

Project DAP-An HIV and Substance Abuse Relapse Prevention Project

Final Progress Report

**Funded by the Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
Grant Number *TI-020138***

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March 29, 2012

A. Achievement Towards Originally Stated Aims:

The primary purpose of **Project DAP** was to expand and enhance services for adolescents involved in a residential substance abuse treatment program in Tucson, AZ and a young adult transitional living program in Sierra Vista, AZ. To achieve this purpose seven goals were proposed.

Goal 1: To increase the availability of residential treatment services for youth in southern Arizona by 10 adolescents per year for youth in Sierra Vista (in Cochise County).

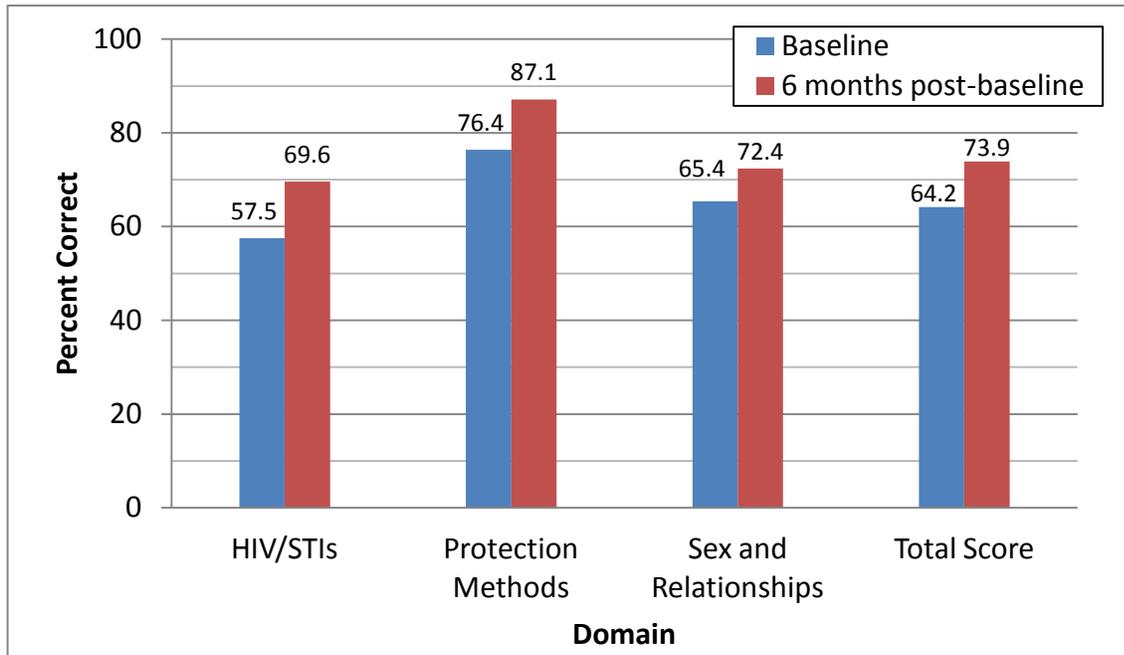
- Within the five-year period 39 youth from Cochise County in southern Arizona received residential treatment services as part of Project DAP. Some of these youth were serviced utilizing the 30-day treatment program for placement, and others particularly toward the last two years were serviced in the 60-day treatment program (utilizing greater funds for longer length of stay/treatment). Therefore, the total number of 39 is representative of both the 30-day placement and 60-day placement in treatment.
- In order to coordinate and effectively implement services with youth and families, eleven key staff management meetings and eleven full collaborator meetings occurred over the span of the project.
- Relationships were developed for youth to access HIV testing services in Sierra Vista. Officials at the Cochise County Health Department agreed to provide testing to interested Project DAP youth. Protocols were developed to assist with easily accessing services, communication, and confidentiality. Over the span of the project, 6 of the 30 youth (20%) in Sierra Vista who received the SIROW-Health Education for Youth (HEY) curriculum also received testing services in Sierra Vista.

Goal 2: Provide SIROW-HEY curriculum to youth involved with Arizona's Children Association (AzCA) La Cañada and Young Adult Transitional Living (YATL) program.

- Project DAP SIROW-HEY classes became an integral part of AzCA's weekly programming, and a valuable service for all youth enrolled in La Cañada. Throughout Project DAP more than 475 youth at La Cañada participated in the SIROW-HEY curriculum. When implementation of Project DAP began, La Cañada was a 30-day treatment program and SIROW-HEY ninety-minute classes were held twice a week. Thus, youth typically participated in 8 classes (12 hours total) of HIV prevention and sexuality education. In August 2010, La Cañada transitioned from 30-day to 60-day length of stay for youth. To accommodate this longer length of stay in treatment, Project DAP's curriculum team developed 8 additional sessions so youth typically participated in 16 classes (24 hours total) of HIV prevention and sexuality education. The expanded SIROW-HEY curriculum included the following 16 sessions:
 - Session 1: Sex, Sexuality, and Gender
 - Session 2: Body Image and Self-Esteem
 - Session 3: Puberty

- Session 4: Sexual/Reproductive Anatomy and Physiology
 - Session 5: Men's Health/Women's Health
 - Session 6: Sleep
 - Session 7: Sexually Transmitted Infections
 - Session 8: HIV and AIDS
 - Session 9: Safer Sex Protection Methods-Part 1
 - Session 10: Safer Sex Protection Methods-Part 2
 - Session 11: Communication Skills
 - Session 12: Negotiating Safer Sex
 - Session 13: Relationships-Part 1
 - Session 14: Relationships-Part 2
 - Session 15: Substance Use and Sexuality
 - Session 16: Feelin' Good-Healthy Body and Mind
- The SIROW-HEY curriculum is aligned with the Arizona Health Education State Standards. Youth were awarded educational credit for their participation in the SIROW-HEY curriculum: for 8 sessions youth received a $\frac{1}{4}$ credit and for 16 sessions youth received a $\frac{1}{2}$ credit which could be used as elective credit for health, physical education, or life skills.
 - The strong collaboration between SIROW and AzCA resulted in the incorporation of treatment messages into SIROW-HEY, augmenting what youth received through AzCA treatment (i.e., attention to social supports, emotional management, physical health, and legal aspects all contribute to successful recovery).
 - All health educators were trained in the SIROW-HEY curriculum (e.g., attended training, observed sessions, conducted practice teaching sessions) and certified (after a quality assurance process inclusive of observation, qualitative and quantitative ratings, and verbal review).
 - Administering SIROW-HEY to youth in the Young Adult Transitional Living Program in Sierra Vista, AZ took two forms during Project DAP. For the majority of the project youth were screened, referred and seen individually. In the last year of Project DAP, AzCA formed a behavioral health group for youth in Sierra Vista and we began providing SIROW-HEY in the group setting. Youth in that group were screened and referred to Project DAP, but like at La Cañada, all youth in the group received SIROW-HEY (regardless of whether or not they were enrolled in Project DAP). Thirty youth in Sierra Vista received SIROW-HEY (19 received individual curriculum sessions and 11 received group curriculum sessions).
 - Knowledge tests were conducted using the SIROW-HEY knowledge test, which is a 22 item true/false test that asks questions about HIV, STIs, protection methods, sex and relationships. It was administered when youth entered treatment (i.e., baseline), at discharge, at 3 months post-baseline, and at 6 months post-baseline (see Figure 1 for baseline to 6-month post-baseline knowledge test results).

Figure 1. Project DAP Baseline and 6-Month Post Baseline Knowledge Test Results



Paired sample t-tests were conducted; difference between baseline and 6 month post-baseline at $p < .001$ on total score and all subscales.

Note: The knowledge test is a 22 item true/false test that asks questions about HIV, STIs, protection methods, sex and relationships. Youth performance on this knowledge test at baseline (i.e., when they enter treatment) is compared to their performance on this test 6 months later. There are three sub-scales including:

HIV/STIs: is a 9-item scale that measures the number of correct answers about HIV/STIs. Examples of questions include “The only way to be tested for HIV is to have a blood test” and “STIs caused by a virus can be cured.”

Protection Methods: This is a 4-item scale that measures correct answers about protection methods. Examples of questions include “Having anal sex is a safe way to protect against pregnancy and HIV” and “Protection is not needed for oral sex.”

Sex and Relationships: This is a 9-item scale that measures knowledge about sex, sexual reproduction, and relationships (including drug/alcohol use). Examples of questions include “Sperm ejaculated into a person’s body dies within 48 hours” and “Females are born with eggs already inside their ovaries” and “Physical and sexual violence are the only two types of abuse that may be present in an unhealthy relationship.”

Goal 3: Provide Assertive Continuing Care (ACC) services to youth and their caregivers involved in La Cañada and YATL following residential treatment.

- Supporting youth as they transitioned from residential treatment to the community/home was an important aspect of Project DAP. SIROW health educators met with youth individually while they were at AzCA's La Cañada residential program to develop rapport, explore the youth's goals and interests, and develop a plan for continuing care, which depended on the youth's individual goals and interests. Once back in the community/home, those plans were brought to fruition. Both pro-social as well as skill-building activities occurred with participating youth. Staff provided support and encouragement to youth. To make some activities more accessible, additional resources were obtained (non-SAMHSA; local business in-kind donations) that provided youth with low/no-cost tickets to recreational activities (e.g., sporting events, exercise, movies). This was a great way to encourage youth to try different types of activities and to help them identify pro-social, non-substance using activities of interest. Examples of individual activities included (1) touring the University of Arizona campus and visiting cultural centers, (2) going out for a snack or meal while discussing plans for future (e.g., school; work), (3) engaging in sports (e.g., basketball) or crafts (e.g., card making) while reviewing problem solving and communication skills, (4) trips to the library, (5) completing job applications and role playing interviews, (6) researching schools, academic, and volunteer opportunities, and attending local social and cultural events. Group pro-social activities were also successful and examples included (1) a reptile demonstration activity, (2) University of Arizona events, and (3) team sports.
- Project staff utilized multiple tools to implement continuing care services. All project staff were trained and tested (and all exceeded the 80% correct score required) on the Adolescent Continuing Care (ACC) manual and procedures. Additional Project DAP materials were developed for facilitating a guided discussion with youth individually to increase their protective factors for safer sex behaviors.
- Two-hundred and twenty-two Project DAP participants (67%) had at least one ACC session. On average, participants that received ACC had 5-6 sessions each (range is from 1 – 14 sessions). Health educators and participants on average spent 33 minutes together during each ACC session.

Goal 4: Provide counseling and testing for HIV and STDs.

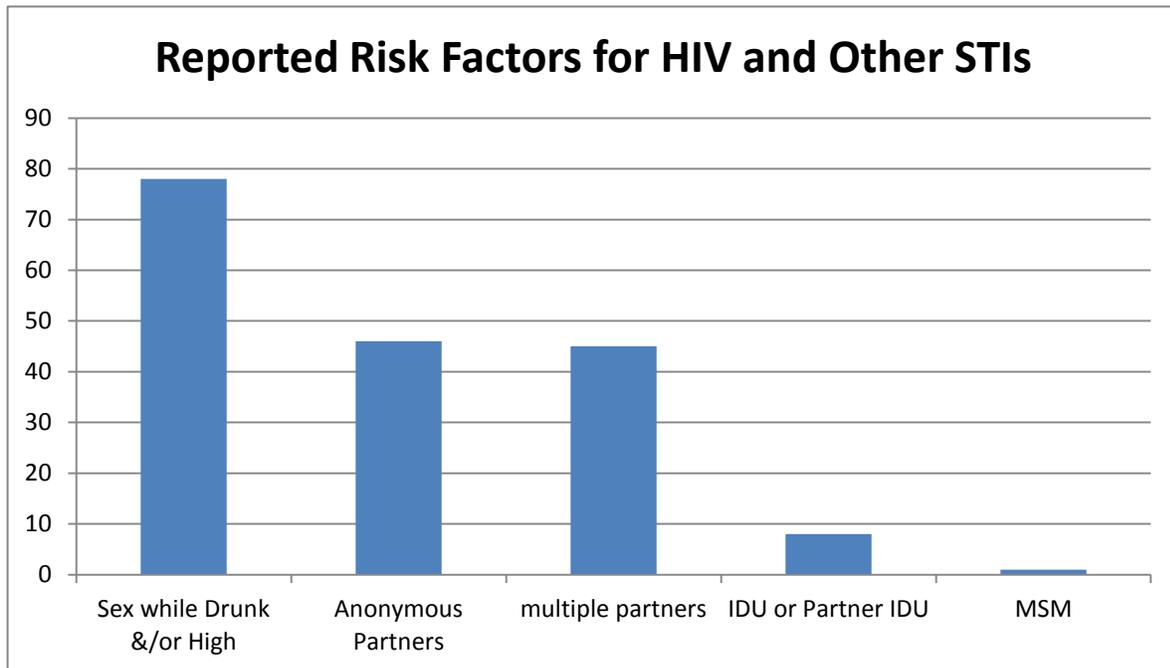
- All youth enrolled in the La Cañada program had the opportunity to receive counseling and testing for HIV and STIs while in treatment. HIV rapid testing and urine/blood STI screening (Chlamydia, Gonorrhea, Syphilis) were provided onsite at La Cañada on a weekly basis by the Pima County Health Department (PCHD). Throughout the implementation of Project DAP, 436 youth were tested.
- Of the 436 youth who received testing and counseling, the plurality were 16 years old (36%) and racial/ethnic minorities (59% total: 47% Hispanic/Latino; 6% Native American; 5% Black; 1%

other). The majority of the youth reported that the age of their first sexual experience was 14 years or younger (72%). Reported risk factors for HIV and other STIs included (see Figure 2):

- Sex while drunk and/or high
- Anonymous partners
- Multiple partners
- Injection drug use or a partner who is an injection drug user
- Men who have sex with men (MSM).

When asked about the percent of the time they use condoms, 60% reported they use condoms less than 50% of the time.

Figure 2. Reported Risk Factors for HIV and Other STIs



- During a collaborators' meeting, the team identified an opportunity to introduce youth to the importance of a clinical health visit. We worked out the logistics and in February, 2008 weekly clinical visits were implemented for Project DAP participants at PCHD's Theresa Lee Health Center. The program began providing more in-depth health screenings for sexually transmitted infections. Clinical STI screenings were provided to 209 youth referred through Project DAP. Participants who were diagnosed with bacterial infections received treatment/medication (at no cost to the grant) in addition to further health education on HIV/STD prevention. The 209 DAP participants screened for HIV/STIs yielded the following information:
 - HIV – 0% tested positive
 - Nongonococcal Urethritis (23%) (diagnosed and treated)
 - Chlamydia (4%) (diagnosed and treated)
 - Molluscum (2%) (diagnosed and treated)
 - Condyloma (1%) (diagnosed and treated)

The implementation of clinical services combined with onsite testing at La Cañada has been successful not only by diagnosing and treating sexually transmitted infections, but as a instrument to educate youth on the importance of healthcare screenings as it relates to their sexual history/risk behaviors. This initiative also provided youth with the experience of accessing clinical care around sexual health, and increasing their comfort level to discuss their concerns with trained healthcare professionals.

Goal 5: Develop educational resources for caregivers and substance abuse treatment providers regarding health education.

- Developing the caregiver component for Project DAP included development of an educational manual consisting of materials and activities for six sessions (i.e., Relationships and Communication; Behavior Warning Signs; Answering Difficult Questions; Puberty/Reproductive Anatomy; Sexually Transmitted Infections/HIV; and Safer Sex Protection Methods.). Implementing those sessions with parents/caregivers proved to be a challenge throughout the project. We employed multiple strategies and structured staffing in different ways to best reach parents/caregivers. In terms of strategies, we met with parents/caregivers individually; we held group sessions; we made our office space available for sessions; we met parents/caregivers at La Cañada; and we went to homes and offices of parents/caregivers. We also varied our availability—meeting on weekends, mornings, evenings—maximizing our flexibility to meet the needs of the parents/caregivers. In terms of staffing, initially each health educator attempted to engage parents/caregivers of youth on their caseload. This strategy did not prove to be effective as it was difficult for staff to commit the necessary time needed to successfully engage parents/caregivers, given their responsibilities to the youth. A more effective approach was having two staff members working on the parent/caregiver component; one dedicated staff member conducting the outreach and educational sessions, and one staff member assisting with scheduling and contacting parents/caregivers and recorded the data into the database.
- Based on all of the efforts described above, 93 parents/caregivers were recruited to participate in the parent/caregiver component of Project DAP. Further contact was made to plan and schedule educational sessions. This process resulted in 74 of the 93 recruited parents/caregivers (80%) who agreed to participate in the sexual health education intervention. Of those who agreed to participate, 55 parents/caregivers (74%) received at least one educational session ('engaged' and 'partially engaged' parents/caregivers), the majority receiving at least two educational sessions (see Table 1). "Engaged" parents/caregivers are those who completed the sexual health education intervention (by participating in at least two sexual health educational sessions) and the evaluation follow-up assessment. "Partially Engaged" parents/caregivers are those who completed only one educational session or completed two educational sessions but did not complete the evaluation follow-up assessment. "Non-Engaged" parents/caregivers are those who did not receive any of the sexual health educational sessions despite initially agreeing to participate.
- On average, 21 contacts with each parent/caregiver (the number of contacts ranged from 1 to 23) were required to complete the sexual health education intervention. The two sexual health

educational session topics most frequently chosen by parents/caregivers were relationships and communication (66%) and behavior warning signs (51%) (see Table 2).

Table 1. Engagement in Sexual Health Education for Parents/Caregivers

<i>Outcome</i>	<i>N</i>	<i>%</i>
Engaged	42	57%
Partially Engaged	13	17%
Non-Engaged	19	26%

Table 2. Types of Education Sessions Parents/Caregivers Select.

<i>Type of educational sessions</i>	<i>N</i>	<i>%</i>
Relationships/Communication	36	66%
Behavior Warning Signs	28	51%
Answering Difficult Questions	16	29%
Puberty/Reproductive Anatomy	10	18%
Sexually Transmitted Infections/HIV	7	13%
Safer Sex Protection Methods	4	7%

- The staff training manual for substance abuse providers was developed and used with trainings with the goal of having collaborating staff all giving consistent messages to youth regarding HIV, health information, etc. The manual is comprised of six sections including: (1) Overview and Rationale of Project DAP’s Staff Training Component, (2) Staff Education and Training, (3) Comprehensive Health Information, (4) Cross-Environmental Communications , (5) Key Considerations, and (6) Identified Resources.
- SIROW coordinated cross-training sessions with La Cañada, SIROW, and PCHD so that all Project DAP personnel (i.e., staff in residential treatment program, clinical setting, university setting) had access to pertinent information related to health, community supports, treatment modalities, and substance abuse. Trainings included: “Sexuality Education, HIV and STI Testing and Treatment, and Confidentiality: Policies, Procedures, and Shared Information,” “Answering Difficult Questions,” “Examining and Clarifying Values,” “Self-Care for the Provider,” and “Influencing Interactions with Youth.”

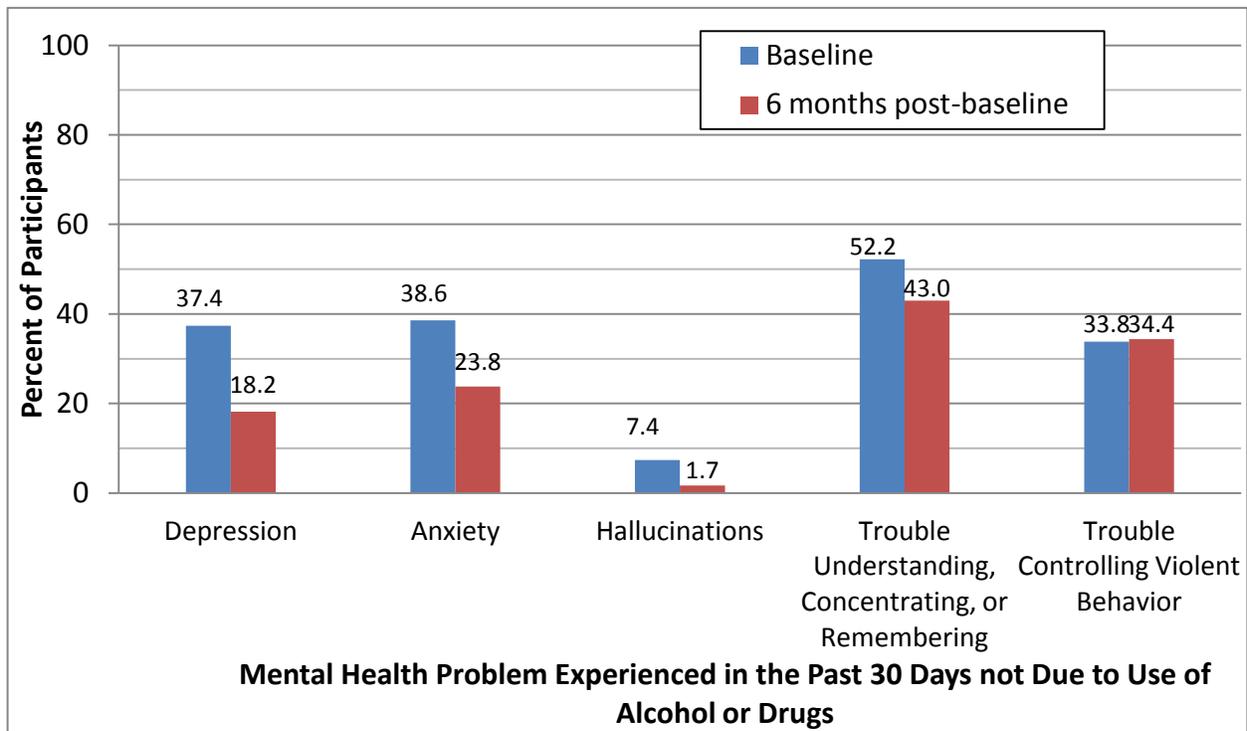
Goal 6: Conduct a process and outcome evaluation.

- Our overall three month follow-up rate for the project is 96% (319/332).
- Our overall six month follow-up rate for the project is 90% (299/332).
- The process evaluation showed that (1) the proposed implementation timeline matched the actual implementation timeline, (2) fidelity, evaluated through the use of the SIROW-HEY quality assurance materials (e.g., educator knowledge test; educator observation review) and ACC

materials (checklists for sessions), was achieved, and (3) the program was responsive to the issues and needs of the treatment program (La Cañada), youth, and their parents/caregivers.

- Of the adolescents who participated in the evaluation component of Project DAP, 91% were male, 53% were Hispanic, 43% were White, 5% were Black, 13% were Native American, and 2% were multi-racial. Participants were 12 to 17 years old with the majority (86%) being 15-17 years old ($M = 15.8$).
- Overall, participants' mental health improved from baseline (pretreatment) to 6 months post-baseline (post-treatment)(see Figure 3). Statistically significantly ($p \leq .050$) lower percentages of participants experienced depression, anxiety, hallucinations, and trouble with cognitive functioning not due to use of alcohol or drugs during the past 30 days at 6 months post-baseline as compared to at baseline. There was no change in the percent of participants who experienced trouble controlling violent behavior during the past 30 days at 6 months post-baseline as compared to at baseline.

Figure 3. Change Over Time in Mental Health Problems Experienced During the Past 30 Days Not Due to Use of Alcohol or Drugs

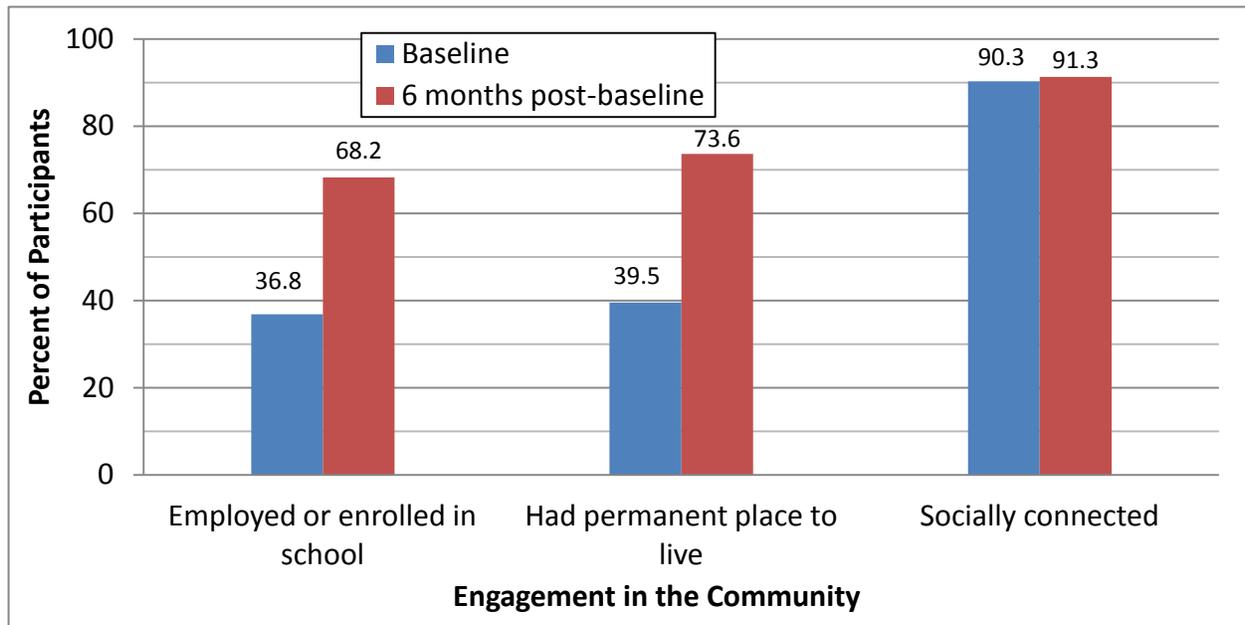


Paired sample t-tests were conducted; difference between baseline and 6 month post-baseline at $p < .001$ on all outcomes but Trouble Controlling Violent Behavior, on which there was no change over time.

- Overall, participants' engagement in the community improved from baseline (pretreatment) to 6 months post-baseline (post-treatment)(see Figure 4). Statistically significantly ($p \leq .050$) greater percentages of participants were employed or enrolled in school and had a permanent

place to live in the community at 6 months post-baseline as compared to at baseline. There was no change in the percent of participants who were socially connected; this percent was at least 90% at both time points.

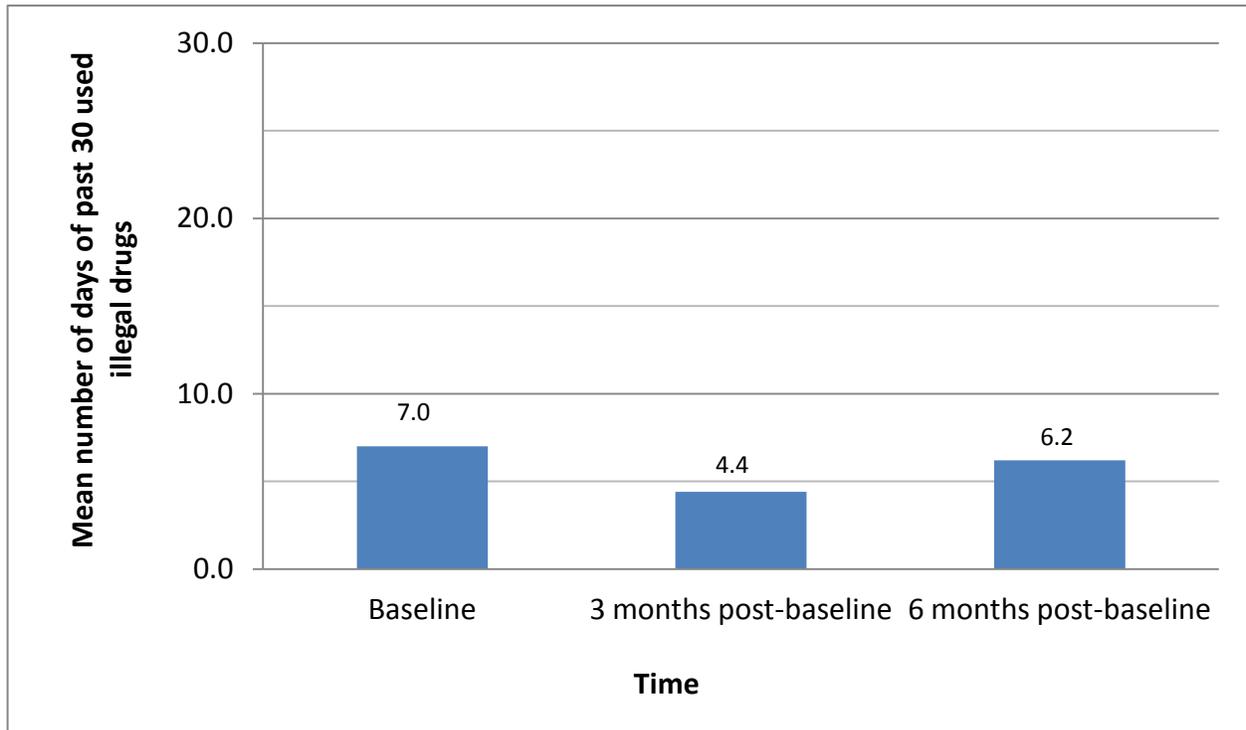
Figure 4. Change Over Time in Engagement in the Community



Paired sample t-tests were conducted; difference between baseline and 6 month post-baseline at $p < .001$ on all outcomes but Socially Connected, on which there was no change over time.

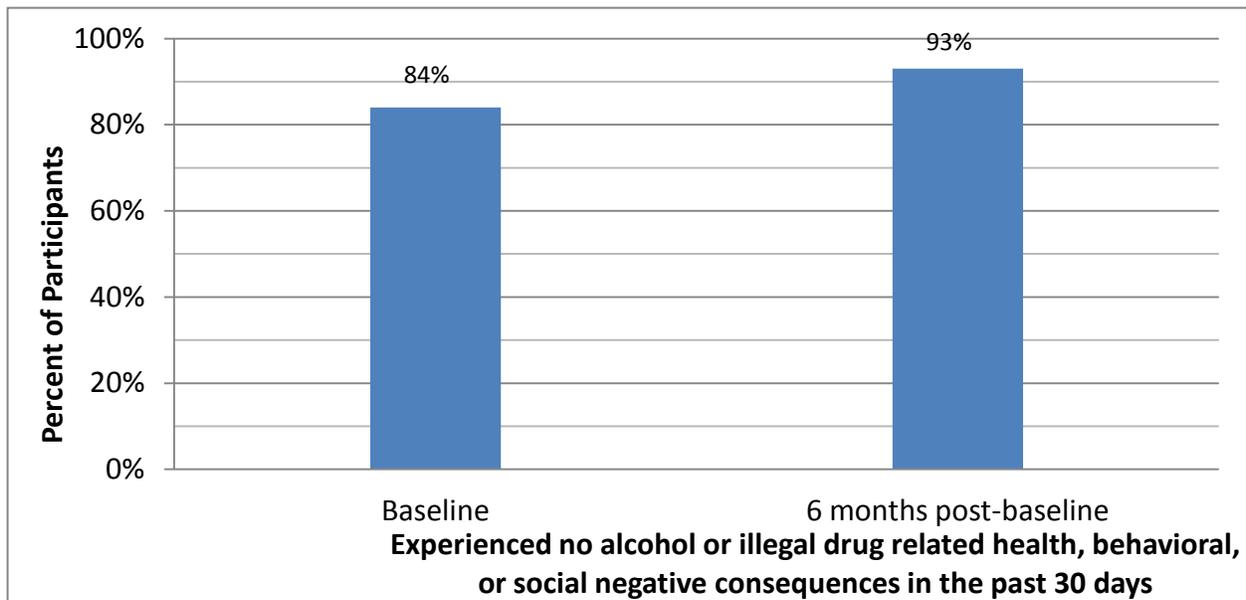
- Participants' problem behavior also improved from baseline (pretreatment) to 6 months post-baseline (post-treatment). A statistically significantly ($p < .001$) greater percentage of participants was not arrested in the past 30 days at 6 months post-baseline (82%) as compared to at baseline (65%).
- Overall, participants' substance use and related problems improved from baseline (pretreatment) to 6 months post-baseline (post-treatment). As shown in Figure 5, on average, participants used illegal drugs during fewer of the past 30 days at 3 months post-baseline ($M = 4.4$) and at 6 months post-baseline ($M = 6.2$) as compared to at baseline ($M = 7.0$; $p = .001$). Although average days used illegal drugs increased at 6 months, it remained lower than at baseline. Furthermore, as shown in Figure 6, a statistically significantly ($p < .001$) greater percentage of participants experienced no alcohol or illegal drug related health, behavioral, or social negative consequence in the past 30 days at 6 months post-baseline (93%) as compared to at baseline (84%). Participants' engagement in high risk drinking (drinking 5 or more drinks to intoxication in one sitting) was infrequent at all time points ($M = 1.0$ at baseline, 1.3 at 3 months post-baseline, and 1.2 at 6 months post-baseline).

Figure 5. Change Over Time in Use of Illegal Drugs



Repeated measures ANOVA was conducted; change over time at $p < .001$.

Figure 6. Change Over Time in Experienced of Alcohol or Illegal Drug Related Health, Behavioral, or Social Negative Consequences in the Past 30 Days



A paired sample t-test was conducted; difference between baseline and 6 month post-baseline at $p < .001$.

- Overall, results suggest that the SIROW-HEY had a positive impact on participants' sexual risk helping them to decrease their sexual risk or to maintain low sexual risk during a developmental phase marked by sexual exploration, intimate relationship formation, and usually an increase in sexual risk (i.e., adolescence). Here we define sexual risk as percent of sex during the past 30 days that was unprotected (i.e., unprotected sex). Low sexual risk is defined as 25% or less unprotected sex, which includes sexual abstinence as it is equivalent to 0% unprotected sex. High sexual risk was defined as 26-100% unprotected sex. As shown in Table 3, 82.3% of participants maintained low sexual risk or decreased their sexual risk from pre-SIROW-HEY (i.e., baseline) to post-SIROW-HEY (i.e., 6 months post-baseline) with 71.7% of participants maintaining low sexual risk and 10.6% of participants decreasing their sexual risk. Only 13.0% increased their sexual risk and 4.8% maintained high risk from pre-SIROW-HEY to post-SIROW-HEY.

Table 3. Change Over Time in Experienced of Alcohol or Illegal Drug Related Health, Behavioral, or Social Negative Consequences in the Past 30 Days

Pattern of Sexual Risk from Baseline to 6 Months Post-baseline			
		N	%
Maintained low sexual risk			
	Sexually abstinent at baseline and 6 months post-baseline	124	42.3
	Sexually abstinent at baseline and active but low risk at 6 months post-baseline	69	23.5
	Low sexual risk at baseline and at 6 months post-baseline	17	5.8
	Total	210	71.7
Decreased sexual risk			
	Sexually active at baseline and abstinent at 6 months post-baseline	22	7.6
	High sexual risk at baseline and low sexual risk at 6 months post-baseline	9	3.1
	Total	31	10.6
Increased sexual risk			
	Sexually abstinent at baseline and active and high risk at 6 months post-baseline	31	10.6
	Low sexual risk at baseline and high risk at 6 months post-baseline	7	2.4
	Total	38	13.0
Maintained high sexual risk			
	High sexual risk at baseline and at 6 months post-baseline	14	4.8

Goal 7: Dissemination of Information.

Presentations resulting from the project:

Ruiz, B., Stevens, S. and Greene, A. (2007). Project DAP: Substance Abuse Treatment and HIV Prevention in Rural and Urban Areas. Presentation at the 34th Annual Arizona Rural Health Conference. July 30-August 1, 2007. Fountain Hills, AZ. Submitted.

Greene, A., Ruiz, B. (2007). Project DAP (Determining Another Path): Evidence-Based Comprehensive Sexuality Education. Presentation to the Teen Pregnancy and STD Prevention for Youth In Care

- Interagency Workgroup, Governor's Office for Children, Youth and Families. May 9, 2007. Phoenix, AZ. Invited.
- Stevens, S., Andrade, R., and Ruiz, B. (2007). Women and Substance Abuse: Gender, Age and Cultural Considerations. 2007 Minority Women's Health Summit – Women of Color: Addressing Disparities, Affirming Resilience, and Developing Strategies for Success, August 23-26, 2007. Washington D.C. Submitted.
- Greene, A., Whitehead, G., Ruiz, B., Davis, M. (2008). Project DAP: Effective Collaboration for Effective Service Delivery. Accepted for presentation at the Joint Meeting on Adolescent Treatment Effectiveness (JMATE). March 25-27, 2008. Washington, DC. Submitted.
- Greene, A., Ruiz, B. (2008). Southwest Institute for Research on Women's – Sexual Health Education (SIROW-SHE): Theoretical Approach, Curriculum Components & Academic Relevance. Presented at the 3rd Annual FA+IR for Educators. June 11, 2008. Tucson, Arizona. Invited.
- Greene, A., Ruiz, B., Korchmaros, J., Hedges, K., Stevens, S. (2008). Determining Another Path: Effective Collaboration for Effective Service Delivery. Presented at the 2008 US Conference on AIDS. September 18-21, 2008. Miami, FL. Submitted.
- Stevens, S., Andrade, R., Greene, A. (2008). Sex, Drugs, and Women's Work. Presented at a Women's Studies Advisory Council Salon. April 29, 2008. Tucson, Arizona. Invited.
- Andrade, R. (2009). Adolescent Males Speak about Sexual Health Education Poster. Adolescence in the 21st Century. The University of Arizona, McClelland Institute Children, Youth, and Families, Tucson, Arizona, March 5-6, 2009.
- Ruiz, B., Hedges, K., Greene, A., Lopez, E. (2009). Adolescent Illicit Drug Use: Reflections from Yesterday, Relevance of Today, and Innovations for Tomorrow. Plenary session for the Annual Mississippi School of Alcohol and Drugs. June 22, 2009. Choctaw, MS. Invited.
- Stevens, S. Ruiz, B., Andrade, R., Greene, A. (2009). Innovations in Applied Sexuality Education: Theory, Practice & Evidence. Presented at the Gender and Women's Studies Colloquium. October 14, 2009. Invited.
- Hedges, K., Stevens, S., Ruiz, B., Korchmoros, J., Greene, A., Davis, M., Lopez, E. (2009). Where Practice and Policy meet: a community consortium for adolescents in substance abuse recovery. Presented at the Society of Medical Anthropology Conference. September 24-27, 2009. Yale University. Invited.

Korchmaros, J. D., Ruiz, B., Greene, A., and Hedges, K. (2009). Project DAP: An HIV and substance use relapse prevention program for adolescents. Poster presented at United States Conference on AIDS annual convention. October, 2009., San Francisco, CA. Submitted.

Greene, A., Branson, C., Kingwood, N. (2010). Does Setting Matter: An Examination of Adolescent HIV Services in Community-Based, Hospital-Based, and School-Based Settings. Presented at the Joint Meeting for Adolescent Treatment Effectiveness. December 14-16, 2010. Baltimore, MD. Submitted.

Greene, A. & Ruiz, B., (2010). HIV Services in Community-Based Settings. Strengths and Challenges. Presented at the Joint Meeting for Adolescent Treatment Effectiveness (JMATE). Baltimore, MD. December 14-16, 2010. Submitted.

Stevens, S., Morgan-Thompson, E., Vinson, J., Greene, A., and Powell, C. Student-Generated Anonymous Sex Questions: Informing Sexuality Education Curriculum. Presented at the 14th Biennial Meeting of the Society for Adolescent Research. Vancouver, Canada. March 8-10, 2012.

Reports, Manuals, and Publications resulting from the project:

Korchmaros, J.D. (June, 2008). Preliminary data tables and charts for DAP (Determining Another Path): Examination of relationships between ethnicity/race and other key variables. Project Data Summary Report.

Korchmaros, J.D. (February, 2009). Preliminary data tables and charts for DAP (Determining Another Path): Examination of relationships between age and other key variables. Project Data Summary Report.

Korchmaros, J.D. (March, 2009). Preliminary data tables and charts for DAP (Determining Another Path): Examination of relationships between legal custody and other key variables. Project Data Summary Report.

Korchmaros, J.D. (September, 2009). Preliminary data tables and charts for DAP (Determining Another Path): Examination of relationships between level of education and other key variables. Project Data Summary Report.

Andrade, R., Korchmaros, J., and Ruiz, B. (June, 2011). Preliminary Evaluation Findings: Project DAP (TI-18406). Project Data Summary Report.

Greene, A., Springer, S., & Ruiz, B. (2011). SIROW Health Education for Youth. Curriculum Manual. An Interactive HIV and Sexuality Education Program for Youth. Manual 1 of 3. The University of Arizona: Tucson, AZ.

Greene, A., Springer, S., & Ruiz, B. (2011). SIROW Health Education for Youth. Parent/Caregiver Manual. Manual 2 of 3. The University of Arizona: Tucson, AZ.

Greene, A., Springer, S., & Ruiz, B. (2011). SIROW Health Education for Youth. Staff Training Manual. Manual 3 of 3. The University of Arizona: Tucson, AZ.

Ruiz, B., Branson, C., Francis, G., Vaughn, G., Greene, A., Kingwood, N., Ampadu, G. (in press). Expanding adolescent substance abuse treatment in diverse settings. A case for incorporating HIV risk reduction services using evidence-based models. *Journal of Evidence-Based Social Work*.

Media resulting from the project:

Greene, A., Davis, M., Moll, C. (speakers), & Ruiz, B. (producer) (2008). Snooze Fest: Importance of Sleep. Vodcast: Southwest Institute for Research on Women University of Arizona's You Tube Channel <http://www.youtube.com/watch?v=trZk7OkVPxU>

Arizona Illustrated, a program of PBS, produced a feature story on Project DAP featuring prevention specialist, Isaac Durgin. The story begins 2.08 minutes into the program that can be viewed at: <http://video.pbs.org/video/1563736495> , August 2010.

Greene, A., Lopez., E., Huerta, K., Huerta., J., & Ruiz, B. (2011). Emergency Contraception. Vodcast: Southwest Institute for Research on Women University of Arizona. (youth-driven technology project -sponsorship external to the grant- that is relevant to Project DAP and viewed by project participants. The video was selected as the local winner of a film festival with national affiliation [LUNAFest]).

Newsletters

- SIROW Community Newsletter (Summer, 2007)
- SIROW Community Newsletter (Summer, 2008)

Other Dissemination

- Other dissemination activities included outreach meetings, presentations and information disseminated about Project DAP at the following sites/venues:
 - Arizona's Children Association Advisory Board
 - Pima County Health Department programs
 - Cochise County Health Department
 - SIROW Community Advisory Board
 - Cochise County Juvenile Probation Department
 - 2010 TCE/HIV Grantee Meeting- panel
 - Local Charter Schools (received some SIROW-HEY curriculum)

- Toltecali Academy-High School
- KARE (and organization for grandparent/foster parents)
- Liberty Partnership (high school)
- Cholla High School
- Tucson Pediatric Society
- SunnySide Family Resource & Wellness Center

B. Sustainability

- SIROW staff provided training in the SIROW-HEY youth curriculum to AzCA staff .
- SIROW staff provided curriculum materials to AzCA staff (e.g., interactive games, protection methods demonstration kit).
- AzCA staff are teaching SIROW-HEY at La Cañada.
- PCHD and AzCA arranged for Kino Teen Health (a program of PCHD) to augment SIROW-HEY with an additional education session every other week. Kino Teen Health is also providing testing services.
- La Cañada youth are able to access the PCHD STD/HIV Clinic and AzCA staff can make arrangements.
- SIROW staff provided AzCA staff with the SIROW-HEY parent/caregiver curriculum to use during therapy groups.
- SIROW staff provided AzCA staff with the ACC materials appropriate to incorporate into recovery and continuing care planning for youth.

C. A Summary of Results (positive or negative) Considered Significant.

- Project DAP enrolled 332 youth participants in the evaluation component.
- Youth in treatment received school credit for participation in SIROW-HEY.
- All health educators were trained and certified in SIROW-HEY and passed periodic quality assurance checks.
- Project DAP provided residential treatment services for 39 youth from Cochise County, Arizona and provided the SIROW-HEY curriculum to 30 youth in Sierra Vista (located in Cochise County).
- Youth increased knowledge with regard to HIV/STIs, safer sex protection methods, and sex and relationships.
- There were 222 (67%) youth that participated in continuing care sessions (youth had an average of 5-6 sessions), which lasted 33 minutes each, on average.
- Throughout the implementation of Project DAP, 436 youth were tested for HIV and other STIs and 209 youth received clinical STI screenings.
- Eighty-six percent of recruited parents/caregivers agreed to participate in the sexual health education intervention and 76% of those completed the intervention. However, it took, on average, 21 contacts with each parent/caregiver to complete the sexual health education intervention.
- The two sexual health educational session topics most frequently chosen by parents/caregivers were relationships and communication (66%) and behavior warning signs (51%).

- Three project manuals were developed and cross-trainings on a variety of topics occurred.
- Overall, participants' mental health, engagement in the community, problem behavior, and substance use and related problems improved from baseline (pretreatment) to 6 months post-baseline (post-treatment).
- Overall, results suggest that the SIROW-HEY had a positive impact on participants' sexual risk helping them to decrease their sexual risk or to maintain low sexual risk during a developmental phase marked by sexual exploration, intimate relationship formation, and usually an increase in sexual risk (i.e., adolescence).
- Dissemination of project information and results was frequent, widespread, occurred through multiple outlets, and took multiple forms. For example, 15 project-related presentations were given; nine written documents (e.g., manuals and publications) were created and distributed; and two vodcasts were created and made available to the public through the University of Arizona's You Tube Channel.
- Long-term sustainability is evident, e.g., in (1) AzCA staff teaching the SIROW-HEY at La Cañada, (2) PCHD-Kino Teen Health augmenting SIROW-HEY at La Cañada with an additional education session every other week and providing HIV and STI testing services, (3) AzCA staff making arrangements for La Cañada youth to access the PCHD STD/HIV Clinic, and (4) AzCA staff using the SIROW-HEY parent/caregiver curriculum during therapy groups and incorporating ACC materials incorporate into recovery and continuing care planning for youth.