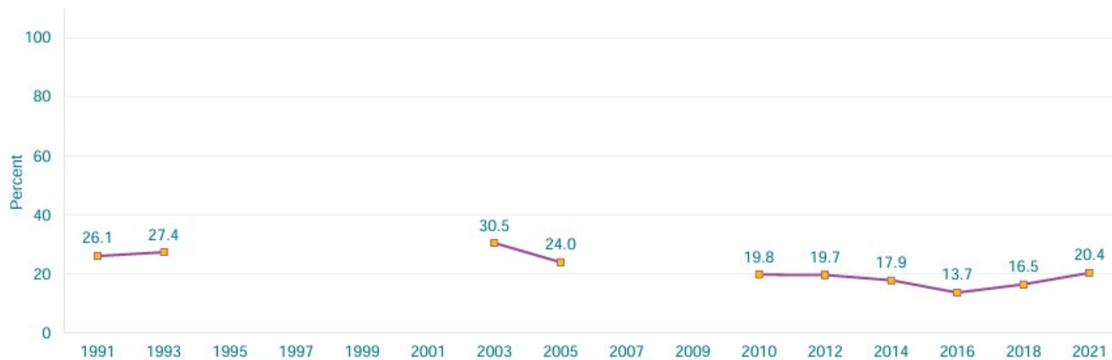


Of the youth that reported being sexually active in 2021, only half report using a condom the last time they had sex. Similar rates were reported nationally, 52%, and in Nebraska with 51%. Dual method of protection refers to the use of both a condom and an effective hormonal birth control method during sexual intercourse. Dual protection being utilized during the students last sexual intercourse was predominantly in use by White students in Nebraska, with the overall use of 17.8% reported. While nationally only 10% of students reported using dual protection. Conversely 5.4% of sexually active high schoolers in Nebraska reported no contraception method was used in 2021, which is down from 7% in 2016. Additionally, a notable 20.4% of students in Nebraska indicated drinking alcohol or using drugs before their last sexual intercourse experience in 2021, which has increased from 13.7% in 2016 **(Figure 7)**. These

[13] Based on Nebraska YRBSS Summary Tables with weighted results (2016, 2018, and 2021) where respondents had sexual intercourse with at least one person, within three months before the survey. Note some students were excluded from the statistical analysis. In other racial categories such as Black, there were too few of respondents to perform subgroup statistical analysis.

reported behaviors increase an adolescent's susceptibility to experiencing STDs/STIs and unintended pregnancy. Furthermore, only 4.7% of high school students had been tested for an STD/STI in the last twelve months.

Figure 7: Percentage of High School Students Who Drank Alcohol or Used Drugs Before Last Intercourse, 1991-2021



*Among students who were currently sexually active
†Decreased 1991-2021 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]
Data not available for 1995, 1997, 1999, 2001, 2007, 2009.
This graph contains weighted results.

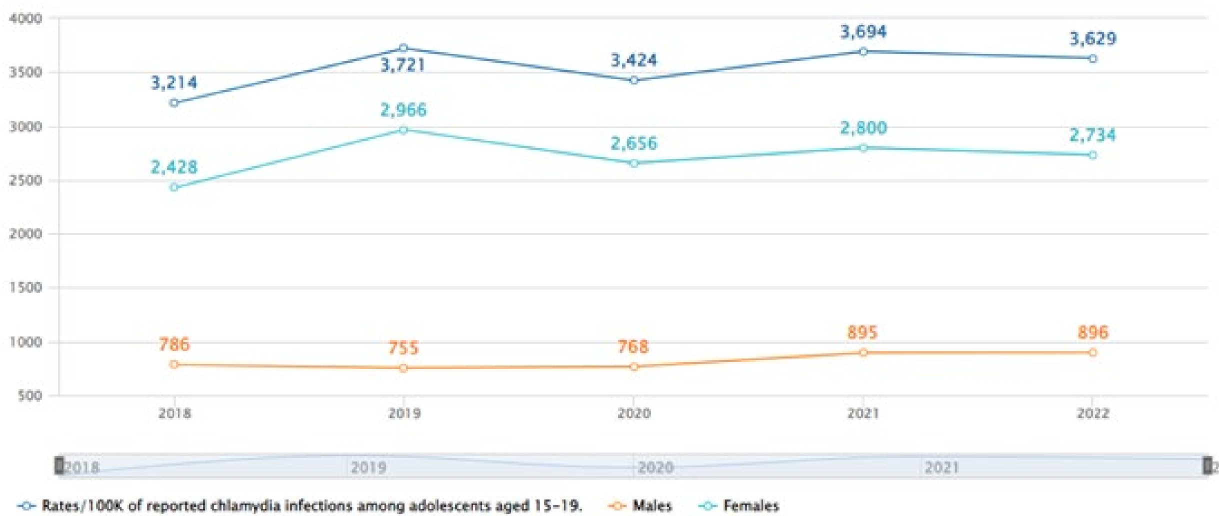
Nebraska - YRBS, 1991-2021 - QN61

Adolescents and young adults in Nebraska have not been unscathed by the high incidence of chlamydia and gonorrhea reported nationwide. According to the U.S. Department of Health and Human Services, young people aged 15 to 24 acquire approximately half of all new STDs/STIs while making up only about one quarter of the sexually active population. Chlamydia and gonorrhea are the most prevalent STDs/STIs for this age group, both nationally and in Nebraska. In 2022, the reported rate of chlamydia and gonorrhea infections per 100,000 Nebraska youth aged 15 to 19 was 3,629.4 and 514.2 respectively. Significant disparities exist in chlamydia and gonorrhea infections by race, ethnicity, and gender. According to CDC AtlasPlus, chlamydia cases in Nebraska in 2022 for youth aged 15 to 19 affected both rural and urban counties across the state, as well as across racial subgroups. All "Big 3" and an additional 54 rural counties across the state reported positive chlamydia cases in young people. The rural

counties have the highest incidence rates of chlamydia in the youth population. Black youth have the highest incidence rate at 7,849.6 per 100,000, which is more than double the second highest group of American Indian and Alaska Native (AI/AN) youth with a rate of 3,618.6 per 100,000. This represents a disproportionate percentage of the racial/ethnic populations in youth chlamydia cases, as Black and AI/AN adolescents make up a smaller proportion of the overall youth population, representing just 5% and 1% respectively. A gender disparity is present as well since females accounted for 64% of the total adolescent chlamydia cases.

Figure 8: Rates/100k Reported Chlamydia Infections Among Adolescents Aged 15 to 19

From the NE DHHS STI program, this figure shows trends in chlamydia infections in adolescents aged 15 to 19, which have slightly and steadily increased in infection rates over time. It shows that females account for the majority of cases.



According to CDC AtlasPlus adolescent gonorrhea cases (aged 15 to 19) were not as widespread as chlamydia, only affecting 17 out of the 93 counties in Nebraska. Two counties, one urban and the other rural, had incidence rates over 500 per 100,000 youth. The other counties impacted range geographically across the state. Black adolescents are impacted the

most accounting for 44% of all cases, followed by White (28%), and Hispanic/Latino (12%). This represents a disproportionate percentage of the racial/ethnic populations, as Black adolescents have the highest incidence rate of 1,930.6 per 100,000 yet make up a smaller proportion (5%) of the overall youth population compared to their representation in the number of gonorrhea cases. Once again there is a gender disparity in youth gonorrhea cases since females accounted for 65% of the total adolescent cases aged 15 to 19.

Figure 9: Rates/100k of Reported Gonorrhea Infections Among Adolescents Aged 15 to 19

From the NE DHHS STI program, this figure shows trends in gonorrhea infections in adolescents aged 15 to 19, which have decreased from the peak infection rate in 2019 to 514 infections per 100,000 adolescents in 2022. It highlights the significant difference in infection rates between genders with females becoming infected at a disproportionate rate.

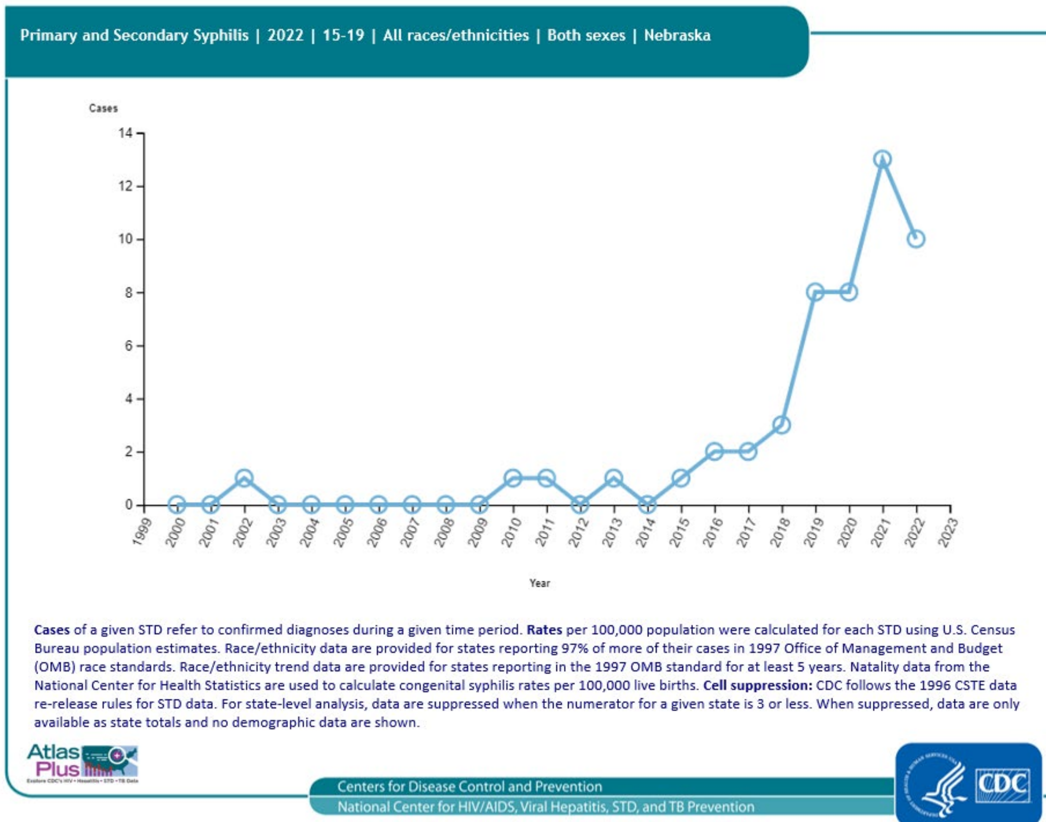
These rates are disconcerting considering chlamydia and gonorrhea can significantly impact the physical and mental well-being of young people. Specific physical impacts include genital pain and discomfort, pelvic inflammatory disease, ectopic pregnancy, infertility, epididymitis, infertility, and increased susceptibility to HIV infection, when left untreated. Moreover, the

social stigma surrounding STDs/STIs can negatively impact mental health causing feelings of shame, guilt, and anxiety.

Syphilis rates have been rising at an alarming rate in Nebraska affecting both rural and “Big 3” counties. According to Nebraska DHHS, “since 2017, we’ve seen a 373% overall increase in Nebraska, a 1,163% increase among females, and a 1,100% increase in congenital syphilis. While most new infections in Nebraska are occurring among men who have sex with men, these findings additionally reveal increasing trends in heterosexual and congenital transmission.”[14] As shown in CDC AtlasPlus in 2022 there were 10 adolescent cases aged 15 to 19 in Nebraska. The case rate was at or near zero for over a decade from 2000 – 2014, with cases starting to rise in 2016 (**Figure 10**). The gender disparity continues to affect more adolescent females than males as well, with 7 reported cases for females and 3 for males in 2022. Of the 10 cases, four were White, three were Black, two identified as Multiple Races, and a single Hispanic/Latino person. There are currently 18 counties in Nebraska that meet the recommendation to offer syphilis testing to all sexually active people aged 15 to 44 (CDC). This recommendation is based on these counties having a rate of primary and secondary syphilis among women aged 15 to 44 that is greater than 4.6 per 100,000 people.

[14] State of Nebraska, Nebraska Department of Health and Human Services. *Health Alert Network – Alert, Syphilis Incidence Continues Increasing in Nebraska* (2023). Retrieved online at: https://dhhs.ne.gov/han%20Documents/ALERT07182023.pdf

Figure 10: Primary and Secondary Syphilis in Nebraska Adolescents Aged 15 to 19[15]



[15] Disclaimer: This is a user-generated report. The findings and conclusions are those of the user and do not necessarily represent the views of the CDC. For more info, see: Interpreting STD Surveillance Data. NCHHSTP Atlas. Accessed on 5/16/2024, 2:57:37 PM.

Overarching Goal Statements

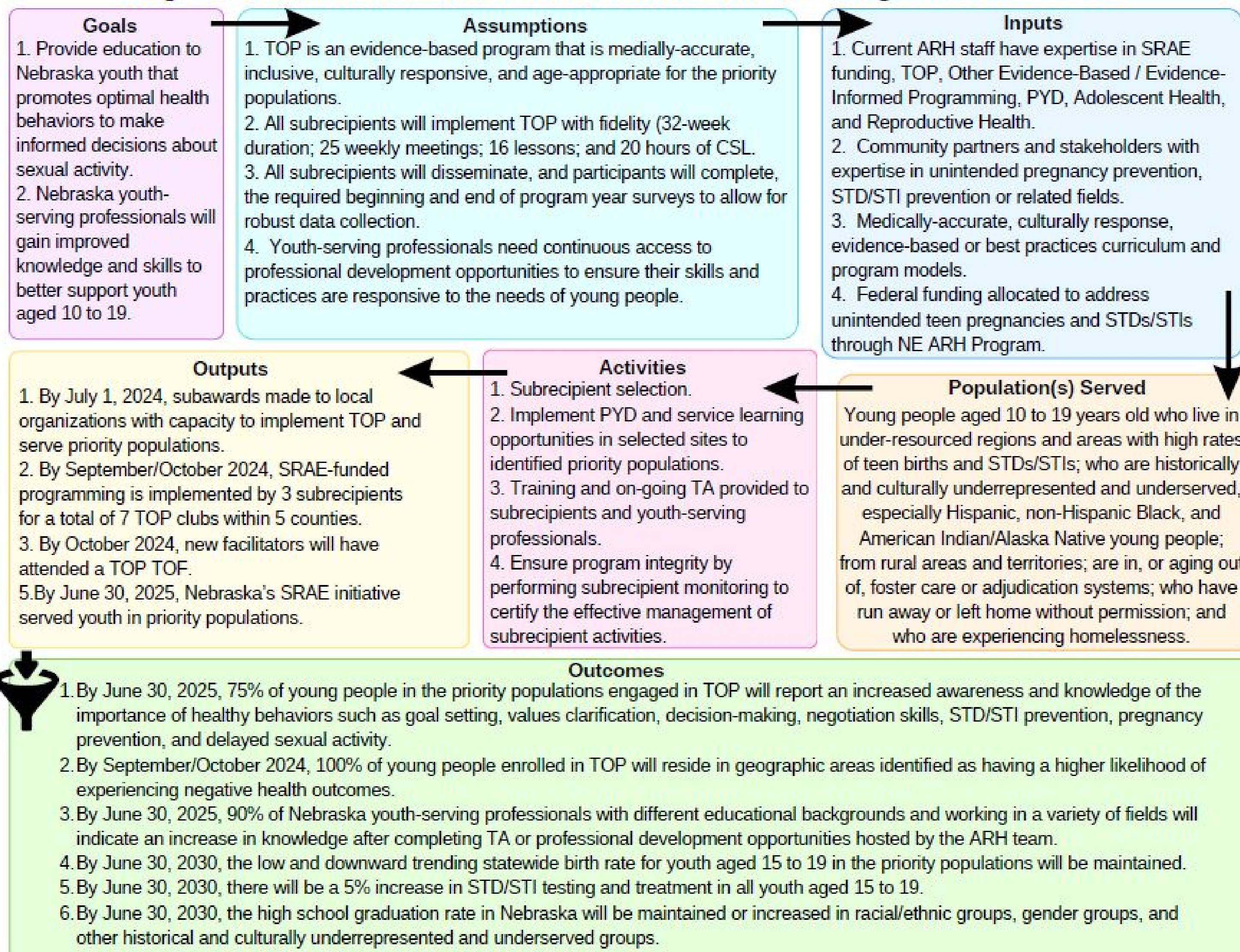
Goal #1: Provide education to Nebraska youth that promotes optimal health behaviors to make informed decisions about sexual activity.

Goal #2: Nebraska youth-serving professionals will gain improved knowledge and skills to better support youth aged 10 to 19.

Objectives:

1. Implement complete, medically accurate education for Nebraska youth 10 to 19 that is inclusive, age-appropriate, and culturally responsive.
2. Provide evidenced-based and/or evidence-informed SRAE and skills to target groups through subaward process to local non-profit organizations, local health departments, and/or schools.
3. Implement PYD and service learning opportunities for adolescents within selected subaward communities/sites.
4. Deliver professional development to improve the knowledge and skills of youth-serving professionals to deliver evidence-based and/or evidence-informed SRAE to Nebraska youth aged 10 to 19.

The Logic Model illustrates how the proposed goals and objectives will be operationalized and achieved.


Logic Model: Nebraska Sexual Risk Avoidance Education Program FY 2024 - 2025
Goals
1. Provide education to Nebraska youth that promotes optimal health behaviors to make informed decisions about sexual activity.
2. Nebraska youth-serving professionals will gain improved knowledge and skills to better support youth aged 10 to 19.
Assumptions
1. TOP is an evidence-based program that is medially-accurate, inclusive, culturally responsive, and age-appropriate for the priority populations.
2. All subrecipients will implement TOP with fidelity (32-week duration; 25 weekly meetings; 16 lessons; and 20 hours of CSL.
3. All subrecipients will disseminate, and participants will complete, the required beginning and end of program year surveys to allow for robust data collection.
4. Youth-serving professionals need continuous access to professional development opportunities to ensure their skills and practices are responsive to the needs of young people.
Inputs
1. Current ARH staff have expertise in SRAE funding, TOP, Other Evidence-Based / Evidence-Informed Programming, PYD, Adolescent Health, and Reproductive Health.
2. Community partners and stakeholders with expertise in unintended pregnancy prevention, STD/STI prevention or related fields.
3. Medically-accurate, culturally response, evidence-based or best practices curriculum and program models.
4. Federal funding allocated to address unintended teen pregnancies and STDs/STIs through NE ARH Program.
Outputs
1. By July 1, 2024, subawards made to local organizations with capacity to implement TOP and serve priority populations.
2. By September/October 2024, SRAE-funded programming is implemented by 3 subrecipients for a total of 7 TOP clubs within 5 counties.
3. By October 2024, new facilitators will have attended a TOP TOF.
5.By June 30, 2025, Nebraska's SRAE initiative served youth in priority populations.
Activities
1. Subrecipient selection.
2. Implement PYD and service learning opportunities in selected sites to identified priority populations.
3. Training and on-going TA provided to subrecipients and youth-serving professionals.
4. Ensure program integrity by performing subrecipient monitoring to certify the effective management of subrecipient activities.
Population(s) Served
Young people aged 10 to 19 years old who live in under-resourced regions and areas with high rates of teen births and STDs/STIs; who are historically and culturally underrepresented and underserved, especially Hispanic, non-Hispanic Black, and American Indian/Alaska Native young people; from rural areas and territories; are in, or aging out of, foster care or adjudication systems; who have run away or left home without permission; and who are experiencing homelessness.
Outcomes
1. By June 30, 2025, 75% of young people in the priority populations engaged in TOP will report an increased awareness and knowledge of the importance of healthy behaviors such as goal setting, values clarification, decision-making, negotiation skills, STD/STI prevention, pregnancy prevention, and delayed sexual activity.
2. By September/October 2024, 100% of young people enrolled in TOP will reside in geographic areas identified as having a higher likelihood of experiencing negative health outcomes.
3. By June 30, 2025, 90% of Nebraska youth-serving professionals with different educational backgrounds and working in a variety of fields will indicate an increase in knowledge after completing TA or professional development opportunities hosted by the ARH team.
4. By June 30, 2030, the low and downward trending statewide birth rate for youth aged 15 to 19 in the priority populations will be maintained.
5. By June 30, 2030, there will be a 5% increase in STD/STI testing and treatment in all youth aged 15 to 19.
6. By June 30, 2030, the high school graduation rate in Nebraska will be maintained or increased in racial/ethnic groups, gender groups, and other historical and culturally underrepresented and underserved groups.

Implementation Plan

Nebraska will continue implementation of Wyman's Teen Outreach Program® (TOP®), an evidence-based model built from the PYD framework. TOP's PYD elements were developed using Lerner's developmental systems theory, Bronfenbrenner's ecological systems theory, Salovey and Goleman's Emotional Intelligence, Dewey's Theory of Experiential Learning, and Reissman's Helper-Therapy Principle.

TOP can be easily replicated in urban or rural communities and adapted to fit cultural needs without compromising fidelity to the model. Needs of the target populations, including cultural and environmental needs, can be addressed through the various options for implementation settings including classroom and/or afterschool groups as well as placement within racial/ethnic/cultural communities within counties targeted.

With over 140 lessons to choose from across three development levels - Foundational, Intermediate, and Advanced – TOP is customizable to each group of youth that participate. TOP lessons are organized into eleven topic areas including *Decision-Making*, *Goal-Setting*, *Problem-Solving*, *Emotion Management*, *Communication*, *Relationships*, *Empathy*, *Community*, S*ocial Identity*, *Self-Understanding*, and *Health and Wellness*. *Health and Wellness* lessons include medically accurate information and include content on sexual health as a part of an overall health and wellness frame. The Nebraska Adolescent and Reproductive Health (ARH) program[16] has performed an analysis of TOP lessons and how they meet the requirement of the SRAE legislation. The TOP approach and curriculum align with the SRAE legislative elements sections, A-F as shown in **Appendix A: Lesson A-F & SMARTool Crosswalk**. To further

[16] The Nebraska Adolescent and Reproductive Health program is a team of three that includes a DHHS Program Manager II, Community Health Educator SR, and DHHS Program Specialist.

ensure the goals of SRAE are being met during implementation, ARH staff have developed a required lesson menu that ensures a well-rounded PYD education and compliance with A-F.

Providing education and assistance to implement PYD principles is a priority for the ARH program. In addition to TOP implementation, the ARH program promotes PYD principles in all the work it does. When funding and capacity allow for the sponsorship of statewide activities that focus on topical issues related to PYD, the ARH team works with external partners (both subrecipient organizations and others) to develop a needs assessment for desired training topics and later, to market the event. All sponsored activities must be presented through a PYD lens.

The TOP model is impactful and popular with teens because it features engaging, developmentally appropriate lessons; positive adult guidance and support via high quality facilitation (HQF); peer group meetings and teen participation in community service learning (CSL); flexibility to tailor to youth's specific needs and to be implemented in a variety of settings; and membership in a national network that can be leveraged for training, on-going technical support, and evaluation tools.

All program facilitators must be TOP trained. The Training of Facilitators (TOF) focuses on how facilitators can create and maintain safe, youth-centered spaces to create the best possible spaces for youth to learn about themselves, their peers, and their communities. This type of learning environment is conducive to helping a young person develop a strong sense of self, which builds their capacity to make informed health choices. This is the essence of PYD at work in an evidence-based curriculum.

As demonstrated by the Description of Problem and Need section, Nebraska youth are experiencing high rates of STDs/STIs and disparities exist in chlamydia and gonorrhea infections

by race, ethnicity, and gender. While the state has seen downward trends in birth rates over recent years, there are disparities in rural areas where the incidence of teen birth rates are higher. In addition, Hispanic/Latino females account for 38% of the teen birth rates highlighting a disparity because Hispanic/Latino females account for 8% of the total youth population in Nebraska. Many of Nebraska's rural population, which includes many young people aged 10 to 19, experience a lack of access to medical providers and information and education. A clear need exists for targeted, medically accurate, inclusive, culturally responsive, and age-appropriate education to positively affect the health outcomes of Nebraska's youth. With its efficacious PYD framework, TOP is ideally suited to meet this need.

Goals, Activities, Mechanisms, and Steps to Implementation

The goals of the Nebraska SRAE project are to:

1. Provide education to Nebraska youth that promotes optimal health behaviors to make informed decisions about sexual activity.
2. Nebraska youth-serving professionals will gain improved knowledge and skills to better support youth aged 10 to 19.

To meet the short timeframe outlined by the funding opportunity for FY 24 Nebraska SRAE programming, the ARH team will lean on existing partnerships with external partners that have the capacity to begin implementation immediately. Funds are dispatched to local youth-serving organizations through subawards. Training for facilitators and grant guidance to all appropriate subrecipient staff is provided by the ARH team. It is the responsibility of the subrecipient organization and their staff to develop a reasonable and informed work plan. This includes arranging for staff training, as applicable, establishing partnerships with other local agencies for

location assistance and/or CSL opportunities. The ARH team provides technical assistance (TA) support throughout the year to help work through any barriers that may present during implementation.

Implementation steps:

1. By July 1, 2024, subawards made to local organizations with capacity to implement TOP and serve target populations.
2. By September/October 2024, SRAE-funded programming is implemented by 3 subrecipients for a total of 7 TOP clubs within 5 counties.
3. By October 2024, new facilitators will have attended a TOP TOF.
4. October 2024 – June 2025, subrecipient staff are implementing required lessons and CSL, reporting on schedule, and administering surveys.
5. July 2024 – June 2025, ARH team is monitoring for fidelity, allowable, allocable and reasonable expenditures, and providing on-going TA to subrecipient staff.
6. By June 30, 2025, Nebraska's SRAE initiative served youth in target population.

<u>Service Recipient Involvement</u>

Service recipients will be critically involved in the implementation of the TOP model. Many partnerships have been sustained over the past several years. A TOP replication network has been maintained for more than a decade. Service recipients are considered partners in the program and play an integral role in carrying out the ARH program mission to inspire young people to be healthy, happy, and thriving in all stages of their lives. Organizations bring their expertise in direct services to the planning and implementation stages of the project. To facilitate service recipient involvement, the ARH team will share the posting of the state plan with

subrecipients. In addition, the state plan will be featured in annual grant guidance documents and meetings to be held in July 2024. This will be an opportunity to describe any shifts in data and new foci of the state plan.

Service recipients that are youth participants of TOP are also involved. One of the unique and most impactful features of TOP is that the entire program centers the youth. The techniques used by the trained facilitators center the youth's needs and developmental level and the CSL requirement centers the youth's voice and choice in the projects they work on. The ARH team requires facilitators to complete a lesson checklist and program year meeting plan at the beginning of each program year to help them map the year out so ensure fidelity requirements are met. That list may be edited based upon youth participant feedback or demonstrated need for a particular type of information.

Potential Barriers

The ARH team does not foresee any policy barriers to the implementation of the NE SRAE program. The 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 usage, without normalizing teen sexual activity. An on-going challenge in this type of work is staff turnover at organizations. The ARH team aims to provide a TOF annually to provide the opportunity for new staff to be trained. The team also provides tailored TA to help untrained staff navigate program requirements if there is a gap between trained facilitators during programming.

Partnerships

Nebraska's implementation plan relies on ongoing mutually beneficial relationships with external partners. Funds allocated to Nebraska's contractual budget line item are awarded to local non-profit organizations through a grant award agreement process. Each subrecipient organization is responsible for making agreements with any other entity that may also partner in implementation, such as an afterschool program. The ARH team offers ongoing support for subrecipient staff, as needed, in working to build relationship with these additional partners. Staff at local organizations know their community best and the ARH team considers their expertise when forging local level partnerships.

All sub awards are monitored both on an ongoing basis and as part of an annual monitoring process. The ARH team manages multiple funding streams that each have subaward arrangements. All awards are put on a desktop monitoring schedule so that each subrecipient may be reviewed once every other year. Financial and programmatic monitoring is also done on a regular quarterly or monthly basis. Ongoing financial monitoring is performed using a Financial Workbook that was developed by our Division of Public Health's Deputy Director of Finance. Its structure is guided by the 2 CFR 200 and the 45 CFR, as applicable. The workbook is all-inclusive of the subrecipient's budget, personnel calculations, indirect cost rate calculations, budget revisions, and signed expense reports. Strict instructions are provided and reinforced to ensure that only allowable, allocable and reasonable costs are incurred. Programmatic monitoring occurs in the form of TOP fidelity criteria monitoring using Wyman Connect. This includes monitoring attendance, lesson delivery, and CSL completion among other program expectations. Club observations are also performed either in-person or virtually depending on the location and weather conditions. Not all clubs or facilitators are observed each

year. It is up to the ARH team's discretion as to which would benefit most from an observation each year.

<u>Description of Programmatic Assurances</u>

All education sponsored by the Nebraska's SRAE program must be based in evidence and be formed from adolescent learning and development learnings. TOP was developed to be a PYD curriculum. Its PYD approach is derived from two theories: Lerner's Developmental Systems Theory, which recognizes the bidirectional influences between individual, family, school and community; considers the individual in relation to context; accepts that development occurs over time and the capacity for adolescents to grow, change and adapt; and Bronfenbrenner's Ecological Systems Theory, which says that individual development is influenced by a series of interconnected environmental systems, ranging from the immediate surroundings (e.g., family) to broad societal structures (e.g., culture). Further, Salovey and Goleman's Emotional Intelligence work contributes the foundation for TOP's focus on social-emotional skill development, Dewey's Theory of Experiential Learning, and Reissman's Helper-Therapy Principle lend theoretical support for the model's lesson and CSL structures.

For each of the requirements related to legislative priorities, the ARH team will monitor through terms and assurances in grant award agreements (subawards), quarterly reporting processes, review of materials, as applicable, and via club observations and financial desktop monitoring.

TOP was reviewed for medical accuracy in 2019 by the Family and Youth Services Bureau (FYSB). The curriculum owner periodically reviews for medical accuracy and makes the updates to the curriculum available to all active replication partners. The ARH team also monitors for medically accuracy. Detail of these processes are discussed in the next section.

The ARH team will take appropriate action to correct any inaccurate information discovered by FYSB during the state plan review process or at any time during the grant project period(s).

Medically Appropriate Materials and Culturally and Age-Appropriate Approaches

The selected curriculum (TOP) is inclusive; medically accurate; culturally, linguistically, and age-appropriate; and voluntary. Inclusivity is embedded into the TOP curriculum. Examples of TOP's inclusive nature include program materials using terms like "partner", "spouse", or "significant other" rather than "boyfriend" or "wife" when discussing relationships; and program materials focusing on high-risk behaviors as opposed to labeling people or populations as "high-risk". To meet the diverse needs of young people, the *Facilitation Guide* included in the curriculum informs facilitators on how to implement with trauma awareness, LGBTQ[17] inclusivity, and cultural and human diversity. To be trauma-informed and inclusive, facilitators and participants set group agreements at the beginning of programming to create and maintain a safe space. These concepts are also discussed in detail during the two-and-a-half-day TOF that all facilitators must attend.

The TOP curriculum is available in English and Spanish. The medical accuracy of the curriculum has been ensured by Wyman Center, the national replicator. In 2017, Wyman Center revised the TOP curriculum. This revision was informed by the most current research in adolescent development and best practices in positive youth development. FYSB completed a medical accuracy review in 2019. In response to FYSB review findings, Wyman Center updated one (1) *Emotion Management* lesson, six (6) *Health and Wellness* lessons, two (2) *Relationships* lessons, and a page in their *Facilitation Guide* regarding *Facilitating with Trauma Awareness*. It

[17] This is the acronym used in the TOP *Facilitation Guide*. The ARH team uses the acronym LGBTQIA2s+, which is currently the most up-to-date and inclusive acronym.

should be noted that Wyman Center completed more medical accuracy updates than those listed above; however, they do not align with the lessons SRAE subrecipients are required to implement in Nebraska.

Lessons in the TOP curriculum are available in three developmental levels – Foundational, Intermediate and Advanced. Foundational level lessons are most appropriate for young people in 6th to 8th grades (approximately 12 to 14 years old). Facilitators choose Foundational level lessons for their clubs if young people are concrete thinkers and/or need to be introduced to basic concepts. Intermediate level lessons are most appropriate for young people in 8th to 10th grades (approximately 14 to 16 years old). These lessons are the best fit for young people that have a basic understanding of a topic area and need the opportunity to explore the concept more deeply and/or for clubs with participants beginning to develop abstract thought. Advanced level lessons are most appropriate for young people in 10th to 12th grades (approximately 16 to 19 years old). This developmental level provides young people with the opportunity to discuss advanced concepts and content, including content and scenarios specific to the transition to adulthood. Facilitators are encouraged to scaffold and combine lessons from across developmental lessons to meet the unique needs of the young people they serve.

Participation in TOP is voluntary for all young people. There are clubs that are implemented in classes during the school day; however, young people are always welcome to practice self-care and take a break if any content upsets them.

While medical accuracy, cultural humility, and age-appropriate approaches are deeply rooted into the TOP curriculum, the ARH team recognizes that the field of adolescent health, the field of reproductive health, and young people are ever evolving. As a program, we continuously monitor that our programming and practices align with current research. This includes us

monitoring medically accurate terms and statistics to advise subrecipient staff if changes are warranted. This also applies to cultural terminology that is used by young people. The ARH team tries to remain up to date on slang terms as they relate to health topics so we can assist youth-serving professionals that may encounter these terms when providing direct service. We further ensure best practices are implemented through the completion of facilitator observations. During an observation, the Club Observation and Facilitator Feedback Form is used. This tool includes several questions about observable HQF skills, such as "The facilitator cultivated a safe and caring space." and "The facilitator showed acceptance of teens' viewpoints demonstrating a non-judgmental approach throughout the lesson/activity". The ARH team provides individualized TA and support to facilitators that need improvement in any areas of facilitation. Large-scale professional development opportunities are planned by the ARH team that all SRAE subrecipient staff can attend. All professional development (conferences, trainings, materials, etc.) content is reviewed by the ARH team to confirm it is medically accurate, age-appropriate, inclusive, responsive to cultural diversity, and aligns with SRAE standards.

Evidence-Based Strategies

Rigorous research has shown that TOP is an evidence-based model with proven outcomes in decreased risky sexual behavior, a lower likelihood of pregnancy, and improved academic performance indicators, such as fewer suspensions, fewer failing grades, and less skipping school.

There are 140 lessons in the TOP curriculum. Wyman Center requires clubs to complete at least 12 lessons from the TOP curriculum. In Nebraska, facilitators must implement 16 lessons during the program year to meet Title V State SRAE legislation requirements (A-F). Further, the required lessons align with the *SMARTool for Assessing Potential Effectiveness for Sexual Risk*

Avoidance Curricula and Programs (**Appendix B: TOP Alignment with the SMARTool**). **Appendix C: Required TOP Lessons for SRAE Subrecipients** outlines the required TOP lessons for SRAE subrecipients. This lesson total includes one *Emotion Management* lesson, one *Decision-Making* lesson, one *Problem-Solving* lesson, one *Goal-Setting* lesson, one *Self-Understanding* lesson, one *Social Identity* lesson, four *Health and Wellness* lessons, one *Community* lesson, one *Empathy* lesson, one *Communication* lesson, and three *Relationships* lessons. **Appendix A** crosswalks how required TOP lessons meet the A-F and align with the SMARTool. These mandatory lessons meet the requirement that education cannot include demonstrations, simulations, or distribution of contraceptive devices.

Programming can only be implemented by facilitators that have attended the two-and-a-half-day TOF that is presented by trainers that have attended a TOP Training of Educators (TOE). To receive a TOF certification, facilitators must complete a teach-back of a TOP lesson after engaging in the training content. All staff on the ARH team are certified TOP trainers. The ARH team hosts at least one TOF annually to guarantee all facilitators are formally trained and certified. Throughout the period of performance, the ARH team holds TA calls with subrecipient staff to ensure facilitators have the support needed to implement the program with fidelity. Additionally, facilitator observations are completed with all newly trained facilitators to monitor implementation.

<u>PYD Framework including Leading in Partnership with Youth and Young Adults/Meaningful Youth Engagement</u>

TOP is a nationally recognized PYD program that provides young people with meaningful opportunities for growth, learning, and skill-building. It was developed with an understanding of risk and protective factors and focuses on the development of protective factors such as trusted

adult facilitators and lessons to assist young people in exploring their goals, values, and practice communication and decision-making skills. A key aspect of TOP is youth voice and choice, which is incorporated in the delivery of lesson content and CSL activities. Facilitators utilize HQF techniques when implementing lessons to ensure discussions are youth-led. While facilitators must complete specific lessons to fulfill SRAE funding requirements, they are encouraged to listen to the topic areas that interest young people and revise their lesson plans when appropriate.

CSL is a core component of TOP where young people complete 20 hours of meaningful CSL. The PYD principle of young people engaging in civic involvement and civic action and contributing to their communities is applied when young people plan, prepare, and complete CSL activities. The CSL planning process is driven by youth with limited input from the facilitator. A facilitator would scaffold a CSL planning discussion, when necessary, based on the young peoples' developmental level. Scaffolding does not mean a facilitator tells the young people the CSL activity that will be completed. Instead, it shows up as a facilitator bringing different CSL options to the brainstorm and allowing young people to choose from the options. When completing direct, indirect, or civic action CSL, young people assign their own roles. At the same time, facilitators coach young people by encouraging them to step into roles that are challenging, but possible. This provides young people the opportunity to engage in positive risk. To build partnership between young people and the adult facilitator, the facilitator models by completing the CSL activity in unison with the young people.

Evaluation surveys are an additional way young people can be active agents in the delivery of TOP. Responses on the TOP Post-Survey and SRAE Performance Measure Exit Survey will be used to determine if programming is meeting the needs of young people or if implementation

changes must occur. On the TOP Post-Survey, the ARH team will review data collected on measures addressing teen safety and belonging and teen CSL. The TOP Post-Survey includes questions such as "TOP facilitators support me", "I feel like TOP is a safe place for me to say what I think", and "I am able to make choices about my CSL projects". On the SRAE Performance Measure Exit Survey, the ARH team will review data collected on participant's experience in the program such as "Did you feel interested in program sessions and classes?" and "Did you feel respected as a person?". **Appendix D: PYD Approach Evaluation Survey Crosswalk** provides more detail about the specific survey questions that will be used to collect meaningful input from young people.

Equity

Most of Nebraska is considered rural and thus, likely experiences disparities in health outcomes due to lack of access and/or culturally competent care and education. Youth, regardless of race/ethnicity, family income level or any other indicators, experiences disparate care and education because of their age and developmental level. By steadfastly providing quality PYD education, the ARH program is working toward equity for all young people. Among the population of young people, there are additional health disparities experienced because of race/ethnicity, geography, income/poverty status, and education.

The Nebraska SRAE program focuses on youth living in under-resourced regions and youth populations who are historically and culturally underrepresented and underserved, especially Hispanic, non-Hispanic Black, and American Indian/Alaska Native young people, and young people from rural areas. Planned programming sites are in communities that are either rural or have demonstrated racial/ethnic disparities in birth rates and/or STD/STI incidence, or other economic and educational indicators that link to health outcomes.

SRAE subrecipients partner with organizations in their local communities to structure their recruitment. They often partner with school personnel, whether the programming occurs on site at the school or in a community-based setting. This may include building relationships with the school counselor or social worker, afterschool program directors, and other staff. The mission of each of the planned subrecipients for SRAE for FY24 is to serve youth that are vulnerable in one way or another. They operate in communities that experience higher rates of poverty, teen birth rates, STD/STI incidence, and/or barriers to accessing information and services.

Subrecipient partners retain youth through tangible and intangible approaches. Facilitators are allowed to offer small motivational rewards for attendance, referring a friend, and CSL hour completion. The youth-centered essence of the TOP program as well as the self-efficacy and feelings of connectedness facilitated by CSL also serve as retention tools. Many young people attend regularly and return in subsequent years because of the relationships developed with the facilitator and the other TOP youth as well as the connections made with resources and people in their community through CSL.

Our equity training requirements/guidance will be:

- All SRAE-funded staff must complete the Health Equity and Adolescent Sexual Health online course once per funding year:
    - https://teenpregnancy.acf.hhs.gov/resources/health-equity-and-adolescent-sexual-health-online-course
- All SRAE subrecipients will be given a copy of the *Creating Inclusive Spaces: A Facilitator's Guide to Equity and Inclusion in the Classroom* in their grant guidance memo. Reviewing will be required. This is a guide created by FYSB.

- At least one facilitator from each subrecipient organization has the ability to attend the Intro to Cultural Humility and Responsiveness self-paced virtual training offered by SparkED if it aligns with their professional development needs and budget. It is $200.

SRAE-funded staff will also be eligible to attend other trainings that explore topics of equity, diversity and/or inclusion among specific populations such as youth with intellectual disabilities/developmental disabilities (ID/DD), teen dating violence, and other salient topics that may arise.

Youth Populations Served

The Nebraska SRAE program will work to affect positive health outcomes for the youth aged 10 to 19 and for following target populations:

- Youth living in under-resourced regions[18] and areas with high rates of teen births and STDs/STIs
- Youth populations who are historically and culturally underrepresented and underserved, especially Hispanic, non-Hispanic Black and American Indian/Alaska Native young people; and young people from rural areas and territories.
- Youth in, or aging out of, foster care or adjudication systems
- Youth who have run away or left home without permissions
- Youth experiencing homelessness

All Nebraska youth deserve medically accurate, inclusive, culturally responsive, and age-appropriate education to thrive. In a rural state like Nebraska, there are many barriers to

[18] "Under-Resourced Regions" are those that experience high needs for medical, educational, and supportive services. They are often in an area considered a Medically Underserved Area and/or have higher rates of poverty.

receiving that education. The data explored in the description of problem and need demonstrates the ongoing need for health education in under-resourced regions, among youth that are a part of historically and culturally underrepresented and underserved groups, and particularly vulnerable youth that have experienced foster care, adjudication systems, and/or homelessness.

In addition to these demonstrated needs among Nebraska's youth population, the Nebraska SRAE program considers infrastructure, systems, local support, and feasibility in its program site selection. The capacity to implement the TOP program within ninety (90) days of award is imperative to successful implementation. Current TOP partners in Adams, Scottsbluff, Garfield, Loup, and Greeley counties are poised to begin program planning and implementation by July 1, 2024. Youth that reside in these geographies have demonstrated needs for PYD programs. Data analysis at the county level reveal all five of these counties are designated as MUAs by HRSA. Four of the five have had higher teen birth rates in recent years. Two counties' STD/STI data shows higher rates of chlamydia, gonorrhea, and/or syphilis and in some cases significant racial/ethnic disparities in STD/STI infection rates. Poverty rates and the percentage of students that qualify for free and reduced lunch (higher than 50% at middle and high schools in the communities) are further indications of need. Moreover, all five counties have low internet access, which is now considered a social determinant of health. Internet connectivity supports reduced inequities by increasing educational, employment, training, and healthcare access opportunities.

Linkages and Referrals to Healthcare and Other Services

All Nebraska SRAE subrecipients must include a description of the medical, social, and health services referral partners that will be available to refer youth to if needs arise. A Memorandum of Understanding (MOU) is strongly recommended for organizations that do not have in-house

medical, social and health services to refer to. Each reporting period, a subrecipient must record and report the type and number of referrals performed during the reporting period. For a full list of the types of referrals tracked, see **Appendix E: Youth Referral and Follow Up Quarterly Report Form**.

National Evaluation

The ARH program will participate, if selected, for the SRAE national evaluation(s).

Performance Measurement

The ARH program will ensure collection of performance measures data to include: attendance, reach, and dosage; cost, structure, and support; and youth entry and exit surveys. These will be collected from subrecipients and aggregated to submit into the SRAE PAS portal as directed by FYSB TA contractors in charge of managing the SRAE Performance Measures project.

Objective Performance Measures

The state's two overarching goals and four supporting objectives will be assessed by measuring dosage, knowledge, and behavior with the following objective performance measures at all implementation sites.

Dosage

- 50% of youth aged 10 to 19 years old receiving SRAE will attend 75% of the TOP meetings offered.

Knowledge

- 90% of youth aged 10 to 19 will respond "True" to the statement that the most effective way to prevent pregnancy is to not have sex.
- 90% of youth aged 10 to 19 will respond "True" to the statement that the most effective way to prevent STDs/STIs is to not have sex.

Behavior

- 75% of high school aged youth will report a plan to abstain from sexual intercourse (choose to not have sexual intercourse).
- 90% of youth aged 10 to 19 years old will report a goal of completing high school.

Sustainability Plan

In the case that Title V State SRAE funds cease to exist, the ARH team would work with subrecipients to formulate a new plan for TOP funding. The ARH program does not receive any state general funds for adolescent health and well-being. Thus, the foreseeable option would be to craft a new program with Title V Maternal Child Health Block Grant (MCHBG) funds. The timing of award and reporting for MCHBG funding is different and might lead to some gaps in programming. However, the ARH team would still retain its certification as a TOP replication partner so that programming in our state could be sustained. At minimum, we could continue to allow partners to implement TOP in their communities regardless of how they fund the activities since we hold the only license to replicate the program.

The investment of federal adolescent pregnancy prevention funding over the last decade plus, has supported the development of an informed youth-serving professional workforce in Nebraska. Through the professional development opportunities sponsored by the ARH program (formerly Adolescent Health Program), the tenets of PYD, being askable adults, youth-centered approaches, and best practices to deliver medically accurate, inclusive, culturally responsive, and age-appropriate content have been infused through many sectors and fields of study and practice. This expertise shared with youth-serving professionals to strengthen their knowledge and skills would continue to have a positive impact in the young people they serve if SRAE funds cease to exist.

To ensure the ARH team has a detailed understanding of how programming would continue without SRAE funds, subrecipients will be asked to discuss their sustainability plans in their annual work plans.

Service Recipient Involvement

The Nebraska SRAE state plan will be posted to the NEDHHS - Adolescent Health webpage. This webpage has a subscription button, so citizens are able to subscribe to receive updated content. In addition, the plan will be shared with subrecipient partners.

References

[1] Centers for Disease Control and Prevention, *AtlasPlus - Charts. Nebraska Chlamydia rates and cases, ages 15 – 19, all races/ethnicities, both sexes* (2022). Retrieved online at: https://gis.cdc.gov/grasp/nchhstpatlas/charts.html

[2] Centers for Disease Control and Prevention, *AtlasPlus - Charts. Nebraska Gonorrhea rates and cases, ages 15 – 19, all races/ethnicities, both sexes* (2022). Retrieved online at: https://gis.cdc.gov/grasp/nchhstpatlas/charts.html

[3] Centers for Disease Control and Prevention, *AtlasPlus - Charts. Nebraska Population living in a rural area, 1-year estimates 2010-2020 (COVID-19 Pandemic), all age groups, all races/ethnicities, both sexes* (2020). Retrieved online at: https://gis.cdc.gov/grasp/nchhstpatlas/charts.html

[4] Centers for Disease Control and Prevention, *County-level Syphilis Rates to Direct Screening Efforts* (2024). Retrieved online at: https://www.cdc.gov/nchhstp/syphilis-county-level/?CDC_AAref_Val=https://www.cdc.gov/nchhstp/atlas/syphilis/index.html

[5] Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System via CDC WONDER. *Nebraska Natality Data by age, race, and ethnicity* (2022). Records are from the Natality Records 2016-2022 expanded Results. Retrieved online at: http://wonder.cdc.gov/natality-expanded-current.html

[6] Centers for Disease Control and Prevention and National Vital Statistics System via CDC WONDER, *Teen Birth Rate by State* (2021). Retrieved online at: https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm

[7] Centers for Disease Control and Prevention, *Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021*. (2023). Retrieved online at: https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm

[8] Federal Communications Commission., Connect2HealthFCC Task Force. *Mapping Broadband Health in America 2017* (2017). Retrieved online at: https://www.fcc.gov/sites/default/files/connect2health.key_findings.pdf

[9] Federal Communications Commission. *Studies and Data Analytics on Broadband and Health*. (2024). Retrieved online at https://www.fcc.gov/health/sdoh/studies-and-data-analytics

[10] Michigan State University. *Medically Underserved Area and Medically Underserved Population Fact Sheet* (2024). Retrieved online at:
https://ippsr.msu.edu/sites/default/files/LLP/MUA%26P%20Fact%20Sheet_MIPCO_2019-03.pdf

[11] Osterman, M. J. K., M.H.S., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. P with the Centers for Disease Control and Prevention and National Vital Statistics System, *Births: Final Data for 2022 report* (2024). Retrieved online at:
https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf

[12] Shirk, J., Summers J., and Pietrzak, E. with Voices for Children in Nebraska (2023) ©*Kids Count in Nebraska 2023 Report*. Retrieved online at: https://kidscountnebraska.com/wp-content/uploads/2024/04/2023-Kids-Count-in-Nebraska-Report.Full-Documet-PDF.pdf

[13] Shrider, E.A., Kollar, M., Chen, F., and Semega, J., with the United States Census Bureau. *Current Population Reports, P60-273, Income and Poverty in the United States: 2020.* (2021). Retrieved online at Census.gov.:
https://www.census.gov/content/dam/Census/library/publications/2021/demo/p60-273.pdf

[14] State of Nebraska, Nebraska Broadband Office. *Nebraska Broadband Map, Households Without Internet Access (ACS)* (2023). Retrieved online at:
https://experience.arcgis.com/experience/7dcc2182601a4b339ab687f673a9811f

[15] State of Nebraska, Nebraska's Coordinating Commission for Postsecondary Education. Higher Education Progress Report (2024). Retrieved online at: https://ccpe.nebraska.gov/higher-education-progress-report

[16] State of Nebraska, Nebraska Department of Education. *Nebraska Four-Year High School Graduation rates in the 2021 - 2022 school year, by race/ethnicity, gender, free/reduced lunch, special education, homeless, foster care, and English language learners* (2022). Retrieved online at: https://nep.education.ne.gov//State?DataYears=20212022

[17] State of Nebraska, Nebraska Department of Education. *Overview – Nation School Lunch Program* (2021). Retrieved online at: https://www.education.ne.gov/ns/nslp/overview/#1626020529913-f352cf8a-48c6

[18] State of Nebraska, Nebraska Department of Health and Human Services. *Health Alert Network – Alert, Syphilis Incidence Continues Increasing in Nebraska* (2023). Retrieved online at: https://dhhs.ne.gov/han%20Documents/ALERT07182023.pdf

[19] State of Nebraska, Nebraska Department of Health and Human Services, *Infectious Disease Prevention and Control Data – Sexually Transmitted Infections* (2022). Retrieved internally.

[20] State of Nebraska, Nebraska Department of Health and Human Services, *Maternal Child Health – Epidemiology* (2022). Retrieved internally.

[21] Substance Abuse and Mental Health Services Administration. *Digital Access: A Super Determinant of Health.* (2023). Retrieved online at: https://www.samhsa.gov/blog/digital-access-super-determinant-health

[22] U.S. Department of Education, *Chronic Absenteeism in the Nation's Schools*. (2019). Retrieved online at: https://www2.ed.gov/datastory/chronicabsenteeism.html

[23] U.S. Department of Health and Human Services, Health Resources & Services Administration. *Medically Underserved Area Find tool* (2024). Retrieved online at: https://data.hrsa.gov/tools/shortage-area/mua-find

[24] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2030,* High School Graduation (2020). Retrieved online at: https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/high-school-graduation#:~:text=Students%20who%20do%20not%20complete,poor%20health%20and%20premature%20death.&text=Individuals%20who%20do%20not%20graduate,self%2Dreport%20overall%20poor%20health

[25] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. *2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)* (2024). Retrieved online at: https://aspe.hhs.gov/sites/default/files/documents/7240229f28375f54435c5b83a3764cd1/detailed-guidelines-2024.pdf

[26] U.S. Department of Health and Human Services, *Priority Populations* (2020). Retrieved online at: https://www.hhs.gov/programs/topic-sites/sexually-transmitted-infections/plan-overview/priority-populations/index.html

[27] United States Census Bureau. *American Community Survey, ACS 5-Year Estimates Detailed Tables,* Nebraska Profile, "Sex by Age, Race, and Ethnicity," Table B01001B - I, (2022). Retrieved online at: https://data.census.gov/table/ACSDT1Y2022.B01001A?t=Age%20and%20Sex:Race%20and%20Ethnicity&g=040XX00US31

[28] United States Census Bureau. *American Community Survey, ACS 5-Year Estimates Detailed Tables,* Nebraska Profile, "Sex by Age and Sex," Table S0101 (2022). Retrieved online at: https://data.census.gov/table/ACSST5Y2022.S0101?g=040XX00US31

[29] United States Census Bureau. *American Community Survey, ACS 1-Year Estimates Subject Tables,* Nebraska Profile, "Poverty Status in the Past 12 Months." Table S1701, (2022). Retrieved online at: https://data.census.gov/table/ACSST1Y2022.S1701?g=040XX00US31

[30] United States Census Bureau. *2020 Decennial Census*, Nebraska Profile (2020). Retrieved online at: https://data.census.gov/profile/Nebraska?g=040XX00US31

[31] United States Census Bureau. *2020 Decennial Census*, Nebraska Profile, "RACE." Decennial Census, DEC 118th Congressional District Summary File, Table P8, (2020). Retrieved online at: https://data.census.gov/table/DECENNIALCD1182020.P8?g=040XX00US31

[32] University of Nebraska–Lincoln, Bureau of Sociological Research, *Nebraska 2021/2022 YRBS Results, results graphs and summary tables* (2022). Retrieved online at: https://bosr.unl.edu/projects/sharp/yrbs/state-level-data/20212022-results/

[33] University of Nebraska–Lincoln, Bureau of Sociological Research, *Nebraska 2018/2019 YRBS Results, summary tables* (2022). Retrieved online at: https://bosr.unl.edu/projects/sharp/yrbs/state-level-data/20182019-results/

[34] University of Nebraska–Lincoln, Bureau of Sociological Research, *Nebraska 2016/2017 YRBS Results, summary tables* (2022). Retrieved online at: https://bosr.unl.edu/projects/sharp/yrbs/state-level-data/20162017-results/

[35] USAFacts. *How many US children receive a free of reduced-price school lunch?* (2023). Retrieved online at: https://usafacts.org/articles/how-many-us-children-receive-a-free-or-reduced-price-school-lunch/

Budget Narrative/Justification

Nebraska SRAE
FY 2024 Budget with Supplemental Funds

Budget Category	FY 2024 Cost
Personnel @ .70 FTE	$42,541.87
Fringe Benefits	$17,079.59
Travel	$7,091.45
Equipment	$0
Supplies	$0
Contractual	$200,288.16
Construction	$0
Other	$0
Total Direct Costs	$267,001.07
Indirect Charges @ 26.7% of Personnel + Benefits	$15,918.93
Totals	$282,920.00

Budget Justification – FY 2024

Personnel - $42,541.87

Program management and administration, including oversight of subawards will be the responsibility of the DHHS Program Manager II. Personnel costs for the award are figured based on a total .70 FTE distributed across three staff. The DHHS Program Manager II directs all program administration, training and technical assistance, and program monitoring duties, which are shared by the Community Health Educator, Sr. and DHHS Program Specialist.

Benefits - $17,079.59

Benefits costs are aligned with the standard benefit package for state employees. Costs vary based on personnel-specific elections.

Travel - $7,091.45

Travel costs are made under the assumption that in the 2024 - 2025 program year, in-person trainings and a conference will be in Washington D.C. or similar metropolitan city. Costs are associated with the following award-related trainings and site visits. All amounts are estimates based on previous budgets and without knowledge of actual location and geographic-specific costs.

1) One staff member's travel to the annual grantee meeting, assumed to be in Washington D.C. is included in the SRAE budget. Calculations are based on a three-day meeting requiring a total of four nights of lodging and 5 days of travel. Round trip airfare from Lincoln or Omaha/D.C./Lincoln or Omaha, 4 nights in a D.C.-area hotel, Nebraska State meal per-diem (70% of federal per diem) for 3 days and 75% of the Nebraska State per diem for 2 travel days, and point of origin parking, transfers, and bag fees for one staff:
2) Topical trainings are a requirement of the SRAE award. With exact location yet to be identified, costs are estimated based on costs for the D.C.-area as topical trainings are sometimes located in that metropolitan area. Round trip airfare from Lincoln and Omaha to (TBD), 3 nights in a hotel, Nebraska State meal per-diem (70% of federal per diem) for 3 days and 75% of the Nebraska State per diem for 2 travel days, and point of origin parking, transfers, and bag fees for one staff:
3) Site visits to subrecipients for the purpose of fidelity monitoring, technical assistance, and subrecipient program and financial monitoring may be done virtually or in-person. Costs

are based on the assumption of minimum in-person visits and a shift to primarily virtual visits as well as desktop monitoring.

Contractual - $200,288.16

1. Wyman TOP Annual certification fee:	$2,750.00
2. Subawards	$184,003.82
3. Professional Development/Provider Training/Annual Meeting	$13,534.34

Total Direct Costs	*$267,001.07*
Indirect Cost Rate @ 26.7% of personnel costs	*$15,918.93*
TOTAL FY 2024 SRAE	$282,920.00

TOP Lesson Requirement			SRAE Alignment
Curriculum Book	**Section**	**Lesson(s)**	
Building My Skills	Emotion Management	All lessons in the section.	**A)** The holistic, individual, and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future.
			SMARTool Target 2) Support personal attitudes and beliefs that value sexual risk avoidance.
			SMARTool Target 5) Build personal competence and self-efficacy to avoid sexual activity.
	Decision-Making	All lessons in the section.	**A)** The holistic, individual, and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future.
			SMARTool Target 1) Enhance knowledge of a) physical development and sexual risks and b) personal relationships.
			SMARTool Target 2) Support personal attitudes and beliefs that value sexual risk avoidance.
			SMARTool Target 4) Improve perception of and independence from negative peer and social norms.
			SMARTool Target 5) Build personal competence and self-efficacy to avoid sexual activity.
	Problem-Solving	All lessons in the section.	**A)** The holistic, individual, and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future.
			SMARTool Target 2) Support personal attitudes and beliefs that value sexual risk avoidance.
			SMARTool Target 5) Build personal competence and self-efficacy to avoid sexual activity.
	Goal-Setting	All lessons in the section.	**A)** The holistic, individual, and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future.
			SMARTool Target 1) Enhance knowledge of a) physical development and sexual risks and b) personal relationships.
			SMARTool Target 2) Support personal attitudes and beliefs that value sexual risk
			SMARTool Target 5) Build personal competence and self-efficacy to avoid sexual activity.
			SMARTool Target 8) Strengthen future goals and opportunities.

TOP Lesson Requirement			SRAE Alignment
Curriculum Book	**Section**	**Lesson(s)**	
Learning About Myself	Self-Understanding	All lessons in the section.	**SMARTool Target 2)** Support personal attitudes and beliefs that value sexual risk avoidance.
	Social Identity	All lessons in the section.	**SMARTool Target 4)** Improve perception of and independence from negative peer and social norms.
	Health & Wellness	Must complete LAM-HW-F5 or LAM-HW-F6	**B)** The advantage of refraining from non-marital sexual activity to improve the future prospects and physical and emotional health of youth.
			SMARTool Target 1) Enhance knowledge of a) physical development and sexual risks and b) personal relationships.
			SMARTool Target 3) Acknowledge and address common rationalizations for sexual activity.
			SMARTool Target 5) Build personal competence and self-efficacy to avoid sexual activity.
			SMARTool Target 6) Strengthen personal intention and commitment to avoid sexual activity.
		Must complete LAM-HW-I6.	**C)** The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.
			SMARTool Target 1) Enhance knowledge of a) physical development and sexual risks and b) personal relationships.
			SMARTool Target 3) Acknowledge and address common rationalizations for sexual activity.
			SMARTool Target 8) Strengthen future goals and opportunities.
		Must complete LAM-HW-A4.	**E)** The effect of other youth risk behaviors, such as drug and alcohol usage, on increasing the risk for teen sex.
			SMARTool Target 1) Enhance knowledge of a) physical development and sexual risks and b) personal relationships.
			SMARTool Target 4) Improve perception of and independence from negative peer and social norms.
			SMARTool Target 5) Build personal competence and self-efficacy to avoid sexual activity.
			SMARTool Target 6) Strengthen personal intention and commitment to avoid sexual activity.

TOP Lesson Requirement			SRAE Alignment
Curriculum Book	**Section**	**Lesson(s)**	
Learning About Myself	Health & Wellness	Must complete LAM-HW-A4 *Continued*	**SMARTool Target 7)** Identify and reduce the opportunities for sexual activity.
		Any of the following additional lessons: LAM-HW-F1 LAM-HW-F2 LAM-HW-F4 LAM-HW-F7 LAM-HW-I2 LAM-HW-I4 LAM-HW-I5 LAM-HW-A3 LAM-HW-A5	**SMARTool Target 1)** Enhance knowledge of a) physical development and sexual risks and b) personal relationships.
			SMARTool Target 3) Acknowledge and address common rationalizations for sexual activity.

TOP Lesson Requirement			SRAE Alignment
Curriculum Book	**Section**	**Lesson(s)**	
Connecting with Others	Community	All lessons in the section.	**SMARTool Target 8)** Strengthen future goals and opportunities.
	Empathy	All lesson in the section.	**SMARTool Target 5)** Build personal competence and self-efficacy to avoid sexual activity.
	Communication	All lessons in the section.	**SMARTool Target 1)** Enhance knowledge of a) physical development and sexual risks and b) personal relationships.
			SMARTool Target 2) Support personal attitudes and beliefs that value sexual risk avoidance.
			SMARTool Target 4) Improve perception of and independence from negative peer and social norms.
			SMARTool Target 5) Build personal competence and self-efficacy to avoid sexual activity.
	Relationships	Must complete CWO-REL-I3	**D)** The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.
			SMARTool Target 1) Enhance knowledge of a) physical development and sexual risks and b) personal relationships.
			SMARTool Target 2) Support personal attitudes and beliefs that value sexual risk avoidance.
			SMARTool Target 5) Build personal competence and self-efficacy to avoid sexual activity.
		Must complete CWO-REL-A2	**D)** The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.
			F) The 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 behavior.
			SMARTool Target 1) Enhance knowledge of a) physical development and sexual risks and b) personal relationships.

TOP Lesson Requirement			SRAE Alignment
Curriculum Book	**Section**	**Lesson(s)**	
Connecting with Others	Relationships	Must complete CWO-REL-A2 *Continued*	**SMARTool Target 2)** Support personal attitudes and beliefs that value sexual risk avoidance.
			SMARTool Target 4) Improve perception of and independence from negative peer and social norms.
			SMARTool Target 5) Build personal competence and self-efficacy to avoid sexual activity.
			SMARTool Target 6) Strengthen personal intention and commitment to avoid sexual activity.
			SMARTool Target 7) Identify and reduce the opportunities for sexual activity.
		Any of the following additional lessons: CWO-REL-F1 CWO-REL-F2 CWO-REL-F3 CWO-REL-F4 CWO-REL-F5 CWO-REL-F6 CWO-REL-I1 CWO-REL-I2 CWO-REL-I4 CWO-REL-I5 CWO-REL-I6 CWO-REL-A1 CWO-REL-A3 CWO-REL-A4 CWO-REL-A5 CWO-REL-A6	**D)** The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.
			SMARTool Target 1) Enhance knowledge of a) physical development and sexual risks and b) personal relationships.
			SMARTool Target 2) Support personal attitudes and beliefs that value sexual risk avoidance.

Alignment with the *SMARTool for Assessing Potential Effectiveness for Sexual Risk Avoidance Curricula and Programs*

Purpose: This document illustrates how TOP aligns with Parts II and III of the *SMARTool* (Center for Relationship Education, 2010). This alignment document is intended to be used as a resource to help assess whether TOP is a fit for the needs of your community and the requirements of your funding sources. Full alignment with the *SMARTool* may require additional programming beyond the Teen Outreach Program. Wyman recommends that any additional programming is consistent with high quality adult facilitation and a strengths based and positive youth development approach.

For Additional Information, Contact: Tori Gale, Manager of Partnerships and Administration ▪ tori.gale@wymancenter.org ▪ 314 712 2368

Overview: Wyman's Teen Outreach Program (TOP) is an evidence-based, positive youth development program with over 30 years of implementation nationwide. TOP promotes the healthy development of adolescents in grades 6-12 through a unique combination of weekly peer group meetings, engaging curriculum and community service learning, facilitated by caring, responsive and knowledgeable adults. TOP fosters protective factors and prevents risk among participating youth with opportunities to learn new knowledge and skills and to practice them in an emotionally safe and supportive environment. TOP has been implemented variety of settings, including rural, urban, in-school, after-school, through community organizations and in systems and institutional settings.

Wyman's National Network provides supports for over 50 Partners, nationwide, implementing TOP. National Network staff work with organizations considering TOP to help determine TOP's fit with the organization and community. When an organization joins the National Network, they receive training, as well as ongoing technical assistance, and support to implement TOP with fidelity and quality.

The TOP Curriculum, a core component of the TOP program, was revised in 2017. The revision was informed by research in adolescent development and best practices in positive youth development and incorporated learning from 20 years of Wyman's direct program delivery, over eight years of national replication, and an extensive feedback process specific to the curriculum revision. Given what we know about how to develop teens' competencies and pave the way for a successful transition into adulthood, the curriculum focuses on three core content areas that work together to build protective factors, reduce the impact of risk and promote healthy development: skill building, developing a positive sense of self and strengthening connections to others. The TOP Curriculum includes 140 lessons on Decision-Making, Problem Solving, Emotion Management, Goal-Setting, Communication, Empathy, Relationships, Community, Self-Understanding, Social Identity and Health & Wellness. The TOP Curriculum uses a holistic, positive youth development approach to sexual health education, including comprehensive, up-to-date and medically accurate sexual health information. TOP facilitators have the flexibility to select lessons that meet the needs and interests of the teens they serve.

Alignment: Part II – CURRICULUM: The "What and How" Targets for Sexual Risk-Avoidance Programs

<table>
<tr><th>Target</th><th>How TOP Aligns</th></tr>
<tr><td>1. Enhance knowledge of a) physical development and sexual risks and b) personal relationships</td><td>The TOP Curriculum enhances knowledge of physical development, sexual risks, and healthy personal relationships.

Wyman's curriculum development team working on the 2017 revision was comprised of staff with a range of educational backgrounds, including six masters-level social workers and two doctoral-level developmental psychologists, with expertise across healthy relationships, adolescent sexual behavior, risk and protective factors, instructional design, cultural norms and evaluation. Health information was reviewed by a physician for scientific and medical accuracy, and sources are listed within lessons.

TOP Curriculum lessons are developmentally appropriate for adolescents of varied ages and grades, beginning at grade 6 and extending through high school. The curriculum includes three developmental levels- Foundational, Intermediate and Advanced- which progress in content and structure. Facilitators select lessons that are most appropriate for participants and can incorporate lessons from across developmental levels.

The TOP Curriculum is consistent with common themes from the health and science education standards listed on p. 17 of the SMARTool. The following topics are included, with universal topics bolded.
• STIs and HIV/AIDS
• Other adolescent risk behaviors
• Decision making
• Refusal and negotiation skills
• Media and Internet influences
• Goal setting
• Connection to parents (relationships, influence, and support)
• Connection to peers (relationships, influence, and support)
• Effective communication
• Sexual exploitation, coercion, and assault
• Pubertal development and reproductive anatomy
• Conception and pregnancy
• Values, beliefs and attitudes
• Healthy and unhealthy relationships
• Effective communication
• Sexual harassment, personal violence, and date rape prevention</td></tr>
<tr><td>2. Support personal attitudes and beliefs that</td><td>In the TOP Curriculum, sexual health lessons are woven into a larger asset based model that supports exploration and clarification of personal attitudes and beliefs, as well as increased self-efficacy.
• Participants develop skills across a variety of areas, including navigating various types of influence, recognizing media messages, responding to pressure, decision making, goal setting, healthy relationships, communication,</td></tr>
</table>

Target	How TOP Aligns
value sexual risk avoidance.	and personal values. These skills, combined with knowledge from sexual health lessons, support participants' ability to engage in sexual risk avoidance. • TOP Curriculum lessons are written in an engaging, relevant, and compelling manner that encourages critical thinking, peer discussion, and personal reflection. • Lessons on goal-setting and self-understanding help participants clarify their own values and goals, and lessons on decision-making, problem-solving, communication, and emotion management help them develop skills to pursue their values and goals. • Being engaged in TOP offers teens relationships with trained facilitators with high expectations. • Being engaged in TOP offers teens a positive, supportive peer group that supports positive universal values, such as trustworthiness, respect, responsibility, caring, courage, etc.
3. Acknowledge and address common rationalizations for sexual activity	TOP Curriculum lessons prompt discussions about the reasons people engage in sexual activity, as well as the physical, mental and emotional risks of sexual activity. • Lessons consistently reinforce abstinence as the safest way to avoid pregnancy and STDs. • Lessons on abstinence include the point that even if someone has already been sexually active, they can begin practicing abstinence.
4. Improve perception of and independence from negative peer and social norms.	TOP Clubs are positive peer groups, facilitated by trained, knowledgeable adults, in which participants learn together and provide social support and encouragement to one another. • Lessons include discussions of peer pressures, influences, and media messages and the impact these can have on behavior. • Lessons on decision-making and communication increase participants' skill in resisting negative peer pressure.
5. Build personal competence and self-efficacy to avoid sexual activity	TOP builds personal competence and self-efficacy by supporting skill development, a positive sense of self, and connections to others who are a supportive influence. • Lessons promote critical thinking and decision-making skills. • Lessons support participants in clarifying their goals and values. • Lessons support participants in communicating assertively. • Lessons on abstinence include the point that even if someone has already been sexually active, they can begin practicing abstinence. • TOP participants engage in Community Service Learning, which reinforces lesson content and further supports skill development as youth plan, participate in and reflect on service learning projects designed to make a difference in their community, thereby increasing their sense of self-efficacy. • With regard to previously sexually coerced/abused individuals, the TOP Curriculum and training prompts facilitators to be aware of both mandated reporting responsibilities and applicable resources.

Target	How TOP Aligns
	• Facilitators receive information on facilitating with trauma awareness, and the curriculum includes prompts for facilitators to consider how lessons may affect youth who have experienced, or are experiencing, trauma.
6. Strengthen personal intention and commitment to avoid sexual activity.	TOP promotes the development of skills to act on personal intentions to delay sex. • TOP includes discussion of the reasons people are abstinent and the physical, mental and emotional risks of sexual activity. • TOP includes discussion of pressure and communication strategies for responding to pressure, including pressure to engage in sexual activity. • TOP is a positive peer group, facilitated by trained, knowledgeable adults, where participants can share their values, beliefs and intentions and receive encouragement and social support from peers.
7. Identify and reduce the opportunities for sexual activity.	The TOP Curriculum encourages the development of critical thinking and increases participants' ability to avoid and/or navigate risk situations. • The curriculum specifically increases understanding of the relationship between substance use and sexual activity. • Lessons on teen dating violence increase participant awareness and understanding of unhealthy and abusive behaviors, including sexual pressure, coercion and violence. • Across lessons, the curriculum encourages participants to identify adults they could talk to if they needed support. • A lesson entitled "Choosing Your Team" engages participants in identifying their social support system.
8. Strengthen future goals and opportunities	TOP creates opportunities for participants to identify viable, attractive options in their future plans and relationships. • The curriculum includes activities where participants envision a positive future and identify goals for themselves. Additionally, participants have opportunities to share their vision and goals with their TOP facilitator and peers and receive encouragement and positive reinforcement. • Lessons explore and reinforce the potential for positive future opportunities, such as promoting one's general health, identifying qualities desirable in friendships and romantic relationships, and identifying qualities desirable in a future partner. • In the "Examining Teen Parenthood" lesson, teens explore how becoming a teen parent would impact their life.
9. Partner with parents	The TOP Curriculum does not have materials specific to parent engagement; however, the TOP approach is supportive of partnership with parents and empowering parents and youth to discuss sexuality and related topics. • Across lessons, the curriculum encourages participants to identify adults they could talk to; this often includes parents, adult family members and other caregivers. • A program or series of activities to engage parents could be implemented alongside TOP.

Alignment with the *SMARTool for Assessing Potential Effectiveness for Sexual Risk Avoidance Curricula and Programs,* May 3, 2018

Alignment: Part III- Quality Improvement: The "What's Working?" Assessment

Questions	How TOP Aligns
Monitor Program Implementation: Has the program been implemented as designed?	The TOP logic model clearly specifies the fidelity criteria for implementation of TOP, and there are multiple touchpoints between National Network staff and prospective and current Partners to review expectations for implementing TOP with fidelity and quality (E.g., Wyman's Training of Trainers and Training of Facilitators). Partners develop Quality Assurance Plans at the beginning of each program year to indicate how they will regularly monitor fidelity and quality of TOP implementation. Partners use Wyman Connect, Wyman's proprietary online data management system, to enter, view and use real-time implementation data in support of their continuous quality improvement efforts. Annually, Wyman's National Network team engages Partners in a certification review which includes using data to assess fidelity and to highlight areas in need of improvement.
Monitor Learners: Did the students change knowledge, attitudes, or behaviors after the program?	Wyman requires use of the TOP Teen Pre and Post Surveys which are youth self-report surveys that support Partners' understanding of changes in knowledge, attitudes, and behaviors. The surveys measure social and emotional learning, academic risk behavior, sexual risk behavior, and teens' perceptions of their program experiences. Data are entered into Wyman Connect and pre-post change is summarized in reports accessible to Partners for their use in reporting and continuous quality improvement efforts. Partners may augment the TOP surveys with additional items or scales to support their funding reporting requirements.
Program Review & Quality Improvement: What improvements should be made in the program?	Partners develop Quality Assurance Plans at the beginning of each program year to indicate how they will regularly monitor fidelity and quality of their TOP implementation. Partners use Wyman Connect to enter, view and use data to understand their successes as well as areas in need of improvement. Wyman National Network staff support Partners in using their data to improve fidelity and quality and to enhance outcomes for the youth they serve.

Alignment with the *SMARTool for Assessing Potential Effectiveness for Sexual Risk Avoidance Curricula and Programs,* May 3, 2018

SRAE Required TOP Curriculum Lessons

SRAE funding places emphasis on healthy relationships and optimal health behaviors as defined by funding legislation's definition of sexual risk avoidance. Wyman fidelity requirements for the TOP Curriculum are that **at least 12 lessons** must be taught during the required 25 weekly meetings. **SRAE sub awardees, however, must implement at least 16 TOP lessons to meet the SRAE funding requirements**. In addition to implementing at least 16 lessons, facilitators must ensure sufficient time is dedicated to meet the CSL hours fidelity requirement during the program year.

Table 1: The ARH team requires the completion of at least one lesson from each section of each book. Some sections require more than one lesson to meet federal funding requirements. Those sections are as follows:

Curriculum Book	Section	# of Lessons
Building My Skills	Emotion Management	1
	Decision-Making	1
	Problem-Solving	1
	Goal-Setting	1
Learning About Myself	Self-Understanding	1
	Social Identity	1
	Health and Wellness (see *Health and Wellness Lesson Requirements*)	4
Connecting With Others	Community	1
	Empathy	1
	Communication	1
	Relationships (see *Relationships Lesson Requirements*)	3

The curriculum is divided into three developmental levels: Foundational, Intermediate, and Advanced. Wyman expects that Foundational level lessons may be most appropriate for 6th to 8th graders (12-14 years old), Intermediate level lessons may be most appropriate for 8th to 10th graders (14-16 years old), and Advanced level lessons may be most appropriate for 10th to 12th graders (16-19 years old). Facilitators should scaffold the curriculum to determine the most appropriate developmental level to implement within a club. Please contact the ARH team should you need guidance with selecting the developmental level for your club.

Specific Health and Wellness and Relationships lessons are required, per **Table 1a** and **Table 1b** below. Each lesson is written for a defined developmental level; however, the topics are appropriate for all youth in SRAE-funded programming. You should reach out to the ARH team if you think a required lesson's developmental level will not align with your club. Together we can determine a plan that keeps teens engaged in the lesson content and meets funding requirements.

Health and Wellness Lesson Requirements

Nebraska clubs are required to facilitate **4** Health and Wellness lessons. The approved Health and Wellness lessons are selected to ensure the inclusion of the definition of sexual risk avoidance in the funding legislation and the requirement that education cannot include demonstrations, simulations, or distribution of contraceptive devices. Facilitators should remain aware of these requirements when delivering lesson content.

Facilitators are required to implement the following lessons:

1. **LAM-HW-F5:** Talking About Abstinence OR **LAM-HW-F6:** Abstinence and Expressing Affection;
2. **LAM-HW-I6:** Examining Teen Parenthood; and
3. **LAM-HW-A4:** Substance Use and Sexual Activity

In addition to the three Health and Wellness lessons listed above, facilitators must implement one Health and Wellness lesson from Table 1a for a total of four Health and Wellness lessons.

Table 1a:

Developmental Level	Lesson Code	Lesson Name
Foundational Level	LAM-HW-F1	Introduction to Reproductive Anatomy
Foundational Level	LAM-HW-F2	Changes During Puberty
Foundational Level	LAM-HW-F4	Sexual Health: Myths or Facts?
Foundational Level	LAM-HW-F7	STD Handshake
Intermediate Level	LAM-HW-I2	Basics of Contraception
Intermediate Level	LAM-HW-I4	STD Basketball
Intermediate Level	LAM-HW-I5	Pregnancy Probability
Advanced Level	LAM-HW-A3	Sexting: Risks and Consequences
Advanced Level	LAM-HW-A5	Understanding and Talking About STDs

To further ensure federal requirements are met, when any of the following three lessons are chosen as the one additional Health and Wellness lesson, please be sure to include the following discussion points:

LAM-HW-F4: Sexual Health: Myths or Facts?
Facilitators must select and discuss the following statements from the Myths and Facts list –

- Abstinence – no sexual activity of any type including genital contact and/or vaginal, oral or anal sex – is the only method of contraception, or preventing pregnancy, that is 100% effective. *(FACT)* (page 182)
- The most effective way to avoid getting an STD is to use condoms. (*MYTH)* (page 182)
- Alcohol and marijuana make it easier to get sexually aroused. *(MYTH)* (page 184)

LAM-HW-I4: STD Basketball
Facilitators must include the following True or False? Statements during the activity –

- 2. The most effective way to avoid getting an STD is to use condoms. (page 267)
- 9. Drinking alcohol can affect a person's risk of contracting an STD. (page 268)
- 31. STDS are embarrassing and inconvenient but not really that serious. (page 272)

LAM-HW-A5: Understanding and Talking About STDs
Facilitators must select and discuss the following statements from the True or False? Statements list –

- 2. The most effective way to avoid getting an STD is to use condoms. *(FALSE)* (page 347)
- 9. Drugs and alcohol can affect a person's risk of contracting an STD. *(TRUE)* (page 348)

Relationships Lesson Requirements

Nebraska clubs are required to facilitate **3** Relationships lessons to increase youth's understanding of healthy relationships, consent, and dating violence.
Facilitators are required to implement the following lessons:

1. **CWO-REL-I3:** Introduction to Healthy Relationships;
2. **CWO-REL-A2:** What is Consent?; and

In addition to the two Relationships lessons listed above, facilitators must implement one Relationships lesson from Table 1b for a total of three Relationships lessons.

Table 1b:

Developmental Level	Lesson Code	Lesson Name
Foundational Level	CWO-REL-F1	What Makes a Good Friend?
Foundational Level	CWO-REL-F2	Expectation and Boundary Circles
Foundational Level	CWO-REL-F3	Introduction to Peer Pressure
Foundational Level	CWO-REL-F4	Drawing the Line
Foundational Level	CWO-REL-F5	What Does "Family" Mean?
Foundational Level	CWO-REL-F6	Family Responsibilities
Intermediate Level	CWO-REL-I1	What is Love?
Intermediate Level	CWO-REL-I2	Messages About Love
Intermediate Level	CWO-REL-I4	Describing a Romantic Partner
Intermediate Level	CWO-REL-I5	Dating and Relationship Expectations
Intermediate Level	CWO-REL-I6	Dealing with Pressure Situations
Advanced Level	CWO-REL-A1	Conflict Resolution
Advanced Level	CWO-REL-A3	Exploring Reasons and Risks of Sexual Activity
Advanced Level	CWO-REL-A4	When Relationships Lead to Pressure
Advanced Level	CWO-REL-A5	Understanding Teen Dating Violence, Part 1
Advanced Level	CWO-REL-A6	Understanding Teen Dating Violence, Part 2

Facilitation Guide

The **Facilitation Guide** contains lessons for facilitators to implement at the beginning and end of the program year. The ARH team **strongly recommends** that facilitators use the lessons: Introduction to TOP and Setting Group Guidelines to *set the stage* for their TOP club. It is possible for the two lessons to be paired together during the same club meeting. The ARH team also **strongly recommends** that facilitators use the Reflection on TOP lesson so participants can

discuss their TOP experiences at the end of the program year. The Appendix of the Facilitation Guide includes templates for Group Formers, Facilitation Strategies, and Reflection Tools that can be utilized during lessons.

Evaluation Survey Questions to Determine if Programming Meets the Needs of Young People

TOP Post-Survey

The following questions on the TOP Post-Survey will be used to collect data on participants' TOP experience:

7. How much do these statements describe how you feel about TOP?

	Not At All	A Little	Sort of	A Lot	Very Much
a. TOP facilitators care about me.	☐	☐	☐	☐	☐
b. TOP facilitators support me.	☐	☐	☐	☐	☐
c. TOP facilitators help me learn new things.	☐	☐	☐	☐	☐
d. I feel like TOP is a safe place for me to say what I think.	☐	☐	☐	☐	☐
e. I feel safe (physically) during TOP.	☐	☐	☐	☐	☐
f. I feel like I belong at TOP.	☐	☐	☐	☐	☐
g. I learn how to deal with challenges during my Community Service (CSL) projects.	☐	☐	☐	☐	☐
h. I am able to make choices about my Community Service (CSL) projects.	☐	☐	☐	☐	☐
i. Community Service (CSL) helps me make a positive difference in the lives of others.	☐	☐	☐	☐	☐
j. I'm glad I participate in TOP.	☐	☐	☐	☐	☐

The ARH team can run the *Teen Safety and Belonging* report on Wyman Connect to obtain participant responses to the following questions:

- A. TOP facilitators care about me.
- B. TOP facilitators support me.
- C. TOP facilitators help me learn new things.
- D. I feel like TOP is a safe place for me to say what I think.
- E. I feel safe (physically) during TOP.
- F. I feel like I belong at TOP.
- J. I am able to make choices about my Community Service (CSL) projects.

The ARH team can run the *Teen Community Service Learning* report on Wyman Connect to obtain participant responses to the following questions:

- G. I learn how to deal with challenges during my Community Service (CSL) projects.
- H. I am able to make choices about my Community Service (CSL) projects.
- I. Community Service (CSL) helps me make a positive difference in the lives of others.

SRAE Performance Measure Exit Survey (High School and Middle School versions)

The following questions on the SRAE Performance Measure Exit Survey (High School and Middle School) will be used to collect data on participants' TOP experience:

High School

The next questions ask you about your experiences in the program that you just completed. Think about all of the sessions or classes of the program that you attended.

15. Even if you didn't attend all of the sessions or classes in this program, how often *in this program…*

MARK ONLY ONE ANSWER PER ROW

	All of the time	Most of the time	Some of the time	None of the time
a. did you feel interested in program sessions and classes?	☐	☐	☐	☐
b. did you feel the material presented was clear?	☐	☐	☐	☐
c. did discussions or activities help you to learn program lessons?	☐	☐	☐	☐
d. did you have a chance to ask questions about topics or issues that came up in the program?	☐	☐	☐	☐
e. did you feel respected as a person?	☐	☐	☐	☐

Middle School

The next questions ask you about your experiences in the program that you just completed. Think about all of the sessions or classes of the program that you attended.

13. Even if you didn't attend all of the sessions or classes in this program, how often *in this program…*

MARK ONLY ONE ANSWER PER ROW

	All of the time	Most of the time	Some of the time	None of the time
a. did you feel interested in program sessions and classes?	☐	☐	☐	☐
b. did you feel the material presented was clear?	☐	☐	☐	☐
c. did discussions or activities help you to learn program lessons?	☐	☐	☐	☐
d. did you have a chance to ask questions about topics or issues that came up in the program?	☐	☐	☐	☐
e. did you feel respected as a person?	☐	☐	☐	☐

The ARH team can aggregate the SRAE Performance Measure Exit Survey data to obtain participant responses.

Youth Referral and Follow Up Quarterly Report Form

Tally all referrals and follow up/contacts made for all youth participants for the period being reported and enter the total number for each of the items listed in the column titled "**Current Period**". Report the cumulative YTD figures for each item (if any) with each subsequent report submitted during the program year.

No referrals/contacts make this quarter: ______ ***Enter X if applicable***

Referral Type	Current Period	Year-to-Date
Economic Assistance		
Child Support Enforcement		
Emergency Cash Assistance		
Energy Assistance		
SNAP (Supplemental Nutrition Assistance Program)		
Homelessness Services		
Nebraska CHIP (Children's Health Insurance Program)		
Medicaid/Medicare		
Refugees Services		
SSI (Supplemental Security Income)		
WIC (Women, Infants and Children Program)		
Other (Please Specify)		
Health and Well-Being		
Physical Health Care		
Behavioral/Mental Health Care		
Oral/Dental Health Care		
Protective Services		
Other (Please Specify)		
Follow Up/Contacts Made		
Parent/Foster Parent/Guardian		
Case Worker/Manager		
School Counselor		
School Nurse		
Probation Officer		
Other (Please Specify)		