

Appendix A  
Optimally Changing the Map of Teen Pregnancy in Indiana  
Service Standard

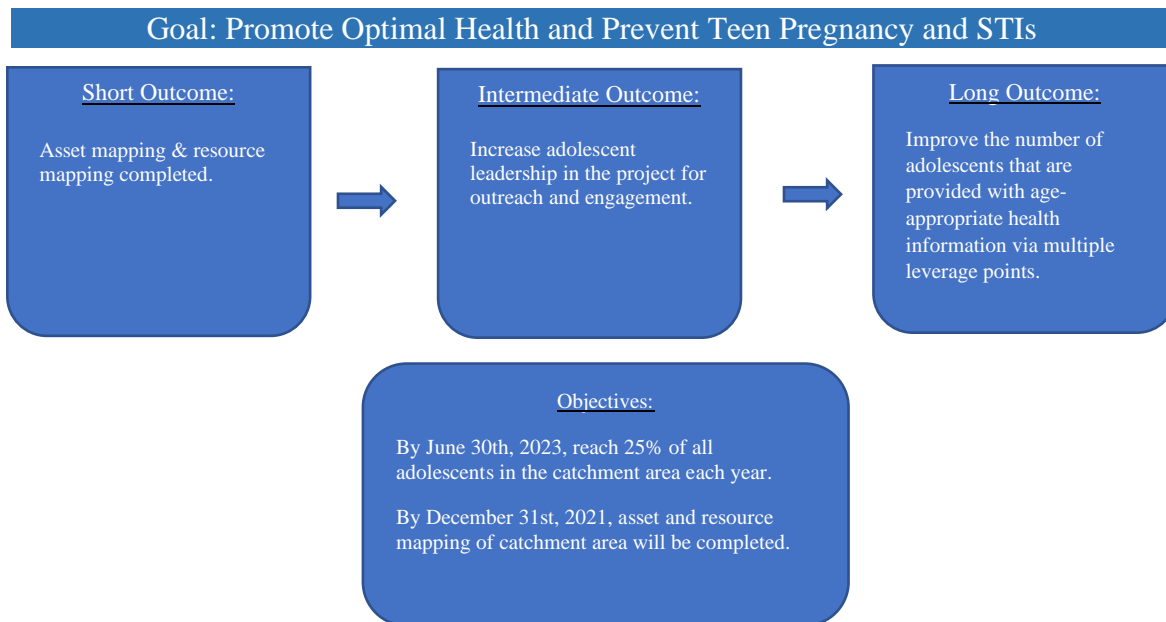
**Project Description**

The Indiana Department of Health is providing funding for the optimally change the map of teen pregnancy in Indiana project. This project aims to reduce teen pregnancy and sexually transmitted infections (STI) through a three-pronged approach that targets locations with the greatest need while using multiple leverage points to maximize impact for Indiana’s youth. The project will utilize three types of programs: Botvin *LifeSkills Training*, Be Strong Families Café model, and the University of Michigan Adolescent Health Initiative’s Adolescent Champion Model. Through these three programs youth, parents/caretakers, and clinicians will be involved in providing opportunities for the optimal health of adolescents.

**Required Components**

The state health department is requiring that all recipients must replicate all three programs with fidelity in an Indiana catchment area. In order to replicate the programs, the applicant can use partnerships to fulfill the requirement of the programs. In this partnership, one partner will be the holder and applicant of the grant award and can sub-grant it out to its partner(s) as sub-recipients. All parties will be required to fulfill necessary components of the project as is specific to their program. Examples of what a partnership might look like are: 1) Partnership between a youth-serving organization and a health clinic. The health clinic must see adolescent patients ages 15-19, 2) One organization that can implement all three effective programs with fidelity or 3) Partnership between three organizations like a youth-serving organization, a school system, and a health clinic.

**Expected Outcomes and Objectives**



Appendix B  
Botvin *LifeSkills Training* High School Program  
Service Standard

### **Program Description**

The Indiana Department of Health seeks to fund local agencies to implement the Botvin *LifeSkills® Training* High School or Transitions Program. The *LifeSkills Training* High School program is an evidence-based program for adolescents in 9<sup>th</sup> or 10<sup>th</sup> grade, while the Transitions program is for adolescents 16-19 years old. For more information, go to <https://www.lifeskillstraining.com/botvin-lifeskills-training-high-school-program/>.

*The LifeSkills Training* Programs are interactive sets of courses focused on personal development and positive health. By teaching three basic life skills: appropriate personal self-management skills, general social skills, and drug resistance skills, Botvin prepares youth to learn key strategies for healthy decision making to reduce risky behaviors.

- The High School program includes ten in-person sessions lasting 40 minutes each and covers topics including: the value of good health; decision making for health; risk-taking and substance abuse; health and the media; managing stress, anger, and other emotions; family communications; and healthy relationships.
- The Transition program includes six in-person sessions lasting 40-45 minutes each and covers topics including: goal setting for success, effective communication, managing stress, decision making and risk, managing time and money, and building relationships.

Applicants can choose to implement either the High School Program or the Transition program to best fit their catchment needs. Both programs can be taught in an intense schedule or an extended schedule.

*LifeSkills Training* is funded by the Indiana Department of Health Maternal and Child Health through the Office of Public Affairs Teen Pregnancy Prevention Tier 1 grant.

### **Provider/Staff Qualifications**

Competent staff is needed to implement the *LifeSkills Training* program. Staff will need to attend the Botvin *LifeSkills Training* for the appropriate program. This training is a one-day foundational training workshop that is held virtually. Staff will need to be able to fulfill all data collection requirement such as surveys and questionnaires.

Recipient will partner with a local organization or partner as a sub-recipient, if the organization implementing the *LifeSkills Training* is not the main applicant.

### **Outreach**

Outreach for the *LifeSkills Training* program is aimed at adolescents ages 13-19 as a priority to reduce the rate of teen pregnancy and STI rates. If necessary, utilize community partners to inform and recruit youth and instructors/trainers for the program.

## Required Components of Service or Program

Recipients must serve ages 15-19, typically high school aged participants. Each participant must receive the necessary materials needed to successfully complete the program. All sessions of the program must be completed with attendance taken at each one.

Recipients will work with Technical Assistance staff and MCH Programmatic staff to ensure fidelity for program implementation.

Required activities can be seen in the Activity Timeline, Appendix E.

The state health department will conduct monthly phone call check-ins, complete annual in-person site visits.

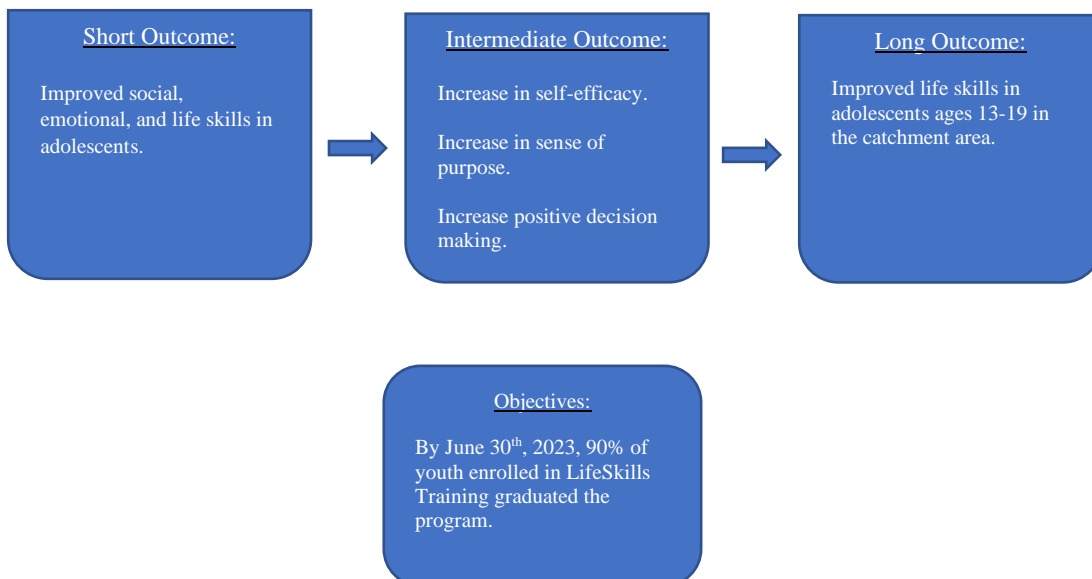
## Data Collection Methods/Reporting

Recipients will use reliable and validated pre- and post-tests to measure students' change in knowledge, attitudes, and skills towards risky behaviors. These questionnaires come with the curriculum and allow for some anonymity as finished questionnaires will only have a student ID number assigned to them and not a participant name. Surveys include four sections including: demographics, LifeSkills® knowledge, anti-drug attitudes, and a general LifeSkills® assessment for a total of 52 items.

Recipients will work with the Evaluator and MCH Programmatic Staff for final data collection requirements for the program and creating an evaluation plan.

## Expected Outcomes and Objectives

The project goal is to Promote Optimal Health and Prevent Teen Pregnancy and STIs. It is important to link the *LifeSkills Training* program to reducing Teen Pregnancy and STI rates, therefore the Indiana Department of Health MCH has set Outcomes and Objectives required to measure. If the applicant wishes to include additional outcomes and objectives, they may do so, but the following are required.



Appendix C  
Be Strong Families Parent and #WoWTalk (Words of Wisdom) Cafés  
Service Standard

### **Program Description**

The Indiana Department of Health is offering funding for Parent and #WoWTalk Cafés created by Be Strong Families in Chicago, Illinois to further engage teens and parents/caregivers. This program utilizes a peer-to-peer support group approach allowing both teens and parents to have conversations about health and wellbeing. This program will complement the *LifeSkills Training* program by providing additional safe and secure spaces to further practice skills learned. It will also provide a space for parents and guardians of adolescents to better discuss and understand their teenagers' health and daily life.

- Parent Cafés protective factors come from Center for the Study of Social Policy's Strengthening Families proven to keep children safe and families strong. Each session uses the five protective factors to have peer-to-peer conversations on a specific theme.
- #WoWTalk Cafés are implemented over 5 sessions, 90-minutes long each focusing on a new Youth Thrive protective factor. These were designed by youth and for youth. The sessions cover: youth resilience, social connection, knowledge of adolescent development, concrete support in times of need, and cognitive social-emotion competence.

Each café is hosted by a trained Café Host and multiple Table Hosts. The Café Host will guide the table conversations focused on communication patterns, parental and teen resilience, social connections, knowledge development, and social and emotional competence. Each Café will provide a meal and childcare for participants, however this funding from the state health department cannot be used to cover the cost of meals. Meals and childcare are important parts to eliminate barriers that may prevent families from attending.

At the end of each Café, all participants will write themselves a letter that will be mailed to them at a later date. This serves as a powerful reminder of their time in the Café and accountability to continue to apply the protective factors to their life.

For additional source information see: <https://www.bestrongfamilies.org/>

### **Provider/Staff Qualifications**

Competent staff and/or family and community member(s) are needed to host Be Strong Families Parent and #WoWTalk Cafés. Identified Café Hosts must complete the BSF Café Training Institute which is a 2-day training. This training can be done in person or, during the COVID-19 pandemic, it can be done online.

At startup, Table Hosts must be trained through the BSF Café Training Institute. There is flexibility in this as Café Hosts become comfortable in their process and can informally train Table Hosts from

their community. Hosts must be able to relate to the community. This is a peer-to-peer process, and not a provider-client process.

Recipient will partner with a local organization or partner as a sub-recipient if the organization implementing the Parent and #WowTalk Cafés is not the main applicant.

### **Outreach:**

Cafés will be held every month and will aim to reach 50% of the adolescents that were enrolled in the Botvin *LifeSkills Training* program and at least one caregiver per adolescent reached. The model also accepts anyone interested in joining, which will allow sites to recruit other teens in the catchment area that are not in the life skills course. Additional recruitment of other teens and parent/guardians can be done via social media, by word of mouth, or another form that best serves the catchment area.

### **Required Components of Service or Program**

Recipients will need to reach 50 total attendees per month for 12 months with one Parent Café and one #WoWTalk Café being held each month. A majority of the cafés being held must be centered around optimizing adolescent health.

This is a model that is designed to be community lead, and as time passes, teens and parents/caregivers can receive training to lead sessions and become Café hosts themselves. This will allow for some to take on a leadership role in this sustainable model.

Recipients will work with Technical Assistance staff and MCH Programmatic staff to ensure fidelity for program implementation.

Required activities can be seen in the Activity Timeline, Appendix E.

The state health department will conduct monthly phone call check-ins, complete annual in-person site visits.

### **Data Collection Methods/Reporting**

Be Strong Families has created user friendly, one-page survey for all participants to complete at the end of each café. Every participant must complete an evaluation that is designed to assist Be Strong Families, the state health department, and the recipient site. The surveys allow for anonymous and confidential feedback about the program. The survey asks questions such as how well the cafés are being implemented including safety, self-reflection, peer to peer learning, the impact of the cafés, and the number and characteristics of participants.

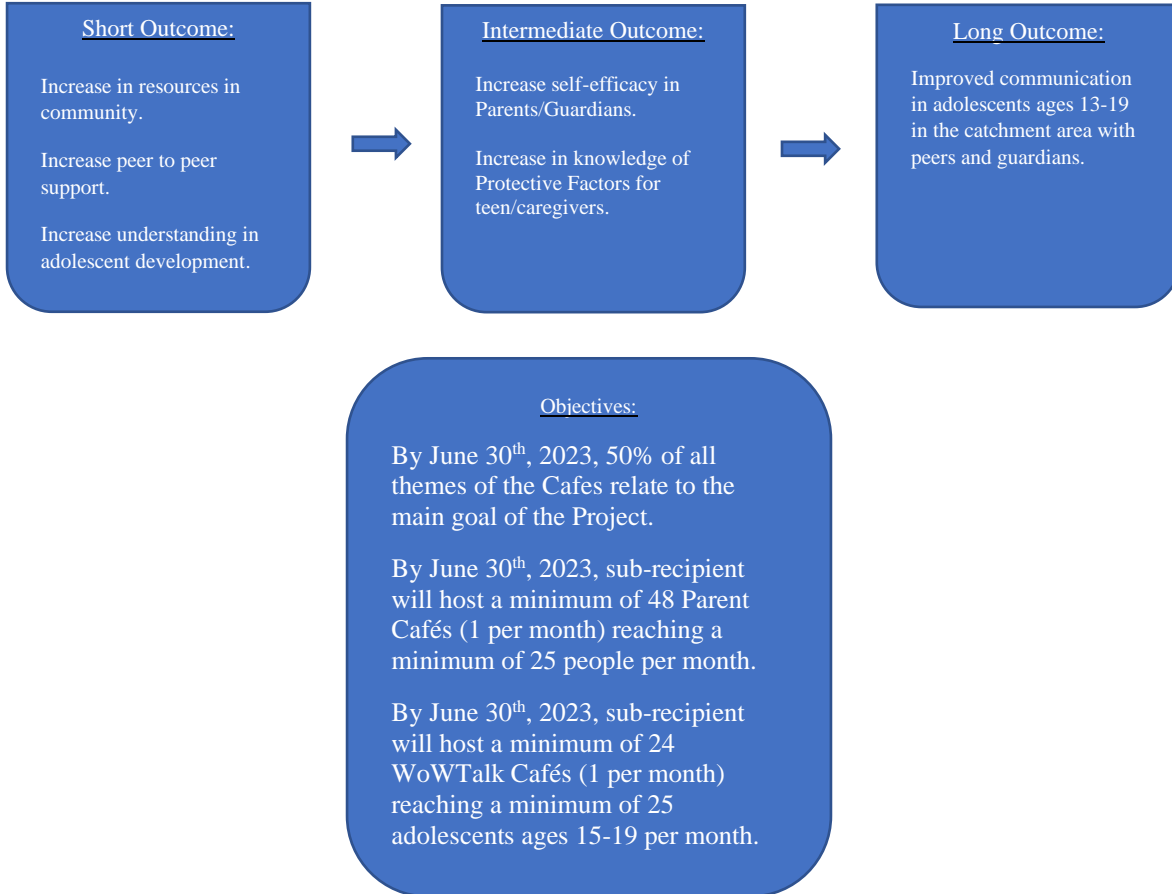
Attendance and retention rates, as well as survey data, will allow the recipient and ISDH to regularly monitor, analyze, and evaluate the Café Model® and allow any quality improvements to be implemented in a timely manner.

Recipient will work with the Evaluator and MCH Programmatic Staff for final data collection requirements for the program and evaluation.

### **Expected Outcomes and Objectives**

The project goal is to Promote Optimal Health and Prevent Teen Pregnancy and STIs. It is important to link the Parent and #WoWTalk Cafés to reducing Teen Pregnancy and STI rates, therefore the

Indiana Department of Health MCH has set Outcomes and Objectives required to measure. If the applicant wishes to include additional outcomes and objectives, they may do so, but the following are required.



Appendix D  
Adolescent Health Initiative Adolescent Champion Model  
Service Standard

**Program Description**

The Indiana Department of Health is providing a funding opportunity for the Adolescent Champion Model created by the University of Michigan's Adolescent Health Initiative (AHI). The Adolescent Champion Model aims to expand access to high quality care that is teen-friendly and coordinates adolescent and family services. This model has been designed to drive health centers to become adolescent-centered medical homes. The Champion Model is a multi-faceted intervention to address a health center's environment, policies, and practices to ensure that all aspects of a visit to the health center are youth centered.

By this process AHI certifies clinics and other healthcare settings by training them to create an adolescent-friendly environment and learn how to best discuss health with teen patients. Healthcare providers that partner with the state health department to implement this model will have three levels of certification to achieve: bronze, silver, and gold. The level is determined by how many of the eleven adolescent friendly requirements are practiced by the implementing clinic with nine being the amount for the bronze level. These requirements, when met, will provide a safe space for adolescents to learn and discuss optimal health with their physician. Requirements include:

1. Offers extended hours for adolescents including some evenings and/or weekends.
2. Has multiple visual cues throughout the waiting area or exam room or materials provided at check in to indicate that adolescents are a welcomed and valued population.
3. Staff and providers have received either in-person or web-based training in the past year on confidentiality for minor patients including state laws regarding a minor's ability to consent for specific services, and when parental consent is needed.
4. Has adolescent confidentiality and minor consent rights displayed in the waiting room and/or exam rooms or given to patient.
5. All providers have a standardized process of having adolescents confidentially complete a comprehensive\* risk screening tool for high-risk behaviors at least yearly.
6. Workflows are in place to ensure that providers and staff review immunization records and offer recommended immunizations at every visit (including walk-ins or same day appointments).
7. Practices are in place to offer screening to all sexually active adolescents for STIs, following national guidelines.
8. Has a system in place to provide same-day LARC (Nexplanon or IUD) insertion, if requested.

9. Offers on-site integrated behavioral health services including social work and/or psychiatry and/or maintains an updated list of behavioral health referral resources that is annually reviewed and updated for accuracy.
10. Has a process in place to provide yearly trainings to providers and staff on cultural humility, addressing topics such as sexual orientation, gender identity, and/or cultural norms specific to the patient population.
11. Health center uses a method to routinely gather feedback from adolescent patients and uses this feedback to improve clinic access, quality, physical appearance, and services.

This model utilizes teens, physicians, and other stakeholders to ensure medically accurate and age-appropriate information is implemented with continuous quality improvement. An evaluation of this program found that implementing training among all medical staff in clinic - not only physicians, but social workers, nurses, receptionists and more - led to better outcomes and helped ensure the model's fidelity of shared information among all staff. They also ensured that every adolescent had the option to complete a post-visit survey to determine their effectiveness and make appropriate changes when identified to the implementation.

For additional source information see: <https://www.umhs-adolescenthealth.org/improving-care/adolescent-champion-model/>

### **Provider/Staff Qualifications**

Recipient will partner with established clinics as sub-recipients if the clinic is not the main applicant. The clinics must be in the catchment area that regularly serve adolescents (especially pediatricians and family medicine practitioners) and have some capacity to implement the program following the guidelines from the University of Michigan.

As an aspect of participating in this process clinics will receive funding between \$2,000-\$5,000 to achieve certification. Reflect needed costs in the budget template provided.

Participating providers' obtaining MOC points.

### **Outreach:**

The clinics certification will be advertised to youth in the *LifeSkills Training* course and the Parent and #WoWTalk Café Model. The Adolescent Champion Model will also recruit and retain youth by better serving current and new youth patients. Youth reached through this program should total at least 50% of the youth ages 15 - 19 in a designated catchment area.

Upon completion of the cohort, recipients or sub-recipients will work with local schools, partners, and other youth serving organizations to further advertise and share information about the teen-friendly clinics so that both adolescents and their caregivers know about the option.

### **Required Components of Service or Program**

Fulfill all requirements of AHI for the Adolescent Champion Model during the 18-month implementation phase. The timeline can be broken down into the following components:



- 3 months pre-implementation phase for collecting baseline data on adolescent patients and clinical staff;
- 12 months program implementation which includes two summits that clinic staff must attend hosted by the state department of health: and
- 3 months will be the data collection and evaluation phase of the program.

The second cohort will start when there are six months left of the program timeline for the first cohort.

Recipient will work with Technical Assistance staff and MCH Programmatic staff to ensure fidelity for program implementation.

Required activities can be seen in the Activity Timeline, Appendix E.

The state department of health will conduct monthly phone call check-ins, complete annual in-person site visits.

### **Data Collection Methods/Reporting**

During the planning phase for recipients and their sub-recipients, physician offices and clinics will collect data from the adolescents, staff, and physicians currently served to determine a baseline for implementation. These populations will then be surveyed again during the program to allow quality improvement evaluation and reflection in real time. The Adolescent Champion Model also has premade surveys that are to be administered to every adolescent patient at the end of their appointment as well as surveys for physicians and staff. These surveys will allow quality improvement assessments in real time if clinics or offices see a trend in responses.

Recipients will work with the Evaluator and MCH Programmatic Staff for final data collection requirements for the program and evaluation.

### **Expected Outcomes and Objectives**

The project goal is to Promote Optimal Health and Prevent Teen Pregnancy and STIs. It is important to link the Adolescent Champion Model to reducing Teen Pregnancy and STI rates, therefore the Indiana Department of Health MCH has set Outcomes and Objectives required to measure. If the applicant wishes to include additional outcomes and objectives, they may do so, but the following are required.

