



Abstinence Education Contractor Compliance Report

**As Required By
The 2016-17 General Appropriations Act, H.B. 1
84th Legislature, Regular Session, 2015
(Article II, Department of State Health Services, Rider 53)**



**Department of State Health Services
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Introduction

In fiscal years 2016 and 2017, funds appropriated by the Texas Legislature to the Texas Department of State Health Services (DSHS) for abstinence education must be used to implement sexual education programs that comply with each of the A-H components (listed below) of the federal abstinence education program under Section 510 of the Social Security Act. As outlined in the [2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 \(Article II, Department of State Health Services, Rider 53\)](#), it is the intent of the Legislature that funds appropriated in Strategy A.3.3., Abstinence Education must be used to implement abstinence sexual education programs that comply with each of the A-H components of the abstinence education program under Section 510(b)(2), Social Security Act (42 U.S.C. Section 710(b)), for the purpose of reducing the need for future family planning services for unwed minors. Abstinence education means materials and instruction which:

- Present abstinence from sexual activity as the preferred choice of behavior for unmarried persons; and
- Emphasize that abstinence from sexual activity, used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, and infection with HIV or AIDS.

No later than December 1 of each fiscal year, DSHS shall submit to the Legislative Budget Board and the Governor's Office a report containing contractor compliance issues related to components A-H of Section 510(b)(2) of the Social Security Act (42 U.S.C., Section 710(b)).

Background

Section 510 of the Social Security Act (A-H Components)

Federal funds for state abstinence education programs are authorized and appropriated by the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), which amends section 510 of the Social Security Act. For purposes of this section, the term "abstinence education" means an educational or motivational program that:

- A. Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B. Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- C. Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D. Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- E. Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

- F. Teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- G. Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- H. Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Federal abstinence funding is administered by the U.S. Department of Health and Human Services Administration on Children and Families (ACF)/Family and Youth Services Bureau (FYSB). States receiving this funding are encouraged to develop flexible, medically accurate and effective abstinence-based plans responsive to their specific needs.

States must fund at least 43 percent of their abstinence education program's total cost (grant award plus state matching funds) with non-federal resources while the U.S. Department of Health and Human Services Administration for Children and Families will fund no more than 57 percent of the project's total cost (Section 503(a) of the Social Security Act (42 U.S.C. 703(a)). This means that states must offer matching funds that equal 75 percent of their federal grant award.

The ACF awarded Texas \$4,861,789 in fiscal year 2015. At this funding level, DSHS was required to provide matching funds of \$3,667,665. This was achieved with \$559,208 in annual general revenue allocated for abstinence education and \$3,108,457 generated through match from DSHS contractors.

DSHS Abstinence Education Program

DSHS uses federal funds and state general revenue funds (required matching funds) to implement evidence-based abstinence education curricula through schools and community-based organizations. These organizations may contract directly with DSHS to implement an approved program or curricula, or receive technical assistance and support from the Abstinence Program that aids in local efforts to promote the delay of sexual activity among youth. Additionally, DSHS uses funds for training, youth summits, stakeholder meetings, and media promotion of abstinence.

DSHS Abstinence Education Program Implementation in Fiscal Year 2016

In August 2015, HHSC released an RFP on behalf of DSHS to fund abstinence education contractors over the next five years with the stipulation that funded programs must comply with each of the A-H components. Seven contractors were selected for the period between 12/1/15 – 9/30/16 and will be announced on the HHSC website when contracts are finalized. These contracts replaced the previous contracts that were extended through November to align with the beginning of the new contract period.

\$3 million in federal funds was available for proposals for abstinence education programs awarded funding through the RFP process described above. Programs awarded contracts will

receive up to \$300,000 from DSHS in FY 2016, with the option to renew their contracts annually for up to four years.

Applicants responding to the RFP can develop either in-school or after-school programs that target youth in 5th through 12th grades. The ACF identifies curricula as evidence-based when they achieve outcomes related to the A-H provisions. The only curriculum currently identified by the ACF as an evidence-based program that complies with all of the A-H components is called *Heritage Keepers*.

Therefore, proposals that indicate implementation of the *Heritage Keepers* curriculum are given preference in scoring of the application, while applicants that chose other curricula are required to demonstrate that their proposed curriculum adequately addresses each of the A-H components and does not contradict any of the components. An evidence-based curriculum other than *Heritage Keepers* may be supplemented to ensure it addressed each of the A-H components.

Respondents could choose abstinence curricula other than *Heritage Keepers* that have demonstrated impacts on sexual activity, such as delaying initiation of sexual activity, or proven evidence of success in changing intermediate or mediating outcomes, such as increased knowledge of risks associated with sex. Respondents were required to attach a minimum of one published peer-reviewed article that addresses behavioral or mediating outcomes. These curricula are evaluated on a case-by-case basis using the evidence provided.

\$1.5 million in federal funds will also be available in FY 2016 through an anticipated open enrollment process for programs implementing the *Heritage Keepers* curriculum. Programs awarded contracts receive up to \$300,000 from DSHS in FY 2016, but do not have the option to renew contracts because the federal grant providing these funds expires in September 2016. Applicants responding to the open enrollment opportunity are required to use the *Heritage Keepers* curriculum and schools entering an MOU with DSHS to provide abstinence education are offered this curriculum.

School districts may sign a memorandum of understanding (MOU) with DSHS to implement abstinence education in their schools. DSHS will provide the curriculum materials and training for district staff necessary to implement the curriculum in return for the district agreeing to commit staff time to implementing the curriculum as instructed by the curriculum developer. Approximately \$400,000 in federal funds is allocated to purchasing materials from the curriculum provider (currently *Heritage Keepers*) and a training contract with the University of Texas Health Science Center at San Antonio.

Abstinence Program Monitoring of A-H Compliance

In order to assure contractor fidelity to Texas' abstinence education plan and priorities, DSHS uses quality assurance monitoring tools during DSHS site visits with contractors. These tools include:

- **Site Visit Observation Tool:** DSHS staff conducting site visits use checklists to record findings while observing contractor presentations to students. The tool contains a checklist to note each A-H component addressed during the presentation.
- **Administration Site Visit Tool:** DSHS staff use this tool to verify overall program compliance with DSHS guidance regarding how programs should be implemented. This tool contains information and compliance evidence from contract agencies that is verified by DSHS staff during site visits.
 - **Curriculum Logs:** Assures that contract agencies are presenting the curriculum in a way that meets the standards set by the curriculum developer which are proven to impact student behaviors and actions. This involves dedicating the recommended amount of time to each section of the curriculum within a recommended sequence of classes and activities.
 - **Participant Completion and Participation Logs:** Tracks both youth and parent participation in the program via sign-in sheets.
 - **Program Observation Forms:** Program coordinators at each contract agency complete this form while observing instructors in the class setting in order to maintain curriculum standards and quality of education offered by instructors. The form contains an A-H checklist. Contract agencies will submit completed forms (based on observing each A-H component) to DSHS.

The observations of both DSHS staff and contract program coordinators recorded by these tools will verify that all A-H components are addressed, in addition to assessing the quality of instruction.

Conclusion

The first Abstinence Program contracts including the requirement of compliance with all A-H components of Section 510 of the Social Security Act will be in effect in December, 2015. The Abstinence Program will use contract monitoring tools and conduct contractor visits to gather information regarding contractor compliance with each of the A-H components. A report on contractor compliance issues related to A-H provisions for contracts beginning December 1, 2015, and ending September 30, 2016, will be available in December 2016.