

Brief

OPRE Report No. #2022-90

Launching a National Sexual Risk Avoidance Education Program: Title V State SRAE Program Plans

For nearly a decade, federal policymaking related to adolescent pregnancy prevention has focused on optimal health outcomes and sexual risk avoidance.¹ Grant programs have increasingly emphasized the social, psychological, and biological factors that can eliminate risk and encourage healthy behaviors. In support of this emerging approach, Congress authorized a discretionary grant program in 2016-the General Departmental Sexual Risk Avoidance Education (SRAE) program. Then, in 2018, Congress authorized and funded the Title V State and Competitive Sexual Risk Avoidance Education (SRAE) programs. If a state or territory does not apply for the Title V State SRAE program, the funding allocated to that state or territory is made available to direct service providers or organizations in the state or territory through an open competitive application process for the Title V Competitive SRAE program. The SRAE legislation replaced the previous Title V Abstinence Education Program to expand the federal emphasis on improved health outcomes, positive youth development, and risk avoidance education. SRAE-funded programs focus on personal responsibility and healthy decision making with the goal of encouraging youth to voluntarily refrain from non-marital sexual activity and other risky behaviors. The Title V State SRAE Program is guided by six program requirements that all grantees must address through their programming.





In accordance with the Title V SRAE legislation, programs must address the following six required topics:

- a) The holistic, individual, and societal benefits associated with personal responsibility, selfregulation, goal setting, healthy decision making, and a focus on the future.
- b) The advantage of refraining from nonmarital sexual activity to improve the future prospects, and physical and emotional health of youth.
- c) The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.
- d) The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.
- e) How other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex.
- f) 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.

The Title V State SRAE Program is administered by the Family and Youth Services Bureau within the Administration for Children and Families of the U.S. Department of Health and Human Services. Every state and territory is eligible for a grant. Thirty-six states, the District of Columbia, the Federated States of Micronesia, and Puerto Rico have received grant funds and have been awarded about \$210 million since the program was created in 2018. Twenty states and territories have not applied for funding, and the funding allocated to these states and territories is being released to direct service organizations through the Title V Competitive SRAE Program. This brief describes the Title V State SRAE grantee program implementation plans and reports data collected through an online survey of 2018 and 2019 Title V SRAE state grantees that Mathematica conducted in summer 2020.²

Title V State SRAE grantees collaborate with partners to design large-scale programs

Altogether, the 39 Title V State SRAE grant recipients are working with 321 subrecipient providers to implement 539 programs. Over their first 2-year project period, grantees and subrecipient providers

reported collectively implementing programs in 4,615 sites and plan to serve more than 450,000 youth.



All Title V State SRAE grantees rely on subrecipient providers to deliver their SRAE programs. Grantees typically award funds to community-based organizations, schools, faith-based institutions, and foster care providers. Three state agencies deliver programming directly to youth, in addition to using subrecipient providers.

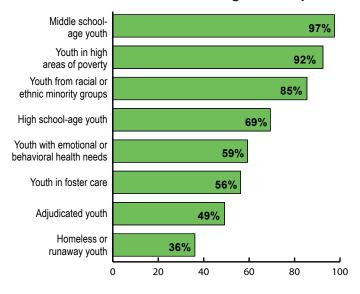
In the initial stages of program implementation, almost all state grantees developed a logic model for their overall SRAE program (90 percent). Many also conducted a needs assessment prior to creating program plans (77 percent). When selecting curricula, most state grantees (82 percent) selected the primary curriculum or allowed their subrecipient providers to choose from a list of approved curricula. In other cases, local subrecipient providers or local education agencies selected the curriculum independently.

In most grants, states allow the local subrecipient providers to select the types of settings, such as schools or community-based centers, where programs are implemented (72 percent). State grantees also allow local subrecipient providers to select the specific sites, such as specific school districts, for program implementation (90 percent). In the few state grants where local subrecipient providers did not make these decisions, state grantees most frequently decided the setting for program implementation (26 percent), and state grantees most often collaborated with subrecipient providers and other stakeholders to select the implementation sites (8 percent).

Most state grantees report that they are aiming to address the following issues with their SRAE grant: healthy relationship formation (100 percent), teen sexually transmitted infection (STI) rates (100 percent), teen sex (97 percent), dating violence (97 percent), teen pregnancy prevention (95 percent), and behavioral and relationship health (90 percent).

Title V State SRAE grantees plan to serve high-risk youth through schools and community-based organizations

State grantees plan to serve high-risk youth populations. More than 90 percent of all state grantees report that they are serving youth in high poverty areas, and 85 percent plan to serve youth from racial or ethnic minority groups, predominantly Hispanic and Black youth. About half plan to serve adjudicated youth, youth in foster care, and youth with emotional or behavioral health needs. Almost all grantees (97 percent) plan to serve middle



Title V State SRAE Intended Program Recipients

school-aged youth, and over two thirds of the grantees (69 percent) plan to serve high schoolaged youth. Forthcoming data collected from performance measures will demonstrate the extent to which these populations have been served.

Most state grantee program implementation sites are schools, community-based organizations, and faith-based institutions. Almost half of all state grantee implementation sites are middle schools (44 percent) and about a quarter are high schools (23 percent). Ten percent of sites are communitybased organizations and six percent are faith-based institutions. Other implementation sites include detention centers (2 percent), institutions for youth with emotional or behavioral health needs (2 percent), and foster care group homes (2 percent).

While some Title V State SRAE grantees add supplemental content, most rely primarily on a single curriculum to address SRAE topics

Title V State SRAE grantees and their providers are implementing 60 different curricula in their programs. The most prevalent curricula among the

Detention Foster care group homes Middle Community-based centers schools organizations 2% 2% 44% 23% 10% 12% High Faith-based Other schools institutions

2%

Institutions for youth with emotional or

behavioral health needs

Title V State SRAE Program Implementation Sites

state grantees are: Making a Difference (38 percent), Teen Outreach Program (36 percent), and Choosing the Best (31 percent). REAL Essentials, Promoting Health Among Teens (Abstinence Only), Relationship Smarts Plus, Game Plan, and Project Adult Identity Mentoring are each being implemented by about 10 to 20 percent of state grantees. A small number of state grantees are using original material developed specifically for their SRAE grant (10 percent).

In addition to their primary curricula, 16 state grantees report providing supplemental content, mostly by adding content from other existing curricula. Half of these 16 are adding this content

Curriculum **Making a Difference** AL FL GA ID IN LA MD MN MO NM NY NC SC SD **Teen Outreach Program** KY ΑZ MA IA MN MO NE NV NJ NY PA UT VA WI **Choosing the Best** ΑZ AR FL KY SC ΤN TX UT GA MI NC OH **REAL Essentials** FM FL GA OH MI TN TX **Promoting Health Among** GA IN NV MD MI NC OK **Teens (Abstinence Only) Relationship Smarts** MA GA IL PR WV Plus (SRA) Game Plan IL NC OH TX **Project Adult** MA MN NY VA **Identity Mentoring**

Most Common Curricula in Use by Title V State SRAE Grantees

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to address SRAE requirements. A little more than half of all state grantees (56 percent) report choosing to provide information on contraception, which is allowed but not a requirement of the grant program.

Title V State SRAE grantees are using prior experience to guide their SRAE programming

Of the 39 states and territories that are receiving Title V SRAE funding, 36 were previous recipients of the Title V Abstinence Education awards prior to 2018 (92 percent). Only three states that previously received Title V Abstinence Education funding did not apply for Title V SRAE funding. However, three states that did not previously receive Title V Abstinence Education funding did apply for Title V SRAE funding since 2018.

State grantees are leveraging prior partnerships; 83 percent of their subrecipient providers have previously delivered sexual risk avoidance or abstinence programming for state grantees. State grantees are also building relationships with new partners. Almost one in five subrecipient providers have not previously worked with the state grantees.



State grantees also have prior experience providing education to address key SRAE program topics. Before implementing the SRAE program, more than three-quarters of state grantees had experience delivering education on each of the following topics: the risk of pregnancy, STIs, and HIV; the risk that alcohol and drugs present to youth; the benefit of refraining from sex as a teen; and positive youth development programming. Additionally, state grantees have prior experience delivering the curricula they are using for their SRAE grants. State grantees previously delivered two of the three most-used curricula under SRAE—Making a Difference and the Teen Outreach Program—under Title V State Abstinence Education funding. About two-thirds of the grantees report using SRAE grant funds to provide programming previously unavailable to the youth in their state.

This brief is a product of the SRAE National Evaluation (SRAENE). SRAENE has three distinct activities. One is the **National Descriptive Study**, which describes the implementation of programs funded by SRAE grants. This brief draws upon data collected in summer 2020 as part of this effort. The second activity is the **Program Components Impact Study**. We will use a systematic and rigorous approach to test and improve the components of programs. The third is **Data and Evaluation Support**. We help grantees build their capacity to use data and research to improve their programs and support grantees conducting their own evaluations.

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Endnotes

¹ "A Better Approach to Teenage Pregnancy Prevention: Sexual Risk Avoidance." The Policy Paper Series, vol. 1, issue 2.
Washington, DC: U.S. House of Representatives, Committee on Energy and Commerce, July 2012
² Since the 2020 data collection effort, FYSB has awarded SRAE grants to additional organizations. The results presented in this brief may not reflect SRAE programming offered by these additional grantees.







