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Mobilization for Positive Futures

Child and Family
Resources

Tucson, AZ

Replicating
Evidence-Based
Teen Pregnancy
Prevention
Programs
to Scale in
Communities
with Greatest
Need

Case Study No. 1

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CONTENTS

EXECUTIVE SUMMARY	1
I. INTRODUCTION TO THE CASE STUDY	3
OPA's Strategy for Scaling Interventions to the Community Level.....	3
Focus of the Case Study.....	4
II. COMMUNITY AND ORGANIZATIONAL CONTEXT	5
Community Characteristics	5
Readiness of <i>Mobilization</i> Grant Partners	7
III. PROJECT STRUCTURE	7
Implementation Model.....	8
IV. THE KEY ELEMENTS OF TPP SCALE-UP PROJECTS	9
Implementing Evidenced-based Programs	9
Community Mobilization	12
Enhancing Linkages and Referrals to Youth-Friendly Health Care Services	15
Ensuring Safe and Supportive Environments for Youth	17
V. CONCLUSION	18
APPENDIX A. OPA TIER 1B GRANT PROGRAM LOGIC MODEL	19

TABLES

Table IV-1: EBPs delivered in school, during the school day	9
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FIGURES

Figure II-1: <i>Mobilization's</i> service area	6
Figure II-2: Teen birth rates 2012 and 2015	6
Figure III-1: Project organizational chart	8
Figure III-2: Implementation model	8
Figure A-1: OPA Tier 1B grant program logic model	19

EXECUTIVE SUMMARY

Background

In 2015, the Office of Population Affairs (OPA) awarded 50 Teen Pregnancy Prevention (TPP) grants to replicate evidence-based programs (EBPs) to scale in communities with the greatest need. OPA designed the 2015 TPP grant program to have a significant impact on reducing teen pregnancy rates and disparities by using a multi-component, community-wide strategy. The strategy integrated EBPs into multiple safe and supportive settings, mobilized stakeholders around a shared vision, and increased access to youth-friendly services.

While implementation approaches varied, all grantees were required to use a multi-component approach that included four key elements:¹



Deliver EBPs with fidelity in at least three types of settings.



Engage the community around a shared vision to increase the community's ability to prevent teen pregnancy.



Recruit a network of youth-friendly service providers, develop a referral system, and connect youth to needed services.



Ensure programs are provided in safe and supportive environments.

Mobilization for Positive Futures

Child & Family Resources (CFR) implements *Mobilization for Positive Futures (Mobilization)* in partnership with Planned Parenthood of Arizona (PPAZ) and Sunnyside Unified School District (SUSD). *Mobilization's* goals are to increase parent and community support for sexual health education, establish sexual health education during the school day as the norm, and increase the youth-friendliness of area resources. *Mobilization* provides evidence-based TPP programs to most eighth- and ninth-graders who live in two Primary Care Areas (PCAs) in the southern part of Pima County, Arizona—South Tucson and San Xavier.² *Mobilization* also has emerging partnerships with the San Xavier District of the Tohono O'odham Nation and with the Tucson Unified School District to provide EBPs outside of school time. **This case illustrates the importance of the cooperation of a local school district and the challenge of building**

¹ See the Funding Opportunity Announcement: <https://www.hhs.gov/ash/oah/sites/default/files/tier1b-foafile.pdf>.

² A Primary Care Area (PCA) is a geographic area in which most residents seek primary health services from the same place(s). While there are Native American youth in both PCAs, the San Xavier PCA encompasses only residents of the San Xavier District. <http://azdhs.gov/prevention/health-systems-development/data-reports-maps/index.php>

cooperation with a tribal authority within the timeframe of a federal grant. CFR began the project in summer 2015; the case study is based on phone interviews and a site visit conducted in the grantee's second grant year.

Lessons in Scaling Up Evidence-Based Teen Pregnancy Prevention

Strong school district leadership facilitated full EBP saturation. CFR leveraged existing working relationships with key partners—PPAZ and SUSD—to get off to a strong start. Support from SUSD was indispensable, particularly by ensuring that EBPs were scheduled to reach the entire eighth and ninth grade target population by the end of the first year, and by setting aside time for teachers to be trained in the EBPs.

***Mobilization* prepared teachers to take ownership from the beginning.** *Mobilization* planned to sustain EBP implementation beyond the life of the grant by ensuring that local teachers were trained in EBP delivery by the end of the second year of the grant and prepared to take over by the end of the third year, and providing support for teachers and school administration during implementation.

The timeline for tribal approval was longer than anticipated. A lengthy Tribal Council approval process that began after the grant was awarded meant a slower start and on a smaller scale than anticipated. After two years of relationship-building, *Mobilization* gained permission to work with one group of middle school students on the reservation.

***Mobilization* designed unique ways to authentically engage youth.** CFR carried over the core group of youth from an established Youth Advisory Council (YAC) to support both implementation of *Mobilization* and help recruit new YAC members. *Mobilization* structured a variety of positive youth development activities for YAC members, such as: giving youth an active role in hiring health educators, creating opportunities for them to make public presentations in a professional setting, using youth input in developing educational materials, and involving youth in assessing the youth friendliness of local clinics.

Low engagement in community-based settings required re-thinking the approach. The grantee experienced challenges recruiting and retaining youth and adults for out-of-school implementation. Recruiting youth proved to be inefficient, yielding very few youth participants. Similarly, finding an approach for engaging parents was more difficult than the grantee and partners had anticipated, resulting in low participation in workshops and other events. During the second year of the grant, the grantee was exploring new options for engaging parents.

***Mobilization* drew on in-house expertise to establish a system of referrals for health care and other services.** *Mobilization's* referral system included a decision-making flowchart and a directory of service providers. It covered a range of health care services, educational and workforce development, prevention, and healthy relationships.

I. INTRODUCTION TO THE CASE STUDY

Child & Family Resources Inc. (CFR) in Tucson, Arizona, was one of only a few Tier 1B grantees that proposed implementing a program for tribal youth. This case highlights implementation of *Mobilization for Positive Futures* in the Tucson South and San Xavier Primary Care Areas (PCAs) in Pima County, including youth from the nearby Tohono O’odham Nation.

The case study is based on analysis of interviews, on-site observations, and review of program materials during the second grant year. Data collection included: telephone and in-person semi-structured interviews with five *Mobilization* staff, six partner organization staff, and members of the Youth Advisory Council; observations of a partner meeting and a community event, and review of the grant application, annual progress report, community needs assessment, and dissemination materials.

OPA’s Strategy for Scaling Interventions to the Community Level

The grant program’s goal was to have a significant impact on reducing rates of teen pregnancy and disparities by using a community-wide strategy to integrate EBPs into multiple types of settings and ensure youth receive EBPs multiple times over the course of their adolescence, mobilize stakeholders around a shared vision, and increase access to youth-friendly services.

Mobilization for Positive Futures At A Glance

Grantee	Child & Family Resources Inc.
Targeted Community	2 Primary Care Areas in South Tucson, AZ
Local Teen Birth Rate (2012)*	73–95.1 per 1,000 among 15- to 19-year-old females
US Rate (2012)	29.4 per 1,000 among 15- to 19-year old females
Annual Reach	2,500
Annual Funding	\$863,492
Urbanicity	Medium metro
US Census Region	West
Vulnerable Populations	Native American youth Hispanic youth
Number of Implementation Partners	2
EBPs	<ul style="list-style-type: none"> • Making a Difference • Reducing the Risk • Be Proud! Be Responsible! Be Protective!
Settings	In-school middle school, in-school high school, after-school high school; community-based organizations

*Teen birth rates reflect data available at the time project began in 2015.

While implementation varied, all grantees were required to use a multi-component approach that included four key elements:³



Evidence-based programs. Deliver EBPs with fidelity in at least three types of settings.



Community mobilization. Engage the community around a shared vision to increase the community's ability to prevent teen pregnancy and improve adolescent health. Community Advisory Groups (CAG) and Youth Leadership Councils (YLC) inform the effort.



Linkages and referrals. Recruit a network of youth-friendly, accessible service providers, develop a referral system, and connect youth to needed services.



Safe and supportive environments. Ensure programs are implemented in safe and supportive environments: integrate a trauma-informed approach, assess LGBTQ inclusivity, and put positive youth development characteristics into action.

A logic model for the Tier 1B grant program is shown in Appendix Figure A-1.

Focus of the Case Study

This case study describes CFR's work to build support for and embed evidence-based programming in the Tucson South and San Xavier PCAs in both school and community-based settings. CFR convened partnerships with the following organizations to implement the grant:

- the Sunnyside Unified School District (SUSD) and Planned Parenthood of Arizona (PPAZ), to provide EBPs in school during the school day;
- Tucson Unified School District (TUSD), Tucson Urban League, and Goodwill Industries to provide settings for community-based EBP programming, and
- the Tohono O'odham Nation to design a plan for extending services to the reservation for parents/guardians and for youth who are not attending school in SUSD.

Mobilization aimed to improve adolescent sexual health outcomes in the two PCAs through the following planned strategies:

- **Implement EBPs with youth.** Provide *Making a Difference* in five SUSD middle schools, *Reducing the Risk* (for the general high school population) and *Be Proud! Be Responsible! Be Protective!* (for pregnant and parenting youth in a Teenage Parent Program class) in three SUSD high schools. Youth from two TUSD high schools, the

³ See the Funding Opportunity Announcement for details: <https://www.hhs.gov/ash/oah/sites/default/files/tier1b-foafile.pdf>.

Tucson Urban League, and Goodwill Industries will receive EBPs after school and during the summer. *Mobilization* is forging a collaboration with the Tohono O’odham Nation to serve the approximately 20 percent of its youth who do not attend school in SUSD.

- **Mobilize the community around teen pregnancy prevention.** Raise awareness about and build support for teen pregnancy prevention using a Community Advisory Board (CAB) to identify and engage community partners. Provide activities to engage and disseminate information to parents and other members of the community. Engage youth through a robust and active Youth Advisory Council (YAC) to improve the relevance of project materials and activities and to serve as peer ambassadors for healthy relationships and sexual health.
- **Establish and maintain linkages and referrals to youth-friendly services.** Improve linkages between youth and health care and other services in the community by screening available resources and working to build the capacity of providers to deliver youth-friendly services.
- **Establish and maintain safe and supportive environments.** Support use of inclusive language, strengthen existing in-school support systems, and help teachers understand how to create inclusive classroom environments aligned with local policies.

The case study begins with a brief description of the community and organizational context in which *Mobilization* operates and then describes the project structure. The remainder of the report focuses on how the grantee laid the groundwork for and began to implement each of the key elements of the Tier 1B strategy.

II. COMMUNITY AND ORGANIZATIONAL CONTEXT

Mobilization focuses its efforts on two PCAs that encompass South Tucson and the northern two miles of the San Xavier District of the Tohono O’odham Nation (one of 11 districts of the Nation geographically closest to Tucson). There are two contextual factors important to understanding readiness for bringing EBPs to scale: (1) the nature of the communities in which the EBPs are delivered; and (2) the specific capacities of project partners.

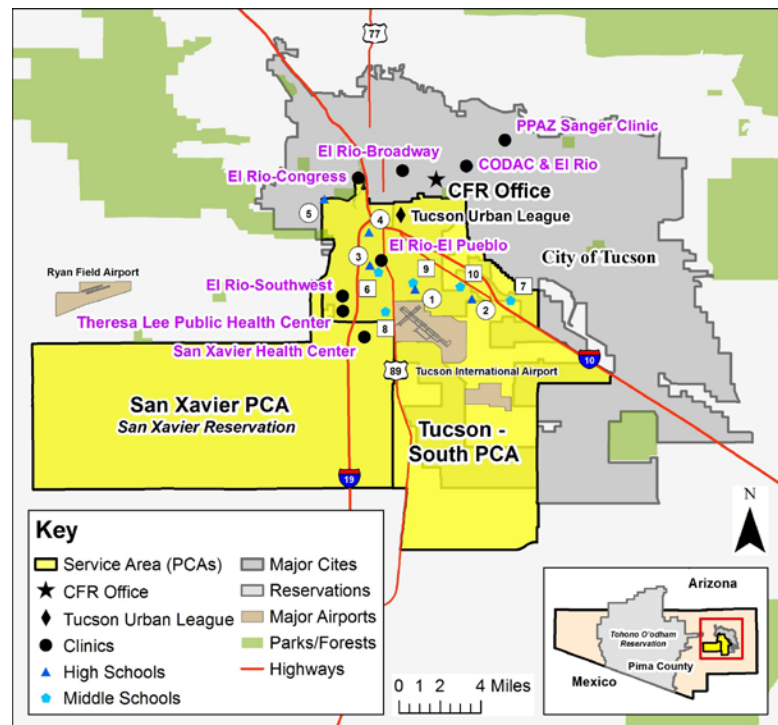
Community Characteristics

The two PCAs (see Figure II-1) are racially/ethnically diverse. Tucson South is majority white and Hispanic, and San Xavier is majority American Indian/Native American and one-fourth Hispanic. Compared with Pima County, households in the two PCAs have lower average incomes and more children living in poverty, and unemployment in San Xavier is double the

county average. Higher rates of death before the average U.S. life expectancy suggest adverse living conditions for residents of these PCAs.⁴

Whereas the teen birth rate in Arizona exceeded the U.S. rate in 2012 (44.2 per 1,000 female teens compared with 29.4), rates for the two PCAs were even higher: 73.0 and 95.1 per 1,000 female teens age 15-19 for Tucson South and San Xavier, respectively. Between 2012 and 2015, teen birth rates declined nationwide, in Arizona, and in the two PCAs, but rates in those PCAs remained higher by comparison (Figure II-2).⁵

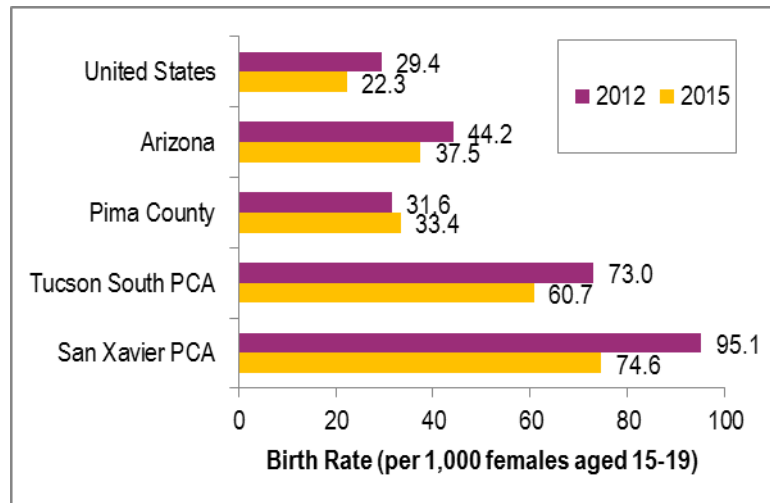
Figure II-1: Mobilization's service area



These and other disparities in educational attainment and rates of sexually transmitted infections led CFR to focus its teen pregnancy

prevention efforts on these two communities, with the understanding that the majority (80%) of the school-age youth from the Tohono O'odham Nation's San Xavier District would be attending local public schools in SUSD and two schools in TUSD. This was important because SUSD already had initiatives in place to address low graduation rates and teen parenting and a comprehensive health

Figure II-2: Teen birth rates 2012 and 2015



⁴ Source: <http://www.azdhs.gov/prevention/health-systems-development/data-reports-maps/index.php#statistical-profiles-pca> (retrieved 9/20/17).

⁵ Source: <http://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/data-sets/pcaprofiles.zip>; <http://pub.azdhs.gov/health-stats/report/tp/2015/index.php> (retrieved 9/20/17).

education program that would help lay the groundwork for collaboration on the *Mobilization* project.⁶

The two PCAs have accessible, low-cost health care centers that provide reproductive health services: Pima County's Theresa Lee Public Health Center, PPAZ's Sanger Clinic, a private non-profit health center network, five branches of the El Rio non-profit community health centers, and the reservation's San Xavier Health Center.

Readiness of *Mobilization* Grant Partners

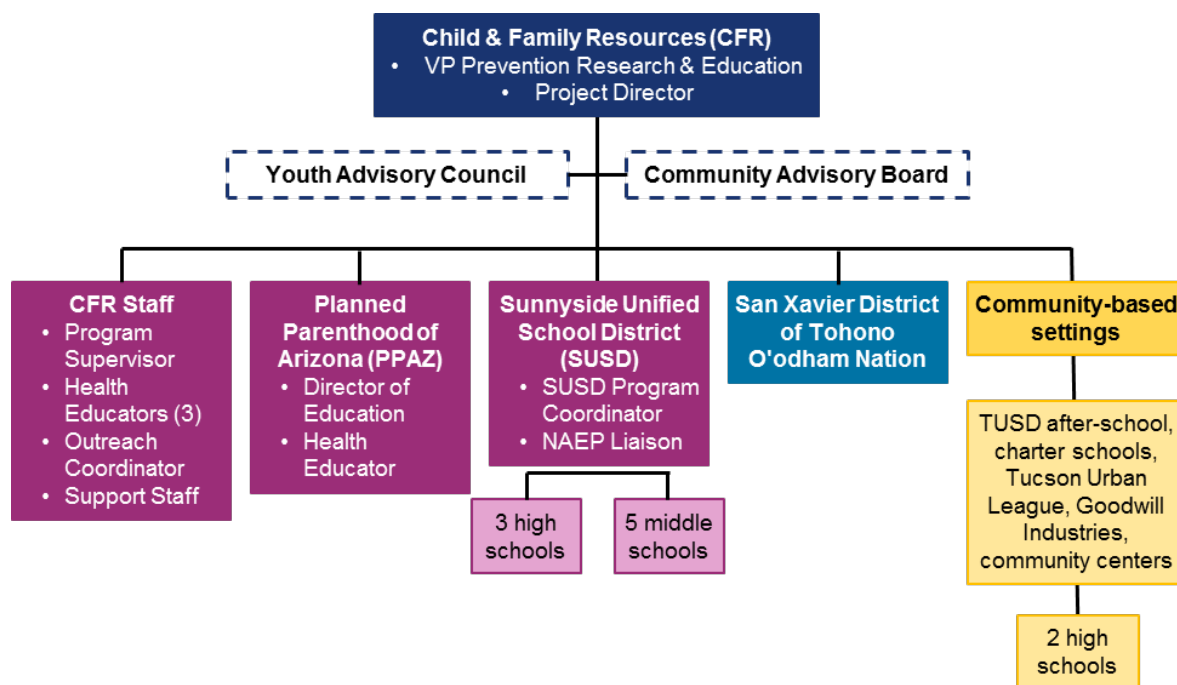
CFR and its core partners, SUSD and PPAZ, formed a partnership in response to previous OPA TPP funding opportunity announcements. *Mobilization* leveraged these past working relationships and expertise of its partners to expand reach and provide a sustainable base of trained staff. In addition to CFR's experience implementing an innovative TPP program, *Go Grrrls*, it had extensive experience as a resource and referral network for a range of community health and well-being services in the region. Prior to the current grant, PPAZ had been implementing *Reducing the Risk* in Pima County for six years, and brought experience training teachers and conducting outreach to the Hispanic community.

SUSD had been implementing a range of interventions to improve academic and behavioral outcomes. The mission of its Teenage Parent Program (TAPP) is to ensure academic success for pregnant and parenting students. Its Native American Education Program (NAEP) includes a network of academic advisors who also serve as counselors, advocates, role models, and cultural liaisons. One of these advisors is a member of the *Mobilization* project team. The Assistant Superintendent for Student Services has championed sex education in the district, and originally reached out to CFR about the grant announcement; she has continued to participate actively in *Mobilization* meetings and facilitate access to SUSD. The *Mobilization* SUSD Program Coordinator is a retired teacher with over 40 years of experience in the district.

III. PROJECT STRUCTURE

As shown in Figure III-1, CFR manages the grant, provides oversight to implementing partners, oversees the YAC, and provides EBPs. PPAZ is responsible for the CAB, community mobilization, provides parent/adult programming, and training of teachers. During the first year of the grant (the planning year), PPAZ provided technical support to SUSD's curriculum review process by preparing materials and making presentations about the EBPs to the school board and community.

⁶ TUSD was not a sub-awardee on the grant. Post-award, TUSD agreed to allow *Mobilization* to conduct voluntary after-school activities with youth on the premises of two TUSD high schools.

Figure III-1: Project organizational chart

Implementation Model

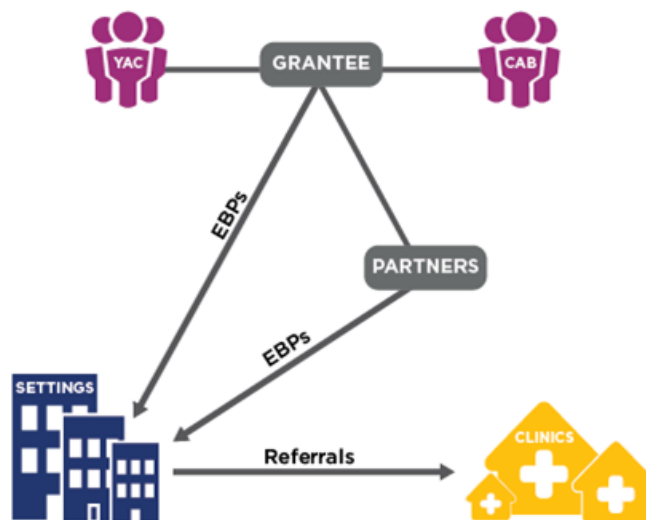
The implementation model for the *Mobilization* project entails CFR health educators providing the EBPs in SUSD middle schools and high schools during the school day in the first year of implementation and then training teachers to implement the EBPs, with support from health educators, in the following year. Thus, CFR is both serving as an intermediary and directly delivering EBPs.

PPAZ's Health Educator conducts community outreach and awareness-building activities, including structured workshops, with adults throughout the community both to provide education about sexual health and to build support for sexual health education programming in the schools.

CFR health educators provide EBP programming to youth in various community-based settings either after school or in the summer, including two TUSD high schools, the Tucson Urban League, Goodwill Industries, and the Tohono O'odham San Xavier Recreation

Figure III-2: Implementation model

CFR serves as an intermediary and delivers EBPs directly



Center. The health educators also provide referrals to services as needed.

Mobilization's Community Advisory Board (CAB) provides support and advice for developing programming and identifying community settings for outreach and education. The Youth Advisory Council (YAC) members provide input on all programming decisions, including curriculum materials, marketing, and hiring health educators, and serve as peer ambassadors for the project.

IV. THE KEY ELEMENTS OF TPP SCALE-UP PROJECTS

Implementing Evidenced-based Programs

OPA's scale-up grants were intended to support implementation of EBPs with fidelity and high quality in at least three settings across a target community in order to maximize the likelihood that youth within the target age range have an opportunity to participate in programming.

Mobilization proposed to implement *Making a Difference* in middle schools, *Reducing the Risk* and *Be Proud! Be Responsible! Be Protective!* in high schools, and all three in community-based settings. This section describes *Mobilization's* EBP implementation, challenges, and supports.

Key Elements of TPP Scale-Up Projects:

1. Evidence-based programs
2. Community mobilization
3. Linkages and referrals to youth-friendly health care and other services
4. Safe and supportive environments

School-based EBP Implementation

Although SUSD supported implementing EBPs in its middle schools and high schools, the district's curriculum review process consumed most of the first year of the grant. However, this deliberation process brought an unanticipated successful outcome: SUSD also decided that it wanted to extend programming to other grade levels (across grades 6-12), to be rolled out over time.

Table IV-1: EBPs delivered in school, during the school day

EBP	Target Population	Class
<i>Making a Difference</i>	Middle school, 8 th grade	Science class
<i>Reducing the Risk</i>	High school, 9 th grade	Healthy Living class
<i>Be Proud! Be Responsible! Be Protective!</i>	High school, pregnant & parenting youth (9 th -12 th grades)	Teenage Parent Program class

The district decided which EBP(s) the project would implement from the HHS Teen Pregnancy Prevention Evidence Review, using the Getting to Outcomes™ process, co-facilitated by PPAZ

and CFR.⁷ SUSD chose *Making a Difference* because of its emphasis on abstinence combined with a focus on life goals. The district chose *Reducing the Risk* for its inclusion of life goals and that it and *Making a Difference* had already been vetted by the Arizona Department of Education. The district's third choice, *Be Proud! Be Responsible! Be Protective!*, is one of the few curricula on the list identified as appropriate for pregnant and parenting teens education;⁸ SUSD will offer it to youth in its high school Teenage Parent Program (see Table IV-1).

Strong institutional support from SUSD enhanced implementation and likely sustainability of the EBP

Mobilization's EBP implementation strategy included a transition to making teachers responsible for delivery of EBPs during the school day by the third year of the grant. The strategy was dependent on cooperation and commitment from the district administration, schools, and teachers within the district.

District staff at SUSD were enthusiastic about the program being rolled out across eighth and ninth grades in all schools in the second year of the grant (SY 2016-17), with CFR's health educators providing the program and classroom teachers observing. SUSD selected eighth grade and ninth grade because they both already required courses into which the EBPs could fit. This allowed the district to reach at least some youth with two different EBPs, once in 8th grade and once in 9th grade, and to meet the Arizona Department of Education content standards for those grades.

"[Our goals are] the education of our youth by providing them with medically accurate evidence-based information that is non-judgmental and inclusive, and to reduce the teenage pregnancy rate in our Primary Care Area."

—SUSD Program Coordinator for
Mobilization

By the end of SY 2016-17, all teachers were trained, enabling them to co-facilitate with health educators in SY 2017-18. By the end of SY 2017-18, CFR health educators would be freed up to provide services in other settings. SUSD took ownership early on by actively participating in selecting the EBPs, fitting the programs in the schedule, and having teachers trained. SUSD also started the dialogue about extending programming across 6th–12th grade. Taken together, SUSD's stance and actions all supported sustainability of the program.

Planning for Sustainability

CFR arranged to have the curriculum distributor provide initial training of trainers on the EBPs to PPAZ staff, and trauma-informed training for all staff who deliver EBPs (including school staff). PPAZ staff were trained to deliver subsequent training to project staff, teachers, and in the future, tribal community members, coordinated by CFR's Program Supervisor.

⁷ Getting to Outcomes™ is a 10-step systematic framework to facilitate planning, implementation, and evaluation of a program, developed by the Rand Corporation. See https://www.rand.org/content/dam/rand/pubs/technical_reports/2007/RAND_TR101.2.pdf.

⁸ See HHS' Teen Pregnancy Prevention Evidence Review at <https://tppevidencereview.aspe.hhs.gov/>.

EBP Implementation Outside of School

Mobilization planned to implement EBPs outside of school in community-based settings in Tucson South, as well as on the San Xavier reservation. These efforts were limited in scale during the initial two years of the grant. *Mobilization* used community-based sites for EBP implementation in the pilot phase (May–June 2016), and planned to continue to take advantage of the summer school break to offer EBPs to youth in community settings. However, both recruitment and transportation logistics for out-of-school time implementation were very labor intensive, and obtaining parental permission required more resources than for in-school implementation. *Mobilization* continued to explore new partnerships with community-based organizations and had plans to deliver after-school programming at two high schools in TUSD, Goodwill Industries, and the Urban League.

Implementation of EBPs on the San Xavier reservation began on a small scale

At the end of SY 2016-17 (the first full implementation year), *Mobilization* reached an important milestone when the San Xavier District requested that CFR health educators deliver EBPs to youth in its Recreation Center on the reservation during the summer. The tribe recruited enough middle school–aged youth to fill one *Making a Difference* group, but was unable to recruit high school–aged youth to participate in *Reducing the Risk*. The San Xavier District requested that CFR continue to provide sessions periodically, and *Mobilization* planned to engage tribal members to help recruit youth not already served by SUSD. This mixed success—approval to provide some services but on a dramatically smaller scale than expected—underscored the necessity of building relationships with tribal authorities as far in advance as possible.

Challenges Extending Reach to San Xavier Reservation

A key strategy for scaling to the community level was to include most of the San Xavier community through two approaches: (1) reach about 80 percent of eligible tribal youth in SUSD schools; and (2) work with the Tribal Council to reach youth who did not attend school in SUSD (i.e., those who are homeschooled, attend school on the reservation, have dropped out of school, or may be attending school online).

Engaging the Tribal Council was a multi-step process with an unpredictable timeline and uncertain outcomes. The project plan needed approval from many different tribal groups before the Council could consider it. Obtaining approval took more than 18 months, finally resulting in a collaborative arrangement among CFR, the Tribal Council, and the Tribal Health and Community Services Committee.

The project recognized the need to find strategies for extending services to these and other harder-to-reach youth. Some special populations, such as youth in foster care and youth transitioning out of juvenile correction settings, will be identified via referral from the Pima County Department of Child Safety. For such youth, and for those who are not attending school, *Mobilization* will work with its CAB—and in the case of San Xavier, with the tribal authority—to decide how and where to provide services.

Community Mobilization

Mobilization had three main mechanisms for community mobilization: (1) The Community Advisory Board (CAB) served as a sounding board, troubleshooting resource, and outreach partner. (2) The Youth Advisory Council (YAC) also served as a sounding board and helped with recruitment outreach. (3) The CFR Outreach Coordinator, other CFR staff, and the PPAZ health educator conducted outreach aimed at raising general community awareness, and promoting the involvement of parents and other community members in teen pregnancy prevention activities.

Key Elements of TPP Scale-Up Projects:

1. Evidence-based programs
- 2. Community mobilization**
3. Linkages and referrals to youth-friendly health care and other services
4. Safe and supportive environments

The long-term goal was to build community support for sexual health education, helping parents and guardians see it as beneficial to their children's health and well-being.

The CAB Was Diverse and Highly Participatory

The CAB consisted of 12 members chaired by PPAZ's Director of Education. CAB members included representatives from all sub-awardees as well as the Arizona Family Health Partnership that oversees Title X and other family planning services, an obstetrician/gynecologist, the NAEP Liaison from SUSD, the Pima County mobile health clinic, a psychologist specializing in youth and sexual abuse, and local youth-focused and LGBTQ-focused community-based organizations. Typically between five and eight members attend meetings in person.

The CAB exhibited strong participation and shared decision making. Members volunteered to take responsibility for projects and activities—such as identifying settings and hosts for community events—and provided thoughtful planning for how to accomplish tasks and measure outcomes. CAB meetings normally focused on one particular challenge or issue, and members brainstormed solutions together. Examples included: how to work with pregnant and parenting youth outside of the school setting, finding solutions for transportation from after-school YAC meetings, and developing options for parent and community engagement activities.

"They're really fantastic because usually you do get, 'You should do this ... you should do that,' but this group is really good about putting their own bodies into the work."

—Mobilization CAB member

Moving into the grant's third year, the Project Director planned to transition the group to be more action-oriented, focusing on community outreach and sustainability. She also planned to set a series of topics for each month aligned with the YAC, both to provide more structure to the CAB and to facilitate connecting the YAC to the CAB, a project objective.

Young People Were Involved in the Project in Meaningful Ways Through Participation in the YAC

Involving youth in meaningful activities to support the project—activities that also provide opportunities for positive youth development⁹—is one of the cornerstones of OPA’s community-wide approach. CFR had established a YAC for a prior grant project, called *The Grrrls Project*, that operated from 2010-2016. All of the members decided to continue to serve on the YAC for *Mobilization*. Because the earlier project was specific to girls, CFR and its partners recruited boys to make the YAC more representative of the target population for the current project. The group was racially and ethnically diverse, also reflecting the target population. Some of the continuing members were in high school, and many were in middle school. The group had 19 members, with about 10-12 attending meetings regularly. The group met monthly, facilitated by the *Mobilization* Project Director, and members were interested in increasing the frequency of meetings to at least twice a month.

The YAC was involved from its inception in several engaging activities. Below is more detail about how these responsibilities provided opportunities for positive youth development.

Hiring health educators. The activity that made the greatest impression on the YAC members interviewed was helping to hire the health educators. The Mobilization Project Director designed the task so that health educator candidates first facilitated an activity with YAC members, and then were interviewed by the YAC, who then made hiring recommendations. Youth were very motivated by being taken seriously in a decision that would directly affect their peers—determining who would facilitate sessions of the EBPs for the next group of young people. Some also reported that the earlier experience they had as part of The Grrrls Project YAC helped prepare them for this responsibility.

Reviewing project materials. The YAC helped shape *Mobilization* programs by reviewing marketing plans (e.g., flyers and billboards), reviewing program components to see if they addressed critical prevention elements, and checking for age appropriateness and inclusivity. YAC members reported that the adults took their comments seriously and implemented the changes they recommended.

Recruitment and sharing information. YAC members gave short presentations at school assemblies, open houses, and other school events to provide information about participation in the EBPs and applying to join the YAC. These recruitment activities were aimed at building peers’ interest in participating in out-of-school programs such as *Making a Difference or Reducing the Risk* workshops during mid-year and summer vacation times.

⁹ A Positive Youth Development (PYD) approach encompasses a set of practices intended to provide youth with structured, supportive opportunities for pro-social development. (Interagency Working Group on Youth Programs).

Presenting at a conference. The YAC presented a panel discussion, with an audience question-and-answer session, at a plenary session of the Redefining Safe Conference (described in the flyer opposite). The audience was a diverse group of professionals from education, health care, law enforcement, and behavioral health services. The YAC proposed the panel, prepared the content, and moderated it. YAC members reported feeling proud of this accomplishment, especially because it was another opportunity for their voices to be heard by adults in a professional setting.

Participating in youth development activities. YAC members participated in a variety of activities aimed at youth development rather than pregnancy prevention per se—including science, technology, engineering, and math activities. They also went on outings that were “just for fun,” intended to strengthen relationships among YAC members and increase their motivation to participate in the group.



Authentic Activities for Youth

YAC members engaged in authentic, real-life tasks and were able to experience being equal partners as community members concerned about important issues. They were the leaders and the decision makers in some of the activities, and they were able to exercise creativity in nearly all of them. Importantly, the YAC members had opportunities to have their unique perspectives valued while they were supported in taking on greater responsibilities.

Building Community Support Through Parent Outreach, Community Presentations, and By Engaging Professional Networks

Parental opt-in process. Arizona’s requirement that parents give active permission for their child to receive information about sexual health in school was a built-in opportunity to communicate early with parents. Project staff set up a table at each school during registration and at parent-teacher days. At registration days for the 2016-17 school year, the Coordinator obtained nearly all of the signed forms needed; the final permission rate was 97 percent of all eligible SUSD middle school students and about 75 percent of eligible ninth graders. The Program Coordinator and Project Director viewed this high success rate as an indicator of strong parental support, and believed the face-to-face contact with parents was instrumental.

Joining and hosting events in the community. The Outreach Coordinator and the PPAZ Health Educator identified events such as health fairs, career days, or any other event at which parents of youth, and possibly youth themselves, might be in attendance. Once they established an initial connection with organizers, Mobilization staff reciprocated by extending invitations to

Mobilization events to build a partnership based on mutual support. During the second year, the team was working toward focusing all outreach efforts on eliciting tangible commitments from organizations and community members.

Building a professional network. In 2016 and 2017, CFR held an annual Redefining Safe Conference in early spring, convening organizations and professionals with overlapping missions—including social service agencies, universities and school counselors—to share knowledge and expertise and to build connections. Attendees presented and discussed a range of topics related to the issues and risks young people face in addition to teen pregnancy, such as gender identity, sex trafficking/coercion, suicide, and substance abuse. They also considered service delivery topics such as inclusivity, trauma-informed approaches, and how to support transgender and non-binary youth.¹⁰ The conferences were well attended by the target audience of adults in the various prevention fields, as well as by some teens.

Enhancing Linkages and Referrals to Youth-Friendly Health Care Services

Prior to the start of the grant, *Mobilization* conducted a preliminary screening of local health care providers to determine the kinds of services offered, as well as their general accessibility to youth. During the first two years, the project was in the process of adapting a user-friendly tool for assessing the youth friendliness of health care centers that also can be used as a needs-assessment tool. CFR also tapped the expertise of a CFR Home-visiting Program Supervisor to develop a referral system for the *Mobilization* project.

Key Elements of TPP Scale-Up Projects:

1. Evidence-based programs
2. Community mobilization
3. **Linkages and referrals to youth-friendly health care and other services**
4. Safe and supportive environments

Developing a Tool for Assessing the Youth Friendliness of Health Centers

To develop its network of area providers, *Mobilization* began with a list of health care centers vetted by a qualified CAB member as already meeting the requirements of being youth friendly.¹¹ Next, PPAZ took the lead on developing a clinic assessment tool that would confirm and further refine the list.

By the end of the second year, drawing on publicly available tools, the PPAZ Health Educator was finalizing a clinic assessment tool—a checklist tailored to *Mobilization*’s context and needs—both comprehensive enough and concise enough that non-practitioners could be trained to use it. The planned next step was to have pairs of CAB members and YAC members (one

¹⁰ For more information, please see: <http://www.childfamilyresources.org/redefining-safe2017/>.

¹¹ In addition, CFR and PPAZ staff visited health centers in Tucson to assess suitability and confirm services provided.

adult and one youth each) pilot the tool at area clinics during the third year of the grant (2017-18).

Positive Youth Development Benefits of Youth-Adult Partnerships to Assess Youth-Friendliness of Services

Staff envisioned that YAC members would gain the experience of assessing a clinic in a systematic way using a checklist, and that the training on how to use the checklist would support the development of knowledge and skills. The experience should be highly motivating, providing youth with an authentic opportunity to gather information useful to the project and their peers.

Project staff envisioned that the assessments would yield two lists: 1) suitable resources it can disseminate to youth; and 2) training and technical assistance needs for clinics rated as insufficiently youth friendly. The results would also identify other ways to improve the experiences of youth who visit the clinics, to increase the likelihood of their using the services and recommending them to friends. Lastly, the project planned to use the assessment tool to learn more about the reservation's resources. Whatever the barriers might be, it was hoped that the standardized assessment tool would provide objective information about a health center's youth friendliness and identify ways to address any challenges.

Mobilization Established a Referral System for Health Care and Other Services

CFR drew on its long experience in home-visiting programs throughout Arizona to frame its referral system. This system had two parts:

- 1) A flowchart guided staff through the process of identifying the level of immediacy of the need, providing information or initiating services, and following up.
- 2) A comprehensive directory matched need areas with corresponding service agencies and institutions, based on a preliminary community scan conducted by CFR and partner staff.

The directory included services beyond reproductive health care, including mental health, primary health, vocational education/workforce development, and intimate partner violence prevention. *Mobilization* presented the referral system at the first Redefining Safe Conference in 2016, using the input to refine and finalize it, and then trained all project staff on its implementation with the plan that referrals would be made in the course of EBP delivery. Full implementation of the referral system began in the second grant year. Training also was included as part of the EBP training for SUSD staff and additional partner staff.

Ensuring Safe and Supportive Environments for Youth

This section describes how *Mobilization* was working to infuse its EBP delivery with trauma-informed approaches and to ensure that the delivery settings provided safe, supportive environments for the youth served. In staff interviews, every respondent mentioned the magnitude of traumatic experiences to which the youth were exposed, particularly youth living in the San Xavier PCA.

Key Elements of TPP Scale-Up Projects:

1. Evidence-based programs
2. Community mobilization
3. Linkages and referrals to youth-friendly health care and other services
4. Safe and supportive environments

Training in Trauma-informed Approaches Equipped Health Educators and Teachers with Classroom Strategies

Project staff emphasized that the training provided for all staff in trauma-informed approaches was needed and resonated with what they were seeing in the community. They reported that the key was recognizing that discussing lesson topics with youth in the EBP sessions could bring up traumatic memories. Health educators used strategies such as: (1) language that acknowledges the role of consent in healthy relationships and ensuring that youth do not feel shamed if they were part of non-consensual activities, (2) allowing youth to pass on participating in a class activity such as a role-play that felt uncomfortable, and (3) making themselves available outside class time to talk with the young person and make a referral if needed. In the second year of the grant, CFR provided teachers with training in trauma-informed approaches as part of their EBP training.

Health educators reported that one of the big advantages of implementing the EBPs in school during the school day was the availability of health and mental health professionals. They mentioned specifically an especially proactive counselor who let the health educators know that her door was open and that she was there if they needed to send distressed students to her.

Creating an Inclusive Environment Involved Adapting to External Constraints

Mobilization health educators used inclusivity techniques including modifying language or activities to recognize diversity along a variety of dimensions—for example, using gender-ambiguous character names in role-plays, including a range of lifestyle choices in examples, and presenting methods of birth control and STI prevention in a gender-neutral way. Arizona law mandates that school districts cannot teach material that promotes same-sex relationships or portrays same-sex sexual activity as positive or safe.¹² Educators and teachers balanced adhering to the law with creating an inclusive environment. They used the above techniques and refrained from explicitly promoting relationships of a particular orientation as safe or unsafe. Health

¹² Arizona Revised Statutes Title 15. Education § 15-716(c). Retrieved from <http://codes.findlaw.com/az/title-15-education/az-rev-st-sect-15-716.html>.

educators and other project staff reported that the young people themselves tended to initiate inclusive language without prompting.

V. CONCLUSION

This implementation of a Tier 1B-funded project illustrated how CFR, with the cooperation of a local school district and a Planned Parenthood affiliate, was able to expand the reach of pregnancy prevention EBPs to all 8th and 9th graders in the school district and put a referral system in place for other needed services. The grantee's plans to include reservation youth from the nearby San Xavier District were hampered by bureaucracy, providing a powerful illustration of the importance of establishing relationships with tribal authorities well in advance of launching community-wide interventions.

Mobilization for Positive Futures also illustrated unique ways to involve youth in meaningful roles, and modeled a process for phasing in classroom teachers as EBP facilitators over a two-year period. Serving harder-to-reach youth on the reservation and during out-of-school time required a great deal of effort and patience, and the project was making gradual progress reaching these populations.

APPENDIX A. OPA TIER 1B GRANT PROGRAM LOGIC MODEL

Figure A-1: OPA Tier 1B grant program logic model

