

**United Way of Lane County
2010/2011 Strategic/Preventive Proposal**

- A. Name of Organization: Planned Parenthood of Southwestern Oregon
1. Contact Person: Mary Gossart
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Eugene OR 97401
3. Phone: (541) 344-2632 ext. 13 Email: mary.gossart@pphsso.org
- B. Name of Proposed Services: Comprehensive Sex Education for Youth and Parents
- C. Amount of Funding Requested for a 12 month period: \$35,000

The undersigned confirm that the information provided in this application is true and accurate and that the application has received / will receive Board approval.

Cynthia Pappas 3/3/2010
Signature: Agency Director Date

Audrey L. Edwards MD, MPH 3/3/2010
Signature: President, Board of Directors Date

SECTION I: Strategic/Preventive Action Area

Which Community Investment Strategic Action Area do the proposed services primarily address? (Please see **Appendix A UWLC 2010 Strategic/Preventive Goals and Funding Strategies for EDUCATION, INCOME and HEALTH.**)

1. Action Area: (select one)

Education: Preparing children to succeed in school and life.

Income: Moving families from poverty to financial stability.

Health: Ensuring people have basic access to healthcare.

2. Strategies: Based on your selection above, list the specific strategy or strategies the proposed services are designed to address. (*Note: Strategy or strategies listed must come from Appendix A referred to above.*)

Comprehensive Sex Education for Youth and Parents addresses the Preventive Strategy of Youth Pregnancy Prevention.

3. Provide a *brief* (no more than one paragraph) executive summary of how you will address the strategies you listed in Question 2, above. Details will be expanded in Section II, questions 1-3.

Planned Parenthood of Southwestern Oregon (PPSO) provides age-appropriate comprehensive sex education programs for elementary through high-school-aged youth, in both school and community settings. Programs involve a series of sessions, with multiple visits to a single location. Content areas include puberty, growth and development, healthy relationships, delaying sex, setting boundaries, sexually transmitted infections (STIs) and HIV/AIDS, contraception and sexual protection, and the availability of health services for youth in the community. PPSO also provides workshops and resources for parents to support family communication about sex.

SECTION II: SERVICE IMPACT

1. Need, Target Population and Program Description

A. Need/Target Population

Identify the community problem/need the strategies described in Section I address, including the number of Lane County residents affected. Clearly link the need to the Community Investment Strategic Action Area goals and strategies selected in 1 and 2 above. *Also, include local trend information over the last five years as available/appropriate.* Describe how the proposed service(s) reach the intended target population for your Action Area (see Appendix A) and is appropriate to the need.

After a decade of substantial declines, Oregon's teen pregnancy rate increased in both 2006 and 2007. The Oregon Healthy Teen Survey trends indicate an increase in the number of teens who report having had sex, and inconsistent progress with regard to the use of condoms and contraception. Below are the Lane County Teen Pregnancy rates 2004-2008, as reported through Oregon Department of Human Services.

Lane County Teen Pregnancy Rates per 1,000 females		
15-17 year olds	18-19 year olds	15-19 year olds

2008	17.5*		
2007	21.1	57.7	39.1
2006	23.6	54.9	38.6
2005	17.8	47.8	31.8
2004	20.9	50.1	33.7

*Preliminary data. 2008 numbers not yet released.

Research from the Centers for Disease Control and Prevention (CDC) indicates that one in four females ages 14-19 has a sexually transmitted infection (2008). When left undetected and untreated, many STIs can lead to health problems, including infertility. As a community, we ask that young people make responsible choices regarding their sexual behavior. It is incumbent on us to ensure that they have the information, skills, support, and services to do so. Unfortunately, sex education in Oregon schools and youth-serving programs often occurs in a patchwork fashion, in part because of lack of expertise and comfort level on the part of teachers and staff. This is why so many schools and organizations turn to PPSO for age-appropriate, medically accurate comprehensive sex education.

Helping youth access the education, skills and services they need to be safe and healthy – whether they are having sex now or waiting for the future – requires ongoing commitment and diligence. It requires consistency over the long haul and is fundamental to addressing larger issues of youth and community wellbeing. The sexual health of young people affects the economic and social health of communities. The effects of teen pregnancy can be wide-ranging and often include not only negative public health outcomes for teens and their babies, but also reduced educational achievement, economic dependency and generational poverty. The Oregon Progress Board has named teen pregnancy prevention an urgent priority, as teen pregnancy affects other key state benchmark areas. Pregnancy and early parenting are leading causes of school dropout for teen females, and babies born to teens are more likely to be premature, suffer birth injuries and neurological defects, or die within their first year. Amy Rynell's 'Causes of Poverty: Findings from Recent Research' states that, "Half of all non-marital childbearing starts during the teen years which is associated with lower high school graduation and a 20 percent reduction in the girl's adult income."

Our Comprehensive Sex Education for Youth and Parents directly aligns with the UWLC Income goal of increasing the number of households over 200% of FPL. It targets the population of youth at high risk of a life of poverty by addressing the strategy of Teen Pregnancy Prevention. PPSO's target population for our comprehensive sex education programs encompasses elementary, middle, and high school aged youth in schools and youth-serving organizations. We also target parents who may need help talking to their children about healthy sexuality.

B. Service Description

Describe the proposed services for which you are requesting funds. Be very specific. The description should be a clear and logical response to needs outlined in Section 2, question 1A. Describe how your proposed services are designed to effectively meet the Community Investment Strategic Action Area goals and strategies selected in Section 1. Describe the research or evidence based methods which justify the proposed approach.

PPSO provides medically accurate, age-appropriate comprehensive sex education programs for elementary through high-school-aged youth, in both school and community settings. Programs involve a series of sessions, with multiple visits to a single location. Content areas include puberty, growth and development, healthy relationships, delaying sex, setting boundaries, sexually transmitted infections (STIs) and HIV/AIDS, contraception and sexual protection, and the availability of health services for youth in the community. PPSO also provides workshops and resources for parents to support family communication about sex.

Schools and youth serving organizations throughout our region request PPSO's education programs. Funding from the United Way of Lane County will help support PPSO in meeting the demand in Lane County. UWLC funds will be applied to education staff time, prep time, and travel costs.

Planned Parenthood's objective is to sustain the level of comprehensive sex education programs for elementary, middle, and high school-aged youth throughout our affiliate region so we don't lose further ground on the outreach efforts made to date. In 2010, this would result in programs reaching approximately 16,800 youth (duplicated #s) (5,600 unduplicated) through school and community-based sites. As a result of these programs, participants will gain knowledge and understanding about relevant sexual health issues and have increased capacity to make informed, responsible decisions about their sexual health and behaviors.

Numerous studies indicate that children raised in families that communicate openly and effectively about

sex are more likely delay sex, and when they do have sex, are more likely to use contraception. According to a series of national surveys 2001-2009, "Teens say that parents most influence their decisions about sex, (more so than friends, the media and other sources) but parents underestimate their influence in this area." The 2007 survey indicated that "...the vast majority of parents (82%) and 66% of teens agree that when it comes to talking about sex, parents often don't know what to say, how to say it, or when to start the conversation," (National Campaign to Prevent Teen and Unwanted Pregnancy, 2001-2009). But these conversations are essential. PPSO's educational resources and workshops provide parents with the information, skills, confidence, and support they need to initiate and sustain this communication. Our parent workshops are offered through schools, day care centers, preschools, religious organizations, community groups, and teen parent programs. We hold approximately eight parent workshops a year in Lane County. Our educational materials include website resources, booklets, fact sheets, parent packets, and phone consultations that further support parents in their efforts.

As part of its commitment to support comprehensive sex education at home, PPSO provides Parent Information Packets that include resources that assist parents in talking with their children about sexual issues – sharing factual information along with their personal beliefs and values. The packet contains:

- ❖ "There's No Place Like Home for Sex Education," PPSO's 80-page guide that helps parents share with their children medically accurate, age-appropriate information about sex in a more comfortable, effective way. This book has been widely acclaimed as an essential resource for parents.
- ❖ Fact sheets from national agencies specializing in adolescent sexual health. These fact sheets help parents understand the developmental and social issues that young people face; the risk and protective factors for teen pregnancy and sexually transmitted infections; and proven public-health strategies for helping protect our youth and supporting them in responsible behavior.
- ❖ A feedback form that gives parents the opportunity to provide input on what was or was not useful in the packet, and if/how the information prepared them to address sexual health issues with their children. PPSO considers parent feedback in selecting the resources included in the packet.

PPSO distributes Parent Packets (in both English and Spanish, as well as a Native American adaptation of There's No Place Like Home...) directly to interested parents, many of who contact us on the designated toll free number (866-kits4us) or through the website; we also collaborate with schools, faith communities, community organizations, the Oregon Department of Education, and medical providers to distribute these resources. We send free Parent Packets supported by grant funding throughout Oregon; for a minimal charge we provide them to other parts of the country. We distribute approximately 2,000 Parent Packets throughout the year. United Way funds will allow us to print and distribute 600 Parent Packets in Lane County.

Parent Previews are held with each elementary level education program. Through the preview, parents learn about the sexual health information their children will be taught. As part of this process, parents receive education materials and support for communicating about these issues with their children. The preview session gives them opportunity to gain knowledge and have their questions or concerns addressed by a Planned Parenthood educator. We anticipate holding 25 parent previews in the 2010-11 school year.

Comprehensive Sex Education for Youth and Parents also aligns with the UWLC Education and Health strategies. PPSO provides these education programs in a variety of school and community settings. These programs support the health and safety of young people by building knowledge and skills to make important life decisions and promoting access to health services. They help parents prepare for talking with their children about life skills, sexual health, and decision-making.

2. 2010/2011 Service Objectives and Outcomes

A. Service Objectives (# people to be served and/or services provided):

You may choose the 12-month reporting period that best matches your data collection system as long as the period begins in calendar year 2010.

12-Month Service Objectives: 8/ 01/ 2010 through 8/ 01/2011
 (Month/Day/Year) (Month/Day/Year)

Proposed Service Objectives:

- 5600 (unduplicated) youth will receive PPSO education programs
- 120 parents will be reached through parent workshops
- 115 parents will be reached through parent previews
- 600 Parent Packets will be sent to parents in Lane County

B. Proposed Services Outcomes (measurable statement of intended effect on target population.)

Dates should match the service objective dates you specified in question 2 A.

12-Month Outcomes: 8/ 1/ 2010 through 8/ 1/2011
 (Month/Day/Year) (Month/Day/Year)

Proposed Outcomes and Performance Measures for each proposed service (provide in table format, correlating measures to proposed outcomes):

Example: Note: Table can be expanded as needed to include all information.

<i>Outcomes</i>	<i>Measures</i>
<i>85% of youth participating in PP education programs will indicate that they are likely or very likely to use information learned from the program to make healthy sexual decisions in their lives</i>	<i>Self-evaluation forms</i>
<i>70% of youth participating in PP education programs demonstrate increase in knowledge about sexual health, protection, and prevention</i>	<i>Self-evaluation form</i>
<i>80% Parents will increase their preparedness to talk with their children about age-appropriate sexual health issues</i>	<i>Self-evaluation form; feedback form</i>

Note: Please include a copy of your Logic Model if one was developed. It is excluded from the 15 page limit.

3. Tracking Systems

What systems will be used to track the impacts and outcomes of the services provided and support continuous improvement? (e.g., telephone logs, client files, client satisfaction survey, pre-test/post-test, software systems, etc.) Please note if a tracking system is already in use, or if it will be developed to support the program.

Our education sessions will have a written evaluation/feedback component, which will assess the value participants receive from the program or materials, and provide an opportunity for qualitative feedback on new learnings, insights, and expectations, as well as increase in knowledge. Teachers also complete evaluation/feedback forms.

We track data from the Oregon Healthy Teens Survey and statistics from the Oregon Department of Health to be aware of trends in contraceptive use, sexual activity, and pregnancy rates.

We include a feedback form in the Parent Packet and self-evaluation form for workshops and previews that give parents the opportunity to provide input on what was or was not useful in the packet, and if/how the information prepared them to address sexual health issues with their children.

SECTION III: SERVICE MANAGEMENT

1. Client Involvement

Describe your client involvement systems and how they lead to more efficient and effective services. For example: How are clients involved in service planning, offering feedback or making suggestions about your services? How do you measure client satisfaction? How do your feedback systems lead to more effective services? Please provide examples.

We welcome and take into consideration all feedback on our Parent Information Packets from parents and caregivers. PPSO considers parent feedback in selecting the resources included in the packet. We consider and integrate where appropriate the feedback we receive from youth and parents who participate in our education programs and from educators who schedule our programs. Evaluations from teachers provide an assessment of the quality, appropriateness, and effectiveness of the program content and PPSO educator.

2. Coordination/Collaboration

Describe specifically how you work with others in the community to maximize service to the people you serve. List any formal relationships, the nature of the partnership and the type of agreement (i.e. Memorandum of Understanding, Service Agreement, Contract or other documentation.)

PPSO educators partner with schools around our region to provide Comprehensive Sex Education programs. We are invited to provide education programs by family-serving organizations such as Looking Glass: Station 7, New Roads, Serbu Juvenile Justice Center, Ophelia's Place, Birth to Three, Committed Partners for Youth, Willamette Family Treatment, charter and alternative education programs, and many others. When PPSO is asked to teach a series of education programs at specific sites, we work with them to adapt our existing menu of comprehensive programs to best meet the needs of youth they serve. We are guided by best practices and align programs with Oregon Health Education Standards.

PPSO distributes Parent Packets directly to interested parents, many of whom contact us on the toll free number or through the website; we also collaborate with schools, community organizations, faith communities, the Oregon Department of Education, medical providers, Head Start and others to distribute this resource through their offices and to provide parent workshops.

PPSO is one of several partners working with young women in foster care to prepare them to successfully transition out of care. Through this United Way/Women in Philanthropy HOPE Project, PPSO provides sex education programs as well as reproductive health services to the young women who are part of the Foster Girl Cohort.

PPSO is also a partner in the Girls Rule! Parent-Daughter Fair planning group. This annual event provides an important opportunity for learning and connectedness with girls ages 9-14 and their caring adults. Several pieces of research verify the impact of parent-child connectedness and teen pregnancy prevention.

3. Diversity / Accessibility

“United Way of Lane County believes that respect for and understanding of all cultures, peoples, and lifestyles are central to our mission of helping people care for one another. To that end, United Way will demonstrate that it values diversity in its funding of programs in Lane County. We will attempt to promote and recognize programs and organizations which provide culturally appropriate services, ensure access for people needing those services, and show a valuing of diversity in volunteer, staff, and service systems.” --United Way of Lane County’s Diversity Statement

Describe how diverse segments of the community have access to the proposed services. Describe your efforts to continuously improve services to underserved populations. Diversity can include but is not limited to: race, gender, ethnicity, physical ability, sexual orientation, age, familial status, economic status, rural/urban location.

PPSO education programs reach diverse populations throughout Lane County. We are invited to teach in schools, organizations and youth-serving programs throughout the county. These include the urban Eugene/Springfield area as well as more rural communities such as Creswell, Cottage Grove, Lowell, Marcola, Junction City, Oakridge/Westfir, Pleasant Hill, Crow, Lorane, Elmira, and Veneta. We present to parenting programs, youth in detention centers, faith communities, and many other groups. The youth and parents served through these schools, organizations and youth-serving programs cross all socio-economic lines and are representative of the diversity with our county.

PPSO is committed to diversity as an organization. Below is an excerpt from our recently drafted agency diversity policy:

“We define diversity as differences in culture, age, race, gender, ethnic heritage, language, national origin, spiritual belief or tradition, sexual orientation, physical ability, and socio-economic circumstances. Each of these experiences brings a varied perspective, reflection and insight into every life experience.

PPSO seeks to empower the women, men and families of our service area, promoting health, safety, fulfillment and achievement, especially among youth and young adults. The areas of PPSO’s focus—sexual health, reproduction, family relationships, loving relationships—are sensitive, intimate and culturally contextualized. In order for its work to be responsive to, effective in, and embraced by all of the communities it serves, PPSO’s governing leadership must include respected leaders from among all of the communities it serves. Further, its base of donor and volunteer support and its staff must also be reflective of the community it serves—providing an authentic voice in the direction of the agency that reflects the diversity of viewpoints in the community.

PPSO is committed to cultural competency in all areas of service delivery, including clinical services, education and advocacy. We will seek continuous improvement in our ability to provide responsive services to diverse populations in our service areas. As a matter of agency policy in exercising our management responsibilities, we will not discriminate against employees, volunteers, applicants, governing boards, clients or donors on the basis of age, color, disability, gender, national origin, physical characteristics, race, ethnicity, sexual orientation or socioeconomic status. We will work proactively to reach out to diverse communities to recruit and attract diverse participants in all of these functions.”

4. Use of Volunteer and Partnership Resources

Describe how you use volunteers. Include type of positions they hold, number of volunteers, and total volunteer hours per year. Describe your capacity to mobilize additional community partners and/or in-kind resources in conjunction with the proposed services.

Our education department does not utilize volunteers in delivering programs because it requires rigorous training to be a sex educator. However, within the education department, volunteers help us assemble parent packets and staff tables or provide other support at educational events. We have volunteer interns working with us in our collaboration with Looking Glass homeless and runaway youth outreach. PPSO’s education department also has a Youth Action Council (REvolution) that includes 14 young volunteers who commit to serving a minimum of one school year. Throughout PPSO, volunteers help us with numerous tasks in fundraising, clinic services, and finance. Over 900 volunteers contributed 5,325 hours of service to PPSO last year.

5. Budget

- A. Complete the budget form (Appendix B) included separately.

Please see attached.

- B. Describe the return on the UWLC investment. Include such factors as demonstrated cost effectiveness and efficiency of service delivery, how you will leverage other financial investments to support the work and the sources of other financial investment for this work. Describe how the work improves the effectiveness of the human services network in Lane County.

Preventing teen pregnancy helps reduce the financial burden to the community. Each publicly subsidized birth costs \$4,696 in state and federal funds. The vast majority of teen births occur among lower-income teens and are paid for by public insurance, which means the 336 teen births that occurred in Lane County in 2007 cost taxpayers over a million dollars. Added to this are the first year costs of supporting a child with public funds - \$3,386 per child. This brings the total costs of publicly subsidized teen parenting to \$8,082 per child, and this is just for the first year alone.

Historically, PPSO has depended upon a combination of clinic revenue, United Way funds, donations, and grants to support our education program. Due in part to significant changes in the way clinic services for low-income women are reimbursed through our Medicaid waiver program FPEP, as well as a reduction in the types of services eligible for reimbursement, PPSO has experienced a decline in both patients and clinic revenue. Due to the economic downturn, foundation support to PPSO has dropped \$20,300 in the past year and a half. We are increasing our efforts to seek out grant funding to support our education programs.

To address budget issues over the past three years, PPSO has reduced materials, services, and personnel. In response, PPSO introduced a cost-sharing model for education. PPSO now charges a fee for education programs, with allowance for partial or full waiver when necessary. We understand that many schools and organizations may find it difficult to include this fee for our services in their budgets. We rolled out fee for education services during the 2008-09 school year, and were successful in collecting almost 38% of invoiced expenses. As we all struggle with current economic conditions, PPSO seeks partnerships with funders and donors to help sustain education for youth and parents.

We are an active participant in our local medical community and partner with other health organizations. We work closely with our county public health departments, the Oregon State Health Division, 100% Access Health Care Coalition safety net providers, and Federally Qualified Health Centers.

- C. If you are requesting funding for Capital investment, including funding for physical space or renovation, you must include the full cost of the capital project and how you will fund the balance outside the UWLC amount.

N/A

6. Follow-Up

If you received a United Way Allocation in 2009, the United Way volunteer-led review panel will receive copies of your most recent panel summary report. Were there any concerns or conditions for continued funding identified by the United Way review panel during the last review?

Yes No

If yes, how have these been addressed by your agency?

7. Governance, Management & Organizational Capacity

Briefly describe how this program fits into your organizational structure, how it will be managed, and how oversight will be provided. **Complete Appendix C, Required Compliance Documentation, Exhibit A – Best Organizational Practices and Management.**

Describe the ability of the organization to carry out the proposed services successfully and efficiently based on current resources, i.e. expertise of staff, diversity of funding sources, board composition and involvement, fiscal and governance systems and facilities.

PPSO is recognized as the region's primary resource for comprehensive sex education programs. PPSO's Education and Community Outreach program works collaboratively throughout the community — with schools, youth-serving agencies, health officials, churches, parents, and others concerned with the well-being of youth — to provide a wide range of education programs. In 2009, we provided a total of 1,039 educational programs throughout our southwestern Oregon, reaching 25,549 people (duplicated number). All of our education programs provide factual, comprehensive information in a matter-of-fact, realistic way. Teens learn about healthy relationships, setting boundaries, and consequences for risky behavior. They also learn about protecting themselves from pregnancy and disease, as well as the availability of health services. PPSO also offers extensive education and training to parents to facilitate family communication, as well as educational programs for professionals who work with youth and families.

Mary Gossart is PPSO's Vice President of Education and Training. Mary holds a Masters Degree in Health Education and has been with PPSO for 29 years. Along with providing supervision and guidance for our education program, Mary provides training for parents and professionals who work with youth. She is also the author of the parent guide, *"There's No Place Like Home... for Sex Education."*

PPSO has a diverse funding stream, comprised of FPEP reimbursements, fees for service, foundation and individual donor support and United Way funds, PPSO has a successful track record of managing grant-funded, outcome-based programs. We have a diverse board made up of community members spanning our region from Corvallis to Ashland, representing fields such as faith, medicine, law, and business.

8. Policy Adherence

UWLC requires all service partner organizations to follow and adhere to the following UWLC Policies and Certification Documents:

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Read and sign Exhibit B, United Way of Lane County Policies and Certification Documents, included in Appendix C.

All required documents were submitted with our Basic Needs proposal.

Strategic/Preventive Investment Application

Proposed Services BUDGET

(fill in the yellow cells)



Agency Name:

Planned Parenthood of Southwestern Oregon

Proposed Services:

Comprehensive Sex Education for Youth and Parents

	Prior 12 Months	Future 12 Months
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REVENUE/SUPPORT

	Prior 12 Months	Future 12 Months
United Way Funding/Request (do NOT include Donor Designations)	\$21,400.00	\$35,000.00
Public Support: Contributions/Fundraising Events (include Donor Designations)	\$20,735.00	\$22,800.00
Government Funding		
Foundation/Corporation/Other Grants or Major Gifts	\$26,000.00	\$35,000.00
Program Service Fees or Membership Dues	\$11,544.00	\$10,000.00
Other Revenue	\$37,676.00	\$27,616.00
Total Revenue	\$117,355.00	\$130,416.00

	Actual	Estimated
EXPENSES		
Personnel Related	\$103,554.00	\$103,554.00
Client Assistance		
Other Direct Program Expenses	\$1,375.00	\$4,255.00
Administrative Overhead	\$12,426.00	\$22,607.00
Total Expenses	\$117,355.00	\$130,416.00

NET (should be zero)	\$0.00	\$0.00
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What percent of your agency budget do these proposed services represent?	2%	2%
What percent of your agency revenue is the United Way request?	1%	1%
Number of employee FTE's (full-time equivalents) in proposed services?	2.27	2.47
Percentage United Way request to overall proposed services revenue	18%	27%
Administrative overhead percentage applied to proposed services	12%	21%

Completed by:

Robin Runyan & Mary Gossart

LOGIC MODEL FRAMEWORK TEMPLATE

IMPACT	Teen pregnancy rates will decline. Delayed childbearing resulting in improved economic outcomes for youth as they enter adulthood.
OUTCOME	85% of youth participating in PP education programs will indicate that they are likely or very likely to use information learned from the program to make healthy sexual decisions in their lives 70% of youth participating in PP education programs demonstrate increase in knowledge about sexual health, protection, and prevention 80% Parents will increase their preparedness to talk with their children about age-appropriate sexual health issues
MILESTONE[^]	
EVALUATION*	Youth self-assessment/evaluation forms Parent self-assessment/evaluation forms Feedback forms for parent packets
METRIC*	% youth indicate increase in knowledge (Target: 70%) % of youth indicating intention to use info learned to make healthy sexual decisions (Target: 85%) % parents feel more prepared to talk with their children about sexual health (Target: 80%)
OUTPUT	5600 unduplicated youth receiving education 120 parents reached through parent workshops and 115 parents reached through parent previews 600 parent packets sent to parents in Lane County
ACTIVITY	Average of three one-hour sessions, according to school or organization needs and grade level. Students learn about anatomy/physiology, delaying sex, birth control, sexual protection, STI/HIV 8 Parent workshops X 1.5 hours each -parents learn about talking to their children about sexual health / 25 Parent Previews x 1 hour each - information on what their children will learn in sex education programs 600 Parent Packets sent to Lane County families - parents learn how to talk to their children about sexual health
INPUT	Existing: 1.8 FTE educators, .4 FTE Supervision, planning, and program development time, .2 FTE Grant Writer, Funding for 1,000 Parent Packets for whole region, 2500 miles/travel Needed: 27% of program funded by United Way, including 600 Parent Packets
STRATEGY	Teach youth age-appropriate, medically accurate comprehensive sex education. Provide parents education and resources to increase their preparedness to talk with their children about age-appropriate sexual health issues.
INDICATOR	Oregon County Vital Stats report 39.1 per 1,000 female teens 15-19 in Lane County were pregnant in 2007. In 2006, teen pregnancy rates increased after a decade of substantial decline. The vast majority of parents (82%) and 66% of teens agree that when it comes to talking about sex, parents often don't know what to say, how to say it, or when to start the conversation In the 2007-08 Oregon Healthy Teens Survey, 13% of sexually active 11th graders reported not using any form of birth control the last time they had intercourse.
CONDITION	Young people lack comprehensive education necessary to make informed decisions about sexual health. Teachers lack expertise and resources to teach comprehensive sex education programs. Parents feel ill-equipped to communicate with their children about sexual health issues. The effects of teen pregnancy can be wide-ranging and often include negative public health outcomes for teens and their babies, reduced educational achievement, economic dependency, and generational poverty.

Metric and evaluation (*) sections required, but will not contribute significantly to overall score during this funding cycle. Demonstration of outcome measurement will be required in future funding cycles (e.g., data results, copies of survey instruments). If the agency currently does not conduct data collection to measure outcomes, document this as "In Development" in the metric and evaluation section of the Logic Model.

Milestone (^) section required only if short-term and long-term outcomes are measured.

Attachment A

United Way of Lane County Best Organizational Practices and Management

Agency Name: Planned Parenthood of Southwestern Oregon

The following questions represent generally accepted best practices for the management and governance of non-profit organizations. Please respond with **Yes** or **No**. If **No**, provide a brief explanation. (Note: These are not required and some policies and activities may not be appropriate for your agency.)

ORGANIZATIONAL MISSION AND DIVERSITY	Yes	No	Other/Explain
A. Mission			
1. Our agency has a written mission statement that reflects our purposes and values.	✓		
2. The board regularly reviews our agency's mission statement.		✓	
3. Our agency engages in annual planning that helps define organizational and divisional goals.	✓		
B. Diversity			
1. Our agency's governance and operations strive to be inclusive of all parts of our community.	✓		
2. Our agency strives to reflect the diversity of the community we serve.	✓		
3. Our agency has a written policy and practice of non-discrimination in the following areas:			We are currently updating with Board Diversity Committee.
a. Employment (recruitment, hiring, assignment, promotion, discipline, termination)	✓		
b. Board and committee participation			
c. Volunteer selection			
d. Service delivery			

FINANCIAL MANAGEMENT	Yes	No	Other/Explain
A. Audit			
1. Our agency has an annual audit or review done by an independent certified public accounting firm.	✓		
2. If yes, the reports and management letter (if provided) are reviewed by a finance committee or the board.	✓		
B. Financial Transactions and Controls			
1. Our board has approved a policy specifying that dual signatures are required on checks over a certain amount.	✓		
2. Our board has approved a delegation of authority to specified levels of management that shows types and limits of spending or approval authority.	✓		

C. Money & Investments	Yes	No	Other/Explain
1. Bank deposits are FDIC insured and account balances are at or below the \$250K limit.	✓		
2. The board has adopted an investment policy that is regularly reviewed.	✓		
3. Securities, mortgages, insurance policies and similar instruments are under the control of the executive director, chief financial officer, or board member.	✓		
D. Capital Equipment	Yes	No	Other/Explain
1. The board approves all equipment purchases, leases, and related renewals over a certain dollar amount.	✓		
2. Periodic physical inventories are taken and compared with the capital equipment ledgers.	✓		
E. Accounts Payable	Yes	No	Other/Explain
1. The board has approved a written purchasing policy.		✓	
2. All deposits for payroll taxes, employee retirement contributions, etc. are made in a timely manner.	✓		
3. Purchases for or on behalf of employees are made pursuant to a board-established policy.	✓		
4. Credit cards are issued in the agency's name but assigned to specific employees and in line with board policy.	✓		
5. Credit card usage by employees is limited to use specified by board policy and is periodically reviewed by supervisors or, in the case of the executive director, the budget or finance committee.	✓		
F. Employees Expense/Reimbursement	Yes	No	Other/Explain
1. We have a board-approved policy governing if and when salary advances (draw), travel advances, and per diems are provided to staff.	✓		
2. There is a travel and employee expense reimbursement policy approved by our board.	✓		
3. Employees are required to submit expense reports for all reimbursements within 60 days of expenditures.	✓		
4. The board assures that the executive director's travel and expense reimbursement are reviewed and approved.	✓		
G. Budgeting and periodic financial reports	Yes	No	Other/Explain
1. Our agency forecasts financial requirements for proposed program activity and optimum use of funds.	✓		
2. The executive director prepares an annual comprehensive operating budget and capital budget, presents the budget to the board for approval, and establishes controls to assure that budgetary objectives are achieved.	✓		
3. Substantial changes in the budget are presented to the board for approval.	✓		
4. Our board, or the financial committee:			
a. Reviews the financial statements (statement of activities, statement of position) on a quarterly basis	✓		
b. Receives explanations of major variances.			

c. Receives a comparison of actual to budgeted expenditures for the reporting period and year-to-date by program.	✓		
d. Reviews source and amounts of funding by function.			
GOVERNANCE	Yes	No	Other/Explain
A. Board of Directors			
1. Our agency has a governing board of citizen leaders.	✓		
2. Our board is a volunteer group serving without compensation.	✓		
3. Each board member has received training, as well as guidance materials on board governance and our agency operation.	✓		
4. Our board ensures the creation of and approves agency policies and procedures.	✓		
5. Our board hires, terminates, evaluates, and sets compensation for the executive director.	✓		
6. Our board delegates responsibility for day-to-day agency operations to the executive director.	✓		
7. Our board meets at least quarterly. Indicate how often: <u>6 times/year</u>	✓		
8. Our agency creates and maintains permanent board minutes.	✓		
9. Our agency ensures continuity by having overlapping board member terms.	✓		
10. Our board's nominating process ensures that the board remains appropriately diverse with respect to gender, ethnicity, culture, economic status, disabilities, and skills and/or expertise.	✓		
11. Our board has a process for handling urgent matters between meetings.	✓		
12. Each board member has contact information for the entire board.	✓		
13. Our board evaluates the executive director on an annual basis.	✓		
14. Over the last year, at what percent of your board meetings did you have a quorum in attendance? Indicate percentage <u>100</u>	✓		
B. Bylaws and Policies	Yes	No	Other/Explain
1. Our agency has written bylaws.	✓		
2. Our agency provides each board member a copy of the bylaws.	✓		
3. Our bylaws state the requirements for a board quorum.	✓		
4. Our board regularly reviews the bylaws.		✓	Regular legal reviews by attorney
5. Our agency has written operational policies and procedures.	✓		
6. Our board has approved a code of ethics for both staff	✓		

and volunteers, which includes provisions for ethical management, client confidentiality, publicity and fundraising practices.	✓		
7. Our agency has a written conflict of interest policy and a mechanism for resolving conflicts should they occur.	✓		
8. Our board ensures that the agency has personnel policies and written job descriptions.	✓		
C. Board Committees	Yes	No	Other/Explain
1. Our agency has standing and special committees that have been established to achieve efficiency of operations and share responsibility for decision-making.	✓		
2. Our agency's board members serve on at least one board committee.	✓		
3. Our agency committees meet on a regular basis (monthly or quarterly).	✓		
4. Our agency committees' activities and recommendations are reported to the board (verbally or in writing) for approval/action.	✓		
D. Compliance with legal requirements	Yes	No	Other/Explain
1. Our agency complies with all applicable legal, local, state, and federal operating and reporting requirements, including non-discrimination and non-profit requirements.	✓		
2. We have been the subject of a governmental investigation in the last 24 months.		✓	
E. Insurance	Yes	No	Other/Explain
1. We have liability insurance covering volunteers, staff and board of directors.	✓		
2. We have general liability coverage.	✓		

Agency Name: Planned Parenthood of Southwestern Oregon
Prepared By (Name): Cynthia Pappas
Title: CEO
Date: 1-14-10

Attachment B

United Way of Lane County UWLC Policies and Certification Documents

"I hereby certify that

Planned Parenthood of Southwestern Oregon
(print agency name)

agrees to follow and adhere to the following UWLC Policies and Certification Documents:"

- Non-Discrimination Certification
- USA Patriot Act Anti-Terrorism Compliance Measures
- Agency Direct Fundraising Policy
- Donor Designation Policy

Signature, Agency Director: Cynthia Pappas

Print name: Cynthia Pappas

Date: 1-14-10