



**SRAETTA**

Sexual Risk Avoidance Education  
Training and Technical Assistance

# Series One: Curriculum Assessment and Enhancement Webinar

SUCCESSFUL INCORPORATION OF SELECT A-F  
TOPICS IN SRAE

Public Strategies

March 31, 2021



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

**FYSB** Family & Youth  
Services Bureau

## **Webinar Moderator**

Cyndee Odom, FCCM, FCCN, Public Strategies

## **Webinar Panelists**

Melissa Walther, SRAS, Ascend

Lori Kuykendall, M.P.H., SRAS, Medical Institute for Sexual Health

Bennie Baek, M.Ed., SRAS, California Youth Partnership

Nanci Coppola, D.P.M., M.S., Public Strategies

# Melissa Walther

## Ascend

Melissa Walther, SRAS, is the National Project Director for Ascend, a membership and advocacy organization representing the sexual risk avoidance field. Her work with Ascend focuses on continuous improvement of the SRAE model and supporting states and programs in implementing effective programming to help youth thrive. She also has managed a statewide collaborative of SRA providers, together serving more than 100,000 youth each year.



## Lori Kuykendall

### Medical Institute for Sexual Health

Lori Kuykendall is President and CEO of the Medical Institute for Sexual Health, based in Dallas, TX. She earned a B.S. in Community Health Education and an M.P.H. in Health Promotion. Previously she led Aim for Success, one of the nation's largest SRAE education programs, and also served as a director of LifeTalk Resource Center, a pregnancy care center.



# **Bennie Baek**

## California Youth Partnership

Bennie Baek is the founder and CEO of the California Youth Partnership. She has dedicated more than 25 years to education and training of students, teachers, and parents. She holds Multiple Subjects and Special Education Specialist credentials in California and an M.Ed. with an emphasis in applied behavior analysis.



# Nanci Coppola

## Public Strategies

**Nanci Coppola, D.P.M., M.S.**, is a Senior Project Manager at Public Strategies. She previously served as Senior Legislative & Policy Advisor at the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Population Affairs, where she worked on projects related to Adolescent Pregnancy Prevention and the Success Sequence, and as CEO of Program Reach, a nonprofit organization that provided SRAE programs in New York City. She is the author of six youth development curricula.



# Objectives

**At the end of this webinar participants will be able to:**

1. Understand the concepts and strategies of ongoing assessment and enhancement of existing curricula through the lens of select A-F topics
2. Understand how to bring awareness to the short- and long-term impacts of STI/STDs on youth and how youth can avoid STI/STDs
3. Incorporate or enhance skill building in curricula for avoiding sexual coercion and dating violence
4. Understand how to incorporate the success sequence into SRAE presentations

# Required SRAE Components

- Ensure that the unambiguous and primary emphasis and context for each topic described in paragraph (3) is a message to youth that normalizes the optimal health behavior of avoiding nonmarital sexual activity;
- Be medically accurate and complete;
- Be age-appropriate;
- Be based on adolescent learning and developmental theories for the age group receiving the education; and
- Be culturally appropriate, recognizing the experiences of youth from diverse communities, backgrounds, and experiences.



# Required SRAE A-F Topics

- A. The holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future
- B. The advantage of refraining from nonmarital sexual activity in order 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 behavior

# Curriculum Assessment

Melissa Walther, SRAS  
Ascend



# Assessment vs. Evaluation

ASSESSMENT VS. EVALUATION	
Assessment tests how learning is going	Evaluation tests what has been learned
Diagnostic: it identifies areas for improvements	Judgmental: it arrives at an overall score
Identify weaknesses and improve the learning	Judge the quality
Conducted during the learning process	Held at the end of the learning process
Help students to learn from each other	Make students compete with each other

## THE PURPOSE OF...

### ASSESSMENT

is to *increase* quality



### EVALUATION

is to *judge* quality



# Ongoing Assessment

## Organization Assessment

- Curriculum
- Program goals
- Grant compliance

## Growth-Oriented Assessment

- Direct questioning
- Surveys
- Checklist

## Learning Cycle

- Improve teaching
- Improve learning



# Poll Questions

**How often do you assess your program?**

A. Every year B. Every other year C. 3-5 years D. When we get around to it

**How often do you assess your curriculum?**

A. Every year B. Every other year C. 3-5 years D. When we get around to it

**How often do you assess your learners?**

A. Every lesson/session B. Weekly C. Monthly D. Annually



# Assessment Frequency

Organizational assessment should occur at least annually.

- Includes assessing curriculum
- When change occurs
  - Change can include significant shifts in service population, delivery setting, or mode (in-person to virtual)

Learning cycle assessment should be ongoing.



# Assessing Fit

- Valid and reliable
- Age; developmentally, culturally, and linguistically appropriate
- Appropriate for youth with disabilities
- Conducted by qualified and trained personnel
- Compliance to required topics



# Curriculum Assessment with a Rubric

1. Identify objectives
  - Organizational goals
  - Programmatic objectives
  - Grant requirements (i.e., A-F required topics)
  - Theoretical frameworks
  - SRA conceptual models
  - Predictors of behavior change
2. Review curriculum to identify areas that meet the standards
3. List gaps or areas of weakness that could benefit from supplementation



# Assessing Curriculum

## Apps for developing a rubric

- **Orangeslice** teacher rubrics (Google Workspace add-on)
- **For All Rubrics** – <https://www.forallrubrics.com/>
- **Irubric** – [iRubric: Home of free rubric tools: RCampus](#)
- **Quick Rubric** – Welcome to Quick Rubric – Free, Fast, and Easy to Use!
- **General Rubric** – [General Rubric Generator \(teach-nology.com\)](#)

# Sexually Transmitted Infections/ Sexually Transmitted Diseases

Lori Kuykendall, M.P.H., SRAS  
Medical Institute for Sexual Health



# STI/STD Prevalence Among Youth

- The STI/STD epidemic in the U.S. has had unprecedented increases.
- On any given day in 2018, 1 in 5 people had an STI—totaling nearly 68 million infections.
- Of the 26 million new infections in 2018, almost half were among youth aged 15-24.
- Chlamydia, trichomoniasis, genital herpes, and HPV comprised 97.6% of all prevalent and 93.1% of all incident STIs.
- We are seeing the highest number of congenital syphilis cases ever reported.

**There is an urgency to address this epidemic and reevaluate our approach and program efforts.**

# Benefits of Delayed Sexual Activity

OPRE report indicates delaying sexual activity:

- Reduces chances of a pregnancy early in adolescence
- Reduces chances of STI transmission
- Reduces chances of living with an unmarried partner
- Improves reported relationship satisfaction among couples
- Increases the chances of high school graduation among girls
- Reduces reported symptoms of depression in the short term

Assessing the Benefits of Delayed Sexual Activity: A Synthesis of the Literature (2020, June 11). Office of Planning, Research, and Evaluation. <https://www.acf.hhs.gov/opre/report/assessing-benefits-delayed-sexual-activity-synthesis-literature>

# Present Impact of STIs/STDs on Youth

- Array of physical/pathological manifestations (infestations; skin lesions; infection of urethra, cervix, and endometrium; pelvic inflammatory disease; etc.)
- Emotional and mental health impact
- Impact on pregnancy/baby's transmission
- Sexual partner—transmission, trust issues, relationship stress



# Future Impact of STIs/STDs on Youth

- Pelvic Inflammatory Disease, ectopic pregnancy, infertility
- Various cancers (anogenital, oral, liver cancers)
- Chronic illness (adhesions, chronic pain)
- Work incapacitation
- Relationships and scholastic achievement



# Financial Impact of STIs/STDs on Youth

Drain on individuals and families—testing, treatment, services

Healthcare system

- \$16 billion per year in “direct medical costs”
- Youth aged 15-24 account for 26% of total costs

## Other Issue: STD drug resistance

Centers for Disease Control and Prevention. (2021, January 25). STI Prevalence, Incidence, and Cost Estimates. <https://www.cdc.gov/std/statistics/prevalence-incidence-cost-2020.htm>

# Two Key STI/STD Topics for Including in SRAE Curricula

- Risk/Prevalence: 1 in 4 sexually active teens is infected each year
- Types of infections: bacterial (curable), viral (treatable), others



# Risk Prevalence

1 in 4 sexually active teens is infected each year

Shannon, C. L., & Klausner, J. D. (2018). The growing epidemic of sexually transmitted infections in adolescents: a neglected population. *Current opinion in pediatrics*, 30(1), 137–143. <https://doi.org/10.1097/MOP.0000000000000578>

# An Example from a Research Study:

## Jefferson High School

- 18 month observation
- Study of the structure of adolescent romantic and sexual networks and its role in disease diffusion
- Result: more than 50% (288 students) of the school connected in romantic and/or sexual relationships



# Types of Infections

## **BACTERIAL**

*(Curable, but damage may not be undone)*

Chlamydia

Gonorrhoea

Syphilis

## **VIRAL**

*(Treatable, but not curable)*

HIV – AIDS

HPV – Warts, Cancer

HSV – Sores

HBV, HCV – Cancer

PROTOZOANS = single-cell parasite (e.g., trichomoniasis)

PARASITES = organism that lives in or on a host and benefits from it (e.g., pubic lice, scabies)



# Other Key STI/STD Topics for Including in SRAE Curricula

- Most STIs are asymptomatic
- Contraception effectiveness and ineffectiveness
  - Risk reduction vs. risk avoidance
- Emotional and relational risks
- Importance of testing and treatment

# Recommendations

1. Messaging inclusive of all students—regardless of sexual experience or sexual orientation
2. Ensuring curriculum is sensitive and emotionally supportive of youth with STIs/STDs
  - Importance of testing and treatment
  - Risk avoidance
  - Future orientation/hope

# Assessing Curriculum

## Gap Analysis/Rubric

SRAE Grant Requirements	Missing Content	Unit/Content Meeting Criteria
<p>The goals of SRAE are to empower participants to make healthy decisions and provide tools and resources to prevent pregnancy, STIs, and youth engagement in other risky behaviors.</p>	<p>None noted</p>	<p><i>Example:</i> Unit Four: Sexually Transmitted Infections</p> <ul style="list-style-type: none"><li>• Explain how STIs are spread</li><li>• Identify the most common STIs</li><li>• Identify the factors that contribute to positive health outcomes</li></ul>



# Consent and Dating Violence

Bennie Baek, M.Ed., SRAS  
California Youth Partnership, LLC



# **POLL**

**Do you know the age of consent laws for your state?**





# Age of Consent

Varies by state:

Check your state statutes for any changes or updates

## Statutory Rape: A Guide to State Laws and Reporting Requirements

Prepared for:  
Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services

Prepared by:  
Asaph Glosser  
Karen Gardiner  
Mike Fishman  
The Lewin Group

December 15, 2004

Office of the Assistant Secretary for Planning and Evaluation. (2004, December 15). *Statutory Rape: A Guide to State Laws and Reporting Requirements. Sexual Intercourse with Minors*. <https://aspe.hhs.gov/report/statutory-rape-guide-state-laws-and-reporting-requirements-summary-current-state-laws/sexual-intercourse-minors>



# California Age of Consent Laws 2021

The **age of consent** is the legally defined age at which a person is deemed legally competent to consent to sexual activity. The California Age of Consent is **18 years old**. In the United States, the **age of consent** is the minimum age at which an individual is considered legally old enough to consent to participation in sexual activity. Individuals aged 17 or younger in California are not legally able to consent to sexual activity, and such activity may result in prosecution for **statutory rape**.



# California Penal Code Section 261.5

Note that if a person is 18 years of age or older and he/she has sexual intercourse with a minor, that person breaks the age of consent law and can be prosecuted for a crime—typically for statutory rape—per Penal Code 261.5.

California Penal Code 261.5 accessed at: <https://www.shouselaw.com/ca/defense/laws/age-of-consent/>

# California Penal Code Section 261.5

The following are a few scenarios that could lead to PC 261.5 charges:

- A 19-year-old female high school senior has sex with a 16-year-old male who is in several of her classes
- A 35-year-old college professor develops a sexual relationship with a 17-year-old girl who is in one of the classes he teaches
- A pair of high school sweethearts who have been dating for three years have sex for the first time when he is an 18-year-old but she is still only 16
- Both parties are very close in age to one another
- Both are below the age of consent



# Holistic Approach

## Relationship skills for school, love, life, and work

- Identify healthy vs. unhealthy attitudes
- Recognize red flags for sexual coercion
- Empower youth to respond to coercing statements with confidence

**Compliance is NOT consent.**



# Healthy vs. Unhealthy

## HEALTHY

- Mutual respect
- Support for the other person's goals and dreams
- Appreciation
- Honesty
- Trust
- Interest at different levels
- Inclusive of others

## UNHEALTHY

- Disrespectful
- Lack of support of other person's goals and dreams
- Self-centered
- Dishonest
- Not committed
- Focused only on physical
- Isolates



# Sexual Coercion

Sexual coercion can be any type of nonphysical pressure used to make another person participate in sexual activity that they do not agree to.

- Verbally putting down
- Making another feel pressure, guilt, or shame
- Threats to get sex
- Getting someone drugged or drunk to get sex

# Other Examples of Sexual Coercion

## Ways someone might use sexual coercion:

- Wearing down someone by asking for sex again and again or making them feel bad, guilty, or obligated
- Making someone feel like it's too late to say no
- Telling someone that *not* having sex will hurt the relationship
- Lying or threatening to spread rumors about someone





# Other Examples of Sexual Coercion

## What he or she may say:

- If you really loved me, you'd do it.
- Come on, it's my birthday.
- You don't know what you do to me.
- But you've already gotten me all worked up.
- You can't just make someone stop.
- Everything's perfect. Why do you have to ruin it?
- I'll break up with you if you don't have sex with me.
- Everyone thinks we already have, so you might as well.
- I'll just tell everyone you did it anyway.



# Practicing How to Respond Is Powerful!

## STATEMENT

- Everybody is doing it.
- If you really love me, you would do this.



## RESPONSE

- Not everybody is doing it. According to YRBS, 62% are not doing it in high school.
- If you really love ME, you would not pressure me to do something I don't want to do.



# Practicing How to Respond Is Powerful!

## STATEMENT

- Don't be a baby.
- It's safe. I have a condom.



## RESPONSE

- That statement tells me you do not respect me.
- According to CDC, a condom does not protect you 100%. I want to avoid all the risks.



# Dating Violence

Dating violence is when someone you are seeing romantically harms you in some way, whether it is physically, sexually, emotionally, or all three. It can happen on a first date or once you've fallen deeply in love.

**Dating violence is never your fault!**

**YOUR SAFETY comes before hurting  
the other person's feelings.**

Office of Women's Health: Dating Violence and Abuse

<https://www.womenshealth.gov/relationships-and-safety/other-types/dating-violence-and-abuse>



# POWER & CONTROL WHEEL

The Power and Control Wheel is a tool used to describe how someone might use abusive behaviors to gain power over someone and maintain control in their relationship.



Anything done with the intention of gaining power or maintaining control in a relationship is a form of abuse.

Based on the DAIP P&C Wheel.

Adapted by DVAC for use in the Teen Alert Program.



# Dating violence: It's about power and control

- Sexual coercion
- Social status
- Cyber, mental, physical, verbal, emotional abuse
- Isolation/exclusion
- Threats and intimidation
- Minimizing, denial, and blame

Based on the DAIP P&C Wheel.

Adapted by DVAC for use in the Teen Alert Program.



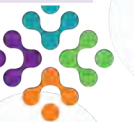
# Referrals and Resources for Help:

- School personnel
- Parents and guardians
- Local organizations
- Loveisrespect.org, National Dating Abuse Helpline: 866-331-9474 or text LOVEIS to 22522 or live chat at [loveisrespect.org/get-help/](https://loveisrespect.org/get-help/)
- RAINN, National Sexual Assault Hotline: 1-800-656-HOPE (4673) or live chat at [rainn.org](https://rainn.org)
- Teen Line: Teen-to-teen hotline 1-800-852-8336
- National Runaway Safeline: 800-RUNAWAY (786-2929) or chat at [1800runaway.org/](https://1800runaway.org/) or forums at [bulletinboards.1800runaway.org/forum](https://bulletinboards.1800runaway.org/forum)



# Assessing Curriculum

	SRAE Grant Requirements	Missing Content	Unit/Content Meeting Criteria
D.	The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families	No discussion of marriage and its benefits	Unit 2: Relationship Skills <ul style="list-style-type: none"> <li>• Identify healthy vs. unhealthy relationship characteristics</li> <li>• Recognizing red flags</li> </ul>
E.	How other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex	None noted	Unit 12: Risk Behaviors <ul style="list-style-type: none"> <li>• Setting boundaries to avoid alcohol and drug abuse</li> </ul>
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 behavior	No discussion on teen sex being a risk behavior even with consent	Unit 6: Consent and Coercion <ul style="list-style-type: none"> <li>• R-E-S-P-E-C-T lesson</li> <li>• What is dating violence lesson</li> </ul>



# The Success Sequence

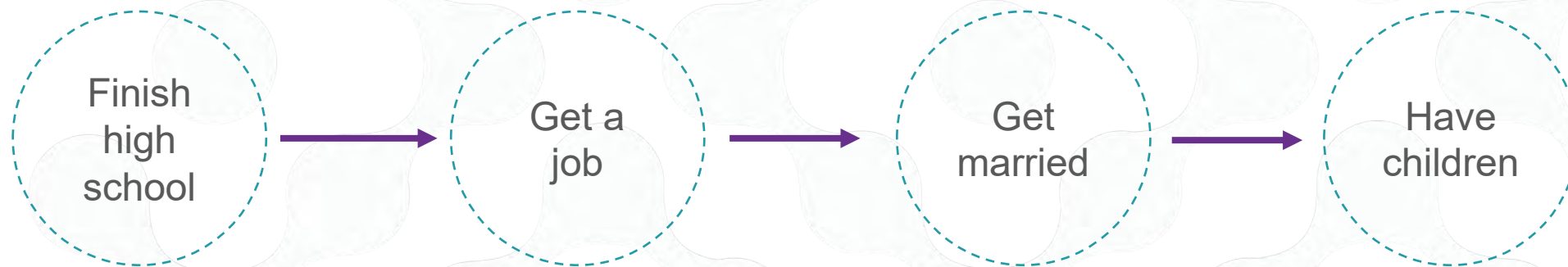
Nanci Coppola, D.P.M., M.S.  
Public Strategies





# What is the Success Sequence?

Economic stability is much higher if youth complete this sequence in this order:



**3%** chance of living in poverty if youth adopt these behaviors.

Ron Haskins and Isabel Sawhill, *Creating an Opportunity Society* (Washington, DC: Brookings Institution Press, 2009).



# Why the Success Sequence Works

## Goal setting helps teens become future-minded

- Not background-dependent
- “Vision casting” helps teens see beyond their circumstances
- Provides an opportunity to evaluate decisions



# Why the Success Sequence Works

## Intentionality

- Chance to live “WITH” a purpose and “ON” purpose
- Hopeful thinking vs. willful thinking
- Prepare today for your tomorrow



# Why the Success Sequence Works

**Helps teens understand possible consequences**

- Provides a road map for the future
- Provides an opportunity to evaluate goals
- Provides freedom:

**Free from...**

**Free to...**



# The Success Sequence

The Success Sequence is a **healthy option** that many people do not know about.

The Success Sequence is an **important piece in poverty prevention** discussions.

A healthy marriage is a concrete example of **a stable healthy relationship**.

A healthy marriage provides **a stable life partner to help with life's challenges**.

# The Success Sequence

What if **LIFE** gets in the way?

# The Success Sequence

- Sometimes life just gets in the way.
- It doesn't make someone a good or bad person if the sequence is followed or not followed.
- Someone can still accomplish dreams if, for whatever reason, the sequence can't be followed.
- Priorities may have to be reorganized. Reaching goals can be more challenging. Different sets of sacrifices have to be made.



# Assessing Curriculum

SRAE Grant Requirements	Missing Content	Unit/Content Meeting Criteria
<b>A.</b> The holistic, individual, and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future		<i>Example:</i> Unit One: Vision Casting <ul style="list-style-type: none"> <li>• Lesson 1 – Goal Setting</li> <li>• Lesson 2 – Decisions Now Impact the Future</li> <li>• Lesson 3 – Future Legacy</li> </ul>
<b>B.</b> The advantage of refraining from nonmarital sexual activity to improve the future prospects and physical and emotional health of youth	Specific conversation about nonmarital sexual activity	<i>Example:</i> Unit Two: Pathways to Success <ul style="list-style-type: none"> <li>• Lesson 1 – Achieving Dreams</li> <li>• Lesson 2 – Planning for My Future</li> <li>• Lesson 3 – Thriving Holistically</li> </ul>
<b>C.</b> The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity (pg. 7 of the State Title V FOA 2020)	The Success Sequence; no conversation about avoiding poverty or attaining self-sufficiency prior to sexual activity	





## Quick Assessment

**Identify one area in the curriculum** you implement that may need supplementation (or that you already supplement), to ensure the benefits of SRAE are presented.

**TIP:** There are **ALWAYS** opportunities to improve.

**QUESTIONS?**



# Resources

- Toolkit for Engaging Parents and Caregivers in Optimal Health Programming: <https://teenpregnancy.acf.hhs.gov/resources/toolkit-engaging-parents-and-caregivers-optimal-health-programming>
- Creating Safe Spaces: Facilitator's Guide to Trauma-Informed Programming: <https://teenpregnancy.acf.hhs.gov/resources/creating-safe-spaces-facilitators-guide-trauma-informed-programming>
- Checking Our Reality: <https://teenpregnancy.acf.hhs.gov/resources/checking-our-reality>
- Finding My Passion: <https://teenpregnancy.acf.hhs.gov/resources/finding-my-passion>
- We Think Twice Social Media Campaign: <https://www.wethinktwice.acf.hhs.gov>



# Resources

- For All Rubrics: <https://www.forallrubrics.com/>
- General Rubric: [General Rubric Generator \(teach-nology.com\)](https://teach-nology.com/general-rubric-generator/)
- Handbook on Curriculum Assessment: [HbonCurriculumAssmt.pdf \(ubc.ca\)](https://www.ubc.ca/hboncurriculumassmt.pdf)
- Health Education Curriculum Analysis Tool: <https://www.cdc.gov/healthyyouth/hecat/index.htm>
- Irubric: [iRubric: Home of free rubric tools: RCampus](https://www.irubric.com/)
- Orangeslice teacher rubrics (Google Workspace add-on)
- Quick Rubric: [Welcome to Quick Rubric – Free, Fast, and Easy to Use!](https://www.quickrubric.com/)
- SRAE Conceptual Models: [https://www.acf.hhs.gov/sites/default/files/documents/opre/sra\\_src\\_conceptual\\_models\\_feb\\_2020.pdf](https://www.acf.hhs.gov/sites/default/files/documents/opre/sra_src_conceptual_models_feb_2020.pdf)
- Predictors of Behavior Change: <https://teenpregnancy.acf.hhs.gov/resources/facilitator-foundations-understanding-predictors-behavior-change>



# Resources

- CDC—STI/STD Fact Sheets, Surveillance reports: <https://www.cdc.gov/std/CDC'sCDC>. Sexually Transmitted Diseases and Adolescents and Young Adults: <https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>
- Youth Risk Behavior Survey Reports: <https://www.cdc.gov/healthyyouth/index.htm>
- Medical Institute for Sexual Health's STD Certification Course: <http://store.medinstitute.org/new-online-std-certificate-course/>
- CDC Division of Violence Prevention: [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)
- CDC. Sexual Violence. 2020; Available from: <https://www.cdc.gov/violenceprevention/sexualviolence/index.html>
- Humes, P., Mosack, M., Huber, C. & Vaughan, S. (2020). The Success Sequence: Giving Youth a Road Map to Optimal Health. Oklahoma City, OK: Public Strategies. Accessed via The Exchange at: <https://teenpregnancy.acf.hhs.gov/resources/success-sequence-giving-youth-roadmap>
- OPRE Literature Review on the Success Sequence: <https://www.acf.hhs.gov/opre/report/success-sequence-synthesis-literature>



# Continued Learning

Watch for the release of a tip sheet to extend your learning on ideas to incorporate these select A-F topics in your SRAE program.

Additionally, there will be a Cluster Call on April 21 to facilitate conversation among SRAE grantees on practical strategies, challenges, and questions related to these topics.

# The Exchange

- Resources
- Comment Wall
- Events Calendar
- Training Opportunities
- Technical Assistance
  - Contact your Federal Project Officer to request TA.



# Contact

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**THANK YOU!**  
**PRESENTED BY**



**SRAETTA**

Sexual Risk Avoidance Education  
**Training and Technical Assistance**



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

**FYBSB** Family & Youth  
Services Bureau