



**OASH**

Office of  
Population Affairs

# Teen Pregnancy Prevention Tier 1 Grantee Profiles for the Optimally Changing the Map for Teen Pregnancy Prevention

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**HHS Office of Population Affairs**

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## PURPOSE STATEMENT

This document profiles each of the 62 grantees awarded *Tier 1: Optimally Changing the Map for Teen Pregnancy Prevention* grants under the federal Teen Pregnancy Prevention (TPP) program. The goal of these grants (awarded in July 2020 or July 2021 through June 2023) was to make a positive impact on adolescent health and reduce rates of unintended teen pregnancy and sexually transmitted infections (STIs) within communities and populations with the greatest need by using a systems thinking approach to replicate evidence-based teen pregnancy prevention programs with fidelity and provide community-based support. The Office of Population Affairs, U.S. Department of Health and Human Services sought to understand (1) how grantees implemented the TPP Tier 1 grant strategy, (2) the factors that influenced implementation, (3) what challenges grantees encountered, and (4) what factors facilitated their success in developing and implementing a systems-thinking approach to prevent unintended teen pregnancy and reduce rates of STIs within their selected service areas.

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# About the OPA 2020/2021 Tier 1 Optimally Changing the Map for Teen Pregnancy Prevention Grantee Profiles

## Background

In 2020, the Office of Population Affairs (OPA), within the U.S. Department of Health and Human Services, awarded 49 organizations under the Teen Pregnancy Prevention (TPP) Tier 1: Optimally Changing the Map for Teen Pregnancy Prevention grants (TPP20 Tier 1 grants). A year later, OPA awarded an additional 13 organizations under the same grant program. The goal of these two- to three-year grants (funded July 2020 or July 2021 through June 2023) was to use a systems thinking approach to make a positive impact on adolescent health and reduce rates of unintended teen pregnancy and sexually transmitted infections (STIs) within communities and populations with the greatest need—that is, those with relatively high rates of both.

The Tier 1 grantees had flexibility in how to implement their projects, based on local priorities, resources, and constraints and to allow for a community-driven approach. As a result, local implementations varied; however, all projects were required to include the following elements and considerations:

- **Focus and Reach.** Grantees used available data, their prior experiences, and community connections to identify a service area for their TPP projects. The service area needed to include areas where there were disproportionately higher rates of teen pregnancy or births and STIs generally or for specific populations. Grantees could further narrow their reach and program services to serve **specific (focus) populations where rates of teen pregnancy and STIs were higher** than for other populations in the same geographic area. Reach was the goal a grantee set for the numbers of individuals (e.g., youth) within the selected service area and/or focus population that would receive evidence-based programs (EBPs). Grantees were expected to serve at least 25% of the overall population they had identified as a means of “saturating” the “community” with EBPs.
- **Systems Thinking.** After identifying their overall service area and focus populations, if applicable, grantees identified community needs and the **systems** affecting youth. Systems could include schools, the healthcare system, or family systems. This systems-thinking approach allowed grantees to further explore these existing systems to (1) identify the **key elements or parties**—such as people and organizations—that can affect rates of unintended teen pregnancy and then (2) determine how those key elements or parties can better work together to create healthier systems for youth to see positive impacts on their sexual and reproductive health. To implement their approaches, grantees identified **leverage points** within systems where it is possible to influence youth outcomes and support youth through interventions such as EBPs, policy changes, peer support, and connection to services.<sup>1</sup>

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<sup>1</sup> Systems thinking approaches can vary substantially. Among several common models of systems thinking are *social-ecological* models, focused on different groups and layers of influence in youth’s lives, and the *iceberg model*, based on the concept of unseen root causes and influences. OPA provided grantees with training on multiple models and empowered them to build their own approaches based on local resources, perspectives, understanding, and needs.

- **Evidence-Based Programs (EBPs).** Grantees identified *evidenced-based programs with positive impacts on sexual and reproductive health outcomes* that were best suited for their communities and focus populations, taking into consideration the needs of the youth, parents/caregivers, community norms, and local or state policies or laws. Grantees also identified in which *settings* they or partners would deliver the program services, such as schools, community-based settings, or online.
- **Supportive Services.** In addition to selecting which EBP(s) to deliver, grantees also identified available and needed **youth-friendly supportive services** to address other youth needs related to adolescent sexual and reproductive health outcomes, such as access to job training, mental health services, violence prevention services, or other healthcare needs.
- **Engagement of Youth and Community.** Through the TPP project, grantees *incorporated the perspectives and experiences of youth, parents/caregivers, and community members* into the design and implementation of their TPP projects. They kept communities informed of the project’s progress and approach through public communication.

## The Grantee Profiles

These grantee profiles provide background information on the organizations awarded funding<sup>2</sup> under the Tier 1: Optimally Changing the Map for Teen Pregnancy Prevention program (grantees), a summary of their systems thinking approach, grantee and partner roles on the project, EBPs delivered and their delivery settings, supportive services (delivered directly or referred), and outreach and engagement approaches. The profiles do not provide a comprehensive picture of all activities performed under the grants. A cross-grantee report describing how the TPP20 Tier 1 grantees implemented their projects is forthcoming.<sup>3</sup> 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 (TPP) grant project led by the grantee.
- **Grantee Organization Type** specifies the organization type of the entity awarded the TPP Tier 1 grant.
- **Grantee Location** is the city and state where the grantee organization is located (which may vary from the locations where the grant is 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 or letter of commitment with the grantee organization or received a portion of the grant funding to complete some aspect(s) of the TPP project.

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<sup>2</sup> OPA awarded Tier 1 funding as cooperative agreements, which is a type of grant where the government has substantial involvement in the project and considers themselves partners with the grantee. For ease of reference, these will be referred to as grants and the award recipients as grantees throughout the document.

<sup>3</sup> This cross-grantee report, and other reports from the TPP20 Evaluation, will be available here: <https://opa.hhs.gov/research-evaluation/teen-pregnancy-prevention-tpp-program-evaluations/tpp-implementation-study>

- **Urbanicity** specifies whether the service areas where the Tier 1 grant was implemented were urban, suburban, rural, or a combination of two or more urbanities.
- **Average Number of Youth Served Annually** is the number of youth who received at least one session of an EBP during the second year of the grant. The figure is reported as a range. Ranges specified include: <150, 150-300, 301-450, 451-600, 601-750, 751-1,000, and >1,000.
- **Prior TPP Grants** lists any prior OPA TPP grants the grantee organization received.
- **Project Service Area** provides a description of the geographic area(s) served through the grant. Next to this description, each Tier 1 profile also includes a map depicting the service area.
- **Average Annual TPP20 Grant Amount** is the average amount of TPP Tier 1 funding the grantee received from OPA in each year of the grant.
- **Focus Population(s)** lists any subpopulations for which the project focused its services or recruitment, including specific racial or ethnic groups, participant types (e.g., age groups, youth vs. parents/caregivers), and special populations (e.g., justice system-involved youth, child welfare-involved youth).
- **Grantee's Roles** describes the roles the grantee undertook to implement the grant. Together with *Partners' Roles*, this field provides an outline of the project structure.
- **Systems Thinking Approach** provides a brief summary of the grantee's approach to the systems thinking element of the TPP20 Tier 1 project.
- **Partners' Roles** describes the roles that one or more formal partners held in implementing the grant.
- **Partner Organization Types** lists the types of organizations that were formal partners on the TPP20 Tier 1 grant.
- **EBPs** and **Settings** together present which evidence-based program(s) were delivered as part of the project and in which setting(s) each EBP was delivered.
- **Supportive Services Provided Directly by Grantee Organization** and **Provided by Referral** indicate which supportive services the grantee provided to project participants directly and the services to which project staff or partners referred participants. Note that services provided directly by the grantee organization may not have been provided using TPP20 Tier 1 project funds. For example, TPP20 Tier 1 project funds cannot be used to provide primary care, but the grantee organization may provide these services through other funding streams and refer EBP participants to those services internally.
- **Youth Engagement** describes the approach the project took to engaging youth in project planning, implementation, continuous quality improvement, community engagement, and dissemination.
- **Parent/Caregiver Engagement** describes the approach the project took to engaging parents and caregivers in project planning, implementation, continuous quality improvement, community engagement, and/or dissemination.

- **Community Engagement** describes how the project engaged community members in designing and implementing the project, conducting outreach, and/or supporting sustainability. Community members could include local agencies, organizations, businesses, and representatives of different sectors or systems, among others.
- **Outreach, Communication, and Dissemination** describes the methods and media outlets the project used to communicate with the community for the purpose of educating the community, building support for and awareness of the project, and recruiting participants for project activities.



# OPA TPP TIER 1 GRANTEE: AccessMatters



**Project Name:** Philadelphia Youth Power (PHLYP)



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



**Grantee Location:** Philadelphia, Pennsylvania



**Number of Formal Partners:** 6



**Urbanicity:** Urban

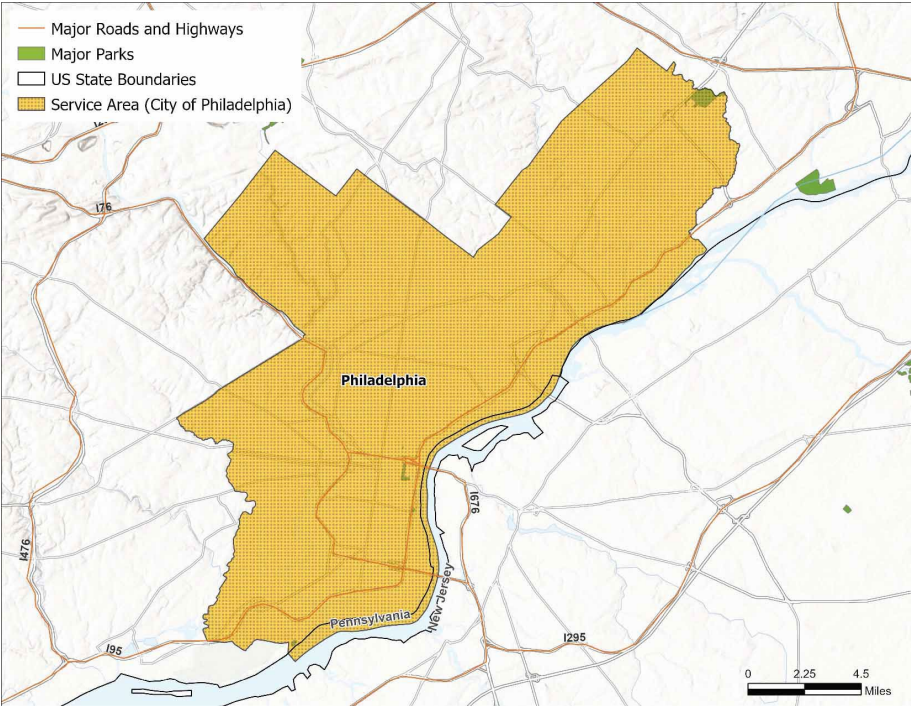


**Average # of Youth Served Annually:** <150

## Grantee and Grant

**Prior TPP Grants**                      None

**Project Service Area**  
Philadelphia,  
Pennsylvania



**Average Annual TPP20 Grant Amount**                      \$755,630

**Focus Populations**                      **Special populations:** Youth who have spent time in Philadelphia systems (i.e., foster care, juvenile justice system, or out-of-home placement)  
**Participant types:** Youth ages 13-19

**Grantee's Roles** Identify EBPs; provide EBPs directly to youth; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; and provide caregivers and youth-serving professionals trainings on trauma-informed care, sexuality and gender identity, and adolescent sexual development.

**Systems Thinking Approach** PHLYP and its Partner Advisory Council included representatives with expertise within the systems it identified as affecting youth in foster care, including familial spheres (both birth and resource families), community spheres (e.g., neighborhood, school, friends), societal spheres, and sociopolitical spheres. The project included formalized structures and processes that allow AccessMatters to identify patterns that act as barriers to foster youth exercising autonomy over their own sexual and reproductive health, including a Youth Advisory Board, composed of foster youth from the Community Umbrella Agency project partners.

 **Formal Partners**

**Partners' Roles** Provide youth referrals to EBPs; Provide program setting or access to youth; Provide youth-friendly health care services; Provide or support dissemination and public messaging (e.g., for recruitment or program awareness); Participate in or lead a community or youth advisory group related to the project; Provide youth with other services: Provide comprehensive case management services, including behavioral health, parenting education, and adoption services to youth and families in their service area.

**Partner Organization Types** Health care service provider (e.g., clinics, hospital, public health, private healthcare providers); Private non-profit agency/community-based organization; City/town government agency; Community Umbrella Agencies: non-profit organizations that contract with the City of Philadelphia to provide case management services to Department of Human Services-involved youth.

 **Evidence-Based Programs**

EBPs	Settings
Plan A	Community-based settings; juvenile detention/justice centers; out-of-home settings; and remote/online settings
Power Through Choices	Juvenile detention/justice centers and remote/online settings

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
Youth-centered counseling	Reproductive healthcare; primary healthcare; case management; educational services; food and nutrition (SNAP, WIC, other); health insurance (Medicaid, CHIP); housing support; job training/work-readiness; mental health services; substance use services; violence prevention services; and income security (TANF, etc.)



## Outreach and Engagement

<b>Youth Engagement</b>	The project created a new youth-led advisory group or coalition to inform program operations and offered positive youth development and community building opportunities to teens such as workshops and supplemental events, in addition to delivering the EBPs.
<b>Parent/Caregiver Engagement</b>	PHLYP provided family communication training on trauma-informed care and sexual health resources to families.
<b>Community Engagement</b>	The project created a new community advisory group or coalition, held public listening sessions or open meetings, held focus groups, conducted surveys, used a community needs assessment, and engaged with parents over social media and web-communications.
<b>Outreach, Communication, and Dissemination</b>	The project used flyers, brochures, health fairs or other public events, local media (e.g., radio, television, newspapers), social media, and websites as part of its community outreach and communication to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Adelphi University



**Project Name:** Teen Educational Enrichment Network (TEEN) Support Project



**Grantee Organization Type:** University/College



**Grantee Location:** Garden City, New York



**Number of Formal Partners:** 3



**Urbanicity:** Urban



**Average # of Youth Served Annually:** <150



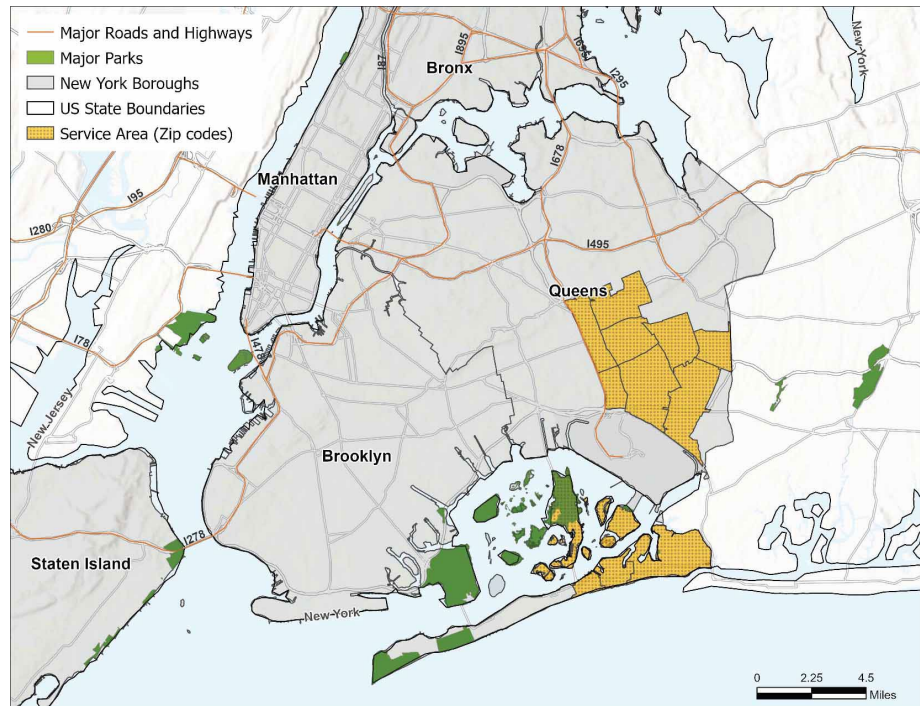
### Grantee and Grant

**Prior TPP Grants**

None

**Project Service Area**

Jamaica and Rockaways neighborhoods of the Queens borough of New York City, New York



**Average Annual TPP20 Grant Amount**

\$1,121,974

**Focus Population(s)**

**Race/ethnicity:** African American and Latina/Hispanic  
**Special populations:** Pregnant and parenting teen mothers  
**Participant types:** Youth age 14-19

<b>Grantee's Roles</b>	Identify EBPs and disburse funds to partners/sub-awardees.
<b>Systems Thinking Approach</b>	The TEEN Support Project was designed as a collaboration between researchers, healthcare providers, and community-based entities incorporating multiple viewpoints to address barriers facing pregnant and parenting teens in achieving optimal health outcomes. The project followed a social-ecological model. The grantee and partners conducted a needs assessment prior to beginning this project to identify barriers, related policies, and systems.

## **Formal Partners**

<b>Partners' Roles</b>	Deliver EBPs to youth; provide program setting or access to youth; provide support for evaluation/performance measures; independent evaluator; and collect and report performance measures.
<b>Partner Organization Types</b>	Community-based organizations, healthcare service providers (e.g., clinics, public health, private healthcare providers), and private companies/consultants.

## **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Teen Options to Prevent Pregnancy (TOPP)	Clinic-based
Adult Identity Mentoring 4 Teen Moms (AIM4TM)	Community-based

## **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Prenatal and OB/GYN care; postnatal medical care; home visiting; case management; family and individual counseling; mentoring; support groups for families of teen parents	Social services; mental healthcare; occupational health; postnatal care; nutrition; academic support; employment services; parenting support and education; services and support for teen fathers; transportation support

## **Outreach and Engagement**

<b>Youth Engagement</b>	Teen mothers were recruited through service provider project partners and EBP participation. They participated in quarterly meetings to provide input on all aspects of implementation, following the start of the project.
<b>Parent/Caregiver Engagement</b>	Parents and caregivers were engaged through project activities, including family counseling, workshops, and support groups for families of teen parents.

**Community Engagement** Community members were engaged through participation in a multi-year needs assessment prior to the grant. Community-based agencies and service providers are included in formal referral networks. A subset of agencies were convened annually to coordinate, provide feedback, and identify areas for improvement.

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**Outreach, Communication, and Dissemination** Information was disseminated to the community through a series of briefs produced by the project's evaluation partner.

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## OPA TPP TIER 1 GRANTEE: Augusta Partnership for Children, Inc.



**Project Name:** Augusta Campaign for Adolescent Responsibility and Equity (CAREs) Initiative



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



**Grantee Location:** Augusta, Georgia



**Number of Formal Partners:** 10



**Urbanicity:** Urban



**Average # of Youth Served Annually:** <150



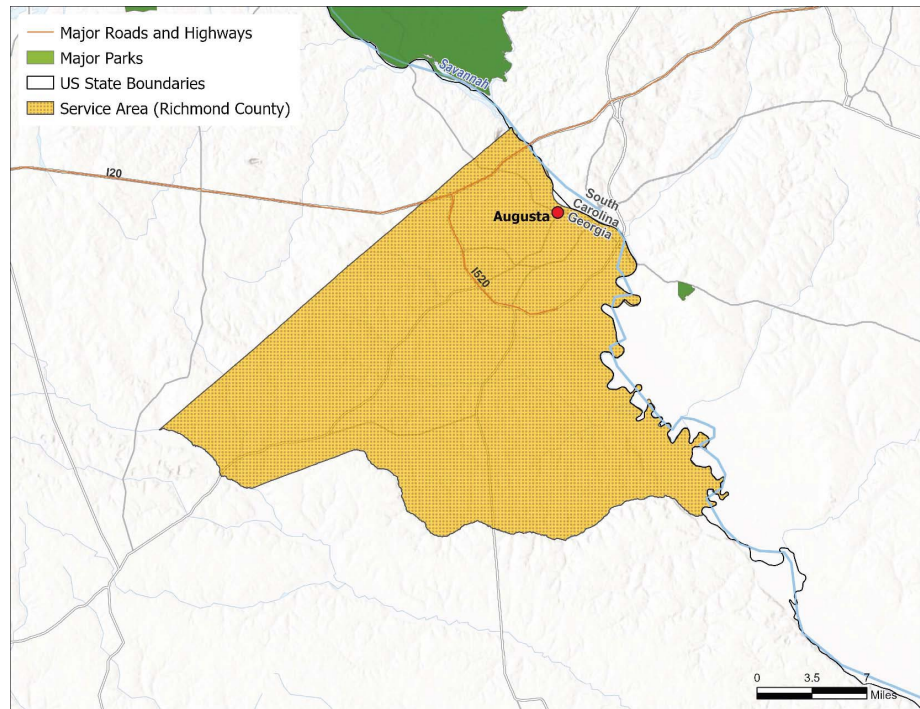
### Grantee and Grant

**Prior TPP Grants**

Tier 1b (2015-2020): Implementing EBPs to Scale

TPP19 Tier 1 (2019-2020): Replicating Effective Programs to Prevent Teen Pregnancy

**Project Service Area**  
East Augusta, Georgia  
(Richmond County)



**Average Annual TPP20 Grant Amount**

\$727,500

**Target Population(s)**

**Participant types:** Youth ages 13-19

**Grantee's Roles**

Identify evidence-based programs (EBPs); provide EBPs directly to youth; provide other services directly to youth: training teens to be Youth Participatory Action Researchers (YPAR) and co-drivers of the Mobilizing Actions through Planning and Partnerships (MAPP) model; and collect and report performance measures; conduct fidelity monitoring.

**Systems Thinking Approach**

The Augusta CAREs Project used the Aligning Community Systems (ACS)<sup>4</sup> framework developed by Community Health Solutions (a public health and social innovation firm and partner) and the Mobilizing Action through Planning and Partnerships (MAPP) community-driven strategic planning model developed by the National Association of County and City Health Officials (NACCHO) to structure its systems thinking approach. Both approaches engaged interested parties from across sectors in the development of tailored, responsive intervention strategies.

**Formal Partners****Partners' Roles**

Provide youth referrals to EBPs; provide support for evaluation/performance measures; provide youth-friendly health care services; provide youth with other services: provide cultural enrichment activities, job readiness, mental health, and violence prevention services; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)

**Partner Organization Types**

State government agencies; faith-based organizations; private non-profit agencies/community-based organizations; universities or colleges; and health care service providers (e.g., clinics, hospital, public health, private healthcare providers)

**Evidence-Based Programs****EBPs****Settings**

Love Notes

Community-based setting; In-School, Middle school; In-School, High school; Juvenile detention/justice center; Remote/Online

**Supportive Services****Provided by Grantee Organization****Provided by Referral**

Reproductive healthcare; violence prevention services; mental health services; substance use services

Mental health services; substance use services; and violence prevention services

<sup>4</sup> The ACS framework combines a "collective impact" strategy (common agenda, shared measurement, leverage activities, continuous communication, backbone agency) with a "collective efficacy" strategy (social cohesion, youth, families, community members, key stakeholders). MAPP has six phases: (1) organize for success and partnership, (2) visioning: a collaborative process that leads to a shared vision for the community and the youth and families therein, (3) community assessments, (4) defining the strategic issues and practices, (5) formulating goals and strategies, and (6) intervening and taking action.





## Outreach and Engagement

<b>Youth Engagement</b>	The CAREs Initiative engaged existing youth-led advisory groups and created a new youth-led advisory group for this project. Youth provided feedback on project components and implementation.
<b>Parent/Caregiver Engagement</b>	The CAREs Initiative solicited parent and caregiver responses via a needs assessment, held listening sessions with parents and caregivers, and addressed topics centered on parenting and adolescent development with parents and caregivers through “Parent Cafés.”
<b>Community Engagement</b>	The project engaged existing community advisory groups, held public listening sessions or open meetings, held focus groups, and used a community needs assessment to inform the project and used social media and web-communications to share updates about the project.
<b>Outreach, Communication, and Dissemination</b>	The project used flyers, brochures, health fairs or other public events, local media (e.g., radio, television, newspapers), newsletters, public presentations, social media, and websites to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Austin/Travis County Health and Human Services Department



**Project Name:** Central Austin Healthy Adolescent Project



**Grantee Organization Type:** City/town government agency



**Grantee Location:** Austin, Texas



**Number of Formal Partners:** 8



**Urbanicity:** Suburban



**Average # of Youth Served Annually:** <150

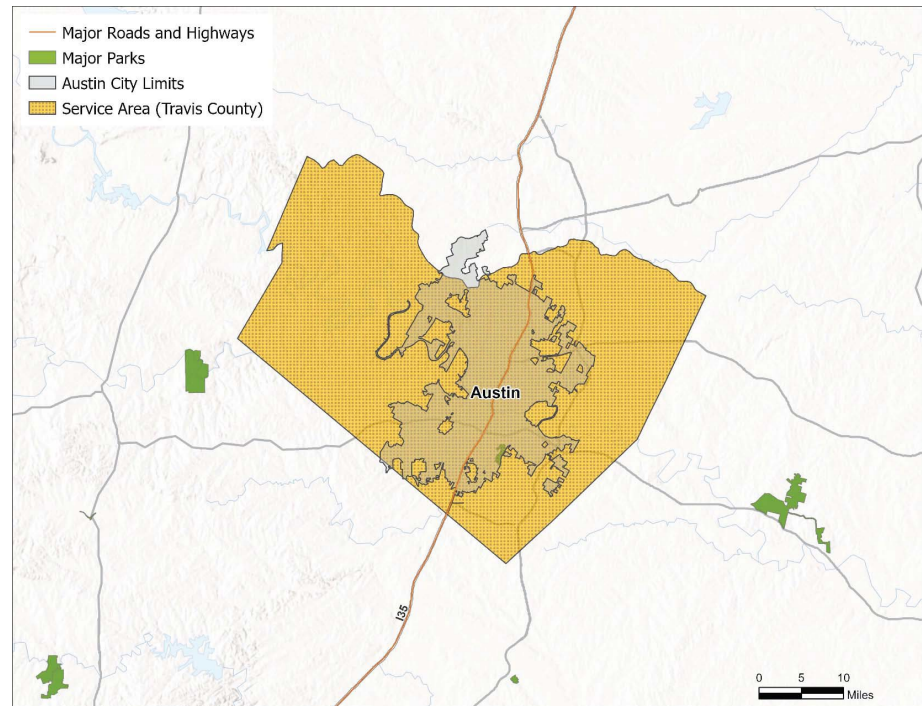


### Grantee and Grant

**Prior TPP Grants**

None

**Project Service Area**  
Travis County, Texas  
(Southeast, Northeast Crescent)



**Average Annual TPP20 Grant Amount**

\$797,102

**Focus Population(s)**

**Race/ethnicity:** Latin(a)(o)(x) and Black youth

**Participant types:** Youth in middle and high schools

**Grantee's Roles** Disburse funds to partners/sub-awardees; peer health education programming; collect and report performance measures; and conduct fidelity monitoring

**Systems Thinking Approach** The grantee focused on training across partner organizations both at the leadership level and also with organizational staff across the board to support program sustainability. The grantee implemented frameworks and approaches, such as incorporating an inclusive, antiracist lens and provided common language to staff, parents, and related agencies and sectors. They worked with schools, out-of-school providers, and other school-related organizations in Austin/Travis County and partnered with child and youth mental health agencies to provide training and webinars to youth-serving agencies.

 **Formal Partners**

**Partners' Roles** Provide youth referrals to EBPs, provide program setting or access to youth, provide support for evaluation/performance measures, provide youth-friendly health care services, and participate in or lead a community or youth advisory group related to the project

**Partner Organization Types** Elementary or secondary schools (public or private), healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers), private non-profit agencies/community-based organizations, private for-profit companies/consultants, and universities or colleges

 **Evidence-Based Programs**

EBPs	Settings
Positive Prevention PLUS	In-School (high school)
Positive Potential	In-School (middle school)

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
Mental health services; Education services; Peer education; Funds and TA to improve youth-friendliness of healthcare providers	Education services; Mental health services; Food and nutrition (SNAP, WIC, other); Job training/work-readiness; Violence prevention services

 **Outreach and Engagement**

**Youth Engagement** Youth served as paid peer health educators (9-12th grade). The grantee provided peer educators with an 8-day training, as well as monthly development training to practice public speaking in culturally competent and medically accurate ways. The grantee continuously centered youth voice and youth experience by providing space for youth to offer feedback throughout the project.

<b>Parent/Caregiver Engagement</b>	The grantee provided parent/caregiver workshops and coordinated with school administrations to meet with parents.
<b>Community Engagement</b>	The grantee spoke to the Community Collaborative Committee about other areas of need for this work. Community feedback from teachers included feedback on what teachers needed to feel more confident having conversations about reproductive health and relationships in schools.
<b>Outreach, Communication, and Dissemination</b>	The Central Austin Healthy Adolescent Project used flyers, brochures, health fairs or other public events, newsletters, public presentations, social media, and websites as part of its community outreach and communication efforts to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Baltimore City Health Department



**Project Name:** Baltimore City U Choose Teen Pregnancy Prevention Project (UChoose)



**Grantee Organization Type:** City Government Agency (Health Department)



**Grantee Location:** Baltimore, Maryland



**Number of Formal Partners:** 11



**Urbanicity:** Urban



**Average # of Youth Served Annually:** >1,000

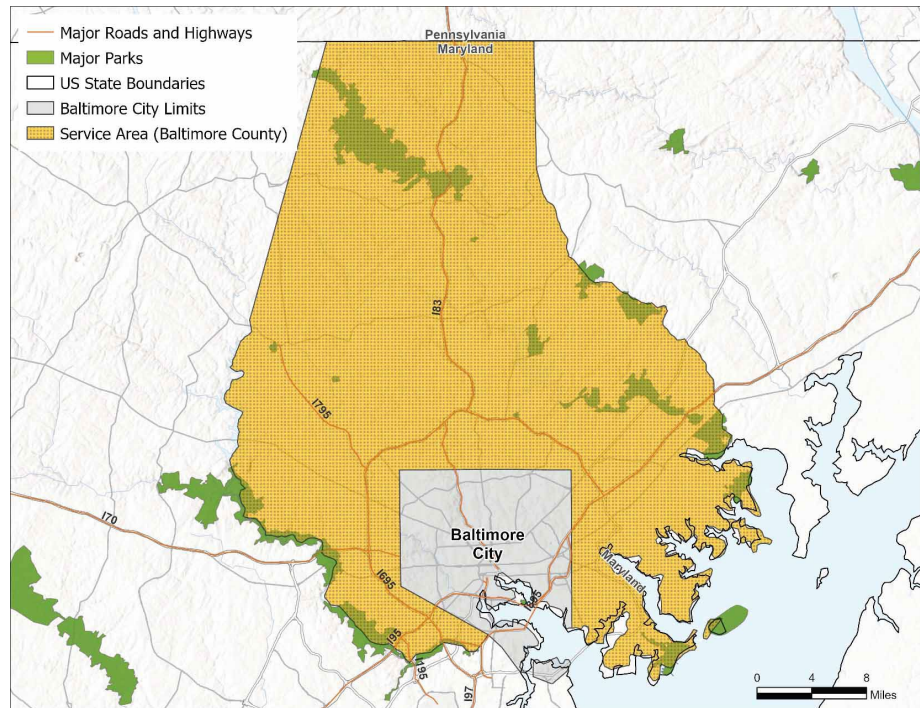


### Grantee and Grant

**Prior TPP Grants**

Tier 1b (2015-2020): Implementing EBPs to Scale

**Project Service Area**  
Baltimore City, Maryland



**Average Annual TPP20 Grant Amount**

\$1,274,025

**Focus Population(s)**

**Race/ethnicity:** Focus on Latino/Hispanic youth and caregivers

**Special populations:** Youth who are disconnected from school and work or are chronically absent from school

**Participant types:** Youth ages 15-19, parents/guardians

**Grantee's Roles** Identify EBPs; provide EBPs directly to youth; provide reproductive health clinical services directly to youth; disburse funds to partners/sub-awardees; and collect and report performance measures.

**Systems Thinking Approach** The Baltimore City Health Department (BCHD) team's approach encompassed health and public health systems from prenatal through the lifespan and across all settings and environments where support for health can be provided. While the focus of the current project was on youth 15-19 years old, the impetus for the project was a prior citywide review of infant fatality statistics. Within BCHD itself, nearly all departments and offices were involved in the project, and the team continually expanded to efficiently reach youth where they are.

## Formal Partners

**Partners' Roles** Deliver EBPs to youth; provide youth referrals to EBPs; provide program settings or access to youth; provide support for evaluation/performance measures; provide training on EBPs to provider; provide youth-friendly healthcare services; provide youth with other services; participate in or lead a community or youth advisory group related to the project; provide or support dissemination and public messaging; and train youth advisory council and parent/caregivers support group.

**Partner Organization Types** City/town government agencies; elementary/secondary schools (public); healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers); universities; and private non-profit agencies/community-based organizations.

## Evidence-Based Programs

EBPs	Settings
Families Talking Together (FTT)	Community-based settings
Making Proud Choices for Out-of-Home Youth (MPC)	In-school (high school)
UChoose version of Chicago Healthy Adolescents & Teens (UCHAT)	After-school, clinic-based, and community-based settings

## Supportive Services

Provided by Grantee Organization	Provided by Referral
Educational services, mental health services, and violence prevention services	linkages to teen-friendly reproductive healthcare and primary health care; bi-directional referrals to mental/behavioral health services/substance use services and reproductive health services; educational services;



## Outreach and Engagement

<b>Youth Engagement</b>	The grantee formed a youth-led advisory council (based on a pre-existing model). Members of the youth advisory council participate in the EBPs and provide input on the UChoose program during bi-weekly administrative meetings.
<b>Parent/Caregiver Engagement</b>	Parents were involved and engaged in the project through school-based and promotional events. The grantee also worked to create a UChoose Parent and Caregivers council to inform the program.
<b>Community Engagement</b>	The grantee engaged a pre-existing community advisory group throughout the project. Community members are also engaged throughout the program in community activities and outreach events.
<b>Outreach, Communication, and Dissemination</b>	The project used flyers, brochures, health fairs and other public events, social media, and websites as part of their community outreach and communication to recruit participants or educate community members about the program.

# OPA TPP TIER 1 GRANTEE: Bethany Christian Services (BCS) of Michigan



**Project Name:** Transforming the Village:  
Optimal Health, Optimal Future



**Project Name:** Transforming the Village:  
Optimal Health, Optimal Future



**Grantee Location:** Grand Rapids, MI



**Grantee Location:** Grand Rapids, MI



**Urbanicity:** Urban

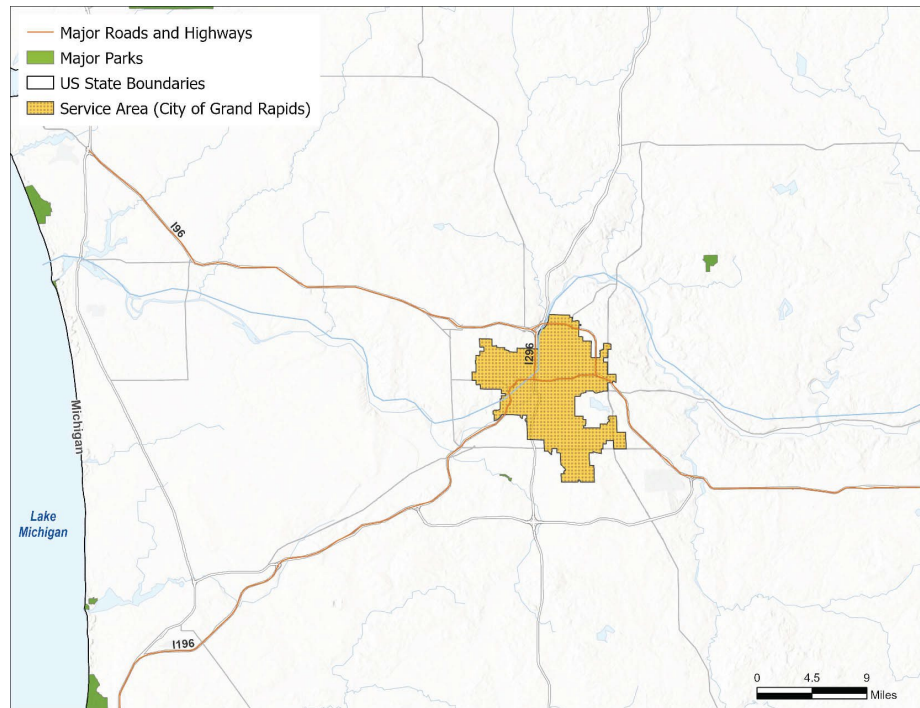


**Urbanicity:** Urban

## Grantee and Grant

**Prior TPP Grants**                      None

**Project Service Area:**  
Grand Rapids, Michigan



**Average Annual TPP20 Grant Amount**                      \$1,039,229

**Focus Population(s)**                      **Special populations:** Multisystem-involved youth, including youth in foster care and youth involved in the juvenile justice system  
**Participant types:** Youth ages 15-17



<b>Grantee's Roles</b>	Provide EBPs and other services directly to youth; collect and report performance measures; and conduct fidelity monitoring.
<b>Systems Thinking Approach</b>	Bethany Christian Service's systems thinking approach relied on engagement with schools, health care providers, mental health care providers, juvenile justice, child welfare, and several community-based organizations to coordinate services and supports for youth. Partners educated key stakeholders about the interplay between systems as it relates to teen pregnancy and STIs, created a shared vision and language about system integration, and conducted work through a lens of equity, with the goal of reducing teen pregnancy in the target population with positive residual impact.

 **Formal Partners**

<b>Partners' Roles</b>	Provide youth referrals to EBPs; provide program setting or access to youth; provide support for evaluation/performance measures; provide training on EBPs to providers; provide other training or capacity building services (e.g., experts for curricula review and staff training); provide youth-friendly health care services; provide youth with other services (e.g., referrals to services as needed); community service; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness).
<b>Partner Organization Types</b>	Elementary or secondary schools; private non-profit agencies/community-based organizations; healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers); private for-profit companies/consultants; and workforce development agencies.

 **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Love Notes	In School (high school), after school (at school), community-based settings, and remote/online settings.

 **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Case management; educational services; housing support; job training/work-readiness; mental health services; violence prevention services; mentorship, college tours; community service learning; vocational training; GED preparation; life skills classes; healthy relationship classes; and financial literacy.	Reproductive healthcare; primary healthcare; case management; educational services; food and nutrition (SNAP, WIC); health insurance (Medicaid, CHIP); housing support; job training/work-readiness; mental health; income security (TANF); violence prevention services; substance use services; and legal services assistance.



## Outreach and Engagement

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### Youth Engagement

Youth were involved in the planning, implementation, and evaluation of the project. The grantee engaged an existing leadership advisory board, alumni youth employed as full-time staff members, and youth focus groups to provide input and feedback on the programming. The Leadership Advisory Board also helped plan center-wide and community events to meet youths needs and interests.

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### Parent/Caregiver Engagement

Parents and caregivers were involved in the project through parent focus groups to provide input and feedback on the program and curriculum. Parents were also engaged by youth during the Love Notes curriculum to discuss program topics and facilitate conversation.

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### Community Engagement

Community members were engaged through pre-existing community advisory groups (e.g., school justice partnership and the housing coalition), a continuous quality improvement (CQI) board, ad hoc engagements, surveys, social media, and web-based communications to receive updates and provide feedback on the program. The grantee also conducted community needs assessments to identify needs in the community and tailor partnerships and programming.

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### Outreach, Communication, and Dissemination

The project used flyers, brochures, health fairs or other public events, newsletters, public presentations, social media, websites, participant word of mouth, and community partners as part of their community outreach and communication efforts to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Boys & Girls Clubs of Greater Milwaukee



**Project Name:** The HEART Initiative



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



**Grantee Location:** City of Milwaukee, Wisconsin



**Number of Formal Partners:** 5



**Urbanicity:** Urban



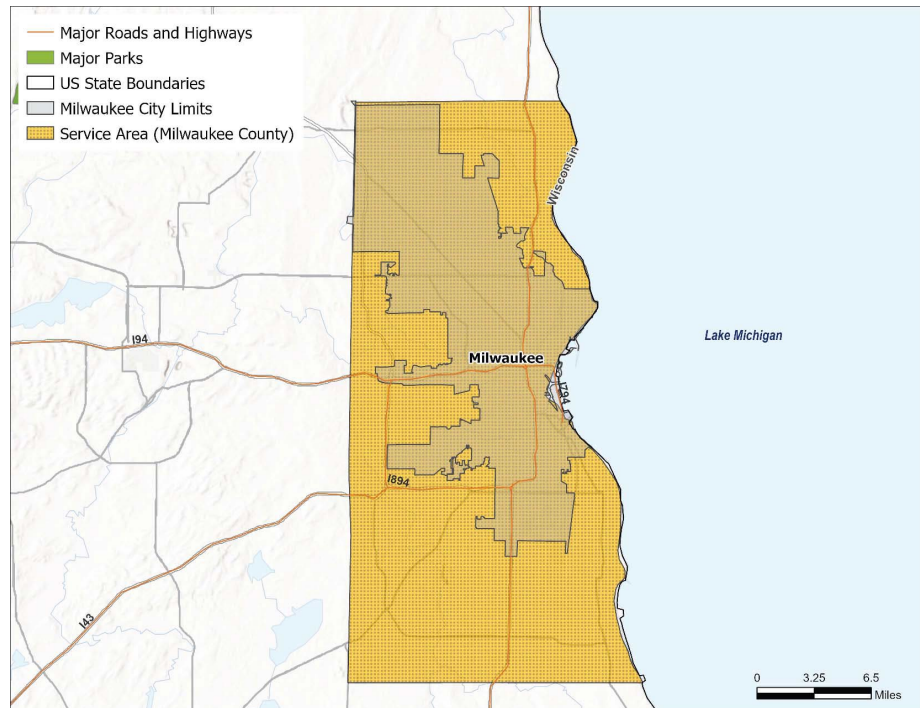
**Average # of Youth Served Annually:** >1,000

## Grantee and Grant

**Prior TPP Grants**

Tier 1b (2015-2020): Implementing EBPs to Scale

**Project Service Area:**  
Milwaukee County,  
Wisconsin



**Average Annual TPP20 Grant Amount**

\$1,141,593

**Focus Population(s)**

**Participant types:** Youth ages 10-19 years old

**Grantee's Roles**

Disburse funds to partners/sub-awardees; Facilitate the programming through coordination and training; Form and facilitate youth and community advisory groups.

## Systems Thinking Approach

The grantee identified six overarching considerations for teen birth rates and STIs that informed their overall approach for the project: 1) community needs related to teen sexual health (e.g., lowering rates of teen births and STIs); 2) elevated needs (e.g., existing significant disparities in the community/population); 3) individual determinants (e.g., presence/absence of long-term goals; mental health status, school attendance); 4) community social determinants (e.g., poverty, substance use rates, access to health care, peer culture) impacting teen sexual health and choices; 5) family social determinants (e.g., parent/caregiver connections) and 6) available resources (e.g. government policies, schools, community-based organizations, training resources, curriculum, supportive services).



## Formal Partners

### Partners' Roles

Deliver EBPs to youth.

### Partner Organization Types

Elementary or secondary schools (public or private), faith-based organizations and private non-profit agencies/community-based organizations



## Evidence-Based Programs

### EBPs

Positive Prevention Plus

### Settings

After school (at school), community-based settings, In-school (middle and high), and online/remote



## Supportive Services

### Provided by Grantee Organization

Youth enrichment programming.

### Provided by Referral

Reproductive healthcare; primary healthcare; case management; educational services; food and nutrition (SNAP, WIC, other); health insurance (Medicaid, CHIP); housing support; income security (TANF, etc.); job training/work-readiness; mental health; substance use services; violence prevention services



## Outreach and Engagement

### Youth Engagement

Youth provided feedback throughout the project through a youth advisory group. During programming, youth were selected based on their interest and leadership qualities to be part of the advisory group.

### Parent/Caregiver Engagement

Engagement through community events and other Boys and Girls Club programming.

### Community Engagement

A community advisory group was active during the initial year of the grant to provide input on the project.

**Outreach,  
Communication, and  
Dissemination**

The project used communication through Boys and Girls Club centers and events, flyers, brochures, health fairs, other public events, social media and websites as part of its community outreach and communication to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Campesinos Sin Fronteras/Farmworkers without Borders



**Project Name:** The THRIVE! Initiative



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



**Grantee Location:** Somerton, Arizona



**Number of Formal Partners:** 5



**Urbanicity:** Urban



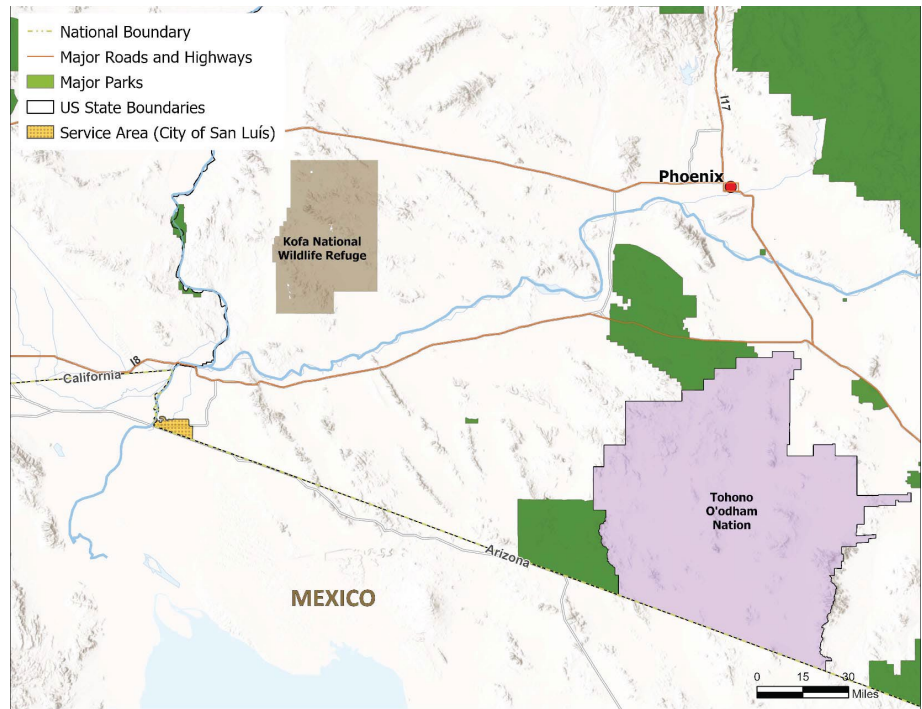
**Average # of Youth Served Annually:** 751-1,000

## Grantee and Grant

**Prior TPP Grants**

TPP20 Tier 1 (2020-2023): Optimally Changing the Map for Teen Pregnancy Prevention

**Project Service Area**  
San Luís, Arizona in Yuma County



**Average Annual TPP20 Grant Amount**

\$1,042,113

**Focus Population(s)**

**Race/ethnicity:** Latino/Hispanic (of Mexican descent)  
**Special populations:** Children of farmworkers  
**Participant types:** Youth ages 14-18 and parents/guardians

<b>Grantee's Roles</b>	Deliver EBPs; provide training or technical assistance; organizing/mobilization; and make referrals to youth-friendly healthcare
<b>Systems Thinking Approach</b>	The THRIVE! Initiative used a systems thinking approach to leverage multiple points in the community in order to have the greatest impact on youth health. To do so, the THRIVE! Initiative brought together multiple resources, organizations, and groups of individuals, including youth, family members, friends, schools, community health centers, the local police department and justice system, local community-based organizations and faith-based organizations with a shared purpose of maximizing services and systems to support healthy youth development.

## **Formal Partners**

<b>Partners' Roles</b>	Develop and deliver curriculum; provide training or technical assistance; provide setting for EBPs and youth conferences; recruit EBP participants; organizing/mobilization; make referrals to youth-friendly healthcare; provide youth-friendly healthcare services; and evaluation services.
<b>Partner Organization Types</b>	Local government; elementary and secondary schools; universities; community-based organizations; and the local justice system.

## **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Teen Outreach Program (TOP)	In-school (middle and high schools), community-based settings
Familias Unidas (United Families)	Community-based settings

## **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Teen-friendly health services; Workforce training; Career exposure; Youth summer programming	Job placement; supplemental education courses

## **Outreach and Engagement**

<b>Youth Engagement</b>	The THRIVE! Initiative hosted a youth advisory group, hired young people in the community as peer educators and formed a youth advisory group to assist with outreach for the program. It also engaged youth in programming through a 3-week Youth Leadership Institute, recruited youth to serve as speakers at youth conferences, sponsored community-service learning projects and anti-bullying efforts, and sponsored a summer youth institute for 50 youth.
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<b>Parent/Caregiver Engagement</b>	To engage parents and caregivers, the project presented at school events, parent and grandparent conferences, hired facilitators from the community, and translated the EBPs into Spanish.
<b>Community Engagement</b>	The project shared the EBP curriculum with the community and worked with local organizations such as the Rotary Club and faith-based organizations to gain community support for the project.
<b>Outreach, Communication, and Dissemination</b>	The project used flyers, presentations, coalition building, youth and parent conferences, peer educators, Radio Sin Fronteras (community radio station) and social media to recruit participants or educate community members about the program.



# OPA TPP TIER 1 GRANTEE: Capacity Builders Inc.



**Project Name:** Youth Builders



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



**Grantee Location:** Farmington, New Mexico



**Number of Formal Partners:** 2



**Urbanicity:** Rural



**Average # of Youth Served Annually:** 301-450

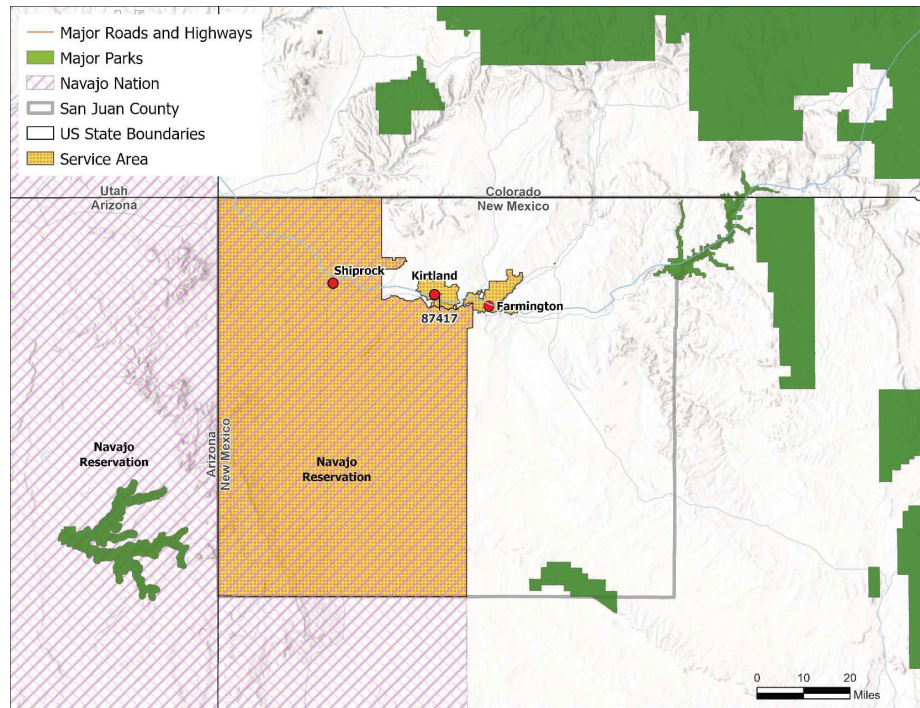
## Grantee and Grant

**Prior TPP Grants**

**Tier 1 (2010-2015): Evidence-Based Programs (EBPs)**

**Project Service Area:**

Western San Juan County, New Mexico. Focus on the school districts of Shiprock, Kirtland, and Farmington.



**Average Annual TPP20 Grant Amount**

\$595,079

**Focus Population(s)**

Native American youth in grades 9-10

**Grantee's Roles**

Identify EBPs and provide EBPs directly to youth, provide other services directly to youth (e.g., emergency assistance such as grocery, clothing, and fuel), collect and report performance measures, conduct fidelity monitoring, provide training and technical assistance or capacity-building, and disburse funds to partners/sub-awardees.

**Systems Thinking Approach**

The grantee identified students (youth), parents, and the community as the key parties that would need to be involved and provide buy-in to the project in order to produce high attendance rates and positive outcomes for youth. As such, these parties were involved in the project's planning, delivery, evaluation, and dissemination efforts. The project also involved the Navajo Nation's Division of Behavioral and Mental Health Services to further incorporate culturally-relevant physical, emotional, social, spiritual, and financial health and well-being elements into the project.

 **Formal Partners**
**Partners' Roles**

Deliver EBPs to youth; provide youth referrals to EBPs; provide program setting or access to youth; provide youth-friendly healthcare services; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)

**Partner Organization Types**

Elementary or secondary schools and health care service providers (e.g., clinics, hospital, public health, private healthcare providers).

 **Evidence-Based Programs**
**EBPs****Settings**

Teen Outreach Program (TOP)

In-school (high school)

 **Supportive Services**
**Provided by Grantee Organization****Provided by Referral**

Emergency assistance such as grocery, clothing, and fuel, educational services, and job training/work-readiness.

Reproductive healthcare; educational services; health insurance (Medicaid, CHIP); case management; job training/work-readiness; mental health services; substance use services; and violence prevention services.

 **Outreach and Engagement**
**Youth Engagement**

Youth provided feedback on the project and lesson content at the end of every TOP session. The project also engaged youth to help with the planning and implementation of Community Service Learning events and fielding of a community needs assessment to inform the project.

<b>Parent/Caregiver Engagement</b>	The project engaged parents through the community advisory board, training events on First Aid and CPR, a community needs assessment, and social media to provide parents and caregivers with information on adolescent health and the project. Parent feedback was also used to inform the project.
<b>Community Engagement</b>	A community needs assessment, facilitated by an existing community advisory board, was fielded to understand the needs of youth, parents/caregivers, and community members. The project also used social media and web-communications to inform the public about the project.
<b>Outreach, Communication, and Dissemination</b>	The project used flyers, brochures, health fairs, other public events, local media (e.g., radio, television, newspapers), newsletters, public presentations, social media and websites as part of its community outreach and communication to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Carlos Albizu University



**Project Name:** Puerto Rico Optimal System Change (PROSa) for Teen Pregnancy Prevention Program



**Grantee Organization Type:** Private



**Grantee Location:** San Juan, Puerto Rico



**Number of Formal Partners:** 3



**Urbanicity:** Suburban; Rural



**Average # of Youth Served Annually:** >1,000



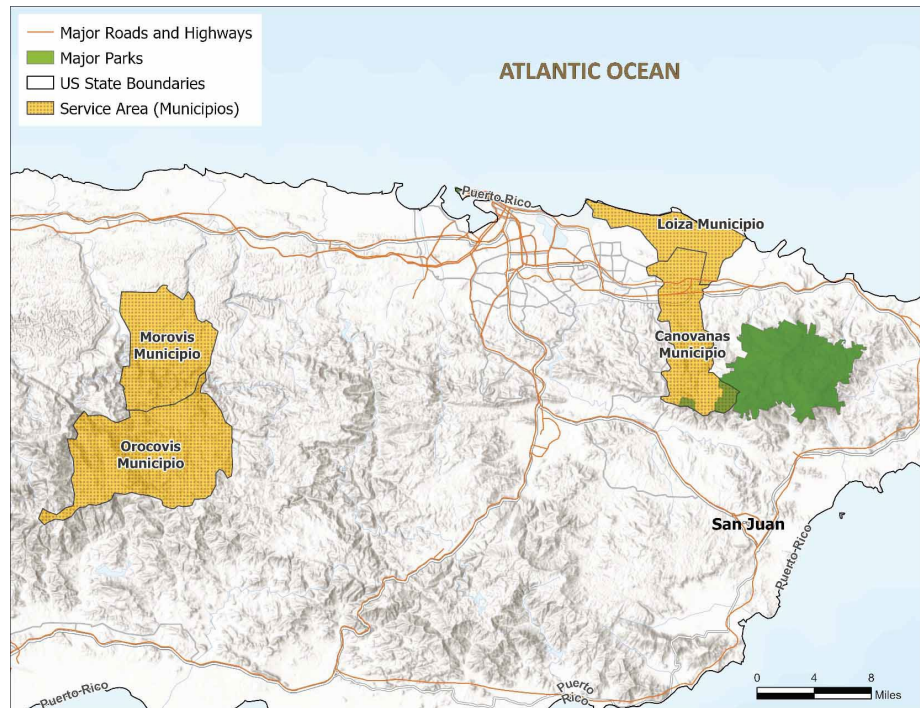
### Grantee and Grant

**Prior TPP Grants**

None

**Project Service Area**

Four Counties/Municipios in Puerto Rico: Morovis, Orocovis, Loiza and Canóvanas



**Average Annual TPP20 Grant Amount**

\$1,455,000

**Focus Population(s)**

**Race/ethnicity:** Latinx/Hispanic

**Participant types:** Youth (12-19), parents/guardians

<b>Grantee's Roles</b>	Deliver EBP(s); provide setting for EBPs; recruit EBP participants; organizing/mobilization with partners; make referrals to youth-friendly healthcare services; community mobilization; and sustainability consulting
<b>Systems Thinking Approach</b>	The grantee coordinated meetings among partners and selected evidence-based curriculum designed to provide opportunities to build trusted adult connections. The project also developed a Capacity Building and Technical Assistance Model (CBTA) framework to ensure staff and partners' involvement and community engagement among the youth population.

 **Formal Partners**

<b>Partners' Roles</b>	Provide family-based settings that expanded grantee services; sustainability consulting; and capacity building and support.
<b>Partner Organization Types</b>	Faith-based and community-based organizations and private companies/consultants

 **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Love Notes	In-school, Middle School; In-school High School
Adult Identity Mentoring (AIM) Program	In-school, Middle School; Community-based
Friends Resilience	In-school, Middle School; Community-based

 **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
None.	Mental health, sexual and reproductive health, after-school tutoring, social services, pregnancy prevention, STI prevention, consultation leadership group, individual consultation

 **Outreach and Engagement**

<b>Youth Engagement</b>	An Action Youth Council provided recommendations and participated in a Photovoice Activity. The Youth Local Action Group participated in bi-monthly meetings to provide input on the project.
<b>Parent/Caregiver Engagement</b>	The project provided Parent Fundamentals workshop which provided parents with information and encouraged communication and relationships with youth.
<b>Community Engagement</b>	The project collected input from the community during town hall meetings. Community members provided recommendations and received updates on program planning. The grantee also conducted community assessments to identify needs.

**Outreach,  
Communication, and  
Dissemination**

The project used public presentations and social media to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Centerstone of Tennessee



**Project Name:** Healthy You(th)



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



**Grantee Location:** Nashville, Tennessee



**Number of Formal Partners:** 22



**Urbanicity:** Urban; Rural



**Average # of Youth Served Annually:** >1,000

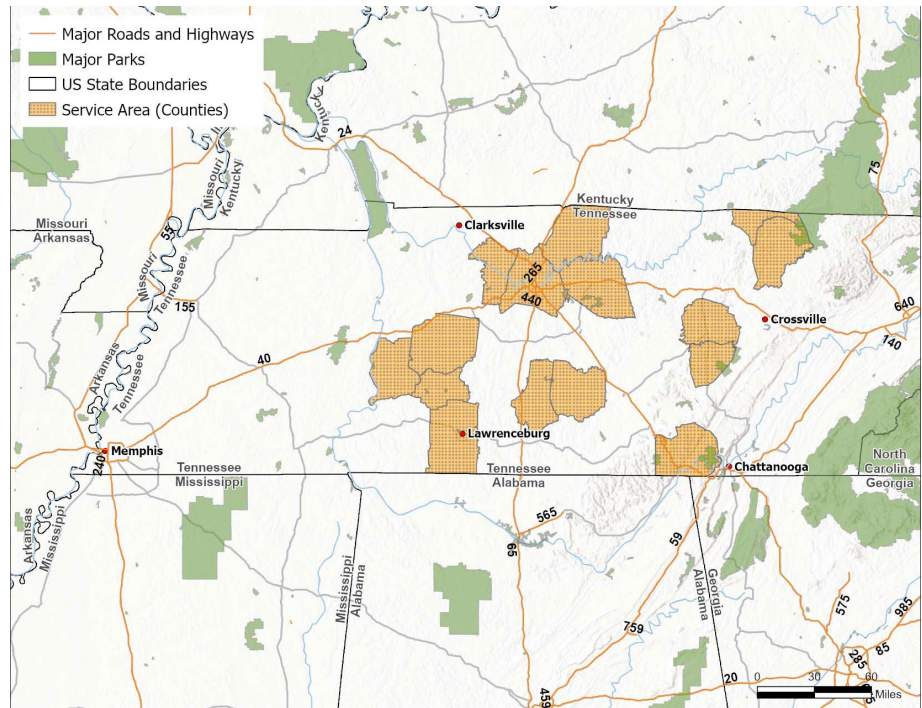
## Grantee and Grant

**Prior TPP Grants**

Tier 1 (2010-2015): Evidence-Based Programs (EBPs)  
Tier 1b (2015-2020): Implementing EBPs to Scale

**Project Service Area**

Bedford, Cheatham, Davidson, Fentress, Hickman, Lawrence, Lewis, Marion, Marshall, Perry, Pickett, Sumner, Van Buren, White, and Wilson Counties in Tennessee



**Average Annual TPP20 Grant Amount** \$996,889

**Focus Population(s)** **Special populations:** Youth ages 12-19 in systems of care settings  
**Participant types:** Students in 7-9<sup>th</sup> grade

<b>Grantee's Roles</b>	Provide EBPs directly to youth; collect and report performance measures; and conduct fidelity monitoring.
<b>Systems Thinking Approach</b>	The grantee worked with partners to build a collective understanding of systems affecting youth participants and identified leverage points to make changes in policies and services. Members from the key systems identified were school health coordinators, staff of juvenile centers, school administrators, teachers, and other school staff. The project focused most on seventh and eighth graders to reach youth early, which they identified as the best period to impact experience and decision-making.

### **Formal Partners**

<b>Partners' Roles</b>	Provide youth-friendly health care services and provide program setting or access to youth
<b>Partner Organization Types</b>	Elementary or secondary schools, and private non-profit agencies/community-based organizations.

### **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
FLASH	In-School (high schools)
Making a Difference	In-School (middle and high schools)
Power Through Choices	Juvenile justice centers

### **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Mental health counseling, case management, and substance abuse services	Primary and reproductive healthcare (through sharing resource information) and resources for parents.

### **Outreach and Engagement**

<b>Youth Engagement</b>	The grantee conducted outreach to youth via library programs to share information on topics covered in the EBPs and lessons on social media safety. Prevention Specialists who worked for the project also reached youth and community members in public settings, such as health fairs and activities on school campuses during summer break to provide resources and answer questions on teen health related topics. The grantee also conducted surveys of youth experience in healthcare settings.
<b>Parent/Caregiver Engagement</b>	The project engaged parents and caregivers of youth program participants and provided them with resources for ongoing conversations with their youth.



<b>Community Engagement</b>	The grantee attended community health councils, presented on their programming, and shared the services they provided with the community. The grantee worked with school districts, school health coordinators, juvenile justice staff, and other members of the community to inform the design of the project, identify EBP settings, and assess leverage points. The grantee also sought ongoing feedback through surveys of health councils and other community-based groups to assess satisfaction with the project on an ongoing basis.
<b>Outreach, Communication, and Dissemination</b>	The project used blog posts, flyers, brochures, health fairs or other public events, local media (e.g., radio, television, newspapers), newsletters, public presentations, publications (comics and tool kit), social media and websites to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: The Children's Aid Society



**Project Name:** The Children's Aid Society: Teen Pregnancy Prevention Program for NYC Foster Youth



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



**Grantee Location:** New York, NY



**Number of Formal Partners:** 5



**Urbanicity:** Urban



**Average # of Youth Served Annually:** <150



### Grantee and Grant

#### Prior TPP Grants

Tier 1 (2010-2015): Evidence-Based Programs (EBPs)

**Project Service Area**  
Three New York City Boroughs: The Bronx, Manhattan, and Staten Island



**Average Annual TPP20 Grant Amount**

\$723,675

**Focus Population(s)**

**Special populations:** Youth in foster care, foster and biological parents, and foster care agencies

**Participant types:** Youth ages 15-19, foster parents, and parents/guardians.

**Grantee's Roles** Identify evidence-based programs (EBPs); provide EBPs directly to youth; connect youth to health services; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; and engage in other program design.

**Systems Thinking Approach** A purposeful engagement of foster care agencies, foster parents, parents and guardians, other caregivers, youth in foster care, and community-based organizations through an advisory council, direct workshops, and curriculum delivery.

## Formal Partners

**Partners' Roles** Provide youth referrals to EBPs; provide program setting or access to youth; provide support for evaluation/performance measures; provide youth with foster care-related support (case management, housing, educational assistance, etc.); provide referrals to health and other service providers; and provide or support dissemination and public messaging.

**Partner Organization Types** Foster care agencies (private non-profit agencies and community-based organizations)

## Evidence-Based Programs

EBPs	Settings
Power Through Choices!	Community Based, Out of Home, and Remote/Online

## Supportive Services

Provided by Grantee Organization	Provided by Referral
Foster care services; case management; direct connection to healthcare	Reproductive healthcare; primary healthcare; case management; educational services; food and nutrition (SNAP, WIC, other); health insurance (Medicaid, CHIP); housing support; job training/work-readiness; mental health; substance use services; violence prevention services

## Outreach and Engagement

**Youth Engagement** The project engaged new and existing youth-led advisory groups and peer educators, hosted youth development events and field trips, and held an annual youth summit to involve youth in the project.

**Parent/Caregiver Engagement** New and existing community advisory groups were convened to provide input into the project, and the grantee hosted focus groups and workshops which provided course credit to foster parents upon completion.

**Community Engagement** The project completed a community needs assessment and engaged new and existing community advisory groups to receive community-level feedback and provide updates on the project.

**Outreach,  
Communication, and  
Dissemination**

The project used flyers, brochures, health fairs and other public events, public presentations, social media, and websites as part of its community outreach and communication to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: The Children's Council



**Project Name:** A Systems Approach to Teen Pregnancy



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



**Grantee Location:** Lancaster, South Carolina



**Number of Formal Partners:** 11



**Urbanicity:** Rural



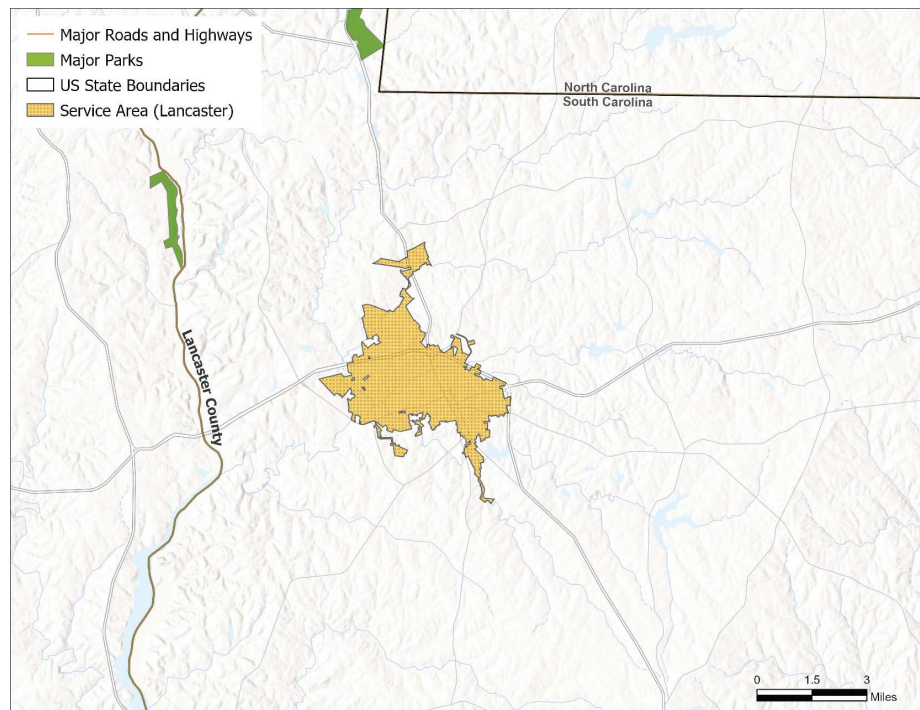
**Average # of Youth Served Annually:** >1,000

## **Grantee and Grant**

**Prior TPP Grants**

Tier 1 (2010-2015): Evidence-Based Programs (EBPs)

**Project Service Area**  
Lancaster, South Carolina



**Average Annual TPP20 Grant Amount**      \$658,712

**Focus Population(s)**      **Participant types:** Youth ages 12-19

**Grantee's Roles** Disburses funds to partners/sub-awardees; identify evidence-based programs (EBPs); provide EBPs directly to youth; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building

**Systems Thinking Approach** The project's systems thinking approach was designed to extend the impact of efforts to reduce teen pregnancy and to foster adolescent health by engaging non-school partners, including the local health department, faith-based partners, and other community-based organizations to meet the needs of the focus population. Together, partners delivered EBPs, connected members of the focus population to clinical services, educated partners and other interested parties, mobilized the community, and engaged diverse communities directly in the TPP project design and implementation.

### Formal Partners

**Partners' Roles** Provide program setting or access to youth; provide youth-friendly health care services; provide or support dissemination and public messaging (e.g., for recruitment or program awareness)

**Partner Organization Types** Elementary and secondary schools; health care service providers (e.g., clinics, hospital, public health, private healthcare providers); private non-profit agencies/community-based organizations; and universities or colleges.

### Evidence-Based Programs

EBPs	Settings
Making a Difference!	In-School, Middle school
Positive Prevention PLUS	In-School, High school
Seventeen Days	In-School, College/University

### Supportive Services

Provided by Grantee Organization	Provided by Referral
Educational services	Reproductive healthcare; primary healthcare; mental health; substance use services; and violence prevention services

### Outreach and Engagement

**Youth Engagement** The grantee engaged an existing youth-led advisory group to inform and provide feedback on the project.

**Parent/Caregiver Engagement** To engage parents and caregivers and receive feedback on the project, the grantee formed a new community advisory group and hosted workshops for parents/caregivers.

**Community Engagement** To engage the community and receive feedback on the project, the grantee formed and hosted a new community advisory group.

**Outreach,  
Communication, and  
Dissemination**

The project use flyers, brochures, and social media to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Choctaw Nation of Oklahoma



**Project Name:** Set Morals and Resist Temptations (SMART) Program



**Grantee Organization Type:** Tribal government agency



**Grantee Location:** Durant, Oklahoma



**Number of Formal Partners:** 29



**Urbanicity:** Rural



**Average # of Youth Served Annually:** >1,000

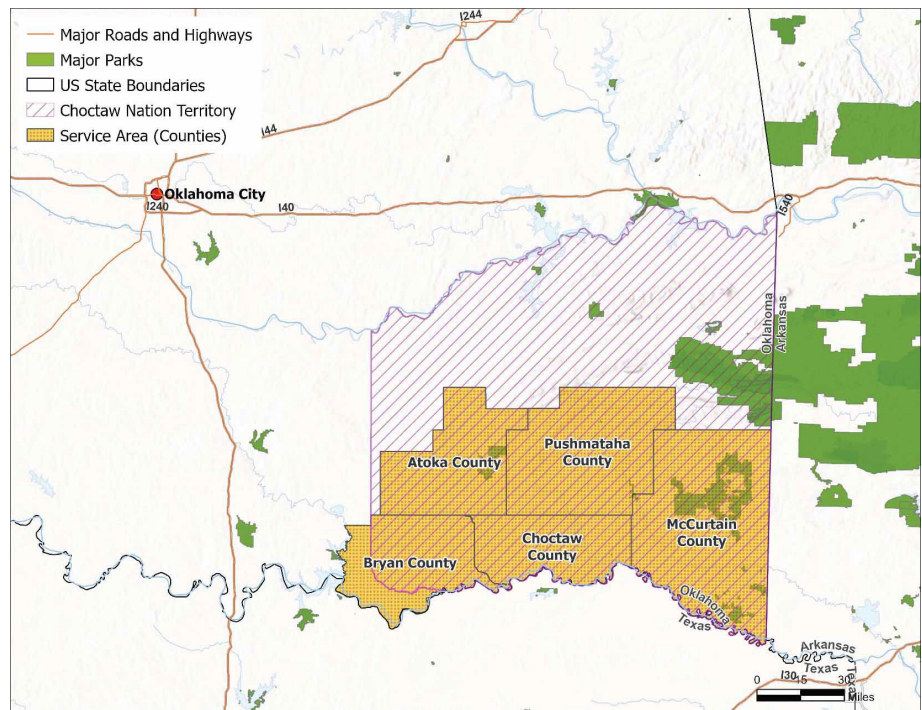
## Grantee and Grant

**Prior TPP Grants**

Tier 1b (2015-2020): Implementing EBPs to Scale

**Project Service Area**

Five counties in the Choctaw Nation service area in southeast Oklahoma: Atoka, Bryan, Choctaw, McCurtain, and Pushmataha



**Average Annual TPP20 Grant Amount**

\$1,337,020

**Focus Population(s)**

**Race/ethnicity:** Native/Indigenous students who are part of Choctaw Nation; also included students of all races/ethnicities in the service area.

**Participant types:** Youth ages 11-14 (middle school students)



<b>Grantee's Roles</b>	Provide EBPs directly to youth; collect and report performance measures; and conduct fidelity monitoring.
<b>Systems Thinking Approach</b>	Engaged middle school partners to address the need for early education to mitigate higher rates of pregnancy during high school. The program was designed to increase the knowledge base of school staff, project staff, student participants, and parents (through follow-up visits) in order to provide youth with accurate information to support them in making healthy decisions. The program engaged multiple intersecting and concentric circles of a young person's life such as school, home, and community organizations, with a unifying message of optimal sexual health and decision-making.

 **Formal Partners**

<b>Partners' Roles</b>	Provide youth referrals to EBPs; provide program setting or access to youth; provide youth-friendly health care services; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)
<b>Partner Organization Types</b>	State government agencies; elementary or secondary schools (public or private); healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers); and tribal government agencies

 **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Draw the Line/Respect the Line	In schools (middle schools)

 **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Reproductive healthcare	Reproductive healthcare; primary healthcare; mental health

 **Outreach and Engagement**

<b>Youth Engagement</b>	Three youth advisory boards represented youth from across all five counties and included at least one youth from each school. These boards provided input on ways to improve the program, including ideas for social media outreach.
<b>Parent/Caregiver Engagement</b>	The project held focus groups with parents/caregivers, organized parent nights in the beginning of the grant period where parents/caregivers could learn about the curriculum and ask questions, and used social media to communicate with parents/caregivers and provide program updates.
<b>Community Engagement</b>	The project attended community events and meetings at field offices across Choctaw Nation service area to provide information on the project.

**Outreach,  
Communication, and  
Dissemination**

The project used health fairs, other public events, social media, and digital media advertising as part of its community outreach and communication to recruit participants or educate community members about the program.

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## OPA TPP TIER 1 GRANTEE: Cicatelli Associates



**Project Name:** HOPE Buffalo Initiative, Optimally Changing the MAP for Teen Pregnancy



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



**Grantee Location:** Buffalo, New York



**Number of Formal Partners:** 37



**Urbanicity:** Urban, Suburban



**Average # of Youth Served Annually:** >1,000



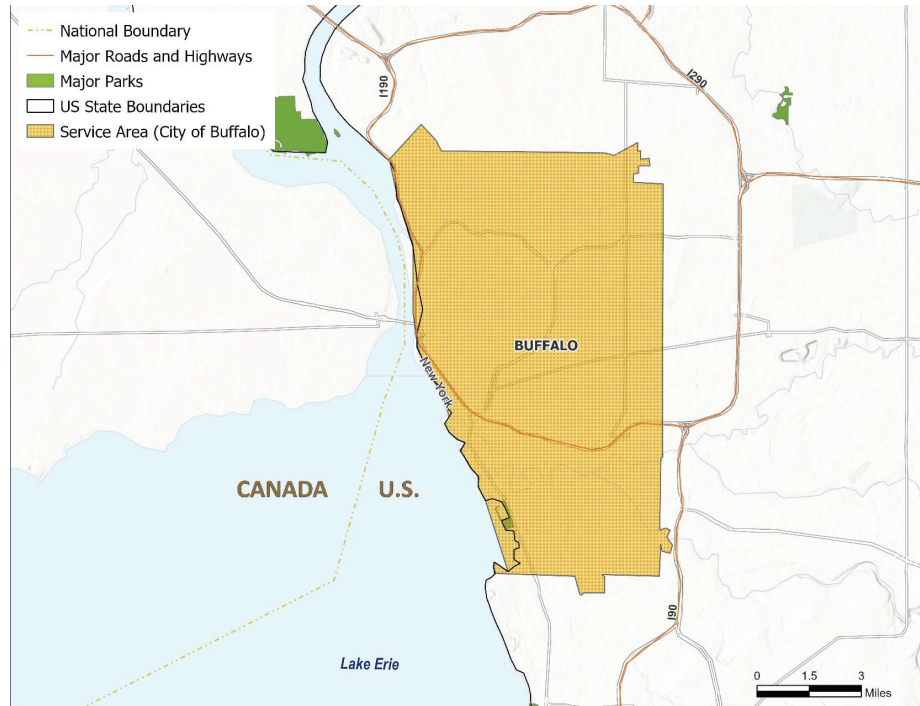
### Grantee and Grant

#### Prior TPP Grants

Tier 1b (2015-2020): Implementing EBPs to Scale

Tier 2b (2015-2020): Rigorously Evaluating New TPP Approaches

#### Project Service Area Buffalo, New York



#### Average Annual TPP20 Grant Amount

\$1,455,000

**Focus Population(s)**      **Race/ethnicity:** African American and Latinx youth  
**Special populations:** Youth primarily with low-income  
**Participant types:** Youth ages 10-19 that reside in priority zip codes, caregivers/parents, and providers

**Grantee’s Roles**      Identify EBPs; disburse funds to partners/sub-awardees; collect and report performance measures; provide training and technical assistance or capacity-building; develop supplemental programming designs such as Student Health Ambassadors; and convene the community.

**Systems Thinking Approach**      The grantee formed their systems thinking approach by situating the needs assessment findings within a Social Ecological Model. Using this model, the grantee identified multiple leverage points within the system across policy, community, institutional, intrapersonal, and interpersonal levels that may impact teen pregnancy and STI rates and serve as barriers to achieving overall adolescent health.

 **Formal Partners**

**Partners’ Roles**      Deliver EBPs to youth; provide youth referrals to EBPs; provide program settings or access to youth; provide support for evaluation/performance measures; provide other training or capacity building services; participate in or lead a community or youth advisory group related to the project; provide or support dissemination and public messaging (e.g., for recruitment or program awareness); and provide youth with other services.

**Partner Organization Types**      County government agencies; elementary or secondary schools; faith-based organizations; healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers); private non-profit agencies/community-based organizations; private for-profit companies/consultants; and universities or colleges

 **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Be Proud! Be Responsible!	In-School (middle and high schools); Remote/Online
Families Talking Together	Community-based settings; Out-of-home; Remote/Online
Seventeen Days	After school (at school); Community-based setting; In-School (high schools); Remote/Online
Reducing the Risk	In-School (middle schools); Remote/Online



## Supportive Services

### Provided by Grantee Organization

### Provided by Referral

Job training/work-readiness

Reproductive healthcare; primary healthcare; educational services; job training/work-readiness skills; mental health services; substance use services; violence prevention services; mentorship; college preparation; creativity in business workshops; career mapping; restorative justice training; and sports training



## Outreach and Engagement

### Youth Engagement

Cicatelli Associates involved youth in listening sessions and engaged a pre-existing Youth Leadership Team. This group met biweekly and attended Community Action Team meetings to support decision-making and design, provide insight and feedback, and review program materials. Members of the Youth Leadership Team also represented Cicatelli Associates at community events.

### Parent/Caregiver Engagement

Cicatelli Associates involved parents in listening sessions. Parents of youth and of the community were a part of the Community Action Team/Board and met biweekly to provide insight and feedback on the program.

### Community Engagement

Community members were involved in listening sessions. Cicatelli Associates engaged their existing Community Action Team/Board and met biweekly to support decision-making and design, provide insight and feedback, and review program materials. Within the group, there were co-action groups that focused on specific program topics such as social determinants of health and healthcare providers.

### Outreach, Communication, and Dissemination

The project used social media, blog posts, health fairs, other public events, local media (e.g., radio, television, newspapers), newsletters, public presentations, publications, and websites to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Coastal Bend Wellness



**Project Name:** Project R.U.S.H. (Realistic Understanding of Sexual Health)



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



**Grantee Location:** Corpus Christi, Texas



**Number of Formal Partners:** 10



**Urbanicity:** Mixed



**Average # of Youth Served Annually:** <150

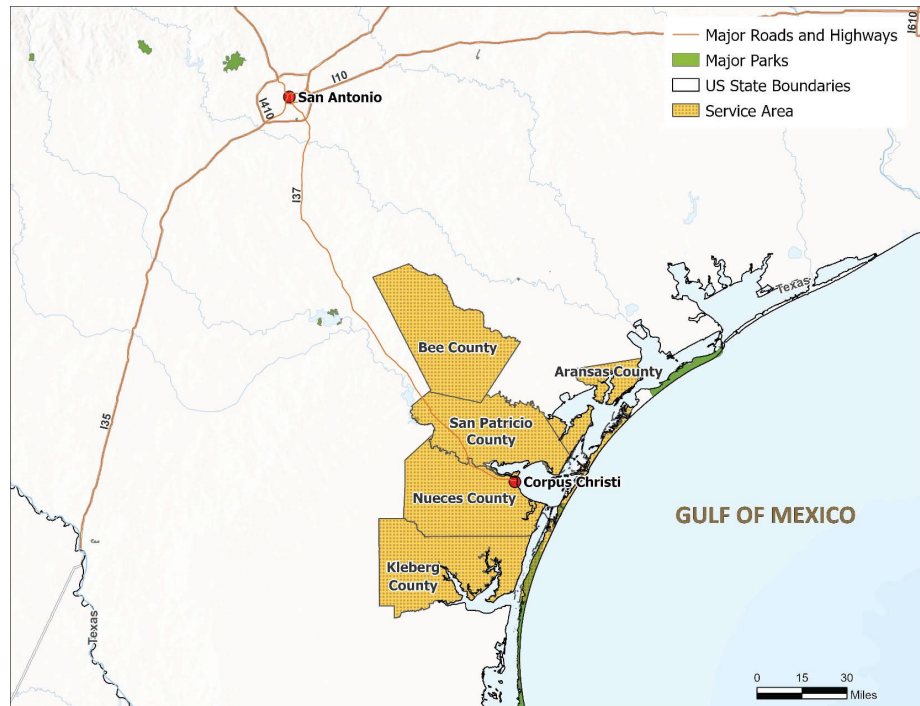


### Grantee and Grant

**Prior TPP Grants** None

#### Project Service Area

Five counties in Texas: Aransas County, Bee County, Nueces County, Kleberg County, and San Patricio County



**Average Annual TPP20 Grant Amount** \$412,208

**Focus Population(s)** **Special populations:** LGBTQ+ youth  
**Participant types:** Youth ages 15-19

**Grantee's Roles** Deliver EBP(s); collect and report performance measures; conduct fidelity monitoring; and provide referrals

## Systems Thinking Approach

Project R.U.S.H used the Social Ecological Model to ensure that it addressed multiple leverage points to saturate the community with effective programs and supportive services. EBPs, services, and outreach were focused on changing individual attitudes, efficacy, and behaviors as well as community-level knowledge and attitudes, especially as it pertained to promoting the overall health of adolescents.



## Formal Partners

<b>Partners' Roles</b>	Recruit EBP participants; provide program setting or access to youth; provide support for evaluation/performance measures; and provide or support dissemination and public messaging (e. g., for recruitment or program awareness)
<b>Partner Organization Types</b>	Elementary or secondary schools; private non-profit agencies/community-based organizations; and juvenile justice centers



## Evidence-Based Programs

<b>EBPs</b>	<b>Settings</b>
Families Talking Together	Community-based setting
Making Proud Choices!	Community-based setting; In-School (high school); Juvenile detention/justice centers
Reducing the Risk	Community-based setting; In-School (high school)



## Supportive Services

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
None.	Reproductive healthcare; primary healthcare; educational services; food and nutrition (SNAP, WIC, other); Job training/work-readiness; mental health; substance use services; and violence prevention services



## Outreach and Engagement

<b>Youth Engagement</b>	The project engaged pre-existing youth advisory groups and formed a new youth advisory group, held focus groups, and fielded surveys to incorporate youth input and feedback into the programming.
<b>Parent/Caregiver Engagement</b>	To include parents and caregivers, the project implemented Families Talking Together, an EBP designed for parents and caregivers.
<b>Community Engagement</b>	The project incorporated community feedback by collecting input from the School Health Advisory Board and used community feedback when selecting the curriculum that would be taught.

**Outreach,  
Communication, and  
Dissemination**

The project used flyers, brochures, health fairs, other public events, local media (e.g., radio, television, newspapers), public presentations, and social media to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Community Action Corporation of South Texas



**Project Name:** South Texas Teen Leadership & Development



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



**Grantee Location:** Alice, Texas



**Number of Formal Partners:** 11



**Urbanicity:** Rural



**Average # of Youth Served Annually:** >1,000

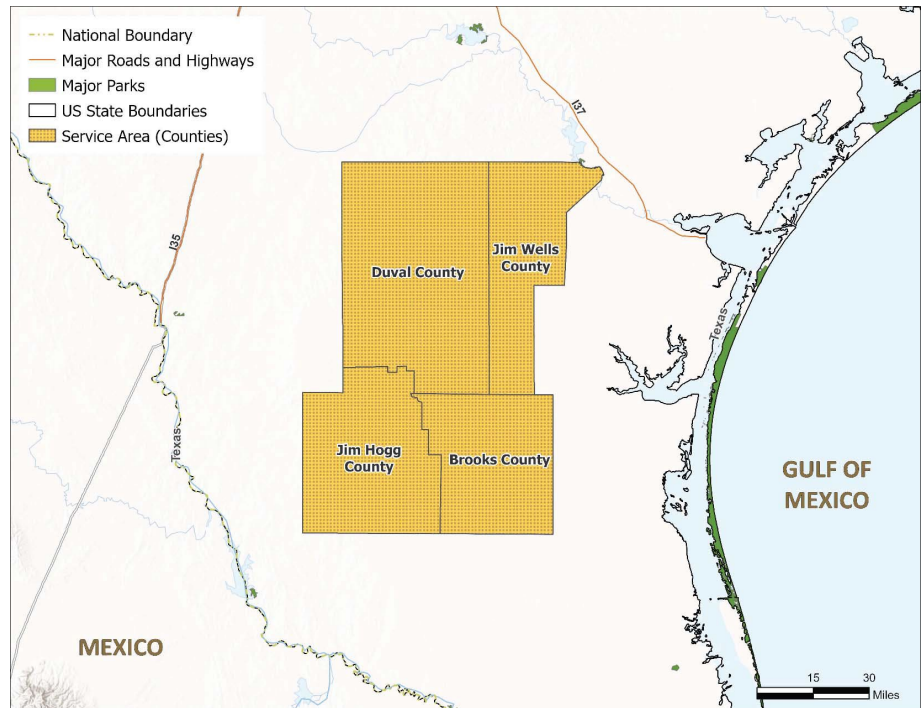
## Grantee and Grant

**Prior TPP Grants**

Tier 1b (2015-2020): Implementing EBPs to Scale

**Project Service Area**

Four Texas Counties:  
Brooks, Duval, Jim Hogg,  
and Jim Wells



**Average Annual TPP20 Grant Amount** \$999,100

**Focus Population(s)** **Participant types:** Youth ages 14-18

**Grantee's Roles** Provide EBPs directly to youth, identify evidence-based programs (EBPs), collect and report performance measures, and conduct fidelity monitoring.

## Systems Thinking Approach

The grantee worked with Texas A&M to explore systems-thinking and established key leverage points to help youth build relationships with trusted adults and educate youth on sexual health. The grantee conducted interviews with local businesses, parents, and students to understand needs, and identified positive youth development, mental health, and school support as essential to their programming.



## Formal Partners

### Partners' Roles

Provide program setting or access to youth; provide training on EBIs to provider; provide youth-friendly health care services; participate in or lead a community or youth advisory group related to the project; provide or support dissemination and public messaging (e.g., for recruitment or program awareness)

### Partner Organization Types

Elementary or secondary schools (public or private), health care service providers (e.g., clinics, hospital, public health, private healthcare providers) and universities or colleges



## Evidence-Based Programs

### EBPs

### Settings

Love Notes

In-school (high school)

Teen Outreach Program (TOP)

In-school (high school)



## Supportive Services

### Provided by Grantee Organization

### Provided by Referral

Mental health services and first aid training for youth

Reproductive healthcare; mental health; primary healthcare; case management; food and nutrition (SNAP, WIC, other); health insurance (Medicaid, CHIP); housing support; income security (TANF, etc.); job training/work-readiness; substance use services; educational services; violence prevention services; comprehensive energy assistance program



## Outreach and Engagement

### Youth Engagement

The project created a youth-led advisory group and hosted a Teen and Parent Summit for the four-county service area. Each campus had a youth leadership council that met monthly to provide feedback to the grantee on items like the theme of the Teen and Parent Summit and topics they would like to talk about in their schools (e.g., mental health, STIs, hygiene products).

**Parent/Caregiver Engagement**

The Teen and Parent Summit for the four-county service area provided input on the project. The grantee also partnered with a community center and the education service center to provide training on recognizing youth mental health risks and supporting youth at risk of suicide or facing other mental health challenges.

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**Community Engagement**

Focus groups, a community needs assessment, and public listening sessions or open meetings were used by the grantee to inform the project.

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**Outreach, Communication, and Dissemination**

The project used flyers, brochures, health fairs, other public events, local media (e.g., radio, television, newspapers), public presentations, social media and websites as part of its community outreach and communication to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Delta Health Alliance



**Project Name:** Delta Futures 3



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



**Grantee Location:** Stoneville, Mississippi



**Number of Formal Partners:** 14



**Urbanicity:** Rural



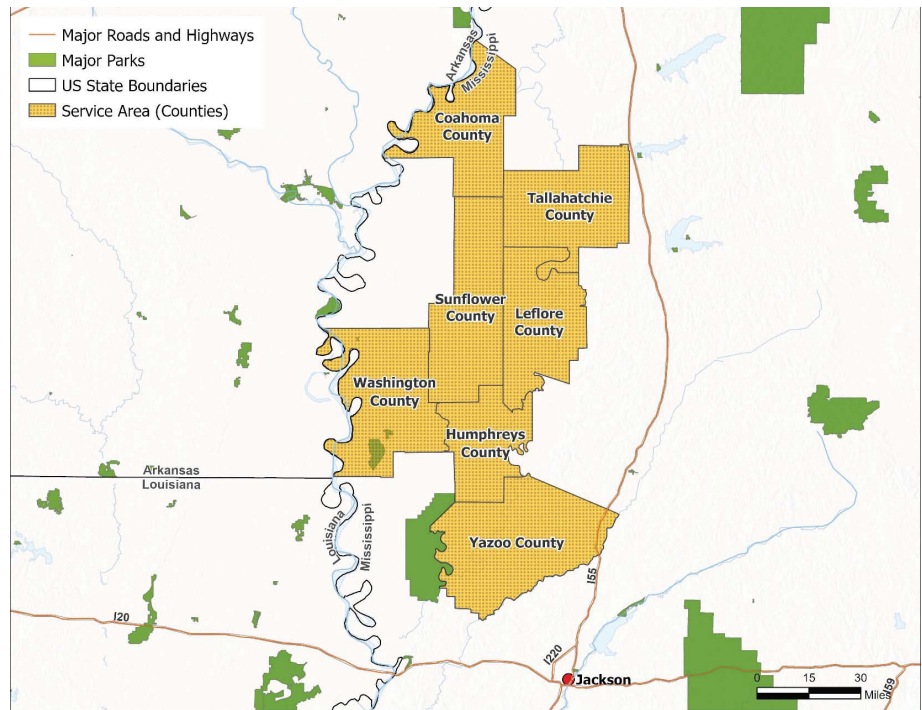
**Average # of Youth Served Annually:** >1,000

## Grantee and Grant

**Prior TPP Grants**

Tier 1b (2015-2020): Implementing EBPs to Scale  
 TPP18 (2018-2020): Phase I Testing New and Innovative TPP Strategies

**Project Service Area**  
 Seven Counties in the Mississippi Delta/NW Mississippi: Coahoma, Humphreys, Leflore, Sunflower, Tallahatchie, Washington, and Yazoo



**Average Annual TPP20 Grant Amount** \$1,454,979

**Focus Population(s)** **Participant types:** 12 to 19 year-olds in grades 6-12.

**Grantee's Roles** Conduct fidelity monitoring; collect and report performance measures; provide EBPs directly to youth

**Systems Thinking Approach**

Delta Health Alliance’s systems-thinking approach aimed to go beyond traditional classroom-based sexual education to 1) bring in community and clinical partners to promote the balance of social and emotional health in addition to physical health by recognizing the role that sexual health plays in overall health, and 2) create customized outreach for youth within a focus population (e.g. parenting teens) to reach adolescents at higher risk for new pregnancies who are often no longer accessible through school-based programs.

 **Formal Partners**

<b>Partners’ Roles</b>	Deliver EBPs to youth; provide program settings or access to youth; provide youth-friendly healthcare services; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)
<b>Partner Organization Types</b>	Elementary or secondary schools (public or private); faith-based organizations; and healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers)

 **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Making Proud Choices!	In-School, Middle School
Draw the Line/Respect the Line	Community-Based Setting; After School (At School)
Promoting Health Among Teens! (Abstinence-Only)	Community-Based Setting; Faith-Based Organizations
Reducing the Risk	In-School, High School

 **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
None	Primary healthcare; educational services; reproductive healthcare; job training/work-readiness; mental health services; and violence prevention services

 **Outreach and Engagement**

<b>Youth Engagement</b>	The Delta Health Alliance engaged a new youth leadership council created by the program’s teen educators. This group met quarterly to have peer-to-peer discussions and provided insight and feedback on the program.
<b>Parent/Caregiver Engagement</b>	The project included parents and caregivers in the community advisory board. They also encouraged parents to share information about the program through community events and their places of work.

**Community Engagement** The Delta Health Alliance engaged a new community advisory board created by the program’s teen educators. This group met quarterly to provide insight and feedback on the program. The group also volunteered to help support community events.

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**Outreach, Communication, and Dissemination** The project used flyers, brochures, health fairs, other public events, local media (e.g., radio, television, newspapers), newsletters, public presentations, social media, and websites as part of its community outreach and communication to recruit participants or educate community members about the program.

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## OPA TPP TIER 1 GRANTEE: Fact Forward



**Project Name:** Expanding Opportunities for Teen Mothers and Families in South Carolina



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



**Grantee Location:** Columbia, South Carolina



**Number of Formal Partners:** 6



**Urbanicity:** Urban



**Average # of Youth Served Annually:** 150-300



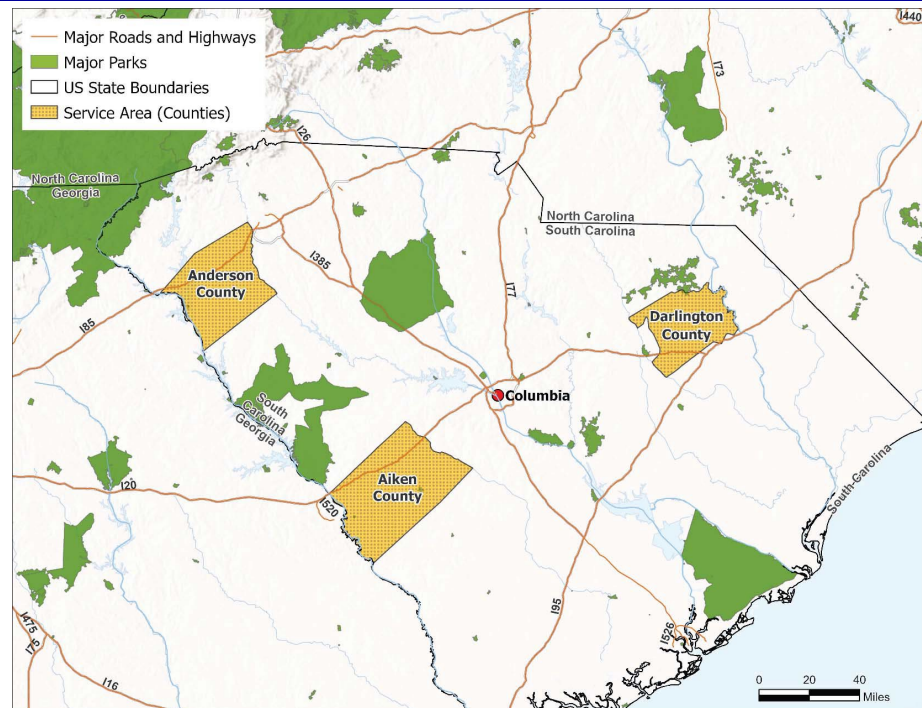
### Grantee and Grant

#### Prior TPP Grants

Tier 2 (2010-2015): Research and Demonstration  
 Tier 1a (2015-2020): Building Capacity to Implement EBPs  
 Tier 1b (2015-2020): Implementing EBPs to Scale  
 TPP20 Tier 2 (2020-2023): TPP Innovation and Impact Networks

#### Project Service Area

Focused on three Counties in South Carolina: Aiken, Anderson, and Darlington.



**Average Annual TPP20 Grant Amount**

\$828,978

**Focus Population(s)**

**Participant types:** Teen moms and females ages 15-19

**Grantee's Roles** Identify EBPs; disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building.

**Systems Thinking Approach** As part of its systems thinking approach, which was informed by a partner's systems working group, the project took a two-generation approach to address needs of the whole family, especially the needs of teen parents and their small children. The grantee explored existing home visiting interventions across the state to identify which systems were already working on child well-being and early childhood education. The grantee also administers the Rapid Adolescent Prevention Screening (RAAPS) risk assessment tool to youth in the program to assess a range of needs related to youth health and well-being. The grantee worked with nonprofits and state agencies in the workgroup to integrate a two-generation approach into other aspects of the project and its goals.

 **Formal Partners**

**Partners' Roles** Deliver EBPs to youth; provide program settings or access to youth; provide support for evaluation/performance measures; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)

**Partner Organization Types** State government agencies, private non-profit agencies/community-based organizations and universities or colleges.

 **Evidence-Based Programs**

EBPs	Settings
Plan A	Community-based, in-school, college/university, and remote/online

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
None.	Reproductive healthcare; primary healthcare; case management; food and nutrition (SNAP, WIC, other); educational services; job training/work-readiness; mental health; substance use services; and violence prevention services

 **Outreach and Engagement**

**Youth Engagement** The project used focus groups and ongoing assessments to inform the project and services, including RAAPS administration.

**Parent/Caregiver Engagement** Parents and caregivers were engaged through community advisory groups, focus groups, and service outreach.

**Community Engagement** The project engaged an existing community advisory group, held focus groups, and used a community need assessment to inform and receive feedback on the project.



**Outreach,  
Communication, and  
Dissemination**

The project used blog posts, flyers, brochures, health fairs, other public events, local media (e.g., radio, television, newspapers), newsletters, public presentations, social media, and websites to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Fulton County Board of Health



**Project Name:** Skills Knowledge and Youth Empowerment (SKYE) Project



**Grantee Organization Type:** Board of Health/Local Health Department



**Grantee Location:** Atlanta, Georgia



**Number of Formal Partners:** 30



**Urbanicity:** Urban

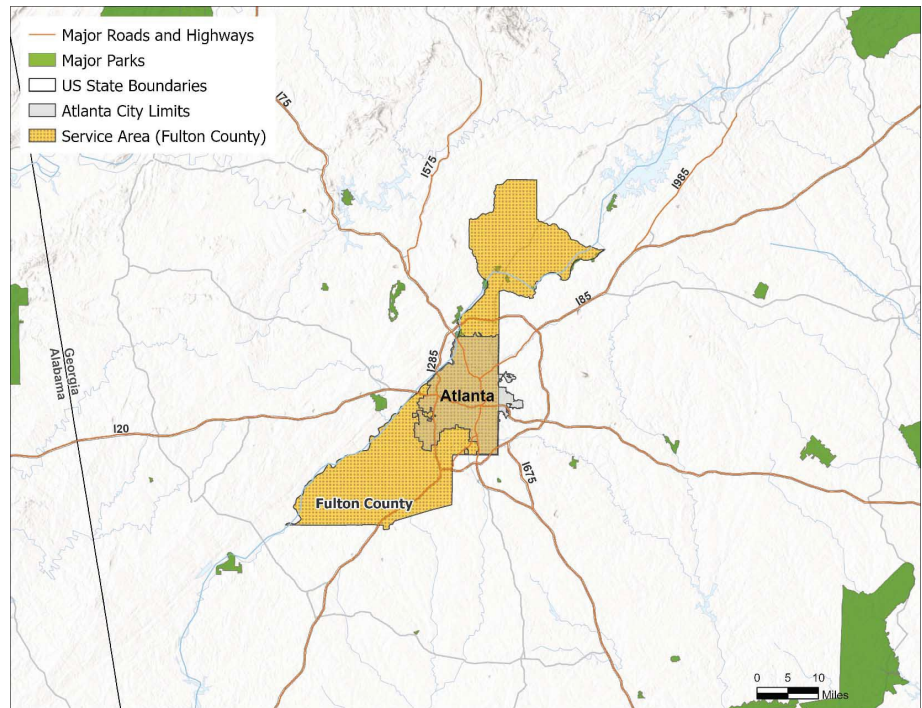


**Average # of Youth Served Annually:** 150-300

## Grantee and Grant

**Prior TPP Grants**                      None

**Project Service Area**  
Fulton County, Georgia



**Average Annual TPP20 Grant Amount**                      \$942,608

**Focus Population(s)**                      **Race/ethnicity:** African-American youth  
**Participant types:** Youth enrolled in Title 1 schools in grades 9-11

**Grantee's Roles**

Identify EBPs; disburse funds to partners/sub-awardees; conduct fidelity monitoring; collect and report performance measures; provide training and technical assistance or capacity-building; provide EBPs directly to youth; partnership development; and youth and community engagement.

**Systems Thinking Approach**

The grantee engaged youth, their families/caregivers, community stakeholders, youth-serving organizations, and health care organizations to develop and execute a coordinated response to reduce teen pregnancy rates and promote healthy adolescent development. This process included identifying and assessing the resources available in the community, protective/risk factors associated with teen pregnancy, and establishing links with services and agencies, engaging them either as implementation sites or service providers. The grantee and partners aimed for comprehensive interventions incorporating teen sexual health education, and youth and parent engagement, along with tailored support from community providers. Interventions were chosen to promote trust and improve connections between youth and parents/caregivers by helping parents reinforce protective factors and the receptiveness of teens to parental guidance. Community supportive services provided both youth and parents with supplemental services to address the underlying needs contributing to increased risk behaviors and blocked protective factors.

**Formal Partners****Partners' Roles**

Deliver EBPs to youth; provide youth referrals to EBPs; provide program setting or access to youth; provide training on EBPs to provider; provide support for evaluation/performance measures; provide youth-friendly health care services; participate in or lead a community or youth advisory group related to the project; provide or support dissemination and public messaging (e.g., for recruitment or program awareness); provide youth with other services; and provide other training or capacity building services (including trauma informed care training, positive youth development training, and youth mental health first aid)

**Partner Organization Types**

Community-based organizations; secondary schools (public); institutions of higher education; and healthcare services

**Evidence-Based Programs****EBPs****Settings**

Making Proud Choices!

Community-based; after school (at school); and juvenile detention/justice centers

Plan A

Community-based; in-schools (high school); and clinic-based;



## Supportive Services

### Provided by Grantee Organization

Financial literacy; wrap around assistance for schools (e.g., graduation help, clothing, hygiene, housing); and job training/work-readiness.

### Provided by Referral

Reproductive healthcare; primary healthcare; income security (TANF); health insurance (Medicaid, CHIP); behavioral health care; mental health services; substance use services; case management; workforce development; educational services; food and nutrition (SNAP, WIC, other); housing support; violence prevention service; and educational opportunities.



## Outreach and Engagement

### Youth Engagement

The project used focus groups and interviews to inform the development of a youth advisory committee and hosted site-based youth engagement activities (e.g., field trips, guest speakers, educational opportunities based on local interest) to incorporate youth voice into the programming.

### Parent/Caregiver Engagement

SKYE project hosted focus groups and parent engagement/education events to receive input and feedback on the project.

### Community Engagement

The project included a SKYE Steering Committee with representation from implementation sites, schools, community-based organizations, advocacy groups, and parents. The Committee met quarterly to discuss implementation, systems mapping, evaluation data, sustainability and provided recommendations for improvement. The project also conducted a community needs assessment.

### Outreach, Communication, and Dissemination

SKYE project used flyers, brochures, health fairs, other public events, social media, public presentations, professional conferences, placed-based advertising such as bus shelter ads and ads in transit stations, and websites to recruit participants or educate community members about the program.

# OPA TPP TIER 1 GRANTEE: Fund for Public Health in New York, Inc.



**Project Name:** New York City Teens Connection Expansion (NYCTC)



**Grantee Organization Type:** City/town government agency



**Grantee Location:** New York, New York



**Number of Formal Partners:** 400



**Urbanicity:** Urban



**Average # of Youth Served Annually:** >1,000

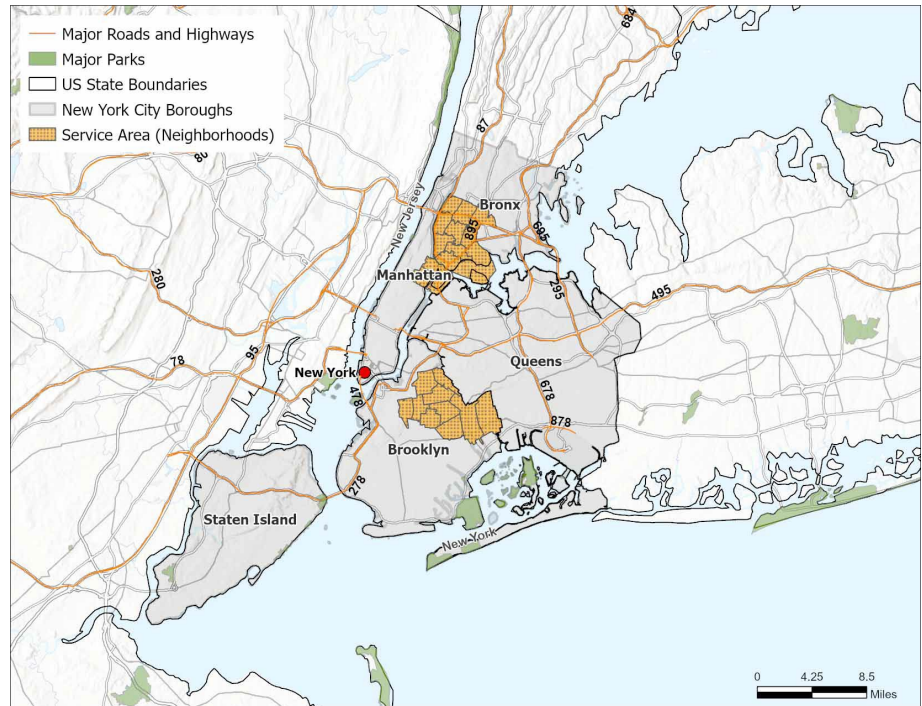
## Grantee and Grant

**Prior TPP Grants**

- Tier 1 (2010-2015): Evidence-Based Programs (EBPs)
- Tier 1b (2015-2020): Implementing EBPs to Scale
- TPP19 Tier 1 (2019-2020): Replicating Effective Programs to Prevent Teen Pregnancy

**Project Service Area**

Areas in three New York City boroughs, including, Central and South Bronx, North and Central Brooklyn, and North Manhattan neighborhoods.



**Average Annual TPP20 Grant Amount**      \$1,455,000

<b>Focus Population(s)</b>	<b>Special populations:</b> Youth in foster care and juvenile justice, students with special needs <b>Participant types:</b> Youth ages 13-19, parents/caregivers
<b>Grantee's Roles</b>	Train teachers and youth-serving professionals to implement programs in schools and organizations.
<b>Systems Thinking Approach</b>	The project's approach to systems thinking focused on working with large NYC agencies such as the NYC Department of Education, large clinic networks and NYC Administration of Children's Services as well as youth and community engagement, creating strong partnerships with a variety of organizations, and helping those partners build capacity and collaborate to support youth sexual and reproductive health. Partners included organizations and systems with which youth might interact, including schools, health clinics, and youth serving organizations and agencies.

### Formal Partners

<b>Partners' Roles</b>	Deliver evidence-based programs (EBPs) to youth; provide program setting or access to youth; provide youth referrals to EBPs; provide youth-friendly health care services; provide youth with other services including health insurance, job training, substance abuse care, mental health care; participate in or lead a community or youth advisory group related to the project; provide or support dissemination and public messaging (e.g., for recruitment or program awareness)
<b>Partner Organization Types</b>	City/town government agencies; elementary or secondary schools; health care service providers (e.g., clinics, hospital, public health, private healthcare providers); private non-profit agencies/community-based organizations; universities or colleges; juvenile justice programs; and foster care agencies

### Evidence-Based Programs

<b>EBPs</b>	<b>Settings</b>
Making Proud Choices!	In-School (middle and high schools)
Making a Difference!	In-School (high school, students with special needs)
Seventeen Days	After school (at school); Clinic-based; In-school (college/university); Remote/Online
Sexual Health and Adolescent Risk Prevention (SHARP)	Community-based setting;
Plan A	After school (at school); Clinic-based; Community-based settings; Out-of-home
Teen Health Project	In-School (high school); Community-based settings
Positive Prevention PLUS	In-School (high school)
Reducing the Risk	In-School (high school)



## Supportive Services

### Provided by Grantee Organization

Referrals to sexual health clinics, who provide services to youth.

### Provided by Referral

Reproductive healthcare; primary healthcare; case management; food and nutrition (SNAP, WIC, other); health insurance (Medicaid, CHIP, family planning benefit program); mental health; substance use services; and violence prevention services



## Outreach and Engagement

### Youth Engagement

The project engaged existing youth-led advisory groups to provide input and feedback on the programming.

### Parent/Caregiver Engagement

Existing community advisory groups including parents and caregivers were engaged to provide input on the project. The grantee also provided and hosted workshops for parents and caregivers and implemented LiFT curriculum with parents and their adolescent children

### Community Engagement

The grantee engaged existing community advisory groups and held focus groups to obtain community-level input on the project.

### Outreach, Communication, and Dissemination

The project used flyers, brochures, health fairs, other public events, local media (e.g., radio, television, newspapers), newsletters, public presentations, publications, social media, and websites to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Future Net Inc (dba EyesOpenIowa)



**Project Name:** Iowans Optimizing Adolescent Health



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



**Grantee Location:** Des Moines, Iowa



**Number of Formal Partners:** 8



**Urbanicity:** Urban



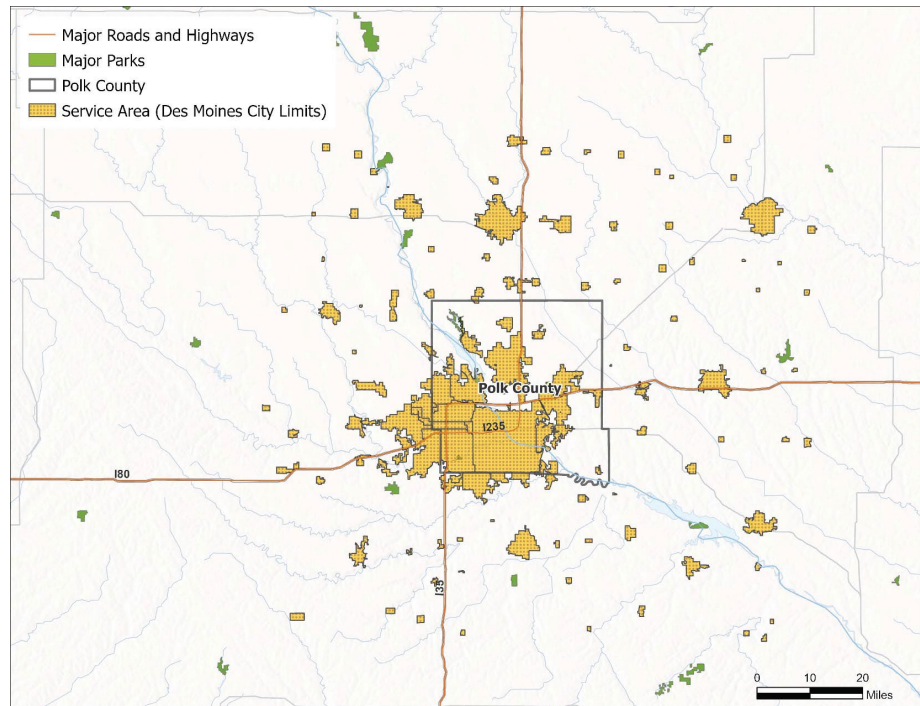
**Average # of Youth Served Annually:** >1,000



### Grantee and Grant

**Prior TPP Grants** None

**Project Service Area** Des Moines, Iowa



**Average Annual TPP20 Grant Amount** \$688,700

**Focus Population(s)**

**Special populations:** Justice-involved youth, youth in foster care, youth in transitional housing; LGBTQ+ youth

**Participant types:** Youth ages 13-18, parents and caregivers of youth 13-18 years old



**Grantee's Roles** Identify EBPs; provide EBPs directly to youth; disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building.

**Systems Thinking Approach** The grantee worked with partner agencies with a range of involvement in young people's lives, including schools, churches, community agencies, and mental health and substance abuse treatment agencies to assess the different components of their work with youth and their relationships to them. Together with youth representatives, they formed a community advisory board to guide coordinated approaches and continue engaging new partners with important roles in the community.

## Formal Partners

**Partners' Roles** Deliver EBPs to youth; provide youth referrals to EBPs; provide program setting or access to youth; provide youth-friendly health care services; provide support for evaluation/performance measures; provide youth with other services (e.g., mental health support and substance use treatment services); participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness).

**Partner Organization Types** Elementary or secondary schools; faith-based organizations; healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers); private non-profit agencies/community-based organizations; and universities or colleges

## Evidence-Based Programs

EBPs	Settings
Draw the Line/Respect the Line	In-School (middle school)
FLASH	Community-based settings; Faith-based Settings; In-School (high school); Out-of-Home
Plan A	Community-based settings; In-School (high school); Clinic-based
IN-clued	After-school (at school); Clinic-based

## Supportive Services

Provided by Grantee Organization	Provided by Referral
Training and professional development of educator staff and project partner staff	Reproductive healthcare; primary healthcare; educational services; job training/work-readiness; mental health services; substance use services; and violence prevention services



## Outreach and Engagement

<b>Youth Engagement</b>	To engage youth, the project created a new youth-lead advisory group to receive input and feedback on the programming.
<b>Parent/Caregiver Engagement</b>	The project engaged parents and caregivers directly in EBPs, training, and workshops.
<b>Community Engagement</b>	The project created a new community advisory group, held focus groups, fielded surveys, and used the findings from a community needs assessment to inform the project and receive feedback on programming. The project also engaged and informed the community on programming through social media and web-communication.
<b>Outreach, Communication, and Dissemination</b>	The project used blog posts, flyers, brochures, health fairs, other public events, newsletters, public presentations, social media, and websites to recruit participants or educate community members about the program.

# OPA TPP TIER 1 GRANTEE: Georgia Campaign for Adolescent Power and Potential



**Project Name:** Aligning Community Systems for Optimal Adolescent Health (ACSOAH)



**Grantee Organization Type:** Private, not-for-profit organization



**Grantee Location:** Atlanta, Georgia



**Number of Formal Partners:** 2



**Urbanicity:** Rural, Suburban



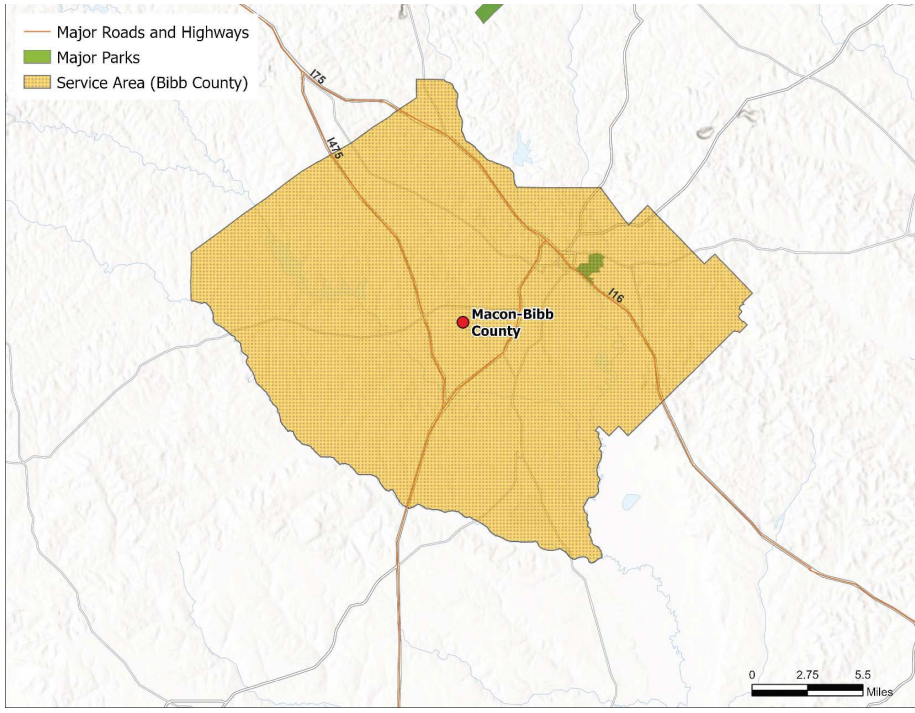
**Average # of Youth Served Annually:** 601-750

## Grantee and Grant

**Prior TPP Grants**

TPP19 Tier 1: Replicating Effective Programs to Prevent Teen Pregnancy (2019-2021)

**Project Service Area**  
Macon-Bibb County,  
Georgia



**Average Annual TPP20 Grant Amount**

\$1,455,000

**Focus Population(s)**

**Participant types:** Youth ages 13-19

<b>Grantee's Roles</b>	Deliver EBPs; disburse funds to partners/sub-awardees; provide training or technical assistance; provide settings for EBPs; organizing/mobilization; make referrals to youth-friendly healthcare; provide youth-friendly healthcare services; and community mobilization and sustainability consulting.
<b>Systems Thinking Approach</b>	The project used the Aligning Community Systems (ACS) Model for Optimal Adolescent Health, which engaged stakeholders from all sectors that affect teen health who then worked together in the development of tailored, responsive intervention strategies. The ACS Model incorporates elements of Collective Impact to engage and align systems leaders to address complex health and social issues. As a part of this process, the project assembled a host of community stakeholders from multiple sectors to assist in the development of the Blueprint for Optimal Adolescent Health. The Blueprint served as a comprehensive (systems based) road map for the project regarding the pathway to better adolescent health and youth development outcomes.

### **Formal Partners**

<b>Partners' Roles</b>	Recruit EBP participants
<b>Partner Organization Types</b>	Community-based organizations

### **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Making Proud Choices	Community-based; faith-based; school-based (after school); and virtual/remote
Reducing the Risk	Community-based and virtual/remote
Plan A	School-based (after school) and virtual/remote

### **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
None	Reproductive healthcare; educational services; and mental health services.

### **Outreach and Engagement**

<b>Youth Engagement</b>	GCAPP hosted a youth advisory group that met monthly, usually with guest speakers, to address a variety of topics and assist with community events. GCAPP also conducted listening sessions to receive feedback from youth.
<b>Parent/Caregiver Engagement</b>	GCAPP conducted listening sessions with parents to receive input and feedback on the project.

<b>Community Engagement</b>	GCAPP hosted monthly partnership meetings with community partners and interested parties which provided partners an opportunity to ask additional questions about programming occurring in Macon-Bibb County.
<b>Outreach, Communication, and Dissemination</b>	GCAPP used flyers, brochures; local media (i.e., radio), social media, and “word of mouth” to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Health Care Education and Training



**Project Name:** Indiana Connected and Supported Teens (IN-CAST)



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



**Grantee Location:** Indianapolis, Indiana



**Number of Formal Partners:** 3



**Urbanicity:** Mixed



**Average # of Youth Served Annually:** <150

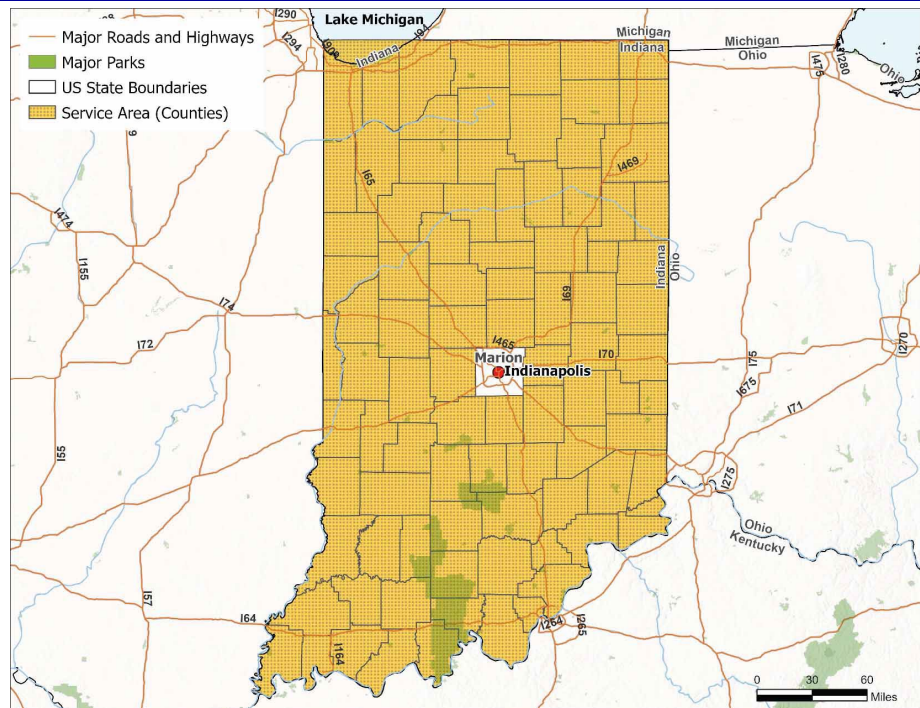


### Grantee and Grant

#### Prior TPP Grants

Tier 1 (2010-2015): Evidence-Based Programs (EBPs)  
 Tier 1b (2015-2020): Implementing EBPs to Scale  
 TPP19 Tier 1 (2019-2020): Replicating Effective Programs to Prevent Teen Pregnancy

**Project Service Area** The state of Indiana, with the exception of Marion County



**Average Annual TPP20 Grant Amount** \$600,000

<b>Focus Population(s)</b>	<b>Special populations:</b> Youth in child welfare and juvenile justice systems <b>Participant types:</b> Youth ages 14-18, parents/guardians
<b>Grantee's Roles</b>	Identify EBPs; disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; and convene and provide education to partners.
<b>Systems Thinking Approach</b>	Using the Social Ecological model to inform its systems thinking approach, HCET engaged and supported key parties at all levels to sustain efforts statewide. HCET implemented components of EPIS (Exploration, Preparation, Implementation, Sustainment) to support this program design.

### **Formal Partners**

<b>Partners' Roles</b>	Deliver EBPs to youth; provide youth referrals to EBPs; provide program settings or access to youth; provide support for evaluation/performance measures; provide youth-friendly health care services; provide counseling, therapy, and wraparound services; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness).
<b>Partner Organization Types</b>	Private non-profit agencies/community-based organizations and universities or colleges

### **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Power Through Choices	In-School (high schools and alternative high schools) Community-based settings; Juvenile detention/justice center; Out-of-home

### **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Education and training, program support, technical assistance, and evaluation services to organizations that provide health care, human services, education, and public health programs	Reproductive healthcare, educational services, case management, and mental health services

### **Outreach and Engagement**

<b>Youth Engagement</b>	HCET created a new youth-led advisory group and held youth focus groups to collect youth feedback on the project.
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<b>Parent/Caregiver Engagement</b>	HCET provided topical webinars on adolescent health topics, including trainings on “How to Be an Askable Adult,” the needs of LGBTQ youth, and other topics based on surveys of caregiver needs.
<b>Community Engagement</b>	The grantee conducted a community needs assessment, had ad-hoc engagements and meetings with interested parties such as the Probation Office, engaged existing community advisory groups, and held focus groups to gather community-level input and identify needs.
<b>Outreach, Communication, and Dissemination</b>	The project used health fairs, other public events, publications, social media, and websites to recruit participants or educate community members about the program.



## OPA TPP TIER 1 GRANTEE: Hennepin County



**Project Name:** Better Together Hennepin (BTH) Initiative - Health Mentor Model Project (HMMP)



**Grantee Organization Type:** County government agency



**Grantee Location:** Minneapolis, Minnesota



**Number of Formal Partners:** 15



**Urbanicity:** Mixed



**Average # of Youth Served Annually:** >1,000



### Grantee and Grant

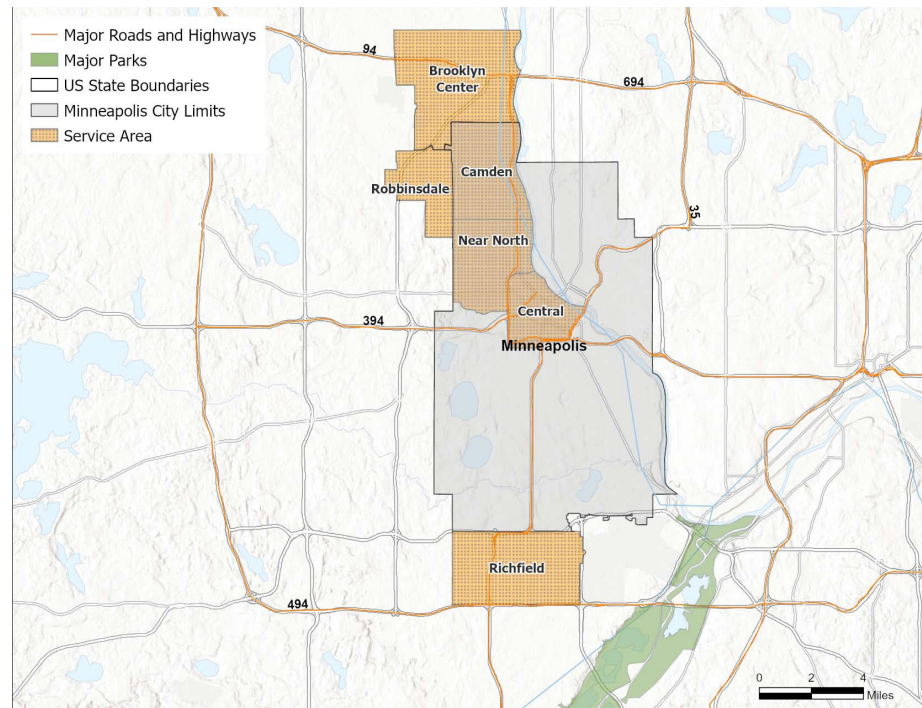
#### Prior TPP Grants

Tier 1 (2010-2015): Evidence-Based Programs (EBPs)

Tier 1b (2015-2020): Implementing EBPs to Scale

#### Project Service Area: 4

Five areas of Hennepin County, Minnesota (three cities and two Minneapolis neighborhoods): Richfield, Robbinsdale, Brooklyn Center, Central Minneapolis, and North Minneapolis.



#### Average Annual TPP20 Grant Amount

\$1,500,000

#### Focus Population(s)

**Participant types:** Youth ages 15-19 who are enrolled in Health Mentor Model Project-participating high schools

**Grantee's Roles** Identify EBPs; disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; and project coordination (i.e., observations, training, etc.).

**Systems Thinking Approach** Hennepin County's systems-thinking approach used a Collective Impact model (a cross sector collaboration) with a common agenda, shared measurement systems, mutually reinforcing activities, and continuous communication. Hennepin County served as the backbone support organization which provided structure for the overall project. Systems thinking is also a formal part of the program's Health Mentor Model. At each high school site, health mentors engage in systems work to create safe and supportive environments for young people that support sexual health and wellbeing.

 **Formal Partners**

**Partners' Roles** Deliver EBPs to youth; provide program setting or access to youth; provide support for evaluation/performance measures; provide training on EBPs to providers; provide other training or capacity building services; and provide youth with other services.

**Partner Organization Types** Healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers); secondary schools; private non-profit agencies/community-based organizations; private for-profit companies/consultants; and universities or colleges.

 **Evidence-Based Programs**

EBPs	Settings
FLASH	In-School (high school)
Motivational Interviewing	In-School (high school)
Positive Prevention PLUS	In-School (high school)
Safer Sex Intervention (SSI)	In-School (high school)

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
None.	Reproductive healthcare, primary healthcare, case management, educational services, food and nutrition (SNAP, WIC, other), housing support, mental health, substance use services, violence prevention services, and upstream education and one-on-ones related to mental wellbeing (not mental health services).



## Outreach and Engagement

### Youth Engagement

Hennepin County engaged youth leadership councils that meet weekly/biweekly at each site (11 sites total) who worked closely with and provided guidance to the health mentors and hosted focus groups and listening sessions with the youth leadership councils to get insight and feedback on the program.

### Parent/Caregiver Engagement

Hennepin County engaged parents and caregivers based on the needs at each site. These activities included parent education about raising sexually healthy children, parent surveys or activities to gain input at parent/teacher conferences and open house events, and articles for parents related to sexual health or sexual health education in school newsletters.

### Community Engagement

Hennepin County engaged with an existing community advisory group quarterly. The group guided and informed how the program approached youth and provided feedback on the program.

### Outreach, Communication, and Dissemination

Hennepin County used health fairs, other public events, newsletters, public presentations, publications, and social media to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Illinois Department of Human Services



**Project Name:** Illinois Teen Pregnancy Prevention Tier 1 Map



**Grantee Organization Type:** State government agency



**Grantee Location:** Springfield, Illinois



**Number of Formal Partners:** 5



**Urbanicity:** Suburban; Rural



**Average # of Youth Served Annually:** >1,000



### Grantee and Grant

#### Prior TPP Grants

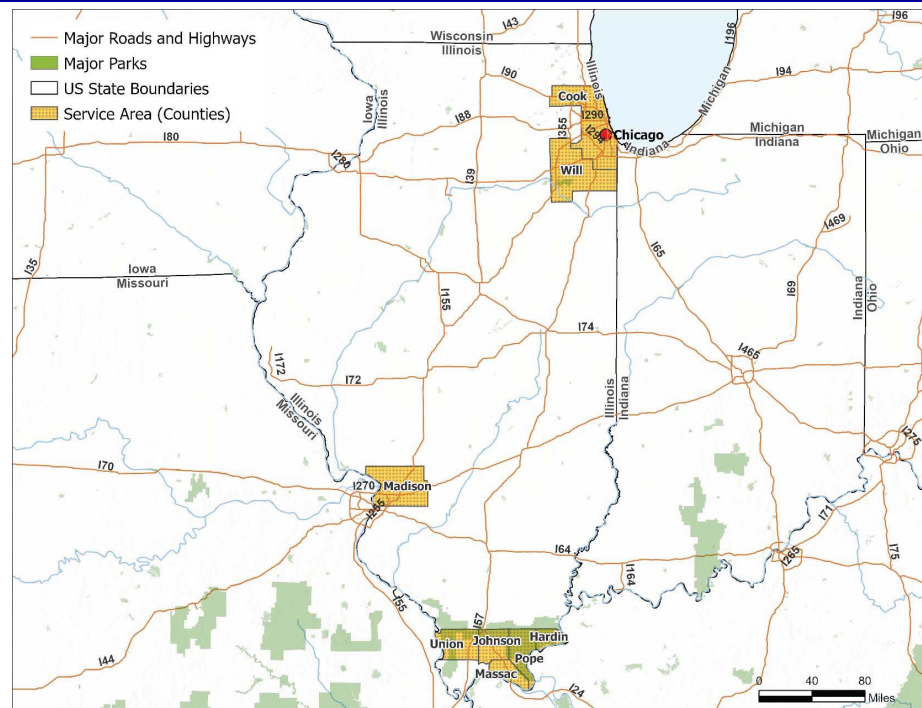
Tier 1 (2010-2015): Evidence-Based Programs (EBPs)

Tier 1b (2015-2020): Implementing EBPs to Scale

TPP19 Tier 1 (2019-2020): Replicating Effective Programs to Prevent Teen Pregnancy

#### Project Service Area

8 Counties in Illinois: Cook County, Will County, Hardin County, Johnson County, Madison County, Massac County, Pope County, and Union County



**Average Annual TPP20 Grant Amount**

\$1,139,265

<b>Focus Population(s)</b>	<b>Special populations:</b> High risk communities/high schools <b>Participant types:</b> Youth ages 11-19, primarily 9 <sup>th</sup> graders
<b>Grantee's Roles</b>	Identifying evidence-based programs (EBPs); disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; and other program design.
<b>Systems Thinking Approach</b>	IDHS worked with Illinois Department of Public Health, local public health departments, and implementing organizations to ensure a holistic understanding of youth needs and risks pertaining to teen pregnancy, STIs, and other aspects of youth health and well-being. As the grantee, IDHS guided and supported policy change, approaches, and service changes within the service area by supporting the capacity of community coalitions, providing strong evidence-based curriculums in schools, and training youth-serving professionals to better facilitate programming and interact with youth.



### Formal Partners

<b>Partners' Roles</b>	Deliver EBPs to youth; provide referrals to EBPs; provide program settings or access to youth; provide support for evaluation/performance measures; provide training on EBPs to provider; provide other training or capacity building services (i.e. Prevention First provides all training needed); provide youth-friendly health care services; provide youth with referrals to other services; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging for recruitment/program awareness.
<b>Partner Organization Types</b>	Health care service providers (e.g., clinics, hospital, public health, private healthcare providers); private non-profit agencies/community-based organizations; universities or colleges; and county government agencies



### Evidence-Based Programs

<b>EBPs</b>	<b>Settings</b>
Be Proud! Be Responsible!	In-School (middle school and high school)
Love Notes	In-School (high school), After school
Making a Difference!	In-School (middle school and high school)
Proud Choices	In-School (high school)
Positive Prevention PLUS	In-School (high school, alternative schools, residential)
Draw the Line/Respect the Line	In-School (middle school and high school)



## Supportive Services

### Provided by Grantee Organization

### Provided by Referral

Reproductive healthcare

Reproductive healthcare, primary healthcare, case management, educational services, food and nutrition (SNAP, WIC, other), housing support, job training/work-readiness, mental health, substance use services, and violence prevention services



## Outreach and Engagement

### Youth Engagement

The grantee created a new youth-led advisory group and engaged an existing youth-led advisory group. A Youth Champion program met quarterly to provide input on the project, and youth completed entry-exit surveys regarding the curriculum taught.

### Parent/Caregiver Engagement

The project convened a Parent Champion program, which met quarterly to provide input on the programming.

### Community Engagement

The grantee used a community needs assessment, created a new community advisory group, and engaged an existing community advisory group to collect input and feedback on the project.

### Outreach, Communication, and Dissemination

The project used flyers, brochures, health fairs or other public events, public presentations, social media, websites to recruit participants or educate community members about the program.

# OPA TPP TIER 1 GRANTEE: Indiana Department of Health



**Project Name:** Optimally Changing the Map



**Grantee Organization Type:** State government agency



**Grantee Location:** Indianapolis, Indiana



**Number of Formal Partners:** 10



**Urbanicity:** Rural, Urban



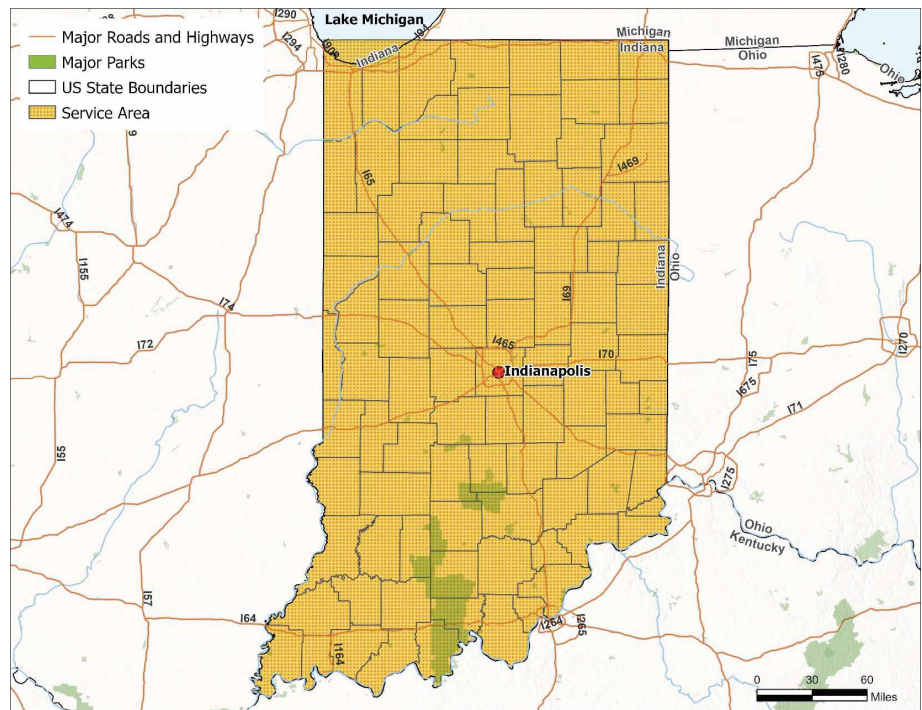
**Average # of Youth Served Annually:** >1,000

## Grantee and Grant

**Prior TPP Grants**                      None

**Project Service Area**

High need communities across the state of Indiana.



**Average Annual TPP20 Grant Amount**                      \$1,455,000

**Focus Population(s)**                      Adolescents ages 13-19

**Grantee's Roles** Deliver EBP(s); provide training or technical assistance; community mobilization and sustainability consulting; collect and report performance measures; disburse funds to partners/sub-awardees; evaluation; and oversee the implementation strategy.

**Systems Thinking Approach** The grantee's systems thinking approach was inspired by a "no wrong door" approach to providing teens and families with access to information on adolescent health and life skills. The grantee focused on creating partnerships that allowed them to offer services in multiple settings including schools, after school/community-based settings, and in juvenile detention/justice centers. The grantee also offered a variety of programming to address the needs of both youth and parents/caregivers. This approach also allowed the grantee to connect with youth across a wider variety of systems.

 **Formal Partners**

**Partners' Roles** Deliver EBP(s); provide technical assistance; provide settings for EBPs; recruit EBP participants; make referrals to youth-friendly healthcare; provide youth-friendly healthcare services; provide support for evaluation/performance measures; and provide or support dissemination and public messaging (recruitment and program awareness)

**Partner Organization Types** Private non-profit agencies/community-based organizations; universities or colleges; private for-profit companies/consultants

 **Evidence-Based Programs**

EBPs	Settings
Botvin LifeSkills Curriculum	After-school (at school); community-based; faith-based; In-School (high school and middle school); and juvenile detention/justice centers

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
Teen Cafes and Parent Cafes	Reproductive healthcare, primary healthcare, mental health, and substance use services

 **Outreach and Engagement**

**Youth Engagement** The project created a new youth-led advisory group, engaged an existing youth-led advisory group and hosted Teen Cafes to receive input and feedback on the project.

**Parent/Caregiver Engagement** The project hosted Parent Cafes to receive input and feedback on the project.

**Community Engagement** The project engaged an existing community advisory group, fielded surveys, and conducted a community needs assessment to inform and receive feedback on the project.



**Outreach,  
Communication, and  
Dissemination**

The project used blog posts, health fairs, other public events, newsletters, social media, and websites to recruit participants or educate community members about the program.

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## OPA TPP TIER 1 GRANTEE: Institute for Women and Ethnic Studies



**Project Name:** Believe in Youth- Louisiana 2.0 (BY-LA 2.0)



**Grantee Organization Type:** Private, not-for profit agency/community-based organization



**Grantee Location:** New Orleans, Louisiana



**Number of Formal Partners:** 1



**Urbanicity:** Urban, Suburban, Rural



**Average # of Youth Served Annually:** >1,000



### Grantee and Grant

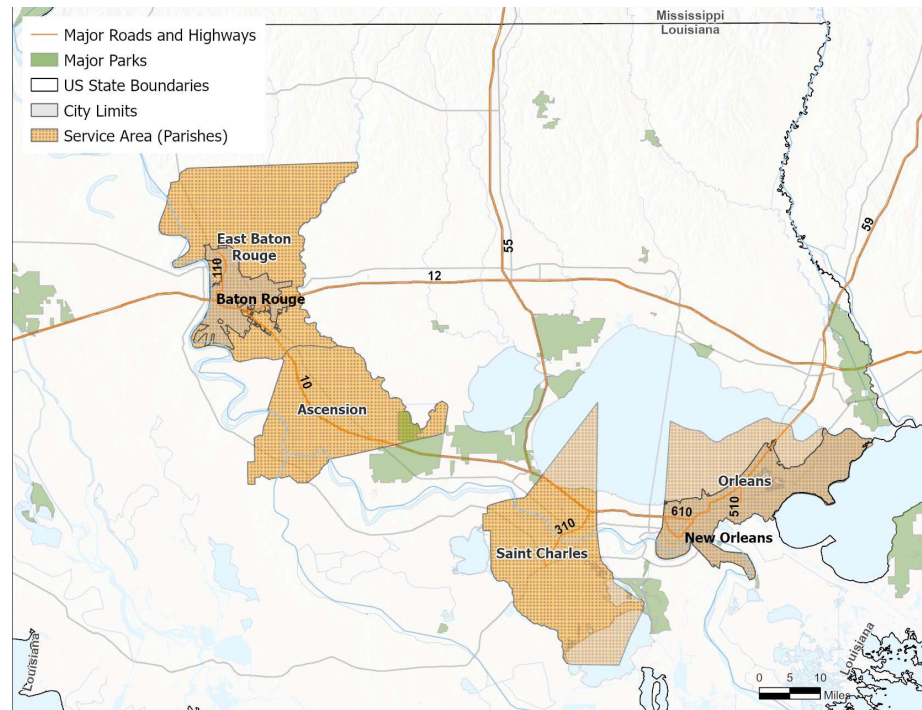
#### Prior TPP Grants

Tier 1 (2010-2015): Evidence-Based Programs (EBPs)

Tier 1b (2015-2020): Implementing EBPs to Scale

#### Project Service Area

4 Parishes in Louisiana: Orleans Parish (New Orleans), East Baton Rouge Parish (Baton Rouge), Ascension Parish (St. Amant), and St. Charles Parish (Destrehan)



**Average Annual TPP20 Grant Amount**

\$1,455,000

**Focus Population(s)**

**Participant types:** Middle school and high school youth (grades 6-9)

<b>Grantee's Roles</b>	Deliver evidenced-based programs (EBPs) directly to youth; identify EBPs; disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity building.
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<b>Systems Thinking Approach</b>	IWES adopted the "Iceberg Model" as a systems thinking tool to contextualize, analyze and respond to underlying patterns, trends, structures and mental models that perpetuate challenges, risks, and vulnerability among adolescents. With this context, they then identified leverage points (e.g., family, school, health system, socio-economic opportunities, faith communities, etc.) where they could work with partners to make linkages for youth and families to services, as well as collaborate with and build the capacity of interested parties, community partners, school leaders, and service providers to increase impact and change behaviors.
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### Formal Partners

<b>Partners' Roles</b>	Deliver EBPs directly to youth; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness).
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<b>Partner Organization Types</b>	Private, not-for-profit agencies/community-based organizations
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### Evidence-Based Programs

EBPs	Settings
Get Real	In-School (middle school)
Reducing the Risk	In-School (high school)

### Supportive Services

Provided by Grantee Organization	Provided by Referral
Educational services and mental health services including an emotional wellness screening	Reproductive healthcare and mental health care

### Outreach and Engagement

<b>Youth Engagement</b>	IWES created a new youth-led advisory group, the Youth Leadership Council, to provide input and feedback on the project.
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<b>Parent/Caregiver Engagement</b>	IWES created a new Parent Advisory Team to provide input and feedback on the project.
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<b>Community Engagement</b>	The grantee created a Community Advisory Group, engaged existing community advisory groups, hosted ad-hoc engagements/events, held focus groups, fielded surveys, and conducted a community needs assessment to collect community-level feedback on the project.
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**Outreach,  
Communication, and  
Dissemination**

The project used social media, flyers, newsletters, public presentations, health fairs, and other public events for the purposes of outreach to the community, communicating about their services and programs, as well as disseminating important health information.

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# OPA TPP TIER 1 GRANTEE: Integrated Community Alternatives Network (ICAN)



**Project Name:** Teen Outreach for Regional Community Health (TORCH)



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



**Grantee Location:** Utica, New York



**Number of Formal Partners:** 3



**Urbanicity:** Urban; Suburban

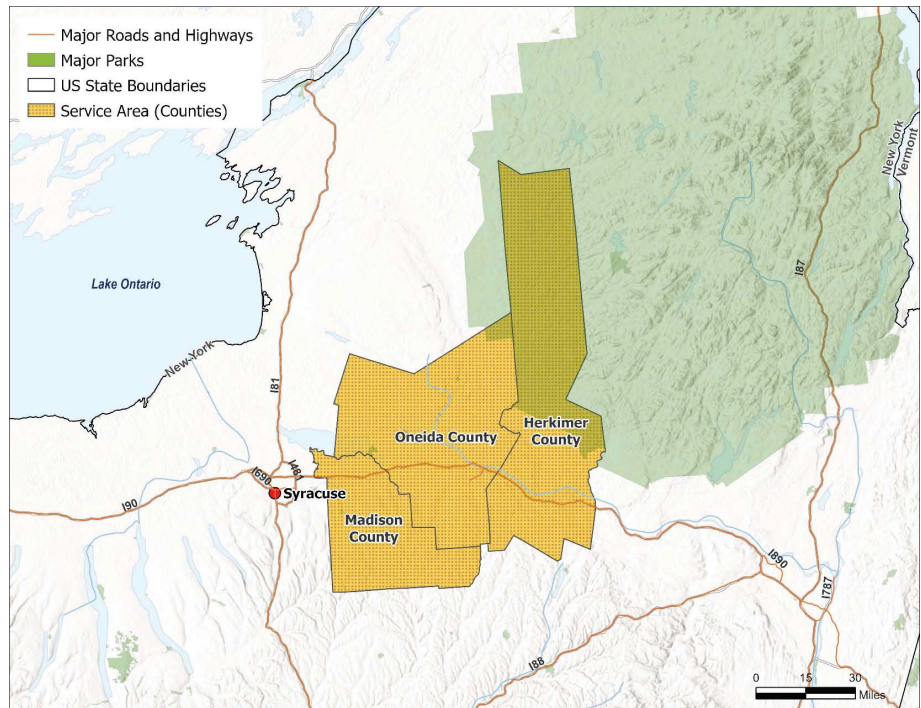


**Average # of Youth Served Annually:** <150

## Grantee and Grant

**Prior TPP Grants**                      None

**Project Service Area:** 3 Counties in Central New York State: Oneida, Madison, and Herkimer.



**Average Annual TPP20 Grant Amount**                      \$532,400

<b>Focus Population(s)</b>	<p><b>Special populations:</b> The project focused on serving youth involved in foster care, youth experiencing homelessness, and youth who are expectant or parenting.</p> <p><b>Participant types:</b> 11-19 years olds with mental, emotional, and/or behavioral health challenges</p>
<b>Grantee's Roles</b>	Disburse funds to partners/sub-awardees; identify EBPs; provide EBPs directly to youth; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; and provide other services directly to youth.
<b>Systems Thinking Approach</b>	ICAN worked with local parties to gain insights into the communities served, and analyzed data on a variety of social, racial, economic, and physical factors that impact sexual and reproductive health to determine the best approach for service provision, referrals, and partnerships. ICAN used the research gathered to align its project with each focus population.

 **Formal Partners**

<b>Partners' Roles</b>	Provide program setting or access to youth; deliver EBPs to youth; and provide training on EBPs to providers.
<b>Partner Organization Types</b>	Elementary or secondary schools; private non-profit agencies/community-based organizations; private for-profit companies/consultants

 **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Teen Outreach Program (TOP)	In-School (high school and middle school); community-based; and after school (at school)
Plan A	Community-based and remote/online

 **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
RAAPS (Rapid Adolescent Prevention Screening) assessments and the My Media Life Program to develop youth-generated media messages.	Reproductive healthcare; primary healthcare; case management; health insurance (Medicaid, CHIP); housing support; job training/work-readiness; mental health; educational services; food and nutrition (SNAP, WIC, other); substance use services; and violence prevention services

 **Outreach and Engagement**

<b>Youth Engagement</b>	ICAN hosted a youth advisory committee in each county and conducted focus groups to receive insight and feedback on the program.
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<b>Parent/Caregiver Engagement</b>	ICAN engaged parents and caregivers in focus groups; delivered programming to parents, caregivers, and youth-serving professionals; and provided support and ongoing professional development and engagement for parents, caregivers, and youth-serving professionals.
<b>Community Engagement</b>	Members of ICAN staff sit on existing community advisory groups that provided guidance and insight on the program and its work with youth.
<b>Outreach, Communication, and Dissemination</b>	ICAN used blog posts, public presentations, social media, and websites to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: James Madison University



**Project Name:** SexEdVA Appalachian Replication Project (ARP)



**Grantee Organization Type:** University or College



**Grantee Location:** Harrisonburg, Virginia



**Number of Formal Partners:** 14



**Urbanicity:** Rural



**Average # of Youth Served Annually:** >1,000

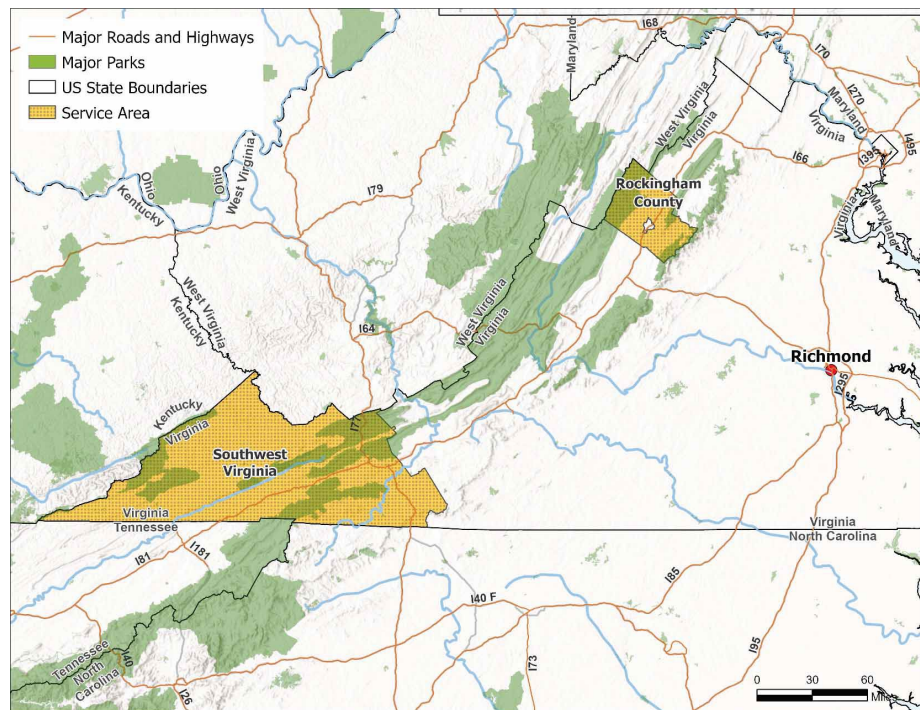


### Grantee and Grant

**Prior TPP Grants**

None

**Project Service Area**  
Southwest Virginia and Rockingham County, Virginia.



**Average Annual TPP20 Grant Amount**

\$956,669

**Focus Population(s)**

Youth ages 10-14 (Grades 6-8)

**Grantee's Roles**

Disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building.



## Systems Thinking Approach

SexEdVA ARP used a systems thinking framework to go beyond replication alone to address broad, dynamic factors that impact young people's sexual health in rural southwest Virginia. The grantee engaged the regional sexual health outreach (shOUT) coalition, which is comprised of diverse community-based organizations working across the service area and served as a vehicle for systems change work. SexEdVA ARP worked closely with partners across education and healthcare systems to deliver EBPs and provide primary, mental, reproductive and sexual healthcare.



## Formal Partners

### Partners' Roles

Deliver EBP(s); provide youth referrals to EBPs; provide program setting or access to youth; provide support for evaluation/performance measures; provide youth-friendly healthcare services; provide or support dissemination and public messaging (e.g., for recruitment or program awareness); provide mental health services and LGBTQIA+ support and education; and provide community and youth programming such as teen mom support groups, personal safety and relationship classes, workforce development, inclusive comprehensive sexual education advocacy, access and transportation to family planning services.

### Partner Organization Types

Elementary and secondary schools; healthcare service organizations (e.g., clinics, public health, private healthcare providers); private non-profit agencies/community-based organizations; private companies/consultants.



## Evidence-Based Programs

### EBPs

### Settings

Teen Outreach Program (TOP)

Community-based settings

Draw the Line/Respect the Line

In School (middle school)



## Supportive Services

### Provided by Grantee Organization

### Provided by Referral

None

Reproductive healthcare, primary healthcare, case management, educational services, food and nutrition (SNAP, WIC, other), housing support, job training/work-readiness, mental health, substance use services, and violence prevention services



## Outreach and Engagement

### Youth Engagement

Engaged youth in the regional sexual health outreach (shOUT) coalition and conducted a listening circle project with youth to help the project determine regional priorities and inform shOUT's future work.

<b>Parent/Caregiver Engagement</b>	SexEdVA ARP solicited parent/caregiver feedback which was used to inform adaptations made to the EBPs delivered.
<b>Community Engagement</b>	SexEdVA ARP participated in the shOUT coalition to engage with community-based partners. This partnership helped the project provide linkages to identified leverage points such as reducing transportation barriers by providing referrals to mobile health services.
<b>Outreach, Communication, and Dissemination</b>	The project used partners' platforms and networks, blog posts, flyers, brochures, health fairs, other public events, social media, and websites to recruit participants or educate community members about the program. The shOUT Coalition also hosted an annual summit for Southwest Virginia and Northeast Tennessee community members.

# OPA TPP TIER 1 GRANTEE: Life-Skills, Empowerment and Development Services, Inc. (LEADS)



**Project Name:** Heath Education and Relationship Training Services – Middle School (HEARTS-M) Project



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



**Grantee Location:** Largo, Florida



**Number of Formal Partners:** 62



**Urbanicity:** Urban



**Average # of Youth Served Annually:** 751-1,000

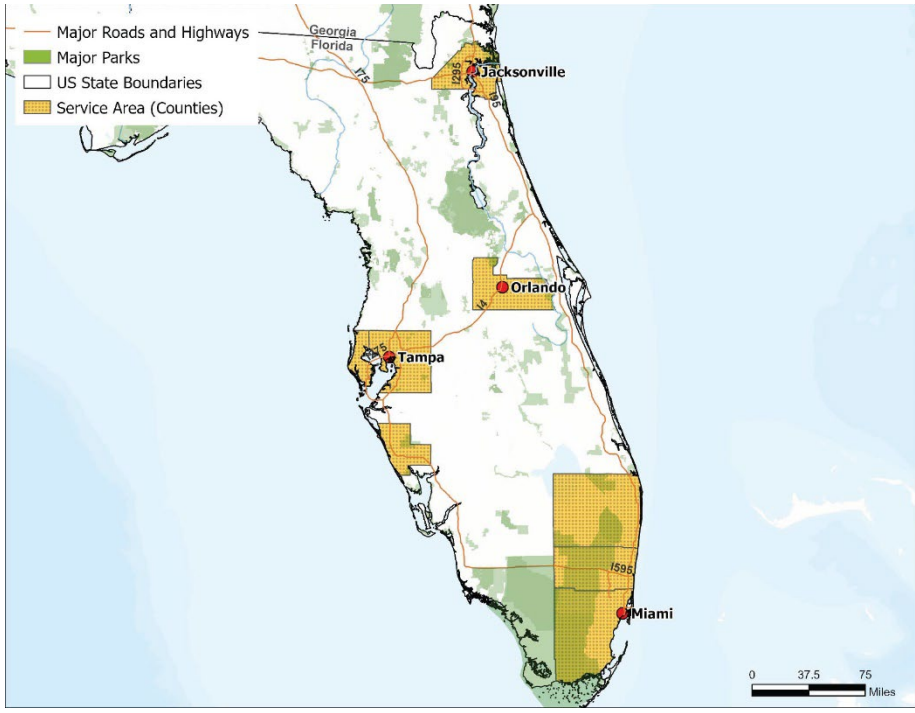
## Grantee and Grant

**Prior TPP Grants**

TPP19 Tier 1 (2019-2020): Replicating Effective Programs to Prevent Teen Pregnancy

**Project Service Area**

8 Counties in Florida:  
Duval, Pinellas, Hillsborough, Orange, Sarasota, Palm Beach, Broward, and Miami-Dade



**Average Annual TPP20 Grant Amount**

\$1,094,395

**Focus Population(s)**

**Race/ethnicity:** Black/African American youth  
**Participant types:** Youth ages 10-14 and parents/caregivers

<b>Grantee's Roles</b>	Deliver EBP(s) directly; provide training or technical assistance or capacity building; collect and report performance measures; conduct fidelity monitoring; and provide parent programs.
<b>Systems Thinking Approach</b>	The grantee employed a systems-thinking expert to train grantee staff and help inform their recruitment. Key systems identified included churches, recreation systems, community members, and parents. The grantee chose to focus on churches as a means of engaging youth at a young age and saw this system as having the potential to make the greatest impact on youth outcomes.

## **Formal Partners**

<b>Partners' Roles</b>	Provide youth referrals to EBPs; provide program setting or access to youth; provide youth-friendly healthcare services; provide or support dissemination and public messaging (e.g., for recruitment or program awareness); provide other training or capacity building services; and provide a skill-building program for parents called Effective Black Parenting
<b>Partner Organization Types</b>	Faith-based; community-based; elementary and secondary schools; healthcare service organizations (e.g., clinics, public health, private healthcare providers); government entities; and private companies/consultants

## **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Love Notes	After school (at school); community-based; faith-based; in-school (middle school); remote/online; and out-of-home

## **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Parenting education	Educational services; reproductive healthcare; food and nutrition (SNAP, WIC, other); and mental health services

## **Outreach and Engagement**

<b>Youth Engagement</b>	The project formed and hosted a youth advisory group that was involved in refining the project. Youth also shared their feedback via surveys and focus groups held by LEADS
<b>Parent/Caregiver Engagement</b>	LEADS provided an Effective Black Parenting class to help parents navigate challenges around raising youth.
<b>Community Engagement</b>	The project held public listening sessions or open meetings, held focus groups, fielded surveys, and used a community needs assessment to receive community input on the project.

**Outreach,  
Communication, and  
Dissemination**

The project used blog posts, flyers, brochures, health fairs, other public events, local media (e.g., radio, television, newspapers), newsletters, public presentations, publications, social media, and websites to recruit participants or educate community members about the program.

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## OPA TPP TIER 1 GRANTEE: Maryland Department of Health (MDOH)



**Project Name:** Maryland Optimal Adolescent Health Program - True You Maryland



**Grantee Organization Type:** State government agency



**Grantee Location:** Baltimore, Maryland



**Number of Formal Partners:** 2



**Urbanicity:** Rural



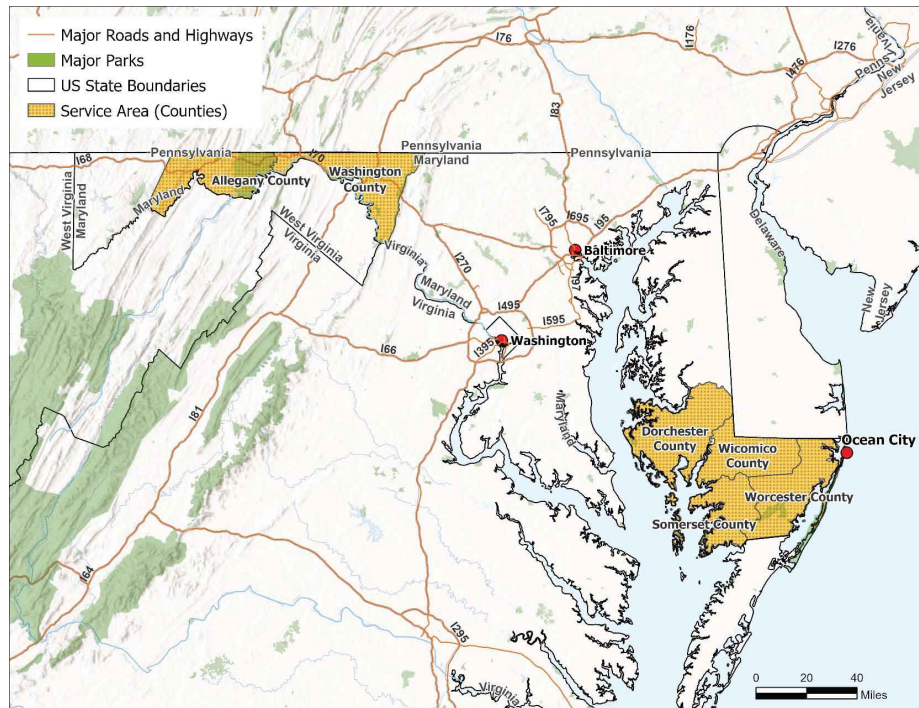
**Average # of Youth Served Annually:** >1,000



### Grantee and Grant

**Prior TPP Grants** None

**Project Service Area:** Six Counties along the Eastern Shore and Western Maryland: Allegany, Washington, Dorchester, Somerset, Wicomico, and Worcester



**Average Annual TPP20 Grant Amount** \$1,414,194

**Focus Population(s)** **Special populations:** Youth in rural communities  
**Participant types:** Youth ages 14-19 and parents/caregivers

**Grantee's Roles** Disburse funds to partners/sub-awardees

**Systems Thinking Approach**

MDOH's systems-thinking approach focused on engagement of and coordination with their community partners. MDOH expanded partnerships and engagement beyond schools and health centers to leverage additional resources in its communities, such as local management boards and community-based organizations working to support Maryland youth. As part of the project, MDOH partnered with local health departments, school systems, colleges and youth-serving organizations in the counties where they worked to build upon and strengthen existing systems.

 **Formal Partners**

**Partners' Roles** Provide support for evaluation/performance measures; provide training on EBPs to providers; provide or support dissemination and public messaging (e.g., for recruitment or program awareness); and other training or capacity building services (e.g., providing training to program implementers)

**Partner Organization Types** Private non-profit agencies/community-based organizations and universities or colleges

 **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Positive Prevention PLUS	In-school (high school) and community-based

 **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Parent education	Reproductive healthcare

 **Outreach and Engagement**

**Youth Engagement** The MDOH created a new and or further developed existing youth-led advisory boards in each county the project serves. The youth advisory boards provided input on specific county needs/focus areas and feedback to improve the program.

**Parent/Caregiver Engagement** The MDOH engaged parents and caregivers through educational opportunities to learn more about the project and youth sexual health.

**Community Engagement** Members of the project sat on existing community advisory groups that provide insight and feedback to improve the program.

**Outreach, Communication, and Dissemination** The MDOH used websites and “word of mouth” to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Meeting Street



**Project Name:** Meeting Street- Teen Outreach Program (TOP Club)



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



**Grantee Location:** New Bedford, Massachusetts



**Number of Formal Partners:** 10



**Urbanicity:** Urban



**Average # of Youth Served Annually:** <150

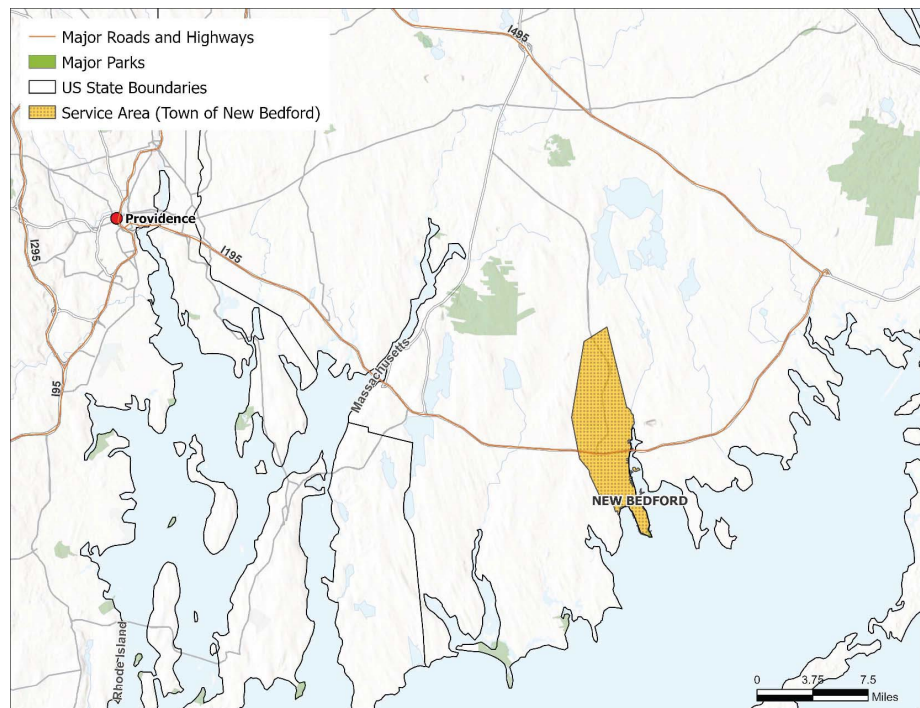


### Grantee and Grant

**Prior TPP Grants**

None

**Project Service Area**  
Greater New Bedford,  
Massachusetts



**Average Annual TPP20 Grant Amount**

\$587,066

**Focus Population(s)**

**Race/ethnicity:** Hispanic/Latinx youth  
**Participant types:** 13-19 year olds

**Grantee's Roles**

Provide EBPs directly to youth; collect and report performance measures; and conduct fidelity monitoring



## Systems Thinking Approach

Meeting Streets' systems-thinking approach focused on supporting youth by identifying and recognizing strengths of each partner and identifying gaps to create interventions and services that best support youth and mitigate gaps. To do this, the grantee engaged a wide variety of partners, formed community and youth advisory groups, and provided case management to connect youth and families to services as needed.



## Formal Partners

<b>Partners' Roles</b>	Provide youth referrals to EBPs; provide program setting or access to youth; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)
<b>Partner Organization Types</b>	Elementary or secondary schools; faith-based organizations; private non-profit agencies/community-based organizations



## Evidence-Based Programs

<b>EBPs</b>	<b>Settings</b>
Teen Outreach Program (TOP)	After school (at school); community-based; faith-based; and in-school (high school)



## Supportive Services

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Reproductive healthcare; case management	Reproductive healthcare; primary healthcare; case management; educational services; food and nutrition (SNAP, WIC, other); housing support; mental health; substance use services; and violence prevention services



## Outreach and Engagement

<b>Youth Engagement</b>	Meeting Street formed a youth advisory council that met quarterly to discuss the TOP curriculum and provided feedback to improve the program.
<b>Parent/Caregiver Engagement</b>	Meeting Street formed a parent council that met quarterly to discuss the TOP curriculum and provided feedback to improve the program.
<b>Community Engagement</b>	The project used social media and web-communications to provide updates and information on program activities for the community.
<b>Outreach, Communication, and Dissemination</b>	Meeting Street uses flyers, brochures, health fairs, other public events, public presentations, social media, and websites to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Mission West Virginia



**Project Name:** Mission West Virginia's TPP Program



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



**Grantee Location:** Hurricane, West Virginia



**Number of Formal Partners:** 70



**Urbanicity:** Rural



**Average # of Youth Served Annually:** >1,000



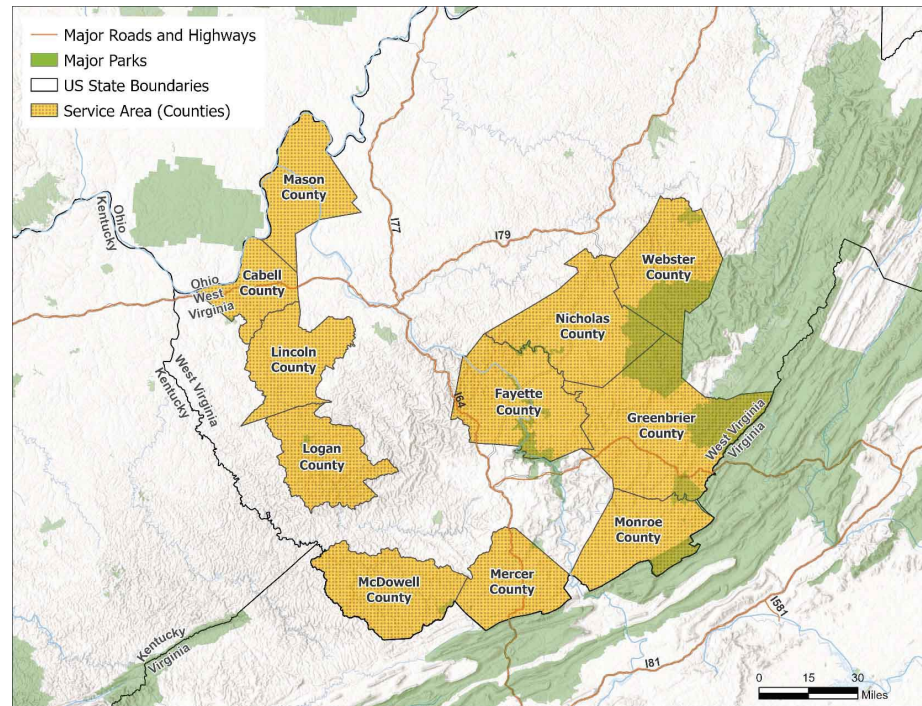
### Grantee and Grant

#### Prior TPP Grants

Tier 1 (2010-2015): Evidence-Based Programs (EBPs); Tier 1b (2015-2020): Implementing EBPs to Scale, TPP19 Tier 1 (2019-2020): Replicating Effective Programs to Prevent Teen Pregnancy

#### Project Service Area

11 Counties in West Virginia: Cabell, Fayette, Greenbrier, Lincoln, Logan, Mason, McDowell, Mercer, Monroe, Nicholas, and Webster Counties



**Average Annual TPP20 Grant Amount**

\$1,442,055

**Focus Population(s)**

**Participant types:** Youth ages 11-19

**Grantee's Roles** Disburse funds to partners/sub-awardees; identify evidence-based programs (EBPs); collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building.

**Systems Thinking Approach** As part of its systems thinking approach, Mission West Virginia assessed community- and individual-level needs, resources, and disparities affecting teen pregnancy and STI transmission in their communities. It then developed its project to address those needs by linking youth, parents and caregivers to resources. Mission West Virginia worked with the school system to provide basic supplies and hygiene products, support for student attendance, and help with parent and youth engagement. The project also offered one-to-one support for youth participants experiencing trauma or a substantial need for support, including help with some material needs and direct referrals for a wide range of services.

 **Formal Partners**

**Partners' Roles** Provide youth referrals to EBPs, provide program setting or access to youth, provide support for evaluation/performance measures, provide training on EBPs to provider, provide youth-friendly health care services, participate in or lead a community or youth advisory group related to the project, and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)

**Partner Organization Types** Private non-profit agencies/community-based organizations, health care service providers (e.g., clinics, hospital, public health, private healthcare providers), elementary or secondary schools, state government agencies, county government agencies, and private for-profit companies/consultants

 **Evidence-Based Programs**

EBPs	Settings
Draw the Line/Respect the Line	In-School (middle school)
Love Notes	In-School (high school)

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
Case management and mental health services	Reproductive healthcare, primary healthcare, case management, educational services, food and nutrition (SNAP, WIC, other), housing support, job training/work-readiness, mental health, substance use services, and violence prevention services



## Outreach and Engagement

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### Youth Engagement

For the project, each school had its own Youth Leadership Council (YLC) which helped select which EBPs would be taught. The grantee met with the combined YLCs quarterly to receive feedback, and youth members participated in other project activities, including a panel discussion on mental health. YLC members were supported to turn lessons from YLC participation and training into projects they could implement in their schools. YLC members also designed brochures for the project.

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### Parent/Caregiver Engagement

The grantee provided parent/caregiver workshops and hosted live webinars for parents/caregivers monthly. They also provided a resource page dedicated to parents/caregivers and an app where parents could talk to their child's educator and access resources on adolescent health.

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### Community Engagement

Community-based organizations helped with a needs assessments, hosted community events, and provided resources to parents and youth, including an annual THINK conference (2022) that brought in stakeholders and other youth-serving organizations across the state to learn more about adolescent health topics.

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### Outreach, Communication, and Dissemination

The project used blog posts, flyers, brochures, health fairs, other public events, local media (e.g., radio, television, newspapers), newsletters, public presentations, social media, and websites to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Morehouse School of Medicine



**Project Name:** Taking Time for Teens (T3)



**Grantee Organization Type:** University or college



**Grantee Location:** Atlanta, Georgia



**Number of Formal Partners:** 13



**Urbanicity:** Rural; Urban



**Average # of Youth Served Annually:** >1,000

## Grantee and Grant



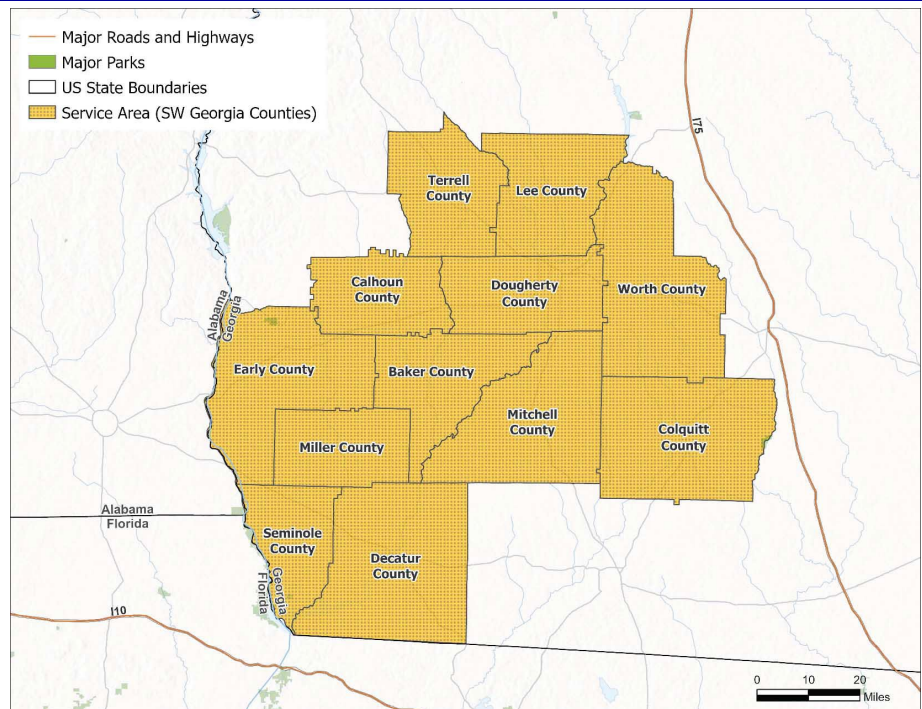
### Grantee and Grant

**Prior TPP Grants**

- Tier 1B (2015-2020): Implementing EBPs to Scale
- TPP18 (2018-2020): Phase I Testing New and Innovative TPP Strategies
- TPP20 Tier 2 (2020-2023): TPP Innovation and Impact Networks

**Project Service Area**

12 Counties in Southwest Georgia: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Lee, Miller, Mitchell, Seminole, Terrell, and Worth counties



**Average Annual TPP20 Grant Amount**

\$1,455,000

<b>Focus Population(s)</b>	<p><b>Race/ethnicity:</b> African American/Black youth</p> <p><b>Special populations:</b> Pregnant and parenting youth; juvenile justice-involved youth</p> <p><b>Participant types:</b> Youth ages 14-19</p>
<b>Grantee's Roles</b>	Disburse funds to partners/sub-awardees; conduct fidelity monitoring; provide training and technical assistance or capacity-building; collect and report performance measures; identifying EBPs
<b>Systems Thinking Approach</b>	As part of its systems thinking approach, Morehouse School of Medicine worked with a range of partners to implement the EBPs in various settings, including out-of-school based settings. The grantee's connections with other community groups, including implementation partners that sit on coalitions that include youth serving and civic organizations, business, and hospitals, helped the project secure additional out-of-school based settings.

 **Formal Partners**

<b>Partners' Roles</b>	Deliver EBPs to youth; provide youth referrals to EBPs; provide program setting or access to youth; provide support for evaluation/performance measures; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)
<b>Partner Organization Types</b>	Elementary or secondary schools; healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers); private non-profit agencies/community-based organizations; universities or colleges

 **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Love Notes	In-school (high school); community-based; and remote/online
SPORT Prevention Plus Wellness	In-school (high school); community-based; remote/online; and after school (at school)
Plan A	Community-based
Too Good For Drugs – HS Edition	Community-based and remote/online

 **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
None	Healthcare and support for pregnant and parenting youth



## Outreach and Engagement

<b>Youth Engagement</b>	The project established youth leadership councils in multiple counties and hosted an annual youth leadership council retreat. The youth leadership councils attended community events and health fairs and provided input on the project.
<b>Parent/Caregiver Engagement</b>	Parents of youth in the project's youth leadership councils have attended youth leadership council events.
<b>Community Engagement</b>	The project used a community needs assessment to inform the project and services provided.
<b>Outreach, Communication, and Dissemination</b>	The project used flyers and brochures to recruit participants or educate community members about the program.

# OPA TPP TIER 1 GRANTEE: Mountain Comprehensive Care Center



**Project Name:** Big Sandy Optimal Health



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



**Grantee Location:** Prestonsburg, Kentucky



**Number of Formal Partners:** Six



**Urbanicity:** Rural



**Average # of Youth Served Annually:** 451-600

## Grantee and Grant



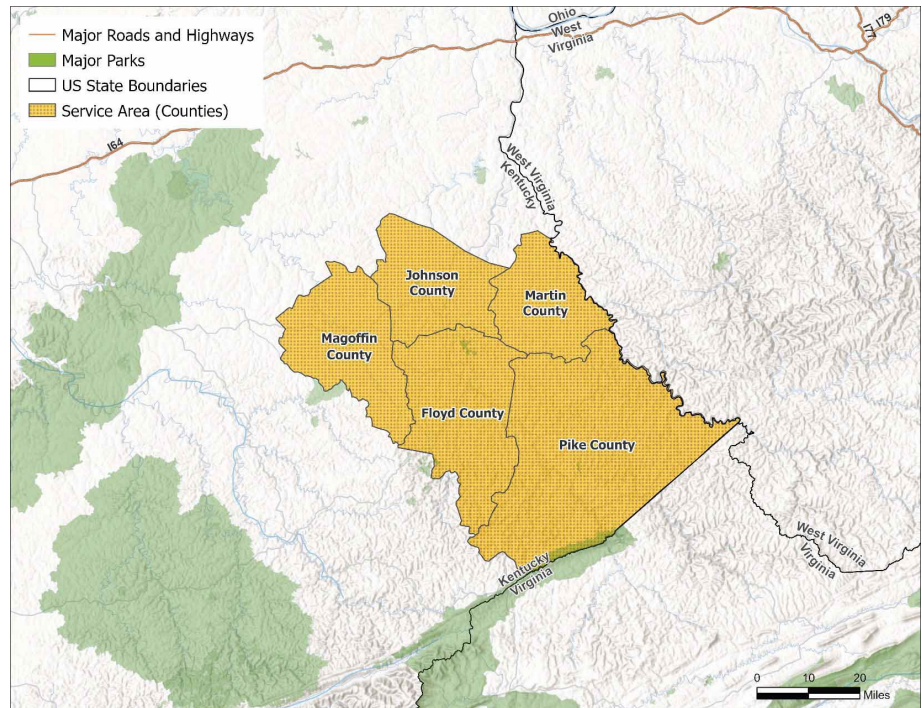
### Grantee and Grant

**Prior TPP Grants**

Optimally Changing the Map for Teen Pregnancy Prevention (TPP20 Tier 1) – 2021-2023

**Project Service Area**

Five Counties in East Kentucky: Floyd, Johnson, Martin, Magoffin, and Pike



**Average Annual TPP20 Grant Amount**

\$1,500,000

**Focus Population(s)**

**Participant types:** Youth ages 10-19 and parents/guardians

**Grantee's Roles**

Provide training and technical assistance/capacity-building; and disburse funds to partners/sub-awardees



## Systems Thinking Approach

As part of its systems-thinking approach, the grantee focused on culturally competent approaches to build community buy-in and seek program referrals from a wide variety of local partners. This included coordinating program and supportive services across multiple community partners and clearly defining the resources and strategies to address Adolescent Health: [Think, Act, Grow® \(TAG\)](#) principles. The grantee also incorporated behavioral health programming into the project to engage and support families and caregivers as well as youth. Throughout the project, the grantee elicited input from youth and their families through community groups, interviews, conversations, and the project’s advisory council.



## Formal Partners

### Partners’ Roles

Deliver EBPs; provide setting for EBPs; provide mental health services; provide family resource centers; make referrals to youth-friendly healthcare; provide youth-friendly healthcare services; external evaluation; and community mobilization

### Partner Organization Types

Elementary and secondary schools; healthcare service providers; mental health providers; juvenile justice centers; community-based organizations; and faith-based organizations



## Evidence-Based Programs

### EBPs

### Settings

Botvin LifeSkills Curriculum

In-School (elementary, middle and high schools)

Positive Prevention PLUS

In-School (high school)



## Supportive Services

### Provided by Grantee Organization

### Provided by Referral

Case management, educational services, and peer support

Reproductive healthcare; primary healthcare; case management; educational services; mental health services; food and nutrition (SNAP, WIC, other); substance use services; and violence prevention services



## Outreach and Engagement

### Youth Engagement

Youth were included on the projects advisory board and provided input and feedback on the project as a part of this role.

### Parent/Caregiver Engagement

The project held quarterly advisory board meetings, which included parents/caregivers. Parents and caregivers also participated in existing community boards and school meetings, where the project was discussed.

<b>Community Engagement</b>	The project collected feedback and input from an existing community advisory group and its newly developed advisory board, public listening sessions, focus groups, surveys, a community needs assessment, and social media.
<b>Outreach, Communication, and Dissemination</b>	Big Sandy Optimal Health used flyers, brochures, health fairs, local media, public presentations, and social media to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Multnomah County Health Department



**Project Name:** Adolescents and Communities Together (ACT)



**Grantee Organization Type:** County government agency



**Grantee Location:** Portland, Oregon



**Number of Formal Partners:** 17



**Urbanicity:** Urban; Suburban



**Average # of Youth Served Annually:** >1,000

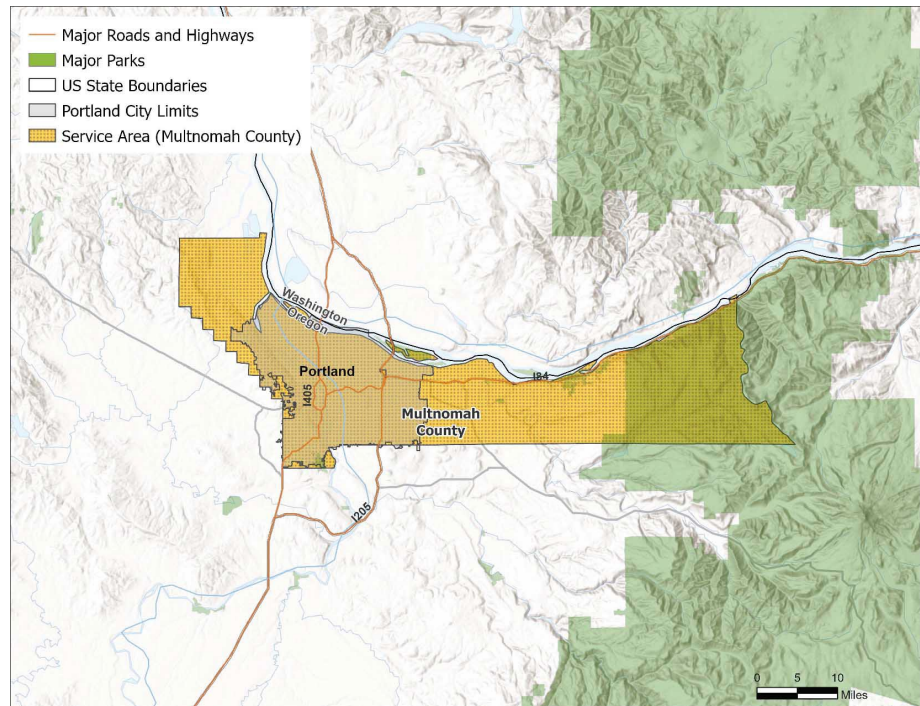


### Grantee and Grant

**Prior TPP Grants**

Tier 1b (2015-2020): Implementing EBPs to Scale

**Project Service Area**  
Multnomah County,  
Oregon



**Average Annual TPP20 Grant Amount**

\$1,455,000

**Focus Population(s)**

**Race/ethnicity:** Black/African American; Latinx; Native American, Pacific Islander

**Special populations:** Youth living with disabilities; Immigrants and refugees

**Participant types:** Youth ages 10-19; Parents and caregivers

**Grantee's Roles**

Identify evidence-based programs (EBPs); provide EBPs directly to youth; disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building.

**Systems Thinking Approach**

The grantee formed a network of partnerships among school districts, community-based organizations, and the county health department to replicate comprehensive, effective sex education in existing programs, while also building the capacity of organizations to promote community health long-term. The project used the frameworks of social determinants of health, the Socio-Ecological model, positive youth development, and equity and empowerment to ensure that the project's systems approach met the needs of the communities and populations served. The project made a conscious effort to understand the needs, strengths, and experiences of each population served, with the aim of illuminating both shared needs and unique opportunities for change. The overall goal was to create a network of trusted, askable adults across the systems and environments youth engage who had the capacity to provide sexual health education and support to youth.

**Formal Partners****Partners' Roles**

Deliver EBPs to youth; provide youth referrals to EBPs; provide program settings or access to youth; provide support for evaluation/performance measures; provide training on EBPs to provider; provide youth-friendly health care services; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)

**Partner Organization Types**

School districts and private non-profit agencies/community-based organizations

**Evidence-Based Programs****EBPs****Settings**

Making Proud Choices!

After school (at school); Community-based settings; Juvenile detention/justice centers; In-School (middle school and high school)

Get Real

In-School (middle school)

Positive Prevention PLUS

In-School (high school)

**Supportive Services****Provided by Grantee Organization****Provided by Referral**

None

Reproductive healthcare, primary healthcare, case management, educational services, food and nutrition (SNAP, WIC, other); health insurance (Medicaid, CHIP), housing support, income security (TANF, etc.), job training/work-readiness, mental health, substance use services, and violence prevention services



## Outreach and Engagement

<b>Youth Engagement</b>	The grantee engaged multiple existing youth-led advisory groups to collect input and feedback on the project, focusing especially on supporting youth-driven health equity efforts.
<b>Parent/Caregiver Engagement</b>	The project provided culturally relevant training to parents/caregivers and developed an informational video for parents/caregivers about their children's sex education unit.
<b>Community Engagement</b>	The grantee engaged an existing community advisory group, held ad-hoc engagements, hosted focus groups, and used a community needs assessment to inform the project.
<b>Outreach, Communication, and Dissemination</b>	The project used blog posts, flyers, brochures, health fairs, other public events, public presentations, newsletters, social media, and websites to recruit participants or educate community members about the program.

# OPA TPP TIER 1 GRANTEE: North Texas Alliance to Reduce Unintended Pregnancy in Teens (Ntarupt)



**Project Name:** Ntarupt the System for Optimal Adolescent Health



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



**Grantee Location:** Dallas, Texas



**Number of Formal Partners:** 2



**Urbanicity:** Urban



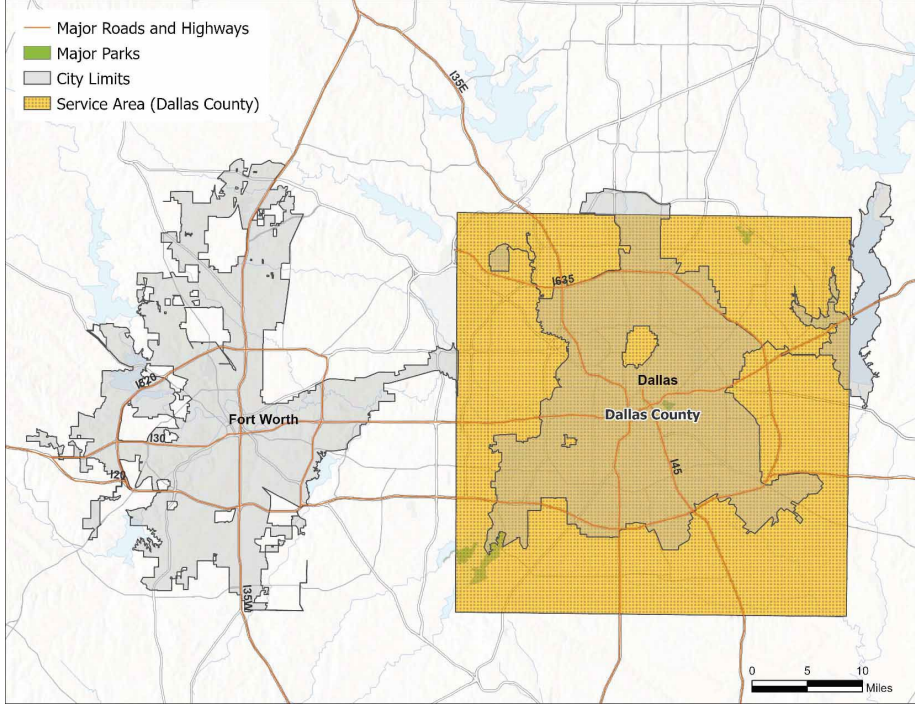
**Average # of Youth Served Annually:** >1,000

## Grantee and Grant

**Prior TPP Grants**

Tier 1b (2015-2020): Implementing EBPs to Scale

**Project Service Area:**  
Dallas County, Texas  
(Uplift Public Charter School System)



**Average Annual TPP20 Grant Amount** \$855,769

**Focus Population(s)** **Participant types:** Youth in grades 9-12, parents, and the community surrounding the Uplift Education Charter School network

**Grantee's Roles** Provide EBPs directly to youth; identify evidence-based programs (EBPs); collect and report performance measures; disburse funds to partners/sub-awardees; and provide training and technical assistance or capacity-building

**Systems Thinking Approach** Ntarupt worked with a broad array of community members and organizations to develop a systems map, including six essential themes or leverage points: 1) providing EBPs; 2) increase awareness of state and local sexual and reproductive health policies; 3) foster safe spaces in schools and community-based organizations; 4) train youth-serving adults to be trusted adults for youth regarding sexual and reproductive health conversations; 5) implement restorative education around healthcare access; and 6) provide EBPs to parents and caregivers. This process enabled them to identify leverage points and align their work with community assessments to provide youth, caregivers, and community members with curricula, tools, and resources to help improve youth outcomes.

 **Formal Partners**

**Partners' Roles** Provide program settings for EBPs and recruit EBP participants

**Partner Organization Types** Secondary schools

 **Evidence-Based Programs**

EBPs	Settings
Positive Prevention PLUS	In-School (high school)
Families Talking Together (FTT)	Community-based settings; Out-of-Home; Remote/online

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
None	Reproductive healthcare, mental health services, and violence prevention services

 **Outreach and Engagement**

**Youth Engagement** The grantee created a new youth-led advisory group to collect youth feedback on the project.

**Parent/Caregiver Engagement** Ntarupt offered parents and caregivers preview sessions for Positive Prevention PLUS. Parent programming was delivered to all of the community advisory group members and the grantee provided education for parents through the EBP, Families Talking Together.

**Community Engagement** The grantee created a new community advisory group, fielded surveys, and provided 'How to Be an Askable Adult' training for parents and community members.

**Outreach,  
Communication, and  
Dissemination**

The project used health fairs, other public events, flyers, brochures, blog posts, newsletters, social media, websites, and local media (e.g., radio, television, newspapers) to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: OIC of South Florida



**Project Name:** OIC of South Florida 2020 Teen Pregnancy Prevention Project



**Grantee Organization Type:** Private non-profit agency



**Grantee Location:** Oakland Park, Florida



**Number of Formal Partners:** 13



**Urbanicity:** Urban



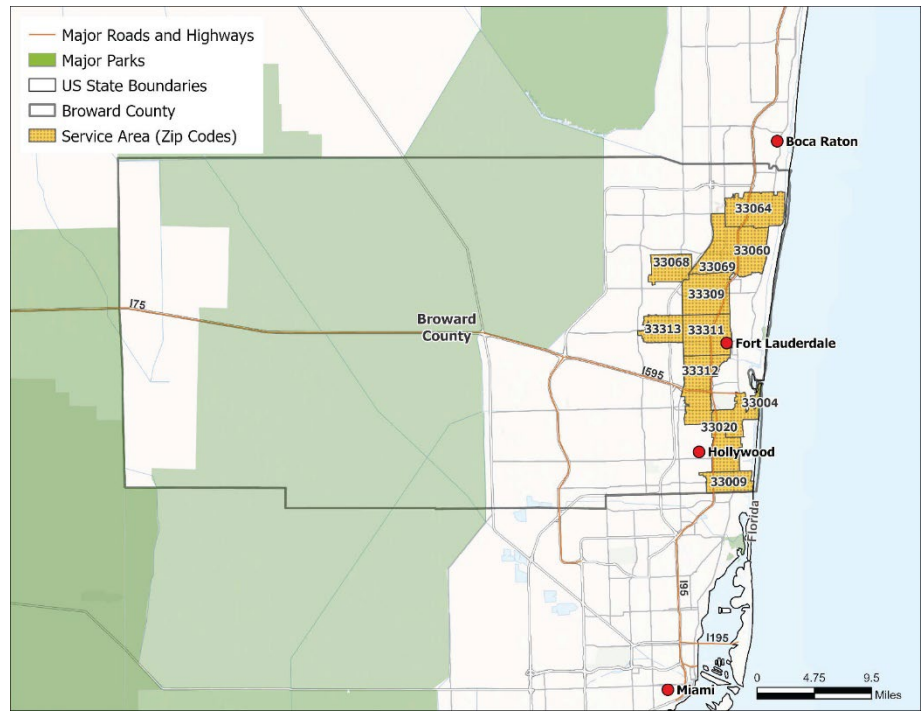
**Average # of Youth Served Annually:** <150

## Grantee and Grant

**Prior TPP Grants**

TPP Tier 1b (2015-2020): Implementing EBPs to Scale  
 TPP19 Tier 1 (2019-2021): Replicating Effective Programs to Prevent Teen Pregnancy

**Project Service Area 12**  
 Broward County, Florida  
 Zip Codes identified as high risk or high need:  
 33441; 33064; 33069;  
 33060; 33068; 33309;  
 33313; 33311; 33312;  
 33004; 33020; and 33009.



**Average Annual TPP20 Grant Amount** \$1,455,000

**Focus Population(s)** **Participant types:** Youth ages 13-19

<b>Grantee's Roles</b>	Identify evidence-based programs (EBPs); disburse funds to partners/sub-awardees; collect and report performance measures; and provide training and technical assistance or capacity-building
<b>Systems Thinking Approach</b>	Working closely with anchor partners – the public schools and the major healthcare system in the area – OIC sought to prevent teen pregnancy and STIs and promote adolescent health by linking teens to support services, increasing completion of EBPs, adopting a positive youth development framework, providing “booster” sessions during school breaks, delivering workshops to parents and caregivers, and promoting positive youth norms through a youth leadership development initiative.

### **Formal Partners**

<b>Partners' Roles</b>	Deliver EBP(s); provide settings for EBPs; provide training or technical assistance; recruit EBP participants; organizing/mobilization; make referrals to youth-friendly healthcare; provide youth-friendly healthcare services; and serve as an external evaluator
<b>Partner Organization Types</b>	Community-based organizations; elementary and secondary schools; social services organizations; health care services providers (e.g., clinics, public health, private healthcare providers); government agencies; and private companies/consultants

### **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Love Notes	In-School (middle school and high school)

### **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
None	Reproductive healthcare, primary healthcare, case management, counseling, educational services, housing support, job training/work-readiness, mental health, substance use services, violence prevention services, services for LGBTQ+ youth, community resource and crisis line, and services for people and youth experiencing homelessness

### **Outreach and Engagement**

<b>Youth Engagement</b>	The grantee engaged a pre-existing youth advisory group to provide input on the project, created a youth leadership development initiative, and fielded a community needs assessment to inform the project.
<b>Parent/Caregiver Engagement</b>	OIC of Broward County engaged a pre-existing community advisory group, hosted workshops, and fielded a community needs assessment to collect parent and caregiver feedback on needs and project programming.

<b>Community Engagement</b>	The grantee engaged a pre-existing community advisory group and fielded a community needs assessment to collect community feedback on needs and project programming.
<b>Outreach, Communication, and Dissemination</b>	The project used public events, social media, websites, a digital newsletter, texting, and apps to recruit participants or educate community members about the program.

# OPA TPP TIER 1 GRANTEE: Oklahoma City-County Health Department



**Project Name:** Project REACH  
(Reproductive Education to Achieve Community Health)



**Grantee Organization Type:** County Government



**Grantee Location:** Oklahoma City, Oklahoma



**Number of Formal Partners:** 3



**Urbanicity:** Urban



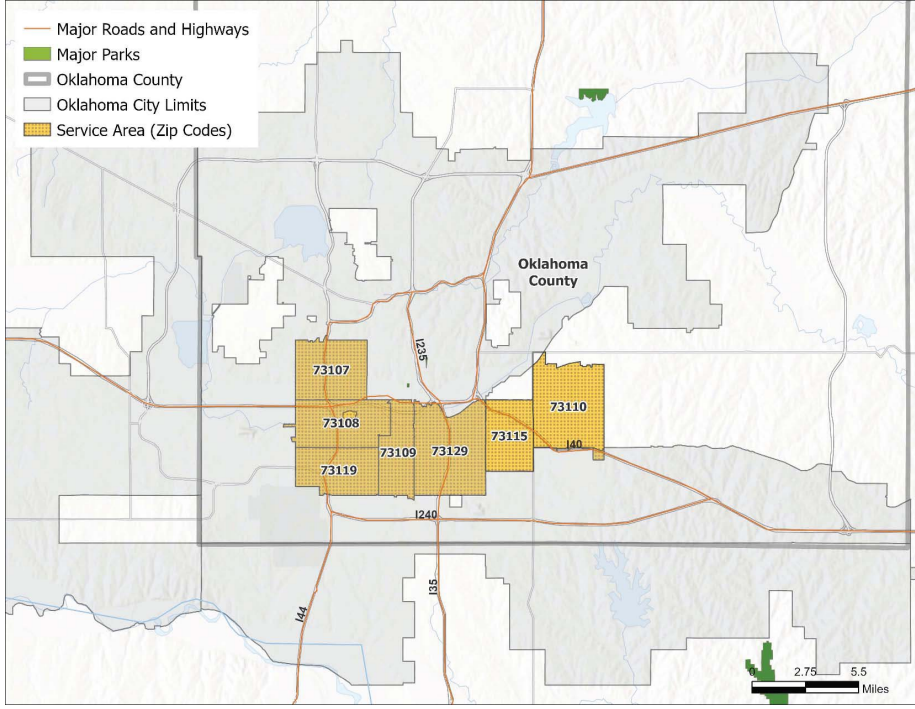
**Average # of Youth Served Annually:** >1,000

## Grantee and Grant

**Prior TPP Grants**

Implementing EBPs to Scale (Tier 1b) – 2015-2020

**Project Service Area**  
Seven Zip Codes in Oklahoma County, Oklahoma: 73107, 73108, 73109, 73110, 73115, 73119, and 73129



**Average Annual TPP20 Grant Amount** \$1,455,000

**Focus Population(s)** **Race/ethnicity:** Black and Hispanic youth  
**Special populations:** LGBTQA+ and expectant and parenting teens  
**Participant types:** Youth ages 13-19 and parents/guardians

**Grantee's Roles** Identifying EBPs with a focus on replication through collaborative partnerships, community support, and building capacity around education and access to medical services for the selected focus populations.

**Systems Thinking Approach** The grantee used systems thinking to identify the leverage points, activities, and supports needed to further support the needs of Spanish-speaking youth and pregnant and parenting teens beyond sexual and reproductive health programming. Under this approach, the grantee explored issues such as pregnancy stress, sources of social support, social determinants of health risk factors, and childhood adversity.

 **Formal Partners**

**Partners' Roles** Participate in or lead a community or youth advisory group related to the project.

**Partner Organization Types** Healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers), and private non-profit agencies/community-based organizations.

 **Evidence-Based Programs**

EBPs	Settings
Making Proud Choices	In-School, Middle School (6 <sup>th</sup> ); In-School, High School (9 <sup>th</sup> )
Making a Difference	In-School, Middle School (6 <sup>th</sup> )
Positive Prevention Plus	In-School, High School (9 <sup>th</sup> )
Love Notes	In-School, High School (12 <sup>th</sup> )

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
None	Schools provided a referral guide for students, appointment scheduling, contraceptive and reproductive services, teen clinics, a teen clinic hotline, and services for LGBTQ+ teens.

 **Outreach and Engagement**

**Youth Engagement** The project formed a youth advisory group that consisted of trained peer educators from schools who provided feedback on the curriculum and the June summer retreats, attended bi-monthly meetings, and engaged in volunteer work.

**Parent/Caregiver Engagement** The project hosted parent night learning sessions that provided attendees with information on strategies and methods including adolescent development basics, becoming a trusted adult, and parent-teen communication.

**Community Engagement** A community advisory group provided input on the project. The grantee also completed a community needs assessment to inform development of the project and services needed. Partner agencies hosted teacher learning sessions to share information about the project and how to talk to youth about sexual health.

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**Outreach, Communication, and Dissemination** Project REACH used social media, public listening sessions, and websites as part of its community outreach and communication to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Pascua Yaqui Tribe of Arizona



**Project Name:** Pascua Yaqui Tribal Adolescent Health Project (TAHP)



**Grantee Organization Type:** Tribal government agency



**Grantee Location:** Tucson, Arizona



**Number of Formal Partners:** None



**Urbanicity:** Rural

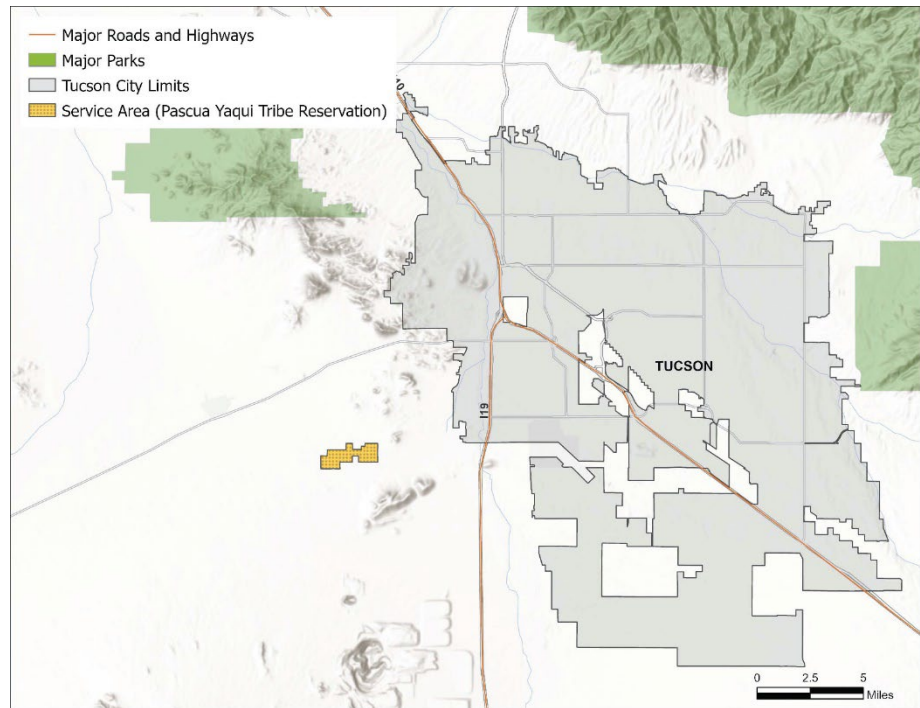


**Average # of Youth Served Annually:** <150

## Grantee and Grant

**Prior TPP Grants**                      None

**Project Service Area**  
Pascua Yaqui Tribal Reservation and surrounding communities in the State of Arizona



**Average Annual TPP20 Grant Amount**                      \$1,069,440

**Focus Population(s)**                      **Race/ethnicity:** Pascua Yaqui/Yaqui heritage youth or Yoeme  
**Participant types:** Youth ages 11-19 and their parents/caregivers

**Grantee's Roles**                      Deliver EBPs; conduct fidelity monitoring; provide educational services; and provide referrals for mental health and substance use services.

## Systems Thinking Approach

As part of its systems thinking approach, TAHP created a network of youth-serving providers through an Advisory Committee comprised of youth service providers, youth, parents/caregivers, and community members. The Advisory Committee was responsible for identifying leverage points to help enhance and provide trauma informed supportive services to youth.



## Formal Partners

**Partners' Roles** None

**Partner Organization Types** None



## Evidence-Based Programs

**EBPs**

**Settings**

Respecting the Circle of Life: Mind, Body, and Spirit (RCL)

Out-of-school time (after school); community-based settings



## Supportive Services

**Provided by Grantee Organization**

**Provided by Referral**

None.

Mental health counseling and substance abuse services.



## Outreach and Engagement

**Youth Engagement**

TAHP formed a Youth Advisory Committee to inform program implementation. Youth provide feedback on program features such as the EBP, program features or priorities most important to them, incentives, trainings they would like to receive, and what resources they use to learn about what is happening in the community.

**Parent/Caregiver Engagement**

TAHP engaged parents in the implementation of the project through Parent/Caregiver Information Sessions. These sessions provided parents and caregivers the opportunity to learn about the TAHP program, the curriculum, and provided a forum to share their thoughts on how to address youth's needs.

**Community Engagement**

TAHP engaged a pre-existing community Advisory Committee to inform the project's work. The Advisory Committee allowed TAHP to inform other organizations about the program and curriculum, and the benefits of participating in it, and facilitated additional referrals to the program.

**Outreach, Communication, and Dissemination**

TAHP used flyers, brochures, health fairs or other public events, local media such as radio, television, and newspapers, public presentations, and social media to advertise the program.



# OPA TPP TIER 1 GRANTEE: Planned Parenthood Mar Monte, Inc.



**Project Name:** Planned Parenthood Mar Monte's (PPMM) Sex Ed Equity (S.E.E.) Project



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



**Grantee Location:** San Jose, California



**Number of Formal Partners:** 10



**Urbanicity:** Mixed



**Average # of Youth Served Annually:** 150-300

## Grantee and Grant

**Prior TPP Grants**                      None

**Project Service Area**

4 Counties in California:  
Kern, Monterey, Tulare,  
and San Joaquin counties;  
One Nevada County:  
Washoe County



**Average Annual TPP21 Grant Amount**                      \$1,004,826

**Focus Population(s)**                      **Special populations:** Youth involved or at risk of involvement in the child welfare/foster care or juvenile justice system and youth who are experiencing homelessness  
**Participant types:** Youth ages 13-19

<b>Grantee's Roles</b>	Identify evidence-based programs (EBPs); disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; and provide financial support to partners (e.g., start-up fees, program materials, incentives for youth) to implement the EBPs
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<b>Systems Thinking Approach</b>	The S.E.E. project was developed around a Social-Ecological model that includes entities at the macrosystem level (systems such as the juvenile justice system, the foster system, schools, etc.), the mezzo system (youth influencers, including parents and advocates, probation officers, detention staff, and residential care staff), and the microsystem level (residents of group homes, juvenile justice-involved, and incarcerated youth). The project aimed to build the capacity of partner sites through regular training and coaching.
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### Formal Partners

<b>Partners' Roles</b>	Deliver EBPs to youth; provide youth referrals to EBPs; provide program setting or access to youth; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)
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<b>Partner Organization Types</b>	County government agencies; elementary or secondary schools; and private non-profit agencies/community-based organizations
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### Evidence-Based Programs

EBPs	Settings
Plan A	Clinic-based; Community-based settings; Out-of-home; Remote/Online
Power Through Choices	Juvenile detention/justice centers; In-school (alternative education for youth involved with juvenile justice system or probation)

### Supportive Services

Provided by Grantee Organization	Provided by Referral
None	Primary healthcare, reproductive healthcare, health insurance (Medicaid, CHIP), substance use services, violence prevention services, mental health services, and vocational services

### Outreach and Engagement

<b>Youth Engagement</b>	The grantee fielded surveys and used a community needs assessment to identify youth needs and collect input for the project.
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<b>Parent/Caregiver Engagement</b>	Planned Parenthood Mar Monte collected input from parents and caregivers through surveys. It also developed a parent/caregiver page on the project's website highlighting resources for parents/caregivers and worked to build and support a network of resources for caring adults.
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**Community Engagement** The grantee fielded surveys and used a community needs assessment to identify community needs and collect input for the project.

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**Outreach, Communication, and Dissemination** The project used flyers, brochures, public presentations, emails, direct phone calls, and text messages to recruit participants or educate community members about the program.

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## OPA TPP TIER 1 GRANTEE: Planned Parenthood of the Heartland (PPH)



**Project Name:** Community Responsive, Youth-driven Comprehensive Sexual and Reproductive Health Interventions to Achieve Optimal Health for African American and Latinx Teens in Western Iowa



**Grantee Organization Type:** Hospital, clinic, or other healthcare provider



**Grantee Location:** Des Moines, Iowa



**Number of Formal Partners:** 2



**Urbanicity:** Urban and Rural



**Average # of Youth Served Annually:** 301-450



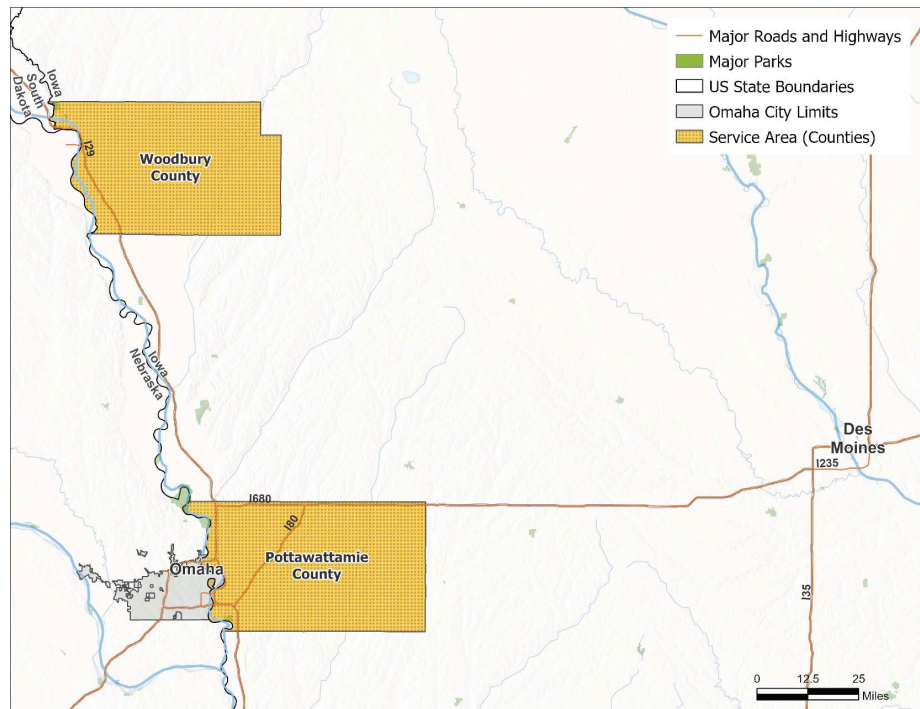
### Grantee and Grant

#### Prior TPP Grants

Tier 1b (2015-2020): Implementing EBPs to Scale

#### Project Service Area

Woodbury and Pottawattamie Counties, Iowa



**Average Annual TPP20 Grant Amount**

\$684,461

**Focus Population(s)**

**Race/ethnicity:** African American and Latinx youth

**Participant types:** Youth ages 13-19, parents and caregivers

**Grantee's Roles** Provide EBPs directly to youth; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building

**Systems Thinking Approach** PPH took a multi-layered systems-thinking approach through individual interventions (e.g., evidence-based youth education programs, evidence based parent education programs, and professional training for youth-serving adults); community interventions (e.g., youth and community advisory boards to engage youth from the focus populations and interested adults in program planning, outreach, implementation and evaluation); and system interventions (e.g., a community resources scan that assessed the availability, accessibility, and the degree to which youth from the focus population are engaging with community resources). This was achieved by facilitating and coordinating cross-sector collaboration to better leverage strengths, identify opportunities for improvement, and initiate systemic change for a collective impact.

 **Formal Partners**

**Partners' Roles** Deliver EBPs to youth; provide support for evaluation/performance measures; and participate in or lead a community or youth advisory group related to the project.

**Partner Organization Types** Universities or colleges; private non-profit agencies and community-based organizations.

 **Evidence-Based Programs**

EBPs	Settings
Draw the Line/Respect the Line	In-School, after school (at school), community-based settings, and out-of-home settings
Families Talking Together	After school (at school), out-of-home settings, and technology-based
Safer Choices	In-School, after school, community-based settings, and out-of-home settings
Safer Sex Intervention (SSI)	Clinic-based

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
Educational services	Reproductive healthcare and educational services

 **Outreach and Engagement**

**Youth Engagement** PPH engaged a pre-existing youth advisory group that met biweekly/monthly to provide insight and feedback on refining the program (e.g., the youth advisory group recommended that the PPH's hosted health fair include all services that youth would directly need).

<b>Parent/Caregiver Engagement</b>	PPH provided education services, Families Talking Together, for parents to learn how to navigate conversations with their children. PPH also hosted focus groups with parents and caregivers.
<b>Community Engagement</b>	PPH engaged a pre-existing community advisory board that meets monthly to provide insight and feedback on the program.
<b>Outreach, Communication, and Dissemination</b>	PPH used flyers, brochures, health fairs or other public events, social media, and websites for community outreach and communication to recruit participants or educate community members about the project.

## OPA TPP TIER 1 GRANTEE: Planned Parenthood of New York City



**Project Name:** Project STIQ (Supporting Teens in Queens to Promote Sexual Health)



**Grantee Organization Type:** Hospital, clinic, or other healthcare provider



**Grantee Location:** New York, New York



**Number of Formal Partners:** 15



**Urbanicity:** Urban



**Average # of Youth Served Annually:** 751-1,000



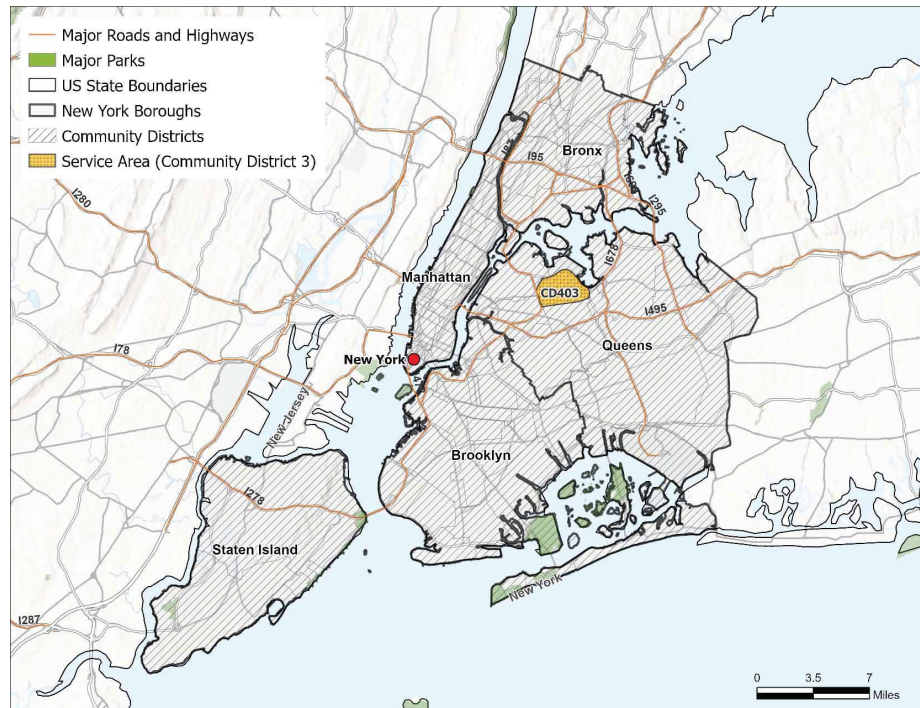
### Grantee and Grant

**Prior TPP Grants**

TPP20 Tier 2 (2020-2023): TPP Innovation and Impact Networks

**Project Service Area**

Queens New York  
Community District 3  
(CD3)



**Average Annual TPP20 Grant Amount**

\$1,169,723

**Focus Population(s)**

**Participant types:** Youth ages 11-17; parents and caregivers

**Grantee's Roles** Identify evidence-based programs (EBPs); provide EBPs directly to youth; provide training and technical assistance or capacity-building; collect and report performance measures; conduct fidelity monitoring; provide supportive services to help young people make appointments and to become aware of what resources are available to their communities; and provide parent workshops for parents in Queens CD3.

**Systems Thinking Approach** The grantee's systems-thinking approach was shaped by the socio-ecological framework (which considers community, organizational, interpersonal, and individual-level factors) and a local assessment of the circumstances impacting individual decision-making and actions. The grantee worked on multiple levels to build knowledge and skills around adolescent reproductive and sexual health—including working closely with community-based organizations that deliver EBPs in multiple settings—and strengthening support systems that enable individuals to act on decisions through initiatives like parent/caregiver workshops and professional development training for local partners.

 **Formal Partners**

**Partners' Roles** Provide youth referrals to EBPs; provide program setting or access to youth; provide support for evaluation/performance measures; provide or support dissemination and public messaging (e.g., for recruitment or program awareness); and education and after-school services.

**Partner Organization Types** Elementary and secondary schools; private non-profit agencies/community-based organizations; and libraries

 **Evidence-Based Programs**

EBPs	Settings
Making Proud Choices!	After school (at school); Community-based settings; In school (middle schools)
Adult Identity Mentoring (Project AIM)	In school (middle schools); After school (at school)
Be Proud! Be Responsible!	After school (at school); Community-based settings; In school (high schools); Remote/online

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
Reproductive healthcare	Reproductive healthcare, educational services, and health insurance (Medicaid, CHIP)





## Outreach and Engagement

<b>Youth Engagement</b>	Project STIQ led an active Youth Advisory Board that continually gave input and feedback on: EBP adaptations to increase inclusivity and accessibility of information, workshops led by grantee staff, areas where they would like more information and support, organizing a Youth Summit, and educational content delivered through social media. The grantee provided training and guidance to Youth Advisory Board members. The Youth Summit featured sexual health speakers, breakout sessions for youth and parents/caregivers, fun activities for youth, local vendors, and a mobile health unit.
<b>Parent/Caregiver Engagement</b>	Project STIQ led workshops for parents/caregivers in multiple languages and engaged them in a Youth Summit.
<b>Community Engagement</b>	Project STIQ engaged existing youth-led advisory groups or coalitions; created a new youth-led advisory group; fielded community surveys and a needs assessment; provided professional development trainings to other community-based organizations serving the target area; and held a Youth Summit that was open to community members.
<b>Outreach, Communication, and Dissemination</b>	Project STIQ shared news about the project and recruited participants through flyers and brochures, health fairs and other public events, newsletters, social media, and websites.

## OPA TPP TIER 1 GRANTEE: Project Vida Health Center



**Project Name:** Be You Wellness Program



**Grantee Organization Type:** Healthcare provider



**Grantee Location:** El Paso, Texas



**Number of Formal Partners:** 4



**Urbanicity:** Urban and Rural



**Average # of Youth Served Annually:** >1,000



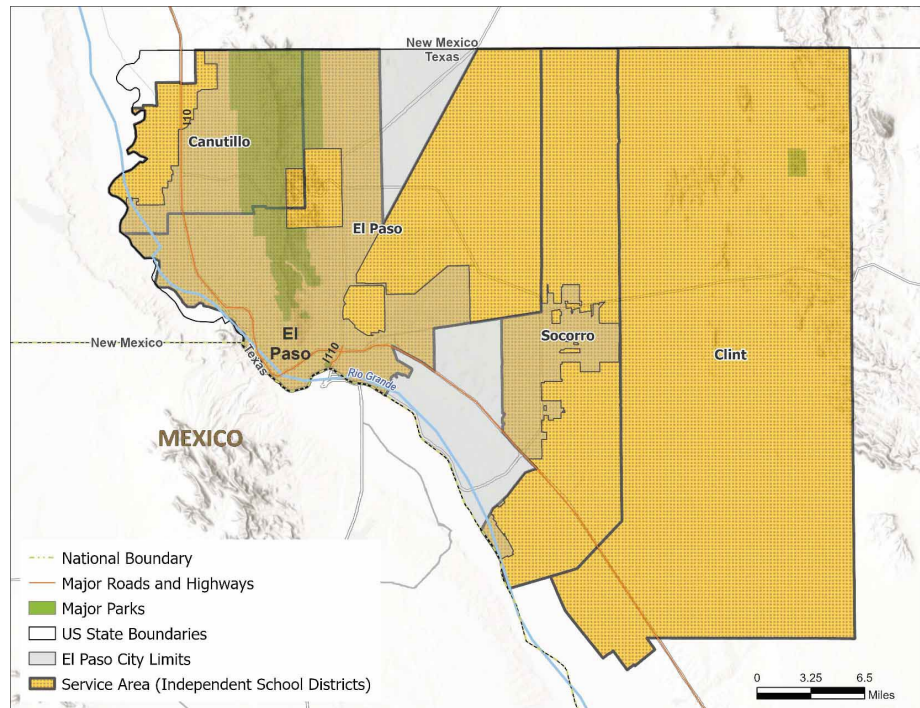
### Grantee and Grant

**Prior TPP Grants**

Tier 1b (2015-2020): Implementing EBPs to Scale;  
 TPP19 Tier 1 (2019-2021): Replicating Effective Programs to Prevent Teen Pregnancy

**Project Service Area**

The Socorro, Canutillo, El Paso, and Clint Independent School Districts in Texas



**Average Annual TPP20 Grant Amount**

\$1,431,653

**Focus Population(s)**

**Race/ethnicity:** Latino/Hispanic middle and high school students

<b>Grantee's Roles</b>	Provide EBPs directly to youth; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building.
<b>Systems Thinking Approach</b>	The Be You Wellness Program aimed to have a rippling effect throughout the community through the implementation of EBP curriculum and the engagement of youth serving professionals. The Program built relationships at the school district level with individuals coordinating health classes. Health teachers, who implemented the EBPs, were trained on trauma-informed strategies and social emotional learning. Teachers were also encouraged to help youth seek out additional services, as needed.

### **Formal Partners**

<b>Partners' Roles</b>	Provide program setting or access to youth and deliver EBPs to youth.
<b>Partner Organization Types</b>	Elementary or secondary schools (public or private)

### **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Positive Potential	In-School, Middle School
Positive Prevention Plus	In School, High school

### **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Educational services: positive youth development and parent engagement workshops	Reproductive healthcare, primary healthcare, educational services, food and nutrition (snap, WIC, other), health insurance (Medicaid, CHIP), housing support, and mental health and substance use services.

### **Outreach and Engagement**

<b>Youth Engagement</b>	The Be You Wellness Program used a Youth Leadership Initiative (YLI) that was peer-led. Youth in the initiative developed lessons and facilitated conversations with students. The YLI provided input on the media and marketing campaigns used to promote program.
<b>Parent/Caregiver Engagement</b>	The Be You Wellness Program provided workshops on parent engagement and positive parenting. Parents were also encouraged to stay engaged through social media and community events.
<b>Community Engagement</b>	Project Vida Health Center conducted a community needs assessment and met with already existing community groups to receive feedback on its implementation strategies.

**Outreach,  
Communication, and  
Dissemination**

The Be You Wellness Program used flyers, brochures, health fairs or other public events, public presentations, social media, and websites as part of their community outreach and communication to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: PRO Youth and Families, Inc.



**Project Name:** TRUST (Think, Relate, Understand: Self-Efficacy to Thrive Project)



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



**Grantee Location:** Sacramento, California



**Number of Formal Partners:** 3-6



**Urbanicity:** Urban, Suburban, and Rural

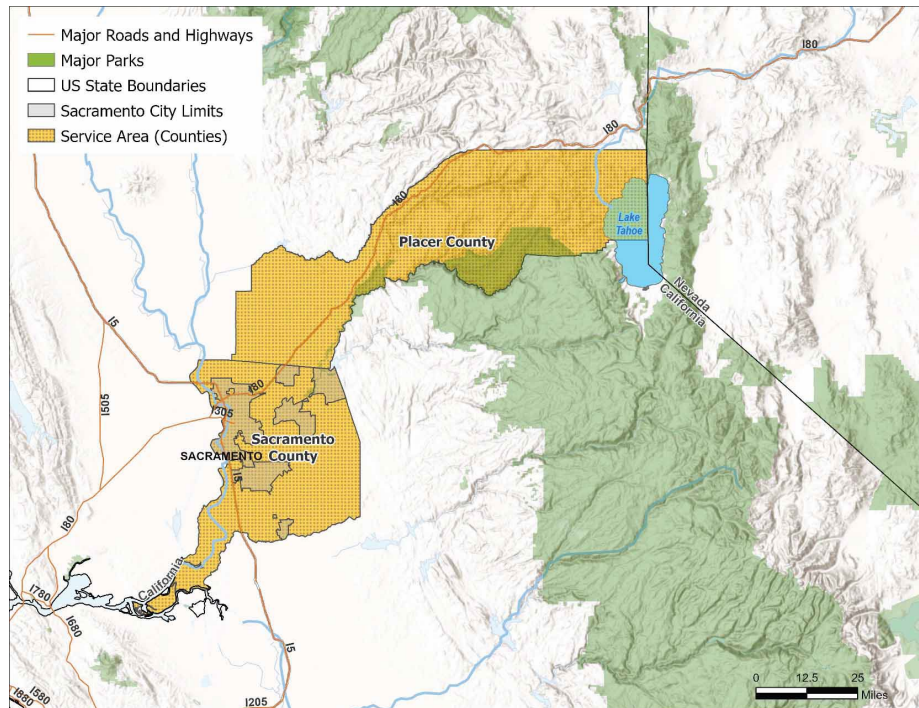


**Average # of Youth Served Annually:** 150-300

## Grantee and Grant

**Prior TPP Grants** None

**Project Service Area**  
Sacramento and Placer Counties in California



**Average Annual TPP20 Grant Amount** \$823,964

**Focus Population(s)** **Special populations:** Justice-impacted youth and youth in and out of home placement  
**Participant types:** Youth ages 12-18 years old

**Grantee's Roles** Identify EBPs; provide EBPs directly to youth; collect and report performance measures; conduct fidelity monitoring; disburse funds to partners/sub-awardees who provide the programming; and other program design (e.g., PRO Youth & Families designed the TRUST project).

**Systems Thinking Approach** The TRUST Project conducted a community assessment to identify a collaborative network of organizations and leverage points to align efforts, utilize strengths, and tap into various community systems to create a comprehensive approach to promote adolescent health and prevent teen pregnancy and STIs. This included leveraging partners from the juvenile justice system and other entities serving justice-impacted youth; identifying curriculum that is inclusive of physical, emotional, and sexual health; incorporating mental health services; fostering youth relationships with trusted adults to build a support system; and engaging in consistent follow-up with youth.

 **Formal Partners**

**Partners' Roles** Partners deliver EBPs to youth; provide program setting or access to youth; provide support for evaluation/performance measures; provide training on EBPs to providers; and provide youth with other services (e.g., Youth Engagement Squad - participatory action research and service learning projects.)

**Partner Organization Types** Private non-profit agencies and community-based organizations, and an EBP curriculum publisher (Dibble Institute)

 **Evidence-Based Programs**

EBPs	Settings
Love Notes	After school (at school); community-based settings; in-school (middle and high school), out-of-home settings, remote/technology-based settings, and juvenile detention or justice centers.

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
Educational services, mental health services, and reproductive health services.	Reproductive healthcare, housing support, violence prevention services, job training and work readiness services, and mental health and substance use services.

 **Outreach and Engagement**

**Youth Engagement** The TRUST project developed the Youth Engagement Squad that was designed to further engage youth in the project through youth participatory action research, art expression, service-learning projects, and a PhotoVoice project about health in their community.

**Parent/Caregiver Engagement**

PRO's Youth & Family Collective (described below) helped engage parents and caregivers in various aspects. Members of the Collective worked with youth on service projects, such as social media campaigns, which included messaging to parents and caregivers on how they can support their children. Parents and caregivers were also invited to attend awards ceremonies or celebrations when youth complete the program.

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**Community Engagement**

The project leveraged PRO's Youth & Family Collective (YFC) initiative, which drives collaboration, knowledge and resource sharing among over 70 youth-serving entities, and capacity building for nonprofits. The YFC supported efforts to engage community feedback for the project.

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**Outreach, Communication, and Dissemination**

TRUST used flyers, brochures, health fairs or other public events, and websites as part of their community outreach and communication to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Public Health Authority of Cabarrus County, d.b.a. Cabarrus Health Alliance



**Project Name:** Elevate



**Grantee Organization Type:** County government agency



**Grantee Location:** Kannapolis, NC



**Number of Formal Partners:** 7



**Urbanicity:** Urban



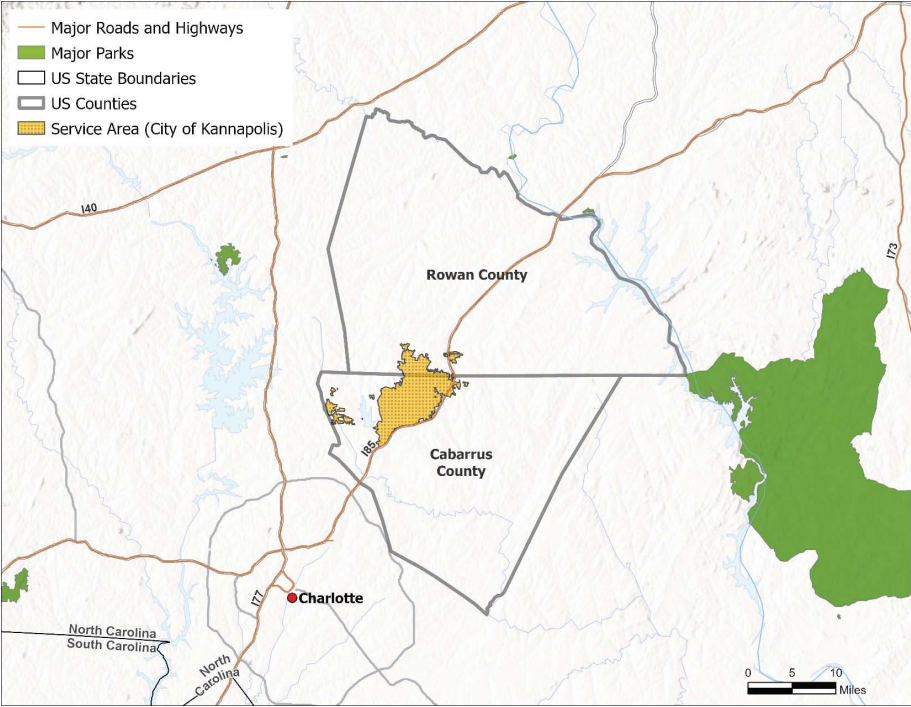
**Average # of Youth Served Annually:** 150-300

## Grantee and Grant

**Prior TPP Grants**

Tier 2b (2015-2020): Rigorously Evaluating New TPP Approaches

**Project Service Area** City of Kannapolis, North Carolina



**Average Annual TPP21 Grant Amount** \$862,986

**Focus Population(s)** **Race/ethnicity:** Latino/Hispanic youth  
**Participant types:** Youth aged 15-19



**Grantee's Roles** Identify EBPs; collect and report performance measures; disburse funds to partners/sub-awardees; conduct fidelity monitoring; provide training and technical assistance or capacity-building; provide other services directly to youth (e.g., hosts and facilitates a team of High School Mentors).

**Systems Thinking Approach** The grantee's systems thinking approach was based on convening and training key youth-serving systems. Key systems and organizations included local government, school administration and staff, youth-serving professionals, faith leaders, healthcare, and parents. Through a Learning Collaborative, partners engaged in Liberatory Design to develop, adapt, and sustain teen pregnancy and STI systems-level prevention initiatives, with the aim of catalyzing a culture shift to optimize adolescent health for all of Rowan and Cabarrus counties in the long term. The project delivered EBPs and direct services to youth using a culturally-responsive and trauma-informed approach.

 **Formal Partners**

**Partners' Roles** Deliver EBPs to youth; provide program settings or access to youth; provide support for evaluation/performance measures; provide training on EBPs to provider; provide other training or capacity building services (i.e., facilitation and capacity building for Learning Collaborative); participate in or lead a community or youth advisory group related to the project.

**Partner Organization Types** Elementary or secondary schools (public or private); healthcare service providers (e.g., clinics, hospital, public health, private healthcare providers); private non-profit agencies/community-based organizations; private for-profit companies/consultants; universities or colleges.

 **Evidence-Based Programs**

EBPs	Settings
Be Proud! Be Responsible!	In-school (high school)
Cuídate!	Community-based settings

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
None	Reproductive healthcare; primary healthcare; case management; educational services; food and nutrition (SNAP, WIC, other); health insurance (Medicaid, CHIP); housing support; job training/work-readiness; mental health; substance use services; violence prevention services



## Outreach and Engagement

### **Youth Engagement**

The project engaged an existing youth-led advisory group (i.e., High School mentors and a student equity group) to provide feedback during project planning, implementation, and evaluation. The project includes a learning collaborative, in which youth provide input on how to sustain systems-level initiatives.

### **Parent/Caregiver Engagement**

Elevate engaged an existing parent advisory group to provide input on the project at each stage. The project hosts quarterly parent listening sessions that provide parents with information about adolescent health, how to communicate with their children, and provide opportunities for parents to share topics that are important to them.

### **Community Engagement**

The project completed a community needs assessment and engaged new and existing community advisory groups or coalitions to receive community-level feedback and provide updates on the project.

### **Outreach, Communication, and Dissemination**

Elevate used flyers, brochures, social media, health fairs, and other public events as part of its community outreach and communication to recruit participants or educate community members about the program.

# OPA TPP TIER 1 GRANTEE: The Regents of the University of California, San Francisco



**Project Name:** Promoting Optimal Health for Rural Youth



**Grantee Organization Type:** University



**Grantee Location:** San Francisco, California



**Number of Formal Partners:** 2



**Urbanicity:** Rural



**Average # of Youth Served Annually:** 751-1,000

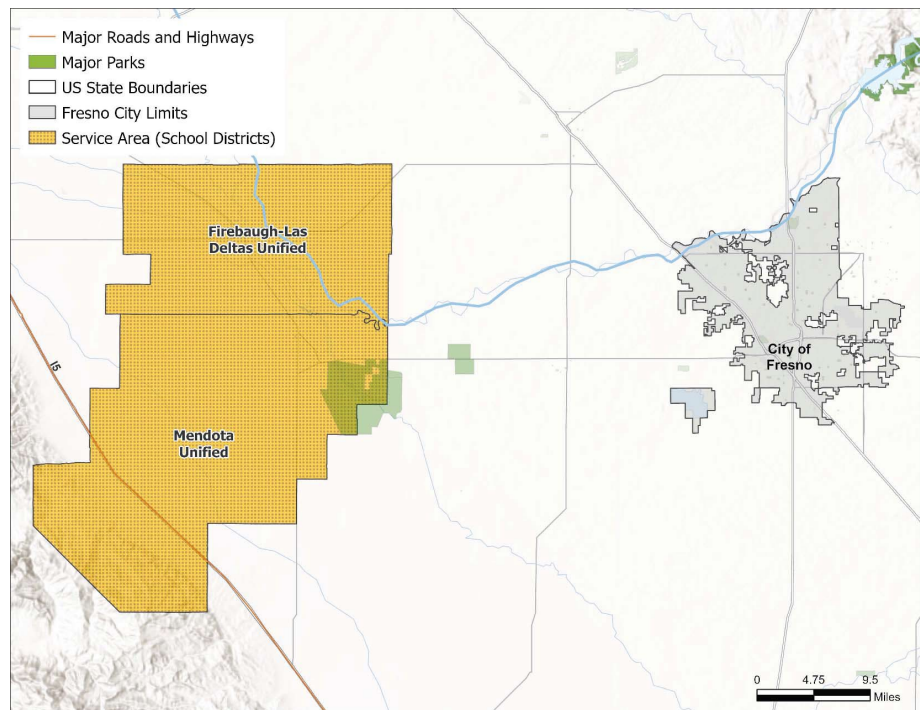
## Grantee and Grant

**Prior TPP Grants**

Tier 2b (2015-2020): Rigorously Evaluating New TPP Approaches

**Project Service Area**

Fresno County, California:  
Mendota School District,  
and Firebaugh School  
District



**Average Annual Grant Amount**

\$829,916

**Focus Population(s)**

**Race/ethnicity:** Latino/Hispanic youth  
**Special populations:** Rural youth and first-generation immigrants  
**Participant types:** Youth in 9<sup>th</sup> or 11<sup>th</sup> grade and parents or guardians

<b>Grantee's Roles</b>	Disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building.
<b>Systems Thinking Approach</b>	Promoting Optimal Health for Rural Youth was guided by a systems thinking approach that brought together schools, clinics, youth, and families and caregivers to address existing barriers to sexual health education and services. The project built on community strengths and partnerships to enhance existing local services and youth-serving activities, including mental health services, healthcare, and sexual and reproductive healthcare services.

## **Formal Partners**

<b>Partners' Roles</b>	Deliver EBPs; provide program setting and access to youth; provide support for evaluation/performance measures; provide youth-friendly health care services; participate or lead a community or youth advisory group related to project; and provide or support dissemination and public messaging.
<b>Partner Organization Types</b>	Secondary schools and private non-profit agencies/community-based organizations

## **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Positive Prevention PLUS	In-School (high school)

## **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Mental health services (conducted presentations on available services for parents, and health service staff); supplemental sex education programs at small, rural schools; trainings for parents and school staff; and transportation assistance.	Confidential family planning services; reproductive healthcare; educational services, job training/work-readiness; mental health services; and substance use services

## **Outreach and Engagement**

<b>Youth Engagement</b>	The Promoting Optimal Health for Rural Youth program created a new youth-led advisory group to inform program content and implementation. Youth were engaged through focus groups and other ad-hoc engagements to understand their needs.
<b>Parent/Caregiver Engagement</b>	The program hosted parent workshops at schools and parents' nights at community centers to provide information about the program and its work. Parents were engaged through focus groups and other ad-hoc engagements to understand their needs and how they communicate with their children.

**Community Engagement** The program fielded a community needs assessment to understand the type of programming and resources needed in the community. Program staff attended an existing health collaborative networking meeting held monthly to share information about the program.

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**Outreach, Communication, and Dissemination** The project used health fairs or other public events and social media as part of their community outreach and communication to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: The Research Institute at Nationwide Children's Hospital



**Project Name:** Changing the Landscape for Adolescent Health Equity and Access in Central Ohio



**Grantee Organization Type:** Hospital, clinic, or other healthcare provider



**Grantee Location:** Columbus City, Ohio



**Number of Formal Partners:** 5



**Urbanicity:** Urban

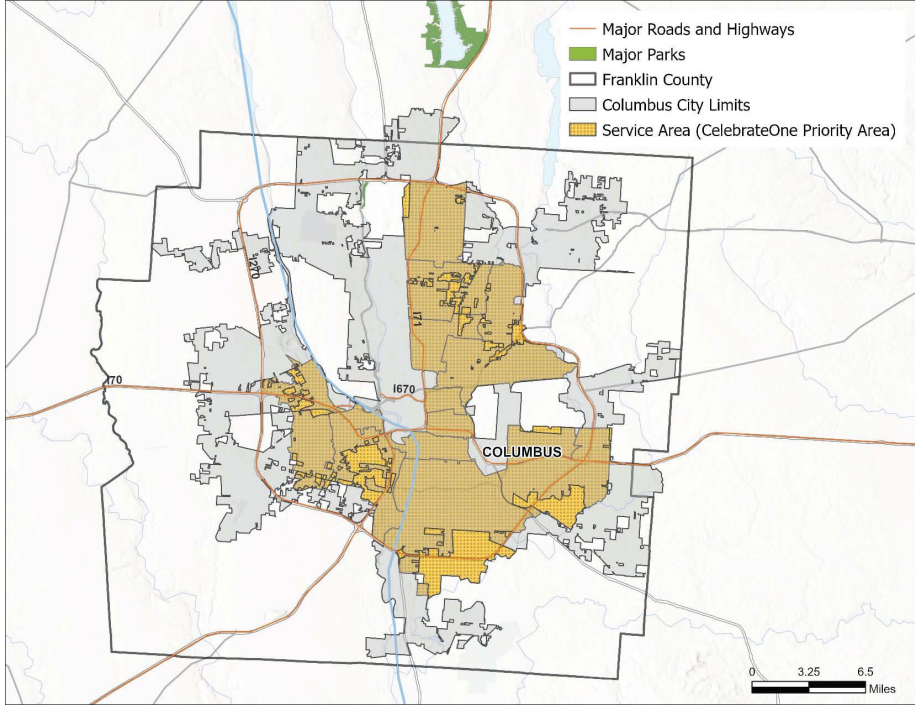


**Average # of Youth Served Annually:** >1,000

## Grantee and Grant

**Prior TPP Grants**                      None.

**Project Service Area**  
CelebrateOne<sup>5</sup> Priority Areas in Franklin County, Ohio, including: 43203, 43204, 43205, 43206, 43207, 43211, 43219, 43222, 43223, 43224, 43227, 43229, and 43232.



**Average Annual TPP20 Grant Amount**                      \$860,467

<sup>5</sup> CelebrateOne is a Franklin County initiative to reduce the infant mortality rate and reduce the racial health disparity gap in Franklin County, Ohio.

<b>Focus Population(s)</b>	<b>Participant types:</b> 7th and 8th grade students (ages 11-14) in Columbus City Schools
<b>Grantee's Roles</b>	Disburse funds to partners/sub-awardees; identify EBPs; provide EBPs directly to youth; collect and report performance measures; and overall program design.
<b>Systems Thinking Approach</b>	The grantee took a county-level focus for its system change work because many social determinants of health occur at the county level such as jobs and social service programs. Representatives from the county were included throughout implementation of the project. Members of the project team met regularly with a city-wide committee, the Sexual Health Education Partnership (SHEP), to reassess the community needs related to adolescent health with a focus on teen births, reproductive health education, and access to reproductive healthcare. The grantee leveraged its partnership with SHEP to include additional middle schools in the Get Real programming.

### **Formal Partners**

<b>Partners' Roles</b>	Provide youth referrals to EBPs; provide program setting or access to youth; provide support for evaluation/performance measures; provide training on EBIs to provider; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness).
<b>Partner Organization Types</b>	City/town government agencies, elementary or secondary schools (public or private), universities or colleges, and private non-profit agencies/community-based organizations.

### **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Get Real	In-School (middle school), after school (at school), community-based settings, and remote/online
Motivational Interviewing	Clinic-based

### **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Reproductive healthcare, primary healthcare, educational services, job training/work-readiness skills, Parent Program, Peer Health Leader Program, and a Summer Program	Reproductive healthcare, primary healthcare, health insurance (Medicaid, CHIP), and mental health services



## Outreach and Engagement

<b>Youth Engagement</b>	Youth were incorporated into the project's design, implementation, and evaluation work through the formation of a new youth advisory group and follow-up surveys and focus groups to receive feedback from EBP and Peer Health Leader program participants to inform program improvements and content.
<b>Parent/Caregiver Engagement</b>	Parents and caregivers were involved in the program design through focus groups and interviews with parents and caregivers of teens. Parents have also provided feedback on the program implementation. Additionally, parent/caregiver lessons were included in the Get Real sessions, students were assigned activities to do with their caregiver at home to promote healthy communication, and virtual parent/caregiver engagement sessions were offered as part of the program.
<b>Community Engagement</b>	Changing the Landscape for Adolescent Health Equity and Access in Central Ohio engaged a newly created community advisory group, held focus groups, fielded surveys, used social media and web-communications, and conducted a community needs assessment to receive community input and feedback on the program. The TPP project was also supported and monitored by a city-wide initiative called CelebrateOne, a consortium made up of area hospital leadership, Federally Qualified Health Centers, community organizations, and community members.
<b>Outreach, Communication, and Dissemination</b>	The project used blog posts, flyers, brochures, public presentations, publications, social media, and websites as part of their community outreach and communication to recruit participants or educate community members about the program.



# OPA TPP TIER 1 GRANTEE: Sasha Bruce Youthwork, Inc.



**Project Name:** Wyman Teen Outreach Program



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



**Grantee Location:** Washington, District of Columbia



**Number of Formal Partners:** 12



**Urbanicity:** Urban



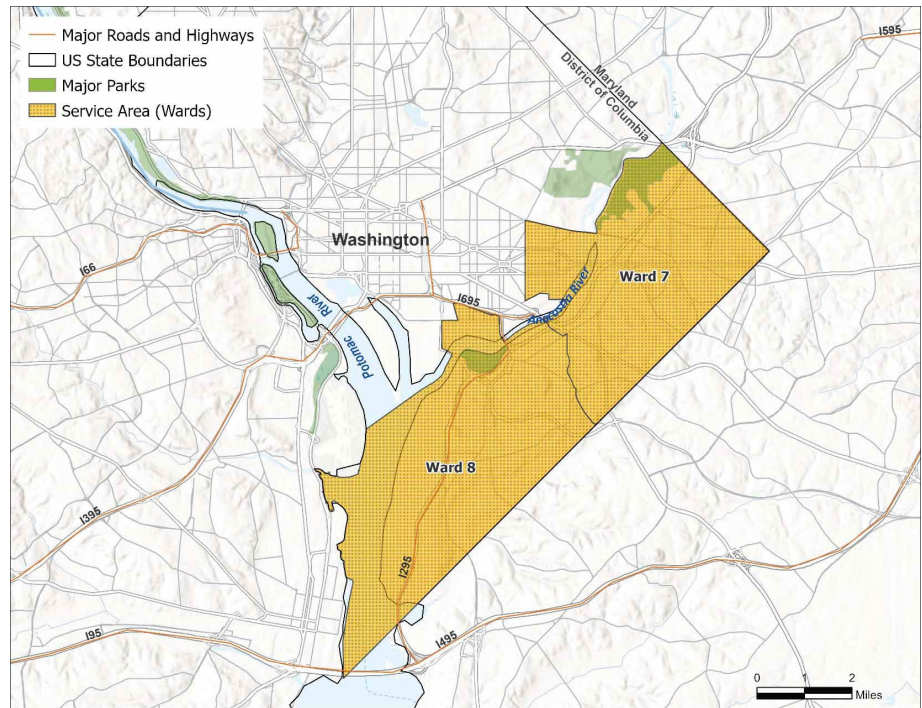
**Average # of Youth Served Annually:** >1,000

## Grantee and Grant

**Prior TPP Grants**

Tier 1 (2010-2015): Evidence-Based Programs (EBPs)

**Project Service Area**  
Wards 7 and 8 in Washington, District of Columbia



**Average Annual TPP20 Grant Amount**

\$1,069,464

**Focus Population(s)**

**Race/ethnicity:** Black youth

**Participant types:** Youth in grades 6-12 in public and charter schools

**Grantee's Roles** Provide EBPs directly to youth; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; and provide other services directly to youth.

**Systems Thinking Approach** Sasha Bruce Youthwork's systems-thinking approach rested on the importance of understanding 1) that multiple factors are involved in teen pregnancy prevention, 2) the relationships between those factors, and 3) how those factors and relationships change over time. The Project included partners from schools, other community-based organizations, parents, and youth in its program design to leverage their input in program delivery.

 **Formal Partners**

**Partners' Roles** Provide program settings or access to youth; provide support for evaluation/performance measures; provide youth referrals to EBPs; provide or support dissemination and public messaging (e.g., for recruitment or program awareness); and participate in or lead a community or youth advisory group related to the project.

**Partner Organization Types** Elementary or secondary schools (public or private); and private non-profit agencies/community-based organizations.

 **Evidence-Based Programs**

EBPs	Settings
Teen Outreach Program (TOP)	In-School (middle and high schools) and juvenile detention or justice centers

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
Educational services; housing support; and job training/work-readiness skills.	Educational services; housing support; job training and work-readiness skills; and mental health services

 **Outreach and Engagement**

**Youth Engagement** Sasha Bruce Youthwork created a new youth-led advisory group to support program implementation and hosted youth focus groups. Youth were trained as TOP peer educators and worked in coordination with TOP facilitators to plan lessons, complete professional development, and provide feedback on the lessons and their relevance to youth. Youth also provided input and feedback on planned community service activities.

**Parent/Caregiver Engagement** Sasha Bruce Youthwork engaged parents and caregivers through focus groups and the pre-existing community advisory group to provide insight and feedback on the program.

**Community Engagement** Sasha Bruce Youthwork engaged their pre-existing community advisory group as part of a community needs assessment and hosts focus groups for them to provide insight and feedback on the program.

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**Outreach, Communication, and Dissemination** The project used flyers, brochures, health fairs or other public events, newsletters, social media, and websites as part of their community outreach and communication to recruit participants or educate community members about the program.

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## OPA TPP TIER 1 GRANTEE: Sexual Health Initiatives For Teens (SHIFT NC)



**Project Name:** Alamance Youth Connected (AYC)



**Grantee Organization Type:** Private non-profit agency



**Grantee Location:** Durham, North Carolina



**Number of Formal Partners:** 20



**Urbanicity:** Suburban



**Average # of Youth Served Annually:** 150-300



### Grantee and Grant

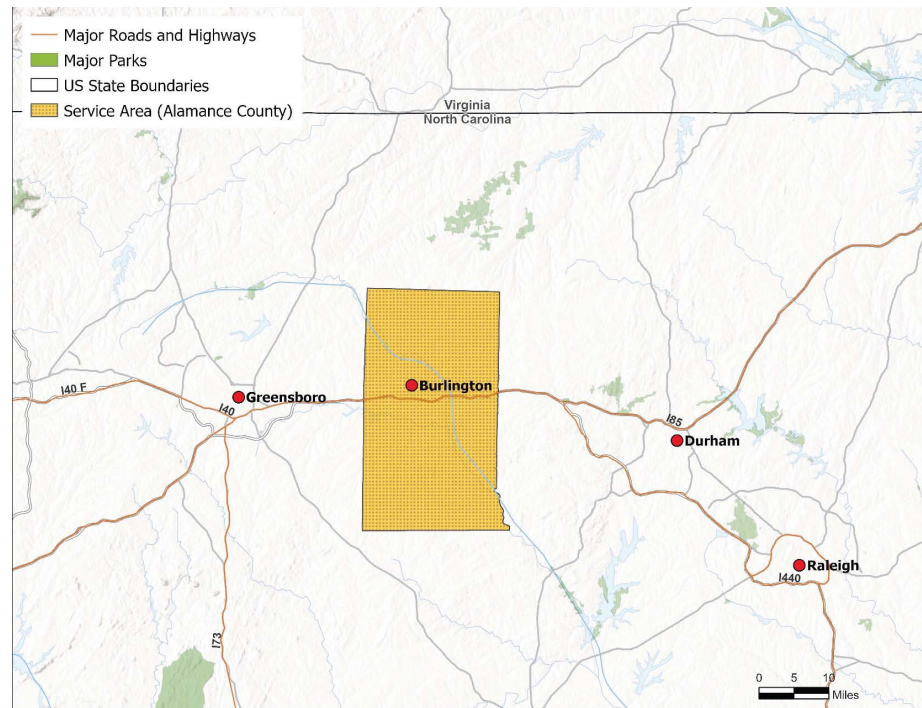
#### Prior TPP Grants

Tier 1a (2015-2020): Building Capacity to Implement EBPs

Tier 1b (2015-2030): Implementing EBPs to Scale

#### Project Service Area

Alamance County, North Carolina



#### Average Annual TPP20 Grant Amount

\$1,434,691

#### Focus Population(s)

**Participant types:** Young people ages 11-19 in Alamance County, NC with a focus on reaching Black and Hispanic/Latinx youth.

<b>Grantee's Roles</b>	Deliver EBP(s); provide training or TA; recruit EBP participants; make referrals to youth-friendly healthcare; and community mobilization.
<b>Systems Thinking Approach</b>	The AYC was structured to include several sectors in the planning and implementation of the project, including representatives from the following systems: neighborhoods, family and child welfare systems, education, justice, healthcare, coalitions, and community-based organizations. These parties were engaged through Prepared Parent Workshops and foster parent trainings, a Youth Leadership Team, and a Community Advisory Group.

## **Formal Partners**

<b>Partners' Roles</b>	Deliver EBP(s); provide training or technical assistance; provide setting for EBPs; recruit EBP participants; community mobilization; make referrals to youth-friendly healthcare; and provide youth-friendly healthcare services.
<b>Partner Organization Types</b>	Community-based organizations; elementary and secondary education (public and private); institutions of higher education; social services; healthcare service providers (e.g., clinics, public health, private healthcare providers); government agencies; Private consultants

## **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Making Proud Choices!	In-school and out-of-school time/community settings
IN-Clued	In-school and out-of-school time/community settings

## **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Resource guides	Counseling and mental health services; educational services; free mobile STI testing; housing assistance; linkages to healthcare; substance abuse prevention services; transportation assistance; trauma services; vocational education; and workforce development.

## **Outreach and Engagement**

<b>Youth Engagement</b>	AYC formed a Youth Leadership Team composed of members ages 17-19. The Team held regular virtual meetings to discuss sexual health topics of interest, trauma triggers, and topics of interest to Black, Hispanic, and LGBTQ+ youth.
<b>Parent/Caregiver Engagement</b>	AYC formed a Prepared Parent workshop for parents and caregivers (including foster parents) to provide them training on how to talk to youth on topics related to sexual and reproductive health.

<b>Community Engagement</b>	AYC formed a Community Advisory Group (CAG) that included over 20 members including residents and community organizations. The CAG met twice a month to inform the project and increase system-wide communication and collaboration.
<b>Outreach, Communication, and Dissemination</b>	The AYC’s Facebook page was used to encourage additional communication between the Community Advisory Group and Alamance County residents. A TikTok page was created for the Youth Leadership Team to engage other young people in Alamance County. The AYC also published a resource guide to supportive services for youth-serving organizations and a sexual health resource guide, SexEU, for college students.

# OPA TPP TIER 1 GRANTEE: Sodus Central School District



**Project Name:** Community Schools Optimal Health Initiative



**Grantee Organization Type:** Independent School District



**Grantee Location:** Sodus, New York



**Number of Formal Partners:** 24



**Urbanicity:** Rural, Suburban, and Urban

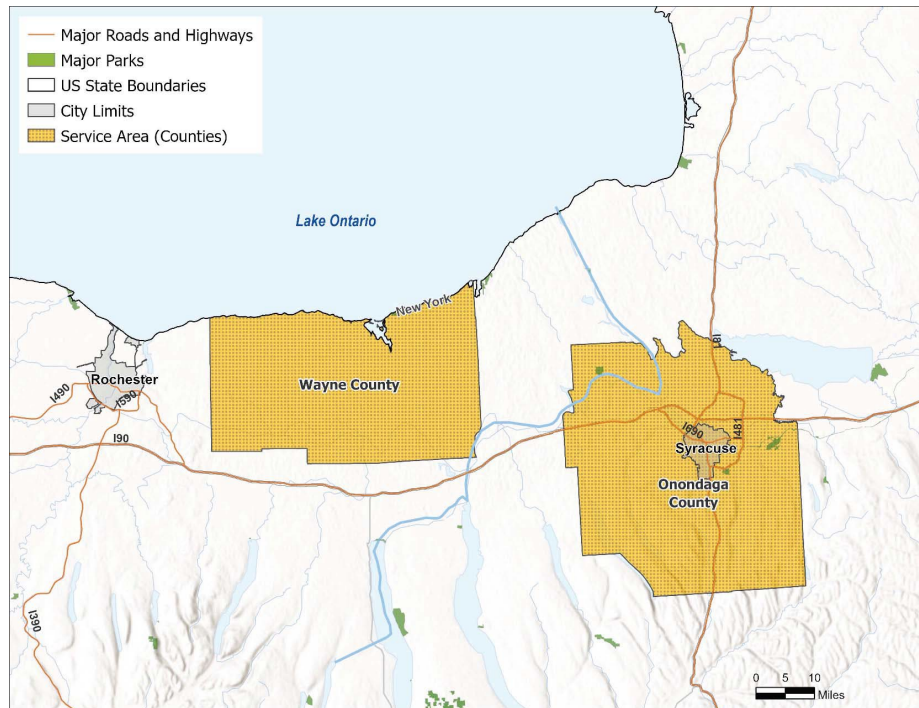


**Average # of Youth Served Annually:** <150

## Grantee and Grant

**Prior TPP Grants** None

**Project Service Area**  
Onondaga and Wayne Counties in New York



**Average Annual TPP20 Grant Amount** \$1,500,000

**Focus Population(s)** **Participant types:** Youth ages 15-19 and parents/guardians

**Grantee's Roles** Deliver EBP(s); provide settings for EBPs; recruit EBP participants; community mobilization; make referrals to youth-friendly healthcare; provide training or technical assistance; community mobilization; and sustainability consulting

**Systems Thinking Approach** Sodus Central School District worked to make connections with community organizations to emphasize building attachment and trust within the communities while making reproductive health care more accessible to improve outcomes for youth. The project educated partners on the linkages between health, risk factors, and the social determinants of health to support the implementation of prevention, intervention, and crisis supports in schools. The project used a Community Schools strategy, which views schools as access points for resources, leaders of family and community engagement, and deliver integrated supports.

 **Formal Partners**

**Partners' Roles** Deliver EBPs; provide setting for EBPs; recruit EBP participants; provide training or TA; community mobilization; make referrals to youth-friendly healthcare; provide youth-friendly healthcare services; serve as an external evaluator; and sustainability consulting.

**Partner Organization Types** Public secondary schools; healthcare services (public health department/nurses, school nurses); community-based organizations; regional County Action Program; institutions of higher education; and local government and services

 **Evidence-Based Programs**

EBPs	Settings
Love Notes	In-school
Positive Potential	In-school
Safe Dates	Out-of-school time/community-based settings

 **Supportive Services**

Provided by Grantee Organization	Provided by Referral
Educational services; social skills trainings; and social and emotional learning supports.	Youth-friendly healthcare services; mental health services; counseling supports; social skills trainings; social and emotional learning supports; and peer support.

 **Outreach and Engagement**

**Youth Engagement** Youth were regularly engaged through lunch groups and a check in/check out program, and informal discussions. The project elicited youth input in the selection of EBPs and has trained youth Optimal Health Educators.



<b>Parent/Caregiver Engagement</b>	Sodus Central School District convened parents and caregivers on an ad-hoc basis to provide input on the program. The project was also incorporated as a topic during regular meetings of the Community Schools Advisory Groups.
<b>Community Engagement</b>	Community partners, the Community Schools Advisory Groups, and local higher education partners have been engaged to provide input and feedback on program implementation and local needs around physical, mental, and reproductive health.
<b>Outreach, Communication, and Dissemination</b>	Sodus Central School District used a monthly newsletter and social media channels to send messages about healthy relationships and sexual health to the community.

# OPA TPP TIER 1 GRANTEE: South Carolina Center for Fathers and Families



**Project Name:** Building Better Bridges to Optimal Health



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



**Grantee Location:** Columbia, South Carolina



**Number of Formal Partners:** 4



**Urbanicity:** Urban

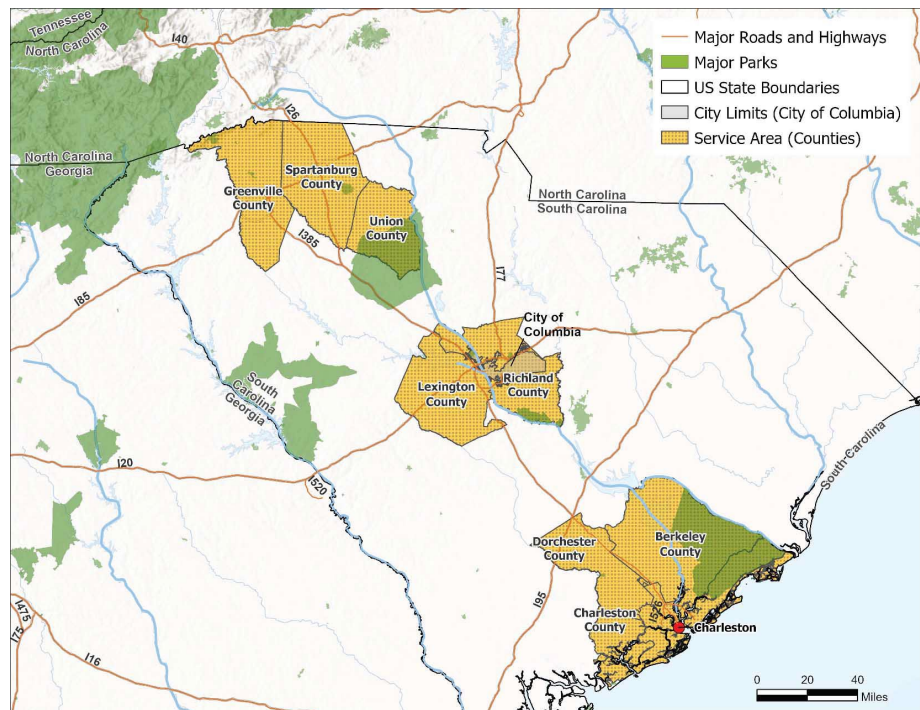


**Average # of Youth Served Annually:** 150-300

## Grantee and Grant

**Prior TPP Grants**                      None

**Project Service Area**  
Eight Counties in South Carolina: Berkeley, Charleston, Dorchester, Greenville, Lexington, Richland, Spartanburg, and Union



**Average Annual TPP20 Grant Amount**                      \$1,355,162

**Focus Population(s)** **Special populations:** Youth residing in the Department of Juvenile Justice (DJJ) long-term residential facilities, along with youth served by DJJ in the community via probation/parole and alternatives to detention. Youth who have been in state care, are transitioning out of state care, or are living under supervision within the larger community.

**Participant types:** Males between the ages of 12-19

**Grantee's Roles** Identify EBPs; deliver EBPs; provide settings for EBPs; make referrals to needed services; mobilization concerning issues relating to fatherhood and families; and disburse funds to partners/sub-awardees.

**Systems Thinking Approach** South Carolina Center for Fathers and Families put together a 'working organism' that connected and expanded upon the center's prior work to serve young men. Building Better Bridges to Optimal Health takes into account youth in long-term Department of Juvenile Justice facilities and those being supervised and/or transitioning to communities around South Carolina. In addition to EBPs, needs assessments helped identify additional services and programs such as employability, economic stability, healthy relationships, parenting, men's health, and supportive resources such as transportation that were added into the project to maximize its impact on youths' overall health and wellbeing.

### Formal Partners

**Partners' Roles** Deliver EBP(s); provide setting for EBPs; and recruit EBP participants.

**Partner Organization Types** Government agencies (Department of Juvenile Justice) and community-based organizations

### Evidence-Based Programs

EBPs	Settings
Power Through Choices	Detention centers, in-school time (high schools), and community-based settings

### Supportive Services

Provided by Grantee Organization	Provided by Referral
Implement South Carolina Center for Father's and Families own curriculum "Reality Check" (in conjunction with the EBP) and other core curriculum for responsible fatherhood, and case management including support for childcare, record expungement, and access to transportation.	Primary healthcare, health insurance (e.g., Medicaid, CHIP); education services; case management; vocational training; job training/work readiness skills, housing support, food and nutrition services (e.g., SNAP, WIC), and income security (e.g., TANF).



## Outreach and Engagement

<b>Youth Engagement</b>	At the completion point of any of the curriculum, youth completed a survey providing feedback. Each county's local fatherhood program had their own form of youth leadership group that oriented new participants to the program.
<b>Parent/Caregiver Engagement</b>	Parent and caregiver engagement differed across the counties depending on the local fatherhood program implementing the EBP. Parents were encouraged to participate in graduation ceremonies and provide feedback on the effect the program had on their children.
<b>Community Engagement</b>	Community members were invited to participate in summer programs, cohort sessions, and end of cohort meetings. Program staff presented information on the program to various community partners to inform them about the program and how youth could get involved.
<b>Outreach, Communication, and Dissemination</b>	The project used local meetings and ad hoc outreach efforts as part of their community outreach and communication to recruit participants or educate community members about the program.

# OPA TPP TIER 1 GRANTEE: Spartanburg Regional Healthcare Systems Foundation



**Project Name:** Connect Spartanburg



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



**Grantee Location:** Spartanburg, South Carolina



**Number of Formal Partners:** 16



**Urbanicity:** Urban, Suburban, and Rural

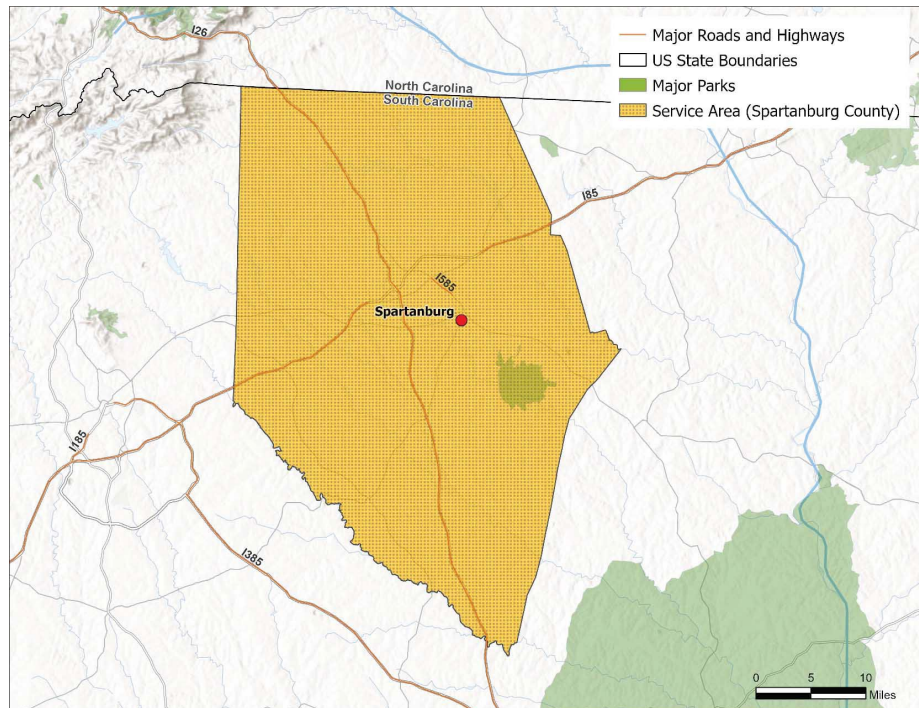


**Average # of Youth Served Annually:** >1,000

## Grantee and Grant

**Prior TPP Grants**                      None

**Project Service Area**  
Spartanburg County,  
South Carolina



**Average Annual TPP20 Grant Amount**                      \$1,454,762

<b>Focus Population(s)</b>	<p><b>Race/ethnicity:</b> African-American and Latinx youth</p> <p><b>Special populations:</b> Pregnant or Parenting teens, LGBTQ+ youth, youth who have experienced Adverse Childhood Experiences (ACEs), youth demonstrating low academic performance, or youth with mental health and substance use issues</p> <p><b>Participant types:</b> Youth ages 13-19</p>
<b>Grantee's Roles</b>	Identify EBPs; disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; provide training and TA or capacity-building; awareness building; and leverage resources and partnerships.
<b>Systems Thinking Approach</b>	Connect Spartanburg conducted a mapping exercise to identify the systems (e.g., school, family, faith, healthcare, socio-economic) a young person will touch from the age of 10 until they are 19, and where they intersect and interact, to identify points where youth (and their partners) could work to change decision making and behaviors to promote health. The project then selected partners at multiple levels/sectors as decisionmakers, planners, providers, and collaborators to implement the project with the goal of improving sexual health behaviors, addressing co-occurrences such as mental health, substance use, dating violence, and the lack of economic mobility for many youth, especially those within the focus population. This work aimed to improve the policies and protocols for how health education, referrals, and continuums of care were institutionalized and sustained.

### Formal Partners

<b>Partners' Roles</b>	Deliver EBPs to youth; provide support services and youth referrals to EBPs; provide program settings or access to youth; provide youth with other services or safe supportive environments; and provide other training or capacity building services.
<b>Partner Organization Types</b>	City/town government agencies; secondary schools; private non-profit agencies/community-based organizations; and state government agencies.

### Evidence-Based Programs

<b>EBPs</b>	<b>Settings</b>
Aban Aya	After school (at school) and community-based settings
Families Talking Together	Community-based settings
Familia Adelante	Community-based settings
IN-clued	Community-based settings
Love Notes	In-school (high school)
Making a Difference!	Community-based settings
Motivational Interviewing	Community-based settings
Healthy Futures	In-school (middle school)
Plan A	Community-based settings and remote settings

Seventeen Days	Community-based settings
Sexual Health and Adolescent Risk Prevention (SHARP)	Community-based, Juvenile detention and justice centers
Sisters, Informing, Healing, Living, Empowering (SiHLE)	Community-based settings
Teen Outreach Program (TOP)	After school (at school), in-school (middle and high school), and community-based settings
Teen Triple P	Community-based settings



## Supportive Services

### Provided by Grantee Organization

### Provided by Referral

Mental health and violence prevention services

Reproductive healthcare; primary healthcare; case management; educational services; food and nutrition (SNAP, WIC); health insurance (Medicaid, CHIP); job training/work-readiness skills; mental health services; substance use services; violence prevention services; and healthy relationship resources (Rape Crisis)



## Outreach and Engagement

### Youth Engagement

Connect Spartanburg formed an Ambassador/Internship program which hosted events, completed a variety of community-based service projects, and created and promoted health awareness campaigns through social media sharing. The program also developed a youth Photovoice project for youth to share visual stories about health and wellness issues to spark discussion among their peers and the community.

### Parent/Caregiver Engagement

Parents and caregivers were the focus of three of the EBPs offered as part of Connect Spartanburg (Teen Triple P, Families Talking Together, and Familia Adelante). Connect Spartanburg held public listening sessions or open meetings, ad-hoc engagements, focus groups, and conducted a community needs assessment to solicit parent and caregiver input and feedback.

### Community Engagement

Connect Spartanburg solicited community feedback on the project through a Community Advisory Board composed of representative community members from over 30 agencies, funders, nonprofit organizations, and community initiatives; public listening sessions or open meetings; ad-hoc engagements; focus groups; and a community needs assessment. Spartanburg also participated in other community advisory boards (e.g. School District Seven's Safe Supportive Environment and Discipline Committees; Child and Adolescent Behavioral Health Committee; Medical Advisory Committee) to understand the needs of the community and share information about Connect Spartanburg.

**Outreach,  
Communication, and  
Dissemination**

Connect Spartanburg leveraged youth Ambassadors, who led outreach and communication, including, brochures, public events, local media, newsletters, public presentations, publications, social media, and websites as part of their social norms campaigns to communication to recruit participants or educate community members about the program.

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## OPA TPP TIER 1 GRANTEE: Teen HYPE Youth Development Program



**Project Name:** Promise Program



**Grantee Organization Type:** Private, non-profit organization



**Grantee Location:** Detroit, Michigan



**Number of Formal Partners:** 15



**Urbanicity:** Urban



**Average # of Youth Served Annually:** >1,000



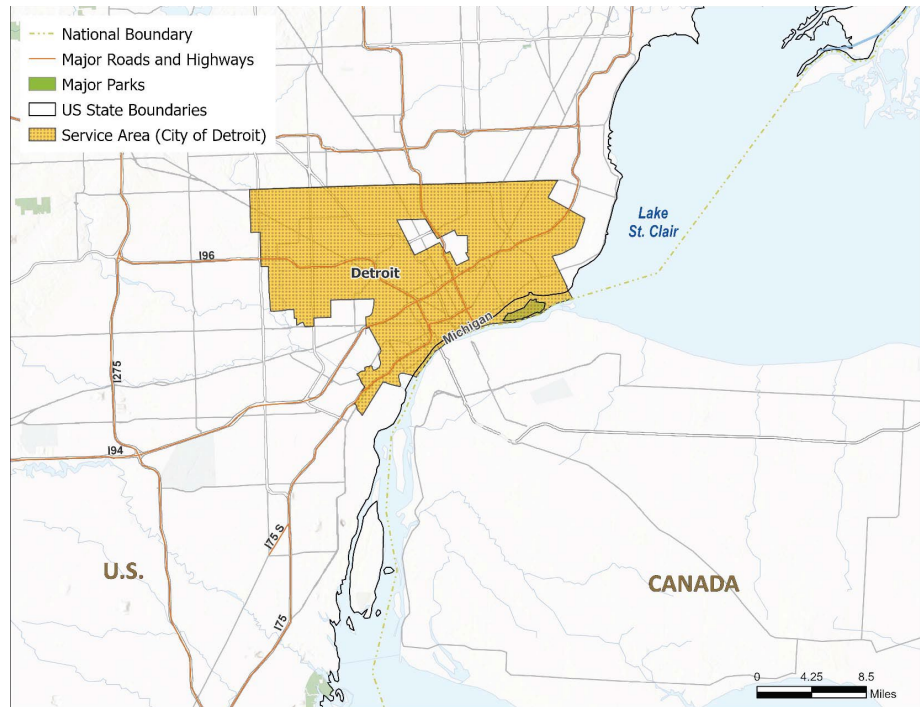
### Grantee and Grant

**Prior TPP Grants**

TPP19 Tier 1 (2019-2020): Replicating Effective Programs to Prevent Teen Pregnancy

**Project Service Area**

Detroit, Michigan



**Average Annual TPP20 Grant Amount**

\$1,402,349

**Focus Population(s)**

**Race/ethnicity:** African American youth

**Participant types:** Youth ages 14-18 attending Detroit public middle and high schools and parents or guardians

**Grantee's Roles**

Identify and deliver EBPs to youth; provide sexual health education in schools; provide training to youth, parents, and other professionals on the principles and practices of authentic youth/adult partnerships; organize and mobilize program partners to develop a sustainable plan for teen services; organize policy forums for policy makers, philanthropists, and the media; and refer young people to other agencies for educational support, family planning services and mentor programs.

**Systems Thinking Approach**

Teen HYPE engaged partners across a variety of sectors, including peers, parents, schools, policy makers, philanthropists, business owners, places of worship, physical and mental health service providers, sexual health educators, positive youth development providers, and job training programs. These cross-sector partners collaborated to inform the Promise Program and its portfolio of interventions to reach youth ages 14-19 with information, skills-building, and resources to promote their overall health.

**Formal Partners****Partners' Roles**

Recruit EBP participants and provide setting for EBPs; organize and mobilize-funding youth development partner agencies; community mobilization and sustainability consulting; provide tutoring, educational, and mentorship supports; offer STI testing and family planning services; host summer and after-school youth development programs; develop tools, direct data collection, analyze data, and present findings for interpretation and improvement planning.

**Partner Organization Types**

Community-based organizations, secondary education schools (public), foundations, local agencies, youth-serving organizations, and faith-based organizations.

**Evidence-Based Programs****EBPs****Settings**

Love Notes

In-school (middle and high schools), community-based settings, and remote/technology-based settings

**Supportive Services****Provided by Grantee Organization****Provided by Referral**

Job training, employment, and youth engagement training

STI testing, family planning, tutoring and educational support, mentor programs, comprehensive primary care for adolescents, summer and after-school youth development programs, mental health and physical activities



## Outreach and Engagement

<b>Youth Engagement</b>	Youth were hired as engagement staff, served on the Leadership Advisory Team, and presented on the project at multiple conferences. Promise Program also engaged a Youth Advisory Council and youth were hired as part-time employees of Teen Hype on an ongoing basis.
<b>Parent/Caregiver Engagement</b>	Parents were hired as engagement staff and served on the Leadership Advisory Team to provide input and feedback on the project.
<b>Community Engagement</b>	Promise Program hosted bi-monthly community meetings to encourage buy-in and get adults involved. A smaller, more engaged, group of parents and community members met monthly to provide input on the project.
<b>Outreach, Communication, and Dissemination</b>	Promise Program used Detroit Public Schools' communication systems, LinkedIn, the nonprofit leadership lab, public presentations, social media and websites as part of their community outreach and communication to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Temple University – of the Commonwealth System of Higher Education



**Project Name:** Proud Teens of Philly (PTOP)



**Grantee Organization Type:** University or College



**Grantee Location:** Philadelphia, Pennsylvania



**Number of Formal Partners:** 12



**Urbanicity:** Urban



**Average # of Youth Served Annually:** 451-600



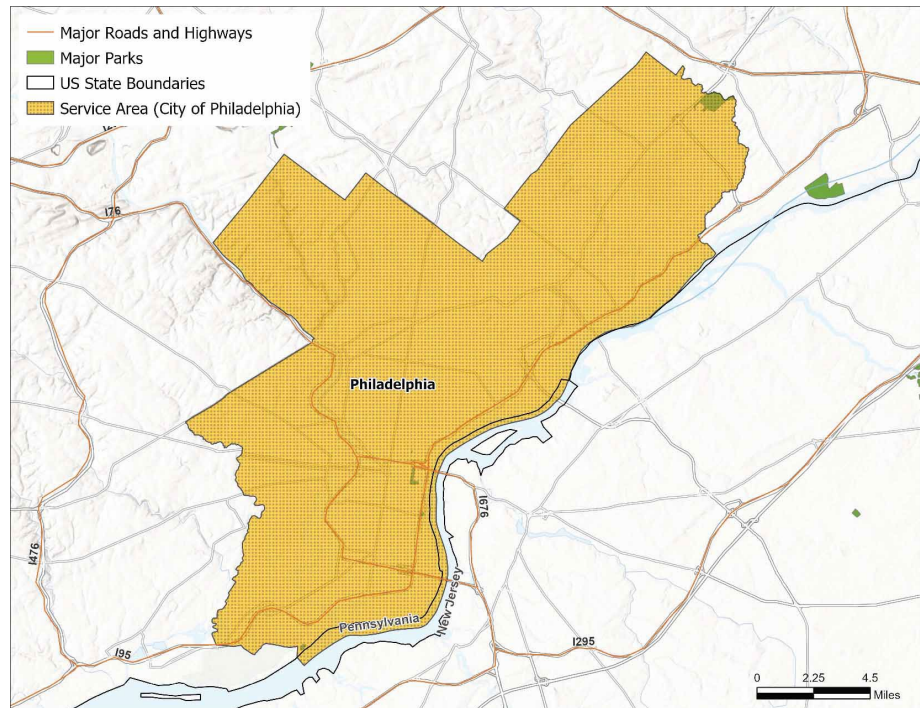
### Grantee and Grant

**Prior TPP Grants**

None

**Project Service Area**

The Greater Philadelphia area in Pennsylvania



**Average Annual TPP20 Grant Amount**

\$1,454,740

**Focus Population(s)**

**Race/ethnicity:** Black/African American, Hispanic/Latinx, and Asian youth  
**Participant types:** Youth ages 12-19

<b>Grantee's Roles</b>	Provide EBPs directly to youth; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building
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<b>Systems Thinking Approach</b>	The PTOP intervention model was developed to reduce disparate rates of teen pregnancy and adverse adolescent health outcomes grounded in pervasive poverty, broken family structures, cultural norms, and social determinants of health. The grantee used a systems-based approach to address Philadelphia's teen pregnancy, STI, and related adolescent health disparities that included a combination of education (both risk reduction for older teens and risk avoidance for younger teens), safe and supportive environments, resource networks, life skills, and experiences that foster a sense of purpose for at-risk youth.
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### Formal Partners

<b>Partners' Roles</b>	Provide program settings or access to youth; and provide support for evaluation/performance measures
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<b>Partner Organization Types</b>	Elementary or secondary schools; faith-based organizations; and private non-profit agencies/community-based organizations
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### Evidence-Based Programs

<b>EBPs</b>	<b>Settings</b>
Making Proud Choices!	In-School (high school); Community-based settings; Remote/Online; Faith-based
Positive Potential	In-School (middle school)

### Supportive Services

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
Educational services	Reproductive healthcare and educational services

### Outreach and Engagement

<b>Youth Engagement</b>	The grantee created a new youth-led advisory group and engaged an existing youth-led advisory group; created a resource support app to support youth/students, with the intent of sustaining the resource beyond the TPP project; and conducted a social-emotional survey among youth to better understand social, emotional, and behavioral factors associated with sexual health behaviors.
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<b>Parent/Caregiver Engagement</b>	The grantee conducted a community needs assessment; developed a parent page on the project's website highlighting resources for parents; hosted parent workshops on effective communication, relationship building, and wellness; and supported an app that provides resources for effective communication between parent and child about reproductive wellness and healthy relationships.
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**Community Engagement** To collect community-level input on the project, PTOB engaged an existing community advisory group and created a new community advisory group; held focus groups; used social media and web-communications; conducted surveys; and fielded a community needs assessment.

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**Outreach, Communication, and Dissemination** The project used flyers, brochures, health fairs, other public events, publications, social media, websites, and public presentations to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: Touchstone Behavioral Health



**Project Name:** Building Community Resilience; Systems Approach to Teen Pregnancy Prevention



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



**Grantee Location:** Phoenix, Arizona



**Number of Formal Partners:** 5



**Urbanicity:** Urban and Suburban



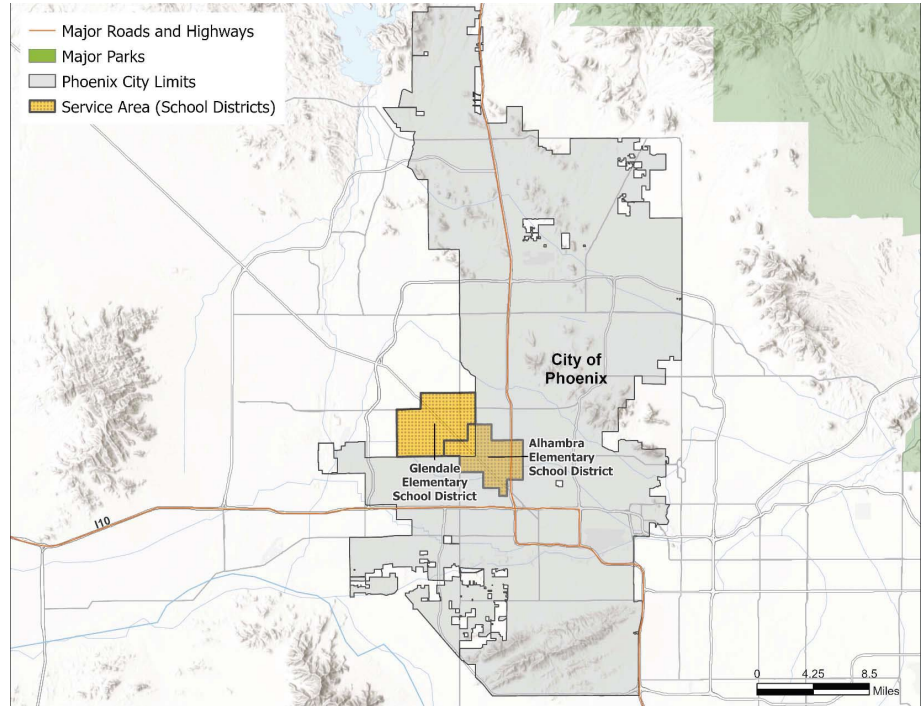
**Average # of Youth Served Annually:** >1,000

## Grantee and Grant

**Prior TPP Grants**

Tier 1 (2010-2015): Evidence-Based Programs (EBPs)  
Tier 1b (2015-2020): Implementing EBPs to Scale

**Project Service Area** The zip codes served by the Alhambra Elementary and Glendale Elementary School Districts in the Phoenix, Arizona Metropolitan Region.



**Average Annual TPP20 Grant Amount** \$1,300,692

**Focus Population(s)** **Race/ethnicity:** Latinx youth  
**Participant types:** Youth ages 10-19 years old and parents/caregivers

**Grantee's Roles**

Disburse funds to partners/sub-awardees; identify EBPs; provide EBPs directly to youth; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; implement community and parent strategies; and provide other services directly to youth including supplemental support and a Youth Leadership Council.

**Systems Thinking Approach**

Touchstone's systems thinking approach was based on the idea that the solution for teen pregnancy and other risk behaviors is complex and involves addressing a variety of underlying causes. With this in mind, they adopted the following strategies: strengthening family structures and community cohesion; expanding support services; and bringing together a wide range of concerned parties to plan complementary initiatives and produce sustainable, system wide change. They also worked closely with the CARE Coalition to determine where a small change in program/services may have a long-lasting desired effect.

 **Formal Partners**
**Partners' Roles**

Deliver EBPs to youth; provide youth referrals to EBPs; provide program settings or access to youth; provide support for evaluation/performance measures; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)

**Partner Organization Types**

Elementary or secondary schools and private non-profit agencies/community-based organizations

 **Evidence-Based Programs**
**EBPs****Settings**

Making Proud Choices!

In-school (middle school)

Positive Action

In-school (elementary and middle school)

Safe Dates

In-school (high school) and community-based settings

 **Supportive Services**
**Provided by Grantee Organization****Provided by Referral**

Mental health services, substance use services, violence prevention services, leadership development, and parenting classes

Reproductive healthcare, primary healthcare, educational services, food and nutrition (SNAP, WIC), mental health services, substance use services, and case management





## Outreach and Engagement

<b>Youth Engagement</b>	Touchstone engaged their existing youth leadership council in each school district. The youth leadership councils met biweekly or monthly (depending on the district) to provide feedback and insight on the program, completed community service projects, and helped to plan conferences and public service announcements for the program.
<b>Parent/Caregiver Engagement</b>	Parents of youth in the community were a part of the Community Alliance for Resources and Education (CARE) Coalition that provided input on the program, shared updates on the program, and offered parenting classes.
<b>Community Engagement</b>	Touchstone engaged their CARE Coalition, which was made up of community members, school districts members, parents, youth organizations, and religious organizations. Within this group, there was an advisory group which met monthly or quarterly to support the design of program and to provide feedback and insight on the program.
<b>Outreach, Communication, and Dissemination</b>	Touchstone used flyers, brochures, health fairs, other public events, local media (e.g., radio, television, newspapers), newsletters, public presentations, social media, websites, and blog posts as part of their community outreach and communication to recruit participants or educate community members about the program.

## OPA TPP TIER 1 GRANTEE: Trinity Church, Inc.



**Project Name:** Trinity Church Future Ready Teen Pregnancy Prevention Project (also called "Plan B")



**Grantee Organization Type:** Faith-based organization



**Grantee Location:** Miami Gardens, Florida



**Number of Formal Partners:** 3



**Urbanicity:** Urban



**Average # of Youth Served Annually:** >1,000



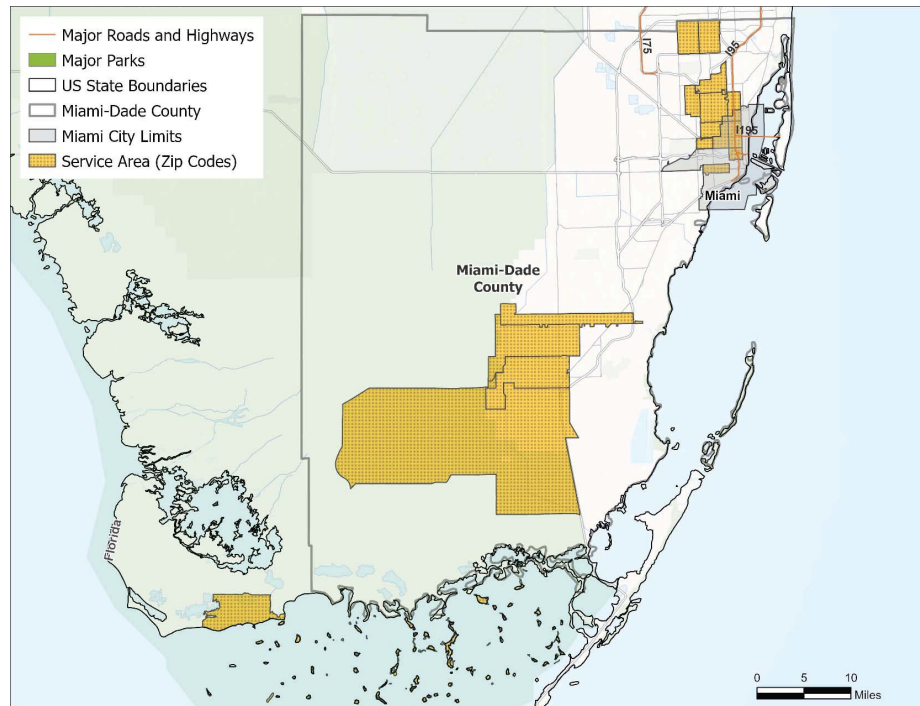
### Grantee and Grant

#### Prior TPP Grants

Tier 1b (2015-2020): Implementing EBPs to Scale

#### Project Service Area

14 zip codes in Miami-Dade County, Florida (33013, 33030, 33031, 33034, 33055, 33056, 33127, 33135, 33136, 33142, 33147, 33150, 33167, and 33170)



**Average Annual TPP20 Grant Amount**

\$1,455,000

**Focus Population(s)**

**Special populations:** Youth in foster care or group homes; pregnant and parenting teens; juvenile justice involved youth

**Participant types:** Youth ages 12-19 and parents/caregivers

<b>Grantee's Roles</b>	Provide evidence-based programs (EBPs) directly to youth; disburse funds to partners/sub-awardees; and collect and report performance measures
<b>Systems Thinking Approach</b>	The grantee engaged with Miami-Dade County Public Schools and community-based organizations to offer multi-level solutions to the wide range of needs identified among the focus populations and gaps in access to services. In addition to identifying and implementing appropriate EBPs, the project conducted a needs assessment and trauma screener for participants, connected participants to supportive services, provided mental and emotional health education, and offered workshops in human trafficking.

 **Formal Partners**

<b>Partners' Roles</b>	Deliver EBPs to youth; provide support for evaluation/performance measures; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)
<b>Partner Organization Types</b>	Faith-based organizations; private non-profit agencies/community-based organizations; and health care service providers (e.g., clinics, hospital, public health, private healthcare providers)

 **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Love Notes	After school (at school); In-School (middle and high schools); Juvenile detention/justice centers; Remote/Online; Faith-based; Community-based settings
Reducing the Risk	After school (at school); Faith-based; In-school (high school); Remote/Online

 **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
None	Reproductive healthcare, primary healthcare, case management, educational services, health insurance (Medicaid, CHIP), job training/work-readiness, mental health, substance use services, and violence prevention services

 **Outreach and Engagement**

<b>Youth Engagement</b>	The grantee engaged an existing youth-led advisory group and created a new youth-led advisory group to collect input and feedback from youth on the project and programming.
<b>Parent/Caregiver Engagement</b>	The project offered parent/caregiver workshops on mental and emotional health, including communication skills for use in their relationships with their kids and their own relationships and held quarterly "Parent Academy" meetings where parents/caregivers learned about the interventions implemented with their children.

**Community Engagement** The grantee engaged an existing community advisory group and created a new community advisory group to collect input from the community on the project. It also used social media and web-communications to provide the community with information on the project and programming.

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**Outreach, Communication, and Dissemination** The project used blog posts, flyers, brochures, health fairs, other public events, social media, and websites to recruit participants or educate community members about the program.

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# OPA TPP TIER 1 GRANTEE: University of Texas Health Science Center at San Antonio



**Project Name:** UT Teen Health Optimal Health Project



**Grantee Organization Type:** University or College



**Grantee Location:** San Antonio, Texas



**Number of Formal Partners:** 7



**Urbanicity:** Mixed



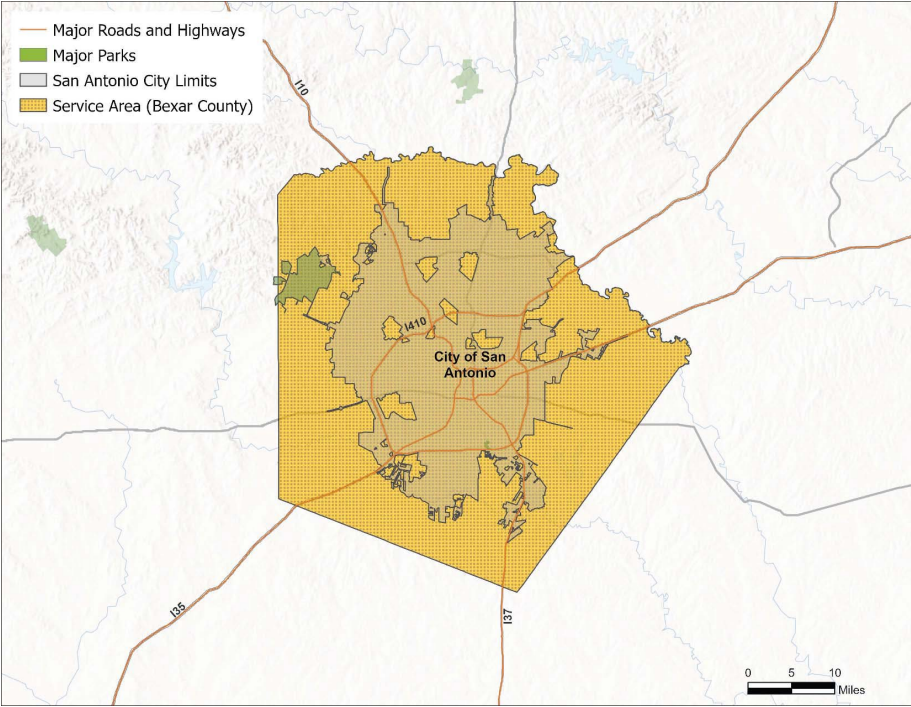
**Average # of Youth Served Annually:** 301-450

## Grantee and Grant

**Prior TPP Grants**

- Tier 1 (2010-2015): Evidence-Based Programs (EBPs)
- Tier 2 (2010-2015): Research and Demonstration
- Tier 1a (2015-2020): Building Capacity to Implement EBPs
- Tier 1b (2015-2020): Implementing EBPs to Scale
- TPP18 (2018-2020): Phase I Testing New and Innovative TPP Strategies
- TPP19 Tier 1 (2019-2020): Replicating Effective Programs to Prevent Teen Pregnancy

**Project Service Area**  
Bexar County, Texas



**Average Annual TPP20 Grant Amount**      \$1,500,000

<b>Focus Population(s)</b>	<b>Participant types:</b> Youth in grades 6-12 (ages 10-20).
<b>Grantee's Roles</b>	Identify EBPs; provide EBPs directly to youth; disburse funds to partners/sub-awardees; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; sponsor Youth Leadership Council and Community Advisory Group; and provide clinical referrals and linkages.
<b>Systems Thinking Approach</b>	The grantee's systems-thinking approach holistically focused on a balance of physical, emotional, social, spiritual, and intellectual health to effect lifestyle change and promote adolescent health. Across project activities, the grantee acknowledged the historical and cultural context in which teens are influenced, barriers and adverse childhood experiences (ACEs), the need for broad community support, positive youth development, and risks and protective factors that impact teens' health. They prioritized trauma informed care and made training resources on trauma informed approaches and ACEs widely available to teachers, clinicians, and others who work with teens while working with a wide range of partners to reach youth.

 **Formal Partners**

<b>Partners' Roles</b>	Deliver EBPs to youth; refer youth to supportive services; provide program setting or access to youth; provide support for evaluation/performance measures; provide in-house training on selected EBP; provide youth-friendly health care services; provide or support dissemination and public messaging (e.g., for recruitment or program awareness); provide other training or capacity building services on trauma informed approaches and adverse childhood experiences (ACEs); and participate in or lead a community or youth advisory group to promote awareness and support for the project.
<b>Partner Organization Types</b>	Elementary or secondary schools (public or private); faith-based organizations; and healthcare service providers.

 **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Draw the Line/Respect the Line	In-school (middle school)
Love Notes	In-school (high school), after school (at school), and faith-based settings
Making a Difference!	In-school (high school)
Reducing the Risk	In-school (high school)



## Supportive Services

### Provided by Grantee Organization

Clinical referrals and linkages, linkages to trauma-informed care

### Provided by Referral

Reproductive healthcare; primary healthcare; educational services; food and nutrition (SNAP, WIC); health insurance (Medicaid, CHIP); job training/work-readiness; mental health; substance use services; and violence prevention services



## Outreach and Engagement

### Youth Engagement

The grantee formed a Youth Leadership Council (YLC) of 60-70 students who met monthly to discuss health topics related to adolescent health and to receive leadership development support to help their communities. The grantee also created a mentorship program for YLC members, the Mentors in Medicine, a group of medical students who provide mentorship on medical school, general academics, and professional/career advice.

### Parent/Caregiver Engagement

Parents/caregivers at each campus were part of the School Health Advisory Council which voted on which EBP curricula to use. Parents and caregivers were also members of the Community Advisory Group. The grantee also provided digital resources on their website specifically for parents and caregivers, such as SexEd101 and talking points on boundaries, goal setting, and pregnancy prevention.

### Community Engagement

The grantee engaged existing youth-led advisory groups or coalitions; created a new youth-led advisory group (the YLC); created a new community advisory group; engaged existing community advisory groups or coalitions; fielded surveys, held ad-hoc engagements; and conducted a community needs assessment to receive input on the project.

### Outreach, Communication, and Dissemination

Each school district and UTTH hosted a webinar/parent presentation for parents to learn more about the program before signing an opt-in form. Additionally, the grantee used flyers, brochures, newsletters, health fairs or other public events, public presentations, social media, and websites as part of their community outreach and communication to recruit participants or educate community members about the EBP and project.

## OPA TPP TIER 1 GRANTEE: Utah State University



**Project Name:** Flourishing and Strong Teens (FAST)



**Grantee Organization Type:** University or college



**Grantee Location:** Logan, Utah



**Number of Formal Partners:** 36<sup>6</sup>



**Urbanicity:** Urban



**Average # of Youth Served Annually:** >1,000



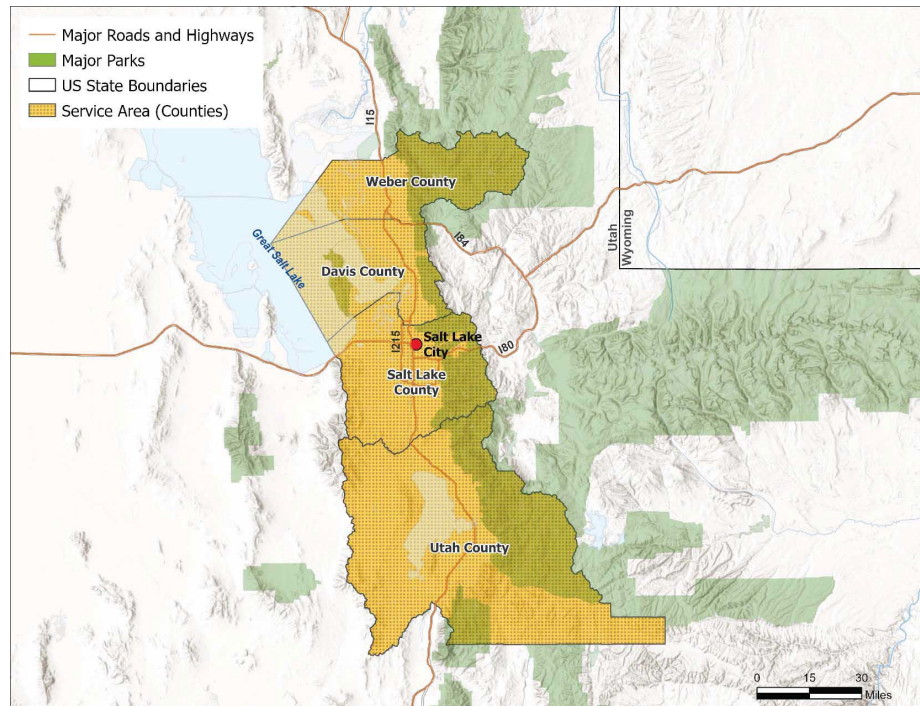
### Grantee and Grant

**Prior TPP Grants**

None.

**Project Service Area**

Four Counties in Utah:  
Weber, Davis, Salt Lake,  
and Utah



**Average Annual TPP20 Grant Amount**

\$1,157,267

<sup>6</sup> This number includes implementation sites which are included in other grantee profiles. Utah State University only executed a Memorandum of Understanding with one partner, but the implementation sites served a formal role in the project and are therefore included in this count.



<b>Focus Population(s)</b>	<b>Participant types:</b> Youth ages 15-19 in alternative schools and behavioral health settings, including Juvenile Justice agencies.
<b>Grantee's Roles</b>	Provide evidence-based programs (EBPs) directly to youth; collect and report performance measures; conduct fidelity monitoring; and provide training and technical assistance or capacity-building.
<b>Systems Thinking Approach</b>	Utah State University used an ecological systems thinking approach that recognized youth-serving agencies and families as two of the main systems influencing youths' lives. As such, Utah State University selected curriculum and designed a program that involved youth, their parents/caregivers, and other important adults. The programming was also offered across multiple systems that included schools, behavioral health, and the juvenile justice system to reach a broad range of youth in the focus population and their parents or caregivers.

### **Formal Partners**

<b>Partners' Roles</b>	Provide program settings or access to youth and provide support for evaluation/performance measures.
<b>Partner Organization Types</b>	Alternative secondary schools, behavioral healthcare service providers (e.g., clinics, public health, private providers) and juvenile detention/justice centers.

### **Evidence-Based Programs**

<b>EBPs</b>	<b>Settings</b>
Love Notes	After school (at school); Clinic-based; Community-based settings; In-School (high school); Juvenile detention/justice centers; Remote/Online

### **Supportive Services**

<b>Provided by Grantee Organization</b>	<b>Provided by Referral</b>
None.	Reproductive healthcare, educational services, job training/work-readiness, mental health services, and violence prevention services.

### **Outreach and Engagement**

<b>Youth Engagement</b>	The grantee formed a youth-led advisory group to provide input on the programming and content. Program participants were encouraged to provide input on the program facilitation, content, and topics of interest. Youth input was also used to form social media posts.
<b>Parent/Caregiver Engagement</b>	FAST included a parent education component, trusted adult connection activities, a monthly e-newsletter with content from Love Notes that was directed toward parents and caregivers, parent/caregiver focused social media content, and electronic parenting resources.

**Community Engagement** FAST encouraged community engagement through a monthly e-newsletter to community members and implementation partner sites, web-based resources, and social media accounts. Utah State University also used a community needs assessment to identify community needs and tailor programming to address those needs.

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**Outreach, Communication, and Dissemination** The project used flyers, brochures, newsletters, social media, websites, email, and personal visits with organizations serving youth as part of their community outreach and communication efforts to recruit participants or educate community members about the program.

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## OPA TPP TIER 1 GRANTEE: YMCA of Greater Louisville



**Project Name:** YMCA Healthy Relationships Project - YMCA Love Notes Initiative



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



**Grantee Location:** Louisville, Kentucky



**Number of Formal Partners:** 5



**Urbanicity:** Urban



**Average # of Youth Served Annually:** <150



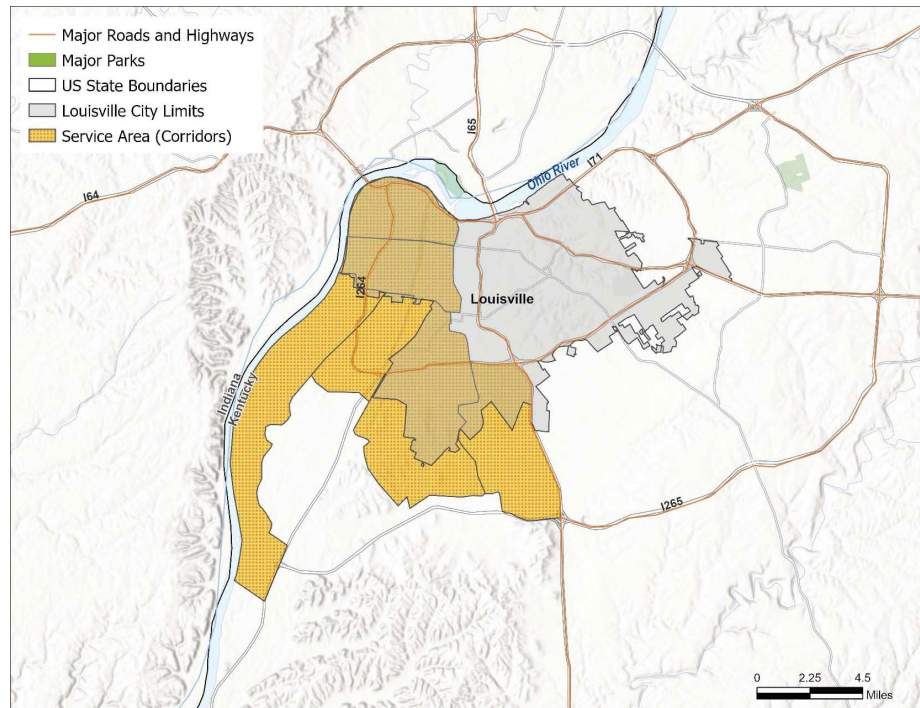
### Grantee and Grant

**Prior TPP Grants**

None

**Project Service Area:**

South and West Louisville, Kentucky: West Louisville, Portland neighborhood, and the Dixie Highway Corridor



**Average Annual TPP20 Grant Amount**

\$683,259

**Focus Population(s)**

**Participant types:** Youth ages 14-19, including immigrants and refugees

**Grantee's Roles**

Provide evidence-based programs (EBPs) directly to youth and provide training and technical assistance or capacity-building.

## Systems Thinking Approach

The YMCA of Greater Louisville and its partners' systems thinking approach focused on transforming mental models for how individuals think and talk about relationships, teen health and wellness, and sexual behaviors and to change the design of underlying structures, including healthcare, education, family, and community institutions to support healthy youth development. This approach sought to create a community designed to build protective factors, support, and empower youth to delay sex, and engage in healthy relationships and healthy sexual decision-making.



## Formal Partners

### Partners' Roles

Deliver EBPs to youth; provide support for evaluation/performance measures; provide training on EBPs to provider; provide youth-friendly health care services; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness)

### Partner Organization Types

Universities or colleges; private for-profit companies/consultants; and healthcare service providers (e.g., clinics, public health, private healthcare providers).



## Evidence-Based Programs

### EBPs

Love Notes

### Settings

Community-based settings; In-school (high school); Colleges/Universities



## Supportive Services

### Provided by Grantee Organization

Health and wellness services

### Provided by Referral

Reproductive healthcare, primary healthcare, case management, educational services, job-training/ work-readiness, mental health services, substance use services, and violence prevention services.



## Outreach and Engagement

### Youth Engagement

The YMCA of Greater Louisville prioritized youth engagement, leadership, and voice throughout the program and other YMCA initiatives (e.g., Teen Vibe Camp). Members from an existing youth-led advisory group served as peer educators/ facilitators for Love Notes, supported outreach and recruitment efforts, promoted relationship building, and provided feedback from listening sessions.

### Parent/Caregiver Engagement

The grantee engaged with parents whose children were a part of the program by providing information on Love Notes, including key principals taught during the classes so parents could share knowledge and communicate with their children on what they learned. The YMCA of Greater Louisville also supported a virtual parent group on Facebook.

**Community Engagement** The YMCA of Greater Louisville had an existing community advisory board that provided guidance and feedback from listening sessions. The grantee used social media and web-communications to provide updates and information on program activities for the community. Members of the community advisory group also created a podcast on the importance of trust when communicating with youth.

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**Outreach, Communication, and Dissemination** The project used blog posts, flyers, brochures, health fairs, other public events, local media (e.g., podcasts, radio, television, newspapers), newsletters, public presentations, social media, websites, and word of mouth as part of their community outreach and communication to recruit participants or educate community members about the program.

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## OPA TPP TIER 1 GRANTEE: Youth to Youth in Health



**Project Name:** Aelōñ-kein Ad (These Islands of Ours) Teen Pregnancy Prevention Project 2.0



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



**Grantee Location:** Majuro, Republic of the Marshall Islands



**Number of Formal Partners:** 3



**Urbanicity:** Rural, Suburban, and Urban



**Average # of Youth Served Annually:** 451-600

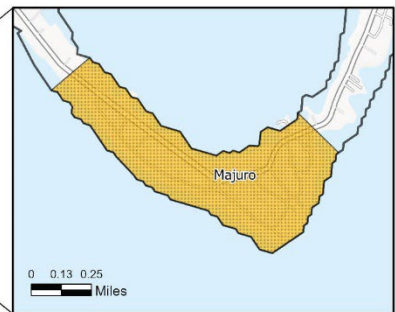
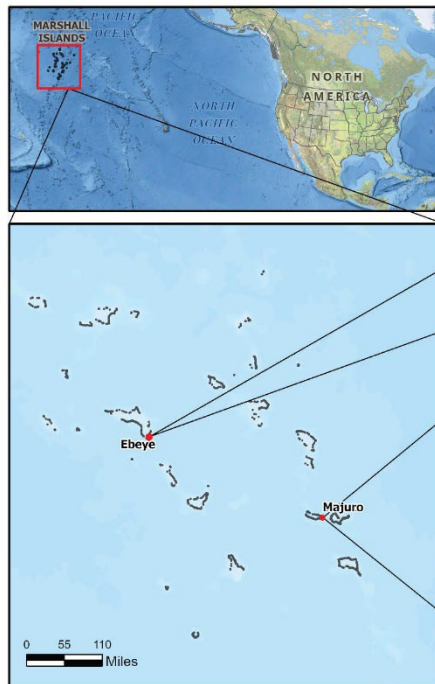


### Grantee and Grant

**Prior TPP Grants**

Tier 1b (2015-2020): Implementing EBPs to Scale

**Project Service Area**  
Majuro and Ebeye communities, Republic of the Marshall Islands



**Average Annual TPP20 Grant Amount**      \$726,440

**Focus Population(s)**      **Participant types:** Youth 13-19 years old, and parents and guardians

**Grantee's Roles**

Provide EBPs directly to youth; collect and report performance measures; conduct fidelity monitoring; provide training and technical assistance or capacity-building; provide other services directly to youth; community mobilization; and media dissemination.

**Systems Thinking Approach**

Youth to Youth in Health's systems-thinking approach focused on expanding the number and types of people they reached through three interconnected types of programming: Youth Health Education, Clinic Referral and Counseling, and Community Mobilization and Engagement. Through these channels, Youth to Youth in Health educated youth on effective sexual and reproductive health practices, created strong referral systems between sexual and reproductive health education and health services, and provided a variety of supportive services to foster a safe and supportive environment for youth.

**Formal Partners****Partners' Roles**

Deliver EBPs to youth; provide youth referrals to EBPs; provide program settings or access to youth; provide support for evaluation/performance measures; participate in or lead a community or youth advisory group related to the project; and provide or support dissemination and public messaging (e.g., for recruitment or program awareness).

**Partner Organization Types**

Elementary or secondary schools (public or private); health care service providers (e.g., clinics, hospital, public health, private healthcare providers); and state government agencies.

**Evidence-Based Programs****EBPs****Settings**

Draw the Line/Respect the Line

In-school (middle school)

Linking Families and Teens (LiFT)

Community-based settings

Positive Prevention PLUS

In-school (high school)

Safer Sex Intervention (SSI)

Clinic-based

**Supportive Services****Provided by Grantee Organization****Provided by Referral**

Reproductive healthcare; substance use services; and clinical based intervention.

Reproductive healthcare; primary healthcare; educational services; mental health services; substance use services; and violence prevention services



## Outreach and Engagement

<b>Youth Engagement</b>	Youth to Youth in Health engaged a pre-existing youth advisory group. The group met monthly to provide insight and feedback on the program, such as effective strategies to connect youth with health clubs and referral services/systems.
<b>Parent/Caregiver Engagement</b>	Youth to Youth in Health engaged parents and caregivers through the LiFT curriculum. Parents of youth in the schools' parent teacher association also provided insight and feedback on the program.
<b>Community Engagement</b>	Youth to Youth in Health engaged a pre-existing community advisory board, local government, and local council who were culturally influential in implementing the program. Youth to Youth in Health relied on these groups to provide support, feedback, and insight on the program. They met every couple of months.
<b>Outreach, Communication, and Dissemination</b>	Youth to Youth in Health used health fairs or other public events, local media (e.g., radio, television, newspapers), public presentations, and social media as part of their community outreach and communication to recruit participants or educate community members about the program. Youth to Youth in Health also adapted a local radio show to provide details about the program, act out role plays from the curriculum, host Q&A sessions with listeners, and provide dates of program meetings.



## Authors

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## 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

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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, Victoria Aragon who produced maps, and Giuliana Scuito who provided administrative 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 which includes their original and continuation grant applications.
- 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 grantee 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.

**Table A-1. Data Fields Included in the Grantee Profiles and Data Sources Used**

Field	Data Source
<b>Project Name</b>	The grantee provided this information in the pre-interview informational form.
<b>Grantee Organization Type</b>	The grantee provided this information in the pre-interview informational form.
<b>Grantee Location</b>	The grantee submitted this information to OPA via the MAX.gov data system.
<b>Number of Formal Partners</b>	The grantee provided this information in the pre-interview informational form.
<b>Urbanicity</b>	The grantee submitted this information to OPA via the MAX.gov data system and provided it on the pre-interview informational form.
<b>Average Number of Youth Served Annually</b>	The grantee submitted this information to OPA via semi-annual performance measures.
<b>Prior TPP Grants</b>	The grantee provided this information in the pre-interview informational form, and it was verified with OPA.
<b>Project Service Area</b>	The grantee provided this information in the pre-interview informational form.
<b>Average Annual TPP20 Grant Amount</b>	This information was provided by OPA.
<b>Focus Population(s)</b>	The grantee provided this information in the pre-interview informational form.
<b>Grantee's Roles</b>	The grantee provided this information in the pre-interview informational form.

<b>Field</b>	<b>Data Source</b>
<b>Systems Thinking Approach</b>	The research team extracted this information from the grant application and discussions during the grantee interviews.
<b>Partners' Roles</b>	The grantee provided this information in the pre-interview informational form.
<b>Partner Organization Types</b>	The grantee provided this information in the pre-interview informational form.
<b>EBPs and Settings</b>	The grantee provided this information through a combination of the pre-interview informational form and the grantee interview.
<b>Supportive Services</b>	The grantee provided this information in the pre-interview informational form.
<b>Youth Engagement</b>	The grantee provided this information in the pre-interview informational form.
<b>Parent/Caregiver Engagement</b>	The grantee provided this information in the pre-interview informational form.
<b>Community Engagement</b>	The grantee provided this information through a combination of the pre-interview informational form and the grantee interview.
<b>Outreach, Communication, and Dissemination</b>	The grantee provided this information through a combination of the pre-interview informational form and the interview