

Innovation and Impact Network Grantee Profiles for the Teen Pregnancy Prevention Innovation and Impact Networks (2020-2023)

OPA TIER 2 2020 INNOVATION AND IMPACT NETWORK GRANTEE PROFILES

May 2024

HHS Office of Population Affairs Web: <u>opa.hhs.gov</u> | Email: opa@hhs.gov | Twitter: @HHSPopAffairs YouTube: HHSOfficeofPopulationAffairs | LinkedIn: HHS Office of Population Affairs

PURPOSE STATEMENT

This document profiles each of the 13 grantees awarded Tier 2 Innovation and Impact Network (Innovation Network) grants under the Office of Population Affairs' Teen Pregnancy Prevention (TPP) Program. The Office of Population Affairs, U.S. Department of Health and Human Services, sought to understand how grantees implemented the TPP Tier 2 Innovation Network grant strategy to develop and maintain a multidisciplinary network to explore, develop, test, refine, and evaluate new innovations to prevent unintended teen pregnancy and reduce rates of sexually transmitted infection among their selected priority area population.

CONTENTS

| About the OPA Teen Pregnancy Prevention 2020 Tier 2 Innovation and Impact Network Grantee Profiles | 1 |
|---|----|
| Albany State University | 5 |
| DC Primary Care Association (DC PCA) | 7 |
| Education, Training and Research (ETR) Associates | 10 |
| Fact Forward | 12 |
| James Madison University (JMU) | 15 |
| Morehouse School of Medicine | 18 |
| National Center for Youth Law (NCYL) | 21 |
| The Policy and Research Group | 23 |
| Planned Parenthood of Greater New York, Inc. (PPGNY) | 26 |
| Texas A&M University | 29 |
| Thrive, Inc. (now dba Honestly Youth Sexual Health) | 31 |
| The University of Texas at Austin | 34 |
| Washington State Department of Health | 36 |
| Appendix A: Data Sources Used | 42 |

About the OPA Teen Pregnancy Prevention 2020 Tier 2 Innovation and Impact Network Grantee Profiles

Background

In 2020, the Office of Population Affairs (OPA), within the U.S. Department of Health and Human Services, awarded grants to 13 organizations under the Teen Pregnancy Prevention (TPP) Tier 2: Innovation and Impact Network (Innovation Network) grant program. The goal of these three-year grants (funded July 2020 through June 2023) was to make a positive impact on adolescent sexual and reproductive health outcomes and reduce rates of unintended teen pregnancy and sexually transmitted infections (STIs) by developing and testing new innovations focused on seven priority areas specified by OPA. The Tier 2 Innovation Network grantees were awarded to focus on one of the following priority areas representing gaps in the TPP evidence base: caregivers; expectant and parenting youth; foster care and child welfare; juvenile justice; youth access to and experience with sexual healthcare; youth engagement; and youth with disabilities.

To meet the requirements of the grant, each grantee formed and engaged a multidisciplinary network of partners (the innovation and impact network) to explore, develop, test, refine, evaluate, and disseminate innovations focused on their identified priority area and any lessons learned from the innovation process. Implementation of the grants varied, but all projects were required to include the following elements:

- **Priority Area.** Focus the project on an identified priority area and engage interested parties to develop new innovations that could contribute to reduced rates of teen pregnancy and STIs.
- **Innovation and Impact Strategy.** Develop a strategy to authentically and proactively engage key partners to guide the project over the three-year implementation period.
- **Innovation Network.** Establish, coordinate, and support a collaborative, multidisciplinary network of core partners. Engage the network and other partners to explore, develop, test, refine, evaluate, and disseminate innovations throughout the project.
- Explore, Develop, Test, Refine, and Evaluate Innovations. As a network, explore and develop new innovations for the priority area based on identified needs. Test, refine, and evaluate innovations throughout development and move promising innovations into summative evaluation.
- **Disseminate Innovations and Lessons Learned.** Consistently learn and disseminate findings from their innovation processes. When appropriate, determine which innovations are effective, disseminate information about them, and make effective innovations available to others to implement.

The Grantee Profiles

These grantee profiles provide background information on the organizations awarded TPP Tier 2 Innovation Network grants (grantees), the innovations developed for the identified priority areas, which phase in the innovation development process the innovation reached (as of

winter/spring 2023), the network structure and partners in the networks, and the projects' outreach and engagement efforts. The profiles do not provide a comprehensive picture of all activities performed under the grants or all key features of networks. A cross-grantee report describing how the TPP Tier 2 Innovation Network grantees implemented their projects is forthcoming.¹ Below is a description of the main sections included in the grantee profiles.

Definitions by Field

- **Project Name** is the name of the teen pregnancy prevention grant project led by the grantee.
- **Grantee Organization Type** specifies the organization type of the entity awarded the TPP Tier 2 Innovation Network grant.
- **Location** is the city and state where the grantee organization is located and a description of where the TPP Tier 2 Innovation Network project was implemented.
- **Number of Formal Partners** is the number of partners formally involved in the TPP project. Formal partners were defined as organizations or entities that have a Memorandum of Understanding, letter of commitment, or contractual agreement with the grantee organization.
- Prior TPP Grants lists any prior OPA TPP grants the grantee organization received.
- Average Annual Tier 2 Innovation Network Grant Amount is the average amount of TPP Tier 2 Innovation Network funding the grantee received from OPA in each of the three years of the grant.
- **Priority Area** lists which of the seven priority areas the grantee selected to be the focus of its innovation. As part of the notice of funding opportunity, OPA defined seven priority areas from which grantees could select. These priority areas represented "critical systems, populations, and/or program components for which significant and strategic investment in innovation and testing is necessary to make an impact on optimal adolescent health and, particularly, teen pregnancy and STI rate disparities."²
- **Sub-populations** describe any subpopulations within the selected priority area, such as people with specific demographics, for which the network focused developing innovations.
- Innovations are the new, innovative products, tools, curriculum, interventions, materials, or advisory groups grantees created to address gaps in resources for the priority area. This section does not include innovations that the grantee discontinued or paused. Grantees may have discontinued innovations that were determined to be unfeasible to develop, were not well received during initial testing, or were later incorporated into other innovations. Innovations went through the following stages:

¹ This cross-grantee report, and other reports from the TPP20 Evaluation, will be available here: <u>https://opa.hhs.gov/research-evaluation/teen-pregnancy-prevention-tpp-program-evaluations/tpp-implementation-study</u>

Office of Population Affairs. 2020. Funding Opportunity: Tier 2 Innovation and Impact Network Grants: Achieving Optimal Health and Preventing Teen Pregnancy in Key Priority Areas. Opportunity Number AH-TP2-20-002. https://apply07.grants.gov/apply/opportunities/instructions/PKG00258253-instructions.pdf

- Explore: Grantees and their partners explored the needs and resources within the selected priority area, including any existing innovations, and identified areas where new innovations or content would add value to the field.
- Develop: Grantees and their partners developed new innovations for teen pregnancy prevention that focus on the selected priority area. Innovations were either created from scratch or adapted from an existing intervention. As part of the development process, grantees were required to ensure that the innovations developed were informed by the latest science on adolescent brain development, medically accurate, user-centered, and trauma-informed.
- Test: Throughout the development process, grantees and their partners tested the innovations as appropriate for the phase of development the innovation was in. This often included soliciting feedback from subject matter experts or intended users, piloting the innovation with the intended audience, fielding pre-post surveys, or conducting focus groups. As testing was conducted and feedback received, grantees and their partners could move innovations back into the Develop phase, move them on to the Refine phase, or discontinue them.
- Refine: Following testing, grantees and their partners made changes to the innovations based on the feedback received during the Test phase and then conducted preliminary evaluations of the effectiveness of the revised innovations through additional rounds of testing.
- Evaluate: If grantees finished testing and refining the innovations, they could move them into the Evaluate phase for summative evaluation of effectiveness. This phase required the involvement of external or independent evaluation staff.
- Disseminate: The final step was for grantees to disseminate promising innovations and lessons learned about the innovation process to other organizations or the field at large.
- Formal Partner Organization Types lists the types of organizations that were formal partners in the innovation and impact network.
- **Network's Impact Statement** is the grantee's description of the impact their project aimed to make.
- **Network Approach** describes the innovation and impact network's functions, who is involved in the network, and how the network members worked together to develop innovations.
- **Network Roles** defines the grantee's role in coordinating and supporting the innovation and impact network and the role of formal partners in the network. If informal partners played a significant role in network coordination, that role is described here as well.
- **Implementation Roles** defines the core roles the grantee and partners played in implementing the innovation and impact network.
- Engagement of Priority Area Participants describes how the grantee worked with individuals from the priority area to design the program and innovations.

• **Dissemination** describes how grantee disseminated information about the project and/or new innovations developed to others outside of the network.

HHS Office of Population Affairs Web: <u>opa.hhs.gov</u> | Email: <u>opa@hhs.gov</u> | Twitter: <u>@HHSPopAffairs</u> YouTube: <u>HHSOfficeofPopulationAffairs</u> | LinkedIn: <u>HHS Office of Population Affairs</u>

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: Albany State University



Project Name: Stronger Together: Community Partnerships Youth Health Innovations

 \bigcirc

Location: Grantee is in Albany, Georgia. The service area includes 18 counties in southwest Georgia. Most of the counties (14) are in the Southwest Health District 8-2. Four of the counties are in the West Central Health District 7.



Grantee Organization Type: University



Number of Formal Partners: 19

| Grantee and Grant | |
|---|-------------------------------|
| Prior TPP Grants | None |
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,174,860 |
| Priority Area | Expectant and Parenting Teens |
| Sub-Populations | None identified |

- Innovations

Stronger Together developed 2 innovations, both reached the Refine phase.

| Innovations | Description |
|--|---|
| Healthy Influential Parents (HIP) App | A web-based app which supplies information on pregnancy, sexually transmitted infections (STIs), and adolescent health. The app was initially developed as a website for easier editing and will be moved to the app store following the first round of testing. Refine phase. |
| Network of Trust Video Project | An education program using authentic scripted pre-recorded videos on maternal health and pregnancy, CPR and choking, sleep safety (SIDS), infant health and more. The videos were posted to YouTube for 24/7 access. Refine phase. |

| Partners and Network | |
|--------------------------------------|---|
| Formal Partner Organization Types | Childcare centers, community-based organizations, elementary and secondary schools (public), faith-based organizations, government, healthcare services (e.g., clinics, public health, private healthcare providers), institutions of higher education, local police department, private companies/consultants, recreation centers, social services, and the judicial system. |

5

Web: <u>opa.hhs.gov</u> | Email: <u>opa@hhs.gov</u> | Twitter: <u>@HHSPopAffairs</u> YouTube: <u>HHSOfficeofPopulationAffairs</u> | LinkedIn: <u>HHS Office of Population Affairs</u>

| Network's Impact Statement | Stronger Together will use the Social Ecological Model and the Social Cognitive Theory to bring Albany State University, community partners, and the hubs (the 18 counties in the service area are divided into 6 hubs) together, through Planning and Action Councils, to engage in training and program development to reduce repeat pregnancies and prevent STIs, within the key priority area of expectant and parenting teens and promote optimal health. |
|-------------------------------|---|
| Network Approach | Stronger Together served as an innovation hub to create systems within the community that will effect change to improve positive outcomes for teens. The network originally consisted of community organizations and stakeholders who could fill service gaps in critical need areas such as education, crime/delinquency prevention, literacy, domestic and partner violence and abuse, pregnancy and parenting, and youth experiencing homelessness. Eventually, organizations and partners were centralized to focus on innovations to support expectant and parenting teens with the ultimate goals of reducing secondary pregnancies, STIs, and promoting adolescent health. |
| Network Roles | The grantee and formal partners were responsible for providing or participating in: |
| | Expert-led workshops to train network partners on various topics relevant to the network Group-based technical assistance to network partners Peer-to-peer learning Personalized coaching provided to network partners Small team workgroups |
| Implementation Roles | Grantee's Roles: Establish and support partnership network; disburse funds to partners/sub-awardees who provide programming; explore, evaluate, and disseminate innovations. |
| | Partners' Roles: Explore, develop, test, refine, evaluate, and disseminate innovations. |

| 🖉 Outreach | |
|---|--|
| Engagement of Priority Area Participants | Stronger Together recruited partners and organizations who could reach and make an impact on youth (including expectant and parenting youth); could fill service gaps in critical needs areas; and were directly meeting the needs of innovations to support expectant and parenting teens. Community partners took an active role in designing and managing innovative projects with youth participating in planning, focus groups, regular meetings, and curriculum development. |
| Dissemination | Stronger Together shared the innovations through a variety of community organizations and hospital and clinical settings within the service area. The HIP App and Network of Trust Videos can be accessed via phone or computer at any desired time and location. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: DC Primary Care Association (DC PCA)



Project Name: DC NEXT! (DC Network for Expectant and Parenting Teens)

0

Location: Washington, D.C.



Grantee Organization Type: Primary Care Association



Number of Formal Partners: 17

Grantee and Grant

| Prior TPP Grants | None |
|---|--|
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,586,720 |
| Priority Area | Expectant and Parenting Youth |
| Sub-Populations | Two D.C. city wards that are home to over half of the expectant and parenting youth, and whose residents are predominantly Black and Hispanic. |

Í- Innovations

DC NEXT! Developed 10 innovations. 6 reached the **Test** or **Refine** phases, 3 reached the **Evaluate** phase, and 1 reached the **Disseminate** phase.

| Innovations | Description |
|---|--|
| Perinatal Mental Health Program | Perinatal mental health services adapted for expectant and parenting teens. Test phase. |
| Virtual Mommy Meet Up | An online group in which new moms can raise questions, find links to resources, and bond with each other over challenges and joys. Test phase. |
| Young Parent Parenting Journey Program | Parenting and life skills education specifically tailored to teens. Test phase. |
| Teen Doula Services | A program that supplies comprehensive, adolescent-specific doula services, throughout pregnancy, delivery, and post-partum. Refine phase. |
| Trauma-Informed Care Training for Expectant and Parenting Teens | A training for medical professionals that supplies dialogue and visuals to be used during a medical visit to support young parents' understanding of generational trauma and consider changes that will help them cope. Refine phase. |
| YP3 Program | Peer-to-peer case management and support program with birth control information and follow-up services. Expecting and parenting teens enact a tailored action to meet reproductive life goals. Refine phase. |

| Co-located Mental Health Services | A service to improve mental health access for parenting teens in Children's Hospital's Healthy Generations program. Evaluate phase. |
|--------------------------------------|--|
| Generational Trauma Education | This program aims to educate teen parents on the phenomenon of intergenerational trauma transmission. Evaluate phase. |
| Respectful Care Training | A one-hour training for providers to begin organizational reflection and change on respectful care for Black birthing people. Evaluate phase. |
| Young Parent Scholars Academy | The Young Parent Scholars Academy provides support for young parents to attend college. Disseminate phase. |

| Partners and Network | |
|--------------------------------------|---|
| Formal Partner Organization Types | City/town government agencies; elementary or secondary schools; healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers); private non-profit agencies/community-based organizations; and universities or colleges |
| Network's Impact Statement | DC NEXT!'s strategy for innovation and impact applies the tools of its human- centered equity action lab (HEAL), placing expectant and parenting youth at the center of designing solutions to address persistent, painful inequity in sexual and reproductive health outcomes for Black and Brown young people in Washington DC. DC NEXT!'s vision for long-term impact is: that all health services and interventions for expectant and parenting youth are high quality, youth-specific, and evidence-based; that all programs and interventions for young parents are designed with the recognition of the widespread trauma of expectant and parenting youth and delivered by providers trained in trauma-informed care; and that all programs and interventions for young parents are developed with their direct engagement in a human-centered process. |
| Network Approach | The network was co-led by DC PCA, Children's National Hospital, and Howard University and employed a collective impact framework to coordinate work among the 17 DC NEXT! Partners. The Network used a human-centered design approach to develop innovations. |
| Network Roles | The grantee and formal partners provided or participated in: Expert-led workshops, including facilitation of the workgroups Group-based technical assistance to the network partners Opportunities for and facilitation of peer-to-peer learning Personalized coaching to network partners Small team workgroups Formal partners also provided input on collective impact work, design team innovations, and spread awareness of the network. Informal partners attended monthly meetings to learn about DC NEXT!, provided information to the Network on an ad-hoc basis, and provided training to other members of the Network. |
| Implementation Roles | Grantee's Roles: Establish and support partnership network; disburse funds to partners/sub-awardees; explore, develop, test, refine, evaluate, and disseminate innovations. |
| | Partners' Roles: Explore, develop, test, refine, and disseminate innovations. |

| 🖉 Outreach | |
|---|---|
| Engagement of Priority Area Participants | Expectant and parenting teens were involved in every aspect of innovation development from the start of the project. Every workgroup or team within the Network has youth members. These teens helped identify and define the problem, and participated actively in innovation prototyping, designing, testing, and refinement. |
| Dissemination | Network members piloted innovations and disseminated information about them through social media platforms, professional conferences and meetings, and peer-reviewed journal articles. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: Education, Training and Research (ETR) Associates



Project Name: Youth Engagement Network (YEN)



Grantee Organization Type: Private non-profit agency



Location: The grantee is based in Scotts Valley, California. The YEN has a national service area.



Number of Formal Partners: 14

| Grantee and Grant | |
|---|---|
| Prior TPP Grants | Tier 2 (2010-2015): Research and Demonstration |
| | Tier 2b (2015-2020): Rigorously Evaluating New TPP Approaches |
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,532,000 |
| Priority Area | Youth Engagement |
| Sub-Populations | None |

Innovations

The YEN worked with its Innovation Partners to develop 3 innovations. All 3 reached the Refine phase.

| Innovations | Description |
|---|---|
| Be A Star (Successful Teen Acting Responsibly) – YPAR | A school-based sexual and reproductive health and teen pregnancy prevention program that provides social, emotional, and academic support to high school aged youth. Participants also complete a leadership development component using a youth participatory action research (YPAR) model. Refine phase. |
| Michigan Youth Advisory Council (YAC) Collective | A model for developing and coordinating multiple youth advisory councils, which utilize youth engagement practices to involve youth in the design, implementation, and evaluation of sexual and reproductive health initiatives. Refine phase. |
| The Mind Elevation (ME) Project | A youth-led project to address the emotional and sexual health needs of rural, minority teens across Mississippi by using social media to deliver content to these youth, including video series, storytelling, illustrations, and virtual conversations. Refine phase. |

| Partners and Network | |
|--------------------------------------|---|
| Formal Partner Organization Types | Private non-profit agencies/community-based organizations and universities or colleges. |

| Network's Impact Statement | The YEN envisions that all young people, and particularly those who experience systemic marginalization or discrimination, have the ability and opportunity to be meaningfully and equitably engaged in the programs, policies and systems that affect their lives and communities. |
|-------------------------------|--|
| Network Approach | ETR organized, led and set the strategy for the YEN, and implemented the overall learning agenda. As part of the YEN, ETR was supported by core partners, innovation partners, and technical experts. The core partners collaborated through various committees and were assigned topic areas related to the learning agenda that they were responsible for advancing and sharing with the YEN. The innovation partners were composed of members from established youth serving organizations and were responsible for exploring promising youth engagement practices. Technical experts supported the YEN through expert consultation, research, and technical assistance. These partners met throughout the project to support innovation development. |
| Network Roles | Both the grantee and formal network partners were responsible for providing or participating in: |
| | |
| | Expert-led workshops to train network partners on various topics related to the network's goals and work Facilitation of small team workgroups Group-based technical assistance to network partners Peer-to-peer learning |
| | to the network's goals and workFacilitation of small team workgroupsGroup-based technical assistance to network partners |
| Implementation Roles | to the network's goals and work Facilitation of small team workgroups Group-based technical assistance to network partners Peer-to-peer learning |

| 🖉 Outreach | |
|---|--|
| Engagement of Priority Area Participants | ETR engaged youth partners during the early implementation phase of the YEN to review materials and approaches developed for the YEN. During the innovation development process, youth were engaged regularly to provide input and feedback. As part of innovation development, youth were trained to lead conversations across community settings and virtual platforms to engage other youth on topics of sexual and reproductive health. In Year 3 of the project, ETR began a group concept mapping process to identify the important components of engaging youth in sexual health programming. This process resulted in Five Guiding Principles for Meaningful Sexual Health Programs. About 100 youth participated in activities to develop these principles, including concept mapping, brainstorming, and sorting ideas; listening sessions; and reviews. ETR collaborated with youth to refine the principles, help describe the principles to practitioners to elicit feedback, and create a toolkit to accompany the principles. |
| Dissemination | The YEN hosted a synthesis session to share key learnings from its work across network partners. ETR also shared the conceptual model developed for meaningfully engaging youth with external parties including policymakers and program directors. YEN team members presented the group concept mapping process and the resulting Five Guiding Principles for Meaningful Sexual Health Programs to audiences at ten different professional meetings and conferences. ETR submitted a paper on its group concept mapping process to a peer-reviewed journal and has started two additional articles on the Guiding Principles. Finally, ETR is writing case studies on each of its Innovation Partners for dissemination. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: Fact Forward



Project Name: emPOWERed SC

Location: Grantee is located in Columbia, SC. Implementation, testing, and network participation spans South Carolina, including Columbia, Richland, and Sumter counties, Charleston, and Conway.



Grantee Organization Type: Private non-profit agency/community-based organization



Number of Formal Partners: 37

| Grantee and Grant | |
|---|---|
| Prior TPP Grants | Tier 1 (2010-2015): Evidence-Based Programs (EBPs) Tier 1b (2015-2020): Implementing EBPs to Scale Tier 1a (2015-2020): Building Capacity to Implement EBPs Tier 1 (2020-2023): Optimally Changing the Map for Teen Pregnancy Prevention |
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,839,280 |
| Priority Area | Youth Access to and Experience with Sexual Healthcare |
| Sub-Populations | Black/African American and Hispanic youth and caregivers/parents |

- Innovations

emPOWERed SC developed 5 innovations. All 5 reached the Test or Refine phases.

| Innovations | Description |
|---|---|
| Chat About It | A culture-centered social media campaign presenting positive messages about sexuality, youth empowerment, and support for youth to take control of their own sexual and reproductive health. It provides a link to a clinic locator and information about sexual and reproductive healthcare services. Test phase. |
| emPOWERed Conversations/ Hablemos (English and Spanish versions) | A 4-hour workshop designed to increase parent/caregiver/trusted adult skills to discuss sexual health and navigating health services with teens and young adults. The core concepts of the training are to promote healthy behaviors about sex, relationships, healthcare, and decision making through open discussion, use peer conversation to increase communication with a young person about love, sex, and relationships, support communication between parents and their children about sexual health services, and promote the benefits of parent-child connectedness and communication. Test phase. |

HHS Office of Population Affairs Web: <u>opa.hhs.gov</u> | Email: <u>opa@hhs.gov</u> | Twitter: <u>@HHSPopAffairs</u> YouTube: <u>HHSOfficeofPopulationAffairs</u> | LinkedIn: <u>HHS Office of Population Affairs</u>

| emPOWERed K.I.N.G.S. | emPOWERed K.I.N.G.S. (Knowledge Instills Next Generational Success) is a ten- session curriculum and mentoring program designed to prioritize the sexual and reproductive health education of Black high school and college-aged young men. Test phase. |
|-----------------------------------|---|
| Plan C: The Contraceptive Chat | Plan C: <i>The Contraceptive Chat (Plan C)</i> is a 45-minute presentation and discussion about contraceptive methods and reproductive health facilitated by healthcare provider staff in a variety of locations and online. Chats are designed to be engaging, dispel misinformation, and present actionable information. Following participation in the Plan C session, interested participants can meet one-on-one with the provider, and, if appropriate, obtain a prescription, or can make an expedited appointment with a provider. Test phase. |
| emPOWERed Providers | emPOWERed Providers is an interactive health center model to increase access to and enhance sexual health care services for youth. This model consists of Reproductive Health Patient Navigator training; Sexual Health Assessments or the Rapid Assessment for Adolescent Preventive Services (RAAPS)/Adolescent Counseling Technologies (ACT) assessments; a learning collaborative; and an emPOWERed Providers Simulation workshop. Refine phase |

| Partners and Network | |
|--------------------------------------|---|
| Formal Partner Organization Types | Elementary or secondary education institutions, faith-based organizations, health care service providers, private for-profit company/consultant, private non-profit agencies/community-based organizations, state government agencies, and universities or colleges. |
| Network's Impact Statement | Practices derived from design-thinking principles and the Institute for Healthcare Improvement's Breakthrough Series Model will guide the innovation networks to make an impact on optimal adolescent health and, particularly, teen pregnancy and STI disparities. Fact Forward will rely on its existing experience in convening learning collaboratives to test multidisciplinary partners' engagement in addressing experience with and access to sexual health services for youth of color. |
| Network Approach | Fact Forward led the network, following a socio-ecological approach to designing innovations. They identified partners who engaged in different types of interactions with youth through a variety of sectors. Fact Forward worked with network members and other community members at each stage of innovation exploration and development. Fact Forward then led development and piloting of innovations to meet the stated and demonstrated needs of youth, their families, and providers, including building capacity and communication skills for providers, youth, and families. |
| Network Roles | The grantee and formal partners were responsible for providing or participating in: Expert-led workshops to train network partners on various topics Group-based technical assistance to network partners Peer-to-peer learning Personalized coaching provided to network partners Small team workgroups |

| Implementation Roles | Grantee's Roles: Establish and support the partnership network; disburse funds to partners/sub-awardees; and explore, develop, test, refine, evaluate, and disseminate new innovations. |
|---|--|
| | Partners' Roles: Explore, develop, test, refine, evaluate, and disseminate innovations. |
| AD | |
| Outreach | |
| Engagement of Priority Area Participants | Fact Forward convened members of the priority area, such as healthcare providers, caregivers, and youth, for listening sessions and focus groups to assess needs and concepts for innovations. Following drafting of innovations, these partners were engaged in sessions to obtain feedback to support innovation refinement, inform decisions to discontinue innovations, or rename innovations prior to testing. |
| Dissemination | Fact Forward has disseminated information about their work for emPOWERed SC through conference presentations, practice papers, community events, and social media communications. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: James Madison University (JMU)



Project Name: SexEdVA: Disability-Inclusive Sexual Health Network (DSHN)



Grantee Organization Type: University



Location: The grantee is located in Harrisonburg, Virginia. The project serves the state of Virginia.



Number of Formal Partners: 12

| Grantee and Grant | |
|---|---|
| Prior TPP Grants | TPP20 Tier 1 (2020-2023): Optimally Changing the Map for Teen Pregnancy Prevention |
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,262,480 |
| Priority Area | Youth with Disabilities |
| Sub-Populations | Youth with disabilities (aged 10-21), as well as parents/caregivers, teachers/schools, and service/medical providers. |

- Innovations

DISH developed 10 innovations. **5** reached the **Develop** phase, **4** reached the **Refine** phase, and **1** reached the **Evaluate** phase.

| Innovations | Description |
|---|---|
| Adagio Parent Support Group | Parent support group with evidence-based sexual health curriculum for parents of youth with intellectual and developmental disabilities (IDDs). Develop phase. |
| ASCV Youth Trainings | Developmentally- and age-appropriate evidence-based relationship and sexual health education for youth with autism (ages 10-14) and their caregivers. Develop phase. |
| Family Life Education Instructor Materials | Training and materials for special education teachers in sexual health concepts and ways to deliver the information to young people with IDDs. Develop phase. |
| SVAP Youth Trainings | Adaptation of Elevatus' Sexuality Education for People with Developmental Disabilities curriculum into online classes for youth with autism and their parents/caregivers. Develop phase. |
| The ARCs Resource Hub | This is a resource hub, divided by topic, providing information and resources for parents/caregivers and teachers. Develop phase. |

| dLCV (Disability Law Center of Virginia) Special Education in VA Guidebook | Guidebook for parents/caregivers of youth that includes a section on students' sexual health education rights and information about advocating for appropriate sexual health education into individualized education plans. Refine phase. |
|---|--|
| Ease Teen Curriculum | Twelve-week online course for youth and two accompanying parent workshops on talking with youth about sex at any age. Refine phase. |
| LEAP (Leadership for Empowerment & Abuse Prevention) for Teens | Adaptation of a program designed for adults to be a 3-part online training focusing on healthy relationships and abuse prevention for youth ages 14-22. Refine phase. |
| Special Olympics (VA) Athlete Training | Adaptation of Sexual Health for All Abilities (SFAA, Mad Hatter Wellness) adding video scenarios and modifying specifically for Special Olympics athletes and trainers. Refine phase. |
| Let's Talk About it: Sexual Health! | Sexual health and wellness workshops for youth with IDDs and for parents, guardians, and professionals working with youth with IDDs; includes supplemental materials and trainings. Evaluate phase. |

| Partners and Network | | |
|--------------------------------------|---|--|
| Formal Partner Organization Types | Elementary or secondary education institutions, healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers), private for-profit companies/consultants, private non-profit agencies/community-based organizations, and universities or colleges. | |
| Network's Impact Statement | The DSHN Network will address the barriers youth with disabilities experience in receiving adequate sexuality education and programming that is responsive to their unique needs and ability to process and act on the information provided. DSHN will provide access to accessible and inclusive sex education to ensure students with disabilities are exposed to information regarding sexual health and bodily autonomy giving them a broader understanding of their sexuality. | |
| Network Approach | JMU conducted an environmental scan, which revealed barriers to adequate sexual health education but also partners/interested parties and resources within Virginia that could be leveraged to overcome the barriers. JMU served as the center or hub of the Innovation Network and engaged partners on their individual areas of strength to work together to develop innovations. | |
| Network Roles | The grantee and formal partners were responsible for providing or participating in: Expert-led workshops to train network partners on various topics relevant to the project Group-based technical assistance Peer-to-peer learning Personalized coaching to network partners through frequent individual partner meetings. | |
| Implementation Roles | Grantee's Roles: Establish and support the partnership network; disburse funds to partners or sub-awardees; and explore develop, test, refine, evaluate, and disseminate innovations. Partners' Roles: Explore, develop test, refine, evaluate, and disseminate innovations. | |

| 🖉 Outreach | |
|---|--|
| Engagement of Priority Area Participants | JMU met with a youth advisory group every other week (youth-led). Youth contributed content for social media dissemination, organized presentations and developed resources for partners, shadowed partner classes/sessions, reviewed curriculum and projects, and met one-on-one with partners to learn more about their organization. Partners also solicited feedback from youth as they piloted innovations. |
| Dissemination | The DSHN Network made conference presentations each year of the funding, highlighting partner innovations and opportunities. They also regularly participated in resource fairs and facilitated workshops and discussions with community stakeholders and disability-serving organizations. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: Morehouse School of Medicine

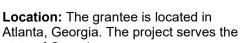


0

Project Name: The Statewide Network Among Partners for Parents and Caregivers (SNAPP)



Grantee Organization Type: University



Number of Formal Partners: 26

| Grantee | and | Grant |
|---------|-----|-------|
| | | |

state of Georgia.

| Prior TPP Grants | Tier 1 (2010-2015): Evidence-Based Programs (EBPs) Tier 1b (2015-2020): Implementing EBPs to Scale TPP18 (2018-2020): Phase I Testing New and Innovative TPP Strategies Tier 1 (2020-2023): Optimally Changing the Map for Teen Pregnancy Prevention |
|---|---|
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,860,000 |
| Priority Area | Caregivers |
| Sub-Populations | Parents and caregivers, including coaches and youth pastors, of middle school and high school-age youth. |

- Innovations

SNAPP developed 7 innovations. 2 reached the Refine phase, and 5 reached the Evaluate phase.

| Innovations | Description |
|-----------------------------------|---|
| Generations Initiative | An online, self-paced curriculum for Black or African American caregivers that focuses on parent involvement in teen pregnancy. Refine phase. |
| Youth Empowering Parents (YEP) | An experimental learning intervention using performing arts to empower parents and caregivers regarding sexual health to increase their knowledge of teen pregnancy, increase their capacity to have difficult conversations with their teens, and improve listening skills in hopes of strengthening their relationships. Refine phase. |
| Engaging Fathers the 100 Way | A training for resident and nonresident Black or African American fathers to learn engagement and discussion strategies related to sexual health and risk matters with their sons. Evaluate phase. |
| Finding Me, Parenting You | A culturally competent curriculum that incorporates theory and practice to help parents discover the importance of developing and maintaining positive relationships as individuals and parents. Evaluate phase. |

Web: <u>opa.hhs.gov</u> | Email: <u>opa@hhs.gov</u> | Twitter: <u>@HHSPopAffairs</u> YouTube: <u>HHSOfficeofPopulationAffairs</u> | LinkedIn: <u>HHS Office of Population Affairs</u>

| Fundamentals of Fatherhood Playbook | A guidebook that provides strategies and resources to support fatherhood engagement with teens and to encourage men to become better by having a positive impact on the health and wellness of the entire family. Evaluate phase. | |
|---|--|--|
| GCAPP Parent Toolkit | The Parent Toolkit provides practical information to help parents navigate topics and situations that all families face, including ones that are difficult to talk about. Evaluate phase. | |
| The B: Intentional Parenting Rites of Passage | A four-phase, ten-week developmental experience for parents/guardians that guides them in the process of becoming intentional in how they engage in the process of child rearing. Evaluate phase. | |

| Partners and Network | | |
|--------------------------------------|---|--|
| Formal Partner Organization Types | City/town government agencies, county government agencies, elementary or secondary education institutes, faith-based organizations, health care service providers (e.g., clinics, hospital, public health, private healthcare providers), private non-profit agency/community-based organizations, state government agencies, and universities or colleges. | |
| Network's Impact Statement | To contribute a body of evidence for multiple effective parenting/caregiver interventions that can be replicated for reduction of sexual risk, avoidance/ reduction, and teen pregnancy prevention. | |
| Network Approach | The network was divided into four committees, each having a 6-member workgroup with relevant expertise that assisted in carrying out committee responsibilities. The Planning and Search Committee was responsible for identifying partners and innovations and hosting the annual symposium/conference. The Creative Development Committee developed ideas into products to be tested. The Evaluation Committee led the evaluation work. The Dissemination Committee disseminated products, project information, and results. The Executive Council (all committee leads) met monthly, committees met quarterly, and the entire network met annually, in person. | |
| Network Roles | Both the grantee and partners provided or participated in: Expert-led workshops to train network partners on various topics relevant to the project Group-based technical assistance to network partners Peer-to-peer learning Personalized coaching to network partners Small team workgroups Informal partners helped identify potential future partners and innovations and supported recruitment for the testing of developed innovations. | |
| Implementation Roles | Grantee's Roles: Establish and support the partnership network; disburse funds to partners or sub-awardees; facilitate and develop partnerships through health equity and diversity; and explore, develop, test, refine, evaluate, and disseminate innovations. | |
| | Partners' Roles: Explore, develop, test, refine, evaluate, and disseminate innovations. | |

| 🔎 Outreach | |
|---|--|
| Engagement of Priority Area Participants | SNAPP used flyers or very brief presentations at community events such as school parent-teacher association meetings, church, or other meetings to recruit parents to participate in focus groups before development of an innovation to elicit their views on parenting teens. SNAPP also recruited parents to participate in prototype innovations and provide feedback on individual components of an innovation and innovations as a whole. |
| Dissemination | SNAPP sent out a monthly newsletter (SNAPP Shot), periodic press releases, and public service announcements through conventional media and social media. The Statewide Network's website includes a page for parents/caregivers with non-technical language to share information about their work. Partners in the Dissemination Committee spearheaded presentations at conferences, meetings, and trainings. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: National Center for Youth Law (NCYL)



Project Name: California Reproductive Health Equity Project (CA RHEP)



Grantee Organization Type: Private non-profit agency/community-based organization



Location: The grantee is located in Oakland, California. The project serves the state of California.



Number of Formal Partners: 6

| Grantee and Grant | |
|---|--|
| Prior TPP Grants | None |
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,211,370 |
| Priority Area | Foster Care/Child Welfare |
| Sub-Populations | Youth in foster care in California aged 13-18. |

- Innovations

CA RHEP developed 4 innovations. 1 reached the Develop phase, 3 reached the Refine phase.

| Innovations | Description |
|--|---|
| Teen Talk YAS – Enrollment System | An enrollment system specifically designed to make enrollment in the Teen Talk Youth in Alternative Settings (YAS) sexual education curriculum easy and accessible for youth, caregivers, and social workers. Develop phase. |
| Foster Fit Clinics – Two Locations | A series of improvements to health care clinic capabilities to support the needs and perspectives of youth in foster care. Refine phase. |
| Fostering Parenthood – Podcast | This is a caregiver support podcast to help prepare caregivers to support youth throughout their adolescent development. Refine phase. |
| Teen Talk Youth in Alternative Settings (YAS) - Curriculum | A synchronous, online sexual health curriculum designed to meet the unique needs of youth in foster care. Refine phase. |

| Partners and Network | | |
|---|---|--|
| Formal Partner Organization Types | Healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers) and private non-profit agencies/community-based organizations. | |
| Network's Impact Statement | Youth who touch foster care [will] feel empowered and supported in their healthy sexual development. They [will] believe they have the right to healthy relationships, healthy sexual development and bodily autonomy and know how, and are able, to realize their sexual health goals, to such an extent that they in fact have fewer unintended pregnancies than youth in the general population. | |
| Network Approach | CA RHEP is a collective impact network comprised of six organizations, representing experts, interested parties, community-based organizations, and leaders all working towards improving reproductive and sexual health outcomes and experiences of youth and foster care. The National Center for Youth Law is responsible for coordinating and supporting CA RHEP. | |
| Network Roles | Both the grantee and formal network partners were responsible for providing or participating in: Expert-led workshops to train network partners on various topics related to the network's goals and work Group-based technical assistance to network partners Peer-to-peer learning Personalized coaching to network partners Small team workgroups Informal partners, including a Youth Advisory Board, supported many CA RHEP projects, such as the development of the caregiver podcast and dissemination and capacity building efforts. | |
| Implementation Roles | Grantee's Roles: Establish and support partnership network; disburse funds to partners/sub-awardees; and develop, explore, test, refine, evaluate, and disseminate innovations. Partners' Roles: Explore, test, refine, and disseminate innovations. | |
| Outreach | | |
| Engagement of Priority Area Participants | CA RHEP convened a Youth Advisory Board that provided input on the needs for the population; their experiences with sexual and reproductive health information, care, and services; and helped develop and provided input and feedback on all CA RHEP innovations. | |

CA RHEP shared information about the network and its work through conferences, social media, newsletters, and a journal submission.

Dissemination

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: The Policy and Research Group



Project Name: Juvenile Justice Innovation and Impact Network (JJIIN)



Grantee Organization Type: Private business



Location: The grantee is located in New Orleans, Louisiana. The project has a nationwide focus.



Number of Formal Partners: 15

| Grantee and Grant | | |
|---|---|--|
| Prior TPP Grants | Tier 2b (2015-2020): Rigorously Evaluating New TPP Approaches | |
| Average Annual Tier 2 Innovation Network Grant Amount | \$930,680 | |
| Priority Area | Juvenile Justice | |
| Sub-Populations | Juvenile justice-involved youth | |

Innovations

JJIIN developed 6 innovations. 1 reached the **Develop** phase, and 5 reached the **Test** or **Refine** phases.

| Innovations | Description |
|----------------------------|--|
| CONNECT | A tool for counselors working in the juvenile justice system with justice-involved youth to help them avoid pregnancy risk by better understanding how other people influence their decisions. Develop phase. |
| Happy Birthday, Leonard | A brief video-based intervention (three, 30-minute facilitated group discussion sessions) intended to increase condom use among Black and African American youth (ages 15-19) in the Greater New Orleans area who are involved with the juvenile justice system. It includes an implementation guide and resource materials. Test phase. |
| More2ME | An intervention that aims to help youth identify goals and understand how their relationship and sexual decision-making impact their goals; build skills to identify people and resources that will help them navigate progress towards SMART goals; and hold conversations and improve sexual and reproductive health decision making. Test phase. |
| Unstained | A 3-episode series of 10-minute videos on sexual health topics created with and for youth involved in the juvenile justice system in New Mexico. Test phase. |

| Up to Us | A 3-episode series of 10-minute videos with accompanying discussion guide and exercises related to key topics including identity, pregnancy and STIs, and consent. The films are accompanied by an interactive workshop facilitated by trained sexual health educators. Test phase. |
|---|--|
| Stepping Stones: Improving Relationships and Sexual Health | This intervention features 30-minute sessions focused on youth-selected skills. It is designed for sexually active young people involved in the juvenile legal system who would like to improve their relationship skills and sexual health. Refine phase. |

| Partners and Network | |
|--------------------------------------|---|
| Formal Partner Organization Types | County government agencies, private for-profit companies or consultants, private non-profit agencies/community-based organizations, and universities or colleges. |
| Network's Impact Statement | Develop engaging theory-based programs that are informed by the populations and networks for which they are developed, are feasible to implement, reduce risky sexual behaviors, and positively impact the health and future opportunities of juvenile-justice involved youth and their families. |
| Network Approach | The Juvenile Justice Innovation and Impact Network was composed of three main components: an executive team, intervention development teams, and consultants. The executive team provided overall leadership for the network and subject matter expertise in social network theory, entertainment education, and integrating technology into TPP programming. The intervention development teams were responsible for developing, testing, and refining innovations. A team of consultants with expertise in the justice system, motivational interviewing, medical accuracy, trauma, informed practice, LGBTQ inclusivity, and other topics supported the network when intervention development required specific expertise. |
| Network Roles | The grantee disbursed funds to partners/sub-awardees and set overall expectations for the network. Both the grantee and network partners provided: Expert-led workshops to train network partners on various topics relevant to the project Group-based technical assistance to network partners Peer-to-peer learning Personalized coaching to network partners Small team workgroups Informal partners (11) were also involved in implementing the project, but not in coordinating and supporting the network. |
| Implementation Roles | Grantee's Roles: Establish and support the partnership network and evaluate and disseminate innovations. Work closely with the intervention development teams to provide guidance on development/testing, provide feedback on materials and plans, and provide support as teams moved through the innovation development process. Partners' Roles: Explore, develop, test, refine, evaluate, and disseminate |

| 🖉 Outreach | |
|---|--|
| Engagement of Priority Area Participants | JJIIN held monthly advisory board meetings with youth who had prior or current involvement with the justice system. Youth on the board provided their insights and opinions on the development of the six innovations. Ten youth, aged 15-19, residing in diverse areas across the U.S. comprised the board. Youth and juvenile justice officers helped to develop characters and plot for one innovation, young adult prisoners wrote the script for another, and youth in detention collaborated in writing a third. Youth of color were cast in the videos. Justice-involved youth provided feedback on the drafts of several products. |
| Dissemination | The Policy and Research Group applied for additional TPP grant funding to rigorously evaluate their innovations and to package the developed innovations. The Policy and Research Group regularly shared project updates through a newsletter and website, and they encouraged JJIIN members to share updates on their work through their own networks and social media. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: Planned Parenthood of Greater New York, Inc. (PPGNY)



Project Name: Project SHINE - Sexual Health Innovation Network for Equitable Education with Youth with Developmental Disabilities



Grantee Organization Type: Private non-profit agency/community-based organization



Location: The grantee is located in New York, NY and serves New York City.



Number of Formal Partners: 5

| Grantee and Grant | |
|---|--|
| Prior TPP Grants | Tier 1 (2010-2015): Evidence-Based Programs (EBPs) Tier 2a (2015-2020): Supporting Early Innovation to Prevent Teen Pregnancy Tier 1 (2020-2023): Optimally Changing the Map for Teen Pregnancy Prevention |
| Average Annual Tier 2 Innovation Network Grant Amount | \$930,000 |
| Priority Area | Youth with Disabilities |
| Sub-Populations | Youth ages 16-24 with intellectual disabilities |



Project SHINE developed 6 innovations under one toolkit. 1 reached the Develop phase, 4 reached the Test phase, and 1 reached the Explore phase.

| Innovations | Description |
|---|--|
| SHINE Anatomy Toolkit | A sexual and reproductive anatomy toolkit, aimed at teens and emerging adults (ages 16-24) with intellectual and developmental disabilities that provides an opportunity for these youth to learn about sexual and reproductive anatomy in a fun, interactive, and empowering way. The toolkit includes the six components listed below, which will be available in English and Spanish. |
| 1. Choose Your Own Adventure Game | An engaging digital game based on a "choose your own adventure" format based on themes from the Story Bank stories (see item 5 below) and other stories from self-advocates. Develop phase. |
| 2. Interactive Anatomy Glossary | A digital glossary of terms that includes pictures, definitions, slang, scenarios, and tips on how to care for the body. Linkable terms connect the glossary to other components of the Toolkit. Test phase. |
| 3. Reflection Tools and Conversation Starters | Digital supports that promote reflection, sharing, and belonging. Integrated into the Interactive Anatomy Glossary, Story Bank, and Resource Hub. Test phase. |

Web: opa.hhs.gov | Email: opa@hhs.gov | Twitter: @HHSPopAffairs YouTube: HHSOfficeofPopulationAffairs | LinkedIn: HHS Office of Population Affairs

| 4. Resource Hub | A comprehensive how-to for youth, caregivers, and those working with people with disabilities (e.g., educators, direct support professionals) to support Toolkit use. It will include vetted supportive resources, including relevant websites, books, videos, self- advocacy networks and healthcare providers. Test phase. |
|-----------------------------|--|
| 5. Story Bank | A digital online space that presents real life situations told by people with intellectual and developmental disabilities that allow the user to contextualize glossary themes and affirming body messages. The Story Bank and associated reflection/discussion questions provide an emphasis on body positivity, normalizing questions, and building an understanding of bodily autonomy. Test phase. |
| 6. Digital Anatomy Model | A 3D digital rendering of a body that reinforces concepts and learning. Will include text to voice and ask permission before accessing. Will depict body parts as a part of a whole body, with diverse representation. Explore phase. |

| Partners and | |
|--------------------------------------|---|
| Formal Partner Organization Types | Private non-profit agency/community-based organizations and universities or colleges. |
| Network's Impact Statement | An ongoing multidisciplinary network of service providers will continuously work to address inequities in the sexual health of youth with intellectual disabilities by ensuring accessible education and health services for youth with intellectual disabilities and the people in their systemic environment. To this end, new innovative and easily accessible sexual health tools will exist, which were created with the input of youth with intellectual disabilities, their parents or other family caregivers, professionals and educators who serve and educate youth with intellectual disabilities, and policy and academic experts in the field. |
| Network Approach | The Network was made up of four core groups: the grantee, contracted Network partners, the Advisory Board (which was overseen by one of the network partners), and the Design Collective (a small group of the Network, Advisory Board, and youth who developed content for the Toolkit). All partners, who represented different parts of the systems that surround youth with disabilities, worked as a collaborative to develop the innovations. All workgroups included young people with disabilities (self-advocates). The Advisory Board held the network accountable to the overall vision. The 16-member Advisory Board included self-advocates (6), caregivers and parents of people with disabilities (5), and professionals working within the disability field (5). The grantee maintained regular communication with two informal partners, other Planned Parenthood affiliates, and former Integrating Teen Pregnancy Prevention Innovative Practices (iTP3) grantees. |
| Network Roles | The grantee and formal partners were responsible for providing or participating in: Expert-led workshops to train network partners on various topics relevant to the project Peer-to-peer learning Personalized coaching provided to network partners Small team workgroups |
| | Informal partners—such as others working around the country in sexuality and disability, Planned Parenthood Affiliates, and former iTP3 grantees working at the intersections of sexuality and disability—were also engaged to share learnings. |

| Implementation Roles | Grantee's Roles: Establish and support the partnership network; disburse funds to partners/sub-awardees; and explore, develop, test, refine, and disseminate |
|----------------------|---|
| | innovations. |

Partners' Roles: Explore, develop, test, refine, and disseminate innovations.

| 🖉 Outreach | |
|---|---|
| Engagement of Priority Area Participants | Network partners used their connections with youth with intellectual and developmental disabilities to recruit them for the Design Collective and piloting innovation components. |
| Dissemination | The network published two manuscripts in peer-reviewed journals and made presentations at professional meetings and conferences, advocacy convenings, community meetings, and internal meetings at partner organizations. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: Texas A&M University



Project Name: Comprehensive Healthcare for Adolescents Initiative (CHAI)

Location: The grantee is located in College Station, Texas. The project has a nationwide reach.



Grantee Organization Type: University



Number of Formal Partners: 16

| Grantee and Grant | |
|---|--|
| Prior TPP Grants | Tier 2a (2015-2020): Supporting Early Innovation to Prevent Teen Pregnancy |
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,860,000 |
| Priority Area | Youth Access to and Experience with Sexual Healthcare |
| Sub-Populations | Adolescent youth |

- Innovations

CHAI developed 3 innovations. **1** reached the **Develop** phase and **2** are moving across the **Test** and **Evaluate** phases.

| Innovations | Description |
|-------------------------------------|--|
| Teen Wellness Kits/Activate Teen | A game-based resource that aims to increase youth confidence in discussing "sensitive" topics with healthcare providers through a simulation. After completing the simulation, youth receive a health kit in the mail to discover connections between products and questions they have and provide an appointment guide for future visits. Develop phase. |
| Confident Teen | A clinic policy that requires teens have one-on-one time with their provider to go over confidentiality between a patient and provider and to discuss any confidential topics at the teen's request. Includes a conversation guide for providers to have such discussions with youth. Test/Evaluate phases. |
| Total Teen | A standardized set of processes to embed sexual and reproductive conversations and mental health assessments and conversations into all primary care visits for youth ages 12 and up. Test/Evaluate phases. |

| Partners and Network | |
|--------------------------------------|---|
| Formal Partner Organization Types | Healthcare service providers (e.g., clinics, hospitals, public health, private healthcare providers), private non-profit agencies/community-based organizations, and universities or colleges. |
| Network's Impact Statement | To enhance youth access to, and experiences with, sexual and reproductive healthcare by building a strategy comprising multiple programs for various healthcare settings. Programs built by a network of subject-matter experts, providers, and a youth advisory group will lead to services that meet youth needs. Innovative programs will improve access to healthcare services, as well as create positive service experiences for youth. These partners will meet regularly to collaborate and identify, design, and test new innovations. |
| Network Approach | Texas A&M conducted an environmental scan and stakeholder/systems map to identify systemic components to include in the CHAI that were most relevant to adolescent access to and experience with healthcare. Through those exercises CHAI was developed to include the grantee and a network of subject matter experts, organizational partners related to adolescent healthcare, and a teen advisory group. |
| Network Roles | The grantee and formal partners were responsible for providing or participating in: Expert-led workshops to train network partners on various topics related to program development Group-based technical assistance to network partners Peer-to-peer learning |
| Implementation Roles | Grantee's Roles: Establish and support partnership network; disburse funds to partners/sub-awardees; and explore, develop, test, refine, evaluate, and disseminate innovations. Partners' Roles: Explore, develop, test, refine, and disseminate innovations. |

| Outreach | |
|---|---|
| Engagement of Priority Area Participants | CHAI included a Teen Advisory Group (TAG) that was added to the network in the early stages of implementation. The TAG was assembled through a national call for participation that went out through network partners and contacts. The TAG was engaged throughout the innovation development, testing, and refining process to provide feedback on their needs and wants, develop and review materials and graphics, and provide additional feedback in response to feasibility testing results as a form of continuous quality improvement. |
| Dissemination | CHAI developed peer-review publications and presentations to share learnings from the development and testing processes. CHAI plans to evaluate and disseminate full results of the innovations in future years. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: Thrive, Inc. (now dba Honestly Youth Sexual Health)



Project Name: SPARK Innovation

Location: The grantee is located in Oklahoma City, OK. The project serves Oklahoma County, OK.



Grantee Organization Type: Private non-profit agency/community-based organization



Number of Formal Partners: 16

| Grantee and Grant | |
|---|--|
| Prior TPP Grants | None |
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,378,520 |
| Priority Area | Caregivers |
| Sub-Populations | Parents or guardians (biological, adoptive, foster, grandparents, etc.), faith leaders and members, youth- and family-serving community-based organizations and other trusted adults |

- Innovations

SPARK Innovation developed 10 innovations. **7** reached the **Refine** phase and **3** reached the **Disseminate** phase.

| Innovations | Description |
|------------------------------|--|
| ATLAS | An app for healthcare providers and caregivers of youth with autism. The app contains four topics related to sexual health that are designed to help caregivers engage with their youth around the four topics. The topic areas are independent, so caregivers can select which topic(s) are most relevant for them without missing critical details. Refine phase. |
| Boundaries and the Basics | A toolkit designed for caregivers of youth ages 18-25 with down syndrome. The toolkit includes activities and talking points for caregivers around sexual health, including topics like personal hygiene, personal boundaries, and consent. After each section of the toolkit, caregivers can sign up for coaching sessions with their youth to talk through concepts and practice conversations. Refine phase. |
| Catch the Spark | A full-day training program for foster parents and foster home staff designed to provide them with the knowledge and skills necessary to have sexual health conversations with the youth in their care. The program includes information about laws and regulations regarding youth in foster care and accessing reproductive care. Refine phase. |

| Hablemos Claro! (Let's Talk About It) | An online education hub with written and video-based content for primarily Spanish-speaking parents. Content includes topics on teen pregnancy, communicating with youth, and sexuality. Refine phase. |
|--|---|
| Liberate | An online resource hub with tailored content for Two Spirit, Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer (2SLGBTQ) caregivers or caregivers of 2SLGBTQ youth. The program starts with a self-assessment quiz which leads to tailored resources and content based on the needs identified in the assessment. Refine phase. |
| Pivotal Conversations | A program in which staff participate in sexual health training focused on improving knowledge of adolescent sexual health, comfortability in discussing sexual health topics, and communication skills. Staff also receive continuous support after the training with resources and subject matter experts to help them navigate difficult topics. Refine phase. |
| These Kids. These Days. | A workbook with five sections covering activities for rapport and relationship building, and sexual health education for youth group leaders in church or faith-based settings. Refine phase. |
| Braving "The Talk" | This is a 6-hour training on how to talk to youth about sexual and reproductive health designed for caregivers working with youth experiencing homelessness or in a crisis situation. Disseminate phase. |
| ONEderfully Made | This program for caregivers is offered in four 2-hour sessions and provides education on topics related to sexual health and relationships to provide caregivers with the skills and information needed to have conversations with their teens. Disseminate phase. |
| SHIFT | An 8-week support group for caregivers featuring presentations to teach caregivers how to build stronger relationships and encourage deeper trust with their teens. Each session includes time for caregivers to practice what they learned through conversation starters and role play activities. Disseminate phase. |

| Partners and Network | |
|--------------------------------------|---|
| Formal Partner Organization Types | Faith-based organizations, private companies/consultants, private non-profit agencies/community-based organizations, and universities or colleges. |
| Network's Impact Statement | To create and support a network of well-trained, connected partner organizations in Oklahoma County who develop innovative, equitable and sustainable strategies that empowers and equips caregivers to increase protective factors, resulting in improved optimal health and a reduction in STIs and teen pregnancy. |
| Network Description | The grantee used a collective impact model to form a network comprised of three key groups: The Network Core, the Context Expert Advisory Committee (CEAC) and the Innovation Cohorts. The Network Core, which oversaw the management and coordination of SPARK Innovation OKC, included individuals from the grantee organization and local multidisciplinary organizations. The CEAC was composed of individuals with subject matter expertise or lived experience and included youth and caregivers. The CEAC met regularly to inform and provide guidance to members of the Innovation Cohorts, which were selected through a competitive process and were responsible for developing, testing, and refining new innovations. |

| Network Roles | The grantee and formal partners were responsible for providing or participating in Expert-led workshops to train network partners on various topics relevant to the project Group-based technical assistance to network partners Peer-to-peer learning Personalized coaching provided to network partners |
|---|--|
| Implementation Roles | Grantee's Roles: Establish and support partnership network; disburse funds to partners/sub-awardees; and disseminate innovations. |
| | Partners' Roles: Explore, develop, test, refine, evaluate, and disseminate innovations. |
| Øutreach | |
| Engagement of Priority Area Participants | SPARK Innovation OKC regularly engaged caregivers throughout the project to gather feedback on their needs through surveys and meetings, community events, and listening sessions. SPARK Innovation OKC also incorporated caregiver input and feedback on content development for the innovations. Caregivers were also included in the Context Expert Advisory Committee, one of the three core pillars of the network structure. |
| Dissemination | The innovations that reached the disseminate phase were tested with other organizations to see if the same or similar results are achieved. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: The University of Texas at Austin



Project Name: Texas Foster Youth Health Initiative (TFYHI)

 \bigcirc

Location: Grantee is located in Austin, Texas. Network partners are spread across the state of Texas, but primarily located in Dallas, Houston, San Antonio, and the Rio Grande Valley.



Grantee Organization Type: University/College



Number of Formal Partners: 13

| Grantee and Grant | |
|---|---|
| Prior TPP Grants | None |
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,860,000 |
| Priority Area | Foster Care/Child Welfare |
| Sub-Populations | Youth in foster care, foster caregivers, child welfare professionals, and child welfare organizations |



TFYHI developed 3 innovations; all 3 reached the Test and Refine phases.

| Innovations | Description |
|---------------------|---|
| Brave Conversations | An adapted four-hour trauma-informed curriculum for foster caregivers and child welfare professionals designed to teach caring adults how to talk to youth in foster care about sexual health. Provided either virtually or in-person in one or two sessions. Test and Refine phases. |
| THRIVE | A newly developed ten-hour sexual health curriculum for youth in foster care that is trauma-informed, inclusive, and centered on youth rights and strengths. Delivered in-person during three or five sessions. Test and Refine phases. |
| UN HUSHED | An adapted virtual or in-person training for child welfare professionals composed of a four-hour training followed by two two-hour technical assistance sessions to identify agency-specific needs. The training also includes a sample policy statement on sexual health for child welfare organizations. Test and Refine phases. |

| Partners and Network | |
|--------------------------------------|--|
| Formal Partner Organization Types | Faith-based organizations and private non-profit agencies/community-based organizations. |
| Network's Impact Statement | Youth in foster care feel connected, safe, and empowered and make informed decisions about their sexual health and relationships. |
| Network Approach | TFYHI conducted an environmental scan to identify all relevant parties with whom youth in foster care interact. Using the results of the scan, TFYHI designed a multidisciplinary learning network including representatives across child welfare and adolescent health systems that met regularly to collaborate, identify, design, and test new innovations. |
| Network Roles | Both the grantee and formal network partners were responsible for providing or participating in: Expert-led workshops to train network partners on various topics including trauma informed practices, the child welfare system, virtual meeting facilitation, inclusive sexual health education, and the innovations being developed Group-based technical assistance to network partners Peer-to-peer learning Personalized, one-on-one coaching provided to network partners Small team workgroups Informal partners (55 organizations and 401 individuals) participated in advisory groups coordinated by the grantee to provide: insight into the needs, challenges, and strengths within the child welfare community; feedback and input on innovation designs; access for testing innovations; and assistance in raising awareness of the importance of sexual health education in child welfare. |
| Implementation Roles | Grantee's Roles: Establish and support the partnership network; disburse funds to partners/sub-awardees; and explore, develop, test, refine, evaluate, and disseminate new innovations. |
| | Partners' Roles: Explore, develop, test, refine, and disseminate new innovations. |

| Outreach | |
|---|---|
| Engagement of Priority Area Participants | TFYHI recruited and engaged a young adult consultant group composed of 18- to 25-year-olds with lived experience in foster care and a caregiver consultant group composed of foster and adoptive parents. Both groups included representation from across the state of Texas. The groups convened monthly to advise on the project and innovation design. Membership in both groups changed from year to year; in total, fourteen young adults and fourteen caregivers advised TFYHI. |
| Dissemination | TFYHI has shared their key strategies for innovation development and lessons learned via a peer-reviewed publication, conference presentations, workshops, trainings, its website, newsletters, and blog posts. TFYHI also engaged over 555 child welfare professionals and caregivers statewide in Brave Conversations and UN HUSHED trainings. |

OPA TPP TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE: Washington State Department of Health



Project Name: Washington Youth Sexual Health Innovation and Impact Network (WYSHIIN)

Location: The grantee is located in Tumwater, Washington. The project serves the state of Washington.



Grantee Organization Type: State government agency



Number of Formal Partners: 16

| Grantee and Grant | |
|---|--|
| Prior TPP Grants | TPP18 (2018-2020): Phase I Testing New and Innovative TPP Strategies. |
| Average Annual Tier 2 Innovation Network Grant Amount | \$1,859,770 |
| Priority Area | Youth Access to and Experience with Sexual Healthcare |
| Sub-Populations | Black, Indigenous, and teens of Color; 2SLGBTQ+ youth; and youth experiencing homelessness |

Innovations

WYSHIIN developed 22 innovations. **3** reached the **Develop** phase, **10** reached the **Refine** phase, and **9** reached the **Evaluate** phase.

| Innovations | Description |
|---|--|
| Department of Health Adolescent Health Website | A trustworthy, youth-friendly, online health resource and information hub created with input from a Youth Advisory Council. The site will focus on comprehensive sexual and reproductive health information. Develop phase. |
| Quinault Indian Nation Education Department Community Needs Assessment | A community needs assessment and advisory group called WA Youth Sexual Health Quinault Indian Nation Committee. The Committee was responsible for implementing the projects that arose from the needs identified by the community needs assessment. Develop phase. |
| Tulalip Community Health Department Outreach | An outreach protocol to build relationships and trust with youth and share resources on sexual health. Develop phase. |
| Nisqually Health Department Celebrating Our Magic Toolkit | This toolkit provides resources for Native American and Alaska Native transgender and Two Spirit youth, their relatives, healthcare providers, and families. Refine phase. |
| PHSKC Teen Clinic Assessment | A youth-led teen friendliness assessment developed for health clinics by the PHSKC Youth Strategy Team (see below). Refine phase. |

Web: <u>opa.hhs.gov</u> | Email: <u>opa@hhs.gov</u> | Twitter: <u>@HHSPopAffairs</u> YouTube: <u>HHSOfficeofPopulationAffairs</u> | LinkedIn: <u>HHS Office of Population Affairs</u>

| Public Health Seattle King County (PHSKC) Youth Strategy Team | PHSKC recruited 35 youth to make up a Youth Strategy Team that developed piloted, analyzed the results of, and made public recommendations based on the Teen Clinic Assessment. Refine phase. |
|--|---|
| SeaMar CSHE Curriculum | A free, culturally relevant, and comprehensive sexual health education (CSHE) curricula. Refine phase. |
| Sea Mar Health Educator Peer Advocates | Sea Mar Community Health Centers hired two teens as health educator peer advocates, who provide youth voice across the organization and are directly involved in community outreach, marketing, social media, and review of materials. Refine phase. |
| Sexual Violence Response, Recovery, and Prevention Education (Room One) | An intervention to provide education to youth aimed at reducing sexual violence and improving access to support services for survivors of sexual violence. Refine phase. |
| Teen Sexual Health Mentor Training | College students in healthcare sciences are trained to mentor junior high and high school students. They are trained in the provision of sexual health education and support. Refine phase. |
| Teen Sexual Health Modules in Rural Schools | Case-based learning activities in sexual health modules with a focus on consent and healthy relationships. Provided to rural schools in Eastern Washington to improve sexual health. Refine phase. |
| Teens Against Abuse Peer Advocacy Program | Provides peer education, resources, advocacy, and a safe spaces drop-in support group to increase access to resources and education in a rural, under-resourced area. This innovation also includes an outreach guide and campaign. Refine phase. |
| Tulalip Community Health Department Community Needs Assessment | Refinements to the materials developed for Northwest Portland Area Indian Health Board Community Needs Assessment (see below) to conduct a needs assessment for the Tulalip Community. Refine phase. |
| Greater Destiny Church Teens for Destiny | Teens for Destiny provides education for youth based on youth-articulated needs and serves youth and families in three ethnicity-based organizations. Evaluate phase. |
| Northwest Portland Area Indian Health Board Sexual Health Campaign | The Northwest Portland Area Indian Health Board adapted Safe Spaces community campaign materials with input from Two Spirit artists, 2SLGBTQ+ groups, and tribal youth delegates. Evaluate phase. |
| Northwest Portland Area Indian Health Board Community Needs Assessment | An online resource that provides tools and materials to help organizations design and complete a community needs assessment to use when developing and selecting innovations. Evaluate phase. |
| PHSKC Anti-racist Sex Ed Workshop | This workshop provides anti-racist, community-based sexual health education and curricula, including clinic linkages, and includes history about how racism impacts sexual health and sexual health education. Evaluate phase. |
| Planned Parenthood IN∙clued | An LGBTQ-centered and evidence-based program (IN·clued) adapted to be more inclusive of LGBTQ youth who are underrepresented in healthcare, such as youth who identify as transgender and Black, Indigenous, and youth of color. Evaluate phase. |

| Queervisory | The Planned Parenthood Youth Advisory Group, renamed Queervisory, is a group of 12-15 youth who provide feedback to the local Planned Parenthood on programs, policies, and procedures. Includes an initiative to train peer educators to facilitate workshops for IN·clued (an evidence-based program). Evaluate phase. |
|---|---|
| Sea Mar Internal Policies and Practices | Sea Mar Community Health Centers are implementing systems-level change to their policies and procedures to make their organization more youth-friendly. Evaluate phase. |
| Teens Against Abuse Education Program | A program to reduce sexual violence against teens in Whatcom County by providing education, social media and resources for teen dating violence awareness and sexual assault awareness. Evaluate phase. |
| Youth Leadership Council focused on sexual health education (Room One) | A youth-led council to create events and materials to support sexual health education and pregnancy prevention. Evaluate phase. |

| Partners and Network | | |
|--|--|--|
| City/town government agencies, county government agencies, faith-based organizations, healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers), non-profit Tribal advisory organizations, private for- profit companies/consultants, private non-profit agencies/community-based organizations, state government agencies, Tribal government agencies, and universities or colleges. | | |
| To build a multi-disciplinary network committed to improving youth access to and experience with sexual health care and increase youth engagement at the network coordination and implementation site levels. | | |
| The grantee co-led the Network with the regional Indian Health Board (which oversaw Tribal sub-recipients). Each partner was responsible for developing its own innovations that were culturally responsive and designed to meet the needs of their particular community. Partners collaborated to adapt WYSHIIN innovations to fit their own communities. | | |
| The grantee and formal partners were responsible for providing or participating in: Expert-led workshops to train network partners on various topics relevant to the project Group-based technical assistance to network partners Peer-to-peer learning Personalized coaching provided to network partners Small team workgroups | | |
| Informal partners, such as other state agencies including the Office of Superintendent of the Public Instruction (OSPI), also participated in and supported the Network through youth engagement and peer-to-peer learning. | | |
| Grantee's Roles: Establish and support partnership network; provide technical assistance; disburse funds to partners/sub-awardees; and evaluate and disseminate innovations. Partners' Roles: Explore, develop, test, refine, evaluate, and disseminate innovations. | | |
| | | |

| 🖉 Outreach | |
|---|---|
| Engagement of Priority Area Participants | Each partner regularly worked with youth and established youth advisory groups or leadership councils. The grantee conducted a series of youth listening and learning sessions with a subset of their youth advisory council. |
| Dissemination | The network made many of the innovations available online for download and had manuscripts for peer-reviewed publications and conference presentations in- progress. |

Authors

Tanya de Sousa, Lesley Freiman, Eleanor Elmudesi, Carolyn Layzer, and Kimberly Francis, *Abt Global*

Carol Pistorino, Chelsea Whiting, and Yolanda Logan, Decision Information Resources

Submitted to:

Alexandra Osberg, Public Health Analyst, Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services

This document is in the public domain. Permission to reproduce is not necessary.

Suggested citation: de Sousa, T., L. Freiman, E. Elmudesi, C. Layzer, K. Francis, C. Pistorino, C. Whiting, and Y. Logan. *Innovation and Impact Network Grantee Profiles: For the Teen Pregnancy Prevention Innovation and Impact Networks (2020-2023).* Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, 2024.

Prepared for OPA under contract number: HHSP233201500069I _75P00121F37018

Disclaimer

This publication was supported by Award No. HHSP233201500069I _75P00121F37018 from the Office of Population Affairs (OPA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS.

ACKNOWLEDGEMENTS

The authors gratefully acknowledge the efforts of many individuals who assisted us as we conducted the Teen Pregnancy Prevention (TPP) FY 2020 Evaluation. Special thanks to the TPP project staff and partners who participated in the research for sharing their experiences and insights with the research team.

At the U.S. Department of Health and Human Services, Office of Population Affairs, the research team would like to thank its Project Officer, Alexandra Osberg, for her input and guidance throughout the study. We also thank Amy Farb, Elizabeth Laferriere, Jaclyn Ruiz, and the OPA Project Officers for their input and responses to requests made by the research team throughout the evaluation.

Many individuals at Abt Global (formerly Abt Associates) and at our partners, Decision Information Resources and Data Soapbox, contributed to the implementation study and these profiles. The site visitors included Carol Pistorino, Carolyn Layzer, Chelsea Whiting, Eleanor Elmudesi, Kimberly Francis, Lesley Freiman, Sonya Phillips, Tanya de Sousa, and Yolanda Logan. Leslyn Hall, Neil Thomas, and Krishna Epps provided support in developing and overseeing the web-based pre-interview informational form administered to all 13 Tier 2 Innovation Network grantees.

The study's Project Quality Reviewer, Jodi Anthony, and Grantee Advisory Panel provided welcome and productive feedback on the study's evaluation design and data collection instruments. The team also appreciates Missy Robinson and Lori Palen who provided production and graphic design support.

Appendix A: Data Sources Used

The research team created the grantee profiles using the following sources:

- Information grantees submitted to OPA over the course of the grant.
- The original grant applications organizations submitted for the TPP Tier 2 Innovation Network grants.
- Information provided by grantees and partners during interviews with the research team.
- Information provided to the research team by grantees in preparation for the interviews through a pre-interview informational form.

The research team gave each organization the opportunity to review its draft profile and provide corrections or clarifications to the content.

Table A-1 describes the data sources used for each field included in the grantee profiles.

| Field | Data Source |
|---|--|
| Project Name | The grantee provided this information in the pre-interview informational form. |
| Grantee Organization Type | The grantee provided this information in the pre-interview informational form. |
| Location | The grantee submitted this information to OPA through semi- annual reports. |
| Number of Formal Partners | The grantee provided this information in the pre-interview informational form. |
| Prior TPP Grants | The grantee provided this information in the pre-interview informational form, and it was verified with OPA. |
| Average Annual Tier 2 Innovation Network Grant Amount | This information came from OPA. |
| Priority Area | The research team pulled this information from the grantee's grant application. |
| Sub-populations | The grantee provided this information in the pre-interview informational form. |
| Innovations | The research team compiled the data for this section from information the grantee submitted to OPA, the pre-interview informational form, and information provided by the grantee during the interview. |
| Formal Partner Organization Types | The grantee provided this information in the pre-interview informational form. |

| Field | Data Source |
|---|---|
| Network's Impact Statement | The grantee submitted this information to OPA through semi- annual reports. |
| Network Approach | The research team summarized the data for this section based on information provided by the grantee during the interviews. |
| Network Roles | The grantee provided this information in the pre-interview informational form. |
| Implementation Roles | The grantee provided this information in the pre-interview informational form. |
| Engagement of Priority Area Participants | The research team summarized the data for this section based on information provided by the grantee during the interviews. |
| Dissemination | The research team summarized the data for this section based on information provided by the grantee during the interviews. |