OASH | Office of Population Affairs

# Building Networks to Develop Innovative Interventions for Teen Pregnancy Prevention

## IMPLEMENTATION OF THE TPP20 INNOVATION AND IMPACT NETWORK GRANTS

***September 2024***

**HHS Office of Population Affairs**
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## PURPOSE STATEMENT

In this report, we present the findings from an implementation evaluation of the 13 grantees awarded Innovation and Impact Network (Innovation Network) Grants under the Office of Population Affairs' 2020 Cohort of the Teen Pregnancy Prevention (TPP) Program. The U.S. Department of Health and Human Services, Office of Population Affairs sought to understand how grantees implemented the TPP Tier 2 Innovation Network grant strategy. This included documenting the factors that influenced implementation, what challenges grantees encountered, and what factors facilitated their success in developing and maintaining a multidisciplinary network to explore, develop, test, refine, and evaluate innovative new interventions to prevent teen pregnancy and reduce rates of sexually transmitted infection among their selected priority area population.

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# Executive Summary

## Background

The Office of Population Affairs (OPA), within the U.S. Department of Health and Human Services, funded 13 organizations through the 2020 cohort of the Teen Pregnancy Prevention (TPP) Tier 2: Innovation and Impact Network (Innovation Network) grants.[1] The grant tasked projects to form a multidisciplinary network, use innovation design steps to develop and test new interventions to prevent unintended teen pregnancy and reduce rates of STIs within their priority area, and then to refine and evaluate those interventions over a three-year grant period from July 2020 to June 2023. When they applied for the funding, each grantee chose to focus their activities on one of seven key priority areas:

- Caregivers
- Foster care and child welfare
- Youth engagement
- Youth access to and experience with sexual healthcare
- Expectant and parenting youth
- Juvenile justice
- Youth with disabilities

Implementation of the Tier 2 Innovation Network grants varied, but all projects were required to include the following elements:

- **Priority Area**. Focus on one priority area and engage interested parties to develop innovative interventions that could contribute to reduced rates of teen pregnancy and STIs.
- **Innovation and Impact Strategy.** Develop a strategy to authentically and proactively engage key partners to guide the project.
- **Innovation Network.** Establish, coordinate, and support a collaborative, multidisciplinary network of core partners to explore, develop, test, refine, evaluate, and disseminate interventions.
- **Explore, Develop, Test, Refine, and Evaluate Interventions.** Explore and develop innovative interventions for the priority area based on identified needs. Test, refine, and evaluate interventions and move promising interventions into summative evaluation. (Exhibit ES-1 summarizes this five-phase "innovation pipeline.")
- **Disseminate Innovations and Lessons Learned.** Consistently learn and disseminate findings from their innovation processes. When appropriate, evaluate which innovations are effective, disseminate effective innovations, and disseminate information about them.

[1] See Section 2 for information about the organizations awarded the TPP Tier 2 Innovation Network grants.

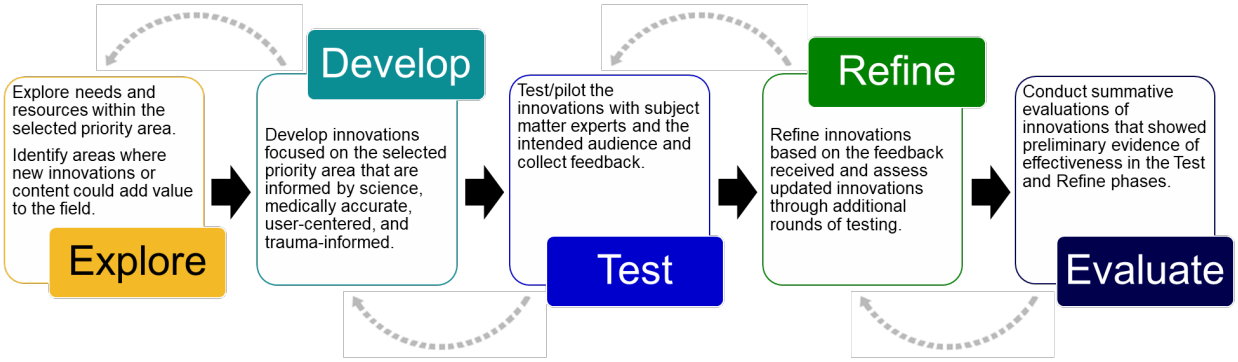
## The TPP20 Evaluation

In 2021, Abt Global (formerly Abt Associates) and its partners Decision Information Resources and Data Soapbox (the study team) were awarded a contract by OPA to understand how grantees implemented the TPP Tier 2 Innovation Network grant strategy (the TPP20 Evaluation). The purpose of the TPP20 Evaluation was to understand the factors that influenced implementation, challenges grantees encountered, and factors that facilitated their success in developing and maintaining a multidisciplinary network with the goal to explore, develop, test, refine, and evaluate innovative new interventions to prevent unintended teen pregnancy and reduce rates of STIs. Findings reflect progress made over the first two-and-a-half years of the three-year grant (July 2020-January 2023).

## Developing Networks and Their Innovation Pipeline

To support the goals of the Tier 2 Innovation Network grant program, each grantee formed an innovation and impact network, a collaborative, multidisciplinary network of core partners, to progress interventions along their unique innovation pipeline. The innovation pipeline includes five phases: Explore, Develop, Test, Refine, and Evaluate, as shown in Exhibit ES-1.

**Exhibit ES-1. The Innovation Pipeline**




Source: Office of Population Affairs (2020).

## Key Takeaways

These are the key takeaways and lessons learned from grantees developing their Innovation Networks and completing the innovation pipeline.

### *Developing and Coordinating the Network*

- Grantees developed complex partnerships including a diverse set of organizations and individuals to ensure they had the skills and perspectives needed to complete the intervention development process.
- Network meetings that explicitly focused on cross-collaboration were essential to learning and moving through the innovation pipeline.
- Many projects engaged youth and community advisory groups or action councils in the exploration and intervention development process.

### *The Explore Phase*

- Projects built on available data and research with specific and in-depth assessments to identify relevant needs for their selected priority area.

### *The Develop Phase*

- Grantees and their formal partners largely spearheaded the development process, but youth, caregivers, and other partners also played a major role in informing it.
- During the Develop phase, grantees created a total of 91 innovative interventions, 76% of which were entirely new interventions. The remaining 24 percent used existing curricula and tools as inspiration or source materials.

### *The Test and Refine Phases*

- Once an intervention moved into the Test phase, projects mostly relied on their formal network partners to help with testing by recruiting participants and hosting interventions.
- Projects designed testing protocols to capture participants' experiences using or receiving the intervention, the facilitation of the intervention (if applicable), their impression of the content, and feedback on the format of the intervention.
- Projects often completed multiple rounds of testing and refining for each intervention.

### *The Evaluate Phase*

- Five out of the thirteen projects moved interventions to the Evaluate phase. The startup time to recruit and train an Innovation Network was often longer than anticipated, often exacerbated by the COVID-19 pandemic.

### *The Dissemination Phase*

- Projects disseminated information about their interventions, lessons learned, or their network approach through a variety approaches, including online resources, trainings, published curricula or tools, publications, and presentations in public forms such as conferences, summits, and showcases.

### *Overall Lessons Learned*

- Innovation work is hard, can be messy, and requires commitment and capacity for change. Grantees and their network partners needed to complete foundation work first to understand and adapt their concept or model of innovation, and partner capacity for innovation work was an essential factor in successful efforts.
- Networks need a strong leadership team and varied expertise to coordinate and complete the work. Defining roles, responsibilities, and expectations, early and developing shared terms to speak about each step was essential to the networks in moving through the innovation stages and maintaining clear communication internally.
- Networks could have benefitted from receiving technical assistance earlier on key innovation, network, and design concepts. Projects that did not have significant prior experience with human-centered design and the innovation process noted they did not fully understand these topics until midway through the project.

- Adjusting the network structure, partners, and approaches is necessary over time. Network composition, communication styles, and frequency of communication had to change as interventions moved into different phases of the development process or as projects explored and developed new interventions that required different skill sets.
- Treating youth and priority area members as part of the team, and, often demonstrating respect and the importance of their work in these roles by paying them for their time, helped promote trust and honest feedback. Meaningful involvement of people with lived experience at each stage of innovation helped projects ensure that they understood their needs and what aspects of the innovation resonated with them.

# 1. Introduction

## 1.1 The Teen Pregnancy Prevention Program

While there has been great progress in reducing unintended teen pregnancy, the U.S. teen birth rate remains higher than that in many other developed countries, including Canada and the United Kingdom (The World Bank, n.d.). Young people ages 15 to 24 account for nearly half of all new cases of sexually transmitted infections (STIs) (Centers for Disease Control and Prevention, 2021). In addition, not all teens are at equal risk; there are disparities in teen pregnancy and STI rates by race and ethnicity (Martin et al., 2022) and for the most vulnerable populations, including youth living in foster care (Boonstra, 2011) or involved with the juvenile justice system (Oman et al., 2018). To address this need, the Office of Population Affairs (OPA), within the U.S. Department of Health and Human Services, administers the Teen Pregnancy Prevention (TPP) program.

The TPP program awards grants[2] to support the implementation of existing evidence-based teen pregnancy programs (called Tier 1). OPA also awards TPP grants to support the development and evaluation of innovative approaches to develop and test new interventions[3] (called Tier 2) to prevent unintended teen pregnancy and reduce rates of STIs.

Exhibit 1-1 below describes how the Tier 1 and Tier 2 grant strategies work together to expand the number of evidence-based programs to support teen pregnancy prevention. The Tier 2 grants are represented by the Incubate, Accelerate, and Evaluate for Impact phases in the TPP continuum. Interventions developed under Tier 2 that are found to be effective after rigorous impact evaluation can be scaled up and delivered in communities nationwide via the Tier 1 grant program.

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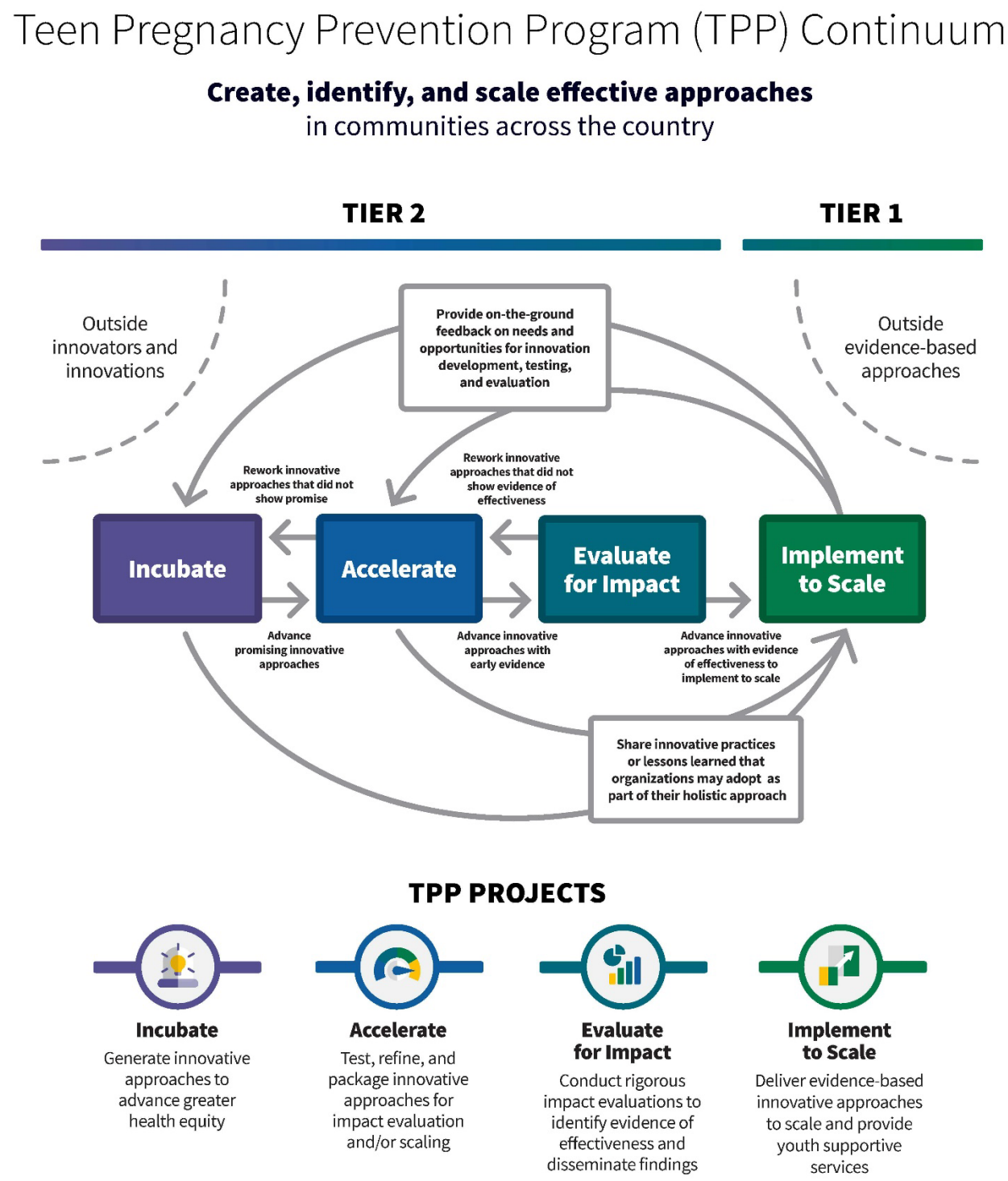
2 OPA awarded Tier 1 and Tier 2 funding as cooperative agreements, which is a type of grant where the government has substantial involvement in the project and considers themselves partners with the grantee. For ease of reference, these will be referred to as grants and the award recipients as grantees throughout the document.

3 This report uses the term interventions throughout to refer to the various innovations developed by the Innovation and Impact Networks. Interventions may have included innovative programs, curriculum, models, components, products, approaches, or strategies explored within the priority area.

**Exhibit 1-1. OPA's TPP Continuum**




Source: Office of Population Affairs (2023).

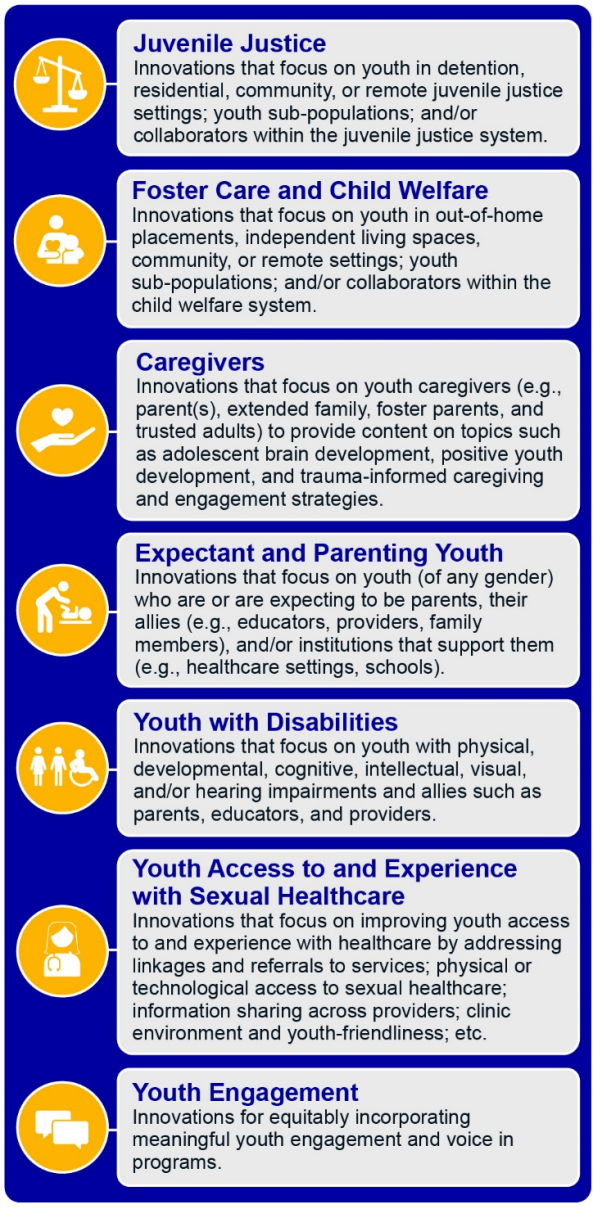
## 1.2 The Tier 2: Innovation and Impact Network Grants

In 2020, OPA funded 13 organizations under the Tier 2: Innovation and Impact Network (Innovation Network) grants. Annual funding for each grantee ranged from $930,000 to $1,860,000, with an average annual grant amount of about $1.5 million. The goal of these three-year grants (funded July 2020 through June 2023) was to develop and test new interventions to prevent unintended teen pregnancy and reduce rates of STIs within seven key priority areas as specified by OPA (Exhibit 1-2). As part of the grant application process, organizations selected which of the seven priority areas would be the focus of their project. Overall, organizations selected the priority area based on their experience, skills, and where they saw the greatest needs.

To meet the needs of the Tier 2 grant, grantees formed and engaged a multidisciplinary network of partners to explore and develop, test and refine, and conduct summative evaluations of innovative interventions to reduce rates of unintended teen pregnancy and STIs within their selected priority area. [4]

Exhibit 1-3 below describes the required elements of the Tier 2 Innovation Network grants.

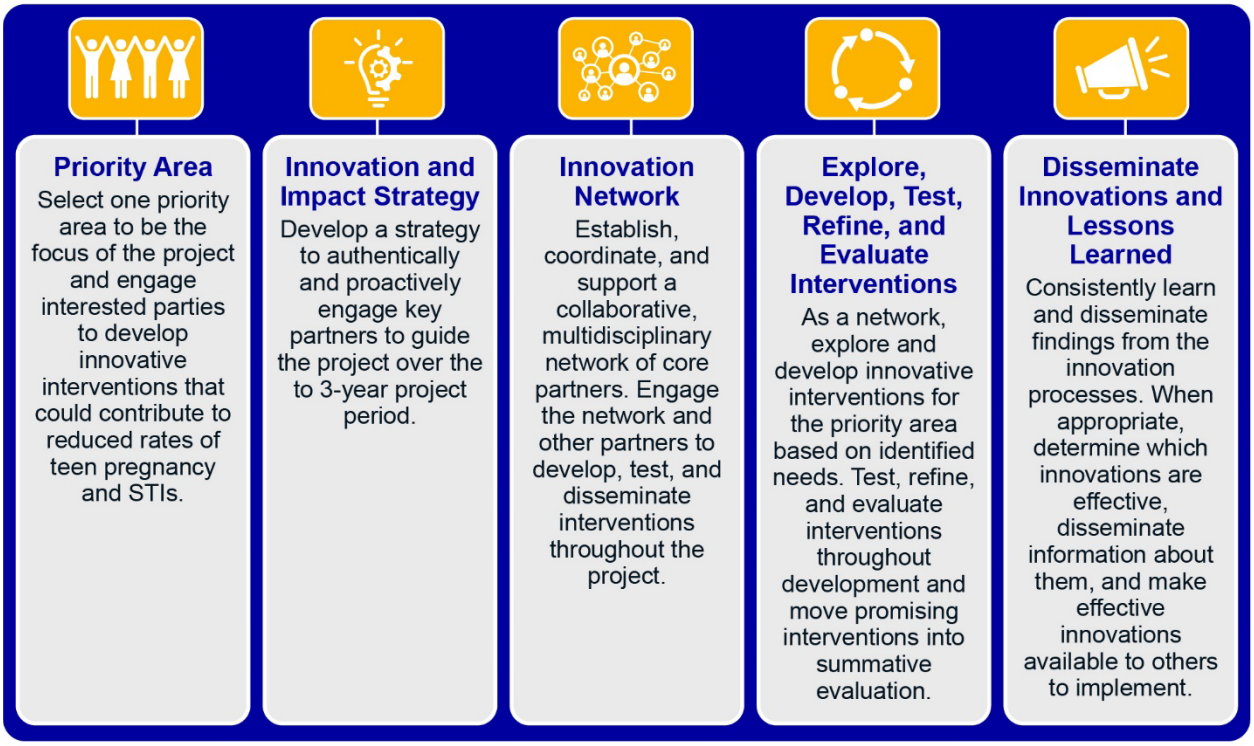
**Exhibit 1-2. The Key Priority Area Options for Tier 2 Grantees**




Source: Office of Population Affairs (2020).

[4] Summative research focuses on assessing overall learning at the end of an intervention.

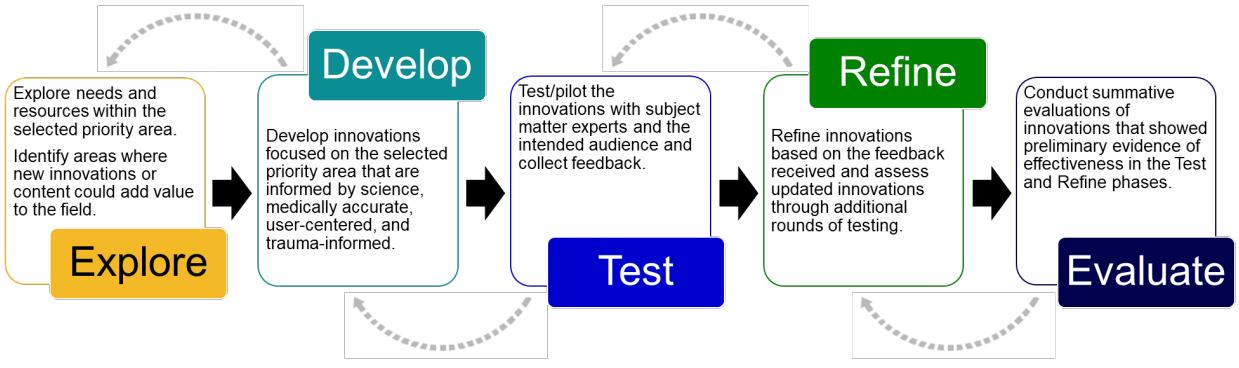
**Exhibit 1-3. Required Elements of the Tier 2 Innovation and Impact Network Grants**




Source: Office of Population Affairs (2020).

A key element of the Tier 2 Innovation Network grants is the innovation pipeline for intervention development, which is defined by five phases, as shown in Exhibit 1-4 and described below.

**Exhibit 1-4. The Innovation Pipeline**



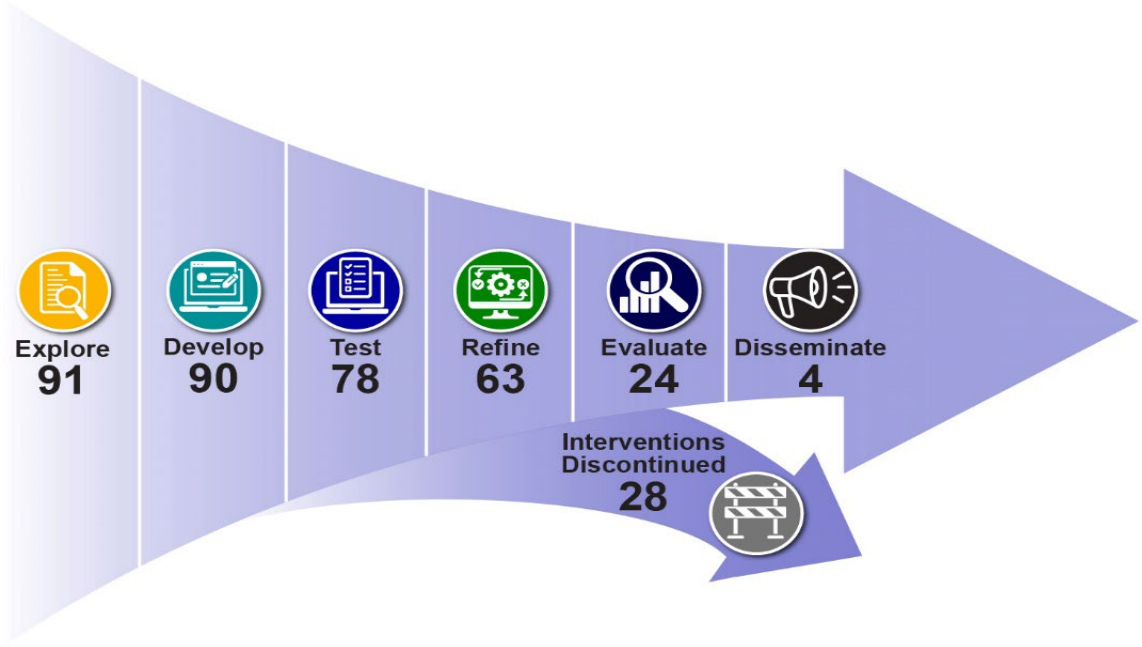

Source: Office of Population Affairs (2020).

- **Explore**: Innovation networks explored the needs and resources within the selected priority area, including any existing interventions, and identified areas where new interventions or content would add value to the field. This phase can take the form of an environmental scan, stakeholder mapping, needs assessments, focus groups, or another method selected by the network.

- **Develop:** Innovation networks developed innovative interventions for teen pregnancy and STI prevention that focused on the selected priority area. Interventions were either created from scratch or adapted from an existing intervention. As part of the development process, grantees developed a theory of change for each intervention and had to ensure each intervention was informed by the latest science on adolescent brain development, medically accurate, user-centered, and trauma-informed.
- **Test:** Throughout the development process, innovation networks tested the interventions as appropriate for the phase of development the intervention was in. This often included seeking feedback from subject matter experts or intended users, piloting the intervention with the intended audience, fielding pre-post surveys, or conducting focus groups. As testing feedback was received, innovation networks could move interventions back into the Develop phase, move them on to the Refine phase, or discontinue them.
- **Refine:** Following testing, innovation networks made changes to the interventions based on the testing feedback received and then conducted preliminary evaluations of the effectiveness of the revised interventions through additional rounds of testing.
- **Evaluate:** After the Test and Refine stages, if interventions showed promise innovation networks moved them into the Evaluate phase for summative evaluation. This step required the involvement of external or independent evaluation staff.

Ultimately, the innovation networks were able to identify 91 interventions in the explore phase and moved 24 of those through to the evaluate phase (see Exhibit 1-5).

**Exhibit 1-5. Moving Interventions Through the Innovation Pipeline**




Sections 3 through 5 of this report describe how the innovation networks worked through these five phases to develop or adapt innovative interventions within their priority areas.

## 1.3 The Teen Pregnancy Prevention 2020/2021 Evaluation

In 2021, OPA contracted with Abt Global (formerly Abt Associates) and its partners, Decision Information Resources, Inc. and Data Soapbox, to conduct a cross-site implementation evaluation to learn how the organizations awarded TPP grants in 2020 and 2021 were implementing the components of the Tier 1 and Tier 2 grant programs (the TPP20 Evaluation). To understand how grantees and their network partners implemented the required elements of the Tier 2 Innovation Network grant strategy, the study team:

- Interviewed staff from each Tier 2 Innovation Network grantee organization and at least one of its partner organizations between October 2022 and April 2023—the grantees' third year of implementation.
- Observed a grantee activity, such as an Innovation Network meeting, when possible.
- Reviewed materials grantees submitted to OPA, including initial grant applications, semi-annual performance measurement data and progress reports, and other required reporting materials such as intervention lists and network maps.

Findings reflect progress made over the first two-and-a-half years of the three-year grant.

This report describes the planning and implementation phase of the 13 Tier 2: Innovation Network grants. Another report (Freiman et al., forthcoming) describes implementation findings across the Tier 1 grantees.

**Key Terms**

**Grantee:** The organization that received the Tier 2 Innovation and Impact Network grant.

**Innovation network**: A collaborative, multidisciplinary network of partners recruited and supported by the TPP Tier 2 grantee that is engaged in the innovation pipeline.

**Innovation pipeline:** The iterative process projects underwent to develop and test new interventions to prevent unintended teen pregnancy and reduce rates of STIs. The five phases of the pipeline are: Explore, Develop, Test, Refine, and Evaluate.

**Intervention**: Innovative programs, models, components, products, approaches, and strategies to reduce rates of unintended teen pregnancy and/or STIs or improve adolescent health.

**OPA TPP Tier 2 Innovation and Impact Network grant:** A three-year grant that required projects to take on the large task of forming a multidisciplinary network, using innovation design steps to develop and test new interventions to reduce rates of unintended teen pregnancy and STIs in their selected priority area, and then test, refine, and evaluate those interventions over a three-year grant period from July 2020 to June 2023.

**Partners:** Organizations or entities brought in by the grantee organization to help with coordination or implementation of the innovation network or to collaborate in the innovation pipeline. Partners within could be either formal partners—that is, they received TPP Tier 2 Innovation Network grant subawards from the grantee—or informal partners that might have had defined roles on the project but did not receive additional funding to participate in the innovation network.

**Priority area**: For purposes of the grant, OPA defined priority areas as "critical systems, populations, and/or program components for which significant and strategic investment in innovation and testing is necessary to make an impact on [adolescent] health and, particularly, teen pregnancy and STI rate disparities" (OPA, 2020).

# 2. The Organizations Participating in the TPP Tier 2 Innovation and Impact Network Grants

Each TPP Tier 2 grantee was required to develop a multidisciplinary innovation network that included experts in the grantee's selected priority area. To meet this need, grantees developed a complex web of partnerships to ensure their projects had the skills and perspectives needed to fill the various roles and responsibilities required by the innovation pipeline. The network structure allowed grantees to add to their own capacity, skills, and expertise and include authentic youth and community engagement to inform work along the innovation pipeline. This section describes the organizations funded under the Tier 2 Innovation Network grants, how each of those organizations selected the priority area that was the focus of their network, how they built and coordinated their network, and the types of partners they included in their network and their roles within the project.

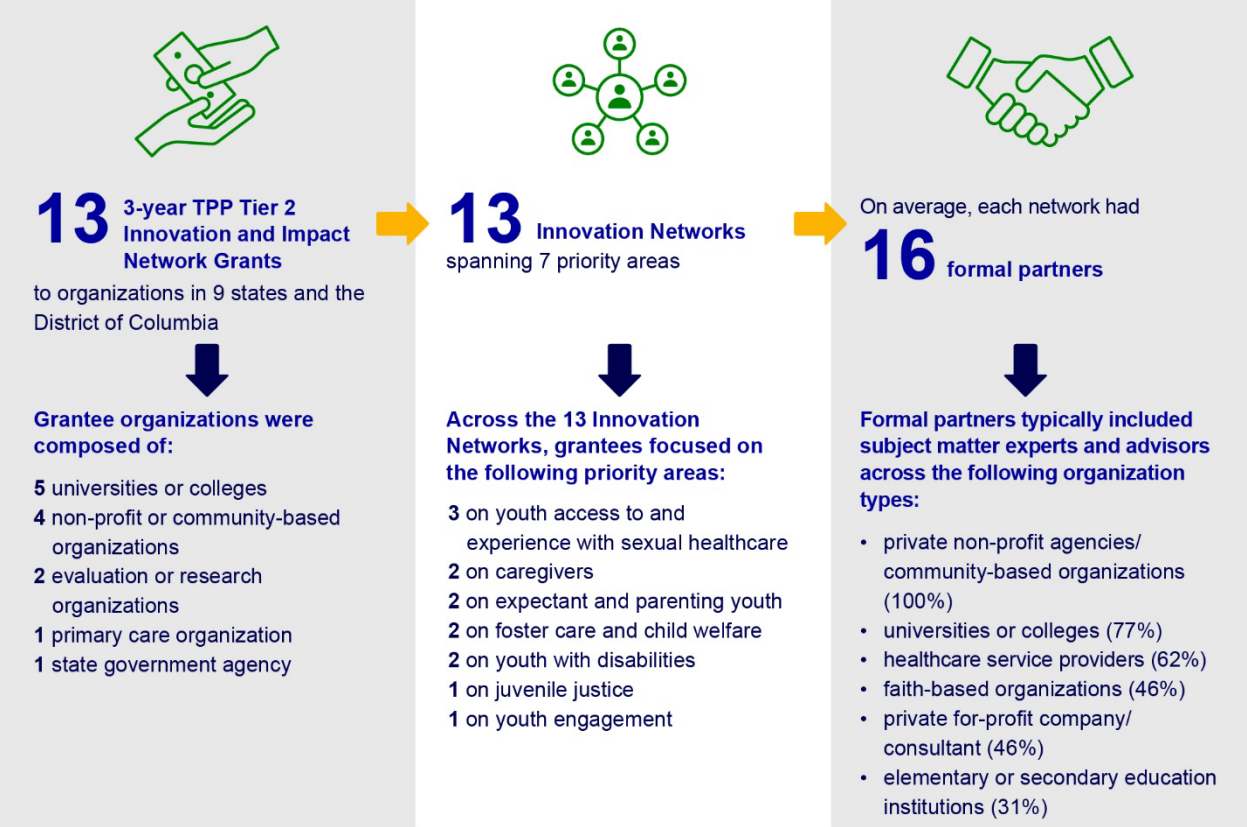
**Key Takeaways**

- **Grantees developed complex partnerships to ensure they had the skills and perspectives needed to complete the intervention development process.**
- **Network meetings that explicitly focused on cross-collaboration were essential to learning and moving through the innovation pipeline.**
- **Many projects engaged youth and community advisory groups or action councils in the exploration and intervention development process.**

## *2.1 Grantee Organizations and Their Experience with Their Priority Area*

The types of organizations awarded TPP Innovation Network grants varied, as shown in Exhibit 2-1 below. Universities and colleges made up the largest segment of TPP Innovation Network grantees, followed by non-profit and community-based organizations. Of the 13 grantees, seven (54%) were prior OPA TPP grant awardees. Of these seven grantees, six had experience working on at least one prior Tier 2 OPA TPP grant to develop new interventions or rigorously evaluate them. Of the grantees that had no prior TPP grant experience, they all had experience in the field of teen pregnancy prevention or working with or within the selected priority area. Below we describe how and why each of the 13 Tier 2 grantees selected their priority area.

**Exhibit 2-1. Overview of the Organizations Awarded TPP Innovation Network Grants and Their Networks**




Note: Percentages provided for formal partners are the percentage of grantees that included at least one formal partner from the listed organization type. Formal partners have a contractual agreement with the grantee or received a portion of the award funding from the grantee. City/town, county, and state government agencies (23% each) and tribal government agencies (8%) also made up formal partners within the networks. Source: Pre-interview forms completed by grantees; grant applications submitted to OPA.

## Juvenile Justice

- **Policy and Research, LLC**, a prior OPA TPP grantee based in New Orleans, has implemented and conducted research on teen pregnancy prevention programs in several states. Project leaders selected this priority area to build off their prior evaluation of a program designed for youth on probation, where they identified the need for additional programming for youth involved in the justice system. They saw the Tier 2 Innovation Network grant as a natural next step in advancing that work and further strengthening the partnerships they had created from prior work in this area.

## Foster Care and Child Welfare

- **National Center for Youth Law (NCYL)**, based in California, selected this priority area to address a need staff were already researching. A 2017 California state law mandated that child welfare agencies ensure youth in foster care receive sexual and reproductive health

education. NCYL had already identified a gap in sexual and reproductive health education among youth in foster care who do not receive this education in schools. NCYL saw the Tier 2 Innovation Network grant as a means to partner with other networks across the state to identify and create new programs to address this gap in programming.

- **The University of Texas at Austin** selected this priority area because the co-principal investigators for the Tier 2 Innovation Network grant have backgrounds in child welfare and sexual health and dating and sexual violence prevention. They understood the gap in curricula available for this population and had already begun developing a new curriculum for child welfare professionals. Because the problem is so complex, they saw the Tier 2 Innovation Network grant as a good resource to bring multiple interested parties together to create a more comprehensive set of interventions for youth in foster care, caregivers, and child welfare professionals across multiple cities in Texas.

## Caregivers

- **Morehouse School of Medicine**, a prior OPA TPP grant recipient, houses the Health Promotion Resource Center, which conducts teen pregnancy prevention research. Over the history of their work in Georgia, project leaders identified that engaging parents and caregivers in teen pregnancy prevention efforts is difficult and there are few evidence-based or promising interventions focused on parents and caregivers. They saw the Tier 2 Innovation Network grant as a means to address that gap and further their work in this space.
- **Thrive, Inc.** is a non-profit organization located in Oklahoma that has provided evidence-based teen pregnancy prevention programming in support of prior OPA TPP grants. Thrive selected caregivers as its priority area because it aligned with its internal organizational goals to expand both the content and the reach of its programming. Project leaders also saw this area as an alternative audience for teen pregnancy prevention programming if it became too challenging to reach youth in schools.

## Expectant and Parenting Youth

- **Albany State University** conducts teen pregnancy prevention research and saw this grant as an opportunity to further that research. Southwest Georgia, where the University is located, has rates of teen pregnancy that are higher than the national average. The University saw this priority area as the most pressing and best aligned with the work it was interested in pursuing.
- **DC Primary Care Association** provides support to local health centers across the District of Columbia and partnered with Children's National Hospital and Howard University to support the grant. All three institutions were interested in furthering their collective impact work around maternal health.

## Youth with Disabilities

- **James Madison University (JMU)** provides sexual health educators for several school districts across Virginia. As part of that work, project leaders noticed that schools often excluded students with disabilities and so were looking into how to appropriately adapt programming for them. Around the same time OPA announced the Tier 2 Innovation Network grants, the State of Virginia passed a bill that required all schools to consider age- and developmentally appropriate sexual health education as part of students' individualized education programs.[5] Given their work in this space and their interest in developing content for youth with disabilities, JMU staff selected this priority area for their project.
- **Planned Parenthood of Greater New York (PPGNY), Inc.** provides sexual and reproductive health services. As part of this work, it frequently received requests for sexual health education for people with disabilities. In recent years, PPGNY committed to expanding its capacity to provide that and developed a three-year plan to do so. Shortly after PPGNY started work on this plan, the Tier 2 Innovation Network grants were announced. PPGNY saw the grant, and this priority area, as an opportunity to expand its work in this area in a more collaborative way.

## Youth Access to and Experience with Sexual Healthcare

- **Fact Forward** has years of experience in providing access to reproductive health services in South Carolina. Project leaders selected this priority area as a way to expand their work on reproductive health into new areas, home in on education around STIs and reducing rates of STIs, and develop new interventions to promote access to sexual healthcare.
- **Texas A&M University,** a prior Tier 2 grant recipient, saw the Tier 2 Innovation Network grant and this priority area as a way to continue to engage a network of experts in innovation and teen pregnancy prevention. The Tier 2 Innovation Network grant allowed them to continue promising strategies developed under the prior grant, apply lessons learned, and create innovative interventions around youth access to and experience with sexual healthcare, where they saw the greatest need for additional programming nationally.
- **Washington State Department of Health** was a prior OPA TPP grantee for testing new and innovative TPP strategies. The Department saw the Tier 2 Innovation Network grant, and this priority area in particular, as an opportunity to expand upon the work it was already doing to reach marginalized populations within the state and develop a strong network to address what they saw as a lack of resources and comprehensive sexual health education.

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[5] This change was approved under Virginia's Senate Bill 186: https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0170

**Youth Engagement**

- **Education, Training and Research (ETR) Associates** is a non-profit organization that focuses on curriculum development and dissemination for improved health outcomes and health equity for youth. It has worked on several previous TPP grants and planned to apply for the TPP 2020 funding. Prior to the announcement of the Tier 2 Innovation Network grants, ETR merged with Youth Tech Health, a company focused on advancing youth health through technology. In light of its recent merger, ETR selected this priority area because it allowed staff to merge their expertise in teen pregnancy prevention and youth engagement.

## 2.2 Structuring the Innovation Network

**Frameworks Used to Structure the Networks**

Some grantees used theoretical models or frameworks to guide the structure of their networks. Two commonly used frameworks were these:

**Collective Impact:** This framework requires multiple organizations work together in a longstanding commitment toward a shared goal. Collective impact requires five elements: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and a backbone support organization(s) (Kania and Kramer, 2011).

**Socio-Ecological Model:** This model acknowledges that individuals influence and are influenced by their surrounding environment. As such, prevention efforts should aim to address four environmental levels: the individual, relationships (family, friends, social networks), community, and societal (laws and regulations, societal norms). (Centers for Disease Control and Prevention, 2022)

To build an innovation network that complemented its skills, grantees could recruit both *formal partners*—organizations that received TPP Tier 2 Innovation Network grant subawards from the grantee—or *informal partners* that might have had defined roles within the network but did not receive additional funding to participate.

**Identifying Partners.** One of the first steps grantees completed to develop their networks was to conduct a "stakeholder map" to identify the parties within the selected priority area and focus population. From there, grantees identified the people and organizations that should be involved in the innovation network, as a formal or informal partner. When developing their innovation networks, all grantees identified partners with which they had prior relationships, but also formed new connections to unfamiliar organizations and individuals.

When identifying partners to join the innovation network, grantees often included:

- Subject matter experts, including experts in the priority area, trauma-informed care, intervention or curriculum development, graphic design, website or app development, and technical assistance.
- Organizations or agencies working in the priority area or with the focus population.
- Implementation partners and sites.
- External evaluators.
- Community advisory groups.
- Youth advisory groups.

- Members of the priority area, such as youth in the juvenile justice system, caregivers, youth in foster care or staff from foster care agencies, etc.

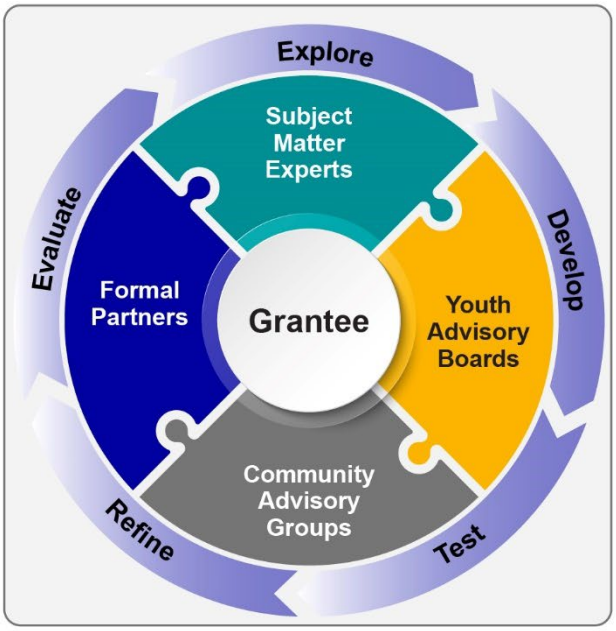
The final composition of formal partners across the 13 networks most often included members from non-profit or community-based organizations, universities or colleges, and healthcare service providers, as shown in Exhibit 2-1, above.

> "Many [of our partners] had not collaborated with one another before the network. I think some of our partners had been really familiar with one another because they maybe have similar service provisions, or they might be located regionally in the same area as one another. But there are a lot of new relationships that have come out of this network…and we've gotten a lot of feedback from our partners about how nice it is to just feel connected."
>
> –Innovation Network Project Director

**Developing a Structure for the Network.** When developing a structure for the network, grantees generally took one of two approaches: a co-collaborator approach (network structure model 1), or a direction-setting approach (network structure model 2), as shown in Exhibit 2-2.

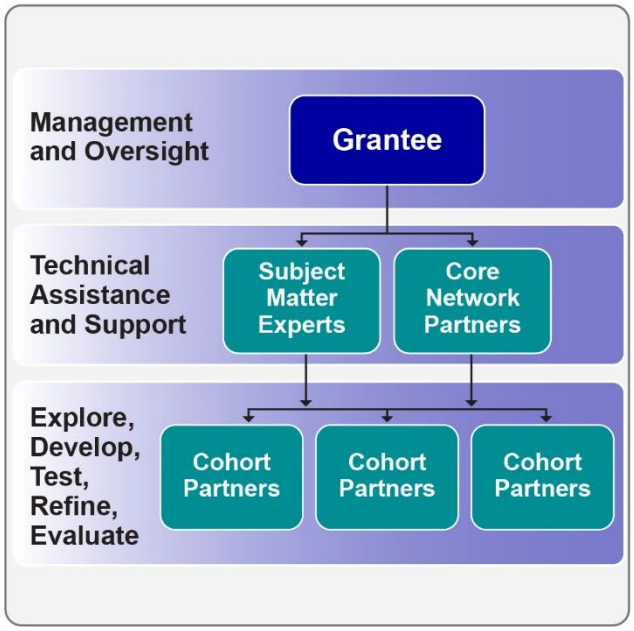
**Exhibit 2-2. Two Typical Network Structures**

**Network Structure Model 1: Grantee Involved in All Aspects**




**Model 1:** The grantee provided project management and coordination and co-led intervention development, testing, and refining with the network partners (6 grantees).

**Network Structure Model 2: Grantee Provides Leadership and Oversight**




**Model 2:** Grantee oversaw project work and provided or arranged training, coordination, and technical assistance to network partners, which led intervention development, testing, and refining (7 grantees).

**Roles Within the Network.** Regardless of the model used, all grantees took the lead in establishing and supporting the network, served as a fiscal agent disbursing funds to network partners, and were involved in dissemination of project activities (as shown in Exhibit 2-3). To

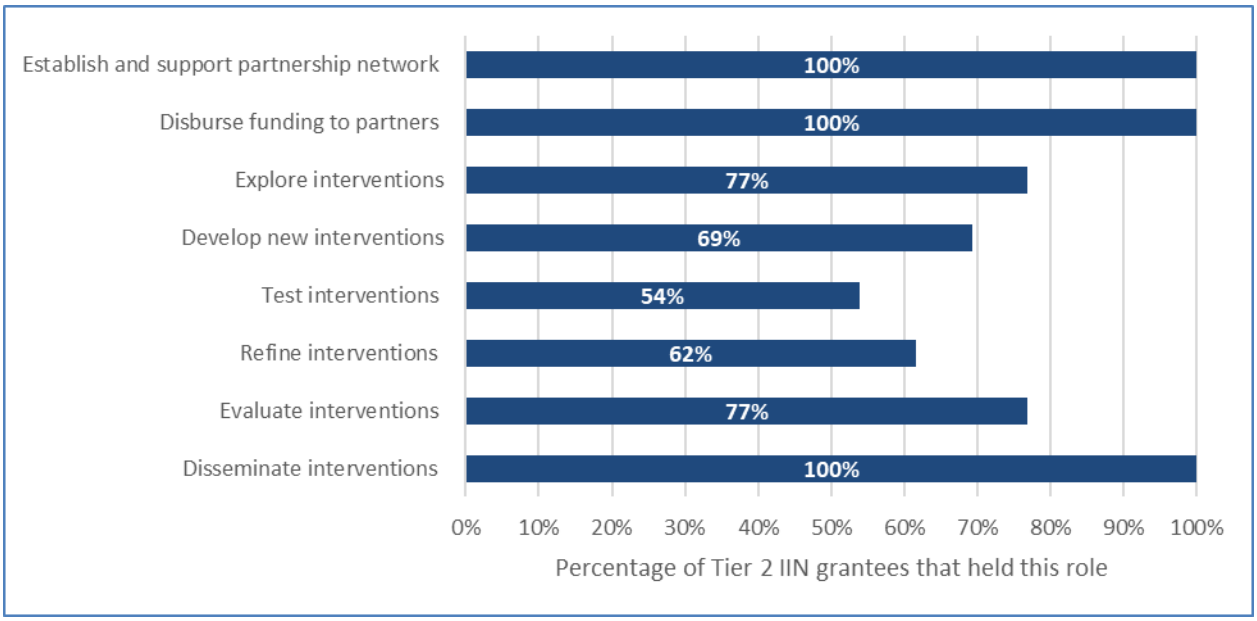
coordinate project work, several grantees divided the network into a series of cohorts (sometimes also called hubs or committees), so that each cohort led or was focused on just one (or sometimes two or more) intervention(s). Once network partners were onboarded, they often collaborated with the grantee and other network partners through a series of committees that could have shifting compositions or roles throughout the course of the project.

Across both models, grantee's roles in coordinating and supporting the network also included:

- Coordinating the networks' communications and collaboration.
- Providing or facilitating peer-to-peer learning, expert-led or small team workshops, personalized coaching, and/or other forms of training and technical assistance.

For example, most grantees took the lead in coordinating regular (typically weekly to monthly) meetings with network partners and setting up communication channels to allow the grantee to easily communicate with its partners and partners to communicate with one another. Grantees also brought in subject matter experts or connected network members to provide technical training for partners on subjects such as youth participatory action research; evaluation techniques; diversity, equity, and inclusion; violence and injury prevention; and resilience.

**Exhibit 2-3. Grantees' Roles Across the 13 TPP Tier 2 Networks**



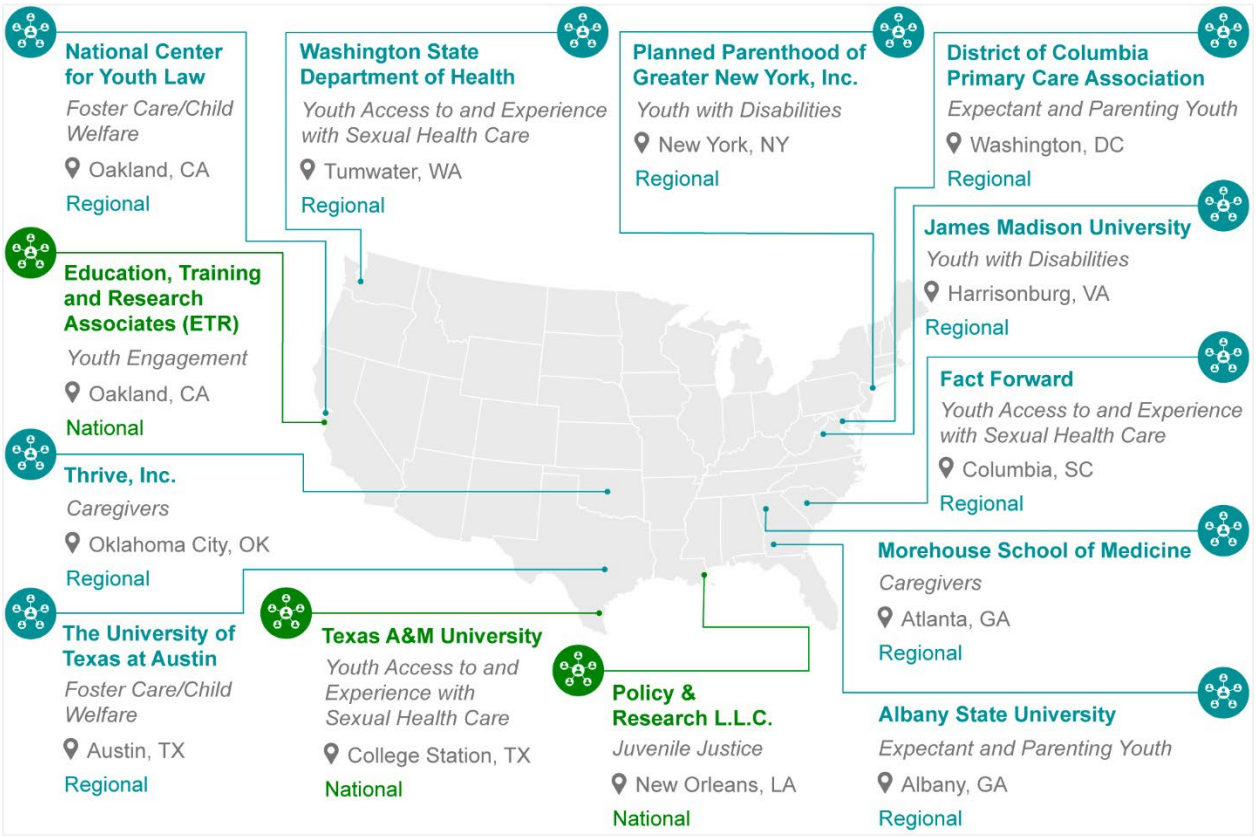

Source: Pre-interview forms completed by grantees.

**Establishing Networks Geographically.** The Tier 2 Innovation Network grants did not require grantees to operate in a specific, defined geographic region. As such, grantees were able to determine how geographically disbursed or concentrated they wanted their network to be. Ultimately, most of the 13 grantees operated their networks within their own region or state. However, three developed and operated networks that spanned a broader geographic area, covering multiple states or taking what they considered a national approach.

Grantees that selected a regional focus often did so because of their existing connections to other organizations or interested parties within their region, or an identified need within their

region. These grantees could have also had partners within the network that were based outside of the grantee's region, but all intervention testing/implementation was completed within the grantees' region. Grantees that implemented their projects across a broader geographic region did so either because they had specific implementation partners they wanted to work with—often based on prior experience with those partners—but those partners were not within the grantee's region, or because the grantee believed a broader scope was needed to test the interventions being developed. Exhibit 2-4 shows grantee location, priority area, and regionality.

**Exhibit 2-4. The Tier 2 Innovation Network Grantees and Priority Areas**



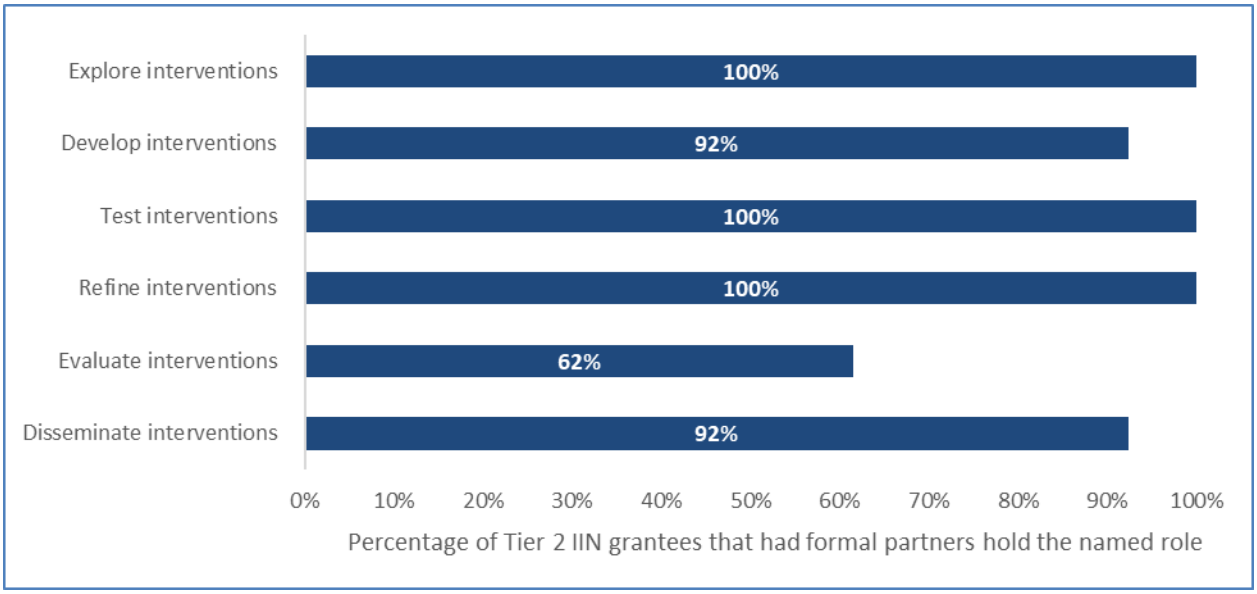

Note: Green denotes a national focus; teal denotes a regional one.

## 2.3 Partner Engagement within the Network

Once members of the innovation and impact network were recruited, each grantee had to define the roles members would have in the network and how communication across the network would be structured.

**Partner Roles.** Similar to grantees, partners held several roles in the networks. As shown in Exhibit 2-5, all grantees involved their formal partners in the Explore, Test, and Refine phases of project implementation and 12 of the 13 grantees involved partners in the Develop and Disseminate phases. However, some partners might have been involved in just one or two aspects of the project; others might have been involved in multiple aspects including coordination, training, communication, intervention exploration and development, testing and refining, evaluation, and/or dissemination.

**Exhibit 2-5. Network Partners' Roles in Implementing the Project Across the 13 TPP Tier 2 Networks**




Source: Pre-interview form completed by grantees.

In many cases, partners who were involved in the intervention testing and refining also provided or recruited the settings at which the interventions would be tested. This role sometimes included recruiting the participants who would be involved in the intervention testing; that is, receiving the intervention and completing the follow-up feedback request. One benefit of partnering with organizations that regularly worked with members of the priority area was the experience they brought in engaging participants and the established relationships they had within the community that made recruiting participants easier.

Every network was also required to have an external, independent evaluator that could be involved in the early Test and Refine phases but was required to be involved in any summative evaluations.

**Communication Across the Network.** The majority of networks encouraged cross-collaboration across partners and cohorts (if they used a cohort model) beyond the coordination meetings the grantee organized to share updates on project management, timelines, and next steps. These cross-collaboration meetings allowed partners to share information specific to the interventions they were working on, to include feedback received and lessons learned. Partners found it valuable to share this information not

> "That three organizations could work together on a project in three different cities under the direction of another institution I think kind of just shows the strength in collaborative work and shows that it can be done, as well. So, I could definitely imagine that even after this grant kind of concludes, that if there's other opportunities to do the same thing on something different, that we would probably jump at it because it's been a really good opportunity to provide this work statewide, but also, like, as one. It's kind of unifying."
>
> –Network Partner

only with others working on testing the same intervention in a different setting but also with partners who were developing or testing different interventions.

**Securing Partnerships.** Securing and maintaining partnerships were common challenges. Some grantees had to let partners go because they could not implement the project, make the needed time commitment, or attend trainings consistently. Others had to shift which organizations they partnered with due to staff capacity or turnover issues, organizational changes, a lack of staff buy-in for the project, not wanting to be a test site for intervention development, or changes in priorities after the pandemic. Some grantees, especially universities or colleges, faced what they considered bureaucratic red tape that delayed the process of getting contracts in place and processing payments or limited recruitment of external partners. These grantees had to shift timelines to get those partners onboarded or look internally for partners who could fill needed roles. Others struggled with meeting institutional review board requirements for conducting research. To overcome that challenge, one grantee paired partners with network members experienced in institutional review board submissions. Other grantees were able to avoid losing partners by successfully adjusting partner engagement efforts, for example by shifting meetings and technical assistance to virtual settings, providing digital documents, and relying on emails or phone calls more heavily.

## 2.4 Youth and End User Engagement

All 13 grantees involved youth or informal partners throughout each phase of the project.

**Engaging People with Lived Experience.** Grantees identified the chance to involve members and organizations from the selected priority area (if applicable) as one of the greatest benefits of building the network. Including people with lived experience allowed projects to develop interventions that were informed by the end user, so they were relevant and filled a need among that population.

Youth were often involved in the planning and implementation stages of the network because as one grantee put it, they *"wanted to make sure that [the network] had representation from the youth—equitable participation—because they did not want to plan services for people who were not involved [or] not provide input in the responses."*

Grantees whose priority area did not focus directly on a youth population, such as the Caregivers, still incorporated youth voice throughout their project, but kept the priority area participants as their focus:

> *We try to stay very intentional about where to bring youth in and where to, you know, best have support and advice without tokenizing or without just taking that voice. And so [we] wanted their perspectives, wanted their feedback, wanted them to hear what we were doing, but also wanted to keep the focus on the caregiver. – Tier 2 Grantee Staff*

Incorporating people with lived experience into the project did not come without challenges, especially when it involved youth or young parents. Projects sought to encourage engagement by youth or parenting teens by offering them a stipend or other incentives for their work. However, because their role in the project was not full-time, many of these network members had to find employment elsewhere or graduated and moved on to college. Sometimes this made it difficult, if not impossible, for them to participate in the network. As one grantee

acknowledged, it would have been better to have hired someone with lived experience to join the project team full-time so that their perspective was always represented and could be further supplemented by advisory boards whose composition could change over time.

**Youth and Community Advisory Groups.** Many grantees formed youth and/or community advisory groups or action councils. These entities typically were composed of members of the priority area, youth, leaders in the community, and other interested parties. For example, one grantee formed a group that included members from various organizations across the community that had an interest in what the network was doing and the interventions being developed. That group convened on a regular basis and provided feedback on what they saw as potentially missing interventions, content they thought should be added or changed to developed interventions, or concerns they had about an intervention or process. Other grantees formed several youth groups, each of which was specific to an intervention development cohort, to reduce the burden on the youth groups to participate in and provide feedback on multiple interventions.

While these youth and community groups often changed composition from year to year as participants left for other opportunities or commitments, grantees typically were able to maintain a minimum number of youth on the boards at any given time (youth advisory boards ranged in size across grantees, from about five to more than 20 youth). This turnover was seen as both a pro and a con, as it ensured that different perspectives were heard as membership changed, but it also increased the burden on grantees to recruit new members. One common challenge that grantees expressed was how difficult it could be to recruit and retain youth to work on projects focused on teen pregnancy prevention and adolescent health.

Youth and priority area participant engagement and roles varied across the 13 grantees, but their common roles included these:

- **Exploring Needs.** Some grantees had a youth participatory action research component, where youth were involved in the Explore phase. Sometimes this involved youth engaging in a community needs assessment; in others it involved focus groups to understand what youth saw as needs that were not addressed in available programming, and what formats they would like to see interventions take.

  At least one grantee used interactive exercises to engage youth in identifying needs within its selected priority area. For example, one grantee used a *Rose, Bud, Thorn* exercise to have youth identify challenges (thorn) they've experienced related to teen pregnancy prevention programming or other aspects of the priority area, potential ideas (bud) for how to address that challenge, and

> *"We knew that we needed lots and lots of feedback from youth as well as feedback from folks who work in justice systems and were familiar with these systems for this to fly, you know. We are not the experts on the lives of youth who've been in the justice system. They are, you know. And we are not the experts on how to implement an intervention in justice systems, because the folks who work in the justice system are those experts, they really know what's going to fly and what's not going to fly. So yeah, we knew from the beginning, it we were going to have success, it was going to be due to those kinds of relationships."*
>
> –Innovation Network Project Director

what about their experiences with the programming or priority area was already working well (rose).

- **Selecting Interventions**. A few grantees included youth and members of the priority area in deciding which interventions to move on to the Develop phase. One grantee formed pitches for potential interventions to be developed and had its youth advisory board vote on which pitch they thought would fulfill their needs and wants. The intervention(s) with the most votes moved on.
- **Generating Content.** Youth and priority area participants were often involved in informing intervention development, creating social media content to disseminate information about the project or the interventions being developed, or organizing presentations about their work within the network or topics of interest.
- **Providing Feedback.** Youth and priority area participants participated in listening sessions or focus groups, reviewed interventions being developed, and provided feedback on them.

During the first year of the grant when the pandemic required social distancing, most youth involvement began as virtual engagements via online meeting platforms and collaboration sites like Jamboard or Slack. Even after pandemic restrictions eased, many grantees found it challenging to engage youth in person due to competing demands and conflicting schedules. Grantees often continued virtual and digital engagement through online meetings, text messaging, and social media, which allowed participants, especially parenting youth, to engage when their schedules allowed. However, some grantees felt that virtual and digital involvement resulted in less engagement or less critical feedback than they were used to receiving when engagements were in person. Others noted that it limited participation to youth who had internet-capable devices and regular access to the internet or cellular service.

# 3. Exploring Needs and Developing Interventions

The first phase of intervention development was exploring what interventions currently existed and were available to the field, gaps within those existing interventions, and what the needs were for new interventions. Prior to developing new interventions, or adapting existing interventions, the networks completed this Explore phase.

**Key Takeaways**

- **Projects built on available data and research with specific and in-depth assessments to identify relevant needs for their selected priority area.**
- **Grantees and their formal partners largely spearheaded the development process, but youth, caregivers, and other partners also played a major role in informing it.**
- **During the Develop phase, grantees created a total of 91 innovative interventions, 76% of which were entirely new interventions.**

## *3.1 Identifying Needs Within Priority Areas*

**Tools Used to Identify Needs.** As a requirement of the grant application, Tier 2 Innovation Network grantees began the Explore phase by completing environmental scans and literature searches within their selected priority area to identify relevant research, data, needs, resources, and even interested parties related to teen pregnancy prevention, STIs, and adolescent health. Grantees could expand on the initial environmental scan or included additional members of the network in the scan process, after receiving the Tier 2 Innovation Network grant. Because most applicants had experience in their selected priority area, grantees' environmental scans were often informed by research they already conducted in the priority area prior to applying for the grant. The environmental scans were often supplemented by grantee or network-led needs assessments, focus groups, listening sessions, community surveys, or interviews.

**Expanding the Explore Phase.** Though grantees completed many steps of the Explore phase during the grant application stage, they came back to the Explore phase several times over the three years the project was funded. Their initial environmental scan identified the major areas where gaps in research or content existed, but networks were often able to further identify what is needed through youth or community advisory board feedback or input from new network members or informal partners. Several networks continued to explore the need for

*"Our entire first year was formative research…by intention. We had no idea, and we did not want to come in with any assumptions about what people needed…. So there [were] several parts of our needs assessment process, you know, literature reviews. But then we also did a curriculum analysis and then we did a series of surveys and focus groups with different parts of the system. So, like, the entire first year [we were] planning formative research; and then at the beginning of year two, we held a human-centered design lab to process all of that data and determine what interventions we would begin to build."*

–Innovation Network Project Director

additional interventions into years two and three of the grant as the network identified the need for additional interventions or as other interventions moved further along into the Test, Refine, or Evaluate phase and networks had capacity to begin work on another intervention. Exhibit 3-1 provides a summary of the needs identified during the Explore phase.

**Exhibit 3-1. Needs Identified During the Explore Phase for Each Priority Area**

| Priority Area | | Needs Identified |
|---|---|---|
|  | **Juvenile Justice** | • Programming for youth in reentry programs. |
|  | **Foster Care and Child Welfare** | • Centralized enrollment systems for sexual and reproductive health training for youth in foster care.<br>• Updated programming for youth in foster care.<br>• Programming for foster care workers and caregivers of foster care youth. |
|  | **Caregivers** | • Peer-to-peer learning that incorporates concepts around sexual and reproductive health for parents and caregivers.<br>• Programming tailored for parents and caregivers of youth with specific backgrounds or need, including youth with autism, Down Syndrome, youth who identify as lesbian, gay, bisexual, transgender, queer/questioning, or Two Sprit (LGBTQ2S+), youth experiencing homelessness or unattached youth, Hispanic or Latin(a/o/x) youth, and youth of specific religious denominations.<br>• Programming for Black and African American caregivers. |
|  | **Expectant and Parenting Youth** | • Coordination of resources across a system of care that are specific to the needs of teen parents.<br>• Safe spaces for youth to connect and discuss issues and needs of teen parents. |
|  | **Youth with Disabilities** | • Inclusive and developmentally appropriate programming for youth with disabilities.<br>• Programming that incorporates what youth with disabilities want and need to know, including content around consent, healthy relationships, and sexual and reproductive health and is accessible to youth. |
|  | **Youth Access to and Experience with Sexual Healthcare** | • Programming focused on young Black males.<br>• Programming around how parents or caregivers, especially male parents/caregivers, communicate with their teens around sexual and reproductive health.<br>• Free, full-length programming (lesson plans) for educators.<br>• Systems-based approaches that intervene at the organizational level. |
|  | **Youth Engagement** | • Programming that includes a youth participatory action research component. |

Sources: Interviews with Tier 2 Innovation Network grantees and partners conducted between January and April 2023.

**Parties Involved in the Explore Phase.** Not all grantees were directly involved in the Explore phase once they received the grant award. Three grantees relied on network partners to lead the Explore and Develop as well as the Test and Refine phases of intervention development. For example, one grantee put out a request for proposals for intervention developers. Once

developers were hired, the grantee provided them with training on human-centered design[6] and sexual health but then left the Explore and Develop phases up to them. The developers then undertook steps similar to other grantees', including hosting listening sessions, interviews, and focus groups to further identify needs and gaps in current programming.

**Challenges During the Explore Phase.** The most challenging aspect of the Explore phase for grantees and their network partners was applying innovation methods like human-centered design with partners who were not familiar with them. As one grantee noted, its partners were academic institutions and accustomed to using the scientific method to develop a hypothesis and test it. Human-centered design does not follow that process; it required partners to come in without preconceived notions of what was needed or how it would work, instead asking their intended audience what they believed was needed or would work, to get inspiration from the ultimate users. The grantee noted,

> *If we had it to do over again, we would loosen [the human-centered design process] at a certain stage because what's most important is what you generate from those [sessions]…but then [our partners] got a little too bogged down at times in terms of, were they doing it right.*

## 3.2 The Intervention Development Process

Once projects had completed the Explore phase, they moved into the Develop phase. Grantees and formal partners largely spearheaded the development process, but youth, caregivers, and other informal partners also all played a major role in informing it and keeping innovations focused on the goals of the grant. Some projects used feedback loop models during the Develop phase, which allowed projects to receive constant feedback from youth, interested parties, and subject matter experts. For example, interested parties ensured information was medically accurate and feasible for interventions centered in healthcare or provider settings. Youth and caregivers helped direct what kinds of information was desired and how best to present it. Youth focus groups were particularly fruitful, as young people were eager to share the kinds of information they were lacking and to advocate for their needs.

**Facilitating Intervention Development.** To facilitate the Develop phase, one project focused on creating innovations for youth with disabilities created a "design collective" that included members of its advisory board, partner organizations, and members of the priority area. It also partnered with a self-advocacy association, which was able to provide suggestions whenever the design collective was stuck. Other projects had partner organizations create their own advisory boards, finding the workload too heavy for a single group to review. Some projects chose to contract with consultants who could advise their development teams. Consultants included experts in human-centered design, curriculum development, and rigorous evaluation. As one grantee noted, *"Pretty much every word [developed for an intervention] has been touched by anywhere from three to 15 people before it's done."*

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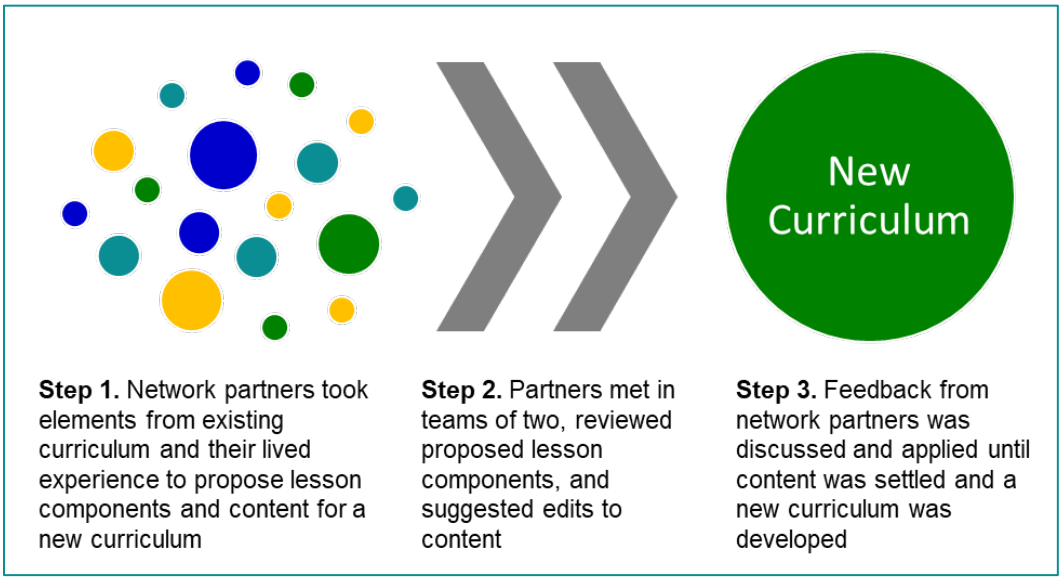
[6] Human-centered design is an approach that centers real people (users) in the design and development process so that products developed resonate with and meet the needs of the intended user.

**Exhibit 3-2. Example of the Intervention Development Process**




**Involving Youth and Community Members.** For many grantees, the development process became very youth centered. Some grantees were able to leverage previous connections to youth to create their own youth-led advisory boards to inform the development process. Projects worked diligently to incorporate youth and members of the focus population or priority area in a meaningful way to avoid tokenizing their contributions. For example, one project found it beneficial to weigh feedback from youth within the priority area more heavily than that of other advisory group members.

In addition to meaningfully involving youth and other priority area populations, grantees found it necessary to gain buy-in from key community members, starting at the Develop phase. This took the form of listening sessions, surveys, and meetings with interested parties to ensure their teen pregnancy prevention strategies were in line with community values. For one project, this included involving faith-based leaders who were needed to gain community buy-in. For another, it involved including representatives from the different agencies that systems-involved youth might interact with. As this project noted, for many young people,

> *[There are] so many different systems that touch them, and there's this kind of diffusion of responsibility. So we were very nerdy and strategic in mapping who were the different power sources that influence and control young people's lives… to make sure that we had representation, [so] we have those voices be part of the conversation and that we*

> *"Those [advisory] groups are not always mutually exclusive, so we have people with disabilities who are caregivers who are also working in the field. You know, that's the ideal. So, we have five parents, four caregivers, five professionals, and six self-advocates to overbalance/over represent people with disabilities. Whenever there is kind of a decision point or a voting practice, people with disabilities and their decisions are weighted more heavily because as a part of our vision and guiding principles we are committed to centering people with disabilities while prioritizing their support networks."*
>
> –Innovation Network Project Member

*understand where [young people] may have more power or less power.*

Another project held a listening session and administered a 100-person survey to youth leaders in its state.

**Challenges During the Develop Phase.** Common challenges in the intervention development process centered around time constraints. Projects noted that each step took longer than anticipated due to challenges with partner availability and schedules and the multiple rounds of input from various entities. Some projects cut short some initiatives due to the overall timeframe for the project and the need to move interventions through each of the phases. Others noted how difficult it was to balance how much time to spend on information-gathering activities and the need to keep work moving forward. As one project director said, *"If we're going to do truly innovative work, that systemic in nature collaborative bit, it has to be more than three years."*

## 3.3 Interventions Developed

During the Explore and Develop phase, grantees identified a total of 91 innovative interventions, 76% of which were developed from scratch (i.e., the interventions went beyond updating or modifying existing programming). Some grantees developed new interventions using existing curricula or tools as inspiration, whereas others developed them from scratch. New interventions tended to center more heavily around the needs discovered at the Explore phase, which resulted in highly creative approaches to teen pregnancy prevention. Such innovation included informational podcasts, doula services, mental health support groups, apps to provide caregiver education and support, and social media promotion and education.

Projects also had the ability to adapt existing interventions to customize or revamp them to fill identified gaps in content, structure, or format. When adapting existing interventions, projects tended to select interventions or curriculum they had prior experience working with. Common adaptations included altering the programs modality to accommodate virtual learning, combining programs, recreating a program for alternative audiences (parents, younger kids), and adding lessons such as dating or consent to the curriculum. See Exhibit 3-3 for more information about the interventions developed for each priority area. The exhibit includes information on the total number of interventions developed and the types of interventions developed by priority area. If projects developed more than one intervention of the same type, that type of intervention is only listed once (e.g., if grantees developed two different types of video-based interventions for youth involved in the juvenile justice system, video-based interventions is only listed once in the types of interventions developed column).

**Exhibit 3-3. Interventions Developed, by Priority Area**

| Priority Area | Types of Interventions Developed |
|---|---|
|  <br>**Juvenile Justice**<br>• 6 newly developed interventions | **For counselors:**<br>• Tool to help justice-involved youth avoid pregnancy by understanding how others influence their choices.<br>**For youth:**<br>• Sessions for youth to identify relationship goals, build skills, identify resources, hold conversations, and improve sexual health decision making.<br>• Video-based interventions on identity, pregnancy and STI prevention, consent, and increasing condom use among Black and African American youth involved in the juvenile justice system, with corresponding resources and materials. |
|  <br>**Foster Care and Child Welfare**<br>• 5 newly developed interventions<br>• 2 adapted interventions | **For youth in foster care:**<br>• Two sets of sexual health curricula tailored to youth in foster care.<br>**For caregivers of youth in foster care:**<br>• A sexual health curriculum tailored to caregivers of youth in foster care.<br>• A caregiver support podcast to support youth through adolescent development.<br>**For child welfare professionals:**<br>• Training and technical assistance materials on how child welfare agencies can incorporate sexual healthcare education into their agency policy.<br>**Other:**<br>• A system to make enrollments in sexual health curriculum easier for youth, caregivers, and child welfare professionals.<br>• Improvements to healthcare clinic capabilities to support youth in foster care. |
|  <br>**Caregivers**<br>• 13 newly developed interventions<br>• 4 adapted interventions | **For caregivers:**<br>• Support groups for caregivers and presentations to build trust and stronger relationships.<br>• Trainings to teach caregivers how to talk with youth about sexual health, reproductive health, relationships, laws protecting youth, and sexual health risk. Some of these focused on subpopulations such as caregivers working with youth experiencing homelessness and Black or African American fathers.<br>• Parenting curricula on developing and maintaining positive relationships and on parent involvement in teen pregnancy for African American caregivers.<br>• Parent sessions to increase caregivers' knowledge on sexual health topics and teen pregnancy and on how to have difficult conversations with teens and improve their relationships.<br>• Apps to teach sexual health topics to caregivers.<br>• A workbook discussing relationship building and sexual health education for fathers and community caregivers such as youth group leaders or caregivers in faith-based settings.<br>• Toolkits teaching sexual health education, hygiene, boundaries, and consent for caregivers generally and for caregivers of youth with Down syndrome.<br>• Coaching sessions with youth to talk through concepts and practice conversations.<br>• Online resource hubs for LGBTQ2S+ caregivers or caregivers of LGBTQ2S+ youth tailored to their specific needs through a self-assessment quiz.<br>• Video-based trainings for Spanish-speaking caregivers on teen pregnancy, communication, and sexuality. |

| Priority Area | Types of Interventions Developed |
|---|---|
|  <br>**Expectant and Parenting Youth**<br>• 11 newly developed interventions<br>• 1 adapted intervention | **For teen parents:**<br>• Educational programs on intergenerational trauma transmission and parenting and life skills.<br>• Online video educational program via YouTube teaching parenting and lifesaving skills.<br>• Co-located mental health services.<br>• Online support group for new mothers to ask questions and access resources.<br>• Peer-to-peer case management and support program focusing on birth control and follow-up services.<br>• Doula services and perinatal mental health services.<br>• Support for young parents attending college.<br>• App for information on pregnancy, STIs, and adolescent health.<br>**For providers:**<br>• Trainings in organizational reflection and respectful care for Black mothers.<br>• Dialogue and visuals on generational trauma to support young parents during medical visits. |
|  <br>**Youth with Disabilities**<br>• 13 newly developed interventions<br>• 3 adapted interventions | **For youth with disabilities:**<br>• An interactive online sexual and reproductive anatomy toolkit with six components to help youth with intellectual and developmental disabilities learn about sexual and reproductive anatomy.<br>• Four sets of sexual health education curricula focused on (1) healthy relationships and abuse prevention, (2) youth with autism, and (3) Special Olympics athletes. Some curricula have segments that include parental involvement.<br>**For parents of youth with disabilities:**<br>• An information hub for parents and teachers of youth with disabilities.<br>• A guidebook on how to advocate for sexual and reproductive health education in individualized learning plans.<br>• Curriculum for parents of youth with intellectual or developmental disabilities with an accompanying parent support group.<br>**Other:**<br>• Sexual health and wellness workshops for youth, parents, caregivers, and teachers of youth with intellectual or developmental disabilities.<br>• Trainings for special education teachers on how to deliver sexual and reproductive health education.<br>• Curricula for youth with disabilities and parents on how to talk about sexual and reproductive health. |

| Priority Area | Types of Interventions Developed |
|---|---|
|  <br>**Youth Access to and Experience with Sexual Healthcare**<br>• 21 newly developed interventions<br>• 9 adapted interventions | **For youth:**<br>• A set of eight new sexual and reproductive health curricula for teens and young adults designed for (1) high school- and college-aged Black males, (2) LGBTQ2S+ youth, (3) high school and college students and parents, (4) anti-racist, community-based sexual health education, (5) ethnicity-based organizations, (6) tribal and Two Spirit youth, or (7) consent and healthy relationships.<br>• Presentations, provided by healthcare providers, on contraceptive methods and reproductive health.<br>• Social media campaigns, online resource hubs, events, and other materials presenting sexual and reproductive health resources and positive messages about sexuality, youth empowerment, and support for youth to take control of their own sexual and reproductive health.<br>• Five interventions around training or empowering youth to (1) become health educator peer advocates or peer educators; (2) advise healthcare providers on programs, policies, and procedures to be more youth friendly; and (3) mentor younger students on sexual health.<br>• Guides, campaigns, and other tools to create peer-based advocacy programs or facilitate trust-building to increase access to resources and sexual and reproductive education in rural areas.<br>**For parents and youth:**<br>• A workshop to increase skills of parents, caregivers, and trusted adults to discuss sexual health and navigating health services with teens and young adults.<br>• A toolkit with resources for Native American or Alaskan Native, transgender, and Two Spirit youth.<br>**For clinicians:**<br>• A clinic policy and accompanying conversation guide that requires clinicians to provide one-on-one time with teenage patients to discuss patient-provider confidentiality and any confidential topics at the teen's request.<br>• A standardized set of processes to embed mental, sexual, and reproductive health assessments and conversations into all youth primary care visits for youth ages 12 and older.<br>• A wellness kit curated with products relevant to the health needs of teens, sent when an appointment is scheduled.<br>• Tools to make clinics more youth friendly including (1) updates to policies and procedures, (2) a teen-friendliness assessment, and (3) updates to pregnancy intention screening questions.<br>**For other audiences:**<br>• Community needs assessment materials to help other providers develop or select interventions. |
|  <br>**Youth Engagement**<br>• 3 adapted interventions | **For organizations or entities serving youth:**<br>• A school-based sexual and reproductive health and teen pregnancy prevention program that provides social, emotional, and academic support to high school–age youth.<br>• A model for developing and coordinating multiple youth advisory councils, using youth engagement practices to involve youth in the design, implementation, and evaluation of sexual and reproductive health initiatives.<br>• A youth-led project to address the emotional and sexual health needs of rural, minority teens across Mississippi by using social media to deliver content to these youth, including a video series, storytelling, illustrations, and virtual conversations. |

**Discontinuing Interventions.** Over the course of the grant, more than half of the projects discontinued interventions, which is expected as part of the innovation pipeline. Some projects discontinued development of planned interventions because of advice from their OPA Project Officers, who encouraged project teams to prioritize a few interventions rather than take on too much at once given limited resources and capacity, as well as the need for focused and

intentional learning. For one project, this meant cutting eight potential interventions so it could focus on the three most promising interventions. Additional reasons for discontinuing interventions included the intervention not working well for the intended population, the intervention being of lower priority than the others, a lack of capacity, and loss of key staff. Another project was forced to stop development of two planned interventions because it had partnered with a nascent organization with administrative trouble that caused it to back out of the project. Another partner failed to follow recruitment protocols and was ultimately dropped from the grantee's network.

Some projects incorporated planned interventions into other interventions rather than develop them as stand-alone products or drop them entirely. For example, one project transformed what it had been thinking of as four interventions into "service enhancers" that it packaged with other interventions. These service enhancers served as engagement techniques to encourage community and organization buy-in.

# 4. Testing and Refining Innovations

After developing interventions, all grantees advanced at least some into the Test and Refine phases. The Test and Refine phases were meant to allow projects to implement developed interventions in the field with intended users or audiences and receive feedback on what elements of the intervention worked well, what did not, and what components might be missing. Sometimes, feedback received during the testing and refining led projects to move interventions back into the Develop phase. In most instances, project teams would refine elements of the intervention based on the feedback received and continue to iterate through the Test and Refine phases until they had an intervention that showed promise.

> *"So our, kind of, guide for [moving to the Test phase] was to get [an intervention] far enough along that people could really understand what it was, but not so far along that if they hated everything about it, we couldn't undo it all."*
>
> –Innovation Network Project Staff

Projects used their own discretion in determining when interventions were ready to move from the Develop phase to the Test and Refine phases. Some projects decided to move to the Test and Refine phases when they had done all they could with the information they had, or they had a solid curriculum in place; others moved on when they had struck a good balance between an intervention being both feasible and workable. However, project timelines often played a major role in the decision-making process, as projects focused on when testing and refining needed to be completed so that promising interventions could move on to the Evaluate phase before the end of the grant period. Evaluator partners also provided insight on how long it would take to complete testing and evaluation analyses to inform these decisions.

This section describes how projects tested and refined projects that had moved on from the initial Develop phase. Across the 13 grantees, nearly 80 of their interventions reached or completed the Test phase, or an average of six interventions per project.

## Key Takeaways

- **Once an intervention moved into the Test phase, projects mostly relied on their formal network partners to help with testing.**
- **Projects designed testing protocols to capture participants' experiences using or receiving the intervention, the facilitation of the intervention (if applicable), their impression of the content, and feedback on the format of the intervention.**
- **Projects often completed multiple rounds of testing and refining for each intervention.**

## 4.1 Implementing Developed Interventions

Once an intervention moved into the Test phase, projects mostly relied on their formal network partners to help with testing. Projects also recruited youth and other members of the priority area to receive or partake in the intervention and provide feedback on it. Because projects conducted testing during the COVID-19 pandemic, most implemented interventions in virtual or hybrid settings at the start. Interventions they developed later or had extended Test and Refine phases could be implemented in-person, especially if that was the intended mode as conceived during the Develop phase.

**Settings for Testing Interventions.** Settings for intervention delivery and testing varied depending on the nature of the intervention. Popular settings included schools, school-based clinics or other healthcare settings, child welfare or foster care settings, juvenile justice centers, court settings, community settings or centers—including youth centers and churches—and virtual settings including online meetings, digital apps, and videos. Sometimes the settings selected caused the project to adapt the intervention or delivery mode because of the site's or state's sexual and reproductive healthcare–related policies. For example, some projects were limited in what they could discuss or provide to participants, such as not being able to provide condoms.

Implementation partners noted that support from the grantee was an important component in being able to implement an intervention in the Test phase. One network partner noted,

> *The support from [grantee] staff was really the icing on the cake because if you just gave me a pilot program [and said] start, I would not know what to do, where to go. But meeting with them monthly made it even easier for us to implement and, kind of, bring it to our youth.*

**Challenges During the Test Phase.** The main challenges projects experienced while implementing interventions were around youth and community partner recruitment, engagement, and retention.

- **Stigma.** For youth, a major barrier to participation was the stigma associated with teen pregnancy and sexual healthcare. Staff of two projects specifically noted feeling ill-equipped to fully support and create an inclusive environment for participants identifying as LGBTQ2S+. Creating a welcoming environment, providing direct incentives, and building trust were the most effective strategies to combat these barriers. For some projects, trust-building also included getting buy-in from local community groups, churches, schools, and parents.
- **Retention.** Another setback for some projects working with youth who were experiencing homelessness, had unstable housing or family situations, or had little access to transportation was retaining them in the program. Retention was especially an issue for grantees targeting youth in the juvenile justice system, as this group was particularly transient. Many projects were able to overcome these challenges by switching to online modalities, although some participants still struggled with internet access, leaving text and phone calls as the best alternatives.
- **The COVID-19 Pandemic.** The public health emergency spurred by the COVID-19 pandemic also caused several implementation challenges for projects. Projects that worked directly with healthcare providers struggled to retain their implementation site

partners as those partners became overwhelmed with providing direct healthcare and implementing their own adjustments to make staff and patients feel safe. Staff turnover during the pandemic was also a challenge. Finally, some projects noted that the forced shift to remote or online modes resulted in less engagement by partners, and they would have preferred to be able to offer more in-person options.

- **Other Challenges**. Projects encountered other challenges including partners' inability to meet rigid testing and evaluation requirements, implementing too many interventions at once, natural disasters such as tornadoes or hurricanes, and burnout.

## 4.2 Testing Tools and Processes

During the Test phase, projects developed testing protocols to assess various components of their interventions. Projects designed testing protocols to capture participants' experiences using or receiving the intervention, facilitation of the intervention (if applicable), their impression of the content provided in the intervention, and feedback regarding the structure or format of the intervention. Some projects focused on asking participants basic satisfaction questions and measuring comfort with and usability of the information presented. A few grantees used testing as an opportunity to understand their reach by asking demographic questions. Others focused on preliminary effectiveness by probing for comprehension and understanding of the material or assessing knowledge gains.

> *"We heard pretty quickly from partners that asking students to go into a different tab and fill out a survey in Qualtrics was just not going to happen. So the approach there was just really working with partners to hear from them [about] what works with your youth…knowing that there would need to be lots of feedback and adaptation to tools that we would typically be used to seeing."*
>
> –Innovation Network Project Staff

**Developing Tools for Intervention Testing.** Generally, projects relied on their internal and external evaluators, as well as other data professionals, to help with intervention testing. Developing testing protocols that were feasible to implement and accessible to the intended audience was particularly important. Some projects adapted their approaches for receiving feedback to ensure the tools used were youth-friendly, adjusting things such as the survey platform used, the format of the survey, and the response options provided.

Project staff, especially at the grantee leadership level, provided implementation sites with the needed autonomy, support, and tools to feel comfortable piloting interventions and collecting feedback, but also offered dedicated staff who were easily accessible to answer questions with an immediate response. Evaluation partners weighed in on the tools used and provided feedback on how to conduct quality qualitative data collection. One evaluator stated,

> *There's got to be a trust factor in there and [we help define] what the plan should be and what it exactly is you are trying to capture, collect: 'Would that be intrusive? Is there another way to do that?'*

Many projects used pre- and post-testing or just post-testing in the form of questionnaires, feedback surveys, or interviews to receive feedback from intervention recipients before and/or after receiving the intervention. Focus groups, often conducted directly after intervention receipt,

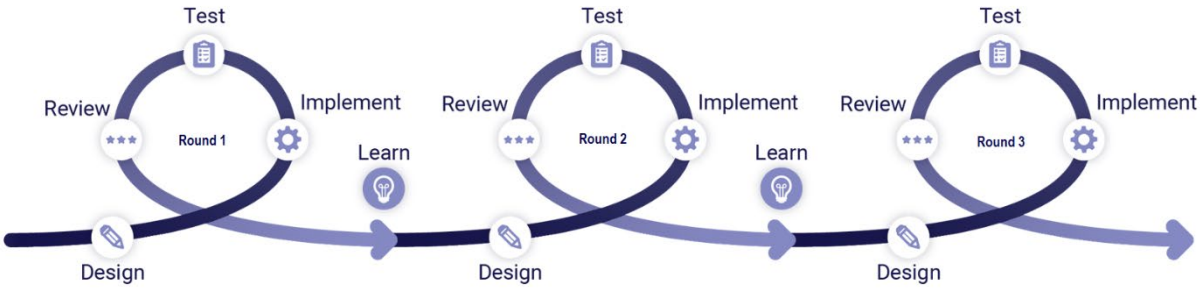
were another common tool to obtain qualitative feedback from participants. Intervention recipients completed most of these activities in person or digitally using platforms such as apps, REDCap, or Google forms.

**Participants in the Test Phase.** Getting immediate feedback after testing the intervention was particularly important when working with youth. Most projects used their established youth advisory groups to assist with testing. Depending on the intended audience and nature of the intervention, caregivers, healthcare providers, and subject matter experts also participated in testing. Projects also used implementation partner feedback, provided during meetings and progress reports, as part of the Test phase.

## 4.3 Incorporating Testing Feedback and Refining Interventions

Projects often completed multiple rounds of testing for each intervention. Testing might have occurred at various implementation locations or settings, but typically each round included a certain number of participants and data collection. Following testing, projects compiled the feedback received, made refinements to the intervention based on that feedback, then began another round of testing and refining. The number of rounds of testing and refining completed varied across projects and interventions but was typically driven by the type and extent of feedback received and the project's desire to move to the Evaluate phase. Exhibit 4-1 provides a sample of what this process could look like.

**Exhibit 4-1. Sample Testing and Refining Process**




Most projects developed a tracking system to document the feedback received to make it easier to review and inform the Refine phase. Projects reviewed the feedback received, identified common requests, and implemented the changes they believed would be most beneficial or feasible. For many refinements, common themes arose from feedback in focus groups, implementation team meetings, and surveys, thus making the choice of what to refine clear. For example, one grantee found their delivery of a new curriculum to feel more like a lecture than a conversation and that there were too many handouts. This came up in feedback from both pilot participants and implementors. Another grantee completed random observations of implementation sites during testing, then correlated its observation data with feedback received to assess what refinements to make. Some grantees involved external evaluators in this process

The most common refinements made to interventions were as follows:

- **Accessibility.** Grantees focusing on youth with disabilities often received feedback around additional accommodations needed, such as for participants with visual impairments or who used letterboards. Other projects adjusted interventions to include QR codes, rather than distributing paper flyers, so that youth could access materials digitally and privately in their own time.

> *"We went from 10 sessions to having five 2-hour sessions because that was the preferred implementation method. As part of that we really looked at what were the essential elements, what were things we could drop…. There were too many worksheets and handouts, in addition to it feeling like school…. In some of the communities, some of the youth did not have the literacy levels to read [the worksheets] and engage with them. So that was certainly something I had not anticipated moving into this, and a big learning moment. So as part of our restructuring, we also made sure that there's nothing in there that requires a young person to be able to read or write at any specific level. It's much more discussion based."*
>
> –Innovation Network Project Staff

- **Content.** This included replacing images with ones that were more representative of the community or with cartoons that did not represent any racial or ethnic categories (e.g., used colorful skin tones and hair colors), adding referral information to requested resources including around sexual violence, streamlining content to make sure the key takeaways were clearly outlined, and building out facilitator notes or scripts.
- **Engagement.** A few grantees addressed concerns around level of engagement by incorporating more hands-on or interactive activities, leaving more time for discussion, or adding discussion components or forums to self-directed or online interventions.
- **Language.** Projects adjusted the framing or wording used in the interventions, updated titles to be more appealing or informative, offered the information in Spanish, or simplified the language to be appropriate for all audiences and general reading levels.
- **Length**. Projects reduced or restructured the number of sessions or simplified content in response to feedback that interventions were too long.
- **Setting-based Adaptations.** Making interventions adaptable to a variety of settings was also a common refinement. This included adaptations in format (in-person vs. virtual) and content to ensure the intervention excluded topics that were legally or customarily prohibited. This was especially important for grantees working with churches, schools, and detention centers.

**Challenges During the Test and Refine Phases.** One common challenge in the Test and Refine phases was knowing when to stop and move on to the Evaluate phase. Many projects noted that testing and refining could go on indefinitely, as there would always be ways to improve the intervention. Projects were compelled to move past the Test and Refine phases in order to meet project timelines and complete the steps required within the grant's timeframe. Some project implementation partners struggled with testing and refining, which were more structured than the Explore and Develop processes. A few partners did not have the capacity to follow the testing and refining protocols set by the project and had to drop out. Other projects had difficulty keeping informal partners, especially members of the community, engaged during

the iterative testing and refining process as the networks did not have a lot of updates to share in between rounds of testing.

## 4.4 Measuring Intervention Effectiveness During the Test Phase

Many projects focused during the Test phase on feasibility and formative research,[7] rather than on effectiveness; however, projects also collected and analyzed testing feedback to inform program effectiveness. Projects set the types of outcomes or metrics they were interested in measuring, often in alignment with the expected outcomes as defined in a logic model developed for the intervention. These measures included youth engagement, knowledge gains, satisfaction with the program, and use of information learned. Projects then used qualitative and quantitative means to measure those metrics to determine whether the interventions showed promise for being effective. Evaluators also worked with the project to set target reach numbers so that the project could collect enough data to be informative.

*"[The] preliminary effectiveness testing phase…includes gathering the implementation data that we collected and feasibility testing, but also a pre-post questionnaire. Some teams are also implementing a [baseline and] one-month follow-up questionnaire."*

–Innovation Network Project Staff

Some projects used initial testing results to reformulate their testing protocols so that when interventions moved to the Evaluate phase, the information collected was more useful. For example, one project initially implemented pre- and post-assessments that relied on youth to self-assess anticipated behavioral change after receiving an intervention. After fielding the assessment, the project found the results were too positive to be real; in other words, youth rated themselves very harshly prior to the intervention and then rated themselves very positively afterwards. The project then reformulated the testing tools and refocused the anticipated measures away from behavioral change.

[7] Formative research is a type of research, usually qualitative in nature, that can be conducted on products under development. The goal of formative research is to identify problems with the product that can be fixed in its next iteration to improve the product's design and usability for the intended audience.

# 5. Evaluating Intervention Effectiveness

As part of the grant requirements, projects that completed the Test and Refine phases that assessed preliminary effectiveness of their interventions were next to complete summative evaluation[8] and then disseminate those interventions that showed promise.[9] Few projects were able to move any interventions to the Evaluate phase during the grant's timeframe. However, most projects collaborated with an evaluator in the initial phases to develop logic models then later on to develop evaluation plans to inform data collection and preliminary intervention effectiveness assessments during the Test phase.

**Key Takeaways**

- **Five out of the thirteen projects moved interventions to the Evaluate phase.**
- **Projects disseminated information about their interventions, lessons learned, or their network approach.**

## *5.1 Moving Interventions to the Evaluate Phase*

Projects usually developed a rubric, dashboard, or set of standards to determine when an intervention was ready to progress to the Evaluate phase. For example, one grantee developed an intervention roadmap that outlined what steps were required at each phase, what conditions needed to be met to move to the next phase. Many of these tools took the overall project timeline into consideration and thus set standards that could be reasonably met within the grant's three-year timeframe. Still, only five projects had moved interventions into the Evaluate phase by the time data collection for this study was completed (April 2023). Many projects acknowledged that three years was not enough time. The startup time to recruit and train an Innovation Network was often longer than anticipated—especially with the additional challenges imposed by the COVID-19 pandemic—and many Innovation Networks took longer than they expected in the earlier stages of the innovation pipeline.

Ultimately, the decision to move an intervention on to the Evaluate phase was made by the lead organization and developer partner. Getting interventions to the Evaluate phase also required strategic collaboration within the network, implementation partners, and the evaluator. One project provided hands-on, structured technical assistance throughout each phase, as developers varied in their experience and skills to execute and evaluate the interventions. Even if it was clear that an intervention would not make it to the Evaluate phase, most projects chose not to discontinue it, but rather took it as far as possible within the time available.

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8 Summative research focuses on assessing overall learning at the end of an intervention.

9 This Evaluate phase did not require rigorous evaluation of the interventions, for example, a randomized controlled trial. Rigorous evaluation may occur under a future TPP Tier 2 grant.

**Evaluation Tools Used.** Completing the Evaluate phase looked very similar in process to the Test phase, but often excluded the Refine phase. Projects continued to use pre- and post-tests or assessments, surveys, and other feedback mechanisms to understand their interventions' preliminary results. Projects compiled performance measure data appropriate for the intervention type. Interventions focused on educating the public about resources collected data on measures such as reach, website traffic, and qualitative data on how the community is changing or how people are reacting to the programming. Interventions focused on healthcare providers or access to and experiences with healthcare collected quantitative data on prescriptions for birth control; use of clinic services and STI testing; and qualitative measures that assess youths' experience with healthcare, perceived access to it, and the barriers to accessing it.

**Evaluators Facilitate Success.** Projects identified their evaluation partners as one of the greatest facilitators to moving interventions into the Evaluate phase. Evaluators provided critical feedback on timelines, sample sizes, and design of data collection instruments. For example, one project was advised by its evaluation partner to take a unique approach to the Evaluate phase data collection. After the project struggled to get reliable and consistent data, it implemented something called the "waterfall chat," in which participants were asked to type their response to questions in the chat but wait to submit them until everyone had a chance to respond. Once enough time had passed for all participants to enter a response, the facilitator prompted them to submit. The approach allowed participants to not be swayed to mimic the first response entered.

**Challenges During the Evaluate Phase.** Common challenges for projects in the Evaluate phase were recruiting a large enough sample for the evaluation, reaching participants in the priority area, and collecting follow-up data from the intervention recipients. For example, one project was unable to find enough youth in juvenile detention or correctional facilities to conduct its evaluation as planned. Instead, it analyzed preliminary impacts with the 30 participants it successfully recruited and is moving on to disseminate its intervention to other states.

In addition to evaluating intervention effectiveness, projects also completed steps to evaluate their network using performance measures. Some projects fielded regular network surveys to understand how the network functioned and its strengths and weaknesses.

Although most projects expressed a desire to conduct more rigorous evaluations of their interventions in a future TPP grant, they were unable in three years to get interventions to a place where they would be able to apply for such a grant. This was often due to delays in project start-up, setbacks imposed by the COVID-19 pandemic, and a need for additional testing and refining to get interventions to the Evaluate phase before projects could demonstrate promise of their interventions. However, three Tier 2 Innovation Network projects have since been awarded funding under the FY23 TPP Tier 2 Rigorous Evaluation Cooperative Agreement Awards.[10]

[10] For additional information on these awards: https://www.hhs.gov/about/news/2023/08/25/hhs-awards-23-million-support-evidence-based-teen-pregnancy-prevention.html

## 5.2 Dissemination

The final step in the Tier 2 Innovation Network grant was to disseminate promising interventions to other organizations. Few projects reached the Evaluate phase with their interventions; still most projects disseminated information about the interventions they were developing, the processes used, lessons learned, or their network approach. Others disseminated interventions that showed initial promise from feedback collected during the test and refine stages or the final summative evaluation. Dissemination also included promotional materials to foster awareness of their programs and grant-related activities. The most popular dissemination platform across projects was presentations at conferences, summits, symposiums, or showcases. These presentations reached a variety of audiences including parents and caregivers, healthcare providers, schools, faculty, students, and community partners.

A few projects involved youth directly in dissemination efforts. For some, this included involving youth to help manage social media accounts, make presentations, and develop resources for partners. One project implemented a "snowball marketing strategy" where it trained a group of 20 young people to share out its interventions with other youth to let them know that these digital resources were available and developed specifically for youth with disabilities.

Three projects published or were in the process of publishing manuscripts, magazine articles, and validation papers on their interventions. These publications were mainly promotional, bringing awareness to their programs and grant-related activities. Four other grantees created online resources, in the form of training, published curriculum, newsletters, social media promotions, project websites, and video clips. The intent of these resources was either to share out information on their Innovation Network or their interventions that showed promise, were community-driven, and met unmet needs in sexual and reproductive health programming so other organizations could replicate the intervention(s). Dissemination also served to promote the Innovation Network and project-related activities to potential or current clients. For example, one grantee was able to create a program website that made all its resources and toolkits available publicly. These were picked up by a national sexual health education provider, ElevatUs, which offers evidence- and trauma-informed trainings, curriculum, and workshops. Similarly, another grantee published a national resource list on its website that resulted in public recognition by the President of the American Academy of Nurse Practitioners.

> *"We can see on the map that while a lot of the folks listening are in California, people all over are listening to it, even internationally. But it's kind of neat if someone who's in a state where they're not allowed to talk about stuff, is able to find it and listen to it."*
>
> –Innovation Network Project Staff

One grantee took an alternative approach to dissemination by partnering with a marketing firm to promote its podcast. It created a county-wide newsletter, which eventually reached caregivers, social workers, and lawyers. In addition to a growing regional following, this grantee was able to reach listeners internationally.

# 6. Conclusion

The OPA Tier 2 Innovation Network grant program required grantees to take on the large task of forming a multidisciplinary network; using innovation design steps to develop new interventions to reduce rates of teen pregnancy and STIs within selected priority areas; and testing, refining, and evaluating those interventions over a three-year grant period. At the time of data collection for this report, the Tier 2 Innovation Network projects were two-and-a-half years in. Each faced challenges it was able to overcome, including implementing and adjusting in response to the ongoing public health emergency caused by the COVID-19 pandemic. This section highlights what projects saw as their most important accomplishments, what facilitated their success, and key lessons learned in developing and facilitating an impact and innovation network and developing, testing, and refining new interventions to reduce rates of teen pregnancy and STIs.

**General Lessons Learned**

- **Innovation work is hard, can be messy, and requires commitment and capacity for change.**
- **Networks need a strong leadership team and varied expertise to coordinate and complete the work.**
- **Adjusting the network structure, partners, and approaches is necessary over time.**
- **Treating youth and priority area members as part of the team and paying them for their time helped promote trust and honest feedback.**
- **Networks could have benefitted from receiving technical assistance earlier.**

## *6.1 Project Accomplishments*

Asked what their two or three major accomplishments were, grantees and network partners identified four main accomplishments:

- **Collaboration.** Grantee and partner staff across 10 projects highlighted the level of collaboration and diverse, multidisciplinary partnerships made possible by the network structure. For some project staff, just forming and maintaining the network was a major feat given the other challenges organizations endured adjusting to the pandemic. Other projects highlighted the strong and sustained engagement among network partners, the conceptual model of the network, and the strong learning collaborative developed. For example, some project partners noted that they have taken the collaborative model developed by the project and applied it to their work outside of the network. Others highlighted how helpful it was to be able to share and hear lessons learned across partners in the network so they could apply them to their own work. Many projects believed the strong partnerships formed would help sustain the work beyond the grant period.

- **Collective Impact.** Two projects identified the ability to foster a *collective impact* model (see Kania & Kramer, 2011).[11] One project director noted that the network model allowed them to get to a point where the organizations involved were engaging in mutually reinforcing work, something the grantee had been working on doing for years. Another grant partner noted how important the project was for increasing their own understanding of sexual and reproductive health. That understanding allowed them to have informed conversations with other agencies—which the partner previously would not have had the knowledge or skills to do—and to bring those agencies on board to the project's shared goals.
- **Interventions.** Eleven projects identified the interventions developed. Project staff expressed pride in the interventions developed; the process used to develop the interventions, especially when it involved input from members of the priority area; implementing the interventions and reaching the intended audience; and positive initial findings on intervention efficacy. Some projects expressly noted that getting interventions to the Evaluate phase was a major accomplishment given the level of work required to do so and the amount of time allowed under the grant. At least two projects noted that the interventions, even if just the shared lessons from the Develop and Test phases, would be helpful to other developers or implementation agencies outside of their project and were a value-added to the field. Other projects highlighted the importance of creating interventions that addressed major gaps in the programming available for certain populations or settings.
- **Youth and Priority Area Involvement.** Staff across seven projects identified the involvement of youth and other members of the priority area in the project as a major accomplishment. Demonstrating that youth and priority area members' voices and opinions were important, taken seriously, and incorporated into intervention development was a new approach for some organizations, but many noted that it was beneficial and critical to ensuring that the material developed would be accepted by and useful for the end user.

> *"Just that awareness, even with [the]…governing body for so many of the provider organizations…. So just even having experts at the table, so that when [the governing body] make[s] decisions—like, they often do make decisions for us about us, without us, right—so just even bringing that level of awareness to such a huge government organization that impacts people [from the priority area], I think was one of the successes."*
>
> –Innovation Network Project Staff

Two projects highlighted additional accomplishments beyond these main four:

- One was a project's ability to change mindsets within the community around teen pregnancy prevention work. Project staff worked with community organizations and community partners to educate them on the project's teen pregnancy prevention work

[11] Collective impact is an approach for cross-sector collaboration.

and helped them draw the connection between how continuing to assist youth who were expectant or parenting could help reduce subsequent unintended pregnancies. It helped the project overcome major resistance and the misconceptions that contributing to such work was in some way advocating for unintended teen pregnancy, which the staff saw as a major win.

- The second additional accomplishment was the ability to generate additional interest and funding to continue intervention implementation at one of the implementation partner's sites. The implementation partner provided one of the state's major medical centers with data on the number of youth served during the Test phase. That presentation resulted in the medical center contributing $1 million to continue work to support adolescent health and access to healthcare.

## 6.2 Facilitators of Success

Project staff and partners identified three main facilitators of success: the grantee's role in facilitating and supporting the network throughout the project, involving youth and priority members over the course of the project, and the contributions of network members and partner organizations.

**Grantee Facilitation and Support of the Network.** Projects identified the role that the grantee played in facilitating and supporting the network as a component of their success. Partners noted that having a grantee that served as a "strong backbone" for the network, establishing processes, and bringing on needed support was key to being able to manage multiple partners at varying phases in the innovation pipeline. Partners also appreciated the connections that the grantee organization was able to provide, especially when the grantee organization was an established, well-known, and respected entity in the community. Grantee organizations found that their cadence and facilitation of network meetings was critical in making network partners feel engaged, tracking progress, and moving work forward. For some, this included setting high-level objectives and processes but not being too directive. This approach allowed partners to make the initiatives their own and allowed everyone's voice to be incorporated in the development process. As one grantee noted, sometimes it was hard to accept that it could pivot and adapt if something was not working as expected—as this went counter to its typical operating norms—but it just had to "trust the process and ride the wave."

**Involvement of Youth and Priority Area Members.** Projects identified the intentional and meaningful integration of members of the priority area and youth into the network as a critical component in developing youth-friendly and user-informed interventions that would add value to the field. Having youth and members of the priority area on board also gave the project credibility with other organizational partners, as they knew

*"[Partners'] community connections have been really strong…. There are definitely personalities that stand out more than others [as] extroverted connectors. They are maximizers. They are looking at how can I take this thing that might be happening and really leverage all of the good things about it to reach this next potential up here. There are people who are just naturally operating like that within our network, and they are doing really wonderful things. I think that also ties into their organizational capacity, like how can, whatever agency is working on this project, embrace this and adapt this into the whole of how they provide services?"*

–Innovation Network Project Staff

ideas were developed by priority area members, for the priority members. For one project, members of the priority area also kept them accountable because these members had a vested interest in seeing needed interventions developed, and they pushed the project to keep a forward momentum to do so. Finally, including members of the priority area and organizations serving priority area members in the network provided the needed access and trust-building in reaching those populations for intervention testing.

**Network Partnerships.** Grantees and partners alike identified the members of the network as being a key factor of their project's success. Partner organizations brought passion and commitment, diversity of knowledge and backgrounds, shared values, and established connections to the priority area, which helped facilitate intervention development and buy-in from intervention testing sites. Partners' willingness to adapt and openness to accepting feedback was another factor that helped projects succeed. Partners identified the resources, knowledge, and skills that other partner organizations brought as key facilitators in getting the work done. The internal relationships and trust developed between partners allowed the network to be more efficient, as everyone contributed to getting the work done.

## 6.3 Lessons Learned

### 6.3.1 Innovation work is hard and requires commitment and capacity for change

Inspiring innovation and change internally and among network partners was challenging and took time. Projects also noted that the work required to complete the full innovation pipeline as outlined by the grant requirements was time-intensive and required a level of capacity and intensity that other OPA TPP grants do not. For these reasons, several projects stressed the importance of not taking on too much, but rather concentrating on developing and testing a small set of well-designed interventions.

Some projects also noted that it took a lot of time to understand the idea of innovation, and even some grantees needed to adapt their own definitions of innovation over time. For example, some projects initially thought that innovative interventions required making grandiose changes or developing things that never existed before. They soon came to realize, however, that making even small changes to address a need, or getting sexual and reproductive health content into areas and settings it was not in before, qualified as innovative. One grantee recognized that it understood what innovation meant and how to adapt and pivot as needed to develop innovative interventions but failed to recognize from the start the importance of understanding what innovation meant to its partners. The project then had to spend time working with partner agencies to make sure there was a shared understanding of what innovation work required. Projects also needed to acknowledge that not everyone has the capacity or inclination to be innovative, to think outside the box, or has the organizational

> *"Just offering this education is innovative, you know, and making sure it's rooted in those foundational skills of consent boundaries, healthy relationships, public and private, you know, online safety. Like, that is truly the foundational work to give anyone any level of understanding to understand teen pregnancy and STIs. And so, I think that's something I know I have personally learned throughout the course of this. You know, it's just how important and foundational those things are, because that is not something that these youth are getting in any other spaces for the most part."*
>
> –Innovation Network Project Staff

capacity to do so. Finding partners that can be innovative is critical to completing this type of work.

### 6.3.2 Networks need a strong leadership team and varied expertise to coordinate and complete the work

Defining roles, responsibilities, and expectations of the leadership team and building the capacity of partner organizations early was critical to moving work forward and allowing the network to function as a network. Project partners noted the need for project leadership to balance providing strong oversight of the project's goals and workflow and learning opportunities with allowing partners the flexibility needed to complete their work in the Explore, Develop, Test, and Refine phases. Developing a shared set of definitions of terms used by the project was also critical to stemming miscommunication about what was required or what phase of the innovation process partners were in. Some projects noted that there were growing pains when the network started, but that being transparent about the project's goals, distributing power, engaging in regular communication, and defining roles helped, as partners developed a cadence for working together. One common challenge among partners in decentralized networks was becoming overwhelmed or losing focus when they received varied and sometimes conflicting advice from too many different sources.

Bringing on evaluators early in the development process was also helpful in establishing initial logic models for what the interventions being developed aimed to accomplish. Evaluators were also helpful in determining the types of data and sample sizes that would be needed during the Test and Refine phases, as well as how to structure data collection tools.

> *"We had many times that we had to make clarification or ask a lot of questions or just spend time making sure that we're on the same page, which has turned out to be really meaningful and very supportive. But there's definitely been some times where we were all very confused and we just had to have a 30-minute meeting for us all to get on the same page."*
>
> –Innovation Network Project Staff

### 6.3.3 Adapting the network structure, partners, and approaches is necessary over time

Most projects adapted their approach to the network structure and partnerships over time. Some projects needed to restructure their entire approach for the project from what they proposed in their grant application. For example, one project noted that their original vision for the project included schools, but it was unable to secure those partnerships after the pandemic. Looking back, it recognized that some of the most promising interventions it was able to develop would not have existed if it had maintained its original vision. Other projects noted that network composition and communication styles and frequency had to change as interventions moved into different phases of the innovation pipeline or as they explored and developed new interventions that required different skill sets. Projects also had to be willing to pivot and redesign or drop interventions if their approach was not working, which was challenging for some.

### 6.3.4 Treating youth and priority area members as part of the team and paying them for their time helped build trust and honest feedback loops

Projects repeatedly stressed the importance of meaningfully, continually, and respectfully including youth and priority members in the work because they know what their needs are and what resonates with them. Several projects also mentioned the importance of paying youth and members of their priority area fairly for their time, seeing this as a core equity principle. Respectfully including youth and members of the priority area demonstrated that their time and opinions were valuable and helped establish trust between them and the project. These practices helped foster an environment where youth and members of the priority area felt comfortable providing honest feedback. Projects that did not incorporate youth and priority area members from the start noted that was one thing they would change if they could start again.

> *"We are missing potential over and over and over again in this population. You know, [youth] are not some exception; there are lots of young parents who, given the opportunity and the support, have that much talent to offer us, and we're blowing it most of the time, you know. So that would be something I would want to continue people's understanding of; like, it's our job to make the space and create the platforms, you know. Because [youth] have the talent and they have the drive."*
>
> –Innovation Network Project Staff

### 6.3.5 Networks would have benefitted from receiving technical assistance earlier

Projects that did not have significant prior experience with human-centered design and the innovation process noted they did not fully understand these topics until midway through the project. Project staff would have liked to get guidance and capacity building on these topics from the start, including practical examples of how these concepts and practices could be applied to their project. Additionally, some project partners noted that they wished they had taken advantage of the technical assistance and subject matter experts included in their network sooner. For example, one project partner noted an initial resistance to providing information to the grantee or requesting too much support in fear that the grantee would require it to make too many fundamental changes to its small organization to meet the project's needs. Once it reached a point where it could not move on without technical assistance, it realized how helpful the technical assistance was and wished it had accepted some sooner.

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