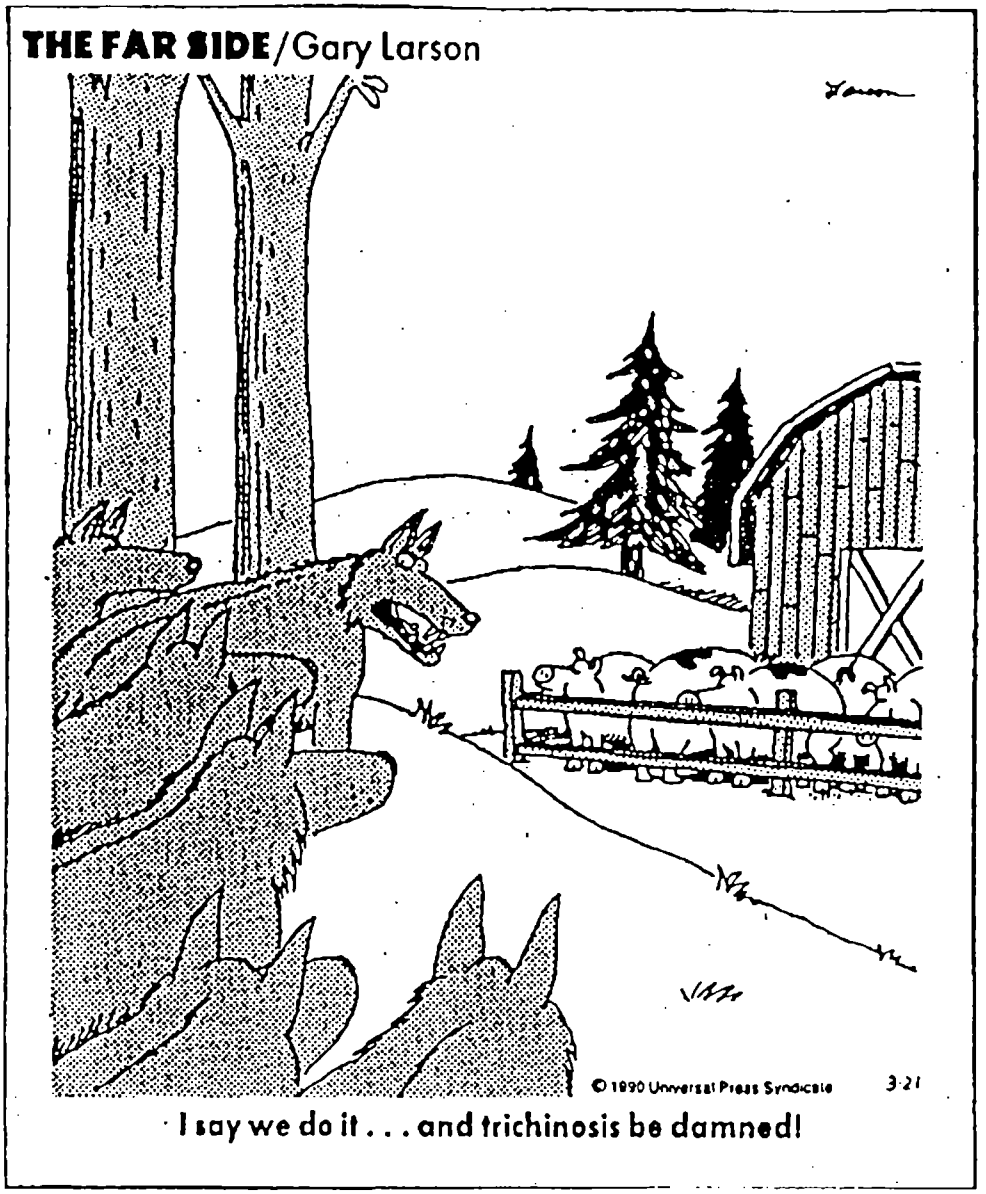
Abstinence Works!

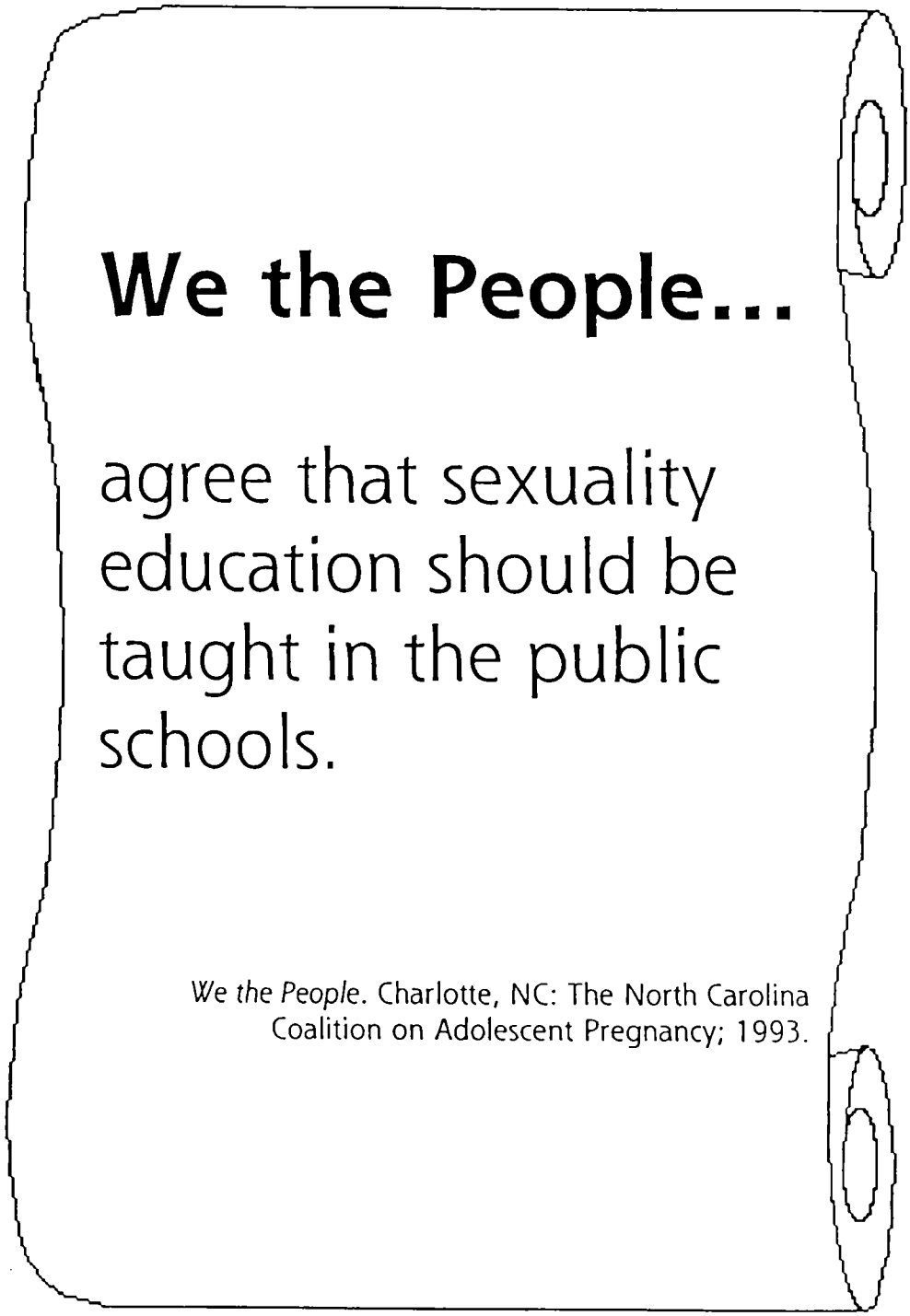


KNOWLEDGE ALONE DOES NOT PRODUCE HEALTH PROMOTING BEHAVIOR

BRADLEY 10/90

Characteristics of Effective Instruction

- Use social learning theories
- Personalize information
- Reinforce values
- Address social and media influences
- Focus on reducing specific sexual risk behaviors
- Provide skills practice



We the People...

agree that sexuality education should be taught in the public schools.

We the People. Charlotte, NC: The North Carolina Coalition on Adolescent Pregnancy; 1993.

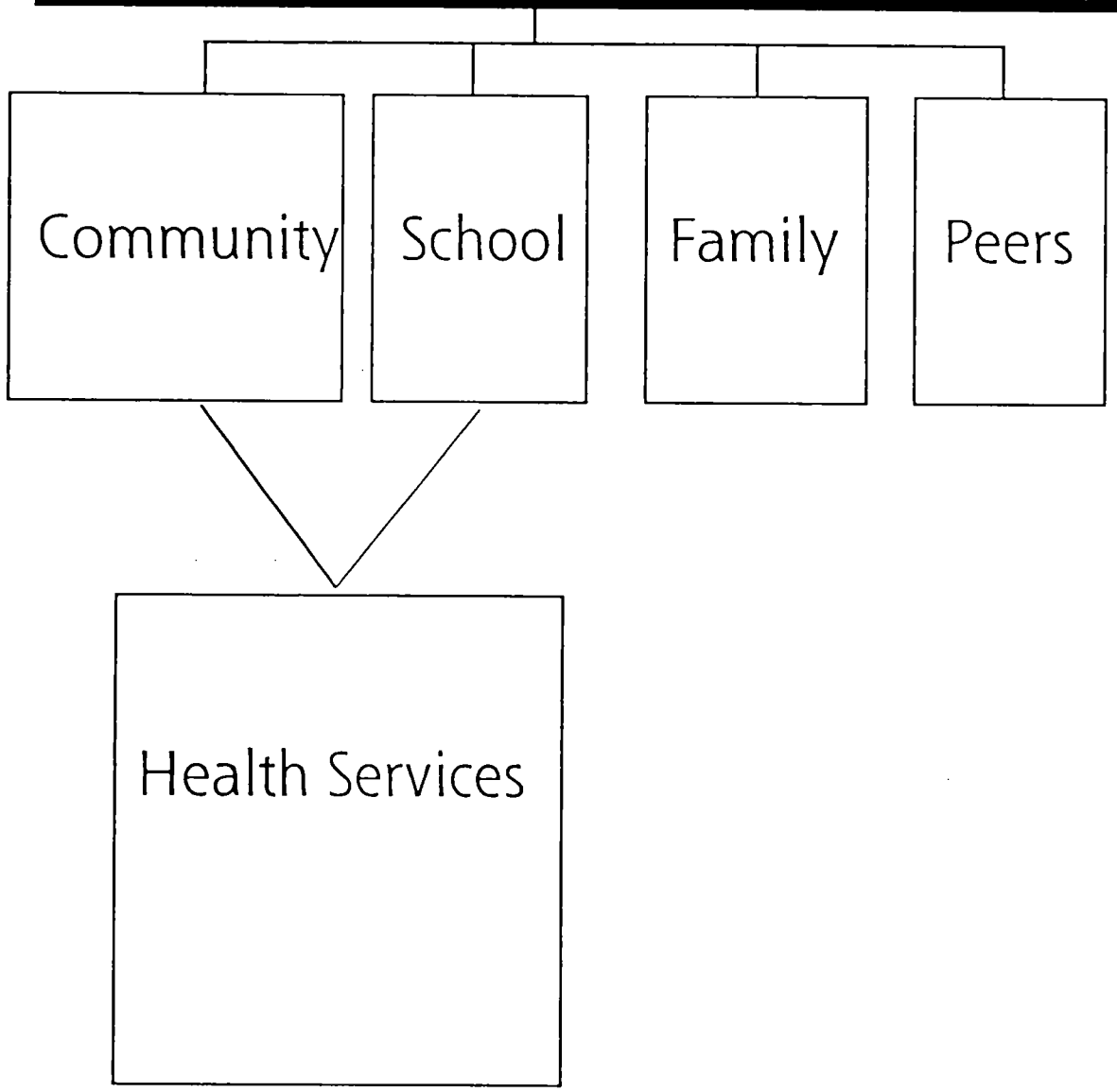
Effective Curricula

1. *Be Proud!*
   Be Responsible!

2. *Reducing the Risk*

3. *Get Real About AIDS*

School & Community Initiative to Reduce Adolescent Pregnancy & STDs



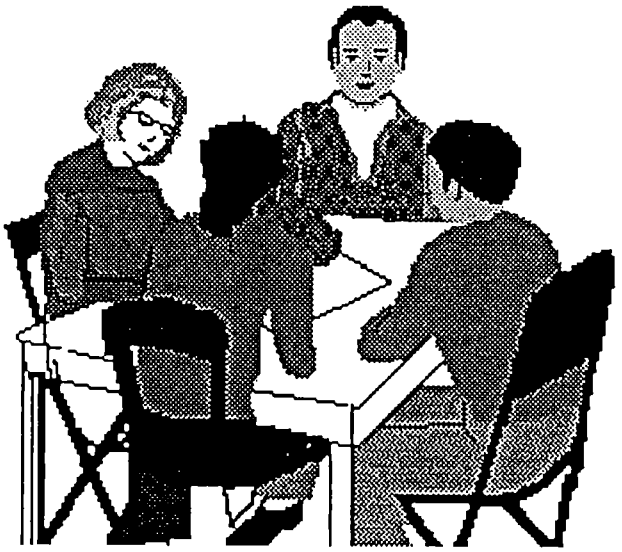
The Comprehensive School Health Program

Uses Multiple Strategies

Policy	• Family life instruction • School-community council
Environmental Change	• Access to services
Social Support	• Peer instruction • Behavior norms
Media	• Abstinence promoted • Contraceptives promoted
Direct Intervention	• Referrals for high-risk students
Instruction	• Effective curricula • Staff development

The Comprehensive School Health Program

Organizes School Health Programming

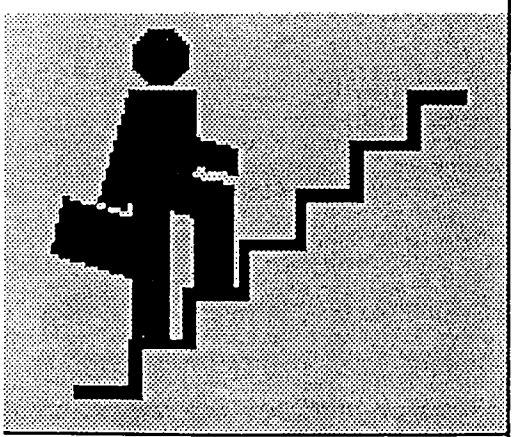


- Health promotion work teams
- Health coordinator
- School health interdisciplinary coordinating council
- Community school health coordinating council

Uses the Program Planning Process to Achieve Goals

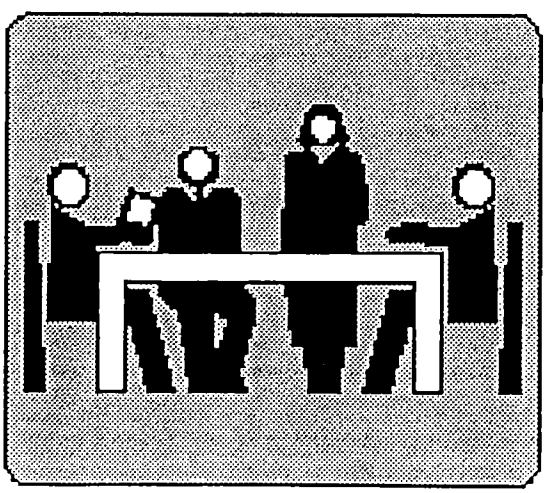
The Basic Steps

- Involving people
- Defining the problem from a local perspective
- Setting goals and objectives
- Identifying strategies to be used in the action plan
- Implementing the plan
- Evaluating results



Provides Staff Development

- Inservice training
  - Initial training
  - Booster training
- Technical assistance
- Peer coaching
- Organizational support

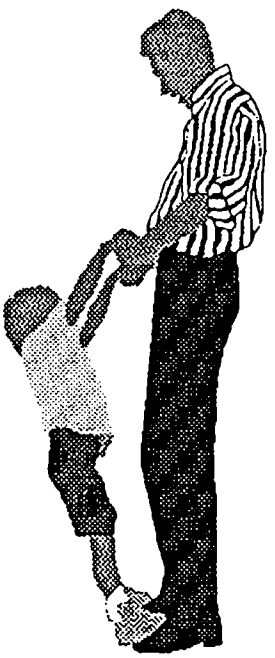


The Comprehensive School Health Program

Solicits Family Involvement

- Health lessons
- Parent resource room
- Curriculum committee member
- Health promotion activities
- Volunteer tutor for other parents or guardians

What can parents do?

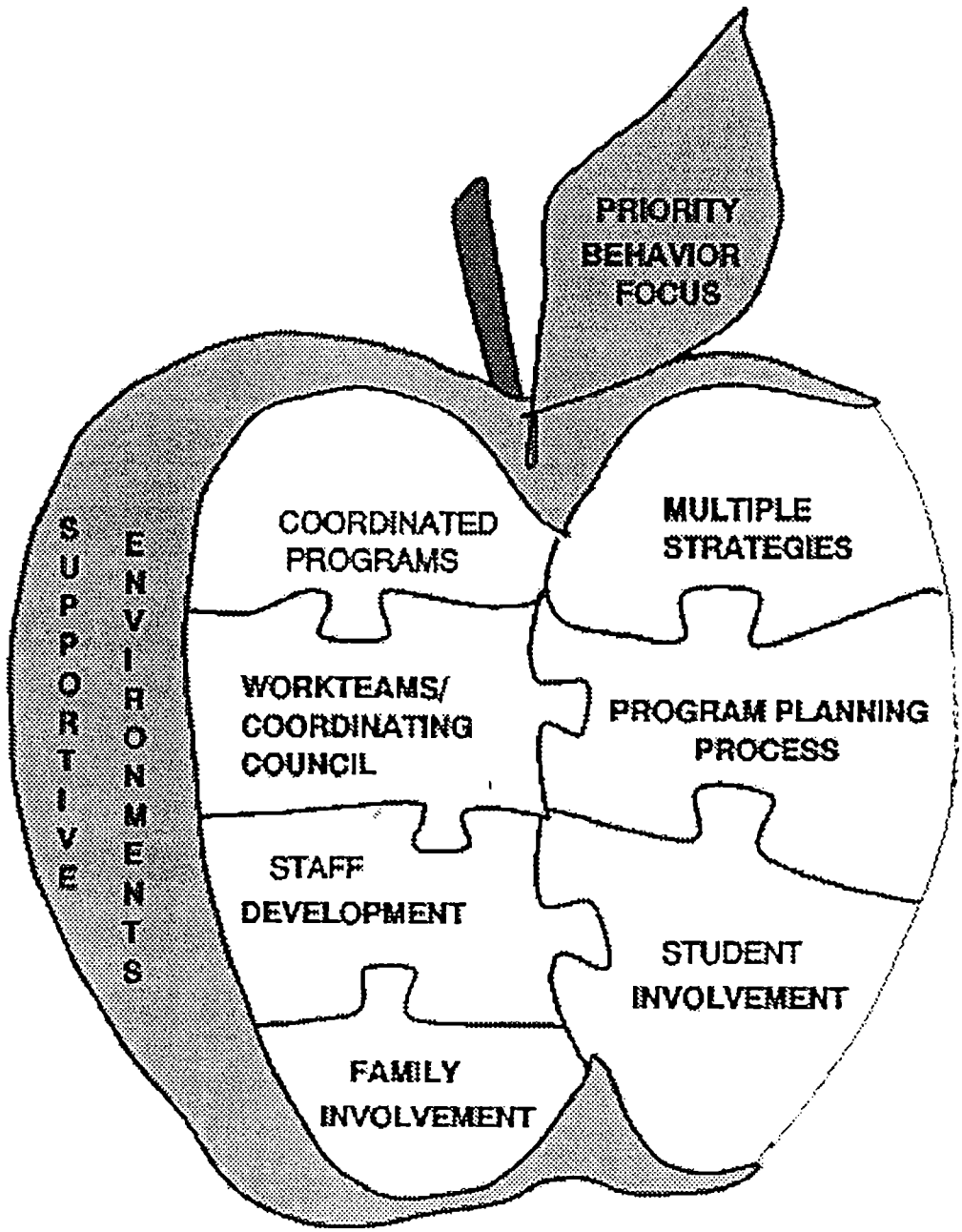


The Comprehensive School Health Program

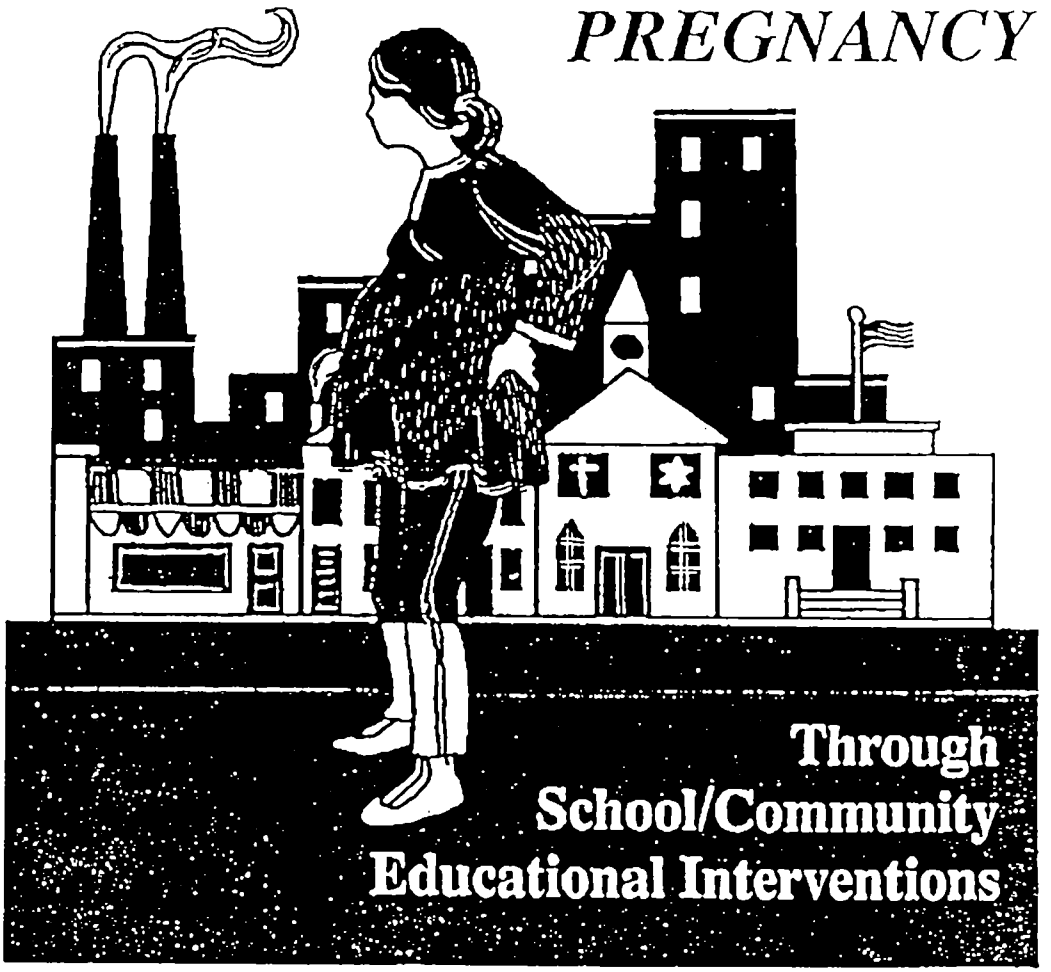
Promotes Active Student Involvement

- Promotes development
- Program implementation
  - Peer instruction
  - Cross-age mentors
  - Youth services
  - Peer theater
  - Peer mediators
  - Student health promotion teams

Fitting the Pieces Together



REDUCING UNINTENDED ADOLESCENT PREGNANCY



A South Carolina Case Study

Goals of Comprehensive School & Community Health Programs

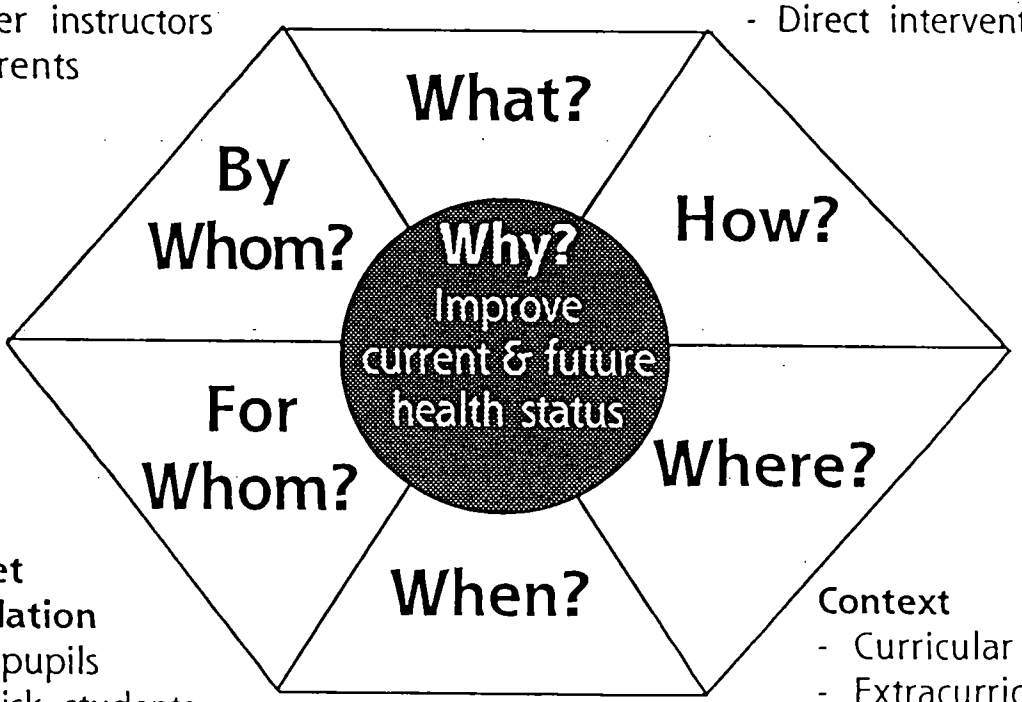
- Promote health and safety
- Prevent disease and injury
- Provide support and assistance to those with special needs

Planning Considerations For Developing a School Health Program

Staffing
- Teachers
- Support staff
- Community personnel
- Peer instructors
- Parents

Focus
- *Healthy People 2000*
- National education goals

Program Planning Process Using Multiple Strategies
- Policies
- Environmental change
- Direct intervention



Target Population
- All pupils
- At-risk students
- Staff
- Families

Scope & Sequence
- Developmental stage

Context
- Curricular
- Extracurricular
- Community-wide
- School-home

Pregnancy and STD Prevention

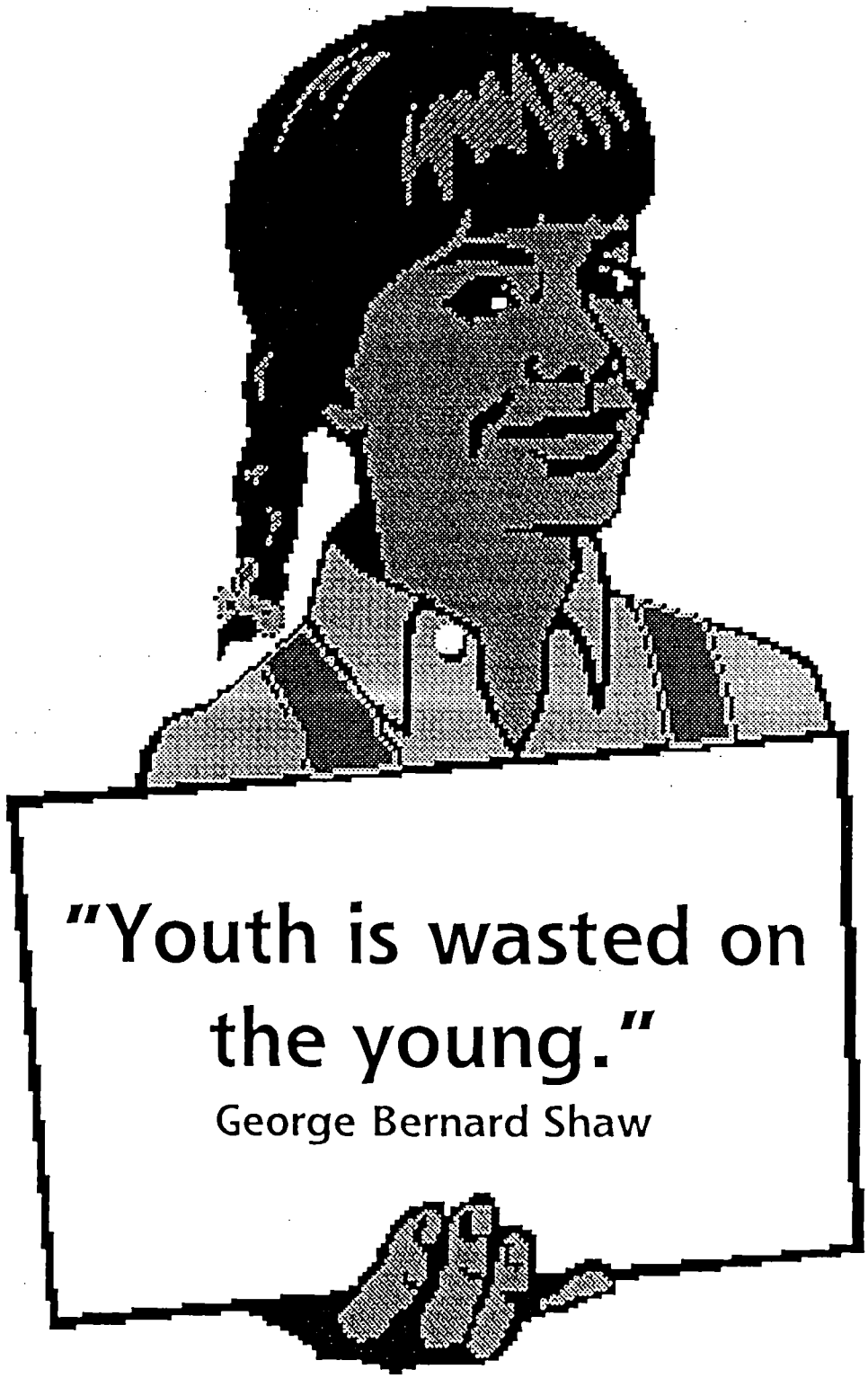
	School Environment	Classroom Instruction	Health Services
Policy			
Instruction			
Media			
Role Modeling			
Intervention			
Environment Change			

Ideas for Action

Personal Action Plan

I have decided to commit to the following activities:

- Within the next two weeks
- Within this semester
- For the next school year


"Youth is wasted on the young."
George Bernard Shaw

References

1. *Sex and America's Teenagers*. New York, NY: The Alan Guttmacher Institute; 1994.
2. The National Commission on the Role of the School and the Community in Improving Adolescent Health. *Code Blue: Uniting for Healthier Youth*. Alexandria, Va: National Association of State Boards of Education; 1989.
3. *Youth Risk Behavior Surveillance Survey*. Atlanta, Ga: Centers for Disease Control and Prevention; 1991.
4. *Preventing HIV/AIDS in Adolescents*. Washington, DC: The National Commission on AIDS; 1993.
5. Contraceptive use in the United States, 1973-88, In Advance Data, from *Vital Statistics of the National Center for Health Statistics* (NCHS). No. 182, March 20, 1990.
6. Kann L, et al. Results from the national school-based 1991 Youth Risk Behavior Survey and progress toward achieving related health objectives for the nation. *Public Health Rep*. 1993;108(Supp. 1):47-67.
7. Yankauer A. Sexually transmitted diseases. A neglected public health priority. *Am J Public Health*. 1994;84(12):1894-1897.
8. *Healthy People 2000: Health Promotion and Disease Prevention Objectives*. Washington, DC: US Dept of Health and Human Services publication no (PHS) 91-50212; 1991.
9. Yarber WL, Parrillo AV. Adolescents and sexually transmitted diseases. *J Sch Health*. 1992;62(7):331-337.
10. DiClemente RJ. Epidemiology of AIDS, HIV prevalence and HIV incidence among adolescents. *J Sch Health*. 1992;62(7):325-330.
11. CDC HIV/AIDS Marketing Prevention Initiative. Atlanta, Ga: Centers for Disease Control and Prevention; 1994.
12. Irwin CE, Millstein SG. Biophysical correlates of risk-taking behaviors during adolescence. *Adolesc Health Care*. 1986;7:82S-96S.
13. Dryfoos JG. *Adolescents at Risk: Prevalence and Prevention*. New York, NY: Oxford University Press; 1990.
14. Santelli JS, Berlenson P. Risk factors for adolescent sexual behavior, fertility and sexually transmitted diseases. *J Sch Health*. 1992;62(7):271-279.
15. Benson PL, Roehlkepartain EC. *Youth in Single Parent Families: Risk and Resiliency*. Minneapolis, Minn: Search Institute; 1993.
16. Blyth DA, Roehlkepartain EC. *Healthy Communities, Healthy Youth*. Minneapolis, Minn: Search Institute; 1993.
17. Walberg H. Improving the productivity of America's schools. *Educ Leader*. 1984;41(8):19-30.
18. Benson PL. *The Troubled Journey*. Minneapolis, Minn: Lutheran Brotherhood; 1992.
19. Greenberg BS, Ableman R, Neuendorf K. Sex on the soap operas: Afternoon delight. *Communication*. 1981;31(3):83-89.
20. *1984 National Audience Demographics*. New York, NY: AC Neilson Co, Inc; 1984.
21. Zabin LS, et al. Evaluation of a pregnancy prevention program for urban teenagers. *Fam Plann Perspect*. 1986;118:119-126.
22. Kirby D, et al. School-based programs to reduce sexual risk behaviors: A review of effectiveness. *Public Health Rep*. 1994;109(3):339-360.
23. *We the People*. Charlotte, NC: The North Carolina Coalition on Adolescent Pregnancy; 1993.
24. Zelnick M, Kim YJ. Sex education and its association with teenage sexual activity, pregnancy and contraceptive use. *Fam Plann Perspect*. 1982;14:117-126.
25. Furstenberg FF Jr, Moore KA, Peterson JL. Sex education and sexual experience among adolescents. *Am J Public Health*. 1985;75:1331-1332.
26. Dawson DA. The effects of sex education on adolescent behavior. *Fam Plann Perspect*. 1986;18:162-170.
27. Marsiglio W, Mott FL. The impact of sex education on sexual activity, contraceptive use and premarital pregnancy among American teenagers. *Fam Plann Perspect*. 1986;18:151-162.
28. Stout JW, Rivera FP. Schools and sex education: Does it work? *Pediatrics*. 1989;83:375-379.
29. Ku LC, Sonenstein FL, Pleck JH. The association of AIDS education and sex education with sexual behavior and condom use among teenage men. *Fam Plann Perspect*. 1992;24:100-106.
30. Stout JW, Kirby D. The effects of sexuality education on adolescent sexual activity. *Pediatric Ann*. 1993;22:120-126.
31. Sellers DE, McGraw SA, McKinley JB. Does the promotion and distribution of condoms increase teen sexual activity? Evidence from an HIV prevention program for Latino youth. *Am J Public Health*. 1994;84(12):1952-1959.
32. Kirby D. School-based programs to reduce sexual risk taking behaviors. *J Sch Health*. 1992;62(7):280-287.
33. Kirby D, Waszak C, Ziegler J. Six school-based clinics: Their reproductive health services and impact on sexual behavior. *Fam Plann Perspect*. 1991;23:6-16.
34. Nelson EB. *The National Goals for Education: Nebraska's 1991 Progress Report*. Lincoln, Neb: Executive Suite; 1991.
35. Allensworth D. Setting the stage for continuous improvement in school health. In: Allensworth D, Symons CW, Olds RS, eds. *Healthy Students 2000: National Health Promotion and Disease Prevention Objectives*. Kent, Ohio: American School Health Association; 1994.
36. Perry C. Conceptualizing community-wide youth health promotion programs. In: Nutbeam D, Haglund B, Farley P, and Tillgren P, eds. *Youth Health Promotion: From Theory to Practice in School and Community*. London, England: Forbes Publications, Ltd. 1991:1-22.
37. Greenberg JS. An analysis of various teaching modes in dental health education. *J Sch Health*. 1977;47(1):26-32.
38. Werch CE, et al. Effects of a take home drug prevention program on drug-related communication and beliefs of parents and children. *J Sch Health*. 1991;61(8):346-350.

References (continued)

39. Vincent ML, Clearie AF, Schluchter MD. Reducing adolescent pregnancy through school and community-based education. *JAMA*. 1987;257(24):3382-3386.
40. *HIV Prevention and Youth: A Guide to Program Development*. Washington, DC: National Community AIDS Partnership; 1993.
41. Thornberg HD. Adolescent sources of information on sex. *J Sch Health*. 1981;51:274-247.
42. Dietz P. HIV education. *Peer Facilitator*. 3/90;7(3):19-20.
43. Benard N. Peer programs: The loadstone in prevention. *Prevention Plus II*. Rockville, Md: Office of Substance Abuse Prevention Publication (ADM) 1989;89-1649:497-513.
44. Rogers E. *Communication Strategies for Family Planning*. New York, NY: MacMillan; 1973.
45. Benard B. *The Case for Peers*. Portland, Ore: Northwest Regional Educational Laboratory; 1990.
46. Reducing adolescent pregnancy through a school and community-based intervention. *Fam Plann Perspect*. 1994;26(5):206-217.
47. Stith DP. AIDS and adolescents: Exploring the challenge. *J Adolesc Health Care*. 1989;10(3):5S-8S.

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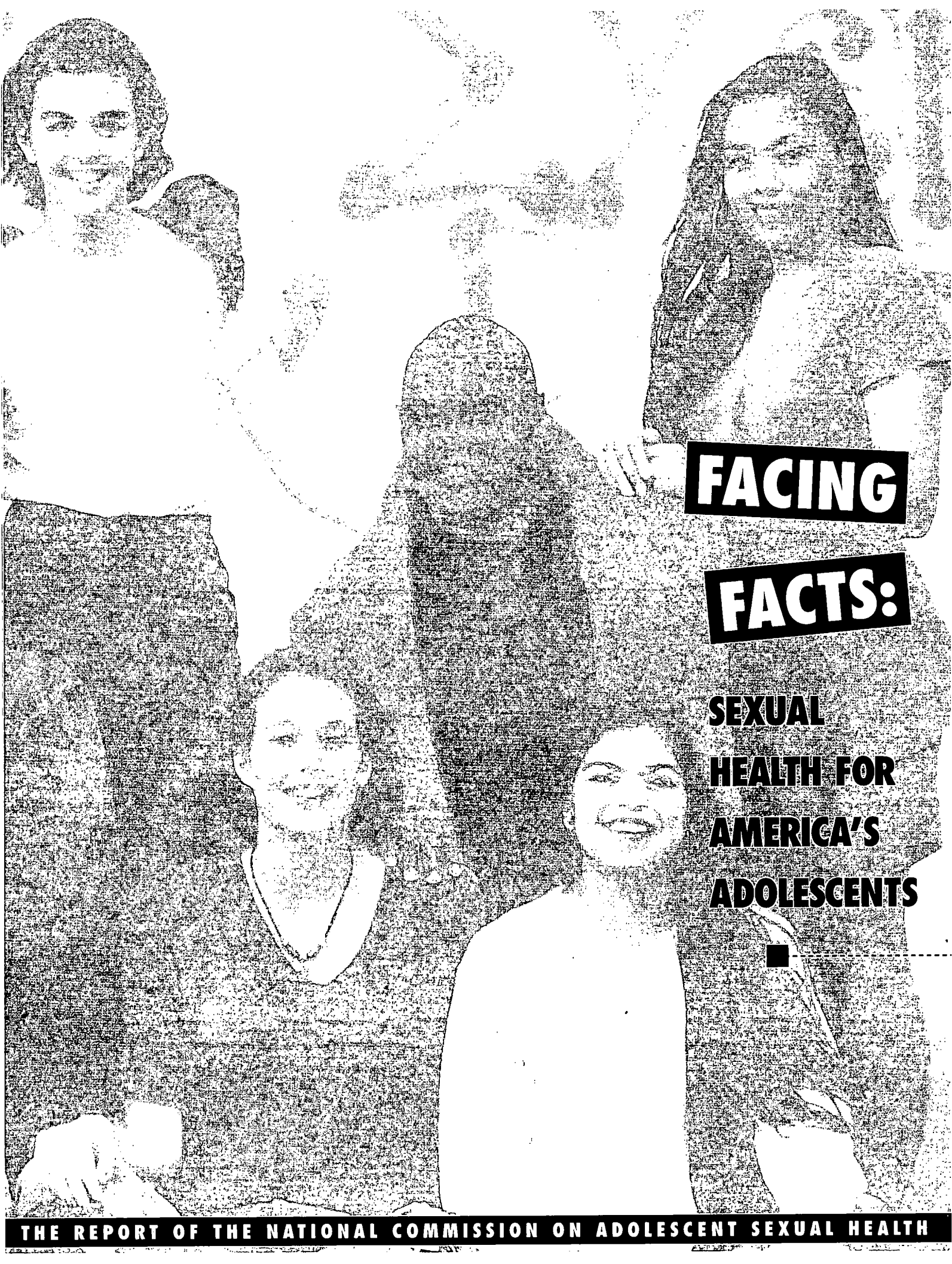

FACING FACTS:

SEXUAL HEALTH FOR AMERICA'S ADOLESCENTS

THE REPORT OF THE NATIONAL COMMISSION ON ADOLESCENT SEXUAL HEALTH

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Goals 2000 and Pregnant and Parenting Teens:

Making Education Reform Attainable for Everyone

By the
NATIONAL WOMEN'S LAW CENTER
in collaboration with the
Council of Chief State School Officers
and the
National Association of State Boards of Education

THE HAVEN CENTER

A Family Wellness Project For Teenagers

EXECUTIVE SUMMARY

PRESENTED BY

THE HAVEN CENTER, INC.
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KANSAS CITY, KS. 66117
(913) 299-8195
FAX 299-8936

19 6906562
OCT 13 1995

THE HAVEN CENTER, INC.

"A Family Wellness Project For Teenagers"

735 Walker P.O. Box 171055
Kansas City, Kansas 66117
(913) 321-6883

Pregnancy Prevention
Sex Education
Youth Activities

Crisis Counseling
Short-term Residency
for Pregnant Teens

October 10, 1995

Carol H. Rasco
Office Of Domestic Policy
White House
Washington, D.C. 20500

Dear Ms. Rasco:

I am writing you because of the devastating plight of teen pregnancy that is sweeping our country.

The president's emphasis on finding solutions for teen pregnancy has brought public attention to this social problem that has been long over-looked. Now individuals and agencies are challenged, not only to find means of solving the problem, but also to find methods to prevent its reoccurrence.

Enclosed is a brief summary of a pregnancy prevention program now being initiated in Kansas City, Kansas. The facility is under construction at the cost of $225,000. It will provide an auditorium for youth meetings and family counseling, 5 bedrooms to accommodate residency for up to 15 pregnant teens (only when absolutely necessary), a kitchen, restrooms, and offices. The cost does not include furnishings, staff training, salaries, and operational costs.

It is very difficult to get the public to respond to this need, even with our county having one of the highest rates of teen pregnancy in the country. Our personal efforts have brought in $100,000. We are in need of $125,000 to complete our facility and we need future funding for operational cost. We are determined to end the destruction of families and the future of teens.

Please take a few minutes to look at our program summary. If you can be of any assistance in helping us to get this program under way, we would very much appreciate it.

Thank you for your time and attention.

Please address your correspondence to : The Haven Center, Inc.
C/O Willa M. Tramble
Kansas City, Ks 66104
(913) 299-8195 FAX (913) 299-8936

Yours truly,

W.M. Tramble, Director

ENCLOSURE

ABSTRACT

The Haven Center, Inc. is a non-profit organization dedicated to strengthening and supporting local families and decreasing the rate of teenage pregnancy among minority youth in the inner city corridor of Kansas City, Kansas.

Problems associated with teen pregnancies are a threat to all segments of the community. Public, private, business, religious, social and health systems are all affected and must all work together to effect solutions. Increasing rates of teen pregnancy are resulting in crisis that threaten the future of teens and weaken families. Inherent in teen pregnancies are a number of problems which mushroom into multiple social malnomies; namely, increased infant mortality, increased illiteracy rates, decrease in employment potential and the resultant increase in social welfare costs, problems with accessing adequate child care, and the economic burdens on families.

Our vision is to develop a full spectrum of programs for teens, including prevention and counseling programs that are family centered; programs for teens in crisis and a residency program.The goal of the Haven Center project is to offer programs aimed at the prevention of teenage pregnancies by empowering teens with knowledge through counseling, sex education and the employing of activities and learning experiences which promote positive self esteem among the target population.The components of the proposed prevention program are:

- family and teenage counseling (individual and group);
- sex education;
- crisis intervention;
- and, temporary residency (with health care through referral) for pregnant teens.

The target population will be low and moderate income families living in the inner city of Wyandotte County, Kansas. Preventive programs offered at Haven Center will be available at no cost to clients who are eligible (sliding scale to all others).

The project will utilize resources already existing in the community as well as share the resources and knowledge we have gained from more than twenty years of involvement with youth and families who live in this community.

The success of the Haven Center project will be determined by a data based outcome evaluation system.

NEEDS ASSESSMENT

Teen pregnancy is not a new problem, but it is a growing one. The increasing incidence has reached such proportions that there is now a national initative for developing strategies which will have impact on the issue. In his most recent **"STATE OF THE UNION"** message, **President Clinton addressed the issue as a pressing public health and social issue.** He made an appeal to private sectors of the community to become part of the solution by seeking viable programs which have positive impact on the problem.

Figures released in "Extension Bullentin 667" by Washington State University Cooperative Extension Service show that fewer girls are marrying before the age of 18 and fewer boys before the age of 20. However, more young people under the age of 18 are having babies.(1) In 1940 only 1 child in 30 was born to unmarried parents. By 1960, the rate increased to 1 in 20. In 1970, the ratio was 1 baby in 10 being born to unwed parents, and by 1973, 1 to 9 (2)(U.S. Census, 1973,, 1995). The 1973 census revealed that one girl in ten is a mother before her 18th birthday. The highest rate of increase in teen pregnancy is among students 14 to 16 years of age.

A "Kids Count Data Report" that was published in 1993 revealed that while teen pregnancy rates across the nation have risen by 14% over the previous ten years, in Kansas the rates have risen by 40% for the same period of time. The statistics for Wyandotte County are even more alarming. In the population age group from 10-19, the rate of teen pregnancy is 67.2%.(3)(Kansas Department of Health and Environment) Wyandotte County has the second highest pregnancy rate of all counties in Kansas with 759 pregnancies for every 1000 teens. The highest rate is in the 15-19 age group.

With the increasing number of teen pregnancies there is an increase in the accompanying problems resulting from pregnancy. The following facts about teen parenthood were published by F. Ivan Nye, Sociologist at Washington State University:

- Death rates for babies born to mothers under 15 are more than twice the rates of babies born to mothers aged 20-24;

- Mental retardation, birth defects, epilepsy, and birth injuries occur oftener among children born to mothers under 20;

- Less than half of those who become mothers at age 13-15 graduate from high school;

- The number of teenage mother who attempt suicide is seven times the rate for teen girls without children;

- Men who marry in their teens are more likely to have unskilled, low-paying jobs;

- The problem of child care increases when children have children; who will be responsible for the baby while the teen parent works or attends school;

- About half of all teenage pregnancies are ended by abortion, which in itself presents another problem.

As is evident by the statistical reports related to teen pregnancy occuring in Wyandotte County, there is a major problem that must be addressed. The mushroom problems that will follow will affect not only our teenagers, but their families, their peers, the health care and social welfare systems and the community at large. If the problems inherent in teenage pregnancy are not addressed "we are doomed to repeat history"; and breed more generations of persons unable to provide for themselves.

Why Are Teenage Pregnancies Increasing?

Sexuality among teens has greatly increased over the past several decades partly because of changes in the moral and social standards which govern the sexual activity of youth. Rather than abstinence from sex before marriage, sexual involvement by teens is expected by most adults. Even those who do not consent to these activities participate in providing youth with the "techniques for safe sex". For many teens, sex is an on-the spot thing and not entered into with any forethought or planning. Despite sex education available in public schools, many teens still remain ignorant concerning the use of contraceptives.

Another reason for increased teen pregnancies is peer pressure to conform to a sexual code that is accepted and expected in many teen circles. ***"Devirginization"*** sometimes occurs as early as 12 and 13.(4)(Washington Star, Sept. 9, 1977). Young people who are not sexually active are often made to feel ashamed of their virginity, and as a result often develop deflated self esteems. Even teen pregnancy in some cases is the

result of peer pressure where having babies has become the accepted and expected trend of teen girls.

The breakdown of the family unit can also be a contributing factor in teen pregnancy. Recently, (March 24, 1995 Maury Povich Talk Show) a TV talk show hosted guests who participated in unprotected sex with numerous partners. One of the guests was an attractive teenage girl who said she participated in unprotected sex regularly because she wanted to become pregnant. Her reasoning was that she did not have parents who loved her and she felt a baby would fill that void. Many young girls from broken homes, single family homes, and homes where very little bonding is experienced between children and parents have babies to try to fill their need for love.

TARGET POPULATION / TARGET AREA
(Community Profile)

Major beneficiaries of this project will be low and/or moderate income African-American youth and families who live in the northeast inner city corridor of Kansas City, Kansas. A majority of the families are female heads of household who are medicaid dependent. Of those pregnant teens reported in Wyandotte County by the 1990 Census Bureau, 36% were recipients of Medicaid, indicating that a considerable number of these girls come from low income homes. Although the primary focus of this project will be those who cannot afford services, Haven Center services will be available to all minority clients.

The target population for this project are African-Americans living in the northeast inner city corridor and neighborhoods of Wyandotte County, Kansas. The primary recipients will be minority youth (approximately 10-19) and the adults who are responsible for their care and well-being.(This recognizes that youth are not independent decision makers and are intrinsically involved in the values and parental environments in which they live). The number of minority youth engaging in behaviors that place them at risk of teen pregnancies is increasing. High risk behaviors include drug and alcohol use, injecting drugs, being a sex partner of a drug or alcohol user, having multiple sex partners, and teens exchanging sexual favors so they will be accepted by their peers. It is unrealistic to ask youth to change their behavior, in the absence of changes in the rest of their family. Therefore, African-American parents and grandparents, professionals in youth serving agencies, educators and others will play vital roles in this project. They will assist in changing how youth think about sexual behaviors and in the changing of the social environment within the neighborhoods of the targeted audience.

In the Kansas City metropolitan area, African-Americans are the largest minority population. In 1992 over half the babies born to teens were in this group. (National Center for Health statistics) Currently the health needs of African-American teenage girls are being met through the Wyandotte County health department and the University of Kansas

to a lesser degree. These agencies do not focus on preventive services for teenage pregnancy and even if these services were available there would be limited usage by the target population because of their mistrust of our existing health care system.

Although this is a new project, it fits the overall strategy of the national iniative...."to develop preventive health and educational programs for the target population (African-American teenagers 10-19) and all segments of the community which will assist that population in changing their lifestyles and thus enhance the health status and social and economic position".

GOALS AND OBJECTIVES

Goal 1: Develop a mentoring system which empowers teens with knowledge related to problems inherent in teen pregnancies and motivate them to avoid at risk sexual behaviors.

Objectives:

1 Assure that all counseling and educational staff are qualified to assume role as mentors.
2 All youth enrolled in preventive sex education program will be required to attend all sessions.
3 Preventive sex education classes will provide information on issues of abstinence, contraceptives, STD's as minimal.
4 Within one week of admission to preventive program, each youth will be assigned a counselor/mentor who will explain program and expectations.
5 Within one month of entering program, a session explaining the program will be provided for the youth and his family (or significant others).

Goal 2: All youth attending the preventive and/or crisis program will participate in a formalized self-esteem program.

Objectives:

1 All youth attending program will be given a pre test which measures to some degree their self-esteem.
2 Students will be required to complete all modules of self-esteem program "Life Skills" or a similar module program.
3 At the end of the program, post testing will be done to measure progress.
4 Youth will participate in at least 50% of activities offered in program voluntarily.
5 Program will provide sessions on grooming and other activities which help the young female establish a positive self image...these will be mandatory.

6 Specific activities will be developed for teen males that include grooming and rites of passage activities.
7 Impact work ethics programs will be initiated and all teens participating in the prevention and self-esteem programs will be required to attend.

Goal 3: Crisis intervention program will provide programming that includes teen and family counseling, conflict resolution, and activities which strengthen the family.

Objectives:

1 Conflict resolution counseling will be available 24 hour / day as crisis involving pregnant teens arise.
2 Teens admitted to the crisis program will be assigned an advocate counselor within 24 hours of entering the program.
3 All teens participating in the crisis program will participate in the prevention program and receive individual counseling.
4 Teens participating in the crisis program will be returned to the home as expediently as is possible.
5 Sex education and self-esteem modules will be part of the crisis intervention program and will be attended by all teens in the crisis program.

Goal 4: Haven Center will provide a safe environment and access to medical care to all teenage girls admitted to the residency program.

Objectives:

1 First time pregnant teenage girls who have been evicted from their homes will provided short-term residency of up to 30 days at the Haven Center facility.
2 Arrangements will be made for all girls in the residency program to have a medical examination within three days of admission.
3 All teenage girls enrolled in the residency program will receive counseling, sex education, self-esteem modules, and crisis counseling throughout the program.

4 Girls entering the residency program will be referred to all necessary services and assisted with access to those services.

Goal 5: Assist and support pregnant teenage girls as they learn behaviors which will help them avoid entering the cycle of repeated pregnancies.

Objectives:

1 Recommend to all participants of the crisis and residency programs that they attend classes at the facility related to sex education, abortion, adoption alternatives, and other incentives for continuing education.

2 An on-going tutorial program will be available and participants will be encouraged to attend.

3 Support and assist participant teenage girls who are seeking employment, housing, etc.

ORGANIZATIONAL BACKGROUND

Haven Center, Inc. is one of a number of community projects that has been sponsored by the Evangelistic Church of Jesus Christ. The church is known in the community and throughout the city for its work with Youth for Christ in weekly television broadcast series. After having worked in television broadcasting for five years, the church chose to leave that area of ministry to continue working on a more personal basis with the youth envolved in the Haven Center project.

In 1993, the church **founded the Bridge The Gap Coalition of churches.** This group of 18 local churches banded together to bridge the gaps that exist among races, denominations, genders, generations and geographical locations. As a part of bridging the generational gap, a number of youth activities, such as retreats, skating parties, and rap sessions are sponsored yearly and are held at various churches within the coalition. The Coalition hosts an annual crusade at the Jack Reardon Civic Center. An important part of the crusade is a "Youth Explosion and Workshop" which provides activities and ministry to youth of all ages. These services are always open to all area youth.

The **Little Sister Program and Three-Point Youth Program have made tutoring available for children and teens.** In these programs, high school and college graduates from the church donate certain Saturdays to help students in a number of subjects which the young people chose. The tutoring program stresses the need for education and the ability of the student to achieve. As a motivational tool, this program provides a scholarship program with funds available to college students who maintain a 3.0 GPA.

The **annual "Back-to-School Workshop is held in August.** The purpose of this program is to act as a refresher course for young people and prepare them for return to school.

One of the most successful youth activities the church has sponsored for the past 14 years has been the annual bus vacation provided by the Travel Ministry. With the goal of giving underprivileged youth an opportunity to

travel out of the city without cost. The owner of Kincaid Coach Lines helps support this endeaver. Trips have been sponsored to Colorado Springs, Orlando, Florida, St. Louis, Niagara Falls, Canada, Galveston, Detroit and other cities.

These programs have been effective in off-setting problems for youth inherent in growing up in deprived environments which are ripe with violence, drugs, sexual promiscuity and crime.

The church has been recognized and received awards from several community organizations for its work with youth of this community. Among these are the Black Student Union of KCK, Community College, Schlagle High School for participation in the DECA program, U.S.Army, Miracle House for rehabilitation services, and Grant Elementary School's Special Olympics program.

Evidence that youth programs sponsored by the church are working are seen each year in the numbers of students graduating from high school and college who have attended these programs. There have been fewer high school drop-outs among students in our programs, youth recoveries from drugs, gang activities and prostitution are evident. The success is attributed to the emphasis being placed on youth oriented programs.

We believe that youth can benefit greatly from programs that provide education, learning experiences, appropriate forms of recreation, and adults who care enough to be role models and mentors and who will invest quality time in reaching young lives.

The Haven Center is independently incorporated in the state of Kansas and has been granted 501 (c) 3 status. With additional training and assistance from area agencies this center seeks to derive an innovative and more direct approach to combating the problem of teen pregnancy. The highest goal of the center will be prevention of teen pregnancy.

PLAN FOR MANAGEMENT

The construction of the Haven Center will be considered an independent project which will be managed by the Haven Center Board of Directors, which consists of members of the community. The board of directors will establish the policies to be implemented by the center. An Advisory Board will work with the board of directors to corroborate the effectiveness of the decision-making process.

An executive director will oversee the board meetings and collaborate information between board members and a program director who will oversee the daily operation of the center.

The on-duty staff members of the Haven Center will include: a program director, a secretary/clerk, a cook/house mother, a partime custodian, and a partime caretaker. Professional counsellors will be solicited to volunteer their services. Community volunteers will be used for implementing youth programs and activities. The Haven Center will also collaborate with other area agencies involved in providing youth services.

FUND RAISING EFFORTS

PROPOSED FUNDING OF CONSTRUCTION

Contributions Collected	**$ 115,000.00**
Loan financing	**100,000.00**
Future Fund Raising until March 1996	**25,000.00**

PROPOSED SOURCES OF FUNDING FOR OPERATING BUDGET

KAUFFMAN FUND
THE UNITED WAY
PERSONAL CONTRIBUTIONS

The Haven Center will operate a book and gift shop as a means of ongoing funding. The meeting hall which has a seating capacity of 200 plus will be made available for public use for a fee that will be used toward the funding of the facitlity.

FISCAL MANAGEMENT

Proposed Construction Budget

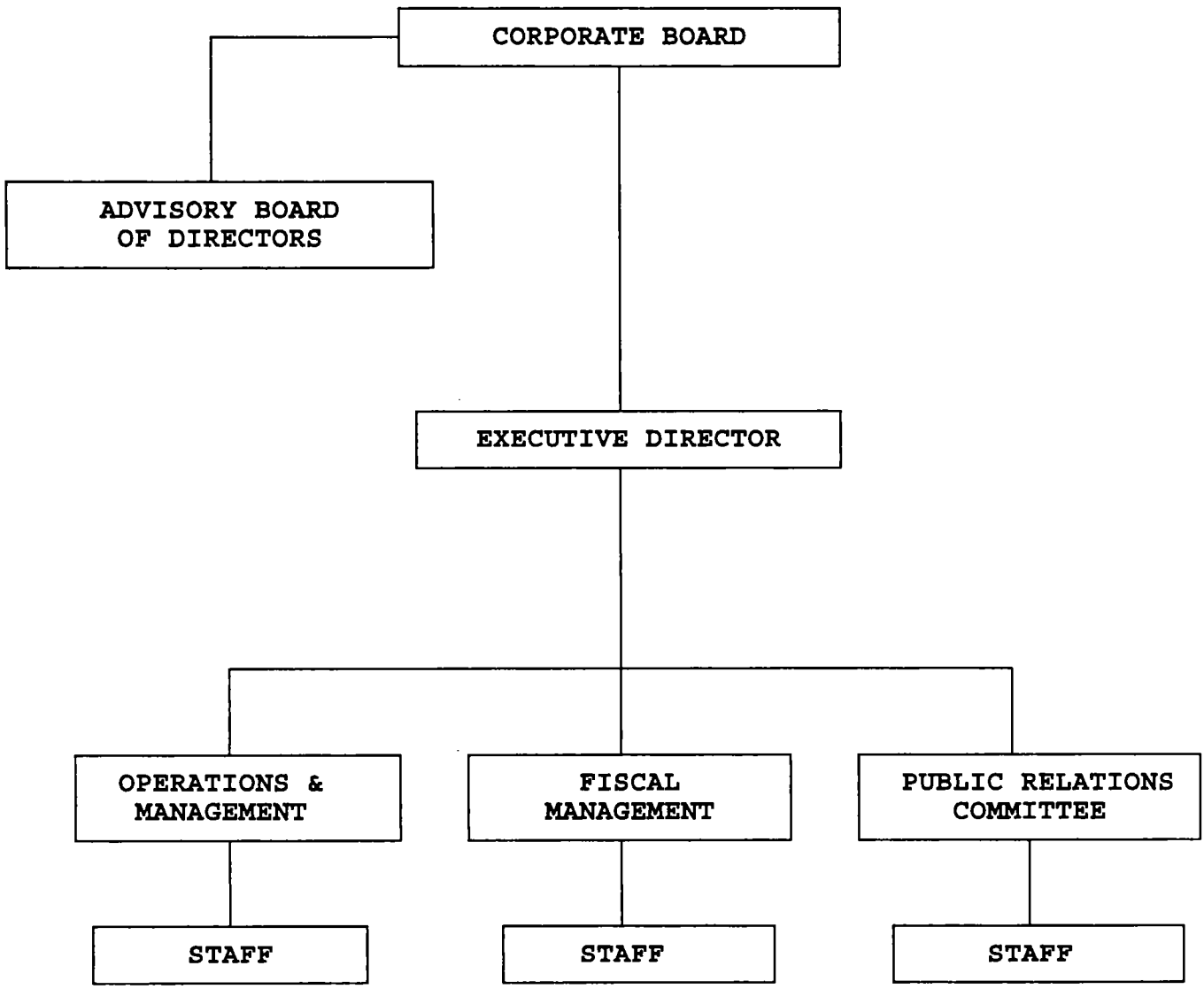
LAND ACQUISITION/CLEARING	$ 50,000.00
LEGAL FEES (titles, et al)	2,500.00
ARCHITECTURAL FEES	15,750.00
CONSTRUCTION COSTS	225,000.00
TOTAL	$293,250.00

FURNISHINGS NEEDED: (Will solicit donations and contributions)
Five Bedrooms: 10 twin beds, 5 dressers
Kitchen: Cooking utensils, dishes, flatware
Office: Desk, computer, files, copier
Meeting Hall: 25 retangular tables that seat 8 people each
Bookstore: Book shelves
Laundry: Washer and dryer, table
Transportation: 2 twelve- or 15-passenger vans

Proposed Yearly Operating Budget:

TRAINING:	
	$ 10,000.00
Curriculum Planning	
Strategic Planning	
Fiscal Management	
PERSONEL:	
Program Director	17,000.00
Secretary	14,000.00
Cook/House Mother	12,000.00
Custodian	4,500.00
Caretaker	2,500.00
PROPERTY MANAGEMENT & UTILITIES	
Lights and Water	6,900.00
Telephone	2,400.00
Gas	2,700.00
INSURANCE	15,000.00
DEBT RETIREMENT	110.000.00
TOTAL	$197.000.00

THE HAVEN CENTER



THE HAVEN CENTER, INC.

CORPORATE BOARD MEMBERS

W.M. Tramble, President
M.C. Tramble, Vice President
Wanda Owens, Secretary
JoAnn Glenn, Treasurer
Theodore Robinson, Advisor
Judge Cordell Meeks, Jr., Advisor
Dr. Esther Rhynes, Advisor

BOARD OF DIRECTORS

LaDonna Colbert, Computer Programer
Madelyn douglas, Youth Director
Marilyn Forteman, Security Dispatcher
Yahna Gibson, Fund Raising Director
JoAnn Glenn, Accounting Clerk
Beatrice Gray, Registered Nurse
Evelyn Hudson, Public Relations Admin.
Wanda Owens, Community Volunteer
Cristy Pacheco, Airline Reservationist
Alesia Robinson, Admin. Assistant
Theodore Robinson, School Services
Micheal Tramble, Jr., Law Clerk/ Law Student
Micheal Tramble, Sr., Retired Juvenile Police Det.
Patricia Tramble, Child Support Spec.
Rosalind Tramble, Registered Nurse
Willa M. Tramble, Teacher, Pastor
Judy Turner, Registered Nurse
Kimberly Warren, Investment Acc.
Jacqueline Williams, Propety Manager

HOPE HOUSE ZION HILL MINISTRIES, INC.
1042 FREEMAN AVENUE • KANSAS CITY, KANSAS • 66102

April 25, 1995

To Whom This Concern:

This letter is in support of the Haven Crisis Center which is sponsored by Evangelistic Church of Jesus Christ. With the high rate of teenage pregnancies in Kansas City, Kansas, a program such as this is needed.

Zion Hill Ministries and Hope House is in support of this program and believes that there is a definite need for this type of support in this area. As a community based not for profit agency we are very well aware of the lack for this kind of community based service organization. We believe that these youth need direction, and this program will be beneficial to these youth and the citizens of Kansas City area.

Sincerely,

Richard D. Prim,
Executive Director

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Kansas City, Kansas Public Schools

625 Minnesota Avenue • Kansas City, Kansas 66101 • (913) 551-3200

Carl B. Bruce
Asst. Superintendent
for Pupil and Parent
Services

April 25, 1995

Rev. Micheal and Willa Tramble
2419 N. 64th Terrace
Kansas City, Kansas 66104

Dear Pastors:

I am very pleased to hear that The Haven Center is applying for a City Development Block Grant for the funding of a project for prevention of teen pregnancy. The Kansas City, Kansas School District is very supportive of your application. We are looking forward to working collaboratively with you to reach and serve this critical teen population in our community.

Sincerely,

Carl B. Bruce
Assistant Superintendent for
Pupil and Parent Services

Metropolitan Lutheran Ministry

April 28, 1995

The Haven Center
The Evangelistic Center of Jesus Christ
745 Walker
P.O. Box 171055
Kansas City, Kansas 66117

To Whom It May Concern:

After serving the community for the past twenty two years and seeing the effects of teen pregnancy in this area, it pleases all of us at Metropolitan Lutheran Ministry to welcome The Haven Center, Inc., as a service delivery program.

Representatives of The Haven Center, Inc. have been involved in the Wyandotte County Emergency Assistance Coalition and the WyCo Homeless Coalition as well. This speaks well of their desire to work with the community and access those agencies and organizations already in place so that they can compliment and meet those gaps in services in the community.

Statistically, teen pregnancy is at an all time high in Wyandotte County, which ranks the highest in the state of Kansas. Wyandotte County also shares some of the highest rates of infant mortality in the state and nation. Obviously, more groups are needed to make the committment to challenge teens in this community to seek out alternatives to this issue.

On behalf of Metropolitan Lutheran Ministry, we hope to work with The Haven Center, Inc., in whatever capacity we can and welcome their efforts to tackle this epidemic of teen pregnancy.

Sincerely yours,

Yvonne Brown

Yvonne Brown, Director
Community Ministry
MLM/St. Luke's Lutheran Church

3031 Holmes, Kansas City, Missouri 64109-1435
(816) 931-0027 FAX (816) 931-3511