TLC | TEENS LINKED TO CARE TOOLKIT

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Visit the **Teens Linked to Care CDC webpage** for more information about the program and its impacts.

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OVERVIEW OF THE TEENS LINKED TO CARE PROGRAM AND TOOLKIT

Teens Linked to Care (TLC) is a pilot program that began in 2015 and ended in 2022 to assess the feasibility of implementing integrated prevention strategies to address both substance use and sexual risk among youth in rural communities. The program was a collaboration between the Centers for Disease Control and Prevention (CDC), the CDC Foundation, the Conrad N. Hilton Foundation, and was completed in two pilot sites: Scott County School District 1 (Austin, Indiana) and The Brighton Center/Newport High School (Campbell County, Kentucky). The pilot program's goal was to develop a framework for schools to address HIV, sexually transmitted diseases (STDs), teen pregnancy, and high-risk substance use (i.e., use of prescription, illicit, or injection drugs) among youth through education, primary prevention, and early detection screening.

Adolescents who use drugs and alcohol are more likely to engage in sexual risk behaviors.[1,2] Despite research showing the link between substance use and sexual activity, relatively few prevention programs acknowledge the connection. To address this gap, the TLC youth-led program was implemented in two rural communities in Indiana and Kentucky.

Teens Linked to Care Toolkit

Purpose

- The purpose of this toolkit is to assist schools in addressing HIV, STDs, teen pregnancy, mental health challenges, and high-risk substance use (i.e., use of prescription, illicit, or injection drugs) among youth through education, primary prevention, and early detection screening.

- This toolkit was developed in collaboration with the CDC Foundation and CDC in partnership with Austin High School and Brighton Center/Newport High School.

✔ THIS TOOLKIT IS

- An optional planning resource for school staff interested in better supporting students engaging in risky behaviors and substance use.

- A youth-focused educational resource on sexual health and substance use prevention.

- A collection of carefully selected tools to help schools enhance their sexual health and substance use education, policies, programs, and practices.

✘ THIS TOOLKIT IS NOT

- A one-size-fits-all approach to addressing substance use disorder or risky sexual practices. It can be customized as necessary to meet the needs of the site.

- A replacement for current youth activities that may be implemented at the school level.

This toolkit takes you through each phase of the program, providing an overview of the pilot program as well as an overview of each phase, including considerations, and provision of related tools.

Using the Teens Linked to Care Toolkit

Each phase of program implementation is explained below, with examples and tools for use and adaptation. **The phases are:**

1	**2**	**3**	**4**
Planning for TLC implementation	**Implementing** a TLC program	**Maintaining** a TLC program	**Sustaining** a TLC program
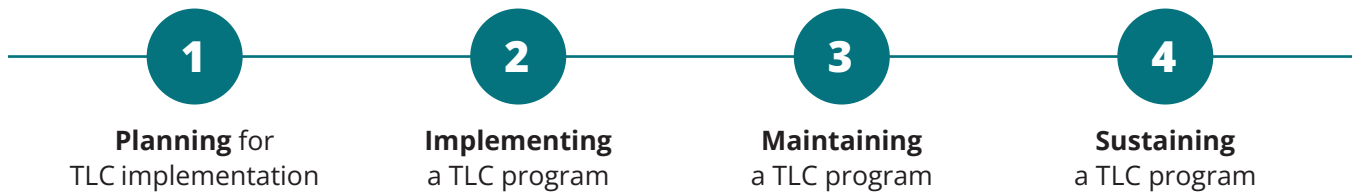
Additional recommendations are also listed at the end of this document.

Background

Adolescence is a critical period when youth are at increased risk for experimenting with substance use that could progress to addiction. Teens with substance use disorders experience higher rates of physical and mental illnesses and diminished overall health and well-being.[1,3] Research shows that sexual risk behaviors, high-risk substance use, experiencing violence, and mental health challenges contribute to the leading causes of death and disability among youth and young adults.[3] These behaviors also increase the risk for HIV, STDs, and teen pregnancy. Preventing high-risk substance use among youth presents an important opportunity to prevent infectious diseases and protect the mental and physical health of adolescents.

In 2015, the CDC Foundation and DASH at CDC collaborated to secure funding from the Conrad Hilton Foundation to implement Teens Linked to Care (TLC) as a pilot program. TLC is designed to address substance use and sexual risk behaviors among teens living in rural areas by helping communities build the capacity to implement successful prevention strategies. Specifically, TLC focuses on multiple areas at once, including health education, access to health services, safe and supportive environments, positive youth development, and trauma-informed care.

TLC focuses on youth ages 13–19, but also involves parents and caregivers, health service staff, school nurses, teachers, school staff, and other community members.

Below are the main objectives for TLC program pilot sites:

- Determine barriers and facilitators to bringing together and maintaining a youth-led planning and implementation team

- Explore capacity and prevention strategies currently in place and identify where communities may need more support in these areas

- Determine community members' current knowledge, attitudes, and beliefs about adolescent sexual health and substance use

- Define what community members at each site identify as strengths and areas for improvement when addressing sexual health and substance use

- Analyze the impact of training and capacity-building activities delivered to the communities

- Evaluate all aspects of TLC implementation

- Determine barriers and facilitators to implementing a substance use and sexual risk prevention program

Teens Linked to Care Strategies

TLC focuses on the following approaches:

- **Health Education:** Health education is integral to the primary mission of schools and provides young people with the knowledge and skills they need to become successful learners and healthy and productive adults. Health education should be medically accurate and inclusive. Increasing the number of schools that provide health education on key health problems is a critical objective for improving our nation's health.[4,5]

- **Access to Health Services:** School-based referral programs can help connect students to adolescent-friendly community healthcare providers. School-based referral programs have been found to help school nurses connect students to adolescent-friendly community providers and increased adolescent use of reproductive health services (contraception, STD testing, counseling), especially among sexually active females. The provision of youth-friendly health services will start the process that will lead to a reduction in the burden of mental health problems, accidents, violence, unwanted pregnancies, HIV, and sexually transmitted infections in this age group.[5]

- **Safe and Supportive Environments:** Research shows safe and supportive school and community environments are associated with improved education and health outcomes for all students. A safe and supportive environment can have direct effects on adolescent sexual risk as well as decrease the likelihood that students become involved in substance use, violence, and other risky behaviors that are associated with HIV and STD risk.[2,4]

Addressing health education, access to health services, and safe and supportive environments helps improve youth:

- Knowledge and skills to prevent substance use and HIV/STD infection.

- Attitudes and beliefs supporting substance use prevention and HIV/STD prevention.

- Access to youth-friendly health services, including substance use and HIV testing and treatment.

- Safety at school.

- Connectedness to supportive adults at home, in school, and elsewhere in the community.

Positive youth development and trauma-informed care training can lead to increased:

- Resiliency and ability to manage stress in the face of adversity.

- Protective factors to help prevent students from developing future health and/or social problems.

- Sense of physical, psychological, and emotional safety at school.

- Connectedness to school and supportive adults.

TEENS LINKED TO CARE PHASES: PLANNING, IMPLEMENTING, EVALUATING, AND MAINTAINING

Below are the phases that two TLC pilot program sites found necessary for planning, implementing, and evaluating TLC. While each step of a phase informs the next step, TLC can also be viewed as a fluid process where you need to go back and forth between steps. Going through this process enables communities to have a clear understanding of their needs and involves community members in all stages of the planning process.

TLC's pilot program planning and implementation process was modeled after the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework for preventing substance use and misuse.[6]

Planning for TLC Program Implementation

In this phase of program implementation, you will develop plans for the TLC program pilot site identification, their projects and scopes of work, and identify the following needs:

- Action step(s) or an outline of what will happen

- Person(s) responsible for each phase

- Date each phase should be completed

- Resources required for each phase

- Barriers or resistance and an action plan that addresses barriers

- Collaborators and partners

Planning for TLC program pilot sites includes selecting sites, establishing initial job positions and committees, training staff, conducting a needs assessment, and evaluating each school's healthcare curriculum.

Site selection

State site identification committees evaluate each site for potential selection for the TLC program. A site identification committee should consist of, at a minimum, representatives from the state's substance use or mental health agency, health department, and department of education.

The following table covers TLC program pilot site selection criteria. See the Toolkit Addendum at the end of this document for a Pilot Site Readiness Assessment Interview and accompanying results table template.

Table: *TLC Site Selection Criteria* •

Criteria	Definition
Schools or community-based organizations located in a rural county	State designation as a rural county
Highest substance use and/or HIV/STD rates	• Youth past 30-day alcohol use rates • Youth past 30-day marijuana use rates • Youth past 30-day prescription drug use rates Note: Other sources (e.g., substance-related consequence data) may be used if substance use data is not available at the state and county level.
Highest HIV/STD rates	• Total HIV cases and HIV rate/100,000 • Total cases of human papillomavirus (HPV) among youth aged 15–19 • Total cases of chlamydia among youth aged 15–19 • Total case of trichomoniasis among youth aged 15–19
Prevention capacity	Past or current prevention activities funded through one of the following: • CDC • Department of Education • Department of Juvenile Justice • SAMHSA • Other sources (i.e., state funding, private funding)
Interest/availability to implement youth prevention efforts with specific focus on substance use and sexual health	Demonstrated by current efforts, incorporation of issue

The Austin High School and Brighton Center/Newport High School pilot sites were selected because they have a substantial portion of youth who face many of the same risk factors related to substance use (injection drug use), increased risk-related behaviors, and increased HIV infection rates. The process for site selection involves evaluating sites for substance use and risky behaviors and site readiness to host the TLC program. The opioid crisis has heavily hit the Appalachian region of the United States. When TLC pilot site selection committee members began looking at potential locations, they identified Austin High School because DASH had addressed an HIV outbreak in Austin, IN. The ripple effect was stigma and misinformation in the Austin community and schools.

A Note on Stigma

It is essential to the success of a TLC site to know and understand the community's culture and views on sexual health and substance use. When TLC came into the pilot site communities, program members devoted a huge effort to making schools the experts of their own situations. Taking a comprehensive and culturally relevant approach is necessary for successfully implementing the TLC program in a community. TLC is intended to be a skeleton program that the sites make unique.

Youth sexual health and substance use are sensitive topics in many states, particularly in schools. As a result, the political and social environments of some sites may influence a state agency's ability to participate in such programs. Before contacting interested community members or potential partners, it is important to understand the context in which the program will operate.

One strategy used when planning the TLC pilot program was engaging multiple state-level agencies. Contacts at state departments of health, education, and substance use and mental health programs were invited to help identify TLC pilot sites. The reason for this strategy was the belief that state agency representatives would be more familiar with communities and their needs in their respective states. Although the involvement of state-level representatives was beneficial, several challenges emerged. First, due to the sensitive nature of the behaviors that TLC addresses, one state opted not to participate. A referral was made to work with a local organization not restricted by state requirements. Secondly, other states that agreed to participate had to get approval to identify pilot sites. This process was very time-consuming and affected TLC's program timeline.

Stigma is a commonly reported barrier throughout the life cycle of the TLC program. At the start of the pilot program, it was necessary to address substance use and sexual health as sensitive topics, as some social and political environments put up walls for implementing prevention programs. It is vital to understand and address community attitudes and beliefs about sexual risk behaviors and substance use in areas where HIV outbreaks are high. Family and community norms around such behaviors lead to widespread stigmas in school systems, often leading to isolation of schools with high substance use and increased avoidance of such topics in health education.

When asked about stigma regarding substance use in their schools, TLC program staff reported, "Youth tend to say they don't want to say too much because they don't want to get in trouble. It is hard for [them] to open up." On the community level, TLC-involved adults reported, "Community stigma acts as a barrier. People do not want to seek help." Regarding sexual health, TLC-involved adults reported, "The biggest barrier faced by the program was the stigma surrounding sexual health, and that is because of the taboo." Therefore, stigma is a necessary component of sexual health and substance use that must be addressed. TLC program staff must get buy-in from community leaders, school administration, and youth to ensure program success.

Additionally, rural sites have unique barriers to address in planning. The selected pilot sites are all located in rural communities adversely impacted by substance use issues. As such, these communities were often the focus of national and state initiatives to address substance use. During community pilot site visits, TLC leaders observed an increased sensitivity toward participating in "packaged" prevention efforts. This resulted in a reluctance to implement another "packaged program" from outsiders. To address this challenge, it was important to consider the community culture and use a strengths-based approach instead of focusing on community problems. Providing communities with the opportunity to tailor a program to their specific needs is important to ensure buy-in. This process ensures an equitable partnership that results in partners equally contributing expertise, sharing decision-making, and taking ownership of the program.

Staffing and Administrative Structure

After TLC program sites are chosen, you should establish a staffing and administrative structure. We recommend creating three overall work groups for the TLC program:
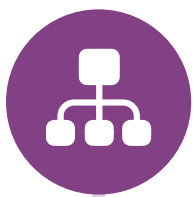
- **Planning Work Group**

    + Responsible for management and program oversight

    + Leads activities such as partnership management, framework creation, and recommendations for implementation

- **Site Selection Work Group**

    + Develops a process for selecting pilot sites

    + Uses site selection frameworks and pilot readiness assessments to determine sites for implementation

- **Evaluation Work Group**

    + Creates evaluation methodology

    + Drafts and follows evaluation plan

During evaluation of previous TLC programs, smaller work groups were more successful in making decisions about activities. If possible, create smaller work groups that feed into and advise a larger work group.

Gaining buy-in from school leadership and administration ensured the success of the TLC pilot program despite funding cuts, staff turnover, and other implementation barriers. For example, at Austin High School, the superintendent's support of the program was a great facilitator for implementation. The support trickled down to school leadership (principal) and continued with the next superintendent.

The process of implementation starts with the development of a youth-led Teens Linked to Care planning and implementation team (TLCPI) and a community advisory board (CAB) made up of community representatives. A youth advisory board (YAB) should also be established within the program. The table below describes the necessary program implementation components for successful TLC activities in Scott County School District 1 and the Brighton Center.

Program Implementation Components	Description
Program Coordinator	The program coordinator is responsible for providing oversight for the planning, implementation, and evaluation of TLC. TLC is a youth-led, community-based program designed to address sexual risk and substance use among teens living in rural areas by implementing prevention strategies in youth development, essential education, access to health services, and safe and supportive environments. This is a full-time position.
Evaluation Specialist	The evaluation specialist is responsible for working with the youth-led TLCPI team to design, plan, and implement any evaluation-related activities. This position requires 12–20 hours per week.
Youth-Led TLC Planning and Implementation (TLCPI) Team	The youth-led TLCPI team consists of 10–15 youth representatives of the community. The TLCPI team provides program leadership and guidance in the planning and implementation of TLC.
Community Advisory Board (CAB)	The community advisory board (CAB) guides the development and implementation of TLC. The CAB serves in an advisory capacity and consists of members representing the community. Additional information will be provided about CAB makeup.
Youth Advisory Board (YAB)	The youth advisory board (YAB) is made up of youth representatives who provide leadership and guidance in the implementation of TLC. A primary aspect of TLC is the youth-focused programming. The YAB consists of 12–15 students who participate in the following activities: • Identify and assess local healthcare providers regarding their youth-friendly services • Develop and disseminate materials at school pilot sites regarding youth-friendly services • Review, modify, and implement school anti-bullying policies and protocols • Develop student-led clubs related to the TLC mission

It is important to note that selecting the program coordinator was critical to the program's success at the pilot sites. Each program coordinator exhibited characteristics identified by the students, such as dependability, a nonjudgmental approach, and respect within the community. The program coordinator functions as a positive adult role model in the school setting, reinforcing safe and supportive school environments for youth. In the community, the program coordinator has earned the respect of parents, caregivers, and other community members. For example, the program coordinator at a TLC pilot site worked to know all the names of the students involved and greeted them daily. Students said this made them feel accounted for and that they had someone to depend on. This act of accountability set the standard for the CAB and school faculty, contributing to the success of the program. Below figures show how program coordinators for the Austin High School and Brighton Center/Newport High School pilot sites spent their time.

Figure 1:

Austin High School Program Coordinator Time Allocation (percentage of 20 hours per week)
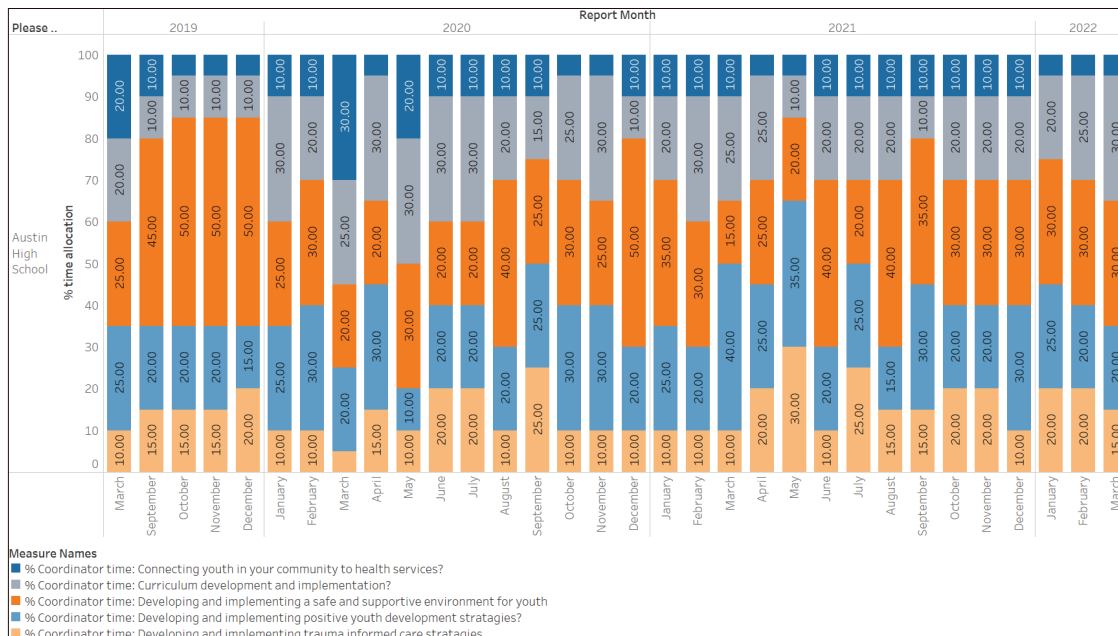
Figure 1 shows the overall program coordinator time allocation as a percentage of 20 hours per week for Austin High School, from March 2019 to March 2022. Needs for the pilot site changed over time, and therefore program coordinator time allocations were flexible to meet needs of the TLC program. Please note that there was a large percentage of time developing and implementing a safe and supportive environment (orange color) early on in the program, but this still remained a focus of the site coordinator throughout the program lifecycle.

Figure 2:
Brighton Center
/Newport High
School Program
Coordinator
Time Allocation
(percentage of
20 hours per
week)
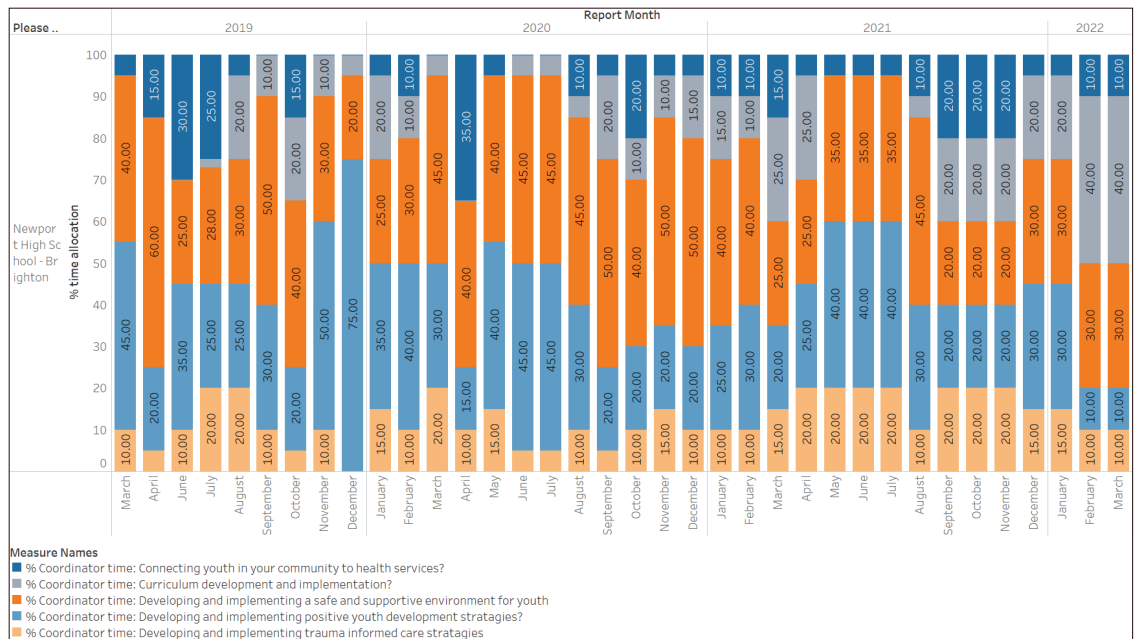
Figure 2 shows the overall program coordinator time allocation as a percentage of 20 hours per week for Brighton Center/Newport High School, from March 2019 to March 2022. Needs for the pilot site changed over time, and therefore program coordinator time allocations were flexible to meet needs of the TLC program. Please note that there was a large percentage of time developing and implementing a safe and supportive environment (orange color) early on in the program, but this still remained a focus of the site coordinator throughout the program lifecycle.

Staff Training

Training can be conducted during site visits, via virtual meetings and webinars, or during in-person seminars. The goal of training is to increase TLC administrative capacity at the sites.
Training topics may include:

- Introduction to Prevention: Substance Use and Sexual Health
- Trauma-Informed Care: Risk and Protective Factors
- Using Data to Inform Prevention Efforts
- Positive Youth Development
- Conducting a Needs Assessment
- Strategic Planning

- Conducting Focus Groups and Key Informant Interviews
- Health Education Curriculum Analysis Tool (HECAT) Analysis
- Parent and Caregiver Engagement Strategies
- Building Partnerships
- Evaluation 101: The Basics
- Sustainability

Conducting a Community Needs Assessment

A needs assessment is a process used by organizations to determine priorities, make organizational improvements, or allocate resources. It involves determining the needs, or gaps, between where the community sees itself in the future and its current state. Needs assessments provide a better understanding of local youth substance use, sexual risk behaviors, risk and protective factors, prevention resources, and community readiness/capacity to address these issues. Information from the needs assessment will be used to prioritize TLC strategies for implementation.

The needs assessment should answer the following questions:

- What are the most pressing youth substance use and sexual health issues in the community?
- What are the community members' current knowledge, attitudes, and beliefs about youth sexual health and substance use?
- What do community members at each site identify as concerns and strengths within their communities regarding sexual health and substance use?
- What resources are available to address these issues? What resources are needed?

Another way to evaluate community needs is to reference county- and school-wide YRBS data. See YRBS data below to learn more about this process. Kentucky Incentives for Prevention (KIP) surveys, Gallup, and other school-based surveys are also offered and useful for evaluation.

Conducting a Health Education Curriculum Analysis

CDC developed the Health Education Curriculum Analysis Tool (HECAT) in partnership with health education experts from state and local education agencies, schools, colleges, universities, and national organizations to inform health education curricula in schools. HECAT resources help schools develop appropriate and effective health education curricula and improve the delivery of health education. HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or local school district.

At the start of the TLC pilot program, selected schools did not have structured, comprehensive sexual health education. For example, one Kentucky pilot school had an on-site daycare for students with children but lacked sexual health education. Using HECAT, TLC was able to highlight that gap for school administrators and led to a push for more comprehensive sexual health education.

Conducting a HECAT evaluation with TLC schools led to selection of the HealthSmart Curriculum. HealthSmart was chosen as the new curriculum at TLC pilot sites because of its focus on sexual health and substance misuse, and because it met the requirements for TLC programming. This curriculum implementation included trainings with health educators to assist in the shift towards comprehensive sexual health education. There are opportunities following HECAT evaluation to choose the curriculum that best fits the school's needs and program requirements.

To access resources and begin customizing a HECAT for your site, visit **CDC's Health Education Curriculum Analysis Tool** website.

An additional option is to conduct a School Health Index[8] assessment to identify gaps and opportunities in school education. The School Health Index helps schools identify strengths and weaknesses of health and safety policies and enables the development of an action plan for improving student health. To access resources and plan for a School Health Index assessment for your site, visit **CDC's School Health Index** website.

Tools Included for the Planning Phase

Please see the Toolkit Addendum at the end of the document to view included tools and templates for planning your TLC program: Pilot Site Selection Survey, Pilot Site Readiness Assessment, and Pilot Site Readiness Assessment Results Table.

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Implementing a TLC Program

In this phase of TLC program development, the program will use youth-focused programming to establish YABs and CABs, engage parents and caregivers and community members, and establish program activities.

Youth-Focused Programming

Youth-focused programming is necessary because it helps build and sustain the buy-in needed for programming focused on changing the behavior of youth and adolescents. Youth rapidly gain an understanding of the situation they are placed in, including what is genuine and what is not. Youth primarily want programming that allows and promotes their voice.

Program Activities

Program activities should be centered around the components of health education, essential health services, and safe and supportive environments. See TLC Phases above for more information.

Activities within the health education component should be centered around the following strategies: classroom-based health education, communication and education, and parent and caregiver education. Example activities include evaluating health curriculum for substance use and sexual health, training teachers and administrators on related topics, working toward external communications, and distributing advocacy-related information.

Activities for key health services are primarily related to the implementation and use of a referral system for treatment. Assessing such services, addressing barriers, providing training, and creating resources and plans for movement forward are included in this component.

Activities for safe and supportive environments include parent and caregiver engagement strategies, school connectedness, and bullying prevention. Offering school health resources, assessing strengths and weaknesses of communications, and establishing resource centers are potential activities for this component. A primary aspect of TLC is addressing bullying, and some activities here include establishing committees, providing student forums, and establishing bullying prevention materials.

See TLC Menu of Activities in the Toolkit Addendum for more information and suggestions on activities to be implemented.

Youth Advisory Board (YAB) Structure

- Development of the TLC pilot sites involved the creation of a youth advisory board (YAB). The student-led YABs met once a month and was made up of youth representatives that provided program leadership and guidance in TLC implementation. A primary aspect of TLC is the youth-focused programming. YABs consisted of 12–15 students and participated in the following activities:

    + Identified and assessed local health providers about their youth-friendly services

    + Developed and disseminated materials in school pilot sites about youth-friendly services

    + Reviewed, modified, and implemented school anti-bullying policies and protocols

    + Developed student-led clubs related to the TLC mission

- The YAB at the Austin site took a different approach and made every member part of the YAB. All members were created equal with multiple voices coming together to represent the full body of youth at Austin High School. The program ended the 2022 school year with over 300 YAB members and over 50 percent participation in monthly activities.

- The Brighton Center partnered with another program to create a YAB in Newport and Dayton, using an afterschool club that met once a week. Youth were provided with additional leadership and opportunities by engaging with the YAB activities. During the COVID-19 pandemic, virtual meetings with at-home deliveries were used.

- Campbell County (Newport High School) youth applied to be part of the YAB and met during the school day during an advisory period.

- Although the official YAB meeting was monthly, Austin site members held morning meet and greets that were held weekdays during the school year. These meetings consisted of snacks, coffee, relaxing activities, and public service opportunities throughout the school. The morning meet and greet contributed to the YAB becoming large. Many YAB ideas were born outside of their monthly meetings in small group settings. A typical monthly meeting varied over the year—sometimes consisting of community gatherings, Zoom meetings, or school meetings. However, all meetings offered food. Food was either dropped off or provided at school later when YABs met virtually.

Community Advisory Board (CAB) Structure

A community advisory board (CAB) serves in an advisory capacity and will consist of members representing the community at-large. CABs guide the development and implementation of TLC.
Composition of a CAB should include:

Examples of potential members of the CAB include:

- School faculty members
- Parents and caregivers
- Law enforcement
- Municipal employees
- Medical providers
- Mental health resource providers
- Clergy members
- Outreach coordinators
- Former YAB members

Example (As of February 2022, 35 community members were involved in the Austin CAB, including):

6 School faculty members

4 Parents and caregivers

6 Law enforcement

2 Municipal employees

6 Medical Providers

8 Mental health resource providers

3 Clergy/outreach coordinator/ former YAB

The Brighton Center CAB took several different approaches over the years. The final CAB group, which was identified as the most successful, was made up of more community members and parents and caregivers versus external partners. The Brighton Center used the Community Anti-Drug Coalitions of America (CADCA) Drug-Free Communities (DFC) program model to ensure representation on CAB.[7]

Parent and Caregiver and Community Engagement

Parent and Caregiver Engagement

Parent and caregiver engagement and education is particularly important to a youth-focused program. Parents and caregivers acquire skills for improving parenting and communication with their children to reduce the risk of substance use and engaging in sexual risk behaviors. Education helps parents and caregivers gain and practice parenting and problem-solving skills necessary to build a healthy family.

One of the challenges in implementing a youth-led substance use and sexual health program is that substance use and addiction in youth is often happening within their families. For that reason, parent and caregiver engagement can be difficult, especially in the community or school settings. Conversations about how to engage and encourage parents and caregivers helped overcome these barriers in the pilot program. For example, Austin High School's TLC program provided gas gift cards to parents and caregivers who came to certain afterschool programs, which boosted attendance.

Community Engagement

TLC is a youth-focused program that engages not only the associated schools or organizations but also the surrounding community.

Some community facilitators for successful TLC programs include the following:

- TLC site coordinators
- Community-based organizations
- School administration
- Municipal agencies, such as health departments
- Religious organizations

To engage community members, the CAB in Austin looked for local businesses with direct or indirect contact with local youth. They found this easier than trying to approach people who did not already work with youth. TLC gives these businesses a way to leverage existing relationships and continue to impact youth in a positive way and be part of a thriving community.

Community involvement also comes with barriers to program implementation. **The following should be considered when discussing how to address community barriers:**

- Time
- Lack of involvement
- Location
- Lack of positive adult figures
- School administration
- Competing school activities
- Student representation

TLC pilot sites struggled to engage both parents and caregivers and community members. However, sites found that when the program celebrated youth achievements, parents and caregivers would show up to be part of the celebration. Austin TLC started the first TLC Young Author Awards and presented 70 medals to students who wrote positive stories. More than 200 adults showed up to be part of the celebration.

To address similar barriers, TLC sites should consider activities that specifically target involvement of parents and caregivers. It is important to provide opportunities for parents and caregivers that work with their schedules. The Austin site found that Mondays or Tuesdays at 5:30 p.m. worked best in their area. Providing gas cards to help encourage attendance or coordinating with other caregiver-focused meetings could be a helpful way of increasing parent and caregiver attendance.

Additionally, rural sites have unique barriers that need to be addressed in planning. The selected pilot sites are all located in rural communities that are negatively impacted by substance use issues. As such, these communities were often the focus of national and state initiatives to address substance use. Site visits to pilot locations revealed increased sensitivity toward participating in "packaged" prevention efforts. This resulted in a reluctance to implement another "packaged program" from outsiders. To address this challenge, it was important to consider the community culture and use a strengths-based approach in which the TLC program focused on community strengths instead of community problems. Providing communities

with the opportunity to tailor a program to their specific needs is important to ensure buy-in to the process. This process ensures that partners equally contribute expertise and share decision-making and ownership of the program.

Other considerations in establishing programs in rural areas include:

| Economic resources available | Community resources available | Level of education | Social activities available |
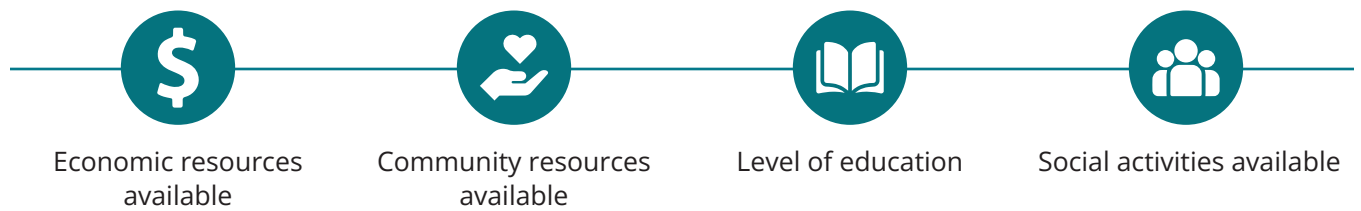
Adolescent sexual health is a sensitive topic in many states. As a result, the political and social environment of some sites may influence a state agency's ability to participate in such programs. Before engaging community members, it is important to understand the state in which the program will operate.

Additional Considerations for Implementation

Youth-focused activities, such as using PhotoVoice, provided TLC pilot site students the opportunity to express themselves and showcase their community. Future programming with a youth focus will continue to be incorporated.

Youth-focused screening, brief intervention, and referral to treatment (SBIRT) implementation was challenging during the pilot program due to consent and time constraints. Future iterations of the TLC program should continue to build community partnerships. These partnerships will benefit the referral process. Additionally, passive consent was more successful in engaging with SBIRT within schools.

Tools Included in the Implementation Phase

Please see the Toolkit Addendum at the end of the document to view included tools and templates for use in implementing your TLC program.

Maintaining a TLC Program Site

In this phase of program development, the primary focus is monitoring and evaluating program activities.

Developing an Evaluation Structure

The goals of TLC evaluation are:

- Assess the capacity and prevention strategy needs at the community level to determine specific activities (needs assessment)
- Monitor the implementation of TLC (monitoring)

- Gather information on the barriers and facilitators to implementing TLC (process)
- Assess community-level and behavioral indicators of the successful implementation of prevention strategies (outcome)

The following reporting materials contributed to the evaluation structure of TLC pilot sites.

Program Reporting

Each site conducted monthly reports to interested parties using SurveyMonkey. Each site was responsible for keeping track of their program activities and demographics.

Screening, Brief Intervention, Referral to Care (SBIRT) Strategy

A key component of the TLC program is engaging in the SBIRT strategy. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with people who are at increased risk for substance use disorder before more severe consequences occur.

Historically, SBIRT has been implemented among adult populations and in clinical settings. Therefore, this case study allowed the TLC program pilot sites to develop a better understanding of the use of SBIRT with youth, especially when applied in school-based settings. The sites learned the barriers and challenges associated with SBIRT, including evaluation and sustainability challenges.

For TLC, SBIRT is conducted over three time periods through the following activities:

- Screening through the Check Yourself app, a confidential survey for community members and the school faculty

- Brief intervention (typically 10-15 minutes) immediately following the screening

- Referral to treatment provided directly to the student through a list of youth-friendly healthcare providers

YRBS Collection and Analysis

The Youth Risk Behavior Surveillance System monitors categories of health-related behaviors that contribute to the leading causes of death and disability among youth and young adults, including behaviors related to unintentional injury and violence, sexual behaviors, substance use, dietary behaviors, and physical activity.[2] TLC selected questions from the Youth Risk Behavior Survey (YRBS) about substance use and sexual risk behaviors. TLC sites and control schools conducted their surveys in 2019 and 2021.

YRBS data support the implementation of substance use and sexual health education. See Figures 4 and 5 for the demographics of students participating in the 2019 YRBS from the Austin High School and Brighton Center/Newport High School pilot sites. Risky behaviors, including tobacco use, marijuana use, and alcohol consumption, were of concern when adjusted to reflect the percentages among a class of 30 students. This data, when presented to each site, helped guide and plan activities with involved students and community members.

Figure 3: Risky Behaviors Participated in by Austin High School Students, 2019 YRBS

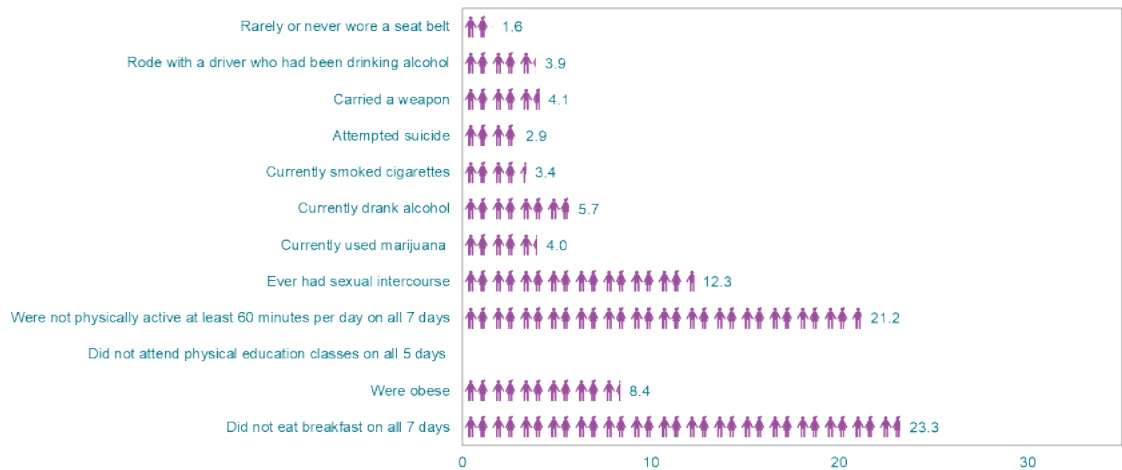| Behavior	Value
Rarely or never wore a seat belt	1.6
Rode with a driver who had been drinking alcohol	3.9
Carried a weapon	4.1
Attempted suicide	2.9
Currently smoked cigarettes	3.4
Currently drank alcohol	5.7
Currently used marijuana	4.0
Ever had sexual intercourse	12.3
Were not physically active at least 60 minutes per day on all 7 days	21.2
Did not attend physical education classes on all 5 days	
Were obese	8.4
Did not eat breakfast on all 7 days	23.3

Figure 3 shows the overall risky behaviors participated in by Austin High School from 2019 YRBS results. The data is a weighted result of the number of students in a class of 30 that participated in the following activities. N = 285.

Figure 4: Risky Behaviors Participated in by Newport High School Students, 2019 YRBS

Behavior	Value
Rarely or never wore a seat belt	4.0
Rode with a driver who had been drinking alcohol	4.8
Carried a weapon	3.8
Attempted suicide	4.4
Currently smoked cigarettes	2.0
Currently drank alcohol	5.0
Currently used marijuana	5.8
Ever had sexual intercourse	12.9
Were not physically active at least 60 minutes per day on all 7 days	23.7
Did not attend physical education classes on all 5 days	
Were obese	7.7
Did not eat breakfast on all 7 days	22.9

Figure 4 shows the overall risky behaviors participated in by Newport High School from 2019 YRBS results. The data is a weighted result of the number of students in a class of 30 that participated in the following activities. N=262.

Both the 2019 and 2021 administrations of the YRBS survey included comparison results between the TLC pilot sites and nearby control schools. The Austin High School pilot site in Indiana was compared to Crothersville High School. Notable results from the comparison data from 2019 to 2021 showed that Austin High School had improved relative statistics for the percentage of students who attempted suicide, smoked cigarettes, and smoked marijuana when compared to Crothersville throughout the years. The Brighton Center/Newport High School pilot site in Kentucky was compared to Dayton High School; According to the 2019 and 2021 YRBS comparison data, Newport High School had relative improvements in the percentage of students who rode with a driver that had been drinking, attempted suicide, smoked cigarettes, or engaged

in sexual activity with one or more persons. While this is not a direct reflection of the success of the TLC program, it shows how select risky behaviors decreased throughout the program period, potentially due to activities of the TLC program.

Figure 5: Risky Behaviors Participated in by Austin High School Students, 2021 YRBS

Figure 5 shows the overall risky behaviors participated in by Austin High School students from 2021 YRBS results. The data is a weighted result of the number of students in a class of 30 that participated in the following activities.

Figure 6: Risky Behaviors Participated in by Newport High School Students, 2021 YRBS
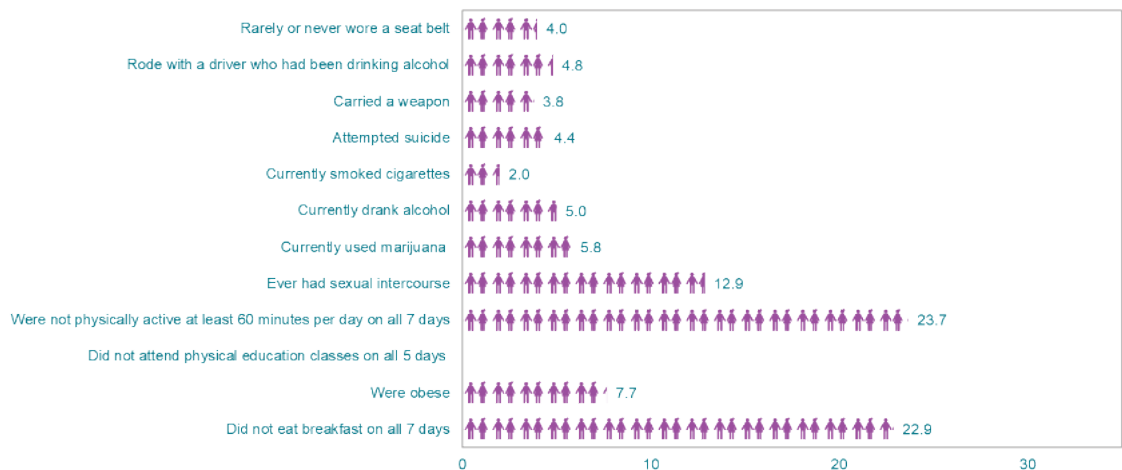

Figure 6 shows the overall risky behaviors participated in by Newport High School from 2021 YRBS results. The data is a weighted result of the number of students in a class of 30 that participated in the following activities.

Collected YRBS data was notably valued among the TLC pilot sites. Brighton Center/Newport High School pilot site reported "The main drivers to implementing activities and obtaining buy-in from the community, in general, have been the results from YRBS. This helps us pinpoint the more pressing issues to focus on and then are later met with activities and resources to spread awareness and knowledge to the community. The YRBS allowed us to be data-driven when bringing topics to the school and community." The collection of such data allowed sites to communicate the impact of their program, improve community engagement and motivate those involved to continue implementation. It also mobilized sites to be able to gain more funding for program activities. YRBS data was used to apply for an additional grant in 2020 which was successful.

Brighton Center constituents also mentioned, "Another piece of advice I would give to someone about setting up a TLC program would be to highlight the importance of YRBS and how it provides data that can help highlight where the needs are in the community. Having raw numbers can help get your foot in the door at a school or organization that focuses on youth, as well as having data to provide if applying for funding."

See the TLC Pilot Logic Model and TLC Pilot Evaluation Questionnaire in the addendum at the end of this document for more evaluation resources.

Tools Included for Maintaining a TLC Site

Please see the Toolkit Addendum at the end of the document to view included tools and templates for use in maintaining your TLC program: TLC Pilot Logic Model, TLC Pilot Evaluation Questionnaire, Youth-Led Survey Example, Monthly/Quarterly Reporting Survey Example and TLC Site Lead Evaluation for Program Close.

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Sustaining TLC Activities

In this phase of TLC program development, the focus is retaining students and community members, maintaining program activities, and sustaining the program beyond initiation.

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Retention and Sustainability

Retention and sustainability of substance use programs is important to consider when establishing new program sites.

Note that the TLC pilot sites received funding to implement the initial program activities. Financial support is not necessary to implement a TLC program. Some of the following notes help to address financial sustainability of the program and ways to gain support for such a program with limited resources.

Here are some things to consider regarding retaining students in the TLC program:

- Providing students with program expectations at the start of the program helps to keep students involved.

- Community service engagement is a facilitator of student involvement as it shows that TLC is not just a name, it is there to help. Community service also helps build self-esteem and a sense of belonging in the community.

- In pilot sites, parents and caregivers, community members in recovery, school staff, and child protective services were not well represented in TLC programs. Retention and sustainability can be established by increasing representation from these groups within advisory boards.

- School administration was identified as both a facilitator and a barrier to TLC. Future iterations should focus on building working relationships with the school administration prior to implementation. Further, a clear understanding of the school's culture would benefit the program implementation.

- A barrier in the school system is the limited time with students since TLC is a program and not a class. You must be creative in reaching students to overcome this barrier. Austin High School has a morning meet and greet every day before school to use the time it has with YAB members. Brighton Center/Newport High School (and its affiliate previous school) positioned meetings at unique times of day to avoid school-related conflicts. TLC was an afterschool club at Newport High School. At the previous pilot site, YAB met during advisory time, so they did not take away from class time.

- You must have confidence and be consistent in your work with the TLC program. Be creative in programming! If you are only good at cooking, then start a TLC cooking club. Find what you are good at, present it with confidence, consistently offer it, and people will want to be part of it.

- Work toward having a designated space in your school for TLC activities. Austin High School established a TLC Student Lounge, which has been a tremendous success for their pilot program.

- Another place identified as successful for TLC program engagement is meeting with the youth at community locations. The Brighton Center program often met at community locations, which allowed a connection with the community and created additional safe spaces during times of crisis.

- If you are in the school system you should work toward access to the gym, auditorium, track, etc. Create a PowerPoint and present a public service announcement for the students. This would be a great time to ask volunteers to come speak about their area of expertise. Host teacher vs. student basketball, dodgeball, softball, or volleyball tournaments. Have students bring their lunch and eat outside around the track one day. These are some examples of fun activities the Austin High School TLC site hosted to engage the community.

Other Recommendations for Successful TLC Programming

Below is a list of suggestions compiled from pilot sites for TLC success:

- Set clear expectations and roles from the start

- Engage and emphasize community partnerships and opportunities

- Work toward improved sexual health education

- Maintain a frequency of meetings that enables monitoring, evaluating, and shifting, as necessary

- Provide field trip opportunities for community activities

- Provide mentoring opportunities for community members

See Teens Linked to Care: Pilot Program for more information about the success of each pilot site and their unique models of implementation.

> **The uplifting message behind Teens Linked to Care is empowering and although money helps in so many ways, a poverty-stricken community must have something greater to hold onto. They must have pride. TLC gives a community a sense of pride, strength and belonging. As for the past challenges, it isn't easy to help a child trust you when they don't have the basic needs met at home. TLC has had to meet the needs of the students consistently and constantly. This challenge presented itself daily and daily you must be willing to overcome it."** – Austin High School Representative

- Empower youth.

- Empower volunteers. Volunteers can provide workshops to youth and community members, create digital content for educational/resource sharing, serve on focus groups, and build social capital among community residents.

- Make TLC a club at school to promote school buy-in and leadership.

- Apply for grants.

A Note About Pandemic Operations

TLC operated successfully during the COVID-19 pandemic and proved to be a place of social connection and resources during a time of isolation and social distancing.

The TLC YAB in Austin maintained connections with all students despite school closures due to COVID-19, which has been a challenge for other schools. The Austin YAB has grown over the years, starting with 112 students in 2019, increasing to 141 in January 2020, and 178 in January 2021.

Youth-led initiatives facilitated positive behavior change and better overall health among students. TLC was already a source of support and youth engagement before the COVID-19 pandemic. TLC has helped build resilience in communities, expanding on existing connections with students, families, and schools. This allowed support systems and communication channels already in place to be used during COVID-19 school shutdowns and social isolation. By providing resources specifically around substance use, sexual risk behaviors, and even now with COVID-19, TLC pilot sites used the same channels to share trusted information on social distancing, testing, other protective measures, and support and resources for mental health. This highlights the youth-focused, youth-led approach.

"It took some time to adjust programming with regard to the COVID-19 pandemic. Some youth initially lacked access to needed technology and services and some youth families were in need of additional support for rent, utilities, food and unemployment. We were able to find ways to connect with most of our youth through phone calls, text messages and emails during social distancing and provided families with assistance where needed. We found the way to obtain social distancing without being socially distant."- Lisa, Austin High School TLC Coordinator

The Brighton Center/Newport High School pilot site was able to host their clubs virtually during the pandemic, both youth in YAB and community members in CAB. YAB met twice a week for one hour virtually, engaging in discussions and even participating in community service. CAB met once a month. Food was provided for pickup or delivery to participant homes, and members continued to discuss ways to support youth during the pandemic.

"The biggest challenges faced by TLC this previous year have been COVID-19 and the many inconveniences it brought with it. More specifically, the closure of schools and organizations made it difficult to reach out to the teens and forced us to be creative in ways that best served the youth."- Michelle, Brighton Center/Newport High School TLC Coordinator

Some additional quotes reflecting the effect of TLC pandemic operations:

"Some of the barriers we have come up against have been the changing of guidelines around COVID-19. The safety of youth is always a concern for the school, but with COVID, schools were forced to make decisions about whether or not students would be virtual or in person. Whether or not students were allowed to have clubs at school. As well as parents and students being mentally and physically exhausting. Another barrier is that TLC often addresses 'sensitive' subjects. Schools may be hesitant to address these on a wide range, due to fear of being perceived negatively."- Michelle, Brighton Center/Newport High School TLC Coordinator

"The pandemic lifted up new needs both from an individual, family and community perspective. Youth and their families were in crisis mode. The instability of health, resources, employment and housing was extremely overwhelming for the community. Being able to pivot and address these needs through the TLC lenses allowed staff to become creative. Providing drop off items, partnering with organizations to provide financial and tangible support as well provide support for the increase in mental health needs."- Michelle, Brighton Center/Newport High School TLC Coordinator

TEENS LINKED TO CARE: PILOT PROGRAM

Below is an overview of two TLC program models—school-based and community-based—implemented in Indiana and Kentucky, respectively.

School-Based Model: Austin High School

Austin High School was chosen as a site because of the community's history of substance use (particularly opioid use) and high HIV rates. The community has limited economic resources but has some access to resources in nearby communities as a result of the national attention they received from the HIV outbreak. They have the lowest graduation rates of all three communities. The community is sensitive to the negative stigma due to high profile media reports (this also affects use of their "access site" for community wellness referrals).

One primary concern in this location was the pervasiveness and multigenerational aspect of the drug and HIV problems in the community. The interrelationship of other related risk factors like unemployment, lack of entertainment, poor educational system may warrant a multi-faceted approach.

Upon identifying sites and staff members (program coordinator, evaluation specialist, etc.), the program began the process of implementing. Training was conducted for staff and an informal needs assessment was conducted for programming. See Conducting a Community Needs Assessment to understand more about this process.

A HECAT analysis was also conducted, which resulted in the HealthSmart curriculum being implemented. See Conducting a Health Education Curriculum Analysis for more information about this process.

At Austin High School, all Austin High School students were given the opportunity to be part of the YAB. At Austin TLC we treated every student equally and did not have officers within the YAB. This was a major appeal to the students because many of them felt like they were dismissed from many organizations due to their low academic performance, or athletic performance. TLC showed all students that they were a valuable resource to the program. Their voices mattered. They mattered.

The Austin High School YAB provided the following suggestions for improved YAB success:

Increased community service opportunities	More activities within the community	Youth leadership opportunities	Clear roles and expectations from the start

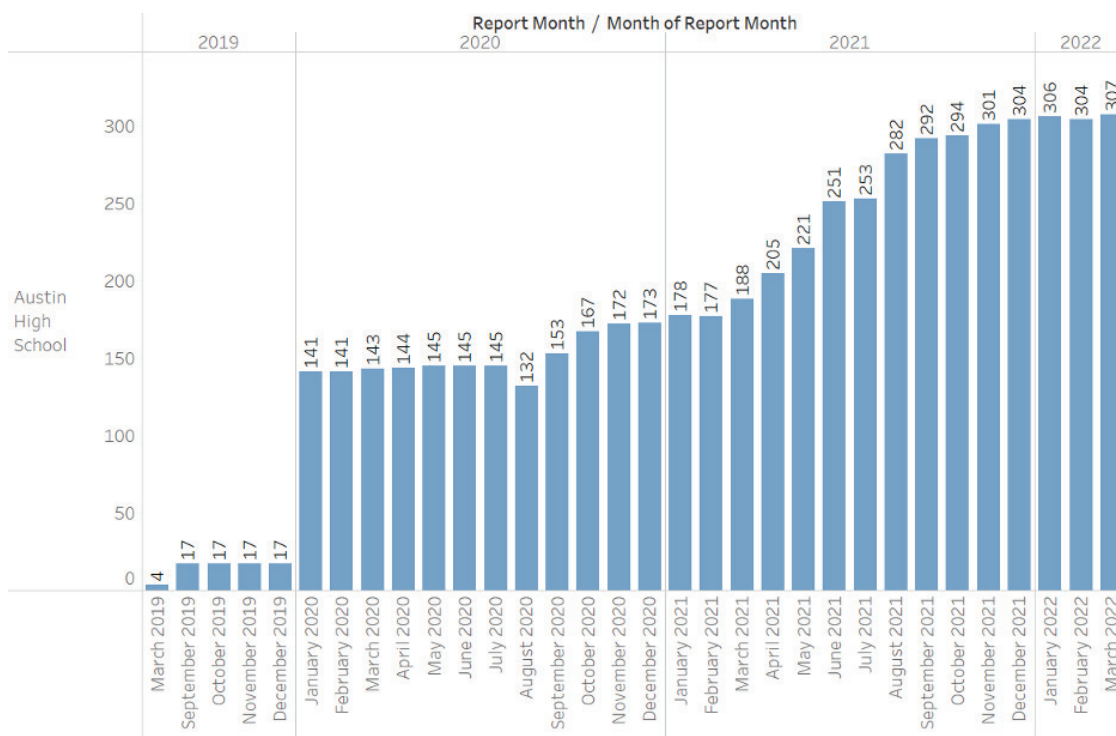**Figure 7:** *Austin High School YAB Involvement Numbers over Time*

Figure 7 shows the total Youth Advisory Board (YAB) membership at Austin High from March 2019 to March 2022. Austin High School had a fairly consistent growth of YAB members during the lifecycle of the program, and it is notable that youth involvement in YAB continued to increase despite challenges with school closures during COVID-19 starting in March 2020 and over summer months.

The Austin High School CAB for TLC was developed through contacts made by the TLC coordinator at first. However, CAB members quickly brought additional co-workers to the meetings. CAB was able to grow because the community believed in the work that TLC was doing. YAB members were instrumental in getting the community to buy in when they spoke about the benefits of having TLC at a city hall meeting in Austin.

As of February 2022, 35 community members were involved in the Austin CAB, including:

6	4	6	2	6	8	3
School faculty members	Parents and caregivers	Law enforcement	Municipal employees	Medical Providers	Mental health resource providers	Clergy/ outreach coordinator/ former YAB

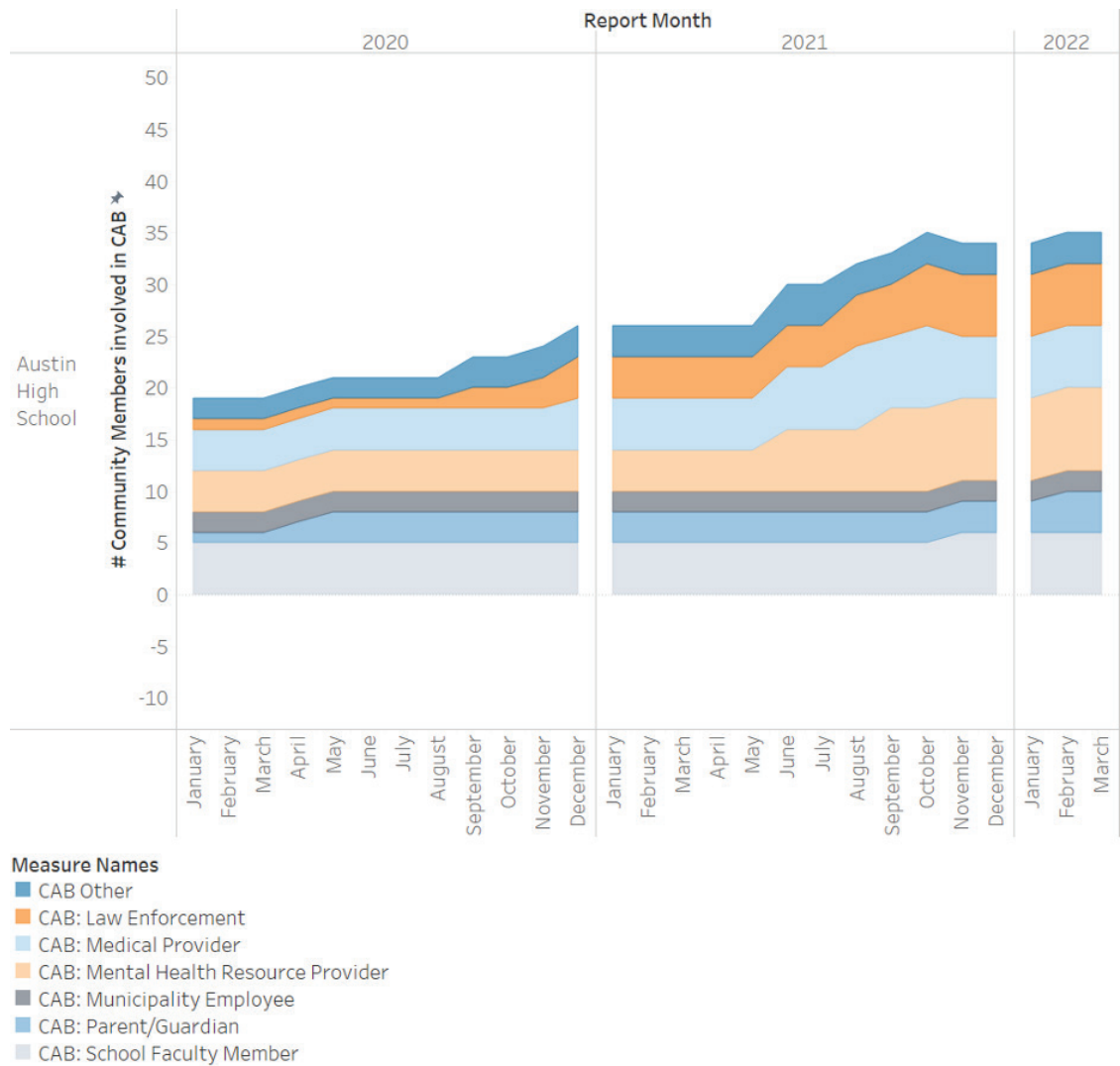Figure 8: Austin High School CAB Involvement Numbers over Time

Figure 8 shows the Austin High School Community Advisory Board (CAB) involvement from January 2020 to March 2022, as well as a breakdown of CAB member occupation. It is important to note that there was a variety of CAB member occupations throughout the program, and that the CAB at Austin High School increased fairly consistently over time.

The Austin High School site CAB saw successful growth throughout the implementation of the TLC program. Members were given business-style luncheons where they received program updates, member participation numbers, and a list of upcoming events they could attend. If you approach CAB with the mindset that you need them, they will feel appreciated and want to see the program succeed. Everyone wants to feel appreciated and important. Their voices matter as much as YAB's voice. Emphasizing clear and consistent communication along the way made this pilot program successful. CAB operations could have been improved by offering periodic program updates sooner in the program.

Quotes about the Austin High School Pilot Site:

> **TLC in Austin has been one of the most influential programs in the history of the school. Our anti-bullying campaign that members produced has had a significant impact on the students. We simply call this the I Am campaign and build students up by describing them with positive words. One student used the campaign words to create this poem called TLC Story. 'I deserve to exist in this world like everyone else, I am Worthy. I've overcame my suicidal thoughts and my anxiety, I am Strong. I used what I've learned over time to overcome my fears of loneliness, I am Powerful. I don't need other people's validation to be whole, I am Enough. I carry myself with confidence, I am Somebody. I seek out my problems to fix them, I am Courageous. I am the best me there has ever been. I am Beautiful."**- Lisa, Austin High School TLC Coordinator

> Austin TLC member Shawn Rice writes, "**TLC is an amazing program that has pulled me out of my darkest pits of sadness and introduced me to awesome friends and staff members that listen to what you have to say, help you with assignments and help you mentally. Without TLC it would be hard to talk to my peers and engage in extracurricular activities. I wouldn't be able to socialize with many people I know without the program. TLC has pushed me to become a better person, not just for myself, but for my family and friends. I used to push people I didn't know away and now I can socialize with them without hesitation…. TLC is a safe place to talk about how you feel and meet new people that you would have never talked to without the program."**

Community-Based Model with School Relationship: Brighton Center

The Brighton Center/Newport High School TLC Program initially started at a different high school in the area but was then subsequently moved to Newport after a needs assessment. Marijuana, alcohol, and teen pregnancy were identified concerns. This community is less isolated than others evaluated for pilot implementation, but The Brighton Center has a strong youth development program and can provide training and support to other sites. There are a tremendous number of resources (within the Brighton Center, the high school, and the community).

However, there was a lack of parent and caregiver engagement and support for sex education. This barrier had to be overcome by identifying the school staff in support of the program. The superintendent was instrumental in bringing the curriculum to the school. Partnering with school-sponsored events allowed Brighton to use a time when partners would be engaged.

Upon identifying sites and staff members (program coordinator, evaluation specialist, etc.), the program began implementation. Training was conducted for staff and an informal needs assessment was conducted for programming. See Conducting a Community Needs Assessment to understand more about this process.

A HECAT analysis was also conducted, which resulted in the HealthSmart curriculum being implemented. See Conducting a Health Education Curriculum Analysis for more information about this process.

The Brighton Center/Newport High School YAB:

- Was composed of students in grades 9-12. Initially, youth already involved with Brighton youth programming were recruited to serve on the YAB. As interest grew, additional students applied to be part of the YAB.

- Was successful because youth were already engaged and familiar with Brighton Center staff. The trust and relationship allowed the youth to feel comfortable with topics quickly. Weekly meetings as well as additional activities outside of TLC allowed members to stay engaged.

The Brighton Center/Newport High School YAB provided the following suggestions for YAB success:

- Work on increasing attendance

- Create a YAB application process

- Offer volunteer opportunities

Figure 9:
Brighton Center/ Newport High School YAB Involvement Numbers over Time

Figure 9 shows the Brighton Center/Newport High School Community Advisory Board (CAB) involvement from March 2019 to March 2022.

The Brighton Center/Newport High School CAB was a notable part of the success of this site's program. CAB members came from diverse programs all with desires to help youth in the community. They were heavily involved in implementing events and activities for the YAB and community.

Figure 10:
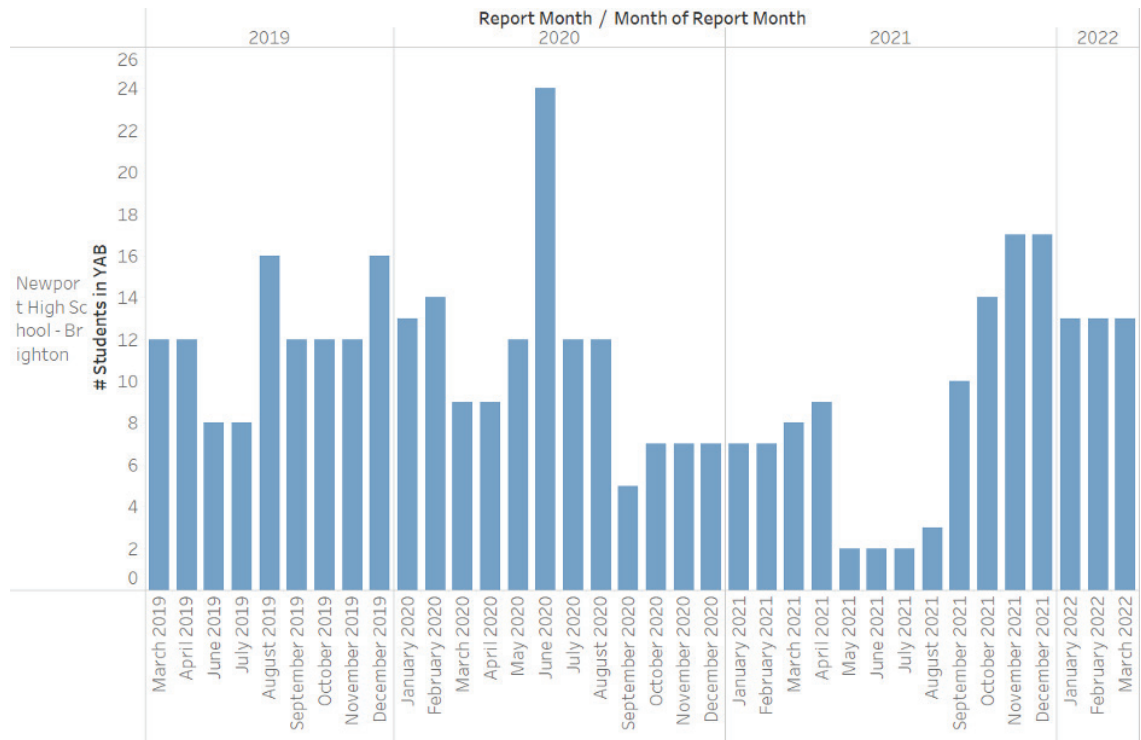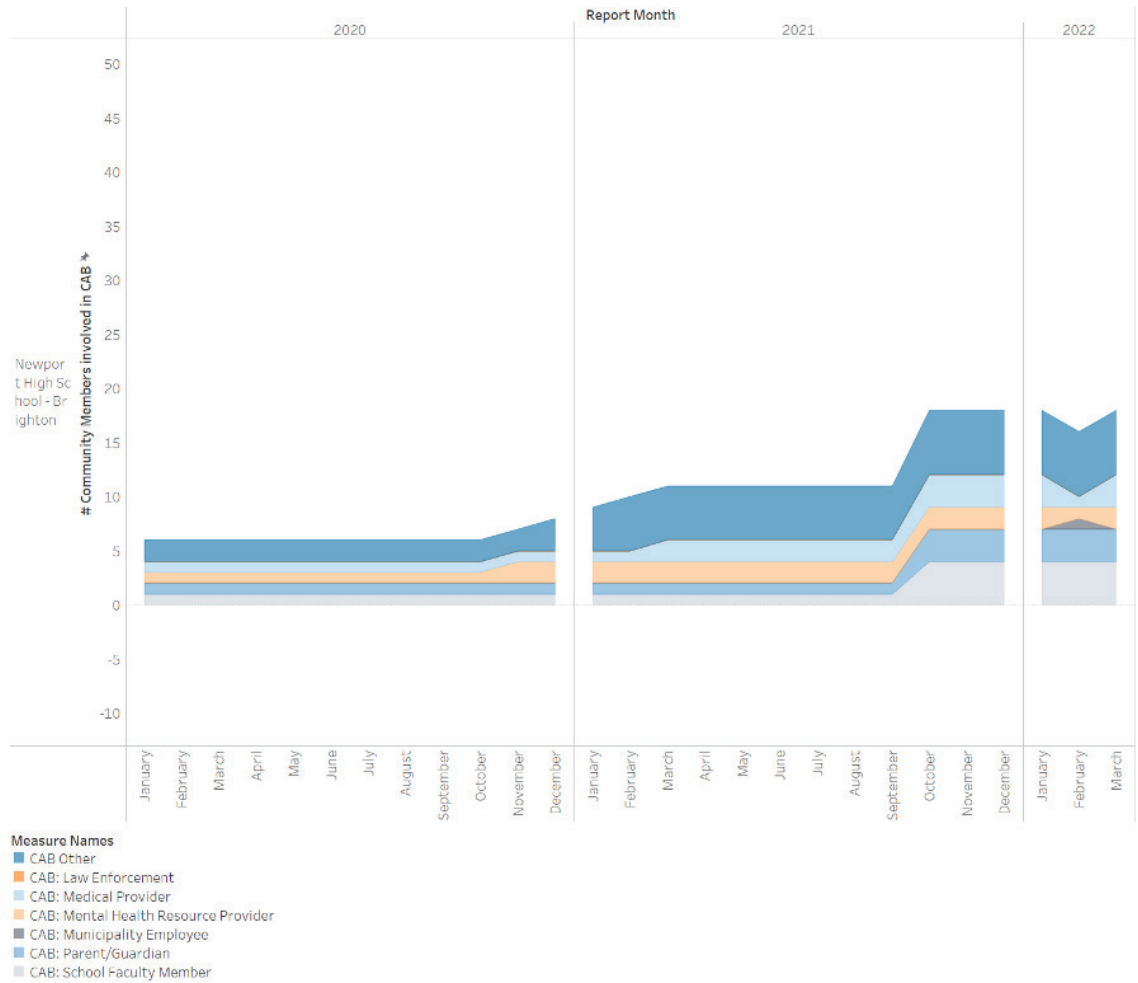*Brighton Center/ Newport High School CAB Community Member Involvement over Time*

Figure 10 shows the Brighton Center/Newport High School Community Advisory Board (CAB) involvement from January 2020 to March 2022.

The Brighton Center/Newport High School CAB provided the following suggestions for CAB success:

- Increase community-related resources

- Improve parent and family engagement in activities

    + "One of the biggest challenges we have had throughout the TLC program has been getting more parents to be involved with YAB and CAB. Like many challenges, this specific challenge highlighted an issue that we were aware of but did not consider more until we noticed that we did not have as much parent participation as we would like. We had to be understanding that parents have a lot on their plate such as work, house chores and time with family take up a lot of their time and are unable to attend every little event that we organize. Sometimes, families are not able and not necessarily willing to attend events. Also adding that school partnerships are delicate and as school personnel and priorities change, this can impact programming. Flexibility and patience are key to sustainability." – Michelle, Brighton Center/Newport High School TLC Coordinator

- Support TLC program coordinators

Overall, the Brighton Center/Newport High School YAB and CAB offered the following suggestions for future TLC success:

- Set clear expectations and roles

- Build community partnerships and opportunities

    + "As an agency that serves the community, Brighton Center is fortunate enough to be connected to many local partners who serve the same area. Connecting with other organizations has helped us reevaluate and continue with the resources we already have instead of reinventing new ones. Additionally, the support from local community groups has shown the youth and community that this community cares. Connecting the youth to their community fosters an environment where youth feel like they can reach out to community leaders. That acceptance into the community helps the youth feel supported and heard." – Michelle, Brighton Center/ Newport High School TLC Coordinator

- Improve access to sexual health education opportunities and resources

Throughout the program life cycle, each site provided input explaining facilitators and barriers to TLC program success, specifically in terms of attendance for YAB and CAB members. The following table provides qualitative data from each site, providing monthly input about facilitators and barriers to success of the YAB. Notable themes for facilitators included engagement with community and organizations outside of TLC, promoting activities of particular interest to youth, providing meeting flexibility, participating in outdoor events, and promoting the program within the school. Themes regarding barriers included meeting logistics and operations, external meeting conflicts and other priorities, transition to virtual meetings and accompanying decreased attendance, and lack of parent and caregiver involvement. Below you will see each expressed theme with accompanying input from TLC program site coordinators.

Facilitators and Barriers to YAB Success Mentioned During TLC Monthly Reporting			
Austin High School		Brighton Center/Newport High School	
Facilitators	Barriers	Facilitators	Barriers
Engagement with organizations and activities within the community: YAB members have been invited to three community health training courses over the next few weeks. These training courses are led by local health professionals (EMTs, nurses, and doctors). Members wanted to give snack packs to Austin Middle School students who needed assistance. 28 Austin Middle School students received winter snack packs that TLC YAB members shopped for, organized, bagged, and presented to the AMS principal. Volunteer opportunities started to emerge for the YAB to be involved with mentoring junior high students and be more present in the community.	**Meeting logistics and operations:** The sign-in sheets slowed down the process. It's recommended to design a streamlined way for the students to check in to the YAB meeting, having a list of members printed ahead of time so students can simply check off their names. The size of the group is growing. Our meeting room has 50 seats, so we had some YAB members standing during the meeting. Logistics for feeding the members need to get better since the YAB has grown so large. There is a desire for more volunteers for the upcoming events. Summer always has limitations with reaching all members. Transportation was the biggest obstacle for members to get to events.	**Activities of particular interest to youth to promote excitement:** The prevent bullying parent and family engagement night went well. The youth were very much the leaders; they welcomed, signed in families, and set up all giveaways and door prizes. Members loved wearing their shirts. Planning (continued from September) and executing a Kindness with Kids event in collaboration with 21st Century Community Learning Centers engaged and excited the YAB. The youth were excited to plan a Drug Abuse Prevention Resource Night and create an activity booth for it. A subset of youth continued working intensely with a subset of CAB on the TLC Video Project and the broader group was also able to provide input. Youth helped develop flyers for the planned health and career fairs in April.	**External meeting conflicts and priorities:** Inconsistent attendance from several YAB members made it challenging to make efficient progress on our initiatives from day to day. Youth have not been able to find time to balance life due to stressful situations and the work with being a high school student, which has affected attendance by not coming consistently. Although there have been community service opportunities, most youth in our YAB have not been able to participate due to other extracurricular activities. Due to winter break, several club sessions were canceled. Engagement and participation of youth has decreased due to busy family schedules and vacations.

Facilitators and Barriers to YAB Success Mentioned During TLC Monthly Reporting			
Austin High School		Brighton Center/Newport High School	
Facilitators	Barriers	Facilitators	Barriers
Activities of particular interest to youth to promote excitement: The youth have indicated an interest in using a TED Talks format as a way of informing/educating peers about some of the issues they face in the school/community. Free pizza was offered at the meeting which had fifty-nine in attendance. A CAB board member donated tins of cookies to the YAB members for the holidays. The YAB had a pizza party, and 61 students attended. The group is growing and producing amazing YAB initiatives. A Veterans Wall of Respect was put up at the school. YAB worked hard to gather over one hundred names for the wall! Suicide prevention activities were a big hit! YAB worked together to paint positive messages on rocks and displayed them throughout the school.	**Virtual attendance (due to COVID-19, snow days):** Being in quarantine has created obstacles to reaching the youth. Many virtual YAB members do not log in to online meetings. Social distancing guidelines make large group activities nonexistent currently. YAB misses large gatherings, however, we can have small groups every day during school. Snow days prevented in-person meetings. Students seemed more depressed when they returned to school but the kindness and worthy week boosted morale.	**Engagement with organizations and activities within the community:** The YAB successfully executed a Kindness with Kids family event at the local primary school and created informational material for a QPR suicide prevention training. Several YAB members attended the QPR training. The YAB began working with Magnified Giving, a philanthropy program, where they will research, visit, and complete community service with local nonprofits that fit within TLC's scope of work. Members attended a community event regarding their school district to offer youth voice. Two of our teens participated as panelists for a community education event on the topic of talking with teens. The event was popular with community members, and we received requests to host another similar event in the future.	**Virtual attendance (due to COVID-19, snow days):** The COVID-19 pandemic suspended the YAB's in-person meetings. It took time for the youth to coordinate virtual meetings. Work on the TLC Video Project was postponed due to the COVID-19 pandemic. The planned Health fair was canceled due to the COVID-19 pandemic. It took some time to adjust programming with regard to the COVID-19 pandemic. Some youth initially lacked access to needed technology and services and some youth families needed additional support for rent, utilities, food, and unemployment.

Facilitators and Barriers to YAB Success Mentioned During TLC Monthly Reporting			
Austin High School		**Brighton Center/Newport High School**	
Facilitators	**Barriers**	**Facilitators**	**Barriers**
Promotion within schools: The school let me introduce the TLC program during an assembly. Students then came to the TLC room and entered to win TLC promotional items. Twenty-two students showed up and had a brief meeting while enjoying candy. I AM campaign hoodies were handed out and membership grew. The next phase of the I AM campaign is yard signs. Members started to decide on the design. TLC was offered to the AHS special needs students and 11 members of that class became YAB members. Existing YAB members welcomed the new members with an I AM t-shirt.	**Lack of parent and caregiver involvement:** The parent and caregiver engagement at the YMCA was not as large of an event as hoped for. Some parents and caregivers dropped off their kids instead of staying to interact.	**Outdoor events:** The YAB was able to enjoy warm weather outside. Several youths were able to attend a Young Adult and Teen Job Fair. The youth were able to make plans for how they wanted to end the school year. Most youth were able to connect with the program coordinator as schools stopped in-person meetings during the COVID-19 pandemic. The YAB enjoyed coming together for a picnic during spring break and creating positive messages in the park using sidewalk chalk. YAB members assisted with a drive-through USDA Farmers to Families grocery distribution on April 28 at Newport High School.	**Program logistics:** Transition of staff and building group cohesiveness for new program year [was a barrier].

Facilitators and Barriers to YAB Success Mentioned During TLC Monthly Reporting				
Austin High School		**Brighton Center/Newport High School**		
Facilitators	**Barriers**	**Facilitators**	**Barriers**	
Meeting flexibility (virtual and in-person) to encourage attendance: Meetings are held during free time in the school, but not all students are present during that time, so I offered another opportunity for the YAB meeting later that day (2020). YAB members shared pictures of what they were doing in quarantine, and we created a Spring Newsletter. Summer school was in session and several YAB members were at the school for summer sports. I was able to interact with members daily (by meeting them where they are).		**Meeting flexibility (virtual and in-person) to encourage attendance:** Weekly individual check-ins with the YAB members were successful in keeping most of the YAB members engaged. Youth were excited to continue to meet through a virtual platform. Zoom meetings have also been successful; while less well attended than in-person meetings, those who attended appeared to enjoy them and requested we keep doing them. Youth appear to be getting more comfortable with the hybrid format. YAB has had more opportunities to do more community service because of places opening their doors for small groups.		

Overall, students and community members engaged in the program expressed that substance use "has to be one of our areas that we spend most of our resources and time on because it is a lot easier to treat than prevent." It is noted that adult substance use is often more spoken about than youth substance use, which is presenting barriers for programs seeking to help youth. Regarding sexual risk behaviors, it was noted that "they [the community] still don't want to talk about teens having sex, so even if they say it's a concern I don't know if it's actually something that people are willing to talk about."

Qualitative findings showed that trust between at-risk youth and program coordinators was integral to the success of the program. Additionally, success of the YAB relied on emphasizing a sense of leadership, youth empowerment and ownership with the youth that were involved. Program planning was also said to be bolstered by collaboration with school systems and with positive relationships with administrators. Through a focus on youth empowerment and community partnership, many of the barriers were addressed to ensure future program success.

The Brighton Center pilot site reported:

> *The successful part of TLC throughout the program has been seeing the impact TLC has had on the youth and how it had inspired them to advocate for themselves and others. Youth who have been part of the TLC program have focused on their futures and some are even getting ready to pursue higher education and volunteering where they see the need. Overall, the success of the program can be seen through the many partners we have created and continue to work with, as well as the growth youth have experienced throughout this program. Long-term connection to the youth over many years has been key to this success..."*

ADDITIONAL TOOLS AND TEMPLATES

The following tools and templates are available for implementing a Teens Linked to Care (TLC) site:

- TLC Menu of Strategies and Activities

- Site Selection Survey for State Agencies

- Pilot Site Readiness Assessment Interview Guide

- Pilot Readiness Assessment Results Table

- Pilot Logic Model

- Pilot Evaluation Questions

TLC Menu of Strategies and Activities

Describes in detail the activities in the logic model and provides examples of evidence-based programs; used to describe activities to internal TLC program members and sites.

TLC Menu of Strategies and Activities		
Health Education		
Strategy	**Description**	**Activities**

Classroom-Based Health Education	A systematic, evidence-informed approach that includes the use of grade-specific, evidence-based interventions that provide adolescents with the essential knowledge and critical skills needed to avoid substance use, HIV, other STDs, and unintended pregnancy
	
	For more information, go to **CDC - Characteristics of an Effective Health Education Curriculum**
		1. Conduct a HECAT assessment of current sexual health and Alcohol and Other Drug Use (AOD) Prevention curriculum
		  + Use HECAT results to modify curriculum to reflect HECAT standards or select an evidence-based curriculum
		  + Curriculum must address the link between substance use and sexual risk behaviors
		2. Provide teacher trainings on enhanced or new curriculum to ensure that all teachers/staff responsible for health education have the required competencies
		3. Implement the revised or new curriculum

TLC Menu of Strategies and Activities		
Health Education		
Strategy	**Description**	**Activities**
Communication and Education	Activities to influence community norms, increase public awareness and attract community support for a variety of prevention issues For more information, go to **SAMHSA's website**	1. Implement public education activities designed to increase the public's knowledge and awareness about youth substance use and sexual health issues 2. Create a social marketing campaign using multiple media channels to change social norms and promote healthy behaviors 3. Implement media advocacy activities to change both the amount of coverage and the content of media coverage to influence the way people talk and think about a substance use and sexual health 4. Implement media literacy activities to help youth analyze, understand, and evaluate the media messages they encounter
Parent and Caregiver Education	Skills to improve parenting and communication with youth to reduce the risk of substance use and engaging in sexual risk behaviors Education helps parents and caregivers learn and develop parenting and problem-solving skills that promote family health and well-being.	1. Distribute information to parents and caregivers on effective parenting skills 2. Implement an evidence-based parenting education program to help parents and caregivers improve communication and monitoring skills

Key Health Services		
Strategy	**Description**	**Activities**
Referral System	A set of resources and processes that align to increase student awareness of school-based and community-based health service providers, increase referral of students to school-based and community-based healthcare providers, and increase the number of youth receiving health services	1. Assess the availability, accessibility, and youth-friendliness of community-based health service providers 2. Based on assessment results, conduct activities to address barriers to youth-friendly health services (e.g., trainings on confidentiality, minors' rights, etc.) 3. Provide training to staff engaging in the referral process to ensure they are equipped with the knowledge, skills, and resources to promote the referral system and make appropriate referrals 4. Establish partnerships with youth-friendly community health service providers 5. Develop a paper-based or electronic resource that lists community substance use and sexual health provider organizations 6. Develop and implement a school-based marketing and communications plan to increase awareness of the availability of school and community-based youth-friendly health services 7. Monitor and evaluate the impact of the referral system 8. Develop a referral system management and oversight strategy to ensure that the system is being implemented in a standardized manner and on track to support youth

Safe and Supportive Environments		
Strategy	**Description**	**Activities**
Parent and Caregiver Engagement	Parents and caregivers and school staff working together to support and improve the learning, development and health of children and adolescents Parent and caregiver engagement in schools is a shared responsibility in which schools and other community agencies and organizations are committed to reaching out in meaningful ways. Parents and caregivers are committed to actively supporting their children and other youth in learning and development. For more information, go to **Parent and Caregiver Engagement - Strategies for Involving Parents in School Health**	1. Develop a shared school vision for engaging parents in their children's education and communicating that vision to everyone in the school community 2. Provide staff professional development opportunities on effective parent and caregiver engagement strategies 3. Offer school-sponsored health-related resources at local libraries and community centers and other venues where the families spend time 4. Conduct an assessment to determine the needs and interests of parents related to academics and health 5. Conduct a **HECAT** assessment and/or **School Health Index** assessment[8] to identify strengths and weaknesses of school policies, programs and practices related to family and community involvement in school health 6. Provide parents and caregivers with seminars, workshops, and information on health topics that relate directly to lessons taught in health and physical education classes 7. Establish a parent and caregiver resource center focused on child and adolescent health and other important family issues 8. Use a variety of communication methods such as flyers, phone calls, automated phone system messages, parent-teacher conferences, meetings, school events, etc. to communicate with parents and caregivers about health topics and issues 9. Establish regular meetings with parents and caregivers to discuss school health issues and children's behavior, grades, and accomplishments

Safe and Supportive Environments		
Strategy	**Description**	**Activities**
School Connectedness	Students' belief that adults in the school care about their learning and about them as individuals **Four factors to help strengthen school connectedness for students:** 1. Adult support 2. Belonging to a positive peer group 3. Commitment to education 4. Positive school environment	1. Provide a mechanism for students to give in-depth evaluation of their teachers and hold student-led parent-teacher conferences to actively involve students in discussions 2. Provide parent and caregiver workshops that teach academic support skills, such as how to talk with teachers about ways parents and caregivers can help their children develop academic skills 3. Communicate the school's behavioral and academic expectations to families and encourage them to reinforce those expectations at home 4. Implement tutoring programs to provide one-on-one assistance to students 5. Correct inaccurate perceptions about what are normal behaviors among students with respect to substance use and sexual activity 6. Establish a reward system for both academic and extracurricular achievements 7. Conduct an assessment to determine how often bullying occurs, where it happens, how students and adults intervene and whether your prevention efforts are working
Bullying Prevention	CDC defines bullying as any unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners, involving an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on targeted youth including physical, psychological, social, or educational harm. To find the above definition of bullying and more, go to **StopBullying.gov**	1. Establish a school safety committee or task force to plan, implement and evaluate your school's bullying prevention program 2. Create and communicate a mission statement, code of conduct, school-wide rules, and a bullying reporting system 3. Provide a forum for students to talk about school-related issues beyond academics, including meetings to help teachers stay informed about what is going on at school and help students feel safe and supported 4. Build bullying prevention material into the curriculum and school activities 5. Train teachers and staff on the school's bullying rules and policies and empower them to intervene consistently and appropriately

Site Identification and Selection Process

Below is a questionnaire that TLC staff and other agencies can use to help organize the site selection process.

Site Selection Survey for State Agencies

A survey that state agencies will send out to potential sites; will be used to narrow down sites further once surveys are completed.

1. Organization Name: _____

2. Contact Information: Name of Person Completing Interview: _____

   + Title: _____

   + Email Address: _____

   + Phone Number: _____

   + Organization Director: _____

   + Director Email Address: _____

   + Organization Address: (Street, City, Zip Code) _____
   _____

3. Check the geographic area that your organization represents:

   ☐ County(ies) – Specify: _____

   ☐ City(ies)/town(s) – Specify: _____

   ☐ Neighborhood(s) – Specify zip codes: _____

   ☐ Other – Specify: _____

4. What type of organization would you say you represent? (Select one response that best describes your organization).

   ☐ School District (Go to question 5)

   ☐ Individual School (Go to question 5)

   ☐ Community-based organization (Go to Question 6)

      + Specify: _____

   ☐ Other:

      + Specify: _____

5. Are you currently partnering with a community-based organization on youth issues?

    ☐ Yes (If yes, go to question 7)

    ☐ No (If no, go to question 7)

6. Are you currently partnering with a school or school district on youth health issues?

    ☐ Yes

    ☐ No

7. What current prevention efforts are you implementing for youth in your community? Select all that apply.

    ☐ None

    ☐ Substance use

    ☐ Sexual risk behaviors

    ☐ Delinquency

    ☐ School dropout

    ☐ Teen pregnancy

    ☐ Violence

    ☐ Other:

        + Specify: _____

Thank you!

Pilot Site Readiness Assessment Interview Guide

Hello _____, my name is _____. Thank you for agreeing to be interviewed for Teens Linked to Care. Teens Linked to Care (TLC) is a three-year program designed to prevent substance use and reduce sexual risk behaviors among adolescents. As a reminder, you have been recommended by _____ to be considered as a potential recipient of funding to implement TLC. The information from this interview will be used to help select final sites for the program. The interview consists of two sections. Section 1 focuses on youth substance use, while Section 2 focuses on youth sexual risk behaviors. In each section I will ask about community perspectives related to youth substance use or youth sexual risk behaviors. As you answer these questions, please keep in mind that we are asking about the perspectives of community members at large and realize these perspectives may not reflect what you personally believe.

The interview will take around one hour. Before we begin, do you have any questions?

SECTION 1 – YOUTH SUBSTANCE USE

Now we are going to discuss substance use among young people between the ages of 13 and 19 .

1. How would you define substance use?

   + What is the most pressing youth substance use issue facing the community?

   + How does the community feel about this issue?

   + What factors influenced this issue?

   + How did this issue become a problem in the community?

2. On a scale from 1-10, how much of a concern is youth substance use to the community? With 1 being "not a concern at all" and 10 being "a very great concern." Can you tell me why you think it is at that level?

3. What community efforts are in place to address youth substance use? By efforts, I mean current programs, services, or activities in the community that address this issue.

   + Can you briefly describe these efforts?

   + What are the strengths of these efforts?

   + What are the weaknesses of these efforts?

4. How does the community support these efforts? For example:

   + Silently support efforts without being active in that support

   + Participate in developing, improving, or implementing efforts

5. Is there a need to expand these efforts? Please explain.

I am going to ask you about the leadership in the community and their attitude toward youth substance use. Please answer keeping in mind your perspective of what community members believe and not what you personally believe.

6. Who in the community would you consider to be leaders? By leaders, I mean someone who could impact youth substance use either positively or negatively.

7. On a scale from 1-10, how much of a concern is youth substance use to leaders in the community, with 1 being "not a concern at all" and 10 being "a very great concern." Can you tell me why you say it is a _____?

8. How much of a priority is addressing youth substance use among youth to leadership? Can you explain why you say this?

9. How does leadership show its support for the prevention of youth substance use?

For example, do they:

+ Participate as a member of a work group or committee?

+ Allocate resources to fund community efforts?

+ Lead or drive planning, development, or implementation efforts?

10. If we were to begin a new program to address youth substance use, who in your community is likely to lend support for this work? From whom might we experience some opposition?

Now I am going to ask you about resources within the community. Resources include organizations, experts, and funding for youth substance use prevention.

11. What are the key agencies or organizations that offer youth substance use services in your community? Do you have established partnerships with any of these agencies or organizations? Are these partnerships formal or informal?

12. Is there funding in the community to support prevention of youth substance use?

+ How are these efforts funded?

+ Is this funding likely to continue into the future?

13. Are there any experts in your community that focus on youth substance use?

14. On a scale of 1-10, what is the level of expertise in your community around youth substance use, with 1 being "not at all" and 10 being "a lot of expertise?"

15. Does the community have any formal or informal policies, practices or laws related to youth substance use? Please explain.

+ For example, established policies of schools, police, or courts or an example of informal policies would be similar to the police not responding to calls from a particular part of town.

We are now finished with the questions about youth substance use. Before we move on to the next section, are there any questions or additional comments you would like to provide as it relates to youth substance use?

SECTION II – YOUTH SEXUAL RISK BEHAVIORS

The next set of questions asks about community perspectives related to youth sexual risk behaviors. As you answer the following questions, please keep in mind that we are asking about the perspectives of your community members and not necessarily what you personally believe. Before we move on, do you have any questions?

1. How would you define sexual risk behaviors?

   + How does the community feel about youth having sex?

   + How does the community feel about sexual risk behaviors among youth?

   + What factors influenced this issue?

   + How did this issue become a problem in the community?

2. On a scale from 1-10, how much of a concern is youth engaging in sexual risk behaviors to the community? With 1 being "not a concern at all" and 10 being "a very great concern." Can you tell me why you think it's at that level?

3. What community efforts are in place to address youth engaging in sexual risk behaviors? By efforts, I mean current programs, services, or activities in the community that address this issue.

   + Can you briefly describe these efforts?

   + What are the strengths of these efforts?

   + What are the weaknesses of these efforts?

4. How does the community support efforts to prevent youth engaging in sexual risk behaviors? Teenage pregnancy? STD/HIV infection? For example:

   + Silently support efforts without being active in that support

   + Participate in developing, improving, or implementing efforts

5. Is there a need to expand these efforts? Why or why not?

I am going to ask you about the leadership in the community and their attitude toward sexual risk behaviors among youth and unintended health outcomes associated with the behavior. Please answer keeping in mind your perspective of what community members believe and not what you personally believe.

6. Who in the community would you consider to be leaders? By leaders, I mean someone who could impact sexual risk behaviors among youth either positively or negatively.

7. On a scale from 1-10, please indicate how much of a concern the following issues are to leaders in the community, with 1 being "not a concern at all" and 10 being "a very great concern."

   + Youth engaging in sexual risk behaviors?

   + Teen pregnancy?

   + Sexually transmitted diseases?

   + HIV infection?

8. Can you explain why you rated the previous items as such?

9. How much of a priority is addressing sexual risk behaviors among youth to leadership? Can you explain why you say this?

10. How does leadership show its support for the prevention of sexual risk behaviors among youth?

    For example, do they:

    + Participate as a member of a work group or committee?

    + Allocate resources to fund community efforts?

    + Lead or drive planning, development, or implementation efforts?

11. If we were to begin a new program to address sexual risk behaviors among youth, who in your community is likely to lend support for this work? From whom might we experience some opposition?

Now I am going to ask you about resources within the community. Resources include organizations, experts, and funding for youth substance use prevention.

12. What are the key agencies or organizations that offer sexual health services for youth in your community? Do you have established partnerships with any of these agencies or organizations? Are these partnerships formal or informal?

13. Is there funding in the community to support prevention of sexual risk behaviors among youth?

    + How are these efforts funded?

    + Is this funding likely to continue in the future?

14. On a scale of 1-10, what is the level of expertise in your community around youth sexual risk behaviors? With 1 being "not at all" and 10 being "a lot of expertise."

15. Does the community have any formal or informal policies, practices, or laws related to sexual risk behaviors among youth? Please explain. Examples might include established policies of schools, police, or courts or an example of informal might be similar police not responding to calls from a particular part of town.

SECTION III – SCRIPT CLOSING

We have now come to the end of the interview. Thank you for taking time to participate in this interview. Your organization will be notified via email if you have been selected for further consideration as a TLC pilot site. If you have any questions, please feel free to contact _____ (interviewer name and number).

Pilot Readiness Assessment Results Table

	Location A	Location B	Location C
How much of a concern is youth substance use on a scale of 1-10?			
What is the most pressing substance use issue in the community?			
What community efforts are in place to address substance use?			
How much of a concern is youth sexual risk behaviors on a scale of 1-10?			
Key Community Organizations/Agencies			

Evaluation Resources

Pilot Logic Model

Describes the high-level process of implementing TLC at each site and helps develop monitoring and process evaluation questions and methods for TLC program staff.

Need: High rates of STDs and substance use disorders in rural communities with low capacity/resources to implement prevention strategies

TLC parameters:

- Youth must be ages 13-19 and be representative of local community
- Sites must implement required activities from each TLC component (see menu of activities)
- Each site should have one site coordinator and one evaluation specialist

Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes/Goals
Organization and Development: • Convene and train youth-led TLCPI team • Form CAB	**Organization and Development:** • TLCPI membership numbers and contract • # of trainings • CAB developed	**Organization and Development:** • TLCPI and CAB actively involved in planning and implementation • Membership to groups sustained and new members joining	**Organization and Development:** • Members continue engagement, sustained and new members joining
Needs Assessment: • Conduct two-part needs assessment	**Needs Assessment:** • Results of focus groups and surveys reported		
Planning: • Select TLC activities • Develop plan for implementation with tailored logic model and timeline • Develop evaluation plan • Receive trainings	**Planning:** • List of TLC activities • Implementation Plan • Monitoring and Evaluation (M&E) plan • Trainings	**Planning:** • Monitoring and Evaluation spreadsheets continually updated • Activities implemented and results documented • Activities monitored and modified based on evaluation results	**Planning:** • M&E spreadsheets continually updated • Activities implemented and monitored; results documented • Activities modified based on M&E results • Final M&E results compiled for documentation of lessons learned

Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes/ Goals
Implementation and Evaluation: • Conduct activities and monitor progress • Evaluate activities • Compile monitoring and evaluation findings • Finalize evaluation reports and develop lessons learned	**Implementation and Evaluation:** • Various outputs depending on chosen activities • Reports with findings and lessons learned developed	**Implementation and Evaluation:** • Youth and teachers exposed to substance use and sexual risk prevention curriculum • Youth, teachers and parents and caregivers exposed to informational materials regarding youth-friendly key health services for substance use and sexual risk behavior prevention • Anti-bullying/school-safety policies developed, and implementation strategies developed/implemented • Parents and caregivers educated on effective parent-child communication and monitoring strategies • Parent and caregiver and caregiver school involvement strategies implemented	**Implementation and Evaluation:** • Youth continued exposure to educational curricula • Increase/improve availability, accessibility, and youth-friendliness of resources • Youth, teachers, and parents and caregivers continued exposure to informational materials • Increase in student awareness of an increase in participation in the anti-bullying policies and prevention strategies • Parents implementing effective communication strategies with their children and implementing more monitoring strategies • Parent and caregiver groups actively participating in school activities and implementing strategies to increase community and parent and caregiver involvement

Pilot Evaluation Questions

Lists potential process evaluation questions for the TLC program, helps determine final questions, and tracks them to select methodology in alignment with the **TLC Pilot Logic Model**.

Activities Organization & Development

- What are the barriers and opportunities to convene a youth-led planning and implementation team? What are the barriers and opportunities for a CAB?

Needs Assessment

- What capacity and prevention strategies do the communities currently have in place? Where are the communities lacking in terms of capacity and prevention activities?

- What are the community members' current knowledge, attitudes, and beliefs about adolescent sexual health and substance use?

- What do community members at each site identify as concerns and strengths within their communities in terms of sexual health and substance use?

Planning

- How useful were the training and capacity-building activities the communities received from the pilot program staff and consultants?

Implementation and Evaluation

- Which TLC components were implemented successfully, which experienced more barriers, and why?

- What are the barriers and facilitators to implementing a substance use and sexual risk prevention program in rural communities?

Outputs (Monitoring)

- To what extent are the TLC outputs being developed as intended and on time?

Outcomes

- To what extent have the TLC sites progressed toward implementing leading prevention strategies for each of the TLC phases?

TLC Impact Interview Guide for Site Leads

The below survey has been designed to document best practices and lessons learned from implementation and continuation of the Teens Linked to Care (TLC) program. Thank you for providing thoughtful and thorough responses, as this will serve as guidance in a toolkit to assist others aiming to implement youth-led programs like TLC in their communities.

Name of Site/Individual Completing Survey:

1. In your opinion, what was the most successful part of TLC from this previous year? What has been the most successful over the course of the program?

2. In your opinion, what have been the biggest challenges faced by TLC this previous year? What has been the biggest challenge over the course of the program?

3. What are some things in the community that act as facilitators to help TLC as a program? What are some barriers that you have come up against?

4. What are some things in the school that act as facilitators to help TLC as a program? What are some barriers that you have come up against?

5. What has been your favorite part of TLC this past year? Over the course of the program?

6. What have been the main drivers to implementing your activities and obtaining buy-in from the community, school leadership, etc.?

7. Can you think of any changes you would make to TLC if you had unlimited resources?

8. Complete the following sentence: Teens Linked to Care cannot be successful in the future without _____.

9. What advice would you give to someone trying to set up a TLC program? What would be your top three recommendations on what to do? Top three recommendations on what to avoid?

10. Is your TLC program now self-sustaining, or do you need to heavily rely on grant funding? If so- what grants are you using? What resources would help to reduce dependency on grants?

11. Are there particular parts of TLC that can be done without funding? What are some ways to empower youth without funds and using volunteers?

12. What will not be able to be supported beyond this grant? Please include estimated amounts.

Visit the **Teens Linked to Care CDC webpage** for more information about the program and its impacts.

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