



<i>Grantee</i>	Touchstone Behavioral Health
<i>Setting</i>	Non-core classes in eleven public K-8 schools in Greater Phoenix, Arizona
<i>Target Population</i>	8th graders
<i>Curriculum &amp; Delivery</i>	8 sessions, delivered in 60-minute classes by health educators hired, trained, and monitored by Touchstone.

**Programmatic Context**

**Touchstone Behavioral Health**

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

Touchstone is a non-profit agency with over thirty years of experience providing behavioral and mental health prevention and treatment programs and services to youth in communities across Greater Phoenix, Arizona. The agency’s focus is on children aged 0-17 years, and programming includes services for parents/guardians, schools, and the community. Touchstone provides evidence-based programs dealing with the reduction and prevention of drug use, violence, anger, depression, and emotional distress for adolescent youth in schools. Over the last ten years, Touchstone has focused its prevention work on the Maryvale community, a predominantly Latino community in Greater Phoenix. Prior to receiving the TPP grant, Touchstone was implementing a substance abuse prevention program in schools in this community. At the same time, Touchstone staff also provided limited sexual health programming in schools in response to input from community focus groups that identified teen pregnancy as one of several problems facing the community.

Touchstone has an Advisory Committee made up of local agencies committed to preventing health problems in youth. The 30-member committee meets quarterly and includes subcommittees and advisory groups that plan annual health fairs and discuss outcomes of the grantee’s local evaluations. In addition, Touchstone has instituted a Parent Advisory Committee and a Youth Advisory Committee to provide valuable input and feedback, and to foster advocacy for pregnancy prevention in the community.

## Selection of ¡Cuídate!

In September 2010, Touchstone was competitively awarded a federal Teen Pregnancy Prevention Replication grant, administered by OAH. The grant is to implement ¡Cuídate! with youth in the Maryvale community.<sup>1</sup> Touchstone considered using the *Be Proud, Be Responsible (BPBR)*<sup>2</sup> curriculum, but the project director and coordinator felt that, since over 60% of the community is Latino, they wanted something culturally appropriate. ¡Cuídate!, a cultural adaptation of *BPBR*, was the only evidence-based curriculum that addressed the need for sexual health programming and provided a cultural fit.

## Implementation of the Program Model

### Settings for the Program

For the study, Touchstone implemented the program in eleven public K-8 elementary schools in a school district in the west valley of Phoenix. The schools vary in terms of size and ethnic composition, and across the schools the percent eligible for free and reduced price meals (FRPM) ranges from 40% - 83 %.

### Population Served

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

**Demographic Profile:** All the students recruited (N = 916) were in 8<sup>th</sup> grade. Their average age was 13.2 years. Males and females were almost equally represented. Three-quarters of the students were Hispanic (Exhibit 1).<sup>3</sup>

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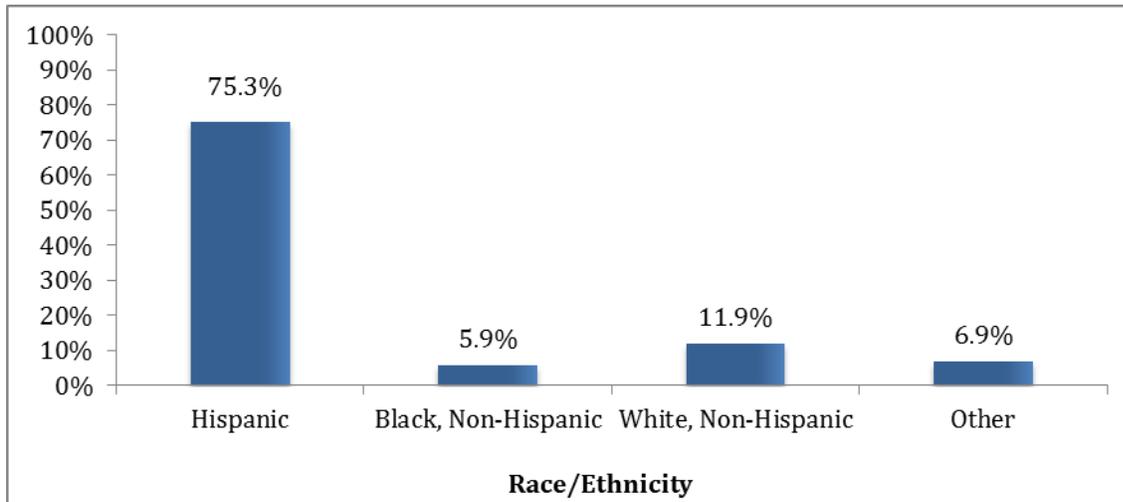
<sup>1</sup> A summary description of the curriculum and a citation for the original research are provided in the Study Overview.

<sup>2</sup> Jemmott, J.B. III, Jemmott, L.S., & Fong, G.T. (1992). Reductions in HIV risk-associated sexual behaviors among Black male adolescents: Effects of an AIDS prevention intervention. *American Journal of Public Health*, 82, 372-377.

Jemmott, J.B. III, Jemmott, L.S., Fong, G.T., & McCaffree, K. (1999). Reducing HIV risk-associated sexual behavior among African American adolescents: Testing the generality of intervention effects. *American Journal of Community Psychology*, 27(2), 161-187.

<sup>3</sup> The total sample size for Touchstone is 916. The sample sizes for each of the risk variables vary depending on individual item non-response. The percentages shown in the figures are for those who responded to the baseline survey. The percentages of missing responses range from 1-5%, depending on the risk variable reported. More detailed tables with sample sizes can be found in the Appendix.

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



**Risk Profile: Sexual Risk Behavior**

On entry into the study, less than 8% of youth had ever been sexually active (defined as sexual intercourse and/or oral sex); less than half of that number were sexually active in the three months preceding the survey; and an even smaller number had engaged in sexual intercourse during the same period (Exhibit 2).

**Exhibit 2: Sexual Risk Behavior of Youth in the Touchstone Study Sample at Baseline<sup>4</sup>**

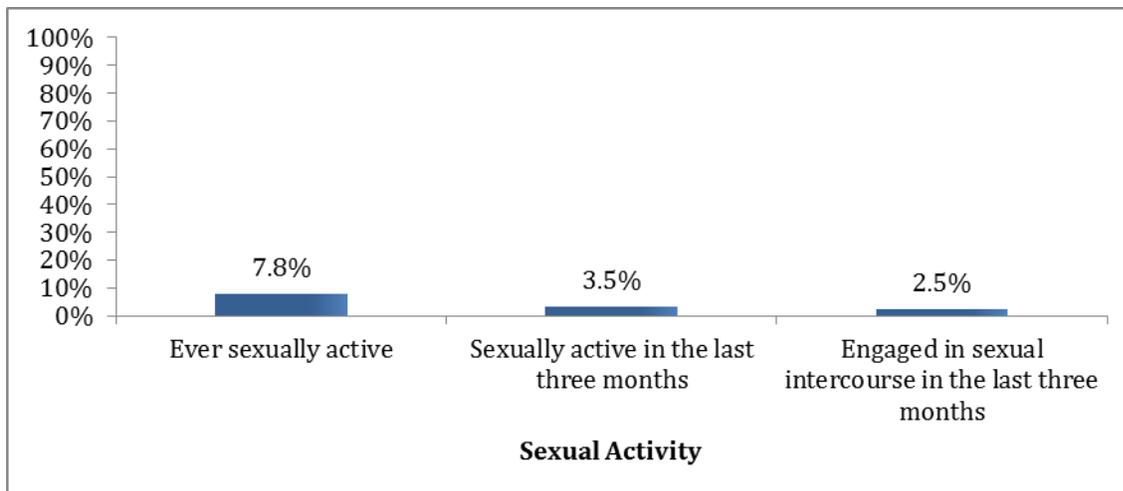


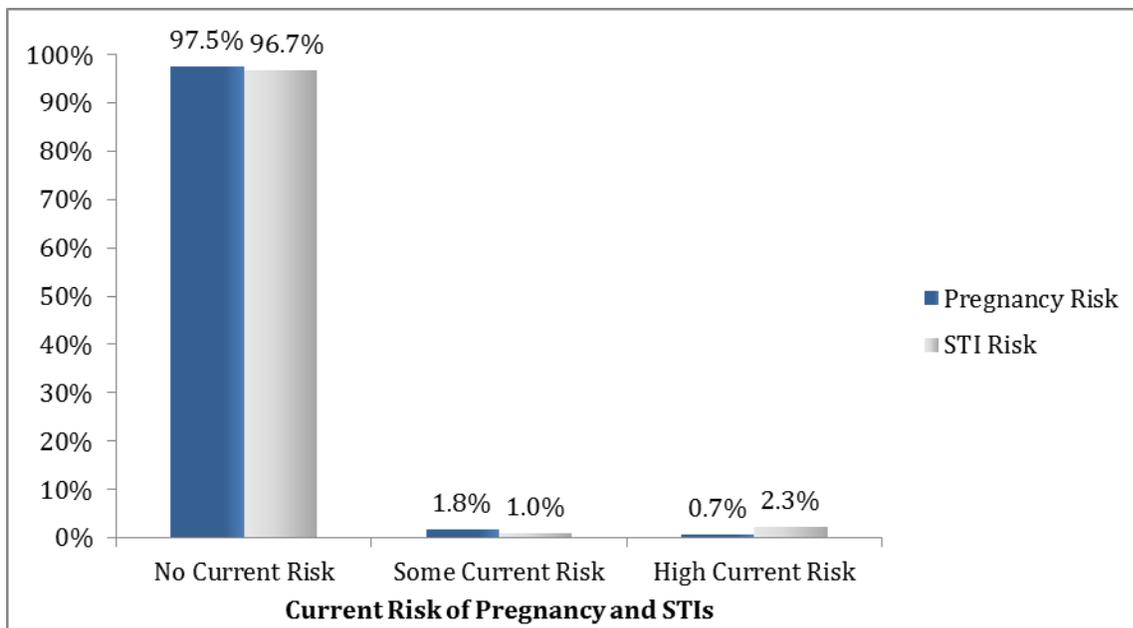
Exhibit 3 shows the distribution of study participants with respect to two kinds of risk, based on their sexual behavior in the 90 days prior to the survey: current risk of pregnancy, and current risk of sexually transmitted infection (STI). Those who had not engaged in sexual activity in the 90 days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

<sup>4</sup> Sexual activity is defined as sexual intercourse and/or oral sex.

infection if they reported consistent use of condoms during any sexual activity. At “high current risk” for infection are those who either did not use condoms or did not consistently use condoms during intercourse and/or oral sex. At “high current risk” for pregnancy are those who did not use condoms or birth control during sexual intercourse.

The overwhelming majority of students are considered not at current risk for pregnancy or STIs because they had not engaged in sexual activity in the 90 days prior to the survey. Of the small number of youth who had engaged in sexual intercourse during that period, most reported consistent use of birth control, placing them at low risk for pregnancy (some current risk). Less than 1% of youth were at high current risk for pregnancy. Although the numbers are still very small, three times as many youth failed to use condoms consistently to protect against STIs compared with protection against pregnancy (2.3% vs. 0.7%) when they engaged in any sexual activity (i.e., sexual intercourse or oral sex).

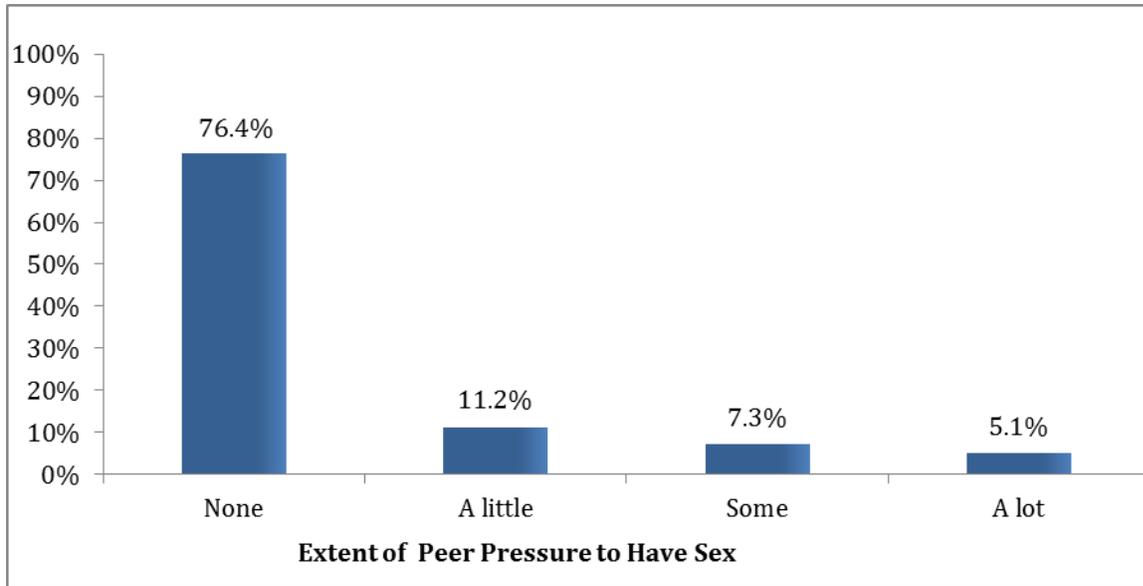
**Exhibit 3: Current Risk of Pregnancy or Infection for Youth in the Touchstone Study Sample at Baseline**



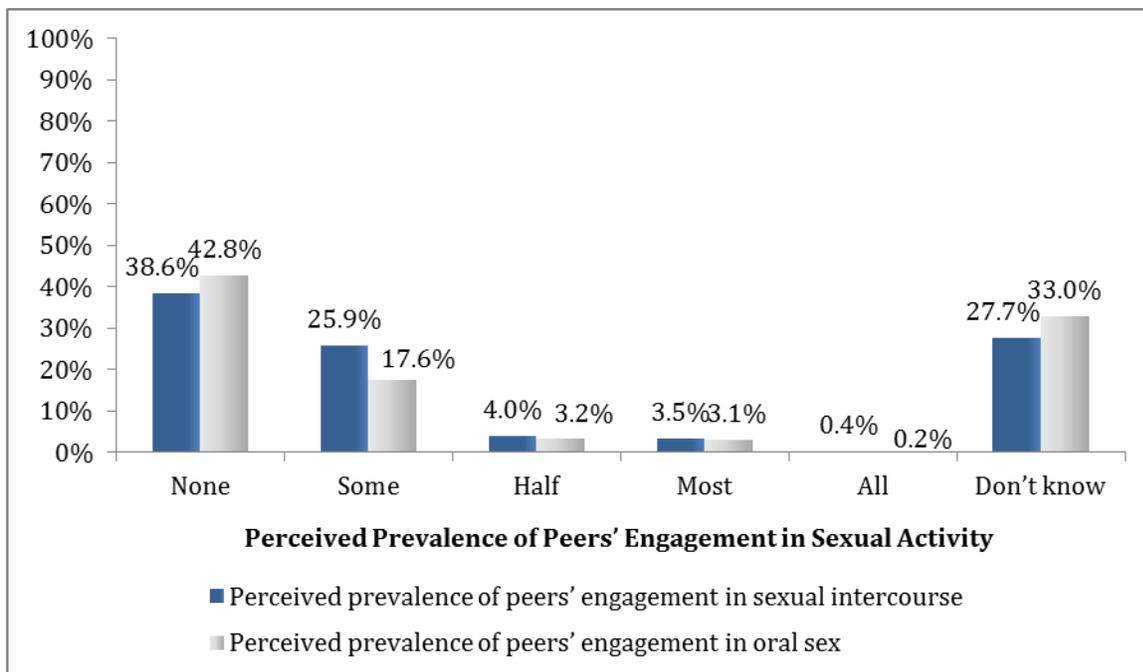
### Risk Profile: Youth Perceptions about Sex

More than three-quarters of the students reported no pressure from peers to have sex (Exhibit 4). Over one-third of them believed that none of their peers were engaging in sexual intercourse, and a larger percentage believed that none of their peers were engaging in oral sex. In both cases, a substantial proportion of youth reported no knowledge of peers' sexual behavior (Exhibit 5).

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



**Exhibit 5: Perceptions Prevalence of Peers' Sexual Activity for the Touchstone Study Sample at Baseline**

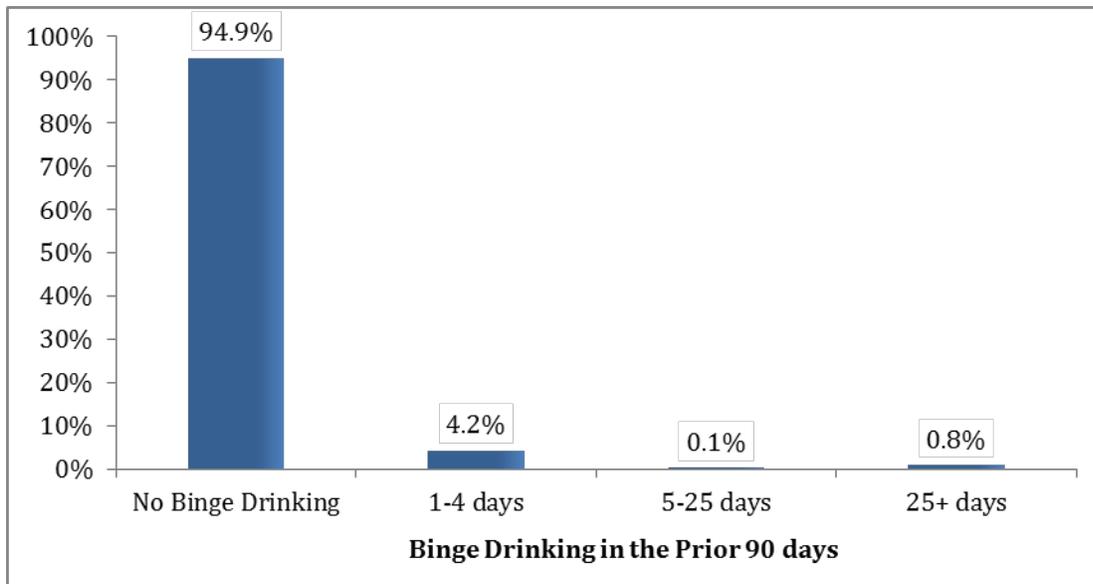


### Risk Profile: Other Risk Behaviors

Almost all youth (98%) reported that they had not smoked cigarettes at all in the prior 30 days (see Appendix, Table 10).

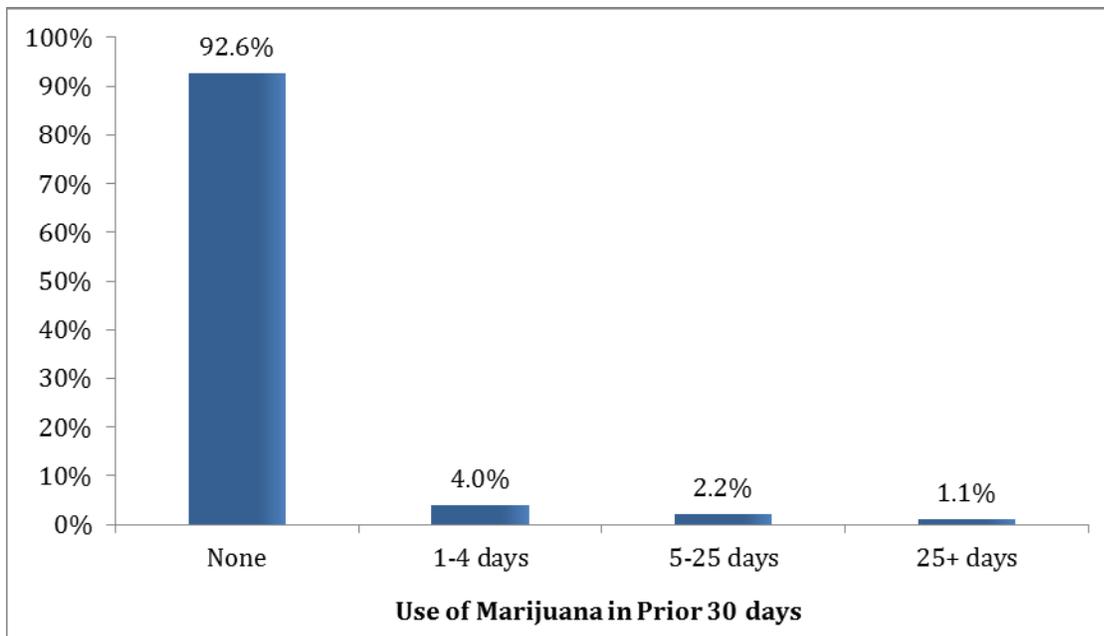
Just over 10% reported using alcohol during the prior 30 days (see Appendix, Table 11). Just over 5% reported binge drinking (five or more alcoholic drinks in a row) during the same period (Exhibit 6).

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



More than 90% of youth reported no use of marijuana in the prior 30 days (Exhibit 7).

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



The Appendix provides data tables for Touchstone and for the three *¡Cuídate!* replications combined.

## Program Delivery

The program is delivered in eight sessions of just under one hour to groups of up to twenty-five 8<sup>th</sup> grade students in single-gender groups. Groups typically meet three times a week over a three-week period. In some cases, schools have modified schedules to accommodate the hour needed for the program. The sessions are co-facilitated by pairs of prevention specialists. With prior approval from OAH, Touchstone added a pregnancy prevention unit to the 6 modules of *¡Cuídate!* They added the unit: *The Consequences of Sex: Pregnancy* from the *Making Proud Choices* curriculum, which is designed to clarify myths and facts about pregnancy, present some birth control information, and explore attitudes toward contraception use. They organized their implementation into 8 modules rather than seven to allow extra time for all youth to participate (given the larger group size).

## Staffing and Training

Four prevention specialists were hired as full-time staff to deliver *¡Cuídate!* (one was already employed at Touchstone). Because of the large group sizes in the schools, it was necessary to have two staff co-facilitate the *¡Cuídate!* sessions. To support the prevention specialists, Touchstone assigned three additional staff members to work part-time work as co-facilitators when they are needed, in addition to their responsibilities for other activities. Two of the three do community work and deliver parenting classes (outside the study). The third is a prevention resource specialist, who does outreach to parents. All three received the same initial training as the prevention specialists and participate in ongoing training opportunities.

Prevention specialists participated in the official *¡Cuídate!* training conducted by Select Media, the curriculum distributor, prior to the pilot. In addition, staff participated in the OAH regional trainings on cultural awareness, LGBT issues, HIV/AIDS, and implementing effective TPP programs, and they attended the annual conference. Staff also participated in training sessions on topics related to adolescent health and sexuality, such as the Healthy Teen Network training and technical assistance related to *Be Proud, Be Responsible* (the curriculum from which *¡Cuídate!* is adapted). Staff take turns attending OAH training sessions, returning to “teach back” what they have learned to the rest of the team upon their return. The project director and coordinator also research, design, and conduct mini-trainings on key topics (such as updated information on birth control methods or HIV/AIDS rates), and the project coordinator uses her field observations to identify topics for additional training of the prevention specialists.

*“I was looking for people who were able to have an open mind and implement the curriculum without prejudice...people with a passion for helping young people with their issues.”*

## Monitoring Program Implementation

The project coordinator felt that the team was able to build a strong understanding of which elements were core elements and which could be altered or omitted based on conversations with the developer, who they felt was very accessible and clear. After each session, each facilitator writes up a report using the fidelity checklist and Credible™<sup>5</sup> notes detailing any deviations from the curriculum, activities

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<sup>5</sup> Touchstone staff use Credible Behavioral Health™ software (created for behavioral health information management and case management) to keep records of their sessions and log implementation notes.

missed, or issues that arose during the lesson. Both facilitators and the project coordinator use these notes: the facilitators use them as a record and guide for the following session (e.g., a reminder to include an activity that had to be dropped when time ran out the previous day), and as notes about tactics that seemed to be effective or questions about topics and facilitation strategies. The project coordinator reviews all of the Credible™ notes and uses them as a source of topics for mini trainings or for individual feedback. In addition, the local evaluator observes 10% of classes and rates the quality and fidelity of the sessions. Each semester, the evaluator meets with program staff and provides feedback to improve program implementation.

### **Summary of Touchstone Grantee Profile**

Touchstone's replication of *¡Cuidate!* has some unique features: it targets younger children than the other two replications (although they are within the recommended age range) and is implementing the program in larger, single-sex groups (with two facilitators). The average age of students in the Touchstone study sample was just over 13 years at enrollment into the study and, therefore, a very small proportion were sexually active at that point. In addition, small proportions of students were using alcohol, drugs or tobacco - behaviors that are associated with sexual risk behavior. These facts combine to suggest that, at this point in their lives, the youth in the Touchstone study sample were at relatively low risk for adverse outcomes such as pregnancy or STIs.

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

## Appendix: Touchstone Behavioral Health Baseline Data Tables

**Table 1. Gender in Touchstone and Overall ;Cuidate! Study Samples at Baseline**

	Touchstone (n= 916)	;Cuidate! Overall <sup>1</sup> (n= 2169)
Male	51.0%	45.8%
Female	49.0%	54.2%

<sup>1</sup>This represents the three replications of the program model.

**Table 2. Race/Ethnicity in Touchstone and Overall ;Cuidate! Study Samples at Baseline**

	Touchstone (n= 916)	;Cuidate! Overall (n= 2169)
Hispanic	75.3%	71.4%
Black <sup>1</sup>	5.9%	4.7%
White <sup>1</sup>	11.9%	17.7%
Other Race <sup>2</sup>	6.9%	6.3%

<sup>1</sup> Non-Hispanic

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

**Table 3. Age in Touchstone and Overall ;Cuidate! Study Samples at Baseline**

	Touchstone (n= 916)	;Cuidate! Overall (n= 2169)
Mean (SD)	13.2 (0.5)	14.4 (1.5)
Range	12 – 15	11 -20

**Table 4. Grade in School in Touchstone and Overall ;Cuidate! Study Samples at Baseline**

	Touchstone (n= 916)	;Cuidate! Overall (n= 2169)
6 <sup>th</sup>	0.0%	0.1%
7 <sup>th</sup>	0.1%	0.2%
8 <sup>th</sup>	99.9%	43.0%
9 <sup>th</sup>	0.0%	16.3%
10 <sup>th</sup>	0.0%	27.2%
11 <sup>th</sup>	0.0%	2.0%
12 <sup>th</sup>	0.0%	10.7%
Ungraded	0.0%	0.0%
College/technical	0.0%	0.3%
Not in school	0.0%	0.1%

**Table 5. Sexual Activity in Touchstone and Overall ;Cuidate! Study Samples at Baseline**

	Touchstone (n=916)	;Cuidate! Overall (n=2169)
Ever sexually active <sup>1</sup> (n=910)	7.8%	25.1%
Sexually active in the past 3 months (n=887)	3.5%	17.0%
Engaged in sexual intercourse in the past 3 months (n=882)	2.5%	13.7%

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

**Table 6. Current Risk of Pregnancy<sup>1</sup> in Touchstone and Overall ;Cuidate! Study Samples at Baseline**

	Touchstone (n = 882)	;Cuidate! Overall (n=2054)
No Current Risk	97.5%	86.3%
Some Current Risk	1.8%	9.4%
High Current Risk	0.7%	4.3%

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

**Table 7. Current Risk of Infection<sup>1</sup> in Touchstone and Overall ;Cuidate! Study Samples at Baseline**

	Touchstone (n = 885)	;Cuidate! Overall (n=2063)
No Current Risk	96.7%	83.2%
Some Current Risk	1.0%	2.8%
High Current Risk	2.3%	14.0%

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

**Table 8. Risk of Infection and/or Pregnancy in Touchstone and Overall *iCuidate!* Study Samples at Baseline**

	Touchstone (n= 885)	<i>iCuidate!</i> Overall (n= 2063)
<b>Sexual Activity and Condom Use</b>		
Not sexually active	<b>96.7%</b>	83.2%
Sexually active with use of condoms	<b>1.0%</b>	2.8%
Sexually active without use of condoms	<b>2.3%</b>	14.0%
<b>Sexual Intercourse and Birth Control Use</b>		
No sexual intercourse	97.5%	86.3%
Sexual intercourse with use of birth control	1.8%	9.4%
Sexual intercourse without using birth control	0.7%	4.3%

**Table 9. Peer Pressure to Have Sex and Perceived Norms in Touchstone and Overall *iCuidate!* Study Samples at Baseline**

	Touchstone (n= 866)	<i>iCuidate!</i> Overall (n= 2086)
<b>Extent of peer pressure to have sex</b>		
None	76.4%	75.8%
A little	11.2%	13.1%
Some	7.3%	7.5%
A lot	5.1%	3.6%
<b>Prevalence of peer sexual intercourse</b>		
None	38.6%	22.0%
Some	25.9%	27.0%
Half	4.0%	9.8%
Most	3.5%	15.9%
All	0.4%	4.5%
Don't Know	27.7%	20.9%
<b>Prevalence of peer oral sex</b>		
None	42.8%	25.9%
Some	17.6%	20.4%
Half	3.2%	8.2%
Most	3.1%	10.1%
All	0.2%	2.9%
Don't Know	33.0%	32.5%

**Table10. Frequency of Cigarette Use (past 30 days) in Touchstone and Overall *iCuidate!* Study Samples at Baseline**

	Touchstone (n= 890)	<i>iCuidate!</i> Overall (n= 2130)
0 days	97.6%	94.5%
1-4 days	1.7%	3.3%
5-25 days	0.4%	1.5%
> 25 days	0.2%	0.8%

**Table 11. Frequency of Alcohol Use (past 30 days) in Touchstone and Overall *iCuidate!* Study Samples at Baseline**

	Touchstone (n= 885)	<i>iCuidate!</i> Overall (n= 2118)
Any alcohol use (last 30 days) <sup>1</sup>		
0 days	88.2%	77.8%
1-4 days	9.2%	17.4%
5-25 days	1.2%	3.7%
> 25 days	1.4%	1.2%
Binge Drinking (last 30 days) <sup>2</sup>		
0 days	94.9%	89.1%
1-4 days	4.2%	9.5%
5-25 days	0.1%	0.8%
> 25 days	0.8%	0.5%

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

<sup>2</sup> Binge drinking is defined as 5 or more alcoholic drinks in a row.

**Table 12. Frequency of Marijuana Use (past 30 days) in Touchstone and Overall *iCuidate!* Study Samples at Baseline**

	Touchstone (n= 891)	<i>iCuidate!</i> Overall (n= 2128)
0 days	92.6%	85.7%
1-4 days	4.0%	7.8%
5-25 days	2.2%	3.5%
> 25 days	1.1%	3.0%