



PREPare for Success 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
PREPare for Success: Personal Responsibility Education Program

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PURPOSE & BACKGROUND

The Personal Responsibility Education Program (PREP) is federally funded by the United States Department of Health and Human Services, Family and Youth Services Bureau. Since 2010, the North Carolina Department of Health and Human Services has received funding to implement PREP within select local sites throughout the state.

The purpose of PREP is to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS. The program targets youth ages 10 to 19 who are homeless, in foster care, live in rural areas or in geographic areas with high teen birth rates, or come from racial or ethnic minority groups.

In North Carolina, the PREP initiative is called PREPare for Success. PREPare for Success funding supports two approaches for effective implementation and institutionalization of the Healthy Youth Act, which requires North Carolina schools to adopt a comprehensive sexuality education approach in health education classes.

North Carolina School Health Training Center:

PREPare for Success funding is used to support the North Carolina School Health Training Center (located at East Carolina University) to provide teacher training, curricular materials and ongoing technical support to approximately 50 school systems to implement Making Proud Choices! and Reducing the Risk evidence-based curricula as an integrated component of their middle school Healthful Living curriculum. Preference for training and technical assistance is given to school systems with high teen birth, sexually transmitted disease (STD) and low educational attainment rates.

PREPare for Success Local Community and Out-of-Home Care Funded Grants:

PREPare for Success funding is also used to support implementation of the following evidence-based curriculum in selected communities:

- Making Proud Choices
- Reducing the Risk
- Teen Outreach Program

Grants have been awarded to local agencies to provide PREP services through a competitive Request for Applications (RFA) process. Sites implement programming in schools or community based settings reaching middle and high-school aged youth. Additionally, funded sites implement the evidence-based program Making Proud Choices for Youth in Out-of-Home Care specifically with youth who receive out-of-home care services. This may include youth in foster care, therapeutic group homes, day treatment centers, shelter, and juvenile justice centers.

The delivery of these services will be through evidence-based curriculum-guided discussion in addition to community service and/or enrichment activities to support adulthood preparation. This funding will build on a long history of adolescent pregnancy prevention activities in selected sites in North Carolina and expand services to a high risk, vulnerable population of young people who live in communities with high teen pregnancy and birth rates.

PREP funded agencies must also offer services to prepare young people for adulthood by implementing activities that address [adulthood preparation subjects](#) as required in their executed contracts and agreement addendums. The adulthood preparation subjects include:

- [Adolescent Development](#)
- [Healthy Life Skills](#)
- [Healthy Relationships](#)
- [Parent-Child Communication](#)
- [Financial Literacy](#)
- [Educational and Career Success](#)

The key outcomes of PREPare for Success are as follows:

- Thirty-five percent of participants will report they are more likely to abstain.
- Fifty-five percent of participants who do not intend to abstain will report they are more likely to use condoms.
- Forty-five percent of participants who do not intend to abstain will report they are more likely to use birth control.
- Sixty percent of participants will report they practice more behaviors to support a healthy transition to adulthood.

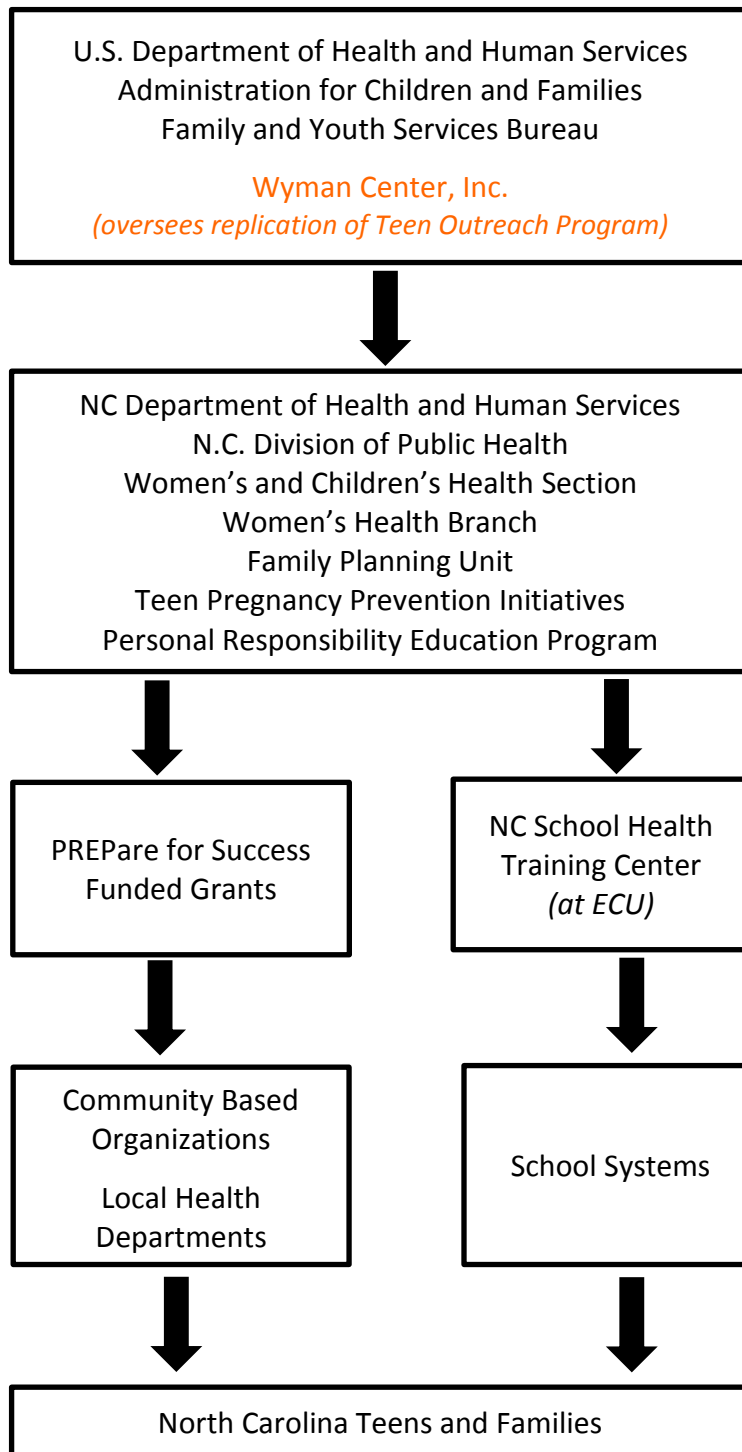
The success of PREP depends not only on the commitment of the funded agency, but also on the support of the community and the cooperation of other agencies such as local health departments, public schools, social services agencies, juvenile justice centers, and other youth serving organizations.

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

CONTACT INFORMATION

Contact information for the TPPI Team, as well as additional information about PREP and currently funded projects, 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. For more information about the State PREP Initiative and other U.S. DHHS' Family and Youth Services Bureau funded adolescent pregnancy prevention programs, visit: <https://www.acf.hhs.gov/fysb/resource/prep-fact-sheet>.

HIERARCHY OF PROGRAM FUNDING AND OVERSIGHT



PROGRAM PLANNING & IMPLEMENTATION

IMPLEMENTING EVIDENCE-BASED CURRICULA

Funded agencies are required to implement at least one of the following evidence-based program models with age/grade appropriate groups in their service area. The program models must be implemented with fidelity abiding by guidelines and standards recommended by the model developers. Agencies should contact the State PREP Team to discuss allowable adaptations to the approved program models.

The approved evidence-based program models can be implemented in various settings. Optimal outcomes are achieved when programs are implemented within an in-school setting (i.e. integrated with core subjects, an in-school elective, etc.). Sites implementing programming within this setting have shown high success in recruiting and retaining larger numbers of program participants to complete the program.

Funded agencies implementing Making Proud Choices and Reducing the Risk have the option to implement the program models within an in-school, afterschool or other community settings. Agencies serving youth in out-of-home care must implement Making Proud Choices for Youth in Out-of-Home Care in the settings most appropriate to meet the needs of the youth; which may include community-based group settings, therapeutic group homes, shelters, or juvenile justice centers. Agencies implementing the Teen Outreach Program will be required to implement within an in-school setting only.

PREPare for Success sites may consider supplementing their chosen program model by adding activities that support adulthood preparation. Some examples include lessons on reproductive health and development, healthy relationships, mindfulness and relaxation strategies, academic assistance, parent involvement, service learning, college tours, military tours, career awareness activities, job skills development, individual counseling services, guest speakers, and cultural enrichment trips.

Sites are expected to utilize funds to ensure staff are appropriately trained to facilitate the evidence-based programs. Staff members who will be involved in program delivery are required to receive training in their chosen evidence-based program model(s) as early in the funding cycle as possible. Funds should also be utilized to purchase materials to ensure successful implementation with fidelity. This includes the purchase of the most current facilitator guides, student workbooks, supplemental resources (i.e. developer approved DVDs, handouts, brochures, contraception kits, etc.), or materials and resources needed to support community service learning activities.

Making Proud Choices

Making Proud Choices! is a curriculum designed to provide young adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV and pregnancy by abstaining from sex or using condoms if they choose to have sex. The curriculum also includes three editions for replication in various settings: original curriculum model (community based setting), school edition model (for school-based setting) and out-of-home care edition model for systems-involved youth. Making Proud Choices! fidelity requires the delivery of 8 to 14 modules (depending on setting) utilizing the sequence defined in the manual.

Funded agencies shall implement Making Proud Choices with complete fidelity and will be monitored for compliance by PREP staff.

The fidelity standards and recommendations for each of the curricula versions are described below.

Standard Edition

- Requires implementation of 8, 60-minute sessions. Implementation should be concentrated as possible. This can be delivered as frequently as four sessions per day over a 2-day retreat, to two modules per week over 4 weeks.
- The curriculum must be delivered in the order presented.
- Demonstration of condom use must be provided and students must be allowed to practice putting a condom on a model.
- Making Proud Choices is designed for youth age 11 to 13. Youth age 14 and older can receive the intervention provided they are not grouped with younger teens.
- Delivery of the intervention must be highly participatory. Recommended group sizes are 6 to 12 participants. Can be implemented with larger group sizes with support of a trained co-facilitator.
- All Making Proud Choices facilitators must be trained to implement the curriculum.

Out of Home Care Edition

- Requires implementation of 10, 75-minute sessions. Implementation should be concentrated as possible and completed in no more than 5 weeks. A 5-week format (two modules per day), 5-week format (two modules per week) or three day or weekend retreat format may be used.
- The curriculum must be delivered in the order presented.
- Demonstration of condom use must be provided and students must be allowed to practice putting a condom on a model.
- This version of the curriculum is designed for youth age 12-14 and older teens ages 15-18. The two age groups or developmental levels should not be mixed.
- Delivery of the intervention must be highly participatory. The curriculum recommends group sizes of 6-12 participants. The State PREP Team will allow group sizes as few as 4 participants. The curriculum can be implemented with larger group sizes with support of a trained co-facilitator.
- All Making Proud Choices facilitators must be trained to implement the curriculum.

School Based Edition

- Requires implementation of 14, 40-minute sessions or in any other format that is conducive for the needs of the school or organization in which the curriculum is being implemented (i.e. 7, 80-minute sessions).
- The curriculum must be delivered in the order presented.
- Demonstration of condom use must be provided and students must be allowed to practice putting a condom on a model.
- Making Proud Choices is designed for middle and high schools groups. The two developmental levels should not be mixed.
- Delivery of the intervention must be highly participatory. This version of curriculum is designed for implementation with classroom size groups. With larger group sizes, it is recommended to include support of a trained co-facilitator.
- All Making Proud Choices facilitators must be trained to implement the curriculum.

More detailed information about Making Proud Choices can be found at the following web links:

- ETR – Making Proud Choices: <http://www.etr.org/ebi/programs/making-proud-choices/>.
- Office of Adolescent Health – Making Proud Choices: http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/db/programs/ebp-proudchoices.html.

Reducing the Risk

Reducing the Risk is a 16-session curriculum designed to provide education to high school students to delay the initiation of sex or increase the use of contraception for the prevention of pregnancy and sexually transmitted diseases including HIV. This curriculum allows youth to develop skills including risk assessment, communication, decision-making, planning, and refusal strategies.

Funded agencies shall implement Reducing the Risk with complete fidelity and will be monitored for compliance by PREP staff. The Reducing the Risk fidelity standards include:

- Implementing 16 lessons, lasting 45 minutes each.
- Classes are designed to be taught 2 to 3 times per week over a 3-week period.
- Reducing the Risk is designed for students in grades 9-12.
- The ideal class size is between 10 and 30 youth. With larger group sizes, it is recommended to include support of a trained co-facilitator.
- Each student is required to have a workbook.
- Reducing the Risk requires a visit or call to a clinic.
- All Reducing the Risk facilitators must be trained to implement the curriculum.

More detailed information about Reducing the Risk can be found at the following web links:

- ETR – Reducing the Risk: <http://www.etr.org/ebi/programs/reducing-the-risk>.
- Office of Adolescent Health – Reducing the Risk: http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/db/programs/ebp-reducingtherisk.html.

Teen Outreach Program

The Teen Outreach Program (TOP) is a comprehensive youth development program that promotes the positive development of adolescents through a combination of curriculum-guided group discussion and community service learning. Sub-grantees are required to implement the program with complete fidelity to the model.

TOP is implemented through two primary avenues: TOP Curriculum and Community Service Learning. Both components are delivered over a nine-month school year. The TOP Curriculum is divided into three books “Building my Skills,” “Learning about Myself” and “Connecting with Others” to build a foundation of healthy behaviors, life skills and a sense of purpose. The lessons in each book are organized by developmental levels of teens from 6th to 12th grade: Foundational-Level lessons, Intermediate-Level, and Advanced. Additionally, the curriculum includes a Facilitators Guide. Topics covered include: healthy relationships, communication and assertiveness, critical thinking and external influences, goal-setting, decision making and personal reflection, values clarification to explore their own values, health, wellness and self-understanding, and community service learning. Sessions from different levels can be mixed throughout the year for TOP Clubs based on their needs.

Funded agencies shall agree to implement TOP with complete fidelity and will be monitored for compliance by PREP staff. The TOP fidelity currently standards include:

- TOP clubs meet for a minimum of 25 weekly meetings over a period of at least 32 consecutive weeks. Meeting schedules can follow natural breaks such as holidays and semester breaks; however, the first participant meeting must occur on or before September 30.
- A minimum of 80 percent of meetings use TOP Curriculum or community service learning; with a minimum of 12 lesson from the TOP Curriculum. At least 5 of these lessons must cover comprehensive sexuality education.
- A minimum of 80 percent of teens who complete the nine-month TOP Curriculum requirements also complete a minimum of 20 hours of meaningful community service learning. Community service learning can be in a group setting or individual opportunities.
- TOP clubs are facilitated only by facilitators who have completed Wyman’s TOP training.
- TOP teen to TOP trained facilitator ratio is no more than 10-25 participants per 1 facilitator. Larger groups must require two trained facilitators.
- Teens feel physically and emotionally safe within their TOP club.
- Administer the Wyman Center’s pre and post surveys to teens.

More detailed information about TOP can be found at Wyman Center, Inc. – Teen Outreach Program: <http://wymancenter.org/top/>.

ADAPTATIONS

Any adaptations made to evidence-based programs selected for replication must be discussed with and receive approval from the State PREP Team before implementation. PREPare for Success agencies are encouraged to consider the following when determining adaptations: population of youth they are proposing to serve (race/ethnicity, gender, sexual orientation), access to youth, time-frame for program implementation, ability to recruit and retain youth for program duration, number of youth that will be required to complete program dosage, activities allowed within their designated implementation setting (i.e. schools, churches, community centers), and use of supplemental activities and resources that may not align with the chosen program model approach.

More information on fidelity and adaptations can be found at the following web links:

- Making Proud Choices 5th Edition Adaptation Guide Lines: http://www.etr.org/ebi/assets/File/Adaptations/MPC_Adaptation_Guidelines_041017.pdf.
- Reducing the Risk Adaptation Guidelines: http://www.etr.org/ebi/assets/File/Adaptations/RTR_Adaptation_Guidelines_041017.pdf.
- Making Adaptations to Evidence-based Pregnancy and STD/HIV Prevention Programs: <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.AdaptationsHome>.
- Office of Adolescent Health TPP Resource Center – Implementation: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/implementation.html#TheBasics.

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. It explores relationships, decision-making, assertiveness, peer pressure and other topics related to health and human sexuality. PREP funded agencies are required to provide comprehensive sexuality education to all participants including complete and medically accurate information about contraceptive methods and abstinence. 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.

There are instances where specific content and data related to sexuality education in the EBP curriculum may be outdated. It is to the discretion of the program facilitator to utilize supplemental content or resources as approved by your PREP Consultant to provide “complete and medically accurate” information.

Components of a Comprehensive Sexuality Education Program:

- Provide young people with the tools to make informed decisions and build healthy relationships;
- Stress the value of abstinence while also preparing young people for when they become sexually active;
- Provide medically accurate information about the health benefits and side effects of all contraceptives, including condoms, as a means to prevent pregnancy and reduce the risk of contracting STIs, including HIV/AIDS;
- Encourage family communication about sexuality between parent and child;
- Teach young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances; and
- Teach young people how alcohol and drug use can effect responsible decision making.

Source: SIECUS. (2016). What the research says: Comprehensive sexuality education... Retrieved from: <http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1193>.

Resources to support “complete and medically accurate” education can be found at Bedsider (<https://www.bedsider.org/>) which provides medically accurate information for youth and educators, and the Family Planning National Training Center (<https://www.fpntc.org/>) which provides training and resources for clinicians and educators to support high quality family planning services.

ADULTHOOD PREPARATION SUBJECTS AND ENRICHMENT ACTIVITIES

In addition to education on abstinence and contraceptive use, PREPare for Success sites shall also provide services to prepare young people for adulthood by implementing activities that address the adulthood preparation subjects.

Adulthood preparation subjects expand content and activities of approved evidence-based program models and provide opportunity to emphasize additional skill-building with a positive youth development approach.

Federal mandate is that grantees and sub-grantees of PREP must incorporate at least three of the six PREP adulthood preparation subjects into programming.

- Adolescent Development – This subject includes more than the physiological changes youth experience during adolescence, but also includes programming that address an adolescent’s cognitive, emotional, social, sexual, identity formation, and spiritual change and growth.
- Education and Career Success – This subject helps youth prepare for their future by offering programming to support skill development in employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity. Programs incorporating education and employment preparation may include goals to improve academic performance, increase school attendance, increase school engagement, or increase school completion.
- Financial Literacy – This subject is defined as the knowledge and skills to attend to personal finance needs. Incorporating programming focusing on this subject will allow youth to develop knowledge and skills to contribute to their financial health and stability. Such programming may address topics such as managing a checking/savings account, managing a credit card, preparing a budget, taking out a loan, and buying insurance.
- Healthy Life Skills – This subject refers to a youth’s ability for adaptive and positive behaviors that allow them to effectively address the demands and challenges of everyday life. Programming focusing on this subject may provide education and skill building around communication, decision-making, coping, self-management, goal-setting, and avoidance of unhealthy behaviors.
- Healthy Relationships – This subject refers to programming that explores various aspects of relationships including positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions. Programming may include education and skill building focused on distinguishing between healthy and unhealthy relationship patterns, reducing potential for sexual risk and relationship violence, building and navigating healthy relationships and ending unhealthy ones.
- Parent-Child Communication – This subject refers to programs that facilitate positive communication between parents, guardians, or caregivers and their children to establish individual values and make healthy decisions. Programming inclusive of parent-child communication can help adolescents have healthy and responsible sexual decision-making by providing accurate information and by creating open lines of communication with a parent, guardian or caregiver.

The three evidence-based program models approved for replication are Making Proud Choices, Reducing the Risk and the Teen Outreach Program. They naturally address some adulthood preparation subjects as designed by their developer. See the chart on the following page.

	Adolescent Development	Education and Career Success	Financial Literacy	Healthy Life Skills	Healthy Relationships	Parent-Child Communication
Making Proud Choices	X				X	X
Reducing the Risk	X			X	X	X
Teen Outreach Program	X	X		X	X	

To support adulthood preparation, PREPare for Success funded agencies are required to implement enrichment activities per implementation site that address the selected adulthood preparation subjects (as described in their contracts and agreement addendums). It is expected that youth participating in an evidence-based program will also complete activities that support adulthood preparation.

Agencies shall consider inclusion of structured positive youth development activities that will support youth in developing social skills, emotional competence, positive relationships with peers and adults and civic and social engagement, which may include academic assistance, parent/guardian involvement, community service learning, career awareness, job skills development, individual counseling/mentoring, and cultural enrichment activities. Below is a list of characteristics of a high-quality positive youth development activity:

- Exhibit well-integrated adulthood preparation content,
- Incorporates positive youth development strategies,
- Is culturally appropriate and inclusive and align with participant interests,
- Allow development of strong relationships between the participants, facilitators, and parents/guardians/caregivers,
- Provide opportunities for authentic decision-making by the participants,
- Allow the potential for student leadership in the activity, and
- Involve opportunity for participant to debrief and reflect on their experience.

Sites are encouraged to partner with their Community Advisory Council and other community organizations to organize activities to support adulthood preparation. Please consult with your PREP Program Consultant when planning and preparing for your activity.

For more information about Adulthood Preparation Subjects visit *The Exchange – Focus on Adulthood Preparation: 6 Adulthood Preparation Subjects available at* <https://teenpregnancy.acf.hhs.gov/content/focus-adulthood-preparation>.

PARENT/GUARDIAN INVOLVEMENT*

Parent/guardian involvement and improving adolescent/parent communication is a protective factor in preventing risky youth behaviors including pregnancy and transmission of sexually transmitted diseases. Parent/guardian involvement is vital to the success of PREP in ensuring parents and guardians fully understand and support the activities their youth are involved in. This will ensure parents and guardians hold youth accountable for and provide support for youth to attend a variety of program activities.

Funded agencies are required to implement at least one strategy to involve parents or guardians in program activities, for each site. Examples of such strategies may include one or more of the following:

- Hosting interest meetings to allow parents/guardians and their youth to learn about and experience lessons of your chosen evidence-based program,
- Hosting parent-child communication events to create fun interactive opportunities for parents/guardians and youth to communicate,
- Disseminating monthly newsletters with project updates and education about topics covered in the program,
- Assigning interactive “homework” activities for youth to complete with parents,
- Implementing programs such as [Parents Matter](#) and [Teen Speak](#)**,
- Providing sexuality education workshops to parents, guardians or adults who work with youth that focus on topics and concepts often addressed in your chosen evidence-based program
- Involving parents and guardians as volunteers for program activities,
- Ensuring the inclusion of parents and guardians in community advisory councils, and
- Organizing educational workshops for parents, guardians and their youth to learn about topics related to the health, safety and development of youth.

**This is not a contract requirement of sites serving youth in out-of-home care; however, sites are encouraged to utilize strategies mentioned above to involve the guardians and trusted adults of youth in out-of-home care in programming.*

***Sites must get approval from their PREP Program Consultant prior to pursuing training and implementing an evidence-based program.*

Resources to Support Parent/Guardian Involvement can be found at the following web links:

- Parents: <http://thenationalcampaign.org/featured-topics/parents>.
- Parent Power: Tips for Engaging Parents. A fact sheet that includes tips and strategies for engaging parents. http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/parental-engagement-508.pdf
- Talking with Teens – Teens and Parents Talking: <http://www.hhs.gov/ash/oah/resources-and-publications/info/parents/>.
- 10 Tips for Foster Parents – To Help Their Foster Youth Avoid Teen Pregnancy: <https://thenationalcampaign.org/resource/ten-tips-foster-parents>.
- [Working with Parents of Teens for State PREP and Tribal PREP Grantees](#). This webinar includes tips and strategies for engaging parents into PREP programs.

ANTI-DISCRIMINATION – INCLUSIVITY POLICY

All PREPare for Success funded agencies must consider the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and how their programs will be inclusive of and non-stigmatizing toward such participants. Agencies should have in place or plan to have in place, within 30 days of grant award, policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin. The policy should include language on the groups protected by the Equal Employment Opportunity Commission (race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status). The policy should also detail how staff will be trained to assess, monitor, and report discrimination that occurs within PREP supported programs.

Please contact the State PREP Team for assistance in updating/revising your current policy to ensure these requirements are met.

Resources to support inclusivity can be found at the following web links:

- A Guide for Assessing LGBTQ Inclusivity of Teen Pregnancy Prevention Programs: <https://www.hhs.gov/ash/oah/sites/default/files/guide-for-lgbtq-inclusivity.pdf>.
- Why LGBTQ Inclusivity Matters for Teen Pregnancy Prevention & How to Get Started: Slides: https://www.hhs.gov/ash/oah/sites/default/files/lbgtq_inclusivity_webinar_slides.pdf.
Audio: https://www.hhs.gov/ash/oah/sites/default/files/lgbtq_inclusivity_webinar_audio.mp3.

COMMUNITY ADVISORY COUNCIL

To develop and maintain PREP 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**. Such agencies may include the local health department, public school system, the department of social services, juvenile justice centers, mental health services, local corporations and businesses, law enforcement, media, social and cultural groups, and other local organizations that serve youth. **The CAC must also include a teen representative and a current or former teen parent.** *PREPare for Success Out-of-Home care grantees must ensure the teen representative is a current teen or young adult who has formerly received out-of-home care services within the community being served.*

A PREP 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, by August 31st, November 30th, February 28th or 29th, and May 31st. Meeting minutes shall be recorded to account for the work of the CAC. This includes the dates of meetings held, member attendance including their affiliation and role on the CAC, and a copy of meeting minutes.

The CAC shall be responsible for the following:

- Advising and assisting the PREP 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 to support program sustainability,
- Referring volunteers and potential participants to the program,
- Assisting the program in referring participants to youth-friendly providers within their community to ensure their needs are met, and
- Recruiting additional CAC members.

In addition to the standard responsibilities of a CAC, the CAC shall be involved in implementing at least one face-to-face meeting/event to engage parents, guardians or caregivers for each program site and implement at least one strategy to involve the parents, guardians or caregivers in the prevention of

pregnancy. Strategies may include but are not limited to: parent newsletters or other informational mailings, homework for participants that involves their parents, guardians or caregivers, hosting workshops and events designed for parents, guardians, caregivers, youth and their families.

The CAC may take on other responsibilities, and subcommittees may be established to address specific needs. The PREP Program Consultant will observe at least one CAC meeting annually.

Please visit the following link for tips and strategies for including youth on your CAC:

<http://ctb.ku.edu/en/table-of-contents/structure/organizational-structure/include-youth/main>.

Also enclosed is are additional resources for community engagement: [Engaging your community: A Toolkit for Partnership, Collaboration and Action](#), [Tools for Sustaining Partnerships-OAH](#), and [Building Sustainable Programs](#).

YOUTH FRIENDLY REFERRALS

Youth participants may have needs that are beyond the scope of your program. In order to provide appropriate support for participants, funded agencies must utilize strategies and best practices for linking youth to appropriate referral agencies. All PREPare for Success funded agencies shall develop, implement, and evaluate a referral plan. This may include:

- Identifying youth friendly referral agencies,
- Establishing a memorandum of agreement (MOA) with each agency explicitly defining the resources that will be provided, and
- Creating a referral plan that must include a list of providers that provide (but are not limited to) the following services: family planning, intimate partner violence and abuse support, mental health care, and substance abuse. The referral plan should define how referrals are made and how they will evaluate if youth had their needs met.

Funded agencies are also encouraged to collaborate with local the Department of Social Services to provide youth and their parents/guardians with resources to enroll youth and their families in public assistance programs such as Medicaid and North Carolina's Children's Health Insurance Program, or other federal or state assistance programs for which they may be eligible to receive.

Sites awarded funding under PREPare for Success – Serving Youth in Out-of-Home Care are required to develop/update and submit a youth friendly referral guide to the State PREP Team by October 1. This guide shall provide the name, contact information, description of services provided, costs, transportation options, etc. for referral agencies that will be distributed to program participants and other youth who could benefit from this information.

Please visit the following links for effective strategies and best practices in supporting youth friendly referrals:

- Best Practices for Youth Friendly Clinical Services:
<http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services>
- Getting Taken Care Of: Connecting to Clinical Services:
<http://teenpregnancy.acf.hhs.gov/resources/getting-taken-care-connecting-clinical-services>

- Health Care Coverage for Youth in Foster Care and After: <https://www.childwelfare.gov/pubs/issue-briefs/health-care-foster/>
- Health Care Providers and Teen Pregnancy Prevention: <https://www.cdc.gov/teenpregnancy/health-care-providers/index.htm>
- Referrals and Linkages to Youth Friendly Health Care Services: https://www.hhs.gov/ash/oah/sites/default/files/referrals_and_linkages_to_youth_friendly_health_care.pdf

STAFF REQUIREMENTS

ROLES AND RESPONSIBILITIES

All programs must maintain staff who have appropriate qualifications, training and experiences to implement the chosen program model. See Table 1 for a list of generic Staff Roles and Responsibilities. The chosen evidence-based program model must be implemented with fidelity (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 10 business days of staff turnover. You have 30 days to provide new staff contact information or to update current staff contact information if there are any changes.

Table 1: Staff Roles & Responsibilities

Title/ Role	Responsibilities
Program Coordinator	<ul style="list-style-type: none"> • Receive training in EBPs selected for implementation. • Maintain hardcopy files of parental consent forms for program participants. • Implement EBP with fidelity, and/or monitor other staff who are implementing EBP to assure fidelity. • Enter data about program activities into the EZ TPPI database (www.eztpi.org/northcarolina) in accordance with the EZ TPPI database manual which can be found under the Help Menu. • Report data about program fidelity utilizing fidelity logs provided by the State PREP Team and Wyman Connect for sites implementing the Teen Outreach Program (TOP). • Comply with all components of the PREP (and TOP if applicable) Evaluation Plan, which includes obtaining consent for participation in the evaluation and administering PREP (and TOP if applicable) Participant Surveys. • 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 (i.e. referral for services, enrichment and community service learning opportunities). • Participate in ongoing efforts within the scope of PREP activities that support adulthood preparation and 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 (guardian) involvement, career awareness, job skills development, individual counseling and cultural enrichment. • Complete at least 20 hours annually of professional development training aimed at improving program outcomes (includes attendance at TPPI networking meetings). • Recruit, screen, train, supervise and recognize program volunteers. • Seek financial support from sources other than the TPPI/PREP funds, including sources in the local community.

Title/ Role	Responsibilities
CSL Coordinator <i>(only required for TOP)</i>	<ul style="list-style-type: none"> • Complete TOP training. • Plan group CSL activities and coordinate individual service placements for participants; ensuring TOP fidelity where at least 80% of youth achieve 20 hours or more of CSL. • Assist Program Coordinator in reporting TOP CSL activities in EZTPPI database and Wyman Connect. • Define and maintain cooperative ties with other community institutions in order to meet the needs of program participants (i.e. referral for services, enrichment and community service learning opportunities). • Complete at least 10 to 20 hours annually of professional development training (based on FTE%) aimed at improving program outcomes (includes attendance at TPPI regional meetings).
Program Supervisor	<ul style="list-style-type: none"> • Receive training in EBPs selected for implementation. • Supervise and support the activities of the PREP staff. • Conduct at least two observations of program staff facilitating the evidence-based program model. • Ensure that program operation is in accordance with the DHHS Contract/Agreement Addendum and this policy manual. • Complete at least 10 to 20 hours annually of professional development training (based on FTE%) aimed at improving program outcomes (includes attendance at TPPI networking meetings). • Identify and coordinate professional development opportunities to enhance staff skills in group facilitation, adolescent pregnancy prevention, comprehensive sexuality, inclusivity, adulthood preparation, trauma informed care and positive youth development. • Serve as a member of the CAC and assist with recruiting additional members. • Define and maintain cooperative ties with other community institutions in order to meet the needs of program participants (i.e. referral for services, enrichment and community service learning opportunities).

Staffing

Funded agencies are required to employ at least one full-time EBP trained facilitator. Agencies replicating TOP are required to employ at least one full-time (or 1 FTE) trained facilitator in addition to at least one part-time (or 0.50 FTE) CSL coordinator.

Agencies should consider the proposed number of youth to be served, maximum number of youth allowed for each cohort determined by the EBP fidelity standards, youth behavior and classroom/group management needs in determining the number staff hired to serve as co-facilitators and program assistants. In circumstances where the size of the group is predetermined (i.e. in-school elective), a second trained facilitator can be hired to co-facilitate the club to maintain the facilitator to student ratio.

PREP ORIENTATION

All staff providing program services, and their supervisors, are required to attend a PREP orientation session (face to face meeting or conference call) in the first quarter of the first year of funding. PREP 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 TPPI/PREP Annual Networking Meeting/Conference and all staff providing direct program services must attend EBP (i.e. Making Proud Choices, Reducing the Risk, Teen Outreach Program or Parents Matter) training and receive certification in accordance with program model fidelity.

Topics covered during the PREP Orientation may include:

- TPPI and PREP Overview
- PREP Team
- PREP Contract/Agreement Addendum and Manual
- Program Model Fidelity and Curriculum Adaptations
- Evaluation
- Financial Reporting and Documentation

STAFF TRAINING AND DEVELOPMENT

The evidence-based program (EBP) 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 very important that program staff are appropriately trained to facilitate and implement the program. At least two program staff must be trained to facilitate the chosen program model to allow for co-facilitation, and back-up facilitation in the event the Program Coordinator is unavailable. The program supervisor must also receive training to effectively provide supervision and observation of the evidence-based program implementation.

All full-time staff are required to complete a minimum of 20 hours of professional development per year relevant to teen pregnancy prevention, positive youth development, adulthood preparation, etc. in addition to receiving the evidence-based program training. Hours of professional development required is based on the staff member's percent of time or FTE supported by the grant. Program staff shall also receive at least one training annually focused on health equity, health disparities, or social determinants of health to support individual competencies and organizational capacity to promote health equity. The hours of professional development may include but are not limited to the following examples of webinars, face-to-face trainings and professional conferences listed below.

Required Trainings:

- TPPI/PREP Annual Networking Meeting/Conference (typically a two-day meeting held between the months of July and September)
- PREP Topical Trainings hosted by the State PREP Team
- At least one health equity, health disparities, or social determinants of health training

Other Training and Professional Development Resources:

- Reproductive Health Training
 - Family Life Institute provided by the NC School Health Training Center – details sent out through TPPI. You can visit the NC School Health Training Center website at: <https://hhp.ecu.edu/ncshctc/>.
 - Family Planning Basics: <http://fpntc.org/training-and-resources/family-planning-basics>
 - South Carolina Campaign to Prevent Teen Pregnancy: <http://www.teenpregnancysc.org/learning-center/online-professional-development/webinars>

- Teaching Human Sexuality: <http://www.teenpregnancysc.org/learning-center/online-professional-development/teaching-human-sexuality>
- Trauma Informed Approaches
 - Integrating the Needs of Foster Care Youth in Adolescent Pregnancy Prevention Programming: Trauma-Informed Approaches: <https://rti.connectsolutions.com/p22hbjg6m8l/?launcher=false&fcsContent=true&pbMode=normal>
 - Trauma Informed Care: <https://www.acf.hhs.gov/fysb/resource/aegp-tic-20121214>.
- Various topics related to teen pregnancy prevention
 - The EXCHANGE - <https://teenpregnancy.acf.hhs.gov/>
 - Office of Adolescent Health – Webinars: <https://www.hhs.gov/ash/oah/resources-and-training/webinars/index.html>
 - Power to Decide: <https://powertodecide.org/>
 - PREP Website - <http://www.acf.hhs.gov/programs/fysb/programs/adolescent-pregnancy-prevention/programs/state-prep>
 - Wyman Connect – www.wymanconnect.org (for sites implementing TOP, login to view recorded Wyman Webinars)
- Resources for health equity, health disparities, or social determinants of health
 - El Centro: <https://www.elcentronc.org/>
 - El Pueblo, Inc: <http://www.elpueblo.org/>
 - Equality NC: <http://equalitync.org/>
 - NC American Indian Health Board: <http://ncaih.org/>
 - NC Community Development Initiative: <https://ncinitiative.org/>
 - NC Office of Minority Health and Health Disparities: <http://www.ncminorityhealth.org/>
 - NC Rural Center: <https://www.ncruralcenter.org/>
 - PFLAG: <https://www.pflag.org/>
 - Racial Equity Institute: <https://www.racialequityinstitute.com/>

Conferences:

- Healthy Teen Network Annual Conference: <http://www.healthyteenetwork.org/>
- National Conference on Health Disparities: <http://nchd.library.musc.edu/2018/>
- National Sex Education Conference - <http://sexedconference.com/>
- NC Sexual Health Conference: <http://www.ncsexcon.org/>
- Office of Adolescent Health - <http://www.hhs.gov/ash/oah/index.html>
- SHIFT, NC Annual Conference: <http://www.shiftnc.org/professional-development>
- South Carolina Campaign Annual Conference: <http://www.teenpregnancysc.org/si>
- UNC Gillings School of Global Public Health – Minority Student Caucus Minority Health Conference: <https://www.racialequityinstitute.com/>

FUNDING & DHHS CONTRACTS/AGREEMENT ADDENDA

BUDGET COMPONENTS

Federal funds

Contractors and Local Health Departments (LHDs) are awarded funding for the first year of their program cycle, with the option to extend funding for two additional years only if additional funding becomes available and demonstrates satisfactory program toward their Contract/Agreement Addendum deliverables.

Budget Forms

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

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

Travel Reimbursement Rates: Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the "Change in IRS Mileage Rate" memorandum to be found on OSBM's website when there is a change in this rate. The current state mileage reimbursement rate is 54.5 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change.

State Subsistence Rates as of July 1, 2018 (not to be exceeded)		
	In-State	Out-of-State
Breakfast	\$8.40	\$8.40
Lunch	\$11.00	\$11.00
Dinner	\$18.90	\$21.60
Lodging	\$71.20	\$84.10
Total	\$109.50	\$125.10

Breaks: The state can only reimburse \$5.00 per day for breaks for sponsored events; **20 people 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 \$0.545 per mile.

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

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

Staff Salary: The development and ultimate success of a project can be thwarted by frequent staff turnover, which is often caused in part by salaries that are not comparable to similar professional positions in the county. Grantees are expected to propose a competitive salary.

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.

Funds may not be used to provide cash payments as incentives. Funds may be used for non-cash incentives such as gift cards, movie passes and healthy meals. If gift cards will be provided, grantees 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 PREP. If a grantee plans to implement a more extensive evaluation plan, then these costs must be covered by other 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 three 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 Certified Public Accountant (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 cost is the cost 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. Due to the structure of the grant and new federal guidelines, the regulations restricting the allocation of indirect cost change after Year 1 of this sub-award.

NC Division of Public Health policy limits indirect cost to 10 percent.

Where the grantee has a Federal Negotiated Indirect Cost Rate (FNICR), the total modified direct cost identified in the grantee's FNICR shall be applied up to 10 percent. A copy of the FNICR must be included with the grantee's budget.

If the grantee has no FNICR, an indirect cost rate may be established by an independent Certified Public Accountant (CPA) using criteria and cost principles outlined in the applicable codes of federal regulations (CFRs):

State, Local and Indian Tribal Governments	2 CFR Part 225 & ASMB C-10
Educational Institutions	2 CFR Part 220
Hospitals	2 CFR Part 215
Private Non-Profit Organizations	2 CFR Part 230
For Profit Organizations (other than hospitals)	48 CFR Part 31

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 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. Per N.C. Division of Public Health policy, the total modified direct cost identified in the grantee's indirect cost rate letter shall be applied up to 10 percent. A copy of the indirect cost letter must be included with the grantee's budget.

If the grantee has no FNICR and no indirect cost rate established by a CPA, person or firm, then the grantee may not claim indirect cost in the budget.

Federal NAME OF GRANT (with Indirect Cost/Administrative Restrictions)

The federal Personal Responsibility and Education Program (PREP) award limits administrative cost to 10 percent.

Where the grantee has a FNICR, the indirect cost rate requested may not exceed the award's limits, regardless of the grantee's recognized rate. Because PREP regulations do not restrict administrative cost, the total modified direct cost identified in the grantee's FNICR shall be applied. A copy of the FNICR must be included with the grantee's budget.

If the grantee has no FNICR, a 10 percent indirect cost rate may be used on the total, modified direct cost (known as a de minimus rate) as defined in 2 CFR 200.68, Modified Total Direct Cost (MTDC), with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Grantees should indicate in the budget narrative that they wish to use the de minimus rate, or some part thereof. Grantees who do not wish to claim any indirect cost should enter "No indirect cost requested" in the budget narrative.

REIMBURSEMENT

Funds to PREP sites will be disbursed on a cost reimbursement basis only. Organizations receiving funds through contracts are 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. *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.

Local health department receiving funds through agreement addendums are required to submit an IR of expenses and supporting documentation when requested within 10 days from the end of the month for which it is being submitted.

Itemization Reports should be submitted via email to tilneil.gary@dhhs.nc.gov.

CERs should be submitted with an original signature in blue ink from an approved signature authority and addressed to:

<p><u>US Mail:</u> Tilneil Gary PREP Program Consultant Women's Health Branch 1929 Mail Service Center Raleigh, NC 27699-1929</p>	<p><u>Fed-Ex/UPS:</u> Tilneil Gary PREP Program Consultant Women's Health Branch 5601 Six Forks Road Building 2, 2nd floor Raleigh, NC 27609</p>
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It's important that program staff meet with their fiscal staff regularly to tracking spending and to ensure funds are spent according to the contract/agreement addendum and this manual. The Itemization Report should accurately reflect **actual** (not estimated) program expenditures for a given month; and expenses should be accurately charged to the correct budget category. This means that funded agencies must only request reimbursement for costs incurred by the agency as approved by their program budget. Additionally, program charges reported and requested for reimbursement must not exceed the approved state subsistence rates for mileage, meals, and lodging without prior approval. **Failure to accurately report and document program expenses can result in "High Risk" status.**

Expenses documented on the CER when requesting reimbursement; should accurately reflect expenses documented on the IR. Additionally documentation such as payments made (including copies of checks and P-Card transactions), approved purchase orders, vendor quotes, purchase receipts, staff time and travel logs, staff salary and benefit payments and additional financial documentation should be kept readily available for supporting documentation requests. **If a specific budget line on an IR carries a negative balance; the CER cannot be approved until a budget revision is completed.**

BUDGET REALIGNMENTS

The following steps must be taken when contractors request budget realignments and are also recommended for local health departments (LHDs). The last realignment for the contract/agreement addendum period must be submitted no later than April 30.

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

- Requests for changes in staff salary and fringe will not be approved without strong justification and documentation to support the changes.
- Requests to move funds into a budget line where funds did not originally exist in the approved contract or agreement addendum budget will not be approved without strong justification.

Step 2— Requests must be submitted via email 30 days prior to the expenditure of funds. Requests must include 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.)
- Include a copy of the Contract Budget Realignment Form. The Contract Budget Realignment form should include the total amount of the approved budget, listing all budget categories and funds allocated. This is required even if funds will not be realigned amongst all categories. A signed copy of the Contract Budget Realignment Form must be submitted either via email (scanned copy), faxed (notify consultant if you plan to fax), or paper copy in the mail.

Step 3— Approval Process

- Sites will receive an email stating that the realignment was ‘approved’ or ‘disapproved’ from the Program Consultant within two 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.

***Budget forms mentioned throughout this section can be found at
<http://www.teenpregnancy.ncdhhs.gov/preproj.htm>.***

MONITORING

DPH RISK LEVEL

At the beginning of each fiscal year, every agency will be 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 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.

QUARTERLY MONITORING CALLS

The PREP Program Consultant will conduct at a monitoring call with each agency at least quarterly (or every three months) with the core program staff members (i.e. Program Director/Supervisor, Program Coordinator, Program Facilitators and Assistants, CSL Coordinators, Fiscal Manager, etc.). The purpose of these calls is to not only get updates on the agency's progress to achieving key contract deliverables, but to also provide immediate guidance and technical assistance to address any challenges or concerns.

The agency program staff must coordinate time for at least 30 minutes monthly to host a call with the PREP Consultant. Below is a list of items that will be discussed during the calls.

- General Programmatic Updates & Reminders
- Progress Toward Contract Deliverables
- Spending
- Training and TA Needs
- Additional Topics for Discussion at Request of Agency

FIDELITY MONITORING

Agencies will be monitored for fidelity based on the standards and requirements recommend by the EBP developer.

Developers may announce changes to fidelity requirements and standards during the contract year. In the event this may occur the PREP Program Consultant may amend a funded agency's contract or agreement addendum to include the revised standards and requirements. Agencies will receive hands on training and technical assistance to ensure standards and requirements are met.

Sites implementing Making Proud Choices, Reducing the Risk, or Parents Matter must complete and submit a program fidelity log that reports sessions facilitated, participants served, adaptations made and additional resources utilized. Access to and training to complete the logs will be provided by the PREP Program and Evaluation Consultants. Logs should be completed and submitted at least quarterly.

Teen Outreach Program (TOP) Fidelity

Agencies will be required to complete additional reporting of TOP fidelity utilizing a TOP Lesson Sequencing Form and Wyman Connect. A template of the Sequencing Form will be provided by the PREP Program Consultant; Wyman Connect is accessible at www.wyamanconnect.org.

TOP Sequencing Form:

The TOP Sequencing Form is used to provide description of TOP Sessions (per level and lesson) and CSL that will be offered for the program year. The State PREP Team will review this to ensure staff have setup a plan to implement TOP with fidelity by offering at least 25 sessions over 32 weeks during a traditional 9 month school year, adequate amount of group CSL in addition to lessons that cover a variety of topics to support adulthood preparation and comprehensive sexuality education.

Program Sequencing Key Considerations per Wyman:

- Consider a **"TOP Introduction"** prior to beginning the actual program. For example, you may get together with the group of teens the week prior to program actually starting. This can provide an informal way to get to know the participants.
- Within the **first session**, it is important to get a sense of youth expectations, to be able to connect TOP as something that is relevant to them, and to work on initial group formation via energizers and teambuilding. The initial session is best focused on welcome/intro, group formation, and setting "ROPES".
- Integrate **community service learning** throughout both semesters. A strongly recommended practice is to complete at least 10 service hours by the end of each semester. Do not save service until the end of the program year. Remember, 20 hours is the minimum, if teens achieve 20 hours quickly; keep going!
- Maintain a **logical sequence** to your core activities. This will vary from club to club; lessons can be sequenced by topic area or integrated with one another based on the needs of your teens. You may spend three weeks in a row on values, or you may spread values lessons out among other lessons.
- **Incorporate various levels of curriculum and curriculum content** as needed and appropriate to meet teen's needs. The TOP curriculum provides facilitators with more lessons than you will need, which allows content to be focused on the needs and interests of particular groups of teens.
- The club should have **trust and readiness before beginning sexuality components**.
- Consider a brief **needs assessment** at the beginning of the group – what are the teens' interests and priorities? Utilize their feedback to inform sequencing.

Teen Outreach Program (TOP) Fidelity (continued)

- If needs arise within the group or the community, **adjust** your content and schedule to address these issues.
- On at least a quarterly basis, **revisit “Why TOP Works”** – is there anything you’re missing? Anything you need to do to be faithful to the TOP Approach?
- Consider anything special you will do as you **“wrap up”** the program- for example, will students do a presentation? Will you have a celebration?

Wyman Connect

[Wyman Connect](http://www.wymanconnect.org) accessible at www.wymanconnect.org is a comprehensive data collection system that facilitates the management of your implementation, fidelity and teen survey data. Credentials to log into Wyman Connect will be provided to each trained TOP facilitator for your agency. Wyman Connect includes a live dashboard and report features that will give you direct access to the data you’ve entered for purposes of compiling reports and to guide continuous quality improvement efforts. Specifically, features of this allow TOP facilitators the ability to communicate and collaborate with other Wyman TOP facilitators; manage clubs, facilitators and teens; enter youth survey data, view data in a dashboard and run reports; and access support materials.

The TOP Program Sequencing Form shall be submitted by September 30. Sites must also update group and participant activity data in Wyman Connect monthly by the 10th of the following month. If the 10th day of the month falls on a weekend or holiday, the program staff shall enter the data by the last business day before the 10th.

Program Model Fidelity

Each year, sites shall complete and submit a Fidelity Monitoring Plan, describing their plan for implementing and monitoring their selected program model(s) with fidelity. The plan will allow funded sites to describe their strategies to support model fidelity in regard to staffing, implementation setting, audience receiving the program, content adaptations, and competence of staff, supervisor and observers. The form will also allow sites to describe how they will use fidelity monitoring data collected to make continuous quality improvements to the implementation of the selected program model.

OBSERVATION

As a fidelity monitoring requirement of PREP; each evidence-based program (EBP) facilitator must receive at least one observation per year from a trained TPPI Program Consultant. Program observation is a great opportunity for the TPPI Team to witness program facilitators in action; as well as an opportunity for facilitators to develop and enhance their skills.

A goal of the TPPI Team for this fiscal year is to complete at least one observation of each EBP facilitator. Additional observations may be conducted at the discretion of the PREP Consultant or by request of the agency for fidelity monitoring and to ensure staff development.

All EBP Facilitators and Program Staff will receive an email requesting dates/times to schedule their observation. Observations should only be scheduled when the Facilitator will teach from the program curriculum. Following the observations, feedback will be provided in addition to training and technical assistance when necessary.

SUPERVISOR OBSERVATION

Program supervisors will be required to conduct at least two observations of each of their evidence-based program (EBP) facilitators within the program year. Observations should be conducted as early in the program year as possible, however at least after the facilitators have been able to implement a few lessons so that the facilitator and their group has had time to establish. The program supervisors will be provided a facilitator observation review and feedback tool specific to their chosen evidence-based program(s). If a program is facilitating more than one EBP, the supervisor must observe each staff member assigned to facilitate each EBP. For example if you have one or more staff members facilitating both Making Proud Choices and Reducing the Risk, you must observe each staff member facilitating a session from both Making Proud Choices and Reducing the Risk.

A copy of the completed observation feedback tool signed by the Program Supervisor, Program Coordinator and/or Facilitators must be submitted to the PREP Program Consultant within two weeks of completing the observation. The Program Supervisor should also include any recommendations and plans to provide additional training and TA to support staff development.

Enclosed is a link to an archived webinar providing guidance to supervisors in conducting program observations: <https://de207.sabameeting.com:443/GP/main/000054171665000001589b9994bea9f9>.

PARTICIPANT SATISFACTION SURVEYS AND QUALITY IMPROVEMENT

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.

The participant satisfaction surveys and other data collection strategies used, summary of data collected and actions taken as a result of the data should be shared with the State PREP Team. A summary of the satisfaction survey results must be submitted to the PREP Program Consultant twice per year. Grantees shall submit a summary of all satisfaction surveys completed by participants between June 1 and November 30 by January 30, and a summary of all satisfaction surveys completed between December 1 and May 31 by June 30.

The PREP Evaluation Consultant can provide technical assistance in the development of participant satisfaction survey tools, administration of surveys, analysis and dissemination of survey data.

Please visit <http://www.teenpregnancy.ncdhhs.gov/prepproj.htm> for an updated list of tools and resources to support satisfaction survey administration and continuous quality improvement efforts.

PREP SEMI-ANNUAL PERFORMANCE REPORTS

PREP is federally funded and monitored by the United States Department of Health and Human Services, Family and Youth Services Bureau. Recipients of PREP funding are required to complete and submit the PREP Semi-Annual Performance Progress Report. All sub-grantees are required to complete the PPR Program Indicators Chart as shown in Figure 2.

Figure 2: Performance Progress Report

Personal Responsibility Education Program SAMPLE PROGRAM INDICATORS CHART Attachment 1			
Grantee:			
Grant #:			
Activity Period:			
	PROGRAM	EVALUATION	ASSISTANCE NEEDED
Major activities and accomplishments during this period			
Problems			
Significant findings and events			
Dissemination activities			
Other activities			
Activities planned for next reporting period			

The purpose of this report is to provide updates on your agency's progress in completing PREP activities outlined in your contract or agreement addendum scope of work, including: recruiting and retaining program participants, implementing activities to incorporate the adulthood preparation subjects, monitoring fidelity and allowable adaptations to your chosen evidence-based program, PREP Performance Measures evaluation and data collection, collaborating with community partners, ensuring staff complete trainings and professional development, and ensuring medical accuracy. Sub-grantees shall provide updates highlighting:

- Major activities and accomplishments – A summary of your agency's progress toward completing your contract or agreement addendum scope of work deliverables.
- Problems – Describe any deviations or departures from your approved scope of work, including actual/anticipated delay in task completion, and special problems encountered or expected. Use this report section to advise the State PREP Team or the Federal Project Officer of technical assistance needs.

- Significant findings and events – Describe situations that may have occurred within your organization or community that greatly impact your ability to provide programming to the youth you serve or complete scope of work deliverables.
- Dissemination activities - Briefly describe project related inquiries and information dissemination completed. Organize and include a copy of any newspaper, newsletter, magazine articles, social media or other published materials considered relevant to project activities, or used for project information or public relations purposes.
- Other activities – Briefly describe other activities your agency has completed that is outside the scope of your contract or agreement addendum.
- Activities planned for next reporting period – Briefly describe activities you plan to implement for the next reporting period.

Reports shall be completed and submitted to the PREP Program Consultant via email by COB of the following dates:

- October 10 – Report activities completed from April 1 – September 29
- April 10 – Report activities completed from September 30 – March 31
- June 10 – Report activities completed from April 1 – May 31 *for sites not receiving funding the next funding cycle.*

Failure to submit your report by the deadline will impact your agency's risk status!

SITE VISITS

The PREP 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 and attendance of a community advisory council meeting. The Program Consultant will request 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 45 days of the site visit. There is also additional monitoring and technical assistance provided via ongoing communication by phone and email.

Site Visit Preparation

Prior to the site visit the Program Consultant will advise you on which one to two 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.

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, the score is added or subtracted from the application's raw score. If the program is in years 1 through 5 of funding (for contracts that receive multiple years of funding), the score is used to rank programs. This form is subject to change based on legislative and contract requirements.

COMPLIANCE

Funding is contingent upon compliance with the PREP Federal Guidelines, TPPI requirements, and with all procedures and regulations prescribed by the State of North Carolina which includes all items outlined in the PREP manual. Funds for this grant are subject to availability. Should additional funding become available, annual contract renewal is contingent on organizational capacity, performance history and contractual compliance.

Compliance is monitored by PREP Program 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.

1. Cost Disallowance = A charge to a grant that the division determines to be unallowable, according to the applicable cost principles (OMB Circular A-122 for non-profit organizations, A-21 for educational institutions, and A-87 for state, local, and Indian tribal governments) or other award terms and conditions. The general rule of thumb for any costs to be considered proper is that they must be allowable, allocable, necessary, reasonable and treated consistently.
2. Debarment and Suspension = Government-wide actions based on Executive Order 12549 which exclude a person or organization from participating in grants or other assistance awards. Suspensions are temporary actions, not to exceed 18 months, generally leading to debarment, implemented only when immediate action is needed to protect the government's interest. Debarment generally lasts three years.
3. Suspension = Action by the division that temporarily suspends financial assistance under the award, pending corrective action by the subrecipient or a pass-through entity's decision to terminate the award.
4. Temporarily Withholding Funds = Action taken by the division, after appropriate administrative procedures have been followed, which delays a subrecipient's ability to access its grant funds until it takes corrective action required by the pass-through entity.

5. Termination = Permanent cancellation of the subrecipient's authority to obligate all or part of the funds awarded to it. Awards may be terminated under the following conditions as outlined in OMB Circular A-110:
 - By the division, if the subrecipient materially fails to comply with the terms and conditions of the award;
 - By the division, with the consent of the subrecipient; or
 - By the subrecipient, upon sending written notification to the agency stating the reasons for the termination.

6. Voiding of a Grant = Determining that the award was obtained fraudulently, or was otherwise illegal or invalid from inception. Voiding, in effect, is a decision that the grant never legally existed. Such determinations are rare, but possible.

DEADLINES FOR COMPLETING AND SUBMITTING MONITORING REPORTS

Report Type		Reporting Period/ Frequency	Deadline for Submission*
PREP EZTPPI Database		Monthly - Activities completed within the prior month	10 th of each month July through June
For Sites Implementing TOP	TOP Sequencing Form	TOP Lesson Sequencing, Club, Facilitator and Participant Information	September 30
	Wyman Connect Data Entry	Monthly - Activities completed within the prior month	10 th of each month beginning September through June
PREP Semi-Annual Report		April 1 – September 29	October 10
PREP Semi-Annual Report		September 30 – March 31	April 10
Making Proud Choices Fidelity Log <ul style="list-style-type: none"> • 8 Module Standard Edition • 10 Module Out-of-Home Care Edition • 14 Module School Edition 		At least quarterly as sessions are held	Ongoing starting August 31 – May 31
Parents Matter Fidelity Log		At least quarterly as sessions are held	Ongoing starting August 31 – May 31
Reducing the Risk Fidelity Log		At least quarterly as sessions are held	Ongoing starting August 31 – May 31
Supervisor Observation Report		Twice per year for each employee and each EBI curriculum implemented	Ongoing starting June 1 – May 31
Participant Satisfaction Survey Summary		Conducted June 1 – November 30	January 30
Participant Satisfaction Survey Summary		Conducted December 1 – May 31	June 30
Contract Expenditure Report <i>Required by contractors only.</i>		Monthly – Expenditures completed within the prior month from June 1 – May 31.	10 th of each month beginning July through June
Itemization Report Required by all grantees.		Monthly – Expenditures completed within the prior month from June 1 – May 31.	10 th of each month beginning July through June

** Please note, the above-mentioned reports are listed for the convenience of all PREPare for Success sub-grantees. Completion of evidence-based program specific reports and fidelity logs may not be applicable to all sub-grantees.*

** Please note, an earlier deadline may be requested at the discretion of PREP Program Consultant.*

** If the deadline for submission falls on a weekend, the report is due the business day prior. For example, if the 10th falls on a Saturday or Sunday, your report is due the Friday before.*

Fidelity Logs – Our goal is to utilize EZTPPI for fidelity reporting for Making Proud Choices and Reducing the Risk. These updates are currently being developed. Please continue to use the hyperlinks referenced above for fidelity reporting until further notice.

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. PREP funded agencies undergo process evaluation and outcome evaluation to determine: a) if programs are being implemented with fidelity and are performing optimally (processes); and b) if the knowledge, attitudes and beliefs, and behaviors of PREP participants have changed based on their participation in PREP (outcomes). Evaluation informs program staff about what is working and what needs to be improved to make the program more successful. Evaluation results can also be shared with funders and other stakeholders (e.g., federal agencies, private foundations, and communities) to inform them about PREP, show them how effective it is, and promote their ongoing support.

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

EVALUATION TEAM

The evaluation of PREP is made possible by the work of both local PREP staff and the TPPI Team. The roles and responsibilities of each team member is listed below in Table 2.

Table 2 – Evaluation Team Roles and Responsibilities

Title/Role	Responsibilities
PREP Coordinator	<ul style="list-style-type: none"> • Enters process data into the EZTPPI database. • Obtains consent for student participation in the evaluation. • Coordinates quantitative data collection by administering the PREP Performance Measures (and TOP Surveys if applicable) • Coordinates qualitative data collection by administering participant feedback surveys. • Discusses the evaluation feedback with PREP Supervisor, CAC, and other stakeholders to determine program improvement priorities. • Submits a summary of results and program improvements implemented in response to those results to PREP annually
PREP Supervisor	<ul style="list-style-type: none"> • Provides support for the evaluation to the PREP Coordinator as needed. • Provides support and guidance for the dissemination of evaluation information, which should include the CAC.
PREP Program Consultant	<ul style="list-style-type: none"> • 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
PREP Evaluation Consultant	<ul style="list-style-type: none"> • 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 PREP funded agencies. • Provides support and guidance for the dissemination of the annual agency evaluation reports and aggregate evaluation report.

EVALUATION OBJECTIVES & DESIGN

The evaluation of PREP is divided into two categories: process evaluation and outcome evaluation. The PREP process and outcome evaluations and their objectives are described below. Because these objectives are standardized for all PREP funded agencies across the state, they may not address all objectives your program achieves.

Process Evaluation

Process evaluation involves the documentation and analysis of program implementation, such as the number of participants served, the number of sessions held, etc. Targets for PREP process measures are based on the Contract or Agreement Addendum scope of work.

Process Measures (DHHS Contract/ Agreement Addendum Performance Requirements/ Standards)

- Number of sessions administered with the evidence-based program model
- Number of unduplicated participants to be served (only count participants who attend at least 75% of sessions)
- Number of parent nights held for each site
- Number of adulthood preparation activities implemented for each site
- Number of Community Advisory Council meetings held

The following components of the evaluation design are used to determine whether targets for process measures have been achieved:

1. PREP 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://eztpi.org/northcarolina>. Login credentials and training are provided to program coordinators on how to use the database. Archived instructional videos are available under the “Help” tab of the EZTPPI database webpage.

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 feedback from program participants. Results of these surveys should be presented to both supervisors and the community advisory council (CAC) to guide continuous quality improvement of PREP.

Outcome Evaluation

The outcome evaluation measures how the program influences participant attitudes and behaviors in delaying sexual initiation, improving contraceptive use, improving condom use and adulthood preparation. Outcome evaluations include participant completion of PREP Performance Measures and, for sites replicating TOP, TOP participant surveys. PREPare for Success sites must ensure that at least 80% of eligible participants complete the surveys.

As stated previously, the outcomes of PREPare for Success are as follows:

- Thirty-five percent of participants will report they are more likely to abstain.
- Fifty-five percent of participants who do not intend to abstain will report they are more likely to use condoms.
- Forty-five percent of participants who do not intend to abstain will report they are more likely to use birth control.
- Sixty percent of participants will report they practice more behaviors to support a healthy transition to adulthood.

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 youth to participate in the outcome evaluation.

Prior to EBP implementation and survey administration, make sure parents and guardians of participants give consent for the youth to participate in the program *and* to participate in the evaluation. In working with youth in out-of-home care, foster care, group home, or juvenile justice center administrators may be able to provide consent for youth to participate in programming. Additionally, administrators may require youth to participate in the program activities. It is important that administrators, staff and youth understand youth's participation in the evaluation of this program must be voluntary.

Consent can be obtained in two ways: active consent (opt-in), or passive consent (opt-out). With active consent, parents or guardians will sign and return the consent form if they *do* want their youth to participate in the program or the evaluation. With passive consent, parents or guardians will only sign and return the form if they *do not* want their youth 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 PREP, which give an overview of the rights and responsibilities of the students participating in the evaluation of PREP (and TOP if applicable). Forms may be modified where indicated and used to obtain consent from participants. Forms are available at <http://www.teenpregnancy.ncdhs.gov/preproj.htm> and online at Wyman Connect (www.wymanconnect.org) for sites implementing TOP.

2. Participant Surveys:

PREP Performance Measures Participant Surveys

Program outcomes are measured using the PREP Performance Measures Surveys; for review, the Performance Measures Surveys can be found on this webpage:

<http://www.teenpregnancy.ncdhhs.gov/preproj.htm>.

Entry Survey and Exit Survey must be completed by consented participants for each funding cycle. The Entry Surveys are administered before services to the participants begin, and the Exit Surveys are administered after services to the participants end.

Agencies must utilize electronic versions of the PREP Performance Measures, which will be completed through an online Survey Monkey link provided by the PREP Evaluation Consultant. Administering an electronic version of the PREP Performance Measures reduces data entry and processing errors. The electronic version of the survey can be completed within 15 to 30 minutes.

Instructions for administering and submitting PREP Surveys

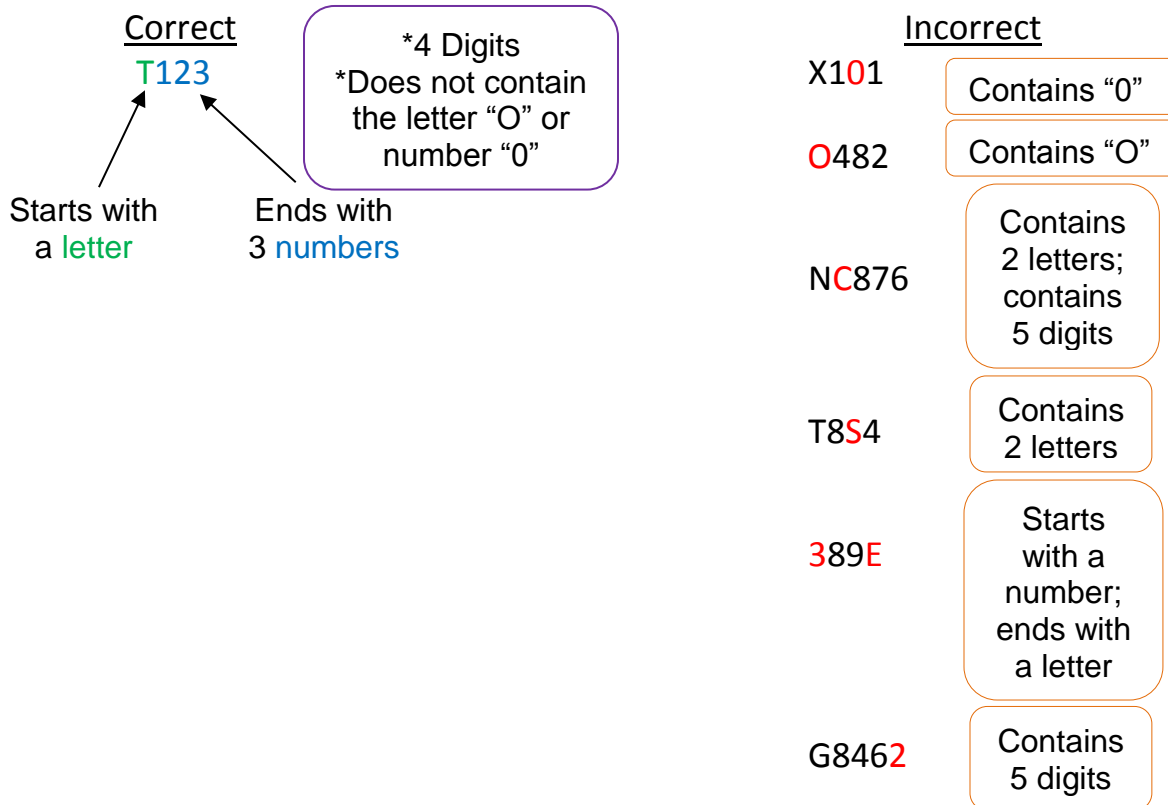
1. Ensure you have received consent for participants to complete surveys.
2. Administer the PREP Entry or Exit survey to ***eligible*** participants electronically or manually:
 - Electronically:
 - Provide the survey link to participants to complete the survey. You will receive a copy of the program link at the beginning of the fiscal year.
 - Some groups may have participants complete the survey in a computer lab, at their agency computer, on laptop, tablets, etc. Wherever the location, ensure that participants can complete this survey safely and confidentially.
 - Provide participants your site/agency ID number and their participant ID numbers. They will need these to complete the survey.
 - Manually:
 - Have participants complete the paper copy of the survey.
 - Provide participants your participant ID numbers. They will need these to complete the survey. One way to maintain confidentiality is for the survey administrator to label envelopes with the participant ID numbers and place a blank survey in each envelope. Then give the labeled envelope to the appropriate student and ask them to put the survey back in the envelope once they finish the survey.
 - Participants **should not** write their names or any personal identifiable information on this survey.
 - Key in the data for each survey into the survey link provided.
3. Review and submit surveys:
 - Please submit each batch of surveys as they are completed.
 - Keep a copy of the completed surveys for your records.

Creating Unique Participant Identifiers

In order to link each student's entry and exit surveys, a unique and anonymous identifier is needed. You will assign each student within your agency a unique ID. Before the entry survey, 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. If entering responses from paper surveys into SurveyMonkey, the staff person conducting data entry should not know which participant ID is assigned to which student in order uphold confidentiality. *It is critical that students use the same ID for their entry and exit surveys.*

Additional guidance:

- 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.
- Assign a four-character unique ID starting with a letter (A-Z) and ending with three numbers (1-9). Examples include A111, B123, C999, 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
- Do not compare students' post-tests to their pre-tests. Simply enter the information.



Wyman Teen Outreach Program Participant Surveys

Wyman Center, Inc. collects information from all participants in its Teen Outreach Program (TOP). This information is used to evaluate TOP as an Evidence-Based or Best Practices program. Program outcomes are measured using the TOP Survey. For review, the TOP Survey can be found on this webpage: <http://www.teenpregnancy.ncdhhs.gov/prepproj.htm>. Pre Survey and Post Survey must be completed by participants for each funding cycle. TOP Surveys are administered and submitted within the survey window. The survey window begins four weeks before the program start date and ends four weeks after the program end date.

Instructions for administering and submitting TOP Surveys

Agencies are expected to follow guidelines listed in the Wyman TOP Evaluation Guide, the manual for implementing TOP evaluation strategies as required by Wyman of all certified replication partners. The manual provides guidance in operating Wyman Connect to administer and submit TOP Pre and Post Surveys. Wyman Connect is a comprehensive data collection system that facilitates the management of your implementation and teen survey data. Access to Wyman Connect will be provided to each trained TOP facilitator for your agency. The following are instructions for administering TOP Surveys:

1. Ensure you have received parental permission for participants to complete surveys.
2. Ensure your clubs have been registered in Wyman Connect and assigned a Club ID (aka Entity ID). Once a club has been created in Wyman Connect, it is automatically assigned a Club ID# or Entity ID#. For example; Figure 3 shows a screenshot of a club in Wyman Connect. The Club ID or Entity ID for the club "P00 TPPI Test FY 16" is 1268.

Figure 3: TOP Club Entity ID# and Name as shown in Wyman Connect

Entity ID	Entity Name	Entity Type
1268	P00 TPPI Test FY 16	Club

3. Ensure your participants have been registered in Wyman Connect and that each participant is assigned a unique code (aka Participant ID#) that confidentially identifies him or her. It's important that this code is accurately recorded on the TOP Survey that is completed by the participant.

Teen IDs are assigned by local agency sites. IDs must meet the following criteria:

- Be unique from teen to teen. Each teen in your club needs a different ID and should not be reassigned to another teen.
- **For teens participating in TOP for more than one year, IDs should remain the same from year to year.** The ID is the only way to recognize specific teens in the system and thus the only way to track them and link their survey responses over time.
- Except in the above situation, never reuse teen IDs.
- Use only numbers or letters in teen IDs (no symbols, special characters, or spaces). IDs cannot contain more than 20 characters, up to 4 characters (letters and/or numbers) is ideal.
- 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, social security number, student's date of birth, student's initials, student's phone number, or any portion thereof.

- Participant data is entered in Wyman Connect and automatically linked to your agency. It is no longer necessary to ensure Participant IDs are preceded by your agency ID# (i.e. P01 A111).
- **Additional Guidance for New Participant IDs:**
 - 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.
 - Assign a four-character unique ID starting with a letter (A-Z) and ending with three numbers (1-9). Examples include A111, B123, C999, etc.
 - Follow this guidance for assigning **new** participant IDs only. For returning TOP students, please continue to use the ID that was assigned to them in previous years.

Create a master list/file of teen names and IDs, and store this in a reliable, secure location. According to federal regulations for the protection of human research subjects, master lists which link research participant names with ID numbers should be stored in a double-locked system (for example, in a locked cabinet, drawer or password-protected computer in a locked room). 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.*

The following fields are recommended for the master list:

Teen Last Name	Teen First Name	Teen ID	Teen Enrollment Date	Teen Withdrawal Date (If Applicable)

4. Administer the TOP Pre survey to participants electronically or manually:
 - **Electronically:**
 - Provide this link to participants to complete the survey: <http://wymanconnect.org/SurveyTeen>. Some sites may have participants complete the survey in a computer lab, at their agency computer, on a laptop, tablets, mobile devices, etc. Wherever the location, ensure that participants can complete this survey safely and confidentially.
 - Provide participants the following information. They will need this to complete the survey.
 - Participant ID #
 - Entity/Club ID # (Assigned to your club when it's registered in Wyman Connect)
 - **Manually:**
 - Administer the survey to participants (printable copies are available at: <http://www.teenpregnancy.ncdhhs.gov/preproj.htm>). The surveys should include the club name, Date (month/date/year), and the participant ID code.
 - Collect completed surveys from participants.
 - Log into Wyman Connect and enter the completed surveys for each individual participant under the "Data/Reports" tab as show in Figure 4.

- *Figure 4: Manual Participant Survey Data Entry Form in Wyman Connect*

The screenshot shows the 'Survey' data entry form in the Wyman Connect system. At the top left is the 'TEEN OUTREACH PROGRAM' logo. The top navigation bar includes 'MANAGE PARTNER NETWORK', 'DATA / REPORTS', and 'CLUB INFORMATION'. A dropdown menu under 'DATA / REPORTS' is open, showing 'REPORTS', 'SURVEYS', and 'QA PLAN'. The main form area is titled 'Survey' and contains the following fields:

- Teen ID: Text input field
- Partner: Dropdown menu with '-- Select --'
- Club: Dropdown menu
- Survey Type: Dropdown menu
- Provider: Dropdown menu

At the bottom right of the form are two orange buttons: 'Take Survey' and 'Survey Search History'.

- Ensure you have access to the following information:
 - Teen ID (Assigned to teen by facilitator)
 - Partner (North Carolina Department of Health & Human Services)
 - Provider (Your Agency's Name)
 - Club (Name of the club participant is assigned to)
 - Survey Type (Select Pre Survey)

Please note the instructions for administering and submitting evaluation surveys may be adapted at any time by the State PREP Team, Federal PREP Team and Wyman. Any adaptations to these instructions will be communicated to each grantee and will be expected to be followed.

DEADLINES FOR ADMINISTERING AND SUBMITTING SURVEYS:

EBP Model	Survey Type	Administration Time Frame	Deadline for Submission *
Making Proud Choices	PREP Entry Survey	Before facilitation of MPC or RTR lessons.	Within two weeks of administering surveys. All surveys must be received by May 31.
	PREP Exit Survey	After facilitation of MPC or RTR lessons.	Within two weeks of administering surveys. All surveys must be received by May 31.
	Satisfaction Survey	Twice a year: <ul style="list-style-type: none"> • First time between June 1 and November 30 • Second time between December 1 and May 31 	January 30 for surveys completed between June 1 and November 30. June 30 for surveys completed between December 1 and May 31.
Teen Outreach Program	PREP Entry Survey	Four weeks before/after program start date. Program activities must begin by September 30.	October 30
	PREP Exit Survey	Four weeks before/after program end date.	May 31
	Satisfaction Survey	Twice a year: <ul style="list-style-type: none"> • First time between June 1 and November 30 • Second time between December 1 and May 31 	January 30 for surveys completed between June 1 and November 30. June 30 for surveys completed between December 1 and May 31.
	TOP Pre Survey	Four weeks before/after program start date. Program activities must begin by September 30.	October 30
	TOP Post Survey	Four weeks before/after program end date.	May 31
	Pre Survey	During Session 1	Within two weeks of administering surveys. All surveys must be received by May 31.
Parents Matter	Post Survey	During Session 5	Within two weeks of administering surveys. All surveys must be received by May 31.
	Satisfaction Survey	During Session 5	Within two weeks of administering surveys. All surveys must be received by May 31.

Please note, the above-mentioned reports are listed for the convenience of all PREPare for Success sub-grantees. Completion of evidence-based program specific reports and fidelity logs may not be applicable to all sub-grantees.

** Please note, an earlier deadline may be requested at the discretion of PREP Program Consultant.*

** If the deadline for submission falls on a weekend, the report is due the business day prior. For example, if the 10th falls on a Saturday or Sunday, your report is due the Friday before.*



State of North Carolina • Roy Cooper, Governor
Department of Health and Human Services • Mandy Cohen, M.D., M.P.H., Secretary
Division of Public Health • Danny Staley, Division Director
www.ncdhhs.gov • www.ncpublichealth.com
www.teenpregnancy.ncdhhs.gov

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