An assessment of State Adolescent Health Coordinators and programs was conducted between February and April 2019 as part of the National Network of State Adolescent Health Coordinators (NNSAHC) annual membership outreach.

An internet survey was conducted via Qualtrics by the State Adolescent Health Resource Center/ Adolescent & Young Adult Health National Resource Center for NNSAHC. The survey was distributed in in two cohorts:

(1) February 2019: Surveys sent to 25 State Adolescent Health Coordinators that attended the March 8, 2019 State Adolescent Health Coordinators Convening. 20 responses received - 80% response rate.

(2) April 2019: Surveys sent to 33 State Adolescent Health Coordinators (non-responders of the February survey, as well as those that did not attend the March 8th meeting). 22 responses received – 67% response rate.

Total responses received were 42, or 73% response rate for the combined survey distributions (58 recipients).

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (under #U45MC27709, Adolescent and Young Adult Health Capacity Building Program). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
STATE ADOLESCENT HEALTH COORDINATORS

Length of time as State AHC
- 23% < 1 year
- 20% 1 – 2 years
- 29% 3 – 5 years
- 23% 6 – 11 years
- 5% 12 – 19 years

Major Focus
- 57% Positive Youth Development
- 55% Teen Pregnancy Prevention
- 45% Risk & Protective Factors
- 55% Social Determinants of Health
- 26% Youth Engagement
- 40-50% Dating Violence or Healthy Relationships
- 24% AH Coordination
- 24% Mental Health
- 21% Health Care
- 21% STI’s/HIV/AIDS
- 21% Sexuality Education
- 21% Health Equity
- 21% Sexual Health
- 21% Positive Youth Development
- 21% School Based Health Centers
- 21% Data
### ENGAGE YOUTH

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>Manage/supervise youth and/or young adult staff</td>
</tr>
<tr>
<td>7%</td>
<td>Not involved</td>
</tr>
<tr>
<td>10%</td>
<td>Manage/oversee/work with youth advisory council</td>
</tr>
<tr>
<td>16%</td>
<td>Setting up a youth advisory council</td>
</tr>
<tr>
<td>85%</td>
<td>Support others to engage youth leaders</td>
</tr>
</tbody>
</table>

**Other:**
- Coordinate with other youth engagement entities
- Manage and/or Train youth service providers

### MANAGE GRANTS

**34 State Adolescent Health Coordinators (81%)** manage grants. Information about the types of grants they manage.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>55%</td>
<td>Personal Responsibility and Education Grant (PREP)</td>
</tr>
<tr>
<td>43%</td>
<td>State Sexual Risk Avoidance Education Program (SRAE)</td>
</tr>
<tr>
<td>16%</td>
<td>Pregnancy Assistance Fund</td>
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<tr>
<td></td>
<td>AH Grants/Components within Title V MCH Block grant, e.g.</td>
</tr>
<tr>
<td></td>
<td>- Grant with Texas Juvenile Justice Department to 5 residential facilities</td>
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<tr>
<td></td>
<td>- Texas Youth Action Network (TYAN) grant</td>
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<tr>
<td></td>
<td>- Support 8 Regional Adolescent Health Coordinators</td>
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<tr>
<td>&lt;10%</td>
<td>Title X Family Planning</td>
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<tr>
<td></td>
<td>Rape Prevention and Education (CDC)</td>
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<tr>
<td></td>
<td>TANF, Out-of-Wedlock Funds</td>
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<tr>
<td></td>
<td>Teen Pregnancy Prevention State Appropriation</td>
</tr>
<tr>
<td></td>
<td>Perinatal Support Services (state funding)</td>
</tr>
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<td></td>
<td>Suicide Prevention</td>
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</tbody>
</table>
STRATEGIC PLANNING

7% CREATING strategic plan

MAINE. Comprehensive strategic plan for combined Tobacco, Substance Use, Injury Prevention and Adolescent Health Program (adolescents and work with youth are primary population/focus)

MICHIGAN. Undergoing a strategic planning process at state level which will inform future adolescent health initiatives and priorities

15% IMPLEMENTING strategic plan

ARIZONA. Improving Adolescent Wellness Visits*

MINNESOTA. AH plan w/10 priorities aligned with OAH TAG 5 Essentials for AH**

OREGON. Internal Adolescent and School Health Strategic Plan*

OHIO. Promoting and Improving the Health of Ohio Adolescents, 2013-2020

33% PLANNING strategic planning effort

19% Participating in planning for the Title V/MCH Needs Assessment/Planning

7% Participating in other statewide strategic planning efforts (with AH focus or component)

7% Planning for an adolescent health specific strategic plan:

• ARKANSAS. Working to identify a coordinated AH plan to implement with current staff

• KANSAS. Contracting with a vendor to perform multiple adolescent efforts to inform an AH needs assessment and strategic plan.

• VIRGINA. Planning to convene AH focuses agency staff to create vision for AH program. This vision + Needs Assessment data will inform new program initiatives and ways to focus resources.

43% Interested but not currently involved

* Not available online
** Available online soon
ACCOMPLISHMENTS!

ALABAMA.  Implementing PREP programs in school settings.

ALASKA.  Youth Friendly Clinics (3 clinics participating). Teen Speak physician and parent trainings.  Review and adaptation of the Nemours Health Care Literacy curriculum for Alaska.

ARIZONA.  Bullying prevention social marketing campaign focused on bystander intervention (messages targeted to youth and parents/caregivers).

COLORADO.  Development of the Positive Youth Development (PYD) training system and regional PYD trainers.

FLORIDA.  Developed a strong partnership with Human Trafficking Prevention Team to train health educators how to identify signs of trafficking victims while training (primarily in schools).

GEORGIA.  Launched a statewide evaluation plan to evaluate the work of 12 Health Districts, including: risk reduction curriculum, youth development opportunities, public awareness events, and youth-serving professional trainings.  Engage Health District Youth Development Coordinators to train health department staff on creating adolescent and young adult centered care in clinics.

HAWAII.  Implementing the Teen Outreach Program (TOP) at the Kawailoa Youth and Family Wellness Center (formerly known as the Hawaii Youth Correctional Facility).
IOWA.
Collecting multiple data indicators to create an Adolescent Health profile for all of Iowa's 99 counties. Goal date - August 1, 2019.

INDIANA.
Refining the Adolescent Health Coordinator role and program. Created internship for public health student within the Adolescent Health Section of state MCH program.

KANSAS.
Partnering with a SBHC-creation project. Working with the Kansas Youth Empowerment Academy to educate, mentor and support youth with disabilities.

KENTUCKY.
Partnering to develop KY Youth Thrive (part of KY Family Thrive), a framework for building protective factors in youth.

LOUISIANA.
Creation of evaluation tools to more comprehensively assess SBHC sites and development of trainings for SBHC staff.

MAINE.
Completing 2019 Maine Integrated Youth Health Survey in partnership with Maine Youth Action Network. Providing professional development to help youth-serving professionals improve prevention and behavior-change messages by integrating adolescent brain development and decision-making concepts.

MASSACHUSETTS.
Facilitated 1st intra-bureau youth serving providers meeting and preparing for 1st reproductive justice training (5/19) with SisterSong (www.sistersong.net).
**MICHIGAN.**
Secured an additional $5 million dollars to expand mental health services through SBHC program (Child & Adolescent Health Centers); placing up to 70 full-time Master’s Level Mental Health Providers in new schools.

**MINNESOTA.**
Soft launch of the *MN Partnership for Adolescent Health*: Partnering and co-hosting the State Adolescent Health Coordinators Convening meeting.

**MISSOURI.**
Dispersed over 28,000 decks of *Connect with Me Conversation Starter Cards*.

**NEBRASKA.**
Professional development trainings, It's That Easy (from Minnesota) and Sex education for mental health practitioners (from Unhushed).

**NEVADA.**
AMCHP Pulse article and Innovation Station award Urban Lotus Project - youth engagement via Trauma-Informed Yoga class (provides opportunities for adult/youth interaction, role modeling, and leadership development).

**NEW YORK.**
Trained and developed new staff to the Adolescent Health Unit. Built leadership capacity of Social-Emotional Wellness team to engage newer members eager and motivated to continue the initiatives.

**NEW JERSEY.**
Piloted Youth Advisory Boards in 2018 with over 40 youth participating in annual meeting. The number of youth involved increased and currently starting youth advisory boards in middle schools.
NORTH CAROLINA.
Beginning to engage with youth through a youth advisory network!

OHIO.
Recognition across the Bureau on importance of resilience and needing to focus on adolescent health for prevention of major MCH issues.

OREGON.
Creation of the Adolescent Health Snapshot (data-sharing tool using survey data and ties outcomes to policy). Shared with 17+ groups in 1 year. People have used information from the Snapshot in legislative testimony and staff from U.S. Senator's office has used Snapshot data to inform federal legislative proposals.

PENNSYLVANIA.
Implemented mentoring program began implementation in 2018 and all of implementation sites are reaching more youth than expected.

PUERTO RICO.
PR Youth Advisory Council 2018-20 advisors were selected from youth active in the 2016-2018 YAC to assure its continuity. YAC is a group of 20 youths age 14-21 that assess and advise on issues regarding youth and community health, perform educational activities and liaison to communities and youth. AMCHP 2018 workshop by 2016-2018 YAC "What Motivates Youth to be Part of the Solution in MC(YA)H?: Understanding what Continues to Engage the PRYAC in the PRDOH" workshop was a success. Recovery after hurricanes continues and Youth Health Promoters Project (YHPP) 3 year project is active in 50 PR public schools.

RHODE ISLAND.
Secured Pregnancy Assistance Fund (PAF) funding.

SOUTH CAROLINA.
Completion of 4th Annual Safe Schools Summit--Owning Your Power.
TEXAS.
Created grant to expand successes with community-based Youth-Adult Councils. Contracted with 1 partner to expand Youth-Adult Partnerships to over 60 communities in the next 4-5 years.

VERMONT.
Formed an adolescent health unit in MCH division - includes 5 staff who lead efforts that focus on the adolescent population in some way. This has increased communication and coordination in division and across health department with other divisions, such as alcohol and substance use prevention.

VIRGINA.
Creating systems and accountability for the SRAE grant program. Seeking out and obtaining approval for new and exciting adolescent reproductive health initiatives.

WEST VIRGINIA.
Maintained regional Adolescent Health Coordinator network despite a major budget crisis a few years ago with lots of downsizing and reorganization across the state (networks such as ours were targeted for reduction and/or elimination. A similar Dept. of Education network was eliminated. Through lots of strategic effort and hard work, the AHC network not only survived, but was also able to absorb the work of the network that was lost. AHC network is now on solid ground in terms of sustainability for foreseeable future.

WASHINGTON.
Received Teen Pregnancy Prevention funding which helped strengthen relationship with a SBHC outside of the major metro area.

WYOMING.
Successfully re-engaged statewide partners on health care improvement project.
Major Focus Areas

Positive Youth Development

**ALASKA.** Use a theoretical model to engage youth, plan youth programs and award sub-grantees (more a value of program than a focus).

**ARIZONA.** PYD is integrated into SRAE contracts which involve youth selecting, planning and implementing community service projects. TOP has been adopted by abstinence education and comprehensive teen pregnancy prevention contractors – this results in completion of community service learning projects. In addition, the SAHCs promote and provide TA to community-based organizations and county health departments regarding youth involvement in events that are AH-focused.

**COLORADO.** Leading PYD training and offering consultation to operationalize a PYD approach. Support PYD trainers around the State, as well as internal staff and other state agencies.

**FLORIDA.** Provides statewide training, ongoing TA and resource linkages to organizations wanting to add a PYD lens to their current work.

**HAWAII.** PYD is at core of all AH programs and activities. Positive experiences + positive relationships + positive environments = PYD.

**IOWA.** SRAE grantees implement the *Teen Outreach Program* (TOP) using a strength-based approach. TOP teens complete at least 20 hours of meaningful community service learning, which includes planning, action and reflection. Facilitators provide at least 12 lessons from the TOP curriculum with content tailored to teens’ needs and interests.

**KENTUCKY.** Through implementation of programs such as Wyman's Teen Outreach Program, designed to prevent adolescent problem behaviors by helping adolescents develop a positive self-image, effective life management skills, and achievable goals. The program is directed toward reducing rates of teenage pregnancy, school failure, and school suspension.

**MAINE.** Oversee contracted community work focused on positive youth development and youth leadership. This includes Youth Policy Boards in all of Public Health Districts and statewide; intensive technical assistance for youth groups and their advisors; professional development for youth-serving professionals; and a statewide youth leadership conference.

**MARYLAND.** PYD framework is infused in all work.
**Major Focus Areas**

**Positive Youth Development**

**MASSACHUSETTS.** Implements youth development curriculum, VOICES, and a youth internship program with funded agencies.

**MINNESOTA.** Approaches work through a PYD lens.

**NEW JERSEY.** Supports program models grounded in PYD and focuses on building social and emotional learning of youth, supporting youth developmental assets and promoting youth adult partnerships. These models include the CDC Whole School, Whole Community, Whole Child (WSCC) model, TOP and Teen PEP (Prevention Education Program).

**NEW YORK.** Incorporates a positive youth development approach through all initiatives as a way to help youth successfully transition through adolescence.

**OKLAHOMA.** Development of Youth Health Councils. Work with Dept. of Corrections Office of Juvenile Affairs to help parenting teens become productive and nurturing parents.

**OREGON.** Lead with a PYD frame and bring the frame and data to internal and external public health partners.

**PUERTO RICO.** Promote and advocate for Positive PYD in PR DOH, other government agencies and other entities. All initiatives in the Child & Adolescent Health Program are PYD based - for example: Youth Health Promoters Project (YHPP) & Youth Advisory Council YAC.

**RHODE ISLAND.** Implements Teen Outreach Program with State PREP funding.

**SOUTH DAKOTA.** PYD is a focus throughout all work.

**TEXAS.** State contractor helps community agencies understand and utilize PYD as a foundation for youth work. Additionally, helps other state agencies incorporate PYD in their youth programs/contracts.

**VIRGINIA.** Fund TOP and Project AIM (PYD programs) through the federal SRAE grant.
Major Focus Areas

Risk & Protective Factors

**ALASKA.** These inform our approaches to interventions.

**ARKANSAS.** Identifies ways to address resilience and trauma-informed care for schools.

**COLORADO.** Connects PYD to Risk and Protective factor work in department. Supports risk and protective factor work in across program areas and throughout department.

**FLORIDA.** Key staff, who are certified trainers, offers the 40 Developmental Assets training to state and community partners.

**HAWAII.** Positive relationships: At the core of Title V adolescent health program and development activities, trustworthy and respectful relationships between adolescents and a cadre of supportive adults, peers, siblings, and friends is a portable, protective factor for a lifetime.

**IOWA.** SRAE grantees implement TOP. Short-term outcomes: Improved social and emotional learning, and life skills (emotion management, teamwork, goal-setting, empathy, communication, problem-solving); Positive sense of self (self-understanding, sense of purpose, self-efficacy); Stronger connections to others (strong, supportive relationships with adults, positive peer relationships, school and community engagement).

**KENTUCKY.** Uses Family Thrive framework to promote youth resilience, social connections, knowledge of adolescent development, concrete support in times of need, cognitive and social-emotional competence. Promotes development of self-regulation, self-reflection, self-compassion and character. Fostering consistent relationships with youth that offer compassion, promote high expectations and encourage self-improvement. Provides opportunities for productive decision making and acceptable risks.

**MINNESOTA.** Approaches work through protective factors and implements in programs.

**MISSOURI.** Adult/Child communication through Connect with Me campaign, Social Emotional Learning.

**PENNSYLVANIA.** Works to increase protective factors through all of AH programs, including mentoring and LGBTQ youth-focused programs.
Major Focus Areas

Risk & Protective Factors

**OHIO.** Through OH Adolescent Health Partnership, uses risk and protective factors as a foundation for promoting and supporting policy and programming for agencies and organizations that serve and impact youth. These apply to all health topics. Ohio Department of Health is interested in risk, protective factors and resilience and the impact on short and long term health outcomes, especially with those pertaining to infant mortality, substance abuse and mental health. Explores opportunities for communities to assess engagement in extra-curricular activities and trusted adults in the lives of middle school age youth. Preliminary assessments found gaps in engagement for this group, at a time when risk and protective behaviors are becoming more established. Health equity and social determinants impact availability of youth engagement opportunities, so these are continually part of the discussion.

**RHODE ISLAND.** Uses statewide data indicators for the 4 core communities (defined at having >25% of children living in poverty).

**SOUTH CAROLINA.** Works with community-based workgroups in different counties to identify and collaborate with partners working on shared risk and protective factors for multiple issues facing adolescents.

**TEXAS.** Focuses on protective factors (especially connection to a caring adult) and reducing risk factors. Work to prevent/reduce injury through a risk factor reduction element (i.e. motor vehicle safety - reducing texting and driving).

**VIRGINIA.** TOP and Project AIM use PYD practices to build protective factors in youth, which then lead to lowered risk of negative sexual health outcomes.

**WEST VIRGINIA.** The AH Initiative (AHI) began in 1988 as teen pregnancy prevention program. Extensive research into the concept of positive youth development and Search Institute’s 40 developmental assets steered the program to a more comprehensive approach in 1993. AHI maintains this comprehensive and holistic view of an adolescent’s health and well-being as we work to reduce targeted negative outcomes. Look beyond individual risk behaviors to focus on the overlap between behaviors, underlying common causes, and successful interventions.

**WYOMING.** Incorporates risk and protective factors in rape and prevention education program (decreasing sexual violence) and in PREP program (encourage healthy relationships).
**Major Focus Areas**

**Youth Engagement**

**COLORADO.** Works with statewide youth advisory council and youth advisors. Leading learning sessions on youth development and youth engagement. Presenting on how to have difficult conversations with youth.

**KANSAS.** Works with KS Youth Empowerment Academy to modify a program for youth with disabilities (learn leadership skills and create a community project) by expanding to ALL youth. Youth will team up and work on community projects together.

**MINNESOTA.** Works to get youth voice at the table and getting their input on projects that impact them.

**NEW JERSEY.** Emerging youth engagement initiative - provide paid employment to young person who’s participated in programming (current Youth Development Specialist is Isabella "Izzy" Gonzalez) and hosts 8 youth advisory boards (YAB) across the state. NJ’s YABs consist of up to 10 high school youth, up to 3 youth allies (recently graduated youth) and 1 adult advisor. They discuss actions to improve health and well-being in their school/community, select a project; also select 2 representatives to attend a state meeting and present their projects and provide feedback on state sponsored programs.

**PUERTO RICO.** Promotes youth empowerment, engagement and leadership with health promotion to peers at school with Youth Health Promoters Project (youth age 10-14 in 6th-8th grades). Engages young people as leaders within agency to bring their voice and participation into government policies on health and wellbeing. Youth Advisory Council - group of 20 youths (age 14-21) that assess and advise on issues regarding youth and community health, perform educational activities and are liaison to communities and youth.

**RHODE ISLAND.** Students with Special Health Care Needs Youth Advisory Council and Mayor’s Youth Commission/Teen Outreach Program Community Service Learning Projects.

**SOUTH DAKOTA.** Networks with youth throughout the state and developing ways to engage them in their own health.

**TEXAS.** Works with a contractor to promote youth engagement - especially through Youth-Adult Partnerships. My goal is to assist community partners to value youth voices and support youth at their decision-making meetings.

**WYOMING.** Establishing a statewide youth council.
Major Focus Areas

Health Equity & Social Determinants of Health

**ALASKA.** Uses social determinants of health lens to strategize "adolescent problem and successful health behaviors."

**INDIANA.** The MCH division of ISDH explores ways to address health equity challenges that exist across the lifespan. Participates in antiracism trainings to identify a training for MCH section and (potentially) training to community partners providing direct service to the public.

**MINNESOTA.** Agency has a Health-in-All Policies approach to work.

**NORTH CAROLINA.** Mental health equity initiatives, access to care among low-access populations.

**RHODE ISLAND.** RI Department of Health funds 10 Health Equity Zones (HEZ's); ongoing work with the HEZs and their youth stakeholders/adolescent health efforts continue. Uses Core City data (defined as >25% children living below the FPL) programs and interventions are targeted.

**VIRGINIA.** All adolescent reproductive health programs focuses in areas that have disproportionately high rates of teen pregnancy compared to the rest of the state.
ALABAMA. The Adolescent Pregnancy Prevention Branch (APPB) works to reduce the incidence of unplanned pregnancies and sexually transmitted infections (STIs) among teens in Alabama. APPB is funded by FYSB State SRAE and PREP grants. The SRAE and PREP programs provide effective, evidence-based education programs to youth (ages 10-19) to equip them to resist sexual risk behaviors and to make better choices as they mature into young adulthood. Programs are implemented in school and community-based settings.

MISSOURI. Addresses youth sexual health through TPP grants, foundations training, support of other conferences.

NEW YORK. All of current programming involves uses evidence-based programs for the provision of adolescent sexual health education. This education includes the ability to provide referrals for adolescent health and sexual health services.

OKLAHOMA. Provides several different evidenced-based curricula: Abstinence-based curricula for middle schools. High School curriculum – one is abstinence based, the other covers all aspects of birth control including a condom demonstration.

OREGON. Work is guided by Oregon Youth Sexual Health Plan. Views sexual health holistically - believing that given adequate information, opportunities for skill-building and access to quality care, youth will make the best decisions for their sexual health and relationships.

PENNSYLVANIA. Many programs provide youth with sexual health information and services they may otherwise have difficulty accessing. Health Resource Centers bring services and information to schools and community-based settings. PREP provides sexual health education to high-need populations.

RHODE ISLAND. Teen Outreach Program, Making Proud Choices, Planned Parenthood Sexual Health, School Assemblies.

SOUTH DAKOTA. PREP and SRAE grants.

VIRGINIA. Plans to fund a sexual health text line youth called BrdsNBz. Additionally, Project AIM, TOP and Get Real all aim to improve sexual health outcomes for teens.
Major Focus Areas

Teen Pregnancy Prevention

ARIZONA. Provides abstinence and comprehensive teen pregnancy prevention education statewide using evidence based/informed curricula. State lottery and federal funds support these efforts through contracts with county health departments and community-based organizations. Offer curricula training several times a year in addition to other professional development learning opportunities.

ARKANSAS. Participates on agency's teen pregnancy workgroup. Currently creating prevention education toolkits for various targets (students, parents, and faith-based communities).

FLORIDA. Through funding from OAH (2010-2015), established partnerships with school districts and community-based organizations to implement TOP. These partnerships have been sustained beyond the federal funding time frame.

HAWAII. Positive experiences: The TOP evidence-based teen pregnancy prevention curriculum has incorporated OAH's Think, Act, Grow (TAG) call to action for positive experiences, positive relationships, and positive environments that provides for positive youth development outcomes.

IOWA. Manages the SRAE program in which our contractors implement TOP.

KENTUCKY. Trains reproductive health educators to provide sexual education to middle and high school students through educational programs that include "Choosing the Best..." "Positive Potential" and "Reducing the Risk."

MARYLAND. Oversees SRAE grant and works with colleague who oversees PREP grant.

MASSACHUSETTS. Manages PREP, PAF, and SRAE funding and programming serving adolescents ages 10-24.

MISSOURI. Manages both PREP and SRAE Grants.

NEW JERSEY. Manages PREP and SRAE grants to reduce teen pregnancy. Because of significant disparities in rural, urban, suburban populations as well as racial disparities, TPP programs target highest need areas. Use TOP, Teen PEP and Reducing the Risk.

NEW YORK. All current programming uses evidence-based programs for prevention of unwanted teen pregnancies.

OKLAHOMA. Utilizes evidenced-based curricula such as "Love Notes" to help teens be informed about pregnancy prevention, building better relationships and family planning.
**Major Focus Areas**

**Teen Pregnancy Prevention**

**PENNSYLVANIA.** Teen pregnancy prevention is the main focus or woven into many of programs: PREP, SRAE, Health Resource Centers, and Family Planning.

**RHODE ISLAND.** Manages Pregnancy Assistance Funds and State PREP Funds. Applicant for Teen Pregnancy Prevention/Tier 1 funding.

**SOUTH CAROLINA.** PREP is major funding source, so teen pregnancy prevention is the underlying objective in adolescent health work.

**VIRGINIA.** Adolescent Health Coordinator position is part of Reproductive Health Unit in Division of Child & Family Health. Manages many of programs linked to reproductive health outcomes for youth, including teen pregnancy prevention.

**WASHINGTON.** Adolescent health unit receives Teen Pregnancy Prevention grant funding. Adapting the All Stars Curriculum to be appropriate for high school students and piloting this in SBHC.

**Family Planning**

**RHODE ISLAND.** RI Department of Health is the grantee for Title X. Subawardees operate 28 services sites throughout the state. Almost all are FQHCs with the exception of Planned Parenthood's Teen Clinic. Emphasis on serving adolescents 14-24 is placed on various reporting metrics.

**INDIANA.** The Indiana Perinatal Quality Improvement Collaborative Reproductive Health Planning committee has a sub-committee that focuses on adolescent health. Adolescent Heath Coordinator leads this sub-committee as they develop a plan on delivering services to youth and adolescents in ways that promote positive youth development and encourage life sequencing.

**VIRGINIA.** TOP provides information about contraception and family planning. Additionally, collaborates with Title X colleagues to train and provide resources to Title X employees so they can better serve adolescents. Starting funding for another comprehensive sexual education program (Get Real) that provides teens with family planning information and resources.
**Major Focus Areas**

**Abstinence & Sexuality Education**

**FLORIDA.** Provides medically-accurate, values-neutral education on the benefits of delaying sexual activity through Ab Ed/SRAE funding. This complies with our state statute.

**INDIANA.** Indiana State Department of health is a Title V State SRAE grantee. ISDH awards funding to sub-grantees to implement abstinence education programming. I perform site monitoring and arrange technical assistance support for the sites. Five of the sub-grantees implement school-based programming while the sixth is community based.

**MASSACHUSETTS.** SRAE funding is called STRIVE – a program that consists of youth development activities and healthy relationships Our state funded program focuses on sexuality education.

**MINNESOTA.** Works with schools to implement sexuality education programs.

**RHODE ISLAND.** Teen Outreach Program uses abstinence plus approach. Planned Parenthood of Southern New England facilitates Reproductive Health Workshops via a subcontract. If funded for TPP, will be implementing Making Proud Choices Curriculum.

**STI’s / HIV / AIDS**

**MARYLAND.** Collaborates with partners whose work focuses on STI prevention and infectious disease.

**RHODE ISLAND.** The RI Department of Health operates the Center for HIV, Hepatitis, STD, and TB Epidemiology supports the Adolescent Sexual Health Strategic Plan, and works closely with the Family Planning and Adolescent Health Programs.

**SOUTH CAROLINA.** All curriculum implemented in PREP counties addresses both teen pregnancy prevention and STI/HIV prevention. The State Alliance for Adolescent Sexual Health is also working to combine efforts of organizations working to reach adolescents with HIV PREP, and I serve on the prevention committee of the State HIV Planning Council. Project AIM, TOP and Get Real aim to reduce risky sexual behavior, which in turn prevents the transmission of STIs.
Major Focus Areas

Mental Health

RHODE ISLAND. Subcontracts with Sojourner House. Trains youth to be Intimate Partner Violence Peer Educators.

SOUTH CAROLINA. Works with sexual and intimate partner violence prevention agencies to address shared protective factors and increase community-based efforts for prevention.

VIRGINIA. Collaborates with Health Promotion Division to launch social media campaign in February, (teen dating violence awareness month). Paid for videos to reach teens (age 12-18) on Instagram and Facebook. Videos depict healthy vs. unhealthy relationships and were created by One Love, an organization that creates educational materials for young people about healthy and unhealthy relationships.

LOUISIANA. All of SBHC sites are staffed with behavioral health specialists to address mental health needs of students.

WEST VIRGINIA. Focus on bullying, substance abuse and suicide prevention has evolved into a focus on mental health. 8 WV Regional AHCs have recently become trainers in Youth Mental Health First Aid, trauma-informed approaches and Adverse Childhood Experiences (ACEs), and they have each received over $10,000 in Project Aware funding from the WV Dept of Education to conduct trainings across the state. CPSS screening tools are also administered during classes, appropriate referrals are made. Data are being tracked in a database.

MAINE. Extensive work focused on promotion of mental health and reduction of unmet mental health needs for youth.

NORTH CAROLINA. Elevates mental health promotion among Children & Youth programming.

INDIANA. Indiana State Department of Health was accepted in Adolescent and Young Adult Behavioral Health COIIN. This collaborative provides an opportunity to identify ways to enhance approaches to engage youth across the state around mental, emotional, and all aspects of behavioral health.

Dating Violence (Healthy Relationships)

RHODE ISLAND. Subcontracts with Sojourner House. Trains youth to be Intimate Partner Violence Peer Educators.

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Rape/Sexual Assault Prevention

TEXAS. Manages and supports Texas' Rape Prevention & Education grant that is looking at primary prevention of first-time sexual assault.
Major Focus Areas

Injury & Violence Prevention

**ARIZONA.** Leads the agency's bullying prevention efforts which consists of a webpage, social marketing campaign, stakeholder meetings, and trainings. A state/national expert: 1) trains school staff, parents, and youth serving professionals about appropriate responses for the bullying incident target and perpetrator; 2) reviews and provides TA on school bullying policies; 3) provides TA on development of social media messages and products; and 4) conducts trainings with DOE, Attny General’s Office and community-based organizations.

**RHODE ISLAND.** TBI Program.

**TEXAS.** Injury Prevention is Title V Block grant adolescent national performance measure. Addressed through PYD and Youth-Adult Partnerships based on the theory that connection to a caring adult will lower a youth’s likelihood of engaging in risky behaviors that may result in injury or death.

Suicide Prevention

**KANSAS.** Work with Bureau of Health Promotion to: 1) bring social emotional learning curriculum to schools (purchased the Second Step for Elementary Ed and Middle School for 3 years for participating schools); and 2) engage youth to assist with the "mental wellness” social media and marketing campaign. Participate on state taskforce to create a suicide prevention plan specific to service members, veterans, and their families.

**NEW JERSEY.** Oversees Mercer County Traumatic Loss Coalition, New Jersey TLC), which provides pre- and postvention programs in schools for teachers, staff, parents and youth. Member of Youth (10-17) and Adult (18+) Suicide Advisory Council and the Suicide Sub-Committee of the Child Fatality Review Team. Applying for Garrett Lee Smith Youth Suicide Prevention grant to fill gaps in services such as case management/follow-up for teens determined at risk or with a recent suicide attempt.

**VIRGINIA.** Health Promotion Unit uses Title V funds to train healthcare providers, school staff and other adolescent health gatekeepers on suicide warning signs and prevention.

**WYOMING.** Partners with Injury and Violence Prevention program to implement youth suicide prevention programs/strategies. Participate in learning collaborative focused on suicide prevention and motor vehicle safety.

**RHODE ISLAND.** Suicide Prevention Program.

**INDIANA.** involved with Suicide Learning Collaborative and its advisory board.

**MAINE.** Oversees the Maine Suicide Prevention Program (adult and youth focus), which has some specific youth-focused training and interventions, incl. extensive Gatekeeper training with school staff, Youth Mental Health First Aid, school policy development, and professional development on youth suicide risk and self harm.
**Major Focus Areas**

**School Health**

**NORTH CAROLINA.** School mental health initiative, cross-state collaborations.

**OHIO.** ODH actively partners with the state mental health and educ agencies, and through a variety of funding sources and committees, on a variety of issues impacting the school health environment. ODE’s strategic plan just recently adopted a whole child framework, which has increased engagement in delivery of systems-based approaches to support school districts. Currently, there is a focus on mental health. Initiatives focus on screening and referral, classroom management, positive behavior supports and climate, curriculum and teacher training, policy implementation, community partnership, data collection, school improvement collaboration, etc.

**OREGON.** Works closely with State School Nurse Consultant and education partners to improve school health across the state.

**RHODE ISLAND.** RI Association of School Nurses collaborates and subcontracts with RIDOH.

**VIRGINIA.** Works closely with School Nurse Consultant with Dept of Education to oversee all of the school nurses/school clinics in the state.

**WASHINGTON.** Partners with Healthy Students; Promising Futures school health learning collaborative to expand school health services.

**School-Based Health Centers**

**KANSAS.** Task force created a SBHC Guide as a tool for state. One pilot site utilizes and provides feedback. Also collaborates with organization supporting the medically underserved – they are bringing a bill to put SBHC funding under the state general fund.

**LOUISIANA.** Works with our School-Based health centers.

**MINNESOTA.** Convenes the MN SBHC Alliance.

**OREGON.** Administers state funding and certification process for 76 SBHCs. Provides technical assistance and support to SBHCs, schools and their community partners.

**MAINE:** Oversee all contracts and support for Maine’s 15 School Based Health Centers.

**NEVADA.** Oversees all efforts related to state certification SBHC. Provide TA and guidance to agencies looking to establish a new SBHC and how to improve quality of care (e.g., adolescent-centered medical home, comprehensive well-visits, evidence-based screening tools, etc.).

**RHODE ISLAND.** RI has 4 school based health centers (3 of which are Title X sites).

**WASHINGTON.** Collaborates with WA-SBHA to provide technical assistance to 47 SBHCs. Plans to apply to CoINs with SBHCs and include them on grant applications.
**ARIZONA.** Replication partner of University of Michigan’s Adolescent Champion Model. Works with UMI to develop a youth with special care needs Spark; expected to be completed May, 2019. Partners with health care providers and AZ Family Health Partnership. A Stakeholder workgroup helped develop an *Improving Adolescent Wellness Visits* plan.

**KANSAS.** Works with state Chapter of American Academy of Pediatrics to create statewide messaging on what an adolescent well visit means and difference between a well visit and sports physical.

**LOUISIANA.** Focuses on behavioral health and primary health care services.

**NEVADA.** Focuses on promoting adolescent well-visits. Pushes out information to stakeholders/partners and community agencies about the value of well visits, adolescent-friendly care, and comprehensive screenings.

**OHIO.** Implements strategies to increase and improve adolescent well visits. Key partners are Ohio AAP and Medicaid. Much time was initially spent on practice improvement. Finding a great expense for a small number of practices, ODH has shifted strategies. In 2019, developing a recommendation paper to drive a population-based approach to adoption of policy and/or funding. Also recognizes the lack of youth health care literacy skills in health and mental health care; exploring strategies to collaborate with youth serving agencies.

**PUERTO RICO.** Promotes awareness of youth annual health visit importance to youths, parents and health professionals. Promote youth health empowerment through *Youth Health Literacy Activities Manual*.

**SOUTH DAKOTA.** Adolescent Well Visit NPM 10

**WEST VIRGINIA.** The AHI’s primary health care focus is increasing adolescent well visits. In FY 2016, the AHI surveyed adolescents and their parents regarding well visits (with 1400+ youth and 700+ parent responses expressing barriers and changes that would help them access well visits more often. Using this data, AHI partnered with HealthCheck (WV’s EPSDT program) to develop a campaign encouraging providers to become "enrolled" as "teen friendly provider" (by meeting certain criteria developed by the AHI and HealthCheck). Once designated, AHI and HealthCheck promote these providers as such on websites, they are given certificates and posters to display in their office(s) and the Regional AHCs distribute posters to area schools listing the teen friendly providers.
**Major Focus Areas**

**Nutrition, Physical Activity, Obesity**

**ARKANSAS.** Conducts activities to promote obesity prevention, specifically focusing on nutrition and physical activity professional development opportunities.

**NEVADA.** Oversees efforts to increase adolescent physical activity through Title V/MCH funding. This includes funding an organization providing Trauma-Informed Yoga for youth experiencing ACES. This empowers young people to go beyond comfort zone and help others engage in yoga/mindfulness to cope with life stressors. Runs social media campaigns (ages 12-17 year olds) as well as shares content for partners to share among their social media contacts. Promotes inclusive play infographic targeting families with special needs children. Shares resources where to find playgrounds and sources to purchase sports equipment.

**UTAH.** Physical activity and nutrition in schools and homes.

**WEST VIRGINIA.** As one of the most obese states in the nation, nutrition and physical activity is a core component of work. In 2015, the AHI was instrumental in passing "shared use" legislation, which removes liability from schools if they open their playgrounds and gyms for use by teams or other private organizations to play basketball, host exercise classes, host "Couch to 5k" or "Girls on the Run" programs, etc. The AHI has also began many community gardens across the state, as well obtained grant money to build walking trails, build and upgrade playground equipment and offer summer feeding programs.

**Substance Abuse, Tobacco Prevention**

**RHODE ISLAND.** Tobacco Control Program.

**NORTH CAROLINA.** Elevates substance abuse prevention among Children & Youth programming.

**Immunizations**

**RHODE ISLAND.** Immunization/state vaccine program.
Major Focus areas, describe your work...

Youth with Special Health Needs

**NORTH CAROLINA.** Strategic planning around youth with behavioral health needs.

**RHODE ISLAND.** Youth Advisory Council, Internship opportunities.

**WYOMING.** Works with our CSH program to ensure all youth and young adults have information/resource for a smooth transition into adult care.

Teen Parents

**MARYLAND.** Oversees Pregnancy Assistance Fund grant which expands supportive services to teen parents, their children and their families.

**MASSACHUSETTS.** PAF funding focuses on intensive case management and wrap-around services for young parents with education, employment and parenting outcomes.

**OKLAHOMA.** Uses evidence-based curricula to provide education, training and social services to support teen parents to care for their child and prepare them to succeed in the workplace.

**RHODE ISLAND.** Home Visiting Program.

**VIRGINIA.** The *Resource Mothers Program* supports teen mothers through 2 evidence-based interventions (serves hundreds of teens yearly).

Data

**MAINE.** Oversees administration of Maine Integrated Youth Health Survey (Maine's youth risk behavior survey). Its inclusive of YRBSS but more extensive (10 years combined all the multiple youth health surveys into one comprehensive survey).

**INDIANA.** Collects data for School Health Profiles and conducts the Youth Risk Behavior Survey. Provides oversight for these projects.

**RHODE ISLAND.** Has YRBS and BRFSS and Pregnancy Risk Assessment Monitoring Surveillance Programs staffed with epidemiologists. In addition, manages the Vital records (including birth, death, and marriage) certificates.