Taking Evidence-Based Teen Pregnancy Prevention Programs to Scale in High-Need Communities:

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BRIEF NO. 3

Early Implementation of a Multi-Component Approach

LINKAGES AND REFERRALS

In 2010, the U.S. Department of Health and Human Services, Office of Population Affairs (OPA) launched the Teen Pregnancy Prevention (TPP) Program to fund medically accurate and age appropriate programs focused on preventing teen pregnancy and reducing disparities. OPA supports and evaluates evidence-based (Tier 1) and new or innovative (Tier 2) TPP program models. In 2015, OPA awarded a second round of grants, including the "Tier 1B" grant program, which supported 50 organizations in 31 states and the Marshall Islands to replicate evidence-based programs (EBPs) to scale in communities with the greatest need. Projects used a community-wide strategy that integrated EBPs into multiple settings and stages of adolescence, mobilized stakeholders around a shared vision, and increased access to youth-friendly services. While implementation varied, all were required to use a multi-component approach that included four key elements:

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

Community mobilization. Engage the community around a shared vision to increase its ability to prevent teen pregnancy and improve adolescent health. Youth and adult advisory groups inform the effort.

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

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

The implementation study includes a full report, *"Taking Evidence-Based Teen Pregnancy Prevention Programs to Scale in High-Need Communities: Early Implementation of a Multi-Component Approach,"* a brief version of the full report, and a series of four briefs highlighting implementation of the Tier 1B strategy.

This brief describes implementation of linkages and referrals during the first two years of the program.

APPROACH TO LINKAGES AND REFERRALS

OPA expects grantees and their partners to identify and recruit a network of providers offering a range of services for youth, and to ensure they are youth friendly and accessible to the target population. Additionally, all projects are expected to develop a system for referring youth to these providers, disseminate a referral guide for youth and families, and track the number of referrals made each year.

Common approaches to linkages included resource guides and building capacity for youth-friendly services

- As a requirement of the grant, grantees developed a resource guide of youth-friendly service providers in their communities. The format of the guide varied across grantees and included paper (e.g., booklet or flier), online (e.g., website with clinic locator tool), and mobile phone apps. Guides sometimes included a map and an explanation of the types of services offered.

- Some grantees focused on developing new or growing existing partnerships to expand linkages. This usually meant working with health care providers, including school-based clinics, and providing technical assistance and feedback to increase youth-friendliness.

- Grantees assessed youth friendliness in a variety of ways, including standardized tools and informal methods. Many projects engaged the Youth Leadership Councils to help assess the youth-friendliness of area providers (e.g., through youth visiting or calling).

Some grantees worked to establish linkages to reproductive and primary health care, and services to address mental health, homelessness, sexual abuse, addiction, and dental care. Projects that established these additional linkages during the first two years were most often led by organizations that had these linkages in place prior to the start of the grant.

Youth-friendliness meant providing care that makes youth feel safe, is confidential, and is accessible

The most important elements of youth-friendliness for grantees were: (1) Staff trained to support youth and provide care without judgement, (2) an environment that facilitated and supported privacy (e.g., through waiting room layouts and procedures, and payment options), and (3) logistical accessibility to teens, including convenient locations, later business hours, reduced cost of services, and shorter wait times (for getting an appointment and once at the office).

> "We have clinics that say they are youth-friendly, but young people in focus groups have experienced it differently. The message is more powerful when it comes from the youth than from the program, so the clinics need to hear from the young people about their needs." —Grantee

Referral processes focused on EBP participants

In the first two years, most projects focused referrals on youth and families participating in EBPs. Most commonly, the health educators delivering EBPs made referrals. School staff (e.g., counselors, nurses, and teachers) were also often involved with referring participants. A referral usually meant a program participant speaking with a trained staff member for information. Less common approaches included self-referrals, hotlines or text-lines, and confidential or anonymous processes for requesting information from health educators.

Common challenges to establishing linkages and referrals

- Lack of youth-friendly healthcare providers and other services in the community.
- Transportation and accessibility to providers, even in denser, urban communities.
- Many youth lack the skills needed to access services or are unaware of their options.
- Youth concerns about confidentiality or stigma when accessing services.
- Policies that limit health educators' ability to make referrals.
- Lack of time to build one-on-one rapport with youth.

> "In [a] community center, there is a much smaller group. They are probably able to build rapport with students. Those youth are far more likely to approach one of the facilitators. In a school, it is a little more difficult because they are only there for a class period." —Grantee

EARLY PROGRESS

By the second year, most projects developed and began to disseminate web-based and paper resource guides and had begun to put referral processes in place. Many grantees found establishing linkages and referrals to be one of the most challenging project elements because it was new to them, they had limited youth-friendly providers in their communities, or limited provider interest in or resources to improve youth-friendliness. The most common plans to strengthen efforts in the future included increasing youth knowledge about available services and youth rights, and increasing provider knowledge about youth needs.

The Office of Adolescent Health funds the Tier 1B design and implementation study, which includes an implementation study of all 50 grantees, case studies of five grantees, and development of an impact evaluation design. The study is conducted by Abt Associates under contract number HHSP233201500069I.