



REPLICATION: *Reducing the Risk*



<i>Grantee</i>	San Diego Youth Services (SDYS)
<i>Partners</i>	4 multi-service agencies in San Diego County: South Bay Community Services (SBCS); Social Advocates for Youth (SAY San Diego); North County Lifeline (NCLL); and Mental Health Systems (MHS).
<i>Settings</i>	8th and 9th grade health classes in six public high, middle or junior high schools in the county.
<i>Target Population</i>	8th and 9th grade students in schools in high-risk areas of the county
<i>Curriculum & Delivery</i>	Typically, the curriculum is delivered in eight 90-minute sessions over eight weeks or in sixteen 45-50 minute sessions once a week for 16 weeks

Programmatic Context

San Diego Youth Services and its Partners

San Diego Youth Services (SDYS) is one of nine organizations selected to participate in the Teen Pregnancy Prevention Replication Study. The study is a rigorous five-year evaluation of replications of evidence-based interventions aimed at preventing teen pregnancy, sexually transmitted infections (STIs) and other sexual risk behaviors. The interventions are funded by the Office of Adolescent Health (OAH) under the federal Teen Pregnancy Prevention (TPP) Program. A brief overview of the study design and a description of the TPP Program can be found on the OAH website (<http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/evaluation/#Federal-LedEvaluation>).

Founded in 1970, SDYS is a non-profit organization that provides services designed to help young people who are at risk for not achieving self-sufficiency. The spectrum of programs and services provided includes: emergency shelter; temporary and affordable transitional housing for homeless youth and those “aging out” of foster care; family-centered counseling and life skills training for at-risk youth (including pregnant and parenting teens); individual counseling for youth recovering from addiction; and after-school programs. Young people are referred to SDYS from many sources, including their peers, schools, community organizations and police and probation officers. Outreach teams search for youth who need help and believe they have nowhere to go for it. SDYS provides services at 14 major locations across San Diego County to more than 13,000 children and families annually.

South Bay Community Services (SBCS), a non-profit agency founded in 1971, is one of five agency partners for the TPP grant. SBCS provides a comprehensive range of services for families, children and individuals in South San Diego County. Begun as a drop-in center to provide counseling and

rehabilitation services for teen drug users, the agency has grown to meet the needs of its community. Program and service areas include: shelter and support for homeless families and victims of domestic violence; many forms of housing support (e.g., youth aging out of foster care, families living with AIDS, affordable housing, first-time home buyer and Fair Housing assistance); counseling for children, teens and families, and after-school programs. SBCS staff are stationed throughout South San Diego County in shelters, clinics, police departments, schools, affordable housing facilities and family resource centers and serve more than 50,000 individuals annually.

Social Advocates for Youth (SAY), a non-profit agency founded in 1971, is one of five agency partners for the TPP grant. SAY provides services to youth and families in the City of San Diego. Its first program was established to assist youth in navigating the juvenile justice system and, like its partners, SAY has expanded services to meet a range of community needs. Through its three divisions (Youth and Family Community Services, After-School Services, and Integrated Neighborhood Services) the agency provides programs and services in areas that include: delinquency prevention and juvenile diversion; child abuse prevention; alcohol, tobacco and drug abuse prevention; health promotion; after-school programs; family support and mental health services. Agency staff are located in schools, probation facilities and other community sites to increase ease of access; they provide services to approximately 34,000 youth and their families annually. Many families contact SAY directly; others are referred by schools, police and probation departments, community organizations, and other families.

North County Lifeline (NCLL), a non-profit organization established in 1973, is one of five agency partners for the TPP grant. NCLL has its origins in a drop-in program focused on drug abuse prevention and intervention. NCLL started in response to a lack of services to address problems such as drug abuse, social isolation and family disruption among youth in the northern area of the county. Over the next four decades (beginning in 1973), the agency broadened its focus to meet the needs of the youth and families who seek its services, who are mostly low-income and Hispanic. All services are available in Spanish and include: behavioral health (counseling children and youth with serious mental health concerns); youth development; delinquency, truancy and gang prevention programs; case management services for youth on probation; employment and housing; mediation and fair housing; child abuse and domestic violence prevention and intervention. The agency serves more than 30,000 youth and their families annually.

Mental Health Systems (MHS), one of five agency partners for the TPP grant, is a non-profit organization founded in 1978 to provide innovative and cost-effective mental health, drug and alcohol recovery services. Currently, MHS operates more than 80 community-based programs throughout California for people who either cannot afford privately paid services or for whom appropriate services are not otherwise available. MHS services address behavioral health issues through a broad range of prevention, early intervention, integrated treatment, diversion and vocational programs that are culturally appropriate and strengths-based. MHS's outpatient, residential and home-based programs serve: children, adolescents and youth transitioning to independence; adults; homeless individuals; veterans and military families; and adult offenders under federal, state and county jurisdictions.

Together the five agencies cover all of San Diego County, offering services in all 18 of the county's cities as well as in its rural and unincorporated areas. In addition to the services each agency provides individually, the five agencies have established partnerships to deliver some programs, with different agencies acting as the lead, depending on the program. Most notably, the five agencies offer the CAT (Community Assessment Tool) program funded by the county, targeting youth at risk for entering the juvenile justice system or currently in the system, and their families. CAT services include: case management; family and individual therapy; psycho-educational groups; and psychiatric services. The program serves approximately 5,000 youth and their families annually. In addition, for five years, SDYS

(with three of the four other partners) led a teen pregnancy prevention collaboration program – Vision Achievement Mentoring (VAM). The partners provided parts of *Reducing the Risk* as an element of this comprehensive teen pregnancy prevention effort aimed at male and female youth ages 11 to 19.

Selection of Reducing the Risk

In September 2010, San Diego Youth Services was competitively awarded a federal Teen Pregnancy Prevention Replication grant, administered by OAH. The grant is to implement *Reducing the Risk* with youth in communities and schools in San Diego County.¹ Working with its partners, SDYS involved the San Diego Probation Department and school districts in the county in the selection of *Reducing the Risk*. To identify areas at highest risk, the partners used state data on births to teens to identify “teen birth hotspots” in the county. Additionally, they reviewed state-reported data on STIs and YRBSS data on sexual risk behavior to highlight county-wide problems. *Reducing the Risk* was an attractive option since some staff had been previously trained to deliver the curriculum (although only portions of the curriculum were actually used). In addition, the evidence-based curriculum seemed appropriate for an at-risk population and compatible with CAT services.

Implementation of the Program Model

Settings for the Program

Reducing the Risk was implemented in one middle school, one junior high school, and four high schools in the county.

Population Served

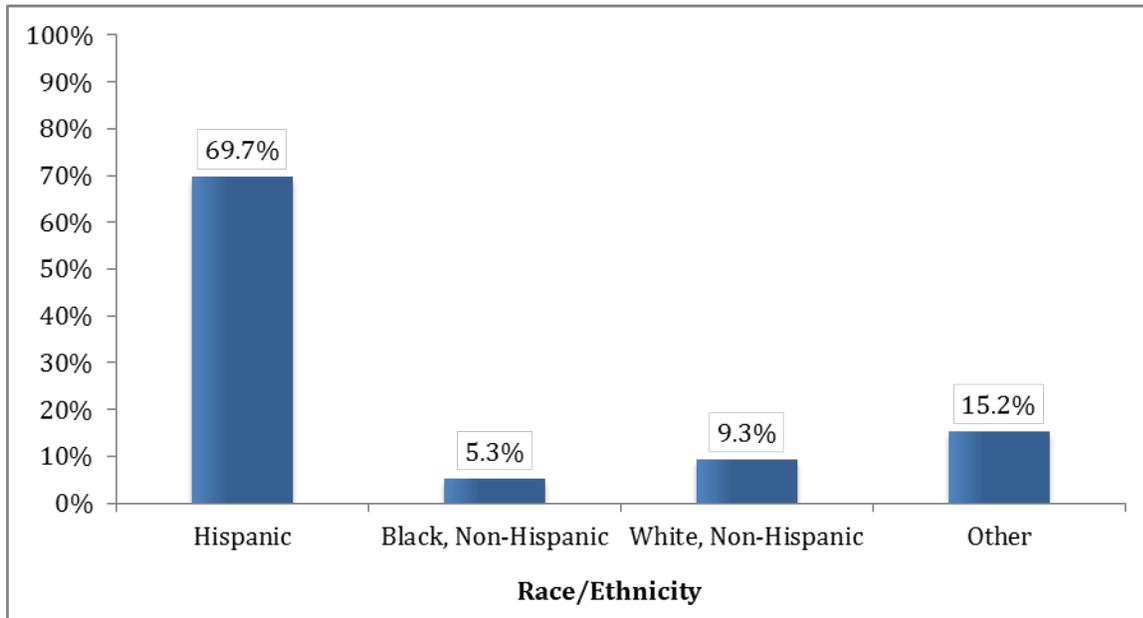
The data described below are drawn from a student survey completed at baseline before the intervention was implemented. Enrollment for the study began in the fall of 2012.

Demographic Profile: Eighth and 9th grade students in physical education, health or science classes in participating schools were eligible for the program. On occasion, these classes included a small number of students from higher grades, who were also eligible. One-quarter of those recruited were 8th graders. Almost three-quarters (72.4%) were 9th graders and a small percentage (2.5%) were distributed across the three later high-school grades. The average age of participants was 13.8 years. Just over half (51%) were female, and two-thirds were Hispanic (Exhibit 1).²

¹ A summary description of the curriculum and citations for the original research are provided in the Study Overview.

² The total sample size for San Diego Youth Services is 1138. The sample sizes for each of the risk variables vary depending on individual item non-response. The percentages shown in the figures are for those who responded. The percentages of missing responses range from 1%-5%, depending on the risk variable. More detailed tables with sample sizes can be found in the Appendix.

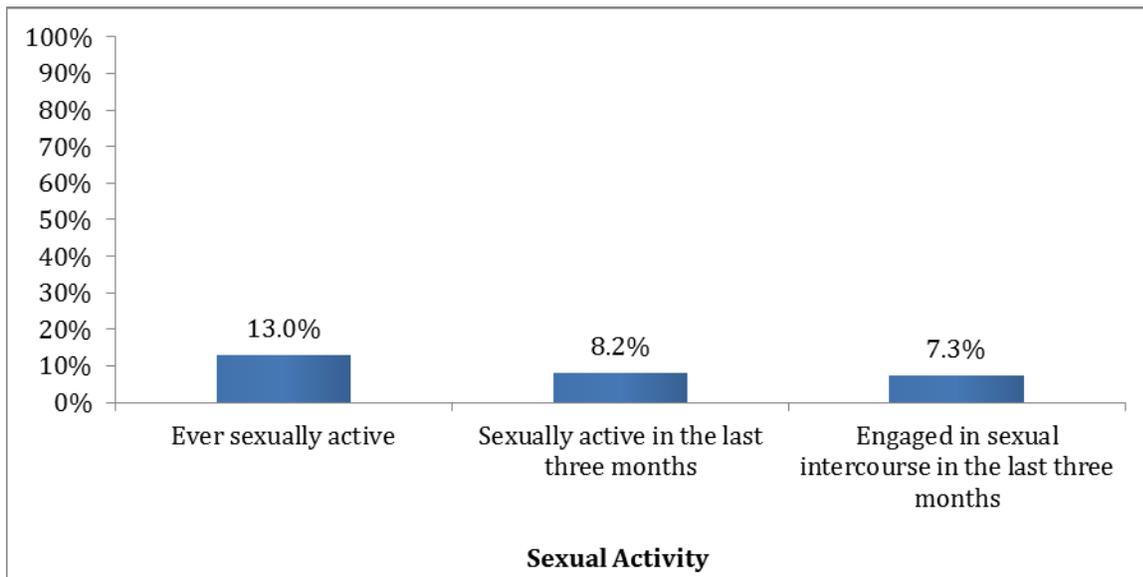
Exhibit 1: Race/Ethnicity of Youth in the SDYS Study Sample at Baseline



Risk Profile: Sexual Behavior

Thirteen percent of the students reported that they had ever been sexually active (defined as sexual intercourse and/or oral sex). Eight percent had been sexually active in the prior 90 days, and a slightly smaller percentage had engaged in sexual intercourse during that same period (Exhibit 2).

Exhibit 2: Sexual Risk Behavior of Youth in the SDYS Study Sample at Baseline³

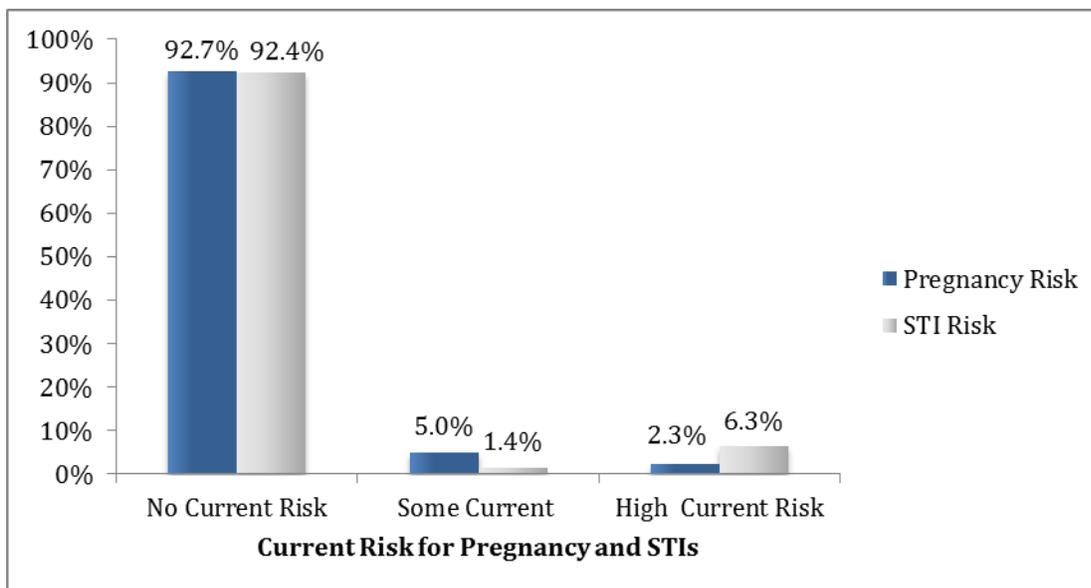


³ Sexual activity is defined as sexual intercourse and/or oral sex.

Exhibit 3 shows the distribution of study participants with respect to two kinds of risk, based on their sexual behavior in the 90 days prior to the survey: current risk of pregnancy, and current risk of sexually transmitted infection (STI). Those who had not engaged in sexual activity in the 90 days preceding the survey are categorized as at “no current risk” for either. In addition, a small number who, although sexually active, did not engage in sexual intercourse in the last 90 days are categorized as at “no current risk” for pregnancy (although they may be at some level of risk for infection). Youth are categorized as being at “some current risk” of pregnancy if they reported consistent use of birth control during sexual intercourse and at “some current risk” of infection if they reported consistent use of condoms during any sexual activity. At “high current risk” for infection are those who did not use condoms during intercourse and/or oral sex. At “high current risk” for pregnancy are those who did not use condoms or birth control during sexual intercourse.

The overwhelming majority of students are not currently at risk for pregnancy or sexually transmitted infections (STIs) because they are not currently (i.e., in the 90 days preceding the survey) sexually active. Of the small number who engaged in sexual intercourse in the 90 days before the survey, two-thirds reported consistent use of birth control, placing them at low risk for pregnancy. By contrast, a majority of those who had engaged in any kind of sexual activity (sexual intercourse and/or oral sex), failed to use a condom to protect themselves against an STI.

Exhibit 3: Current Risk of Pregnancy or Infection for Youth in the SDYS Study Sample at Baseline



Risk Profile: Perceptions about Sex

Over three-quarters of the students reported no pressure from peers to have sex (Exhibit 4). Close to one-third believed that none of their peers were engaging in sexual intercourse; less than 10% believed that most or all of their peers were engaging in sexual intercourse. An even smaller percentage believed that most or all of their peers were engaging in oral sex. A substantial proportion of youth reported no knowledge of peers’ sexual behavior (Exhibit 5).

Exhibit 4: Extent of Peer Pressure to Have Sex for Youth in the SDYS Study Sample at Baseline

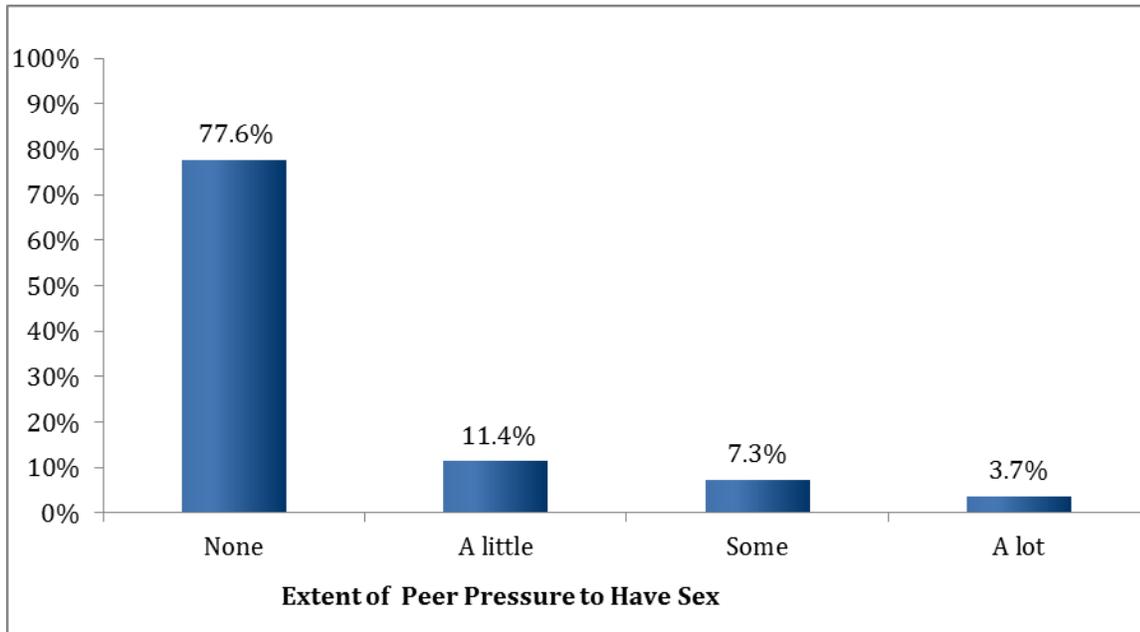
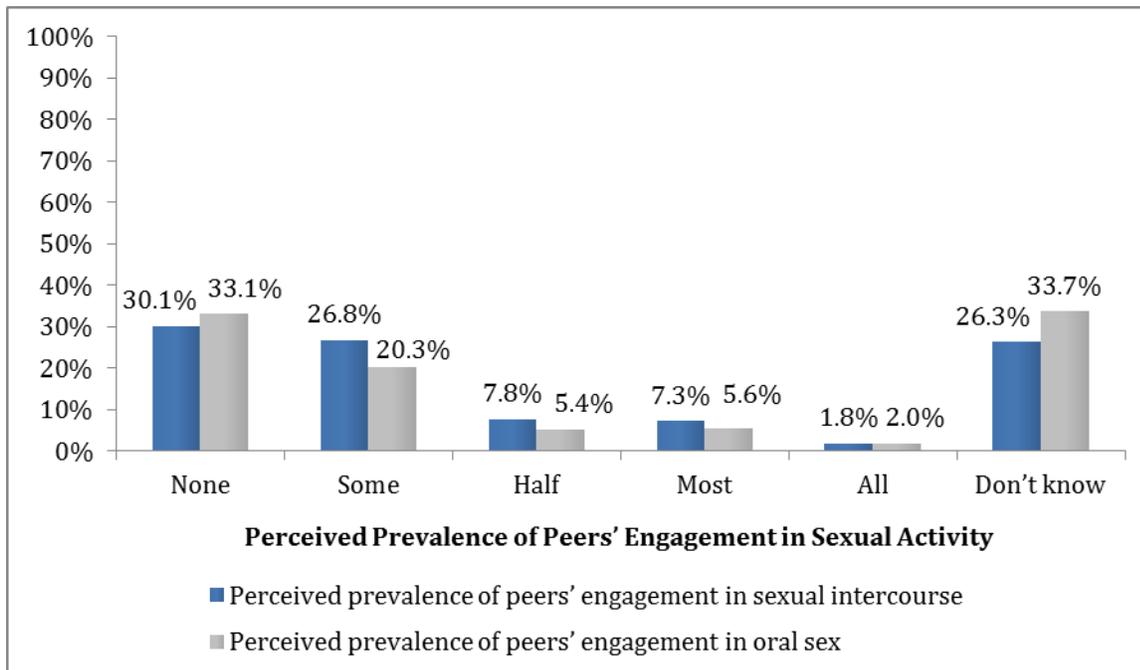


Exhibit 5: Perception of Peers' Sexual Behavior for Youth in the SDYS Study Sample at Baseline

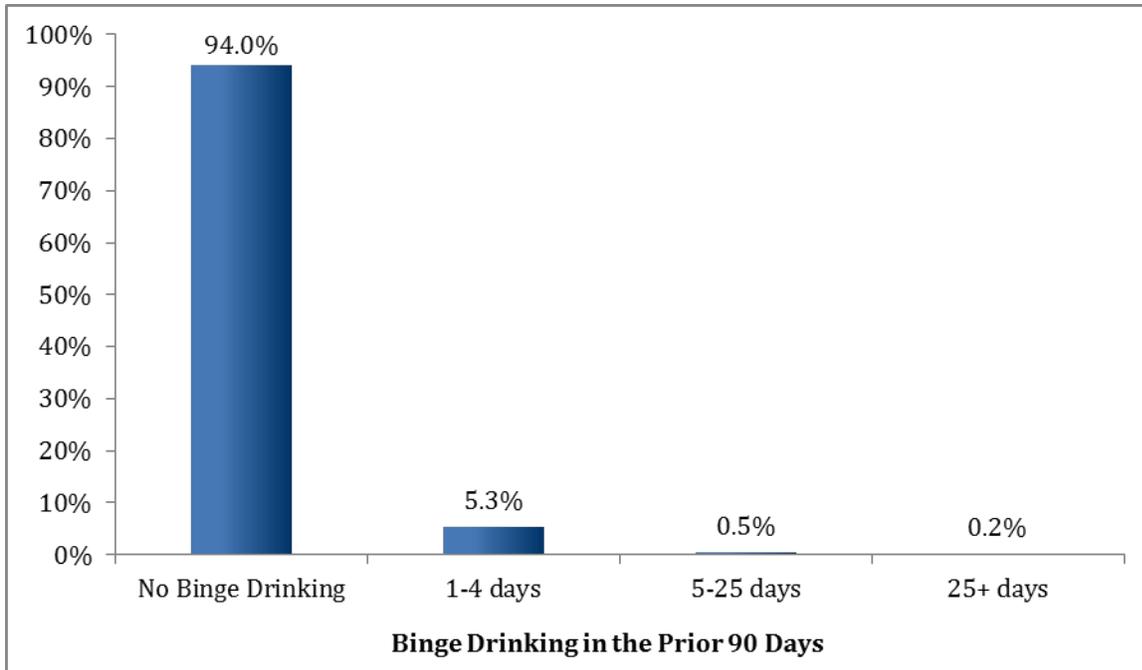


Risk Profile: Other Risk Behaviors

Almost 95% of youth reported that they had not smoked cigarettes at all in the prior 30 days. Most of the others were occasional smokers – less than one percent reported smoking daily during the same period (see Appendix, Table 10). Fifteen percent reported using alcohol during the prior 30 days and 5%

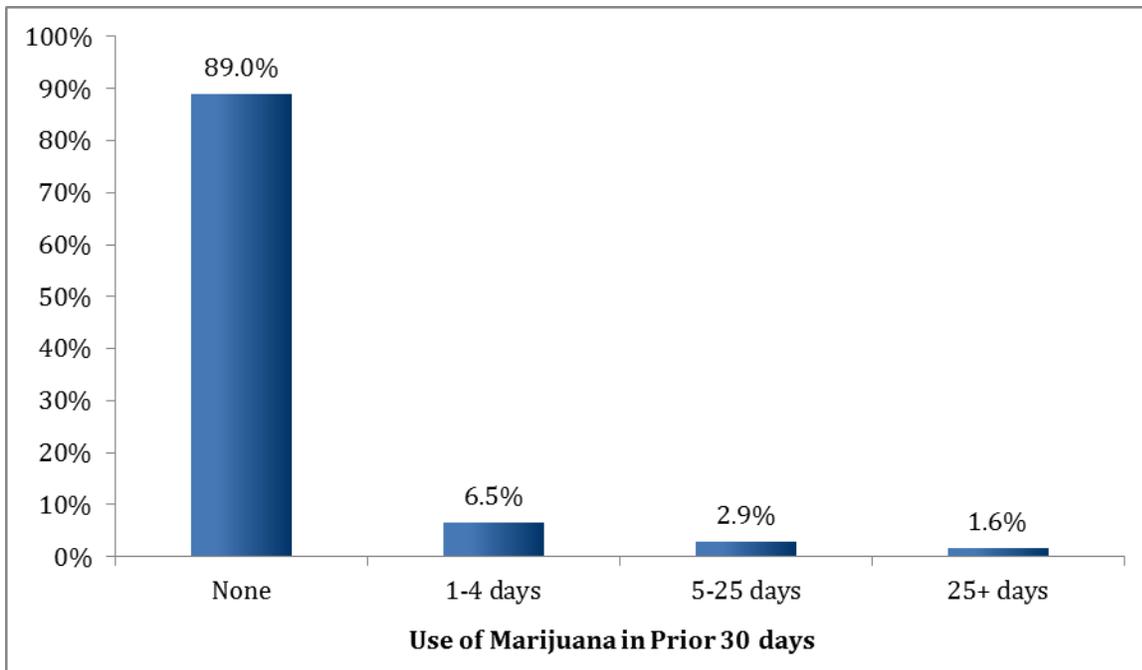
reported binge drinking (five or more alcoholic drinks in a row) during the same period (Exhibit 6) (see also Appendix, Table 11).

Exhibit 6: Binge Drinking among Youth in the SDYS Study Sample at Baseline



Almost 90% of youth reported no use of marijuana in the prior 30 days and less than 2% used marijuana on a daily basis (Exhibit 7).

Exhibit 7: Marijuana Use among Youth in the SDYS Study Sample at Baseline



Program Delivery

In schools with block schedules, the curriculum is delivered in 90-minute sessions, once a week for eight weeks; in others, it is delivered in 45-50 minute classes once a week over 16 weeks. The curriculum is delivered during physical education, science or health classes, usually by two health educators.

Staffing and Training

SDYS is the lead agency for the project, overseeing the work of all five partners. In this capacity, SDYS hired a Project Coordinator specifically to coordinate the work of all partners on the project, including staff assignment and training, program implementation, fidelity monitoring and the work of the local evaluator. The Project Coordinator hired for the project had a Master's Degree in Public Health and was coordinating the work of several nonprofit agencies on a gang/violence prevention initiative before taking the SDYS position. Her prior experience included extensive work with school districts in youth programs.

During the pilot year, *Reducing the Risk* was taught by existing CAT staff at each of the partner agencies, in both community and school settings. After the pilot year, SDYS retained two CAT case managers who “thrived with the curriculum,” and hired two health educators specifically for the project. Partner agency staffing was similar – a mix of existing CAT staff and new hires. In hiring staff, the Project Coordinator (and partner agency supervisory staff) looked for comfort in talking about sexual health, an outgoing personality, experience with youth, the ability to talk to many different kinds of people, ease in group facilitation, and some understanding of research.

“Recruiting and retaining teens in community-based settings remains challenging. In general the high-risk population is hard to hold onto – we continue to try to find ways to increase attendance”

All project staff received the two-day training provided by ETR (the program developer) and then two staff members from each of the partner agencies received additional training so that they could train replacement staff and retrain when necessary. The Project Coordinator found the training adequate; however, she believes it did not adequately cover basic reproductive anatomy and birth control methods. For that reason, SDYS brought in Planned Parenthood to deliver additional training on three topics: reproductive anatomy; birth control methods; and STIs. In addition to the regional training and annual conferences provided by OAH, SDYS provides regular training for health educators, as it does for all of the staff. On average, staff attend one or more training sessions each quarter. Training topics include: facilitation skills; answering sensitive questions; working with difficult populations; bullying, gangs and cultural competence. Staff are also encouraged to seek out training opportunities from other community sources. SDYS hosts a yearly *Reducing the Risk* booster training sessions for staff at all five partner agencies. Topics covered include: maintaining fidelity; adaptations; curriculum challenges; STI/HIV updates; evaluation updates. Topics for these training sessions are determined after discussion with front-line staff during their regular monthly meetings. Annually, SDYS hosts a two-day *Reducing the Risk* training open to staff at all partner agencies.

Monitoring Program Implementation

Maintaining fidelity was a strong element of the ETR training sessions. Most of the staff came from positions which involved the creation of their own curriculum or modification of an existing one.

However, after completion of the ETR training sessions, staff understood the importance of maintaining fidelity.

Fidelity logs that track completion of topics to be covered during a session are completed by all staff within 24 hours of the session. The logs are reviewed weekly by each partner agency's program manager, who then alerts the SDYS Project Coordinator that they are complete. The

"At times, maintaining fidelity was a personal challenge to staff because sometimes the curriculum was dry and they weren't able to change it".

local evaluator reviews the forms once a month and provides feedback at the monthly partner meeting. Local evaluator staff also conduct observations of 10% of all sessions. If issues arise during these observations, the local evaluator notifies the SDYS Project Coordinator and both work together to find solutions. Fidelity and the quality of program delivery are permanent agenda topics at monthly meetings.

Summary of SDYS Grantee Profile

In San Diego County, the replication of *Reducing the Risk* is implemented by the staff of five multi-service agencies, with San Diego Youth Services leading and coordinating the effort. Their challenge is to train and monitor staff across agencies to deliver the curriculum consistently and with fidelity in school settings at a time when stringent budget cuts are affecting class size and other aspects of the school environment.

Most of the students in the study sample were in 9th grade at baseline; the remainder were in 8th grade. Less than 10% were sexually active in the three months preceding the survey. This low level of sexual activity, combined with very low use of tobacco, alcohol and marijuana, put this group at relatively low risk for adverse outcomes such as pregnancy or STIs.

This research is supported by the Office of Adolescent Health and the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services under contract number HHSP23320095624WC Order No. HHSP23337011T awarded in September 2011.

Appendix: SDYS Baseline Data Tables

Table 1. Gender in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n= 1138)	Reducing the Risk Overall ¹ (n= 3241)
Male	48.7%	51.2%
Female	51.3%	48.8%

¹This represents the three replications of the program model.

Table 2. Race/Ethnicity in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n= 1137)	Reducing the Risk Overall (n= 3240)
Hispanic	69.7%	46.6%
Black ¹	5.3%	33.2%
White ¹	9.9%	11.0%
Other Race ²	15.2%	9.3%

¹ Non-Hispanic

² "Other Race" includes Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multiracial, and open-ended responses to the question "What is your race?"

Table 3. Age in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n= 1137)	Reducing the Risk Overall (n= 3240)
Mean (SD)	13.7 (0.7)	14.6 (1.1)
Range	13 – 18	13 -20

Table 4. Grade in School in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n= 1137)	Reducing the Risk Overall (n= 3240)
6 th	0.0%	0.0%
7 th	0.1%	0.0%
8 th	25.1%	8.8%
9 th	72.4%	67.9%
10 th	0.9%	11.8%
11 th	1.1%	7.4%
12 th	0.5%	4.0%

Table 5. Sexual Activity in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n=1137)	Reducing the Risk Overall (n=3240)
Ever sexually active ¹ (n=1119)	13.0%	33.1%
Sexually active in the past 3 months (n=1108)	8.2%	21.6%
Engaged in sexual intercourse in the past 3 months (n=1108)	7.3%	19.4%

¹Sexual activity is defined as sexual intercourse and/or oral sex. Respondents were not asked about anal sex.

Table 6. Current Risk of Pregnancy¹ in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n = 1108)	Reducing the Risk Overall (n=3168)
No Current Risk	92.7%	80.6%
Some Current Risk	5.0%	12.8%
High Current Risk	2.3%	6.6%

¹*No Current Risk* is if the respondent did not have sexual intercourse in the past 90 days; *Some Current Risk* is if the respondent always used condoms or contraceptives during sexual intercourse in the past 90 days; and *High Current Risk* is if respondents engaged in unprotected sexual intercourse in the past 90 days.

Table 7. Current Risk of Infection¹ in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n = 1087)	Reducing the Risk Overall (n=3053)
No Current Risk	92.4%	78.5%
Some Current Risk	1.4%	5.6%
High Current Risk	6.3%	15.9%

¹*No Current Risk* is if the respondent did not engage in sexual intercourse or oral sex in the past 90 days; *Some Current Risk* is if the respondent always used a condom during sexual activity during the past 90 days; and *High Current Risk* is if respondents engaged in any sexual activity without a condom in the past 90 days.

Table 8. Risk of Infection and/or Pregnancy in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n =1108)	Reducing the Risk Overall (n=3166)
Sexual Activity and Condom Use		
Not sexually active	92.4%	78.4%
Sexually active with use of condoms	1.4%	5.8%
Sexually active without use of condoms	6.3%	15.7%
Sexual Intercourse and Birth Control Use		
No sexual intercourse	92.7%	80.6%
Sexual intercourse with birth control	5.0%	12.8%
Sexual intercourse without birth control	2.3%	6.6%

Table 9. Peer Pressure to Have Sex and Perceived Norms in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n= 1066)	Reducing the Risk Overall (n= 3126)
Extent of peer pressure to have sex		
None	77.6%	73.1%
A little	11.4%	14.0%
Some	7.3%	9.2%
A lot	3.7%	3.7%
Prevalence of peer sexual intercourse		
None	30.1%	14.0%
Some	26.7%	22.4%
Half	7.8%	11.9%
Most	7.2%	22.5%
All	1.8%	8.3%
Don't Know	26.4%	20.9%
Prevalence of peer oral sex		
None	33.1%	19.1%
Some	20.4%	18.1%
Half	5.3%	9.7%
Most	5.5%	12.6%
All	2.0%	4.0%
Don't Know	33.7%	36.5%

Table 10. Frequency of Cigarette Use (past 30 days) in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n= 1113)	Reducing the Risk Overall (n= 3196)
0 days	94.8%	92.3%
1-4 days	4.0%	5.3%
5-25 days	0.7%	1.5%
> 25 days	0.4%	0.9%

Table 11. Frequency of Alcohol Use (past 30 days) in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n= 1109)	Reducing the Risk Overall (n= 3193)
Any alcohol use (last 30 days) ¹		
0 days	85.3%	78.6%
1-4 days	11.6%	17.0%
5-25 days	1.9%	3.4%
> 25 days	1.2%	1.1%
Binge drinking (last 30 days) ²		
0 days	94.0%	91.2%
1-4 days	5.3%	7.6%
5-25 days	0.5%	0.9%
> 25 days	0.2%	0.3%

¹ Alcohol use is defined as having an alcoholic drink such as beer, wine, or other liquor ("just a sip" not counted).

² Binge drinking is defined as 5 or more alcoholic drinks in a row.

Table 12. Frequency of Marijuana Use (past 30 days) in SDYS and Overall *Reducing the Risk* Study Samples at Baseline

	SDYS (n= 1112)	Reducing the Risk Overall (n= 3194)
0 days	88.8%	81.3%
1-4 days	6.6%	10.3%
5-25 days	3.0%	4.9%
> 25 days	1.6%	3.5%