PROGRAM WORK STATEMENT

FY 2017 Social Service Contract funded by Travis County   Date prepared: 08/08/2016

Instructions:
- Answer the following questions as they pertain to *only those programs and services in which Travis County invests*.
- Ensure that all language (e.g. agency and program names, performance measures, etc.) is consistent across all contract forms.
- Do not delete any instructions or question descriptions.
- The information contained in this document will be used to report on your program to the Travis County Commissioners Court and the public, so the information herein should accurately explain and reflect the program and services.

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1. **Program Information**
   Provide agency name and program name as they appear on all contract documents.

Agency Name: Austin/Travis County Health and Human Services Department

Program name: Austin Healthy Adolescent Program (AHA)

2. **Program Goals**
   Briefly describe the goals of the services purchased by Travis County in this contract.
   Many adolescents (ages 12 to 24) in Austin/Travis County lack activities that provide them with opportunities to be active decision makers, engaged in improving their own health and wellbeing. Furthermore, activities to address adolescents' self-esteem, social/emotional health well-being, service learning opportunities, and youth leadership opportunities are lacking.

   In Travis County, the lack of adolescent engagement in their own health is reflected in the high rates of teen pregnancies and sexually transmitted infections. Through the dissemination and support of peer- to-peer education, youth engagement, and youth leadership, AHA is working to positively affect these health issues. The goal of the AHA is to increase the number of Travis County youth who are active decision makers engaged in improving their own health and the health of their communities. AHA achieves this by:
   - Providing opportunities for youth to engage in leadership.
   - Increasing the awareness of Travis County youth concerning their personal health and the health of their community.
   - Building the capacity of youth service providers to implement best practices in youth leadership programming.

3. **Target Population**

   Youth served by AHA will reside in Travis County. The majority of youth (ages 12 to 17 years) served will come from low- to moderate- income neighborhoods in central and eastern Travis County. Youth attending Del Valle, Reagan, Austin, Travis Lanier and Eastside High Schools as well as youth attending Dobie Middle Schools will be served through the program. Youth attending the central and eastern Travis County recreation centers as well as youth enrolled in the City of Austin Parks and Recreation Department Roving Leaders program will be reached through the program.

4. **Client Eligibility**
   List all eligibility requirements for clients to receive services in the program, and fully describe the criteria for each requirement (see Sample Table below for examples). If eligibility requirements vary by program component, please specify in the descriptions. If your contracted program includes multiple service components with varying eligibility criteria, you may copy/paste the table below, complete one table per component, and title each table accordingly.

Eligibility Requirement	Description of Criteria	Verification Method
Residency	Clients must be residents of Austin/Travis County.	Residency self-identified on sign in sheet. For youth receiving curriculum at public school. Residency established by family providing: utility bill, lease or rental agreement, or government-issued photo identification to institution.

5. Service Delivery

Describe the services and how they are provided through the program. This should be a clear and concise summary of how clients move from initial contact through exit and follow-up. Include all relevant components of the core services, such as:

We will work toward the objectives of our program through the following activity:

- *Sexual Health Education Curriculum Delivery:* Our program will provide direct sexual health education and skill development using the Making Proud Choices and Gender Matters curricula for youth in central and eastern Travis County zip codes with higher than average rates of teen pregnancy such as 78758,53,52,24,21,02,41,44,45 and 78617.

  A peer to peer (P2P) health education model has been developed. This model utilizes adolescents as community health workers to improve the sexual and reproductive knowledge of their peers. A full time professional health educator works with a team of at least six peer health educators to implement the 11 lessons of the evidenced based Making Proud Choices and 12 lessons of the Gender Matters curriculum to at least 500 youth through Del Valle ISD, Austin ISD and the City of Austin Parks and Recreation Centers.

  Staff members serve on the steering committee of the Ready By 21 Coalition, a community coalition working to coordinate youth and family services in the Greater Austin Area. Staff members also partner with the United Way's Out of School time committee and the WorkSource' Opportunity Youth Network. In addition, AHA has launched the Youth-Adult Council, which implements HIV/STD prevention programing for adolescents in Travis County

6. **Service Accessibility**

Describe any relevant strategies employed by the program to ensure service access related to the following issues:

Cultural competence: Services delivered in large part through peer to peer health educators of the same school and community as the client.
The AHA Program staff have expertise providing services to culturally diverse populations. Staff are diverse in terms of racial/ethnic background, religion, and languages. The City of Austin provides a bilingual stipend to attract and maintain qualified bilingual individuals for key positions. Five of the ten AHA staff members are bilingual (Spanish/English). The City also maintains a contract with American International Translation (AIT) for culturally competent translation to and from Spanish by certified translators. The AIT language line is traditionally used to provide services to individuals who speak languages outside of English or Spanish. All AHA employees are encouraged to take an undoing racism training from the People's Institute which provides employees with knowledge and skills to enhance cultural competency. AHA leadership have also received cultural competency training for working

alongside Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) communities. Elements of this training are provided to new AHA staff members during their orientation to our program. Services are provided outside of traditional business hours, when needed, in order to meet the needs of specific populations or projects. For example, health education presentations to community groups, as well as health fairs predominately take place during the evening hours or on weekends. Program staff is expected to meet their program's needs and all AHA staff is required to work some extended night time and weekend hours. The City of Austin complies with American with Disabilities Act (ADA) requirements for all services provided. Guidance on ADA requirements is provided by both the City Manager's office and the Human Resources Unit.

7. **Program Staffing**

List the staff positions (titles only, no individual names) that are essential to this program, and provide a brief description of duties as they relate to this program. If there are multiple staff positions with the same title and duties, you can note the number of positions with the position title, e.g. "Case Manager (5).

Position Title	Description of Duties
Program Supervisor	Supervise implementation of Programming and Operations
Program Coordinator (4)	Arrange how services will be delivered and evaluated.
Health Educator (3)	Work with peer health educators to recruit participants and facilitate Making Proud Choices curriculum.
Youth Program Sprecialist (2)	Delivery of specific components of curriculum with regards to creative expression
Admin	Assist staff with data collection and input related to service delivery.
Social Woker (2)	Develop criteria, training, service plans, partnership agreements, evaluation and follow up for Wrap Around Services.

(If program has additional staff positions, insert additional rows in table. Please delete empty rows.)

8. Program Evaluation

a) Information Management and Data Collection
   - *Describe the **tools and processes** used to collect program data, and the **systems** used to manage program data (i.e. client data, service information, or other data relevant to the program's overall service delivery and performance).*
   - *If any surveys are used to collect information used in performance reporting, please provide a description of survey procedures (such as when, how, and by/to whom the survey is distributed, received, completed, and returned) and a copy of the most recent survey as an addendum.*

To collect data, we use the sign- in sheet as a tool. Health Educators facilitate the process of participants providing us the information we need. The program data collected include the name, contact information and demographics of the client. The sign-in sheet also includes the date and location of service delivery as well as the nature of the service delivery.

We use Adobe Access to manage this information utilizing an Access database. Health education staff are required to enter the length of each session, the number of persons attending and if the client is a youth or an older adult. Only one entry is needed per service delivery. The Program Supervisor coaches staff on appropriate data collection practices and the importance of entering sign-in sheets into Adobe Access each week.

Pre/Post surveys are also used to evaluate the extent to which a young person's intended behavior shows signs of delay in the onset of sexual activity and or intention to engage in sexual practices. Youth enrolled in either the Gender Matters or the Making Proud Choices curriculum receive the pre survey before the session begins and receive the post-test after completing the last session of curriculum. A copy of the pre/post-test is attached.

Performance Evaluation
   Describe how the agency uses the data it collects to evaluate both programmatic effectiveness (as described in questions 2 and 5 of this work statement) and progress towards performance goals (as described in 9 and 10 of this work statement).

Evaluation using Qualitative Data
AHA approach to the work is to build collectives of informed youth leaders within marginalized communities. This method of *community building centered health education* allows for two way communication concerning program effectiveness as well as our progress to meeting our objectives. Monthly Youth-Adult Council meetings, quarterly peer-to-peer cohort graduations and bi-annual program celebrations offer opportunities to discuss how and to what extent the act of providing health education as a peer-to-peers has impacted both the personal self-concept of the educator and perceptions of awareness amongst the specific population in which the curriculum is implemented. AHA's Peer-to-Peer (P2P) project conducts weekly Program Implementation meetings in which the qualitative data of our youth leaders are discussed within the context of enhancing program delivery when and where we are able.

Evaluation using Quantitative Data
AHA has hired an external evaluator to provide an evaluation report on the extent to which participation in AHA's health education programming advances these outcomes:

   - Postponement of first birth or causing pregnancy until after high school graduation
   - Increase in inter-conception time if first birth or being the cause of a pregnancy has already occurred until after high school graduation and at least 18 months from first birth/cause of pregnancy.
   - Sexual health (absence of the contraction of an STD or HIV)
   - High school graduation and entrance into a degree-earning educational program, certificate-earning occupational training program or living wage employment

b) Quality Improvement
   Describe how the agency uses its evaluation results to: identify problems or areas for improvement in service delivery; design strategies to address these problems; implement those strategies; and follow up to ensure corrective actions have been effective.
   The AHA Program conducts quarterly quality improvement meetings to review evaluation results from sexual health education sessions to assess the effectiveness of programming.

   In addition, AHA staff meets after each AHA training to review evaluation results and discuss ways to continue improving the quality of AHA trainings.

   AHA reports as part of the department's Continuous Quality Improvement (CQI) program. The program meets regularly on CQI and reports outcomes.

9. **Output Performance Measures**
   Enter the output performance measures to be reported for the program in quarterly performance reports. You must report the number of unduplicated clients served and at least one other output. Total annual goals should be 12-month goals. Outputs should be reported quarterly unless a specific programmatic or data-driven limitation exists. Please use the comments section to specify and provide explanation for any reporting exceptions.

Output Measure	Total Annual Goal	Quarters Reported
1. Number of sexuality education and skills development encounters provided to youth.	1200	4

2.	Number of unduplicated clients served through the delivery of an evidenced informed curriculum	500	4

(If approved for additional Output measures, insert additional rows in table. Please delete empty rows.)

Comments (for reporting exceptions, if applicable):

10. Outcome Performance Measures

Enter the outcome performance measures (numerators, denominators, and outcome rates) to be reported for the program in quarterly performance reports. Total annual goals should be 12-month goals. Outcomes should be reported quarterly unless a specific programmatic or data-driven limitation exists. Please use the comments section to specify and provide explanation for any reporting exceptions.

Outcome Measure			Total Annual Goal	Quarters Reported
1.	a. Total number of clients' post-tests showing improvement on at least 2 out of 3 intended behavior questions compared to pre-test	(numerator)	320	
	b. Number of post-tests received from clients participating in an evidenced informed curriculum	(denominator)	400	4
	c. Percentage of clients showing improvement on at least 2 out of 3 intended behavior questions on the post-test compared to the pre-test.	(rate)	80%	

(If approved for additional outcome measures, insert additional rows in table. Please delete empty rows.)

Comments (for reporting exceptions, if applicable):

11. Community Planning

a) Community Planning Group Participation

If the agency participates in any community planning groups relevant to the issue area and services under this contract, please list them here, along with the name and title of agency representatives who participate and a brief description of their role and participation in that planning group.

AHA's is a community-planning body itself through our Youth-Adult Council for Adolescent HIV/STD Prevention- Staff who serve this council are: Omar Lopez (Facilitator), Zana Muscove (Coordinator), Tim Eubanks (Supervisor) and Jina Sorensen (Internal Evaluator)

Community Planning Group	Agency Participant Name/Title	Participation Role/Description
Mayor Adler's LGBTQ Task Force	Omar Lopez, Health Educator	Member
AISD Northeast Austin Planning Team	Tim Eubanks, Program Supervisor	Member
AISD School Health Advisory Committee	Alda Santana, Program Coordinator	Education Chair
Communities of Color United	Tim Eubanks, Program Supervisor	Member on the leadership group.
Healthy Youth Partnership (HYP)	Jina Sorensen, Program Coordinator	Past steering committee member and organizer of the HYP academy. AHA is a co-founder of the HYP.
Opportunity Youth Collaborative	Tim Eubanks, Program Supervisor	Past steering committee member and one of the original organizers of the collaborative.

		Tim also helped organize the collaborative's Youth Council.
Hispanic Chamber of Commerce	Alda Santana, Program Coordinator	Member of the education committee
Urban Roots Advisory Board	Tim Eubanks, Program Supervisor	Member
ATX Black Pride	Omar Lopez, Health Educator	Serves this group as a facilities and event planning volunteer
Ready By 21 (RB21)	Tim Eubanks, Program Supervisor	Past steering committee member and past chair of its youth engagement committee. Tim also helped form RB21 and the City of Austin's first Youth Council.

(If agency is involved in additional planning groups, insert additional rows in table. Please delete empty rows.)

b) Community Plan

If the agency aligns itself with a Community Plan, provide the name of the plan and its authoring body, and a brief description of how you align your agency with and respond to the plan's shared community goals. If there is not an established community plan in this issue area, describe what the agency uses to orient itself to community needs and goals.

The Austin Healthy Adolescent (AHA) program was a result of HHSD's community planning efforts in collaboration with the Texas Department of State Health Services, Texas Healthy Adolescent Initiative. The AHA program continues to participate in the health equity objectives of the City of Austin Imagine Austin plan. AHA is also guided by the HHSD Community Health Improvement Plan and the HHSD strategic plan. Formally, our work falls under the HHSD Business Plan and corresponds to the City of Austin Performance Measure 1984 for positive youth development. AHA' adolescent health education practice is also a part of HHSD's new health equity plan and the State Health Services (DSHS) Texas Healthy Adolescent Initiatives. Furthermore, AHA aligns itself with the Community Advancement Network and Ready by 21 community plans including the Youth Services Mapping and corresponding indicators of positive youth development.

c) Response to Community Change

Have there been, or do you anticipate, any changes to the community plan or community goals, that will impact how you provide services over the remainder of your contract period?

Yes, the City of Austin is developing a new comprehensive HIV Prevention plan which will be inclusive of and informative to the work of AHA with regards to adolescent HIV prevention.