Year-End Progress Report
SOUTHERN NEVADA HEALTH DISTRICT
GRANT 2TP1 AH000024
September 1, 2011 – August 31, 2012 (Year-End Report)

Goal: By the end of the Teen Pregnancy Prevention grant project in 2015, Clark County will have a 10% reduction over 2008 baseline in the rate of births[1], pregnancy[1] and sexually transmitted diseases (HIV, Chlamydia, Gonorrhea, and Syphilis)[2] among adolescents (15-19 years). Clark County Risk Behavior Surveillance (YRBS) will indicate an associated 10% change in sexual behavior indicators for youth age 13-18 years compared to baseline data.

[1] Teen Pregnancy Counts and Rates, Clark County Residents, 2007-2008. Nevada State Health Division Office of Health Statistics and Surveillance.
[2] Sexually Transmitted Disease Morbidity (15-19 yrs), Nevada, 2008. Centers for Disease Control and Prevention (CDC WONDER) http://wonder.cdc.gov/std-std-v2008-race-age.html

Objective 1: By the end of fiscal year 2012 (September 11, 2011-August 31, 2012), the SNHD Teen Pregnancy Prevention Program will target high risk youth in Detention, Probation and Foster Care to positively influence teen attitudes, behaviors, normative beliefs, and self-efficacy regarding HIV/STD risk reduction behaviors based on pre-survey results measuring these factors. Positive influence will be achieved through implementation of the curricula Be Proud! Be Responsible! and ¡Cuidate! and measured via participant follow-up surveys.		Year 2 implementation schedule is as follows: Juvenile Detention began on October 11, 2011; Juvenile Probation October 18, 2011; and Implementation in Foster Care started January 3, 2012.

Activity: 1. Ensure staff recruitment, retention and development to deliver program intervention effectively.	Met	3 Health Educators resigned in March and April of 2012. These Health Educators left the state of Nevada and resigned for various reasons not related to the TPP program. Each health educator received exit interviews by the Program Coordinator and SNHD Human Resources to ensure that that resignation was not due to a lack of job satisfaction. Recruitment began in May, 2012 and three new Health Educators started on June 11, 2012. Staff renewed and completed all annual manadatory trainings. Mandatory trainings include; Cultural Competency, Sexual Harrassment, HIPPA, Records Information Management, Diversity, and Workplace Safety.
a) Hire and train Administrative Assistant by 10/31/11	Met	After recruitment, testing and screening was completed, an Administrative Assistant was hired on 10/17/2011. Completion of manadatory new hire training occurred within 60 days of hire.
b) Retain five (5) current Health Educators through job enrichment activities, salary increases at the conclusion of probation and annual time-inservice salary increases. Program evalution and facilitator feedback will be utilized in resolving any problems or issues encountered by the facilitators to enhance job satisfication and staff retention.	Met	All five (5) Health Educators meet the necessary professional, cultural, and linguistic competencies. Two Health Educators received annual performance evaluations and salary increases. In addition, they were promoted from Health Educator I to Health Educator II positions. The three (3) newly hired Health Educators remain on probationary status. All three have received three month performance evaluations and competency review in which they received one on one feedback from the Program Supervisor and Project Coordinator. Three Health Educators attended the following OAH regional training:

c) Continue staff development activities through participation in OAH webinars and other educational workshops as they become available throughout the implementation year.	Met	November 7-8, 2011 – First Midwest/West Regional Training June 11-13 – Second Midwest/West Regional Training The following scheduled OAH webinars and other trainings were also completed by the Program Coordinator and Health Educators: 10/5/11- Navigating Performance Measures Webinar 11/21/11- NPHA Presentation "Health Disparities Increasing Vaccination Rates" 11/30/11- Data Mining Webinar 12/14/11- OTC Products For the Prevention of Sexually Transmitted Diseases Presentation 01/19/12- OPA "Working with Schools to Prevent Pregnancies" Webinar 01/19/12- SYPP Center "Gender Sensitivity" Webinar 02/16/12- SYPP Center "Blogging and Tweeting" Webinar 02/28/12- SNHD/NV State: HIV Prevention Summit Presentation 02/28/12- UNLV SPSS Training 04/26/12- OAH Webinar Building and Sustaining Stakeholder Support 07/17/12- Planned Parenthood SexEd Institute *8/13/12- BP!BR! Train the Trainer Training 08/21/12- CDC Public Health HIV Prevention The Health Education team received valuable information and resources from attending these trainings that will be utilized to increase program effectiveness. The OAH regional conferences provided a great opportunity to network with other grantees and exchange ideas on how to be culturally aware of our participants needs and maintain fidelty. The webinars implemented by OAH provided detailed information on how to effectively measure performance and program outcomes.

Activity 2. Develop scope of work and obtain signed contracts/MOUs with collaborative partners to include two (2) site participants (Clark County Department of Juvenile Justice and the Clark County Department of Family Services) and two (2) program evaluators (The Nevada Institute Children's Research and Policy (NICRP and CARDEA).	Met	Scope of work and final contracts approved by all collaborating agencies and SNHD finance on November 28, 2011.
Activity 3. Complete site implementation plans and training schedules and have them approved by OAH prior to Year 2 implementation.	Met	The site implementation plans identify the participant selection criteria, the most appropriate group size by location, site locations, and the length and frequency of program delivery. Site implementation plans were approved by the OAH project officer and disseminated to program collaborators on: 09/16/11 for Juvenile Detention Center 09/21/11 for Juvenile Probation (MLK) 09/28/11 for Juvenile Probation (Stewart) 10/06/11 for Juvenile Probation (Charleston)

		10/13/11 for Juvenile Probation (Intake; Site was replaced with Flamingo on 2/2012) 10/13/11 for Foster Care
Activity: 4. Complete Process Evaulation/Fidelity Monitoring Plan/Policy and receive approval from OAH project officer.	Met	Received written confirmation of approved Process Evaluation and Fidelty Monitoring Plan from OAH project officer on 09/21/11.
Activity: 5. Complete response to medical accuracy review for Be Proud! Be Responsible! and ¡Cuidate! and receive approval from OAH project officer.	Met	Received written confirmation of approval for both curricula by OAH project officer on 09/29/11 (¡Cuidate!) and 10/05/2011 (Be Proud! Be Responsible!). Facilitators documented revisions in both curricula to incorporate during implementation. Fidelity Monitors documented observation of medical accuracy response incorporated into curricula.
Activity: 6. Conduct outcome evaluation activities to measure accomplishment of Outcome Objective 1:		
a) Collect pre/post survey at the beginning and end of each curricula delivery.	Met	NICRP administered a total of 723 pre and 581 post surveys to participants in Juvenile Detention, Juvenile Probation, and Foster Care. Surveys were collected and entered into a secure SPSS database for analysis.
b) Conduct follow-up surveys at 3 months and six months	Met	At time of pre-survey data collection participants completed a Contact information form, requesting multiple contact data. NICRP used the participant

with participants that completed the program.

contact information to follow-up with eligible participants at 3 and 6 month intervals. Participants are notified via phone prior to scheduled 3 or 6 month follow-up to verify or note any changes with contact information. The participants that were unable to be contacted, NICRP contacted program partners to obtain up-to-date contact information. Following completion the survey data is entered into SPSS for analysis.

Follow-Up Surveys

	Unit or Division	3-Month Follow-Up Completion Rate	6-Month Follow-Up Completion Rate
Detention			
	E2	35.8% (29/81)	33.3% (16/48)
	E3	39.4% (28/71)	29.2% (7/24)
	E5	41.8% (28/67)	43.2% (16/37)
	E7	31.8% (7/22)	30% (6/20)
Total		**38.2% (92/241)**	**34.9% (45/129)**
Probation			
	Stewart	64.1% (25/39)	61.9% (13/21)
	MLK	60.0% (27/45)	61.9% (13/21)
	Charleston	52.0% (13/25)	42.1% (8/19)
	Flamingo/SNHD ELV	45.5% (5/11)	N/A
Total		**58.3% (70/120)**	**55.7% (34/81)**
Foster Care/SAFY	N/A	36.4% (8/22)	61.5% (8/13)
Total		**36.4% (8/22)**	**61.5% (8/13)**
All Sites		44.4% (170/383)	39.0% (87/223)

There were 213 participants that could not be reached for their 3-month follow-up survey and 136 participants could not be reached for their 6-month follow-up survey. Participants were deemed “could not be reached” after 3 attempts to contact them using the information provided on their contact information sheet and using information received from agency partners or voluntarily withdrew from the evaluation by letting NICRP staff know that they no longer wished to be contacted. Participants were also considered “could not be reached” if the contact information

		provided by the participant was not correct and agency partners had no additional information for them. This population is highly transient. Due to a variety of quality assurance measures including evaluators working closely with program partners to obtain valid contact information and increasing the incentives from $10 to $20, we have been able to improve 3 month follow-up rates from 35.5% (Year 1) to 44.4% in Year 2 and 6 month follow-up rates from 22.7% (Year 1) to 39% in Year 2.
c) Analyze survey data to determine if the program is meeting stated outcome goals using statistical analysis protocols developed by NICRP.	Met Goal 1 – Not Met Goal 2 – Not Met Goal 3 – Not Met	Only one of the five outcome goals met the targeted measures. Given the multiple risk factors for this at-risk population, the stated outcome goals may have been overly ambitious. **Outcome Goal 1. Increase in HIV/AIDS Knowledge** Stated Goal – 80% of participants will report an increase in knowledge about HIV/AIDS transmission and prevention immediately following curriculum. Actual Completion – As of August 31, 2012, **76%** of all program participants demonstrated an increase in HIV/AIDS transmission and prevention knowledge. **Outcome Goal 2. Increase in Intention to Abstain** Stated Goal – 65% of participants will report an increase in intention to abstain from sex at least 6 months post curriculum. Actual Completion – As of August 31, 2012, analyses indicate that the intention to abstain score increased for **31.3%** of participants at 3-month follow up and for **29.4%** of participants at 6-month follow-up compared to pre-curriculum test. **Outcome Goal 3. Reduction in Sex Partners** Stated Goal – 50% of program participants will report a reduction in sex partners as

		compared to pre-curriculum testing. Actual Completion – As of August 31, 2012, the number of reported sex partners "during the last 3-months" decreased for 25.4% of participants at 3-month follow-up and decreased for 20% participants at the 6-month follow-up survey.
	Goal 4 – Not Met	**Outcome Goal 4. Increase in Condom Use** Stated Goal – 50% of program participants will report an increase in condom use at 3 months and 6 months compared to pre-curriculum testing. Actual Completion – As of August 31, 2012, condom use increased for **31.8%** of participants at 3-month follow-up and for **28.3%** of participants at the 6-month follow-up survey.
	Goal 5 - **Met**	**Outcome Goal 5. Increase in Refusal Skills** Stated Goal – 50% of program participants will report an increase in refusal skills as compared to pre-curriculum testing. Actual Completion – As of August 31, 2012, **56.1%** of participants reported an increase in refusal skills at 3-month follow-up and **64.2%** of participants reported an increase in refusal skills at 6-month follow-up.
d) Track data regarding cases of HIV/AIDS, STDs, pregnancy and birth rates using baseline data sources from the CDC, SNHD and the State of Nevada to determine if	In Progress	The Nevada State Department of Health has not released these data for Years 2009, 2010, or 2011.

program implementation is correlated to decreases in these health statistics in the target zip codes.		
Activity: 7. Conduct continuous quality improvement (CQI) for all program activities using the PDSA model (Plan, Do, Study Act) to ensure that content is provided as intended, identify changes or adaptations necessary to achieve desired process and outcome goals, improve program delivery and fit, and make adjustments as necessary to improve overall program efficiency and effectiveness.	Met	Ongoing monitoring and program evaluation is implemented to ensure projected target values and programs goals are met. As part of the CQI process, in January site implementation plans were modified in Juvenile Probation (Intake) due to that venue's inability to recruit youth participants. Effective February 1, 2012 the site implementation plan for Juvenile Probation (Flamingo) was approved by OAH to conduct interventions on site. All survey tools were revised at the beginning of implementation year 2 (Pre/Post, sexual history and contact demographic form). Program incentives were also increased from $10 to $20 gift card.
Activity: 8. Based on the outcomes of program evaluation (process and outcome evaluations)	Met	SNHD submitted curricula adaptation requests to OAH project manager and received approval on January 26, 2012 regarding participant handouts, brochures, and curricula implementation without compromising Fidelity.

and lessons learned, design and needed adaptations to curricula for submission to OAH, with OAH and developers' input and ensure that provided adaptations will not impact fidelity.		SNHD continiues to monitor fidelity by requiring observers to monitor fidelity of curricula with approved adaptations.
Objective 1A During fiscal year 2012 (September 11, 2011-August 31, 2012), SNHD will conduct Process Monitoring and Evaluation pursuant to SNHD's Process Evaluation Plan on a daily, quarterly, mid-term and end-of-year basis to ensure that success indicators are achieved and the program is implemented as intended.		
Activity: 1. **Budget**- Monitor budget compliance and achievement of workplan objectives. Year 2 activities to be completed 100% within in budget and 100% of workplan objectives to be completed by 08/31/12.	Met	SNHD is compliant with budget requirements and workplan objectives during this time period. The loss of three Health Educators contributed to request for carryover funds due to unspent funds in salary and fringe benefits.
2. **Recruitment** – At the conclusion of Year 2 on 08/31/12. SNHD expects to deliver the curricula to <u>1,000</u> adolescents in Juvenile Detention, Juvenile Probation and Foster Care.	Not Met	TPP recruited 748 participants from Juvenile Detention, Juvenile Probation, and Foster Care during this time period. The targeted recruitment goal was 1000 participants. SNHD was 25% under the recruitment goal. Low recruitment was due to two reasons:

		1) **High Number of Class Cancellations**: There were a total of sixteen (16) cancellations by our partners. Fourteen (14) cancellations in the probation sites and one (2) cancellation in Detention. The primary reason for cancellation was that the probation sites were unable to refer participants for scheduled classes and the site supervisor cancencelled. In particular, one new probation site selected for Year 2 by the Director of Juvenile Justice Services (Intake Probation) was unable to refer any youth into the program. Class cancellations resulted in a loss of approximately 160 participants and was the primary reason for not meeting our recruitment goals. 2) **Smaller Class Size:** Target class size was set at 10 participants for probation and 8 participants for Detention. Average actual recruitment for each class was smaller, resulting in a loss of approximately 92 participants. SNHD met recruitment goals for DFS Foster Care. In order to maintain fidelity to the curricula, a minimum of six participants must attend the class. Due to the high number of cancellations in juvenile probation, a meeting was held with the Director of Juvenile Justice and the Manager of Probation to determine how to re-engineer the recruitment process to avoid further cancellations. It was decided that one Probation Center responsible for the majority of the cancellations (Probation Intake) would be replaced by the East Flamingo Probation Center. In addition, SNHD developed recruitment posters that were placed in each center informing youth of the availability of the class. SNHD staff would also visit the probation sites regularly to interact with the probation officers to remind them of upcoming classes and to inquire of any problems or barriers that might be a factor in recruitment. Additionally, SNHD designated one Health Educator to act as liaison with the four probation sites to send email reminders and

		troubleshoot any issues that would impact recruitment of participants. Finally, SNHD was approved to hold additional classes at its new facility in East Las Vegas as "make-up" classes for youth who were referred, but did not show up for the class or who confirmed, but the class was cancelled. These courses were expected to be scheduled in the summer when youth are out of school. Unfortunately, due to the closure of the SNHD main facility, SNHD was unable to schedule make-up classes over the summer to assist in achieving the program's recruitment objective.
3. **Target Population**: Track and monitor participant demographics at each site as identified per each site implementation plan to ensure compliance with selection criteria. This includes the following selection criteria: **Gender**: Males - 70% Females – 30% **Ethnicity:** Hispanic/Latino – 45% African American – 30% Other -25% **Age** – 13-18 years old **Resides in Zip Codes**: 89030: 89101,	Met	Males – 71% Females – 27% Not Reported – 2% African American – 24% White – 14% Mixed Race – 21% Other – 20% Did not report race – 21% Hispanic/Latino – 35% 11% of participants did not report ethnicity Program data indicate that many of the mixed race respondents included a majority of both African-American and Latino youth. 1.5% of participants were either younger or older than the target age range. These participants were allowed to participate in the class upon the request/recommendation of the juvenile detention or juvenile probation officers making the referrals.

89102, 89106, 89109, 89115, 89119 At the conclusion of Year 2 on 8/31/12, SNHD expects to document a +/- .05 acceptable percentage rate variance on achieving target population goals.		18% of participants resided in one of the targeted zip codes. As a result of SNHD's quality assurance process, SNHD worked with the Director of Juvenile Justice Services to add the E. Flamingo probation center as a training and recruitment site. The youth demographics at this site was expected to improve the rate of participants from zip code 89109. In addition, our partners were notified to give participants from the target zip code priority. However, the majority of participants are from surrounding or adjacent zip codes that also represent high risk areas. In addition, many of these youth are transient, or in the case of Foster Care, may originate from the target zip code, but report the zip code of their foster family. Participants are not ineligible to participate in the program based on their resident zip code.
4. **Paricipant Retention:** Track and monitor the number of participants completing all sessions compared to forecasts. At the conclusion of Year 2 on 8/31/12, SNHD expects to retain 800 adolescents in Juvenile Detention, Juvenile Probation and Foster Care. (80% retention rate at each site).	Not Met	78.55% of the 748 participants recruited into the program completed at least 75% of the program (588).
5. **Participant Satisfaction:** Track and monitor participant satisfaction compared to expected 90% satisfaction rate. At the conclusion of Year 2 on 08/31/12, SNHD expects to	Met	Participant satisfaction was measured at the end of each day of training (two (2) modules for three days) for 85 classes. Participant satisfaction surveys were voluntary. During this time period, 1839 satisfaction surveys were collected and analyzed. Participants reported an **overall satisfaction rate** of 94.7% with the entire program.

document a 90% satisfaction rate of all youth participating in the program.		Participants in Be Proud! Be Responsible! indicated a higher satisfaction rate (95.7%) than the participants in (88.8%). Process improvement measures taken to improve satisfaction rates for ¡Cuidate! included limiting the implementation of the curricula to one probation center with a predominant Latino youth population. Initially ¡Cuidate! was offered on an alternative schedule with Be Proud! Be Responsible! at all of the partner sites. Anecdotal feedback from the facilitators suggested that groups of mixed ethnicity were less satisfied with ¡Cuidate! due to the cultural emphasis of the program. Overall: • 94.9% of participants either agree or strongly agree that they liked the program's **activities**. • 93.6% of participants either agree or strongly agree that they were **comfortable** during the program. • 94.2% of participants either agree or strongly agree that the facilitators were good role models, understand teens and respect their feelings. • 94.8% of participants would **recommend** this program to other teens. • 95.8% of participants reported having **learned a lot** from the program.
6. **Facilitator Satisfaction:** Track and monitor facilitator satisfaction compared to expected 90% satisfaction rate. At the conclusion of Year 2 on 08/31/12, SNHD	Met	Facilitator satisfaction was measured at the end of each day of training (two (2) modules for three days). A total of 255 facilitator satisfaction surveys were analyzed for 85 classes that were provided. Satisfaction results were compared with similar measures on participant satisfaction surveys.

expects to document a 90% satisfaction rate of all facilitators delivering the program.		Facilitators reported an **overall satisfaction rate** of 94.5% (based on the mean of the above measures), compared to participants overall satisfaction rate of 94.7%. • 93.3% of facilitators agree or strongly agree that most participants liked program **activities** compared to 96.0% of participants who reported liking program activities. • 91.6% of facilitators believe that most of the teens felt **comfortable** during the program compared to 90.3% of participants reporting being comfortable. • 94.8% of facilitators felt that the teens **learned** and understood the information being taught compared to 97.2% of participants who said they learned a lot during the program. • 95.3% of facilitators were **satisfied with the respect shown by participants**, as compared to 95.5% of participants who reported that their facilitator showed respect for their feelings • 97.5% of facilitators were **satisfied with their own** facilitation and classroom management skills, as compared with 91.9% of participants expressed satisfaction with the qualities of their facilitators (as role models, as demonstrating understanding teens their age, and for showing respect for their feelings); the qualities being measured, although roughly comparable, are somewhat different.
Objective 1B: During fiscal year 2012		

(September 11, 2011 – August 31, 2012), SNHD will implement a fidelity monitoring plan to ensure that 100% fidelity is maintained with the core elements of the evidence-based curricula as established in the approved Process Evaluation Plan.		
Activity: 1. Fidelity training will be conducted by the contracted outside evaluator for all newly hired program staff responsible for implementation of the evidence-based program. This may also include peer educators and/or community partners.	Met	Three (3) new hired staff underwent fidelity training by Cardea on July 12 and 13, 2012.
2. Facilitators will document fidelity after each program delivery (using approved tools) to ensure that core elements of each curriculum and any adaptations are delivered as approved.	Met	Health Educators completed fidelity checklist, documented breaches and adaptations in curricula delivery for 85 classes taught during this time period. 99.5% fidelity was achieved for all modules.
3. Ensure that fidelity observers complete and submit required fidelity forms after each session.	Met	CARDEA fidelity monitors were trained in the completion of OAH fidelity monitoring forms and provided independent access to the RTI site to upload fidelity monitoring data.
4. Conduct fidelity observations of 10% of all curricula delivered in the different settings (detention, probation and foster care) by the	Met	For implementation year 2, CARDEA completed six (6) full class fidelity observations and SNHD completed three (3) full class fidelity observations. This represents 10.58% of the curricula delivered based on 85 classes provided and meets the requirement for full implementation year. Upon completion of

end of FY2012. The Program Coordinator and/or Program Supervisor may also conduct supplemental observations as needed.		fidelity observations all required documentation was completed and submitted to the Program Coordinator for review.
5. Train fidelity observers on how to complete the Fidelity Monitoring Log and Observer Fidelity Monitoring Forms by 10/11/11.	Met	Fidelity observers received instruction on how to complete the Fidelity Monitoring Log and Observer Fidelity Monitoring Forms on January 23, 2012.
6. Fidelity monitors will evaluate the facilitators' knowledge and skills to respond to issues (classroom management skills; topic knowledge) arising during curricula implementation and provide training or other support as necessary.	Met	Of the 85 classes provided in Year 2, fidelity monitors from CARDEA observed five (5) classes and the TPP Supervisor observed three (3) classes to evaluate the facilitators' knowledge and skills. The following dates and site location is as follows: <u>CARDEA</u>: Meckell Milburn: Jan. 23-25,2012; ¡Cuidate! at Juvenile Probation (West Charleston) Amineh Harvey: Jan. 24-26,2012; BP! BR! at Juvenile Detention. Lisa Chase: May 21-24, 2012; ¡Cuidate! at Juvenile Probation (West Charleston) Michelle Sotero: May 21-24, 2012; BP! BR! at Juvenile Detention. Chad Kingsley: July 23-25, 2012; BP! BR! at Juvenile Probation (West Charleston) Rosa Olguin: July 24-26, 2012; BP! BR! at Juvenile Detention. <u>SNHD Staff</u>: LaTosha Phillips: July 31-Aug.2, 2012; BP! BR! at Juvenile Probation (Martin Luther King) Chad Kingsley: Aug. 21-23, 2012; BP! BR! at Juvenile Probation (ELV Flamingo) Rosa Olguin: Aug. 28-30, 2012; ¡Cuidate! at Juvenile Probation (Stewart)

		Facilitators who were observed have all placed high importance on meeting fidelity standards. Facilitators have continually improved their skills since their initial training in the last fiscal year. In addition to maintaining fidelity they have also built a strong rapport with both participants and staff at the various facilities they are working in. Very positive participant satisfaction survey results also show the degree to which facilitators are making a positive impact with their curriculum in the various settings. Fidelity monitors met individually with each facilitator to discuss performance and provide recommendations for improvement. Fidelity monitors also met with the program coordinator. During fidelity monitoring it was noted that facilitators demonstrated excellent classroom management skills and topic knowledge. No additional training needs have been identified for current facilitators.
7. Provide verbal feedback to facilitators regarding observed strengths and development needs.	Met	After each observation, fidelity monitors met with each facilitator to debrief the day's session. Facilitators were given feedback on things that were successful as well as areas where improvements could be made. Fidelity, classroom management and facilitation skills were all discussed after each session. The curricula was implemented with 100% fidelity in the time frame allotted per module, approved adaptations were observed, and the medically accurate revisions were referenced. The observer noted facilitators appeared more comfortable with delivery of the curriculum compared to year 1 implementation. Facilitators created a safe space for participants to engage in curricula activities and feel comfortable sharing their opinions or concerns with the group. The observer noted facilitators did a great job managing the group, validating participant concerns, and responding to their questions or comments. The Health Educators appreciated the positive feedback and will

		continue to deliver the curricula with fidelity.
8. Include written reports of fidelity assessments at the midyear and end of year evaluations.	Met	This data can currently be accessed via the RTI website provided by OAH.
9. Plan and deliver, as necessary, additional training, mentoring and coaching of facilitators to increase their ability to respond to issues that arise during the delivery of the curricula or from self-assessment, participant feedback, or fidelity monitors.	Met	In collaboration with CARDEA continuous training and mentoring is offered related to various issues that arise during the delivery of curricula. Health Educators receive coaching throughout year 2 focused on various topics and issues related to cultural competency, classroom management, time management, and the importance of providing medically accurate information and resources.
10. Submit aggregate fidelity data to ACYF/OAH (performance measurement databse) as requested by OAH and for the End of Year report.	Met	SNHD staff project lead and administrative assistant maintain spreadsheets and have uploaded the data to the RTI website for the 12 month report for fidelity logs completed by each facilitator after every class. CARDEA inputs independently fidelity monitoring data on behalf of SNHD.
11. Submit aggregate dosage/adherence data to ACYF/OAH (performance measurement database) as requested by OAH and for the End of the Year report.	Met	Aggregate dosage/adherence data has been uploaded to the RTI website for the 12 month progress report.

Objective 1C: During fiscal year 2012 (September 11, 2011 – August 31, 2012), SNHD will disseminate results of its program evaluations and lessons learned through reports to its partners, OAH, and the general public as often as possible, but no less than once a year.		
Activity: 1. SNHD will provide a program evaluation report to each site partner and OAH at end of the mid-term evaluation (6 month report) and at the end of the program implementation year (by 11/31/12).	Met	Per request of partners, mid-term evaluations were not disseminated. The end of year report was disseminated to program site partners on September 12, 2012.
2. SNHD will provide status updates on the activities of the TPP program to the Board of Health on a monthly basis through FY2012.	Met	The Board of Health receives continuous updates on the activities of the TPP program on a monthly basis. The Program Coordinator presented a program overview and data results of the pilot year to the Board of Health on October 27, 2011. Based on the presentation, the Board agreed to adopt a resolution to assist the TPP program in its goal to reduce teen pregnancy in Clark County, NV. In addition to attending the Board of Health meeting two (2) Health Educators received the opportunity to attend "Breakfast with the Boss" meeting with SNHD Chief Health Officer to provide an overview of TPP activities and accomplishments. The Health Educators attended separate meetings scheduled on October 5, 2011 and January 4, 2012.
3. TPP program reports will be	Met	Program reports can be accessed via the internet at

available to the public via its Internet website by 08/31/12.		http://www.condomsensenv.com/or on SNHD website at http://www.southernnevadahealthdistrict.org/stats-reports/tppp-reports.php.
4. TPP staff will attend two (2) regional conferences as scheduled by OAH in FY2012.	Met	On march 12-14, 2012, SNHD TPP Program Director and Manager and the Executive Director of NICRP (program evaluator) attended the 2012 OAH national conference in Baltimore, Maryland. During this implementation year, three (3) Health Educators attended the first Midwest regional conference October 7-8, 2011 and three (3) Health Educators attended the second Midwest regional conference in June 11-13, 2012.
5. SNHD will submit at least one abstract of program results for presentation approval to at least one regional or national conference (not OAH) as the budget permits by 08/31/12.	Met	TPP program staff submitted two abstracts on process and outcome evaluation and an additional abstract for a poster presentation. Their abstracts were accepted and three health educators and our UNLV intern were invited to present their findings and poster at the Nevada Public Health Association's annual conference on September 15, 16, 2011 at the University of Nevada Reno. On August 5-7, 2012, TPP Program staff presented findings in a breakout session and participated in a poster presentation at the National Reproductive Health Conference, Title X. TPP staff disseminated program information at the community level by participating in local radio programming. The interview can be accessed at http://www.youtube.com/watch?feature=player_embedded&v=xugR_qVOWLI

***Objective 2*:** By the end of fiscal year 2012 (September 11, 2011 – August 31, 2012) integrate awareness of and commitment to the goals of Teen Pregnancy and STD Prevention by building community participation and community capacity through group work that focuses on sustainability of project goals in the seven (7) identified high-risk zip codes.		
***Objective 2A*:** By the end of fiscal year 2012 (September 11, 2011 – August 31, 2012), SNHD will establish an Advisory Board consisting of identified subject matter experts that will participate in the development of a strategic plan for the TPP program, provide advice and guidance to TPP management regarding the activities of the TPP program, including the work of the Community Coalition.		
Activity: 1. Identify site partners, legal counsel, community, and public health experts to serve on an advisory board that will guide the strategic direction of the Teen Pregnancy Prevention program. This includes legal, regulatory, fiscal and public policy guidance.	Met	The Advisory Board consists of 15 members representing stakeholder interests in Teen Pregnancy Prevention. Organizations represented range from scholars in public health from UNLV, a retired OB/GYN physician, a representative from the Nevada State Health Division, representatives from the Congressional District of our targeted zip codes, to non-profit youth serving organizations. The Advisory Board member selection involved prominent community partners interested in collaborating with SNHD to improve Teen Pregnancy outcomes in Southern Nevada. In addition, two youth were recruited who completed program curricula from our site partners to represent youth residing within our seven (7) target zip codes. During this timeframe, contact information was collected and the intitial exploratory meeting took place on April 5, 2012. Subsequent meetings took place on 5/10/2012 and 8/16/2012.

a. Design a charter and governance structure, goals and objectives for the Advisory Board.	Met	The Advisory Board decided on adopting a less formal governance structure, therefore it did not design a charter or bylaws. Workplan Objectives were discussed in reference to community sustainability for the program and implementation of techniques used in the Milwaukee TPP project.
***Objective 2B*:** By the end of fiscal year 2012 (September 11, 2011 – August 31, 2012), SNHD will convene a community coalition representing stakeholders from various sectors of society representing the targeted zip codes to assist in building community capacity and a community based effort towards achieving overall teen pregnancy prevention/STD/HIV reduction goals.		
Activity: 1. Community Coalition: Identify a broad spectrum of community stakeholders representing the targeted high risk zip codes to serve on a steering Committee. The community coalitions members will develop ideas and implement plans designed to reduce teen pregnancy/HIV/STIs in Clark County by 10%.	Met	The Community Coalition recruitment and member selection involved prominent community partners interested in collaborating with SNHD to decrease Teen Pregnancy rates in Southern Nevada. Coalition development efforts resulted in a total membership of 35 individuals representing the following organizations: Brothers Big Sisters of Southern Nevada; Brand New Horizon (Youth Outreach & Mentoring); City of North Las Vegas; Clark County Department of Family Services; Las Vegas League of Women Voters; National Coalition of 100 Black Women; Nevada Partners (Community Services); Nevada Institute for Children's Policy and Research; Olive Crest (Family Services); Planned Parenthood of Southern Nevada; Southern Nevada Children's First (Teen Outreach); Southern Nevada TPPP, UNLV (OAH TPP Grantee); Victory Missionary Baptist Church; WestCare

a. Provide coalition training for members of the steering committee. b. Design a charter and governance structure, goals and objectives for each committee.	Met In Progress	Nevada (Social Services). The first exploratory meeting took place on April 19, 2012. The first coalition meeting took place on June 28, 2012. The result of this meeting was the completion of the SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis. *On August 29, 2012 coalition members and SNHD staff attended a retreat in which they received training from Planned Parenthood, The National Campaign to Prevent Teen and Unplanned Pregnancy and the National Coalition of State Legislators. This activity will be completed during year 3. *TPP Carryover funds were utilized to support this activity.
***Objective 2C*:** By the end of fiscal year 2012 (September 11, 2011 – August 31, 2012), SNHD will convene a Teen Advocates for Pregnancy Prevention Council that will represent youth perspectives and work with their peers in the community to achieve the overall TPP goals.		

Activity: 1. Recruit 15 youth to participate in the TAPP program in accordance with program guidelines. *a.* Youth will be selected from a variety of venues within the seven high risk zip codes, such as faith-based groups, sister grantee programs, sports leagues, community organizations, and partner sites; juvenile detention, juvenile probation and foster care. *b.* TPP will coordinate with its UNLV grantee sister program (B.A.R.T.) to recruit and engage teens and community members for TAPP and other community roles. *c.* TPP will facilitate scheduled TAPP meetings scheduled TAPP meetings. *d.* TPP will assist TAPP members in the design of a charter and governance structure, goals, and objectives for the TAPP program.	Met	Fifteen (15) members were recruited to participate in the TAPP program. Recruitment took place at partnering sites and other community organizations. Recruitment and selection of participants yielded 53% member participation from our targeted zip codes. TPP coordinated with sister program B.A.R.T. for the recruitment of teens to participate in TAPP. Due to B.A.R.T.'s own teen advisory board and participant demographics (most B.A.R.T. participants are over the age of 19), no teen recruitment was accomplish from B.A.R.T. *TPP facilitated a meet and greet meeting on 8/2/12 and a member retreat on 8/23/12. During the retreat members received training that included the realities of teen parenting, teenage role in peer education, introduction to sexuality, pop culture and the media and diversity training. The training was provided by staff from SNHD, National Campaign to Prevent Teen and Unplanned Pregnancy and the Gay and Lesbian Center. This activity will be completed in implementation year 3.

e. Complete TAPP shadowing in curricula presentations of BPBR and Cuidate as co facilitators with TPP facilitator. *f.* Assign (2) TAPP members to serve on Community Coalition. *g.* Guide participants in assuming the role of a peer educator in the community to discuss issues of teen pregnancy and STDs, educating youth and motivating them to change their attitudes and behaviors toward making positive decisions about safer sex.		This activity will be completed in implementation year 3. Teen representation for the Community Coalition was secured from another community organization (City of North Las Vegas Community Relations). Each TAPP meeting includes a training/educational component that guide TAPP participants to become peer educators. *TPP Carryover funds were utilized to support this activity.
***Objective 2D*:** By the end of fiscal year 2012 (September 11, 2011 – August 31, 2012), SNHD will conduct a minimum of 7 parent/community focus groups designed to inform the program staff, Community Coalition and the Advisory Board of important issues, barriers, protective factors and capacity building potential of community residents in the targeted zip codes.		
Activity: 1. Conduct a minimum of seven (7) parent/community focus groups in the seven (7) targeted zip codes to	Met	* Seven (7) focus groups consisting of 10- 27 participants were conducted at community centers, Boys and Girls Clubs, and one high school. A total of 120

discern community capacity regarding teen pregnancy and STD prevention.		parents participated in the focus groups. The participants lived in and around the target zip codes representing the highest teen birth rates in Clark County, NV (89030, 89101, 89102, 89106, 89109, 89115, 89119). Parent focus groups were held between 3/1/2012 and 3/29/2012. Parents responded to some brief polling questions for the large group and then broke up into smaller groups with TPP facilitators to discuss qualitative questions. Major identified themes from the focus group included: • Parents felt there were insufficient classes/resources offered. Many stated that community centers should offer free sexual health classes for parents and youth as well as classes that they could attend together. • The majority of parents felt that physicians/pediatricians were the best source for sexual health information. However, many parents thought that the school should be a starting point for these services. • The parents made it clear they want to be their teens' primary source for sexual health information. • Many parents whole-heartedly supported birth-control without parental consent as long as the source was reputable and offered counseling. • When considering techniques to help prevent early pregnancies and initial sexual intercourse, the parents offered suggestions that involved schools, role models, community resources, and extracurricular activities. • Parents also felt that most of the focus of teen pregnancy prevention was on females. It was suggested that boys also need to be the focus of sexual health education and relationship issues. • Parents felt they needed to be open with their children to establish trust and lines of communication. *TPP Carryover funds were utilized to support this activity.

***Objective 2E*:** By the end of fiscal year 2012 (September 11, 2011 – August 31, 2012), SNHD will evaluate the effectiveness of its efforts to integrate awareness of and commitment to the goals of Teen Pregnancy and STD Prevention by building community participation and community capacity using quantitative/qualitative methods.		
Activity: 1. Evaluate effectiveness of community capacity building activities in achieving stated program goal.	In Progress	Coalition members engaged in brainstoring and initial planning around program sustainability. Objectives developed during this process will be implemented and completed during year 3.
2. Increase in the number of individuals reporting improved knowledge and awareness about barriers and health inequities regarding sexual and reproductive health of teen age 13-18 after joining/participating in one of the planned community activities (e.g., advisory board, community coalition, TAPP, focus group.	Met	92.8% of TAPP members and 85.7% of Coalition members reported an increase on knowledge and awareness about barriers and health inequities regarding sexual and reproductive health of teens.
3. Increase the number of individuals reporting that activities positively influenced their attitudes, opinions, beliefs and motivations about teen pregnancy prevention and STD risk reduction in Clark County.	Met	100% of Coalition members and 92.9% of TAPP members reported an increase in their motivation about teen pregnancy prevention and STD risk reduction in Clark County. 81% of Coalition members reported a positive increase in their attitudes, opinions, and beliefs around teen pregnancy prevention and STD risk reduction

Additional Narrative

Report on any other significant project activities, accomplishments, setbacks or modifications (e.g. change in key staff, change in scope) that have occurred in the current budget period and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

ACCOMPLISHMENTS:

1. Three TPP Health Educators presented program results for Year 1 at the Nevada Public Health Association's (NPHA) annual conference on 09/15/2011. The NPHA also invited our staff to present again at the Southern Nevada Chapter meeting on 11/21/11.

2. The TPP presented program results for Year 1 to the SNHD Board of Health on October 27, 2011. This presentation resulted in an agreement for the development of a BOH resolution on teen pregnancy prevention to assist with the goal of reducing teen pregnancy, HIV and STD among teens by 10% in Clark County.

3. TPP Program staff successfully implemented a coordinated CT/GC testing project on January 11, 2012. Anecdotal evidence suggested that interest and motivation for STD/HIV testing was very high during the delivery of the curricula for youth at the juvenile probation sites. Through supplemental funding provided by Title X and with interdisciplinary coordination between the TPP program, SNHD Family Planning, and the SNHD Office of HIV, a project was initiated to provide voluntary testing for Chlamydia, Gonnorhea, Syphilis and HIV at the end of the each class. Approximately, 50% of the participants in each class has taken advantage of this testing. Results indicate that 20% of this high-risk population is testing positive for Chlamydia, which is approximately three times higher than the general adult population.

4. TPP Program staff presented findings from Year 1 at the Title X Infertility Prevention Project (IPP) conference on January 25, 2012

5. OAH submitted approval for proposed adaptations and medical accuracy review on January 26, 2012. The materials (brochures) that identified issues were corrected with inserts prior to dissemination among participants.

6. On February 15, 2012, Health Educators launched a four (4) minute Condom Use Demonstration video in both English and Spanish available to the public on our SNHD Family Planning webpage and landing page at http://www.condomsensenv.com/.

7. On April 23, 2012, TPP program staff participated in statewide summit on teen pregnancy prevention spearheaded by Nevada Assemblywoman Dina Neal.

8. TPP program staff currently participates on the Advisory Board of our partner, Clark County Department of Family Services – Foster Care, to assist with the planning and implementation of their DREAMR grant.

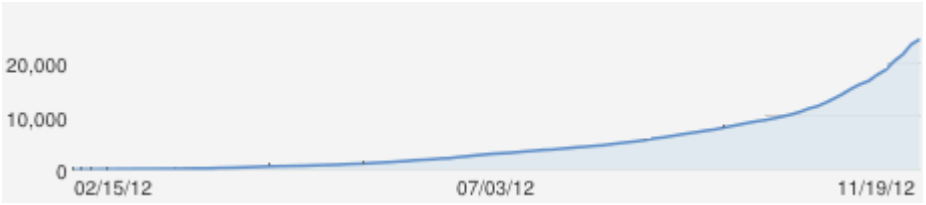
9. TPP program staff currently participates on the Advisory Board of its sister grantee, the UNLV B.A.R.T. program. SNHD and UNLV have had several meetings to partner on projects such as the Community Coalition and development of the TAPP council.

10. TPP program staff currently participates on the Advisory Board of the I Have A Dream Foundation to assist with integrating sexual and reproductive health into the organization's curricula.

11. On August 5-7, 2012, TPP Program staff presented findings in a breakout session and participated in a poster presentation at the National Reproductive Health Conference, Title X.

12. TPP developed and implemented a TPP Awareness Marketing Campaign to increase the communities awareness on the topic of teen pregnancy prevention. The name of the campaign was Condom Sense and all advertisements included a website address (landing page) where teens would get additional information and resources about teen pregnancy prevention. The media campaign was launched from August 20, 2012 through September 16 (4 weeks) and included advertisements for online, radio, electronic billboards, mall advertising and community businesses. As a result of the advertisements, the TPP landing page received over 8,000 hits and the instructional video "How to Put on a Condom Correctly" has received 24,389 views and the Spanish version has received 15,000 views. The majority of these views were during and after the advertising campaign (see graph below) *TPP Carryover funds were utilized to support this activity.

How to Use a Condom Video – Total Views



SETBACKS AND MODIFICATIONS:

1. The expected beta test and launch date for the use of computer tablets to collect participant survey data was not met and ultimately the project was canceled, due to challenges in coding, programming, and database gliches.

2. During the initial planning meeting on 08/23/2011, with Juvenile probation for Year 2, the probation supervisors indicated that the two sites utilized during the pilot program were having difficulty implementing the curricula twice a month. It was decided by the Probation Manager that rather than maintain the existing schedule, it would be better to expand the program to four probation sites and schedule the intervention at each site once a month. Theoretically, this would enable SNHD to recruit the same number of youth per the grant provisions. The move to one class per month and the addition of two new sites created multiple barriers to recruitment. Initially, the supervisor of one new site, E. Flamingo, refused to allow the TPP program because of a lack of space and ability to accommodate the required number of hours/days to implement the training, given their existing programming schedule. Therefore, another probation site was identified (Intake). Due to the infrequent timing of the classes, supervisors and/or the probation liaison failed to submit referral lists to the TPP program. Despite reminder emails, all four probation sites cancelled their first scheduled training in October, due to an inability to provide a referral list. One probation site (Intake) cancelled every class, despite multiple conversations and offers of assistance from SNHD staff. The second new site, W. Charleston Probation Center, also had a significant number of cancellations. A meeting was held with Juvenile Justice management on 02/06/11 to discuss the issue of class cancellations. The E. Flamingo site was again identified to replace Intake. A new site implementation plan was developed and approved by our OAH project officer on 04/05/2012. These barriers have been addressed and a contingency plan of holding make-up classes for probation youth during the summer months at the SNHD site has been developed to recover some of the participants lost due to cancellations.

3. One of the newly hired health educators was terminated prior to the completion of probation. Fidelity trainers indicated significant concerns with this employees ability to maintain fidelity of the curricula and did not authorize the employee to facilitate classes alone. A performance improvement plan was established that included intensive practice and training from the more senior health educators. A second fidelity training was provided on the new, 4th addition of Be Proud! Be Responsible. This employee still exhibited difficulty learning the material and demonstrating the ability to maintain fidelity. The ability to facilitate the curricula with fidelity is an essential function of the Health Educator's job and a decision was made to release the employee.