Program Manual

North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Women's Health Branch
Family Planning & Reproductive Health Unit
Teen Pregnancy Prevention Initiatives

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PURPOSE & BACKGROUND

The Adolescent Pregnancy Prevention Program (APPP) is a primary prevention program (i.e., prevention of first pregnancies) that provides essential comprehensive sex education (which includes abstinence), encourages parent/teen communication, promotes responsible citizenship, and builds self-confidence among the participants. Agencies implementing APPP are required to use evidence-based or evidence-informed program models for teen pregnancy prevention that are effective at delaying sexual initiation, improving contraceptive use, and/or reducing adolescent pregnancy.

The objectives of APPP are as follows:

1. Fifty percent of participants will demonstrate increased knowledge that supports the prevention of pregnancy and/or Sexually Transmitted Infections (STIs), including HIV/AIDS;
2. Thirty-five percent of participants will demonstrate improved attitudes and beliefs supporting the delay of sexual activity for the prevention of pregnancy and/or STIs, including HIV/AIDS; and
3. Fifty-five percent of participants will demonstrate improved attitudes and beliefs supporting the use of condoms for the prevention of pregnancy and/or STIs, including HIV/AIDS.

The success of APPP depends not only on the commitment of the funded agency, but also on the support of the community and the cooperation of other agencies such as local health departments, social services agencies, and public schools.

APPP is administered by Teen Pregnancy Prevention Initiatives (TPPI), which is housed in the Department of Health and Human Services, Division of Public Health, Women's & Children's Health Section, Women's Health Branch (WHB). The TPPI Team is responsible for generating the Request for Applications for APPP and administering these funds, as well as monitoring and evaluating APPP. The team includes the TPPI Team Leader, two Program Consultants and an Evaluation Consultant.

CONTACT INFORMATION

Contact information for the TPPI Team, as well as additional information about APPP and currently funded APPPs, is available on the TPPI website: www.teenpregnancy.ncdhhs.gov. TPPI staff can also be contacted by calling the WHB main line at 919-707-5700.

PROGRAM PLANNING & IMPLEMENTATION

IMPLEMENTING EVIDENCE-BASED CURRICULA

APPP must replicate a teen pregnancy prevention program model on the list of *Approved Evidence-Based/Evidence-Informed Program Models* in Figure 1 below. Additional information about the program models is available at http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm. With special approval by the funding agency, other evidence-based or evidence-informed program models may be proposed.

APPP should demonstrate a clear understanding of the chosen program model by clearly explaining how it will effectively address the risk and protective factors of the program participants and lead to a reduction in teen pregnancy. The program model must be implemented with fidelity and APPP staff are expected to receive facilitation or implementation training with certification regarding the program model. APPP should carefully study the requirements of each model and explain how they will ensure that these requirements are met. APPP may consider enhancing the chosen program model by adding any of the following activities: academic assistance, parent involvement, service learning, career awareness, job skills development, individual counseling, and cultural enrichment.

COMPREHENSIVE SEXUALITY EDUCATION

A comprehensive sexuality education program empowers adolescents with information they need to make healthy decisions about their emotional and physical well-being, and it explores relationships, decision-making, assertiveness, peer pressure and other topics related to health and human sexuality. APPPs are mandated to provide comprehensive sexuality education to all participants including complete and medically accurate information about contraceptive methods including abstinence (see Teen Pregnancy Prevention Initiatives [TPPI] Legislative Rules at http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm). The term “complete and medically accurate” means verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable, or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. If the program model chosen by your agency does not cover all FDA-approved contraceptive methods, you must provide this information using a supplementary curriculum.

Figure 1 – Approved Evidence-Based/Evidence-Informed Program Models

Approved Evidence-Based/Evidence-Informed Program Models

Adolescent Pregnancy Prevention Program

This table is intended to provide a brief snapshot of the program models that are approved for funding. Applicants are encouraged to do their own additional research and choose the program model(s) from the list that will most effectively address the needs of their communities.

Program Model ***For additional information about each program click on the name below. Curriculum Information Sheets are located at http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm.***	**Number of Sessions**	**Number of Participants**	**Comprehensive Contraceptive Methods component needs to be added**	**Program Type**		**Race/Ethnicity**			**Gender**		**Setting**		**Grade Level/ Target Population**		**Evaluation**		**Community Service Learning**	**Peer Leader Component**	**Multiple Levels/Years of Curricula**	**Parent Involvement Component**
				Sexuality Education	**Youth/Leadership Development**	**Mixed Groups**	**African American Only**	**Hispanic Only**	**Males**	**Females**	**School**	**Community or After-school**	**Middle School or Under Age 14**	**High School or Age 15& Older**	**Evidence Based Curricula**	**Promising Evaluation Results**				
Becoming a Responsible Teen	8		x	x			x		x	x		x		x	x					
Draw the Line/ Respect the Line	6th grade - 5 7th grade - 7 8th grade - 7		x	x		x			x	x		x	x	x	x					
Making Proud Choices	8		x	x		x			x	x	x	x	x		x					
Reducing the Risk	16		x	x		x			x	x	x			x	x					
Safer Choices	Level 1-11 Level 2-10		x	x		x			x	x	x			x	x			x	x	x
Smart Girls [1]	10		x	x		x				x	x	x	x			x				x
Teen Outreach Program ®	25	25/ club	x	x	x	x			x	x	x	x	x	x	x		x		x	
Teen PEP	90 days	10 [2]	x	x	x	x			x	x	x	x	x	x		x		x	x	x
Wise Guys (level one) [1]	10		x	x		x			x		x	x	x	x		x				

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COMMUNITY ADVISORY COUNCIL

In order to develop and maintain an APPP and meet the needs of the participants, it is mandatory that a Community Advisory Council (CAC) is established and sustained. A strong CAC contributes to the overall success and growth of the program in the community. The CAC must consist of representatives from **at least five public and private community agencies other than the funded agency**. **One of these agencies must be the local health department.** Additional agencies may include the public school system, the department of social services, mental health services, local corporations and businesses, media, and other local organizations that serve youth. An APPP staff member may serve as the chairperson of the CAC, or another member of the CAC may be appointed to this position. The CAC shall convene at least quarterly and meeting minutes shall be recorded to account for the work of the CAC.

The CAC shall be responsible for the following:

- Advising and assisting the APP staff to provide high quality services to participants
- Actively promoting the program in the community
- Reviewing all educational and promotional materials developed by the program to ensure appropriateness for the community
- Defining and maintaining cooperative ties with other community institutions in order to meet the needs of program participants
- Seeking financial support from sources other than TPPI, including sources in the local community
- Referring volunteers and potential participants to the program and
- Recruiting additional CAC members.

The CAC may take on other responsibilities, and subcommittees may be established to address specific needs.

STAFF REQUIREMENTS

ROLES AND RESPONSIBILITIES

All programs must maintain staff who have appropriate qualifications, training and experiences to implement the chosen program model. See Figure 2 for a list of Staff Roles and Responsibilities. The chosen program model must be implemented with fidelity (i.e., as intended by the program developers) in order to maximize its effectiveness at preventing pregnancy among the program participants. Therefore, it is mandatory that program staff are appropriately trained and certified to facilitate and implement the program in accordance with the chosen program model guidelines.

TPPI maintains a listserv and program staff directory which allows the TPPI team and the Women's Health Branch to share program updates, staff development opportunities and Request for Applications from various sources. It is imperative that you contact your Program Consultant within five business days of staff turnover. You have thirty days to provide new staff contact information or to update current staff contact information if there are any changes.

Figure 2: Staff Roles & Responsibilities

Title/ Role	Responsibilities
Program Coordinator	• Maintain hardcopy files of parental consent forms for program participants. • Enter data about program activities into the EZ TPPI database (www.eztppi.org/northcarolina) in accordance with the EZ TPPI database manual which can be found under the Help Menu. • Complete at least 20 hours annually of professional development training aimed at improving program outcomes (includes attendance at TPPI regional meetings). • Recruit CAC members, maintain a membership list holding meetings at least quarterly, and upload the meeting minutes in the TPPI database by the 10th of the month following the month that the meeting was held. • Define and maintain cooperative ties with other community institutions in order to meet the needs of program participants. • Recruit, screen, train, supervise and recognize program volunteers. • Seek financial support from sources other than the TPPI funds, including sources in the local community. • Participate in ongoing efforts within the scope of APPP activities that promote the reduction of racial, ethnic, or socio-economic health disparities among program participants and within the community being served. Activities may involve academic assistance, prevention health services, parent (grandparent) involvement, career awareness, job skills development, individual counseling and cultural enrichment. • Implement the chosen curriculum intervention with fidelity, and/or monitor other staff who are implementing the curriculum to assure fidelity • Comply with all components of the APPP Evaluation Plan, which includes obtaining consent for participation in the evaluation and administering the Teen Pregnancy Prevention Survey.
Program Supervisor	• Supervise and support the activities of the APPP staff. • Ensure that program operation is in accordance with the DHHS contract/Agreement Addendum and this policy manual. • Serve as a member of the CAC and recruiting additional members. • Define and maintain cooperative ties with other community institutions in order to meet the needs of program participants.

APPP ORIENTATION

All staff providing program services and their Supervisor are required to attend an APPP orientation session in the first quarter of the first year of funding. APPP Orientation is also available for new staff members as well as for coordinators outside of the first year of funding. At least one staff member providing program services needs to attend the annual regional meeting and attend program model training and certification in accordance with program model fidelity. Topics covered during the APPP Orientation will include:

- TPPI Overview
- TPPI Team
- APPP Manual
- Curriculum Adaptations
- Evaluation 101

STAFF TRAINING AND DEVELOPMENT

Training Requirements

All staff are required to complete a minimum of 20 hours of professional development per year relevant to teen pregnancy prevention.

Required Trainings:

- APPP Regional Networking meetings
- APPP Sponsored Webinars

Other Training Opportunities:

- APPCNC Annual Conference - www.appcnc.org
- South Carolina Campaign to Prevent Teen Pregnancy Summer Institute - www.teenpregnancysc.org
- Family Life Institute - www.ncshtc.appstate.edu
- Healthy Teen Network Annual Conference - www.healthyteennetwork.org

FUNDING & DHHS CONTRACTS/AGREEMENT ADDENDA

BUDGET COMPONENTS

State funds

All CBOs and Local Health Departments (LHDs) grant awards range from $50,000 to $75,000 annually. Contracts are award annually for a maximum of four years contingent upon contract compliance, project performance, and availability of funding. State contracts will begin between June 1, 20XX-May 31, 20XX.

Local match

All CBOs and Local Health Departments (LHDs) are required to provide local match based on their contract/agreement addendum fund amount. If you receive $75,000, the local match is $25,000; or $50,000, the local match is $10,000. The local match can be in-kind or actual dollars the agency provides through donations or fundraising.

Local match typically includes but is not limited to: the executive director's and fiscal manager's salary; the volunteer hours of the CAC members; hours from volunteers that assist with the program – guest speakers; participant incentives that have been donated and most other line items – mileage, staff time, staff development, etc. Please contact your Program Consultant if you have any questions about local match.

Budget Forms

TPPI Program Consultants request a copy of a budget between October and December from all Community Based Organizations (CBOs) for the following fiscal year's contract/agreement addendum. For example, FY16 (June 2015-May 31, 2016) budget will be requested in FY15 between October 1st and December 31st.

Agencies must use their funding in a manner that is consistent with the Contract/Agreement Addendum. All costs charged to state/federal funds must be reasonable and necessary for the operation and administration of the program(s) for which funding is received.

Budget narratives: should show calculations for all budget line items and should clearly justify/explain the need for these items. Budget costs should be in accordance with State subsistence rates/IRS mileage rates, reasonable and justifiable. The budget must support the Scope of Work activities and objectives.

State Subsistence Rates as of January 1st, 2014 (not to be exceeded)

	In-state	Out-of-state
Breakfast	$8.20	$8.20
Lunch	$10.70	$10.70
Dinner	$18.40	$20.90
Lodging	$65.90	$77.90
Total	$103.20	$117.70

Breaks: The state can only reimburse $4.50 per day for breaks for sponsored events; 20 persons must be in attendance for breaks to be charged to state funds.

Mileage: Mileage is based on your agency guideline but not to exceed the state rate of $.56 per mile.

Rates are subject to change. Budget revisions can be requested if the rates change during the Fiscal Year.

Words to avoid in the budget include but are not limited to: field trips, celebration, party, consultants, honoraria, catering, etc.

Equipment Costs: Expenses for any equipment to be purchased may not exceed $2,000 per item.

Administrative Personnel Costs: Personnel costs for any staff that will not be providing direct services to program participants may not exceed 10% of the total budget.

Incentives: Incentives may be provided to participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program. While there is no maximum amount of funding that may be used to provide incentives for participants, the level of incentives must be appropriate for the level of commitment that is needed for the participants to achieve the expected outcomes of the program.

State funds may not be used to provide cash payments as incentives. Local matching funds must be used to provide cash incentives. State funds may be used for non-cash incentives such as gift cards, movie passes, and healthy meals. If gift cards will be provided, applicants must outline a plan to log them by serial number, maintain them in a locked storage cabinet, and obtain the signature of individuals upon receipt of the cards.

Program Evaluation Costs: Evaluation design and analysis will be coordinated by TPPI. If an applicant plans to implement a more extensive evaluation plan, then these costs must be covered by local matching funds.

Audits

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used online at www.NCGrants.gov.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than $25,000
Level 2: At least $25,000 but less than $500,000
Level 3: $500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

Indirect Costs

Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. The indirect cost rate shall not exceed 10 percent (10%) of the total direct cost. If indirect costs are requested, a current indirect cost rate letter must be included with the applicant's budget. The proper documentation for indirect cost is a copy of the indirect cost approval letter to the contractor from the appropriate federal agency. In situations where a non-governmental entity does not receive funds directly from a federal agency and where no federal cognizant agency is designated, an indirect cost rate may be established using criteria and cost principles outlined in the applicable federal circular. Under these conditions, a person or firm, preferably one knowledgeable of this subject, should establish the rate. This person or firm should not be associated with the audit firm that conducts an audit of the entity's records. Once a rate has been established, this person or firm should certify in writing to the non-governmental entity that the rate has been established in accordance with the applicable federal circular and that the documentation should be maintained and made available to any auditor requesting such information. The entity should also provide a copy of the letter to any and all agencies with which they contract and from whom they wish to claim reimbursement of indirect costs.

REIMBURSEMENT

Funds to CBOs will be disbursed on a cost reimbursement basis only. The contractor is required to submit an Itemized Report (IR) and Contract Expenditure Report (CER) of expenses and supporting documentation within 10 days from the end of the month for which it is being submitted. The Contractor must expend the required local matching funds in order to be reimbursed for the full amount of state funds. *CERs must be submitted even when no expenses are incurred in a given month.* Failure to submit monthly sequential reports may delay receipt of reimbursement. CERs should be submitted with an original signature in blue ink from an approved signature authority and addressed to:

US Mail:
[Insert name of the appropriate TPPI program Consultant]
Teen Pregnancy Prevention Initiatives Program Consultant
1929 Mail Service Center
Raleigh, NC 27699-1929

Fed-Ex/UPS:
[Insert name of the appropriate TPPI program Consultant]
Teen Pregnancy Prevention Initiatives Evaluation Consultant
5601 Six Forks Road
Raleigh, NC 27609

BUDGET REALIGNMENTS

The following steps must be taken when CBOs request budget realignments and are also recommended for LHDs.

Step 1— Discuss revision/s with your assigned Program Consultant.

Step 2— Requests must be made via email to your assigned Program Consultant detailing the following information:

- Effective date for the change
- Amount to be realigned
- Where money will be moved from and to
- Justification for the request (Example: $XX removed from Participant and Incentives because snacks were offered as an in-kind donation from an outside agency and we no longer need to purchase snacks for the year. $XX moved to Staff Development b/c we recently learned of a training opportunity at APPCNC.)
- Include a copy of the Contract Budget Realignment Form. A signed copy of the Contract Budget Realignment Form must be submitted either via email (scanned copy) or paper copy in the mail.

Step 3— Approval Process

- CBOs will receive an email stating that the realignment was 'approved' or 'disapproved' from the Program Consultant within 2 weeks of the request
- If the realignment is approved, the Program Consultant will sign the Contract Budget Realignment Form and submit it along with the written justification to the Contracts office. At this time the realignment is effective and CERs can be submitted reflecting the revised amounts.
- The Program Consultant will update the itemization report and email it to the agency.

Additional Notes:

- All requests must be submitted 30 days prior to the expenditure of funds
- The last realignment for the contract/agreement addendum period must be submitted no later than April 30

Budget forms mentioned throughout this section can be found at http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm.

MONITORING

DPH RISK LEVEL

At the beginning of each fiscal year, every agency will be giving assigned a risk level of low, medium or high. Assessing risk involves evaluating the effectiveness of an entity's internal control system in preventing and detecting noncompliance in regards to state and federal guidelines. A risk assessment is used to determine the priority of subrecipients to be reviewed and the level of monitoring to be performed. Risk assessment should not be viewed as a one-time event. Significant turnover in the subrecipient's personnel, a change in the quality or timeliness of required reports, or information received from another funding division may all necessitate a review to determine if a revised risk assessment is warranted.

If the division of public health has had a long, successful relationship with the subrecipient, the subrecipient has had clean audits and all reports have been filed accurately historically, the subrecipient would be evaluated as a low risk. If the subrecipient is new to the division and the division's programs, but has had successful relationships with other Department of Health and Human Services (DHHS) divisions or is part of a large, successful organization such as a university, the subrecipient may be evaluated initially as a medium risk. A small, start-up non-profit agency operating a new program would likely be evaluated as a high risk, at least until some history was established.

SITE VISITS

The TPPI Program Consultant will conduct at least one annual on-site visit, which includes a review of agency programmatic and fiscal policies and records, and an observation of a program session with all CBOs and LHDs. The Program Consultant will ask for multiple dates when programming is being conducted in order to plan your site visit. Compliance with your contract/agreement addendum and fidelity of the curriculum chosen will be assessed during the site visit. Agencies will receive a written report within 30 days of the site visit. There is also additional monitoring and technical assistance provided via ongoing communication by phone and e-mail.

Site Visit Preparation

Prior to the site visit the Program Consultant will advise you on which 1 – 2 months of financial records they would like to review for the site visit. Financial records include the itemized report/s, all receipts for line items billed in the requested month/s and salary accounts. A site visit tool will be forwarded to you before the site visit for you to be able to prepare for the visit. A sample Site Visit Report is available at http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm.

PERFORMANCE ASSESSMENTS

Performance assessments are conducted on each program by the program and evaluation consultants. This assessment tool evaluates where each program is in reference to compliance and allows the consultants to assign a performance score. This score ranges from -10 to +10. If the program is reapplying for funds (year 4 of funding), the score is added or subtracted from

the application's raw score. If the program is in years 1, 2 or 3 of funding, the score is used to rank programs. This form is subject to change based on legislative and contract requirements. A sample performance assessment tool can be found at http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm.

COMPLIANCE

Funding is contingent upon compliance with the TPPI legislative rules and with all procedures and regulations prescribed by the State of North Carolina which includes all items outlined in the APPP manual. Compliance is monitored by TPPI staff through annual site visits, monthly database entries, and monthly contract expenditure reports.

Non-Compliance

If a program is having difficulty maintaining compliance after the Program Consultant and/or evaluation consultant has provided continuous technical assistance, the agency will be placed on High Risk. The agency will be advised of the High Risk status and a letter will follow. The letter will include the non-compliance issue/s and a corrective action plan with a timeline. If the agency is reluctant or slow to comply with contractual requirements, sanctions may have to be temporarily imposed. Available sanctions are listed below and are defined in the Monitoring Terms section of the Glossary, at http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm.

1. Cost disallowance
2. Temporarily withholding funds
3. Suspension
4. Termination
5. Voiding of a grant
6. Debarment & Suspension

EVALUATION

EVALUATION GOAL

Evaluation is the systematic process of collecting and analyzing data to determine if and to what extent program goals have been achieved. APPPs are evaluated in order to determine: a) if programs are being implemented with fidelity and are performing optimally (process evaluation); and b) if the knowledge, attitudes and beliefs, and behaviors of APPP participants have changed based on their participation in APPP (outcome evaluation). The evaluation can help inform program staff about what is working and what needs to be improved to make the program more successful. Evaluation results can also be used to inform funders (e.g., legislators, federal agencies, and private foundations) about APPP, show them how effective it is, and to promote ongoing support. A glossary of evaluation and statistical terms is available at http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm.

The overall goal for APPP is to reduce teen pregnancy within the target populations served by each program. Much of the outcome evaluation for APPP has been standardized to meet the varying program designs used across the state.

EVALUATION TEAM

The evaluation of APPP is made possible by the work of both local APPP staff and the TPPI Team. The roles and responsibilities listed in Figure 3 will be discussed in greater detail in subsequent sections.

Figure 3: Evaluation Team Roles and Responsibilities

Title/Role	Responsibilities
APPP Coordinator	• Enters process data into the EZTPPI database. • Obtains consent for student participation in the evaluation. • Coordinates quantitative data collection by administering the Teen Pregnancy Prevention Survey and submitting to the Evaluation Consultant. • Coordinates qualitative data collection by administering participant feedback surveys. • Discusses the annual evaluation report with APPP Supervisor to determine program improvement priorities.
APPP Supervisor	• Provides support for the evaluation to the APP Coordinator as needed. • Discusses the annual evaluation report with staff to determine program improvement priorities. • Provides support and guidance for the dissemination of the annual evaluation report, which should include the CAC.
TPPI Program Consultants	• Provide technical assistance regarding process evaluation (i.e., curriculum implementation, fidelity). • Review EZTPPI database to determine if process objectives are met. • Conduct site visits to assess process evaluation objectives.

Title/Role	Responsibilities
TPPI Evaluation Consultant	• Coordinates evaluation activities to ensure the evaluation is conducted appropriately. • Provides technical assistance regarding process and outcome evaluation. • Analyzes survey data. • Prepares evaluation reports: a) reports for individual programs; and b) aggregate report which looks at outcomes for all APPPs. • Provides support and guidance for the dissemination of the annual agency evaluation reports and aggregate evaluation report.

EVALUATION OBJECTIVES & DESIGN

The evaluation of APPP is broken into two categories: process evaluation and outcome evaluation. The process and outcome evaluations for APPP are described below, along with the objectives to be achieved. Because these objectives are standardized for all APPPs across the state, they may not address all of the objectives that your program might achieve.

Process Evaluation

Process evaluation documents and analyzes program implementation, such as number of participants served, number of sessions held, etc. Each APPP has slightly different process objectives based on their scope of work.

Process Objectives (DHHS Contract/Agreement Addendum Scope of Work Performance Requirements/Standards)

- Number of sessions administered with the chosen curriculum
- Number of unduplicated participants to be served (only count participants who attend at least 75% of sessions)

The following components of the evaluation design are used to determine whether these process objectives have been achieved:

1. APPP Database
   TPPI monitors the services being provided to participants by requiring grantees to enter information about program activities into a web-based database, which can be accessed at http://eztppi.org/northcarolina. Training is provided to program coordinators on how to use the database.

2. Site Visits
   TPPI Program Consultants will conduct at least one annual site visit, which includes observation of curriculum delivery. This observation will assess the extent to which fidelity is maintained by the program staff.

3. Participant Satisfaction Feedback
   Grantees are required to create and utilize a participant satisfaction survey in order to obtain qualitative feedback that will guide continuous improvements of program implementation. A sample Participant Feedback Survey is included at http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm.

Outcome Evaluation

The outcome evaluation seeks to identify changes in knowledge, attitudes, and behaviors related to delaying sexual initiation, improving contraceptive use, and/or reducing adolescent pregnancy. Program objectives will be evaluated in all four years of the funding cycle and include administration of the Teen Pregnancy Prevention Survey (TPPS).

Outcome Objectives (DHHS Contract/Agreement Addendum Performance Measures)

- Fifty percent of participants will demonstrate increased knowledge that supports the prevention of pregnancy and/or STIs, including HIV/AIDS
- Thirty-five percent of participants will demonstrate improved attitudes and beliefs supporting the delay of sexual activity for the prevention of pregnancy and/or STIs, including HIV/AIDS
- Fifty-five percent of participants will demonstrate improved attitudes and beliefs supporting the use of condoms for the prevention of pregnancy and/or STIs, including HIV/AIDS.

The following components of the evaluation design are used to determine whether these outcome objectives have been achieved:

1. Informed Consent
   Agencies must obtain consent from their participant to participate in the outcome evaluation. Detailed information on the consent process can be found below in the section titled Preparing for Survey Administration - Consent to Participate in the Evaluation.

2. Teen Pregnancy Prevention Survey
   Program outcomes are quantitatively measured using the TPPS (http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm). Pre-tests and post-tests must be completed by the participant group according to the Outcome Evaluation Schedule above. The pre-tests are administered before services to the participants begin, and the post-tests are administered after services to the participants end. Regardless of the length of the curriculum, an interval of *at least* three months, or 90 days, is required between the pre- and post-test.

   Agencies must survey up to 100 participants who consent to participate in the evaluation. For example, an agency serving 60 participants should strive to pre- and post-test as many of these participants as possible. For an agency serving 300 participants, 100 of these should be chosen at random to complete both the pre- and the post-test. Agencies may choose to administer either an electronic or a paper version of the survey, though APPP will transition to exclusively electronic surveys by 2018. Either version of the survey can be completed in approximately 30 minutes.

DATA COLLECTION: SURVEY ADMINISTRATION PROTOCOL

Consent to Participate in the Evaluation

Before the pre-test, make sure parents of participants have given consent for their child to participate in the program *and* to participate in the evaluation. Please note that these are two separate consent processes.

Consent can be obtained in two different ways: active consent, or passive consent. With active consent, parents will sign and return the consent form if they *do* want their child to participate in the program or the evaluation. With passive consent, parents will only sign and return the form if they *do not* want their child to participate in the program or evaluation. Your agency will need to decide whether to use active or passive consent.

Carefully review the sample informed consents provided by TPPI, which give an overview of the rights and responsibilities of the students participating in the evaluation. Forms may be modified where indicated and used to obtain consent from participants. Forms are available in EZTPPI, and http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm.

- Active consent form – participants
- Passive consent form – participants

Creating Unique Student Identifiers

In order to link each student's pre-test and post-test, a unique and anonymous identifier is needed. You will assign each student a unique ID, which can be up to four characters (letters and/or numbers). Before the pre-test, create a roster of student names and unique IDs, which should be kept in a locked filing cabinet or saved on a password-protected computer, or other secure location. Do not share this roster with anyone except other staff who may assist with survey administration. *It is critical that students use the same ID for their pre- and post-test.*

Helpful Hints:

- Do not use 0 (zero) or O (the letter O) in the unique ID. These are easy for students to mix up, and almost impossible to tell apart.
- If you administer surveys at multiple sites, be sure that identifiers are unique across all sites. For example, you could not use A111 at both Site #1 and Site #2. In this case, you might want to code Site #2 students as B111, B112, etc.
- Please do NOT create IDs that are based on the following or any other such ID that can be linked back to the student:
    - DPI Student ID, or any portion thereof
    - Social Security Number, or any portion thereof
    - Student’s date of birth, or any portion thereof
    - Student’s initials, or any portion thereof
    - Student’s phone number, or any portion thereof

Survey Administration

Who?

It is critical that someone from your agency administer the surveys for the participant group. Ideally, the same person should administer all surveys, although in some cases, this may not be possible. Please do not allow staff from other agencies (such as schools) to administer surveys. It is important that each group of students completes the survey under similar conditions. It is especially important that students be assured that their answers are confidential and that they feel they are answering these sensitive questions in a non-judgmental setting.

What?

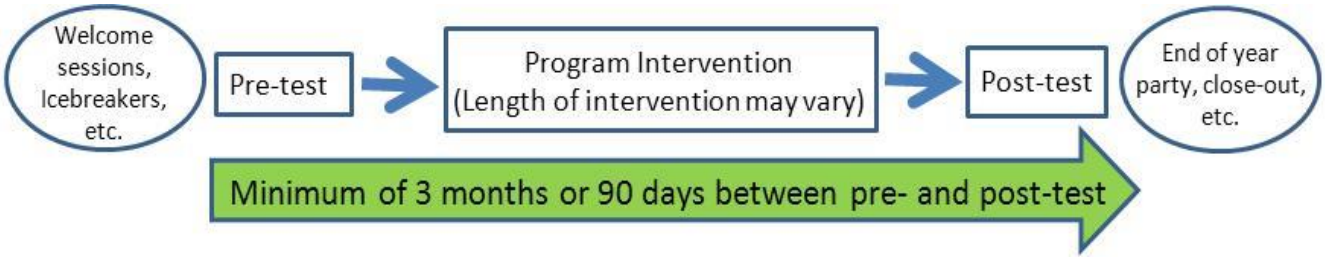
Using the electronic version of the survey is preferable. It cuts down on errors as well as processing time both for your agency and for the Evaluation Consultant. You will be sent a link to the electronic survey as well as a hard copy at the start of each fiscal year.

When?

In order to best measure the effects of your program, you will need to administer the pre-test before you begin any curriculum activities. It is fine to have an icebreaker or other "warm-up" session with your students, but please do not get into the curriculum before the pre-test. The same is true for the post-test: Wait until all programming is complete before administering the post-test. It is fine to give the post-test before an end-of-year party or similar activity, as long as no curriculum material is being missed.

In order to measure changes in behavior, the post-test must be given at least 3 months after the pre-test. Many of the survey's behavior questions ask about "the past 3 months," so there should be at least a 3-month, or 90-day, gap between the two surveys (see Figure 4). It is fine if the gap is longer, say 6 or 12 months.

Figure 4 – Timeline for Pre- and Post-Tests



Where?

If you are using the electronic version of the survey, you may want to make arrangements to use a computer lab at local school, public library, etc. Whatever space you use, be aware of privacy issues as students take the survey. If you will use tablets or mobile phones for survey administration, make sure students have enough space to spread out, and that your location has a strong wireless signal. If you will use the paper survey, make sure you have a room large enough to spread out your group, extra pens or pencils, and an envelope to collect completed surveys.

How?

Assuring Anonymity & Confidentiality

Making sure your respondents feel comfortable that privacy is protected while taking the survey is essential. We want to know about the "real" attitudes and behaviors of your teens. In order to facilitate honesty on the survey, you must assure your participants that their answers are confidential. Your students will likely feel more comfortable filling out the survey if they know why they are being asked this information; and if they believe that the person asking can be trusted. Please explain that these surveys will:

- help determine how successful our programs are
- be grouped for evaluation rather reviewed individually
- be analyzed by a State evaluator who will not know who filled out the surveys
- *not be shared with other program participants, parents, teachers, or other adults in the community*

Before handing out the survey, please read the following anonymity and confidentiality statement aloud to your students:

"This survey asks some personal questions. We are asking you these questions to help us find out if this program is working. To help us find this out, we are asking you to take this survey twice: once before we start the program, and again after the program is over. Today we are taking the [pre-test] [post-test] survey. To protect your privacy, please do not write your name on this survey. You have been given a unique ID for this survey, which you will use at both pre-test and post-test so that your surveys can be matched. Your answers will not be shared with anyone except staff in the North Carolina Division of Public Health, and they will not be able to tell who filled out this survey."

Clarifying Terminology

You may wish to read the survey aloud to your students and/or go over terms. Use your judgment as to whether or not this is needed for your group. For example, if you have primarily middle school students, this could be helpful; if you have primarily high school students, this may be unnecessary.

Keep in mind that it is OK to clarify terminology, but it is not OK to give hints or lead students to the correct or most desirable answer. Consider these two definitions of STI:

1. STI stands for sexually transmitted infection. Sexually transmitted infections can also be called sexually transmitted diseases (STDs).

2. STI stands for sexually transmitted infection. Sexually transmitted infections can also be called sexually transmitted diseases (STDs). STIs are spread through sexual behavior or contact; or injection drug use. Some STIs are also transmitted through skin-to-skin contact or body fluids such as blood, semen, vaginal fluids or breast milk. STIs generally infect the genital area (penis, scrotum, vulva, and vaginal opening), anus, or mouth, although they can spread to other parts of the body if left untreated.

The second definition gives enough information that it could be considered instructional. Please refer to the glossary of terms at *Sex, Etc*. (http://sexetc.org/sex-ed/sex-terms), or discuss any terms of concern with your Program Manager or the Evaluation Consultant.

Filling Out the Survey

Regardless of whether you use the paper or electronic version of the survey, certain information will need to be completed:

- ✓ survey date
- ✓ 3-digit program ID (assigned to each agency by the Evaluation Consultant)
- ✓ their unique student ID
- ✓ whether this is the pre- or post-test

On the electronic version, it is mandatory for students to complete these fields. You may want to post this information, with the exception of the unique ID, for students to see. Unique IDs can be passed out to students on index cards. For the paper version, coordinators should pre-fill this information on the survey before passing it out.

If you are giving the survey on paper, you should draw your students' attention to the skip pattern: if they have had sex, they will answer one set of questions; if they have not had sex, they will answer a different set of questions. For students taking the electronic version, the skip pattern happens automatically.

Collecting Completed Surveys

If you are using the electronic version of the survey, the students need only to click Submit! They can then return the index card with their unique ID for you to use again at post-test. If you are using paper surveys, please collect these in an envelope so that students cannot see each other's surveys.

Submitting Surveys

If you use paper/pencil surveys, please submit each batch of surveys as they are completed, along with the Survey Submission Form http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm.

- ✓ Make sure student names are not written on the surveys
- ✓ Check that the following information is complete on each survey: date, program ID, student ID, and pre- or post-test
- ✓ Photocopy or scan each survey and keep for your records
- ✓ Count the number of participant pre- and post-tests you are submitting and enter these counts in the survey submission form
- ✓ Clip all participant pre-tests together, participant post-tests together, etc.
- ✓ Mail surveys, along with the survey submission form to:

[Insert name of TPPI Evaluation Consultant]
Teen Pregnancy Prevention Initiatives Evaluation Consultant
Mailing Address: 1929 Mail Service Center, Raleigh, NC 27699-1929
Physical Address: 5601 Six Forks Road, Raleigh, NC 27609

You will be notified via email once surveys have been received and reviewed. Please note that if you do not submit a survey submission form, or if your surveys are not complete as indicated above, they will be sent back for your correction and resubmission.

EVALUATION REPORTS

Each fiscal year an aggregate evaluation report is prepared by the TPPI Evaluation Consultant based on the pre- and post-test surveys submitted by all APPP agencies that were in year 2 or 3 of their funding cycle in that fiscal year. Additionally each agency that was in year 2 or 3 of their funding cycle during that fiscal year will receive an individual report that details their program's outcomes. The Timeline of Evaluation Process at provides a chronology of the components of the evaluation plan, from pre-test survey administration to the completion of reports (http://www.teenpregnancy.ncdhhs.gov/ap3proj.htm).

Aggregate APPP Evaluation Report

The aggregate evaluation report is prepared with two audiences in mind: first, the North Carolina General Assembly which mandates the evaluation of APPP; and second, local programs who can compare these statewide results to their program's results. This report is typically made available the winter after the fiscal year closes. For example, if the fiscal year ends May 30, 2012, the aggregate evaluation report would be available in January/February 2013.

APPP Agency Evaluation Reports

Agency evaluation reports include the following sections:

- Program Profile: Includes county demographics, curriculum implementation, participant demographics, and outcome objectives
- Methodology: Includes a description of the methods used to analyze survey data, and whether or not inferential statistics were calculated
- Findings: Includes results for participants' changes in knowledge, attitudes and beliefs, and behaviors as measured by the TPPS
- Discussion & Recommendations: Includes an analysis of the findings presented, including whether or not outcome objectives were achieved, as well as recommendations for program improvement

Reports are typically sent to agencies anywhere from 3 to 12 months after programming is completed. Agencies may set up conference calls or site visits with the Evaluation Consultant to discuss their reports at any time. Reports are not intended to be punitive, but failure to comply with the evaluation plan or continued poor performance outcomes will affect an agency's performance score should they reapply for APPP funding.

Agencies may choose to use their evaluation reports in a number of ways:

- ✓ Guide program improvement efforts in future years
- ✓ Report outcomes to their CAC and other stakeholders
- ✓ Use outcomes in future APPP RFA applications
- ✓ Use outcomes to apply for other sources of funding
- ✓ Use outcomes for advocacy efforts

State of North Carolina • Pat McCrory, Governor
Department of Health and Human Services • Aldona Z. Wos, M.D., Secretary
Division of Public Health • Penelope Slade-Sawyer, P.T., M.S.W., Division Director
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www.teenpregnancy.ncdhhs.gov

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