



Office of
Population Affairs

Integrating Supportive Services into Teen Pregnancy Prevention Programming – A Case Study of the Del Valle Healthy Adolescent Project (DVHAP) in Travis County, Texas.

A CASE STUDY ON
PROVIDING SUPPORTIVE
SERVICES TO SUPPORT
TEEN PREGNANCY
PREVENTION
PROGRAMMING.



November 2024

HHS Office of Population Affairs

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About this Report

This case study describes how the City of Austin, Texas—recipient of an Office of Population Affairs (OPA) Teen Pregnancy Prevention Tier 1 Optimally Changing the Map for Teen Pregnancy Prevention grant—formed the *Del Valle Healthy Adolescent Project* (DVHAP), located in Travis County, Texas. Its purpose was to integrate comprehensive supportive services into evidence-based teen pregnancy prevention programming to improve adolescent health outcomes and reduce unintended teen pregnancy.

This case study is part of a larger evaluation of the Tier 1 and Tier 2 grants awarded by OPA in 2020 and 2021 under OPA's Teen Pregnancy Prevention (TPP) program.

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Executive Summary

Background

This case study describes how the Del Valle Healthy Adolescent Project (DVHAP), located in Travis County, Texas, used findings from a youth-led community needs assessment to inspire a strategy to improve adolescent health outcomes and reduce unintended teen pregnancy by **integrating comprehensive supportive services into evidence-based teen pregnancy prevention programming**. The project reached youth in schools through the implementation of the evidence-based programs *Positive Prevention Plus* (grades 9-12) and *Positive Potential* (grades 6-8). In addition to this programming, the project referred youth to individual mental health counseling services, relationship and violence prevention education, and peer education programming. Further, linkages to other important resources in the community provided additional support to students and families in need.

Lessons in Integrating Supportive Services into Teen Pregnancy Prevention

- **Identify gaps in relevant existing supportive services.** DVHAP used findings from a youth-led community needs assessment to inform the design of their TPP strategy. The assessment identified mental health services, violence prevention, and accessible adolescent health education and pregnancy prevention services as key areas of need. This participatory research process allowed DVHAP to prioritize the kind of supportive services most important to the youth being served.
- **Form a strong network of community partnerships.** DVHAP laid a strong foundation for partnership and success given existing relationships built through earlier work. Trusted people and organizations were brought together with a shared understanding, contributing to the project's overall success.
- **Prior to implementation, plan and develop a shared vision.** Bringing all grant partners together to develop a shared vision for the project, build trust, and gain support is good practice. This helped build a mutual understanding of issues and ways to address them, including how to talk to others in the community. It also allowed partners to understand each other's operations and how to best work together to work with youth and make referrals.
- **Remain flexible and adaptable.** Throughout DVHAP implementation, structural, institutional, and environmental conditions required all partners to be flexible and adaptable. When partners of different organizations came together with their own set of priorities, rules of engagement, and ways of putting their work into action, it was important to acknowledge this and remain flexible to the needs and requirements of all.
- **Hold regular partner convenings.** DVHAP partners convened in-person on a regular basis to discuss strategy, resources, needs, and progress. All parties found this extremely beneficial to building trust, collaborating, understanding how the project was progressing, discussing organizational and community needs, and moving the needle to accomplish their goals.
- **Develop a centralized reporting and referral system.** While DVHAP partner organizations had their own independent case management systems, there was a shared consensus that it would have been helpful to have had a centralized reporting and referral system to share information, follow-up as needed, and close the loop on referrals.

Introduction

Adolescence is a pivotal stage of development. It is when youth experience opportunities to engage more deeply with the world and begin to think more critically. As such, it is essential for young people to cultivate the knowledge and skills needed to make healthy choices and develop positive relationships. While teen pregnancy has continued to decrease over time, disparities in teen birth and pregnancy rates by race, ethnicity, geographic location, and socioeconomic status still exist and affect not only the sexual and reproductive health of adolescents, but overall health and development (Osterman et al. 2022; Tollestrup 2022).

The Office of Population Affairs (OPA) operates the ***Teen Pregnancy Prevention (TPP) program***, a national evidence-based initiative that provides funding to diverse organizations working with adolescents and the adults supporting them to prevent unintended teen pregnancy and sexually transmitted infections (STIs), promote positive youth development, and advance equity in adolescent health. A major component of this initiative is to fund programs addressing health disparities and support communities and populations of greatest need. Identifying inequities, their root causes, and the needs of communities requires collaboration. TPP grantees collaborate with youth, parents/caregivers, and the community to design, implement, and evaluate projects. This supports high quality programming and services that are youth-centered, community-driven, and adolescent-friendly.

The TPP program invests in the replication of evidence-based programs. It also supports the development and evaluation of new and innovative strategies. In line with those two goals, OPA awarded funding to 75 organizations in Fiscal Years 2020 and 2021 in two tiers:

- Tier 1: Optimally Changing the Map for Teen Pregnancy Prevention – replication of existing evidence-based TPP programs (62 awards)
- Tier 2: Innovation and Impact Networks – innovation of new TPP strategies (13 awards)

About the Tier 1: Optimally Changing the Map for TPP Grants

OPA's TPP20 Tier 1 grant program awarded organizations for a two- to three-year grant period (2021-2023 or 2020-2023) to implement projects designed to advance the health of adolescents and reduce rates of unintended teen pregnancy and STIs within communities experiencing the greatest disparities and need.¹ OPA designed the grant program to maximize impact by challenging grantees to employ a systems thinking approach to support adolescent health in their communities.²

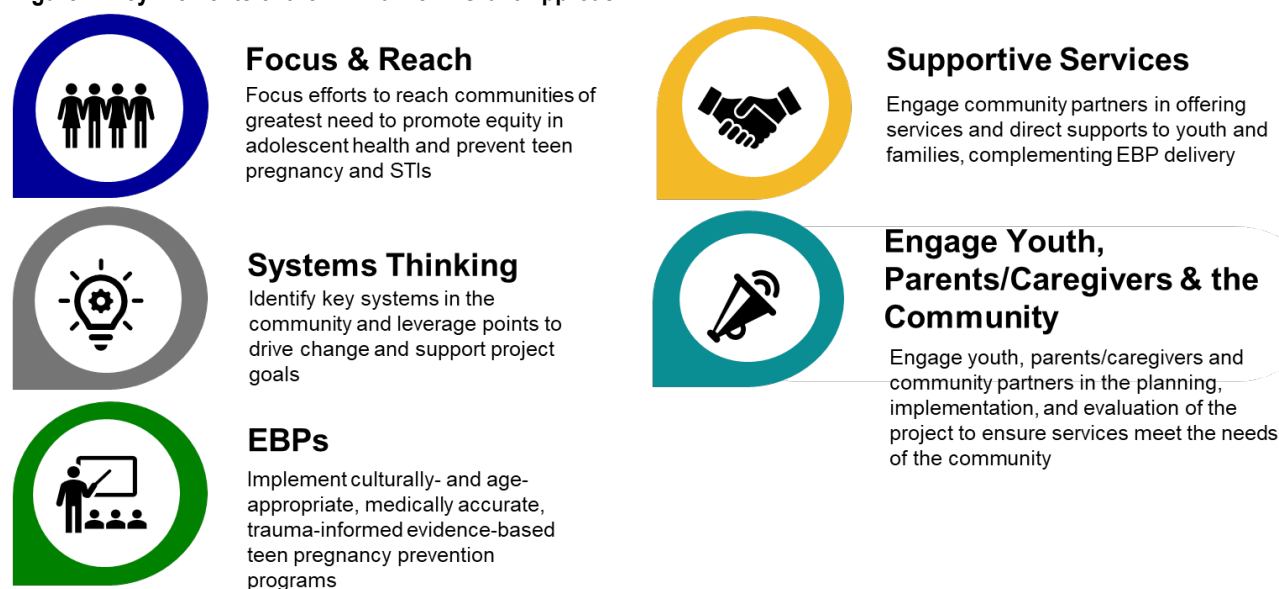
Though grantees' approaches varied, OPA required five key elements: (1) **focus and reach** communities with the greatest needs and disparities to promote equity in adolescent health and

¹ For more information on the TPP20 Tier 1 grant strategy, see the TPP20 Tier 1 funding opportunity announcement: <https://www.grants.gov/web/grants/view-opportunity.html?oppld=324365>. OPA has funded multiple cohorts of TPP grant programs since 2010; see [Teen Pregnancy Prevention Program | HHS Office of Population Affairs](#).

² Systems thinking is the process of seeing the whole system or network and the way the different elements or components of the system interact or work together; occasionally described as "big picture" thinking. It is an approach to grappling with adaptive problems with the aim of making enduring change with the greatest impact.

prevent unintended teen pregnancy and STIs; (2) apply a **systems thinking** approach to leverage and support goals; (3) implement culturally and age-appropriate, medically accurate, and trauma-informed **evidence-based teen pregnancy prevention programs (EBPs)** within the selected service area; (4) provide **supportive services** to youth and families that complement EBP delivery; and (5) **engage youth, parents/caregivers, and community partners** in the planning, implementation, and evaluation of the project to ensure needs are met (see Figure 1).

Figure 1. Key Elements of the TPP20 Tier 1 Grant Approach



Source: Developed by authors using information from the TPP20 Tier 1 funding opportunity announcement.

OPA expected funded projects to use the essential components of the Think, Act, Grow® (TAG) framework in their approach to improve adolescent health outcomes (HHS, 2019). One component of this framework is to coordinate and integrate adolescent-friendly and family-centered supportive services as needed to enhance adolescent health outcomes, especially among populations most vulnerable to teen pregnancy and STIs. Services could include those that address the physical, emotional, behavioral, spiritual, and social development of youth.

About the TPP20 Evaluation

In 2021, OPA contracted with Abt Associates and its partners, Decision Information Resources (DIR) and Data Soapbox, for a five-year evaluation of the Tier 1 and Tier 2 strategies implemented by grantees from 2020 through 2023 (the “TPP20 Evaluation”).^a The evaluation includes a study of how grantees are implementing strategies plus three case studies.

^a See the TPP20 Evaluation Overview for more details of the TPP20 funding opportunity: https://opa.hhs.gov/sites/default/files/2022-04/tpp-fy2020-fy2021-evaluation-overview_0.pdf. OPA has funded multiple cohorts of TPP competitive grant programs since 2010; see [Teen Pregnancy Prevention Program | HHS Office of Population Affairs](#).

The Del Valle Healthy Adolescent Project (DVHAP)

This case study examines the supportive services implemented by one of the 62 TPP20 Tier 1 grantees: the **City of Austin, Texas**, for the **Del Valle Healthy Adolescent Project (DVHAP)**. It shares key findings from DVHAP's experience integrating comprehensive supportive services into teen pregnancy prevention (TPP) efforts, particularly about starting from a place of need, using a strong network of strategic community partnerships, and navigating complexities and challenges.

The sections that follow describe the background and implementation context of DVHAP partnerships and community, as well as the integration of supportive services into the TPP project. It describes how the supportive services partners coordinated their efforts to provide mental health and other supportive services to youth (and their families) receiving EBPs in schools, highlighting their successes, challenges, and lessons learned.

About the Grantee: Starting from a Place of Need

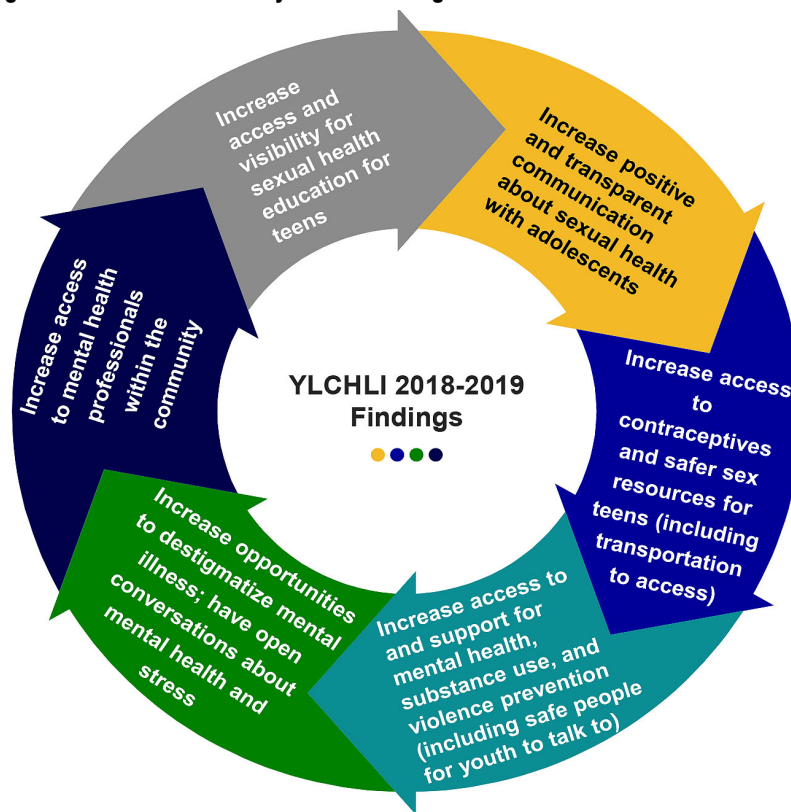
The City of Austin's public health department (Austin Public Health/APH) runs the Austin Healthy Adolescent (AHA) Program. The mission of the AHA is to promote community engagement, health education, and positive youth development to encourage youth to be active partners in achieving health equity. The TPP20 Tier 1 grant was the AHA's first OPA TPP grant.

Staff at the AHA Program identified the TPP20 Tier 1 funding announcement as a natural extension of ongoing community work (University of Texas 2023). Between 2018 and 2019, community-based leaders and academic experts, in partnership with Del Valle High School, followed up on a 2011 Community Health Assessment and Community Health Improvement Plan conducted in Austin and surrounding Travis County. They developed the Youth-Led Community Health Learning Initiative (YLCHLI) to conduct a pilot needs assessment in the Travis County communities of Del Valle and Montopolis (Springer et al. 2022).

With funding from APH, the YLCHLI engaged a group of high school students as youth co-investigators. The youth co-investigators used innovative and participatory research techniques, such as photovoice and data walks, to identify community health needs and assets, explore priority areas, and advocate for needed change (Springer et al. 2022; Anoll 2019). Key findings from YLCHLI (Figure 2) revealed the desire for more robust sexual and reproductive health programs and mental health supports for youth in these communities (Springer et al. 2019).

In response to the findings, APH and other interested parties were ready to design a comprehensive TPP program that would provide an evidence-based program with positive impacts on sexual and reproductive health outcomes to Del Valle High School students while also integrating mental health and other youth-friendly supportive services to amplify health outcomes. APH believed OPA's TPP20 Tier 1 funding opportunity was the perfect way to bring trusted people and organizations together to respond to the specific needs brought forth by YLCHLI's community needs assessment while expanding opportunities to engage youth and the community in the process.

Figure 2. YLCHLI Community Needs Findings



Source: Developed by authors using information collected in interviews with DVHAP staff and partners.

About DVHAP

DVHAP was a three-component intervention led by the AHA Program, University of Texas Health Science Center (UTHealth), SAFE Alliance (SAFE), Integral Care, El Buen Samaritano (El Buen), Nicole Treviño Consulting (NTC), and the Travis County Adolescent Health (TCAH) Collaborative.

DVHAP's goal was to reduce unintended teen pregnancy and STI rates and increase the health of adolescents residing in the Del Valle area of Travis County, Texas. Its three components were:

- (1) Delivery of youth and family health education – that is, the implementation of evidence-based programs (EBPs) with fidelity monitoring and parental educational workshops and materials
- (2) Engagement in systems improvements – that is, youth leadership and development, family and community engagement, and expanded supportive services and referrals

- (3) Systems improvement – that is, teacher and provider development workshops, service assessment and improvement, and improving supportive services networks.³

The project reached youth in one public high school and two charter schools serving middle and high school students through the implementation of the evidence-based programs *Positive Prevention Plus* (grades 9-12) and *Positive Potential* (grades 6-8) and provided individual mental health counseling services, relationship and violence prevention education, and peer education programming. Further, linkages to important resources in the community provided additional support to students and families in need.

DVHAP illustrates how a youth-led community needs assessment inspired a strategy to improve adolescent health outcomes and reduce teen pregnancy by **integrating comprehensive supportive services into evidence-based teen pregnancy prevention efforts**.

Using a Network of Strategic Community Partnerships: DVHAP Grant Partners

Existing relationships built through earlier work gave DVHAP a strong foundation for partnership and success from its inception. For example, APH, SAFE, UTHealth, representatives of the Travis County Adolescent Health Collaborative, and Del Valle High School had worked as members of the YLCHLI advisory board along with other local organizations invested in the community. These parties came together again to advance the agenda set forth by the Del Valle community.

Figure 3 depicts the core DVHAP partners and their roles, described in more detail below. Partners fell under two major categories: (1) project *management, implementation, and evaluation* or (2) *supportive services*. At the center of the partners' relationship with DVHAP and one another was a sense of mutual trust, which was also felt by the youth and communities served.

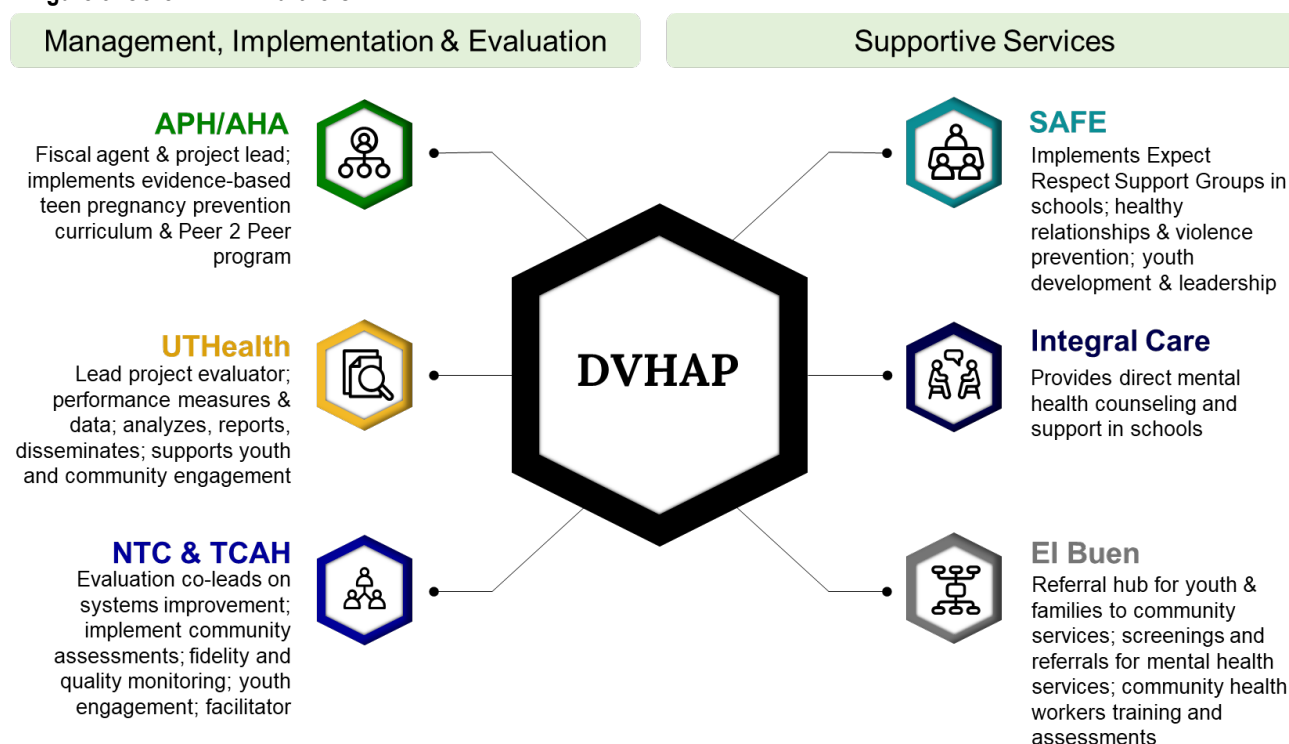


“We already had partnerships that we identified with the grant. And because of existing relationships, and because partnerships had been so successful, we already built up the trust. And the youth were also trusting of those partners.”

DVHAP STAFF

³ DVHAP intervention components as described in the Del Valle Healthy Adolescent Program grant application, submitted to OPA on April 24, 2020.

Figure 3. Core DVHAP Partners



AHA=Austin Healthy Adolescent Program. APH=Austin Public Health. DVHAP=Del Valle Healthy Adolescent Project. El Buen=El Buen Samaritano. NTC=Nicole Treviño Consulting. SAFE=SAFE Alliance. TCAH=Travis County Adolescent Health Collaborative. UTHealth=University of Texas Health Science Center.

Source: Developed by authors using information collected in interviews with DVHAP staff and partners.

- **APH** is responsible for promoting public health and well-being in Austin. As the TPP20 Tier 1 fiscal agent and lead organization, it had the relationships, resources, and reputation to *convene partners and provide effective evidence-based teen pregnancy prevention programs*.
- **SAFE** is a nonprofit organization that provides comprehensive programming and support to individuals, families, and communities, with a focus on violence prevention, advocacy, and access to community resources, services, and education. SAFE directly worked with the YLCHLI youth and others across Austin. It had a well-established initiative called Expect Respect in place to *support youth leadership and development as well as provide support groups to promote violence prevention and healthy relationships*.
- **UTHealth** and **Nicole Treviño Consulting** are both Travis County Adolescent Health Collaborative members. With their expertise in community-based participatory research and evaluation to enhance adolescent health outcomes in the community, they were the right fit to contribute to DVHAP's *evaluation and systems improvement activities*.

For the TPP20 grant, APH expanded the partnership to further meet the needs of the community by engaging Integral Care and El Buen Samaritano.

legislature passed [House Bill 1525](#), which required parents to opt into sexual education classes for their children and required that sexual education curriculum be approved by School Health Advisory Councils prior to district adoption. Shortly thereafter, Senate Bill 8 was introduced (and later passed) adding further restrictions, such as prohibiting instruction of sexual orientation and gender identity in education (SIECUS, 2023).⁴

Still, DVHAP partners remained committed to their reach and goals. However, the culmination of challenges, along with the need to meet grant requirements around youth reach and engagement, ultimately led to the decision to relocate their high school efforts to two charter schools, IDEA Rundberg and Austin Achieve, as well as to extend services to middle school students (grades 6-8) within those schools. Partners found that charter schools, though publicly funded, had more flexibility in curriculum selection and adoption than did traditional public schools. Additionally, as shown in Figure 4 above, the revised sites served communities demographically like Del Valle and also had a strong need for comprehensive and effective access to evidence-based teen pregnancy prevention programs, positive youth development, and supportive services.

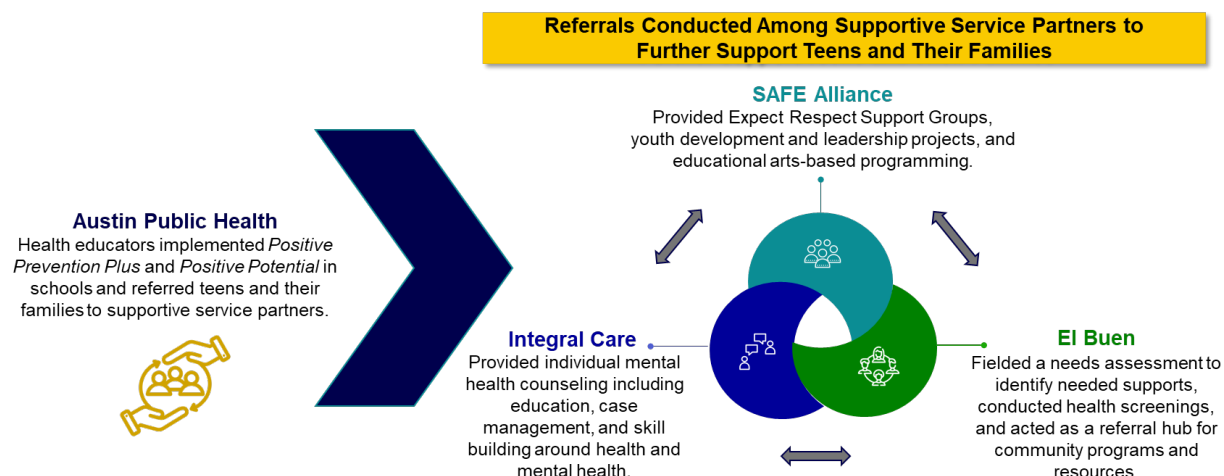
Integrating Comprehensive Supportive Services

DVHAP offered supportive services to youth enrolled in the school-based EBPs. Supportive services providers worked together to make linkages and referrals to address the individual needs and underlying issues of youth and their families in Del Valle and northeast Austin. Even with ongoing challenges and project adjustments, supportive services partners were able to reach youth and expand needed supports to them and their communities.

The grantee integrated supportive services into the TPP20 Tier 1 grant to complement replication of *Positive Prevention Plus* and *Positive Potential* in Del Valle High School, followed by IDEA Rundberg Charter School. *Positive Prevention Plus* and *Positive Potential* were offered at Austin Achieve Charter School, but the grant ended before supportive services could be integrated there. Most referrals to supportive services were generated in the school settings, following EBP participation. The intention was to create a safety net that extended beyond the EBP, proactively supporting students' mental health, reproductive health, and personal safety while making linkages and referrals to essential community resources to meet other needs such as food, housing, and access to public benefits. DVHAP's supportive services partners (see Figure 5) worked together, to the extent possible, to refer youth and promote one another's programs.

⁴ Senate Bill No. 8 was enacted after the pivot from Del Valle High School to the charter schools but affects which curriculum can be taught and how, particularly in an inclusive, medically informed manner.
<https://capitol.texas.gov/tlodocs/88R/billtext/pdf/SB000081.pdf>.

Figure 5. DVHAP's Referrals to Supportive Services Partners



Source: Developed by authors using information collected in interviews with DVHAP staff and partners.

DVHAP's Supportive Services Partners and Roles

DVHAP's supportive services partners were SAFE, Integral Care, and El Buen. Together, they aimed to provide DVHAP youth equitable access to support groups focused on healing past traumas and building healthy relationships, youth development and leadership opportunities, individual mental health counseling, community health worker screenings, and linkages to mental health and vital community services and resources.


- **SAFE** implemented its trauma-informed Expect Respect Support Groups in Del Valle High School and IDEA Rundberg Charter School. In addition to in-school support groups, SAFE offered after-school youth development and leadership projects and educational arts-based programming to spark awareness and dialogue regarding the needs of students' school and community related to violence, abuse, and bullying and ways to promote healthy relationships. The grant funded two counselors to work with the youth. When counselors identified youth and families through their in-school programming as needing additional support, they were referred to other SAFE programs, such as therapeutic services and case management. Alternatively, some youth were referred to other DVHAP supportive services partners when deemed a better fit (e.g., individual counseling was needed as opposed to group counseling).
- **Integral Care** provided care and resources including individual counseling services, education, case management, and skill building around health and mental health to adults and children living with mental illness, substance use disorder, and intellectual or developmental disabilities throughout the community. Through TPP20 Tier 1 grant funding, one therapist offered individual mental health counseling services to DVHAP students. Integral Care referred youth to SAFE's Expect Respect Support Groups when a group setting focused on building healthy relationships better suited youth than one-on-one counseling.
- **El Buen** had bilingual staff who provided services to support the needs of the Latino and Spanish-speaking community throughout Travis County. As part of the TPP20 Tier 1

grant, El Buen developed a needs assessment to identify the types of assistance and support that DVHAP students and families needed, conducted health screenings, and acted as a referral hub for connections to community programs and resources. Its Community Health Workers also provided services directly when families' needs aligned with its offerings (e.g., food pantry, adult literacy, and youth education programs).

El Buen staff, including Community Health Workers, implemented the needs assessments in schools. They also adapted the assessment for quick administration to families attending community events offering vaccinations, food, school supplies, and the like. As a result of the assessments, staff were able to directly work with families, and in some cases make referrals to APH, SAFE, and Integral Care when beneficial. DVHAP partners and school staff referred students and families to El Buen when connections to other programs and resources in the community were needed.

Achieving More Together

DVHAP partners reported DVHAP partnership allowed them to do more together than they could alone to reach youth and families in greatest need. AHA convened the supportive services partners bimonthly to have lunch, discuss programming, and determine the best way to reach and support youth. SAFE and Integral Care worked together closely as direct service providers in the schools. They frequently made referrals back and forth, sometimes through a school intermediary (e.g., social worker). Initial referrals generally came from health educators implementing the EBPs.⁵ For example, if a student was referred by a health educator to SAFE but could benefit from individual counseling, SAFE would coordinate with Integral Care to ensure the student received the services needed. Yet, if Integral Care was at capacity and SAFE had space available, the partners were able to coordinate among themselves to ensure the student's needs were met.



“SAFE referred to us sometimes when they were aware there was a kiddo in their group setting that needed a little bit more one-on-one support. You know, maybe there are some things that they're struggling with that need to be discussed in a private setting. And certainly, some kids, we see the opposite where they really enjoy meeting one on one, but they also really want to be in a group setting with other teens. And so, I think it was nice to have sort of a connected approach, sort of a team approach and mutual referrals.”

DVHAP STAFF

Adjusting Supportive Services Over Time

Supportive services partners were flexible and adapted to DVHAP implementation changes. SAFE and Integral Care were already integrated into Del Valle High School prior to the grant, so a continuation of services was seamless but complicated by the challenges with EBP implementation. Because supportive services were to complement the EBPs, providers were not able to serve the students and families of Del Valle to the degree anticipated. El Buen, as an external community partner, provided resources as needed and was not affected in the same

⁵ Supportive services provided through Integral Care and SAFE under the TPP program were reserved for students receiving the EBP. However, Integral Care was able to provide services to other students in need through additional funding sources. Similarly, El Buen could provide services to anyone in need; however, its focus under the TPP grant was to assess and provide services to EBP participants and their families.

way as SAFE and Integral Care. Still, El Buen had to adapt its outreach and assessments to a new setting.

When APH moved implementation to IDEA Rundberg, Integral Care, SAFE, and El Buen moved their support there as well. The transition occurred quickly, though there was a sense of regret at leaving the students in Del Valle without needed services. This was especially true for the direct services partners, Integral Care and SAFE. As such, these providers stayed at Del Valle during the transition to IDEA Rundberg to ensure students were able to receive the services they started. Although APH also implemented EBPs at Austin Achieve, supportive services did not follow because the infrastructure was not in place to effectively support integration prior to the grant period concluding.

Navigating Complexities and Challenges: Integration Obstacles

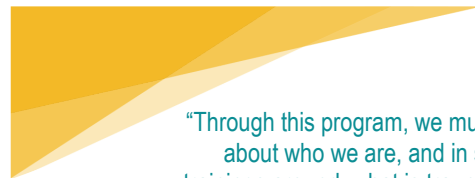
Coordination of services was not without its challenges. Over the three-year grant period, the barriers and challenges encountered by DVHAP affected the project's ability to implement as originally planned. Though the project was on target to meet its reach goals by the end of the grant period, it required flexibility, adaptability, and trust among partners to do so. In the first two years of implementation in Del Valle High School, only approximately 20 students were provided the EBPs due to a variety of challenges. These challenges included shifting to virtual learning, a lack of appropriate classroom space when in-person learning resumed, changes in school priorities due to the COVID-19 pandemic (that shifted priorities away from teen pregnancy prevention programs), the loss of a school champion, and the change in Texas laws requiring parent opt-in to sexual health education. In turn, the challenges greatly affected the ability of the supportive services partners to carry out their work, as their work was tied to EBP delivery. When DVHAP made the difficult but necessary decision to move to the charter schools, they were able to provide the EBPs to 400 students within months of the move and thus afforded those students access to the supportive services provided by SAFE, Integral Care, and El Buen as needed.

The DVHAP team persevered to overcome each barrier; fulfill the expectations of the grant; and most importantly, fulfill the needs of youth and families who needed it most. Below are the major barriers and challenges that the team encountered, particularly as related to integrating supportive services into an EBP-focused grant.

Laying the Groundwork for a Strong School Partnership

Integrating supportive services into a school system can be a challenge, particularly when **it takes time to build trusting relationships and institutional support**. Under a time-limited grant, it is difficult to adequately do so successfully. Furthermore, unexpected events such as the COVID-19 pandemic and changes to state legislation made the process even more complicated, delicate, and time-consuming for DVHAP.

For DVHAP, including supportive services providers, getting buy-in, and identifying committed champions were important to effectively integrating into the school system. Though Integral Care and SAFE had an existing presence in Del Valle High School, they did not in IDEA Rundberg. Buy-in and trust had to be built at multiple levels within the school including with administrators, teachers, parents, and youth. This required educating and creating awareness of programs and referral mechanisms and working with school staff to secure the resources needed to provide supportive services to youth in school (e.g., space to meet with students, time to pull students out of classrooms, flyers to hand out to parents). Even when partners have existing relationships with schools, they must constantly work to maintain relationships and collaborate to address needs and challenges.



“Through this program, we must educate the school about who we are, and in some cases providing trainings around, what is trauma centered care. You know, why is it important to work on kids’ mental health or mental well-being? Sometimes it’s hard in schools because there’s so much pressure on the academics, the testing, all the things. And so why should they let these kids out of class to see us? And so, there is this groundwork that we lay in terms of why is this important? Who are we? What are we doing in the community?”

DVHAP STAFF

School staff wear many hats and have important obligations, primarily to ensure students’ academic success and safety. Working with supportive services providers means school staff must take on additional responsibilities, and internal resources are often limited to support external parties coming into the schools. To the extent possible, DVHAP partners tried to reduce burden on the schools (e.g., by printing out their own materials to hand out to students and parents, by pulling students out of elective classes rather than core

classes) and to remain as flexible as needed to ensure a strong working relationship for the youth and families.

Tying Supportive Services to EBPs

Overall, **tying supportive services to the youth receiving EBPs was a challenge**. SAFE and Integral Care had existing relationships with staff and students in Del Valle, providing important services prior to the grant. The challenges DVHAP experienced with EBP implementation greatly limited the number of students able to participate in its program. However, they did not diminish students’ need for crucial services. DVHAP addressed this challenge in two ways.

First, direct service providers felt a sense of moral obligation to continue providing mental health counseling and violence prevention support groups to the youth of Del Valle despite the inability to implement EBPs in the high school. The providers had already established relationships with students and staff, whom they did not want to abandon. As a result, DVHAP collectively decided to finish out the second school year at Del Valle to ensure youth received needed supports before pivoting to the northeast crescent of Austin to begin services there.

Second, supportive services partners encountered students who did not opt in to the EBPs but needed services, which created an ethical dilemma for the partner organizations. Questions of equity came into play. In these circumstances, partners worked together to get youth and families not receiving EBPs connected to services whether through their organizations or others.

Time Constraints

DVHAP partners generally believed that a three-year grant period was not sufficient to meet the intended goals or enact lasting and measurable change, despite the formative work completed pre-grant and memoranda of understanding already in place with key partners. The feeling of not having enough time to do the work was exacerbated by the COVID-19 pandemic, the implementation challenges described above (see *Community Characteristics and Shifts*), and the need to navigate the conditions set forth by House Bill 1525 legislation.

Partners spent two years trying to serve Del Valle during a complicated time and relocating efforts to northeast Austin only allowed for one year of funded service in that location. By the time partners built relationships with the charter schools and began implementing EBPs, time to integrate supportive services was limited. This is one reason that supportive services partners integrated their services only at IDEA Rundberg and not at Austin Achieve. There was not enough time to build institutional relationships and support and find space and time to provide complete programming in both schools.

Privacy Compliance and Lack of a Centralized Referral and Reporting System

Partners were diligent about getting the needs of youth and families met, but SAFE, Integral Care, and El Buen each had their own independent, separate case management systems. For SAFE and Integral Care in particular, the privacy of youth served was essential. HIPAA laws around protecting personal health information meant **supportive services partners were limited in what could be shared about youth without a release or permission from parents or guardians**. Often, partners would conduct “warm hand-offs” by calling directly to notify the other partners of a referral. However, the partners could not easily confirm or share specifically whether a teen or their family had followed through and received support, and the referrals and information about each person served could not be centralized into one monitoring and reporting system.

These challenges extended to management of DVHAP by APH. Accountability regarding numbers served and understanding progress and impact were limited to what partners could share. SAFE, Integral Care, and El Buen reported numbers of referrals, but could not “close the loop” on those referrals.

Facilitators of Supportive Services Integration

DVHAP partners discussed four implementation facilitators to consider when integrating supportive services into TPP work (see Figure 6 below), all of which reflect lessons learned from their successes and challenges over the three-year TPP20 Tier 1 grant period.

Planning and Visioning



Ahead of implementation, bringing all grant partners together was crucial to **developing a shared vision for the project, building trust, and fostering mutuality**. In order for all DVHAP partners to be successful in meeting the needs of youth and their families through coordinated efforts, early collaboration was key. Strong collaboration among partners extended to their relationships with implementation sites. Partners arrived at a shared understanding of how they would work together toward their vision. In addition to developing a shared vision, a shared language was also important as it helped to build a mutual understanding of issues and identify ways to address them, including how to talk to others in the community. Further, taking time to understand the needs and operations of each partner was essential to building effective systems for making and tracking referrals.

Conducting training and using experiential exercises (e.g., role playing) to learn about each partner and how it operated and to manage referrals helped improve readiness and implementation strategy. Approaching implementation sites as a united front with a plan for working together effectively and efficiently also helped with the integration process and provided a more robust system for monitoring and reporting on progress.

Flexibility and Adaptability



Throughout DVHAP implementation, structural, institutional, and environmental conditions required **all partners to be flexible and adaptable**. When partners came together, each with its own set of priorities, rules of engagement, and ways of putting their work into action, acknowledging this and remaining flexible to the needs and requirements of all was important. Doing so required flexibility in the way partners worked together and how they shared information. For example, it was common for Integral Care and SAFE staff to call each other directly to coordinate referrals. Each organization had their own unique internal requirements regarding what information could be shared and how. Especially for Integral Care as a mental health provider, there were sensitivities around privacy that had to be upheld and navigated carefully. Flexibility was required when working with implementation sites also. They,

Figure 6. Supportive Services Implementation Facilitators



too, are governed by their own sets of rules and cultures. Finding ways to accommodate and reduce burden on all parties in meeting their shared goal was key. Partners took time to understand each other's internal operations so that they could coordinate in a way that met their organizational needs as well as the needs of the project. Partners also streamlined communication with implementation sites and were responsive to the schools' desire to protect instructional time as much as possible (i.e., by implementing EBPs and support groups around core instructional time). Finally, unexpected circumstances and events will inevitably affect a project, no matter how slight or large. Being prepared and adaptable helped contribute to DVHAP's success.

Regular Convenings



DVHAP partners **convened in person regularly to discuss strategy, resources, needs, and progress**. All found this extremely beneficial to building trust, collaborating, understanding how the project was progressing, discussing organizational and community needs, and moving the needle to accomplish their goals. Partners participated in team-building exercises, shared challenges and successes, and leaned on one another for resource support. Meeting regularly allowed them to identify ways to support one another's work, train on important topics such as anti-racism, bolster their services, and discuss ways to pivot and align services or fill resource gaps. For DVHAP, having a meeting facilitator (Nicole Treviño Consulting) was productive and kept sessions on task.

Centralized Reporting and Referral System



Though each of DVHAP supportive services partners and APH had its own independent and separate case management system, the consensus was that it would have been **helpful to have had a centralized reporting and referral system to share information, follow-up as needed, and close the loop on referrals**. Partners believed they were ultimately able to reach the number of students intended, but the work would have been improved with a centralized system of reporting to better track services, outcomes, and potential impacts. APH, as the lead organization, also believed centralized reporting would have helped reduce grant reporting burdens for all the organizations and improve the timeliness and accuracy of information shared with OPA.

Partners providing the supportive services also believed such a system could facilitate referrals by minimizing burden on families, improving handoffs and follow-up, and improving the coordination of care for complex cases. However, the system would have to account for the legal and ethical guidelines that direct service providers must follow (e.g., HIPAA). Grant reporting requirements would also need to account for what is allowable. Local public health entities and nonprofits often do not have the resources or skills to develop such complex and secure systems. One solution might be that the funder (OPA) would provide access to a system that could be used by all partners under the grant.

Benefits of Supportive Services Integration

All DVHAP partners saw the benefit of integrating supportive services into a TPP program to enhance adolescent health outcomes, particularly as integration related to building a foundation for more equitable and lasting change at the individual, family, and society levels. Sustainable change takes time, but offering supportive services along with EBPs could also help address some of the root causes and risk factors, such as inadequate access to youth-friendly services

and social stressors such as violence and abuse, which contribute to teen pregnancy, STIs, and overall adolescent health. Integration of supportive services also helped build a system of support that can last beyond the EBPs, creating a safety net for youth, families, and communities. Below are the key benefits identified by partners.

Support for Communities with High Need and Few Resources

DVHAP **expanded supportive services to areas of high need.** The YLCHLI community needs assessment found that the Del Valle community lacked sufficient access to needed resources, including youth-friendly services and programs. Needs, especially mental health needs, were also exacerbated by the COVID-19 pandemic,⁶ making access to mental health services through DVHAP additionally beneficial. The assessment identified socioeconomic and environmental risk factors that can negatively affect the health of communities, necessitating resource investment.⁷

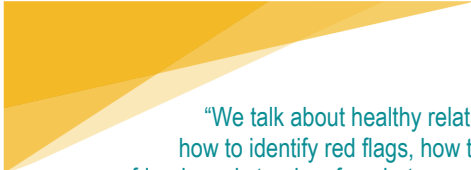
Increased Equitable Access to and Knowledge of Services

The grant provided funding for SAFE and Integral Care to provide direct services on school campuses, and the **communities came to know and use El Buen's services more than they had prior to the grant.** Integrating supportive mental health and violence prevention services in the schools where EBPs were implemented meant that help was onsite, close at hand, and available when needed. As such, families did not need to figure out how to get these resources or navigate barriers to access, as services were readily available for youth at the schools. Resources also extended to meet families' needs, especially through outreach efforts stemming from El Buen's needs assessment and community events. Laying this foundation provided youth and families with knowledge about what services are available to them and where they can go for help in the future.

Increased Trust and Collaboration

Though DVHAP involved partners with pre-established relationships, this was the first time the supportive services partners worked collaboratively and continuously to support youth and families. An ancillary benefit of integrating supportive services into the project was the **coordination, collaboration, and trust that was reinforced and sustained among**

partners to positively affect adolescent outcomes. Each partner organization expressed profound respect for the work of the others and trust in their commitment to serve students and the community. The partners used one another for support and resources even outside of their grant responsibilities. For example, Integral Care coordinated with SAFE to train Integral Care



"We talk about healthy relationships [in the EBP], how to identify red flags, how to talk to partners and friends and stand up for what you want. And that's great. Then, two years later, when they're in a tricky situation with someone who they care about, they'll remember they can go to Integral Care caseworkers, or they can go to the youth-friendly clinics and get some of the support they need. So I think that's why all of our wraparound services are so important."

DVHAP STAFF

⁶ A recent study found that mental health issues such as anxiety and depression doubled among youth during the COVID-19 pandemic (Racine et al. 2021).

⁷ Data for southeast Del Valle and the northeast crescent of Austin are comparable.

therapists how to talk to youth about violence, abuse, and other themes that are common among the youth they serve. Integral Care staff also attended a few health fairs held by El Buen in the community, and they shared flyers about their events. Following their work under DVHAP, SAFE, Integral Care, and El Buen plan to continue to refer youth and families to one another when applicable and maintain a working relationship after the grant period is over. The personal and professional ties created through the grant will continue to benefit communities in the future.

Discussion

DVHAP illustrates how a strategy to improve adolescent health and reduce unintended teen pregnancy can be enhanced by integrating comprehensive supportive services into teen pregnancy prevention efforts. It highlights the facilitators, benefits, and challenges of integration (see Figure 7), while also emphasizing the importance of a network of trusted partners. DVHAP team members acknowledged that their project planning started from a position of strength (pre-identified areas of need and existing strong partnerships), which allowed them to maximize the time available to them under the grant and shift their strategies when met with unforeseen obstacles such as the COVID-19 public health emergency and a changing political landscape.

Figure 7. Facilitators, Benefits, and Challenges of Supportive Services Integration

| Facilitators | Benefits | Challenges |
|--|--|---|
| <ul style="list-style-type: none"> • Planning and visioning pre-implementation to align goals and operations. • Remain flexible and adaptable to external conditions and needs. • Convene on a regular basis to discuss strategy, resources, needs, and progress. • Develop a centralized system to manage and track referrals, outcomes, and potential impacts. | <ul style="list-style-type: none"> • Brings and expands important resources to communities in need. • Increases access and knowledge of services available to community members. • Builds trust among partners that can lead to longer-term collaboration beyond grant. • Addresses some root causes of teen pregnancy, such as inadequate access to healthcare and social services, social stressors such as violence and abuse, and housing and food insecurities. | <ul style="list-style-type: none"> • Building trusting relationships and institutional support & achieving outcomes in a short amount of time. • Tying supportive services to youth receiving evidence-based programs while also meeting the needs of students who did not receive the intervention. • Managing referrals without a release or permission from parents or guardians. |

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Suggested citation: C. Castaldo-Walsh and Hall, L. (2024). *Integrating Supportive Services into Teen Pregnancy Prevention Programming – A Case Study of the Del Valle Healthy Adolescent Project (DVHAP) in Travis County, Texas*. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services.

Prepared for OPA under contract number: HHSP233201500069I _75P00121F37018

Disclaimer

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

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Appendix A

Case Study Data Collection Methods

In preparation for case study data collection, the evaluation team:

- Reviewed the interview conducted as part of the larger TPP20 Evaluation with the **City of Austin, Texas**, for the **Del Valle Healthy Adolescent Project (DVHAP)** Project Director and Project Coordinator (interviewed together).
- Reviewed program documents: grant application, semi-annual progress reports, performance measures and survey data, and program documents submitted by AHA to OPA.

Then, during a two-day in-person visit to Austin, the evaluation team collected additional data for our qualitative analysis:

- Interviews with staff from Austin Public Health's Austin Healthy Adolescent (AHA) Program and DVHAP partner organizations El Buen Samaritano, SAFE Alliance, and Integral Care.
- Observation of a DVHAP partner meeting.
- Additional documents shared by DVHAP partners.