

# Adolescent Family Life Care Demonstration Project End of Year Report

Program Progress Report    Evaluation Report

Grant Number (Example APH PA 2000):
Applicant Organization:
Title of Project:
Project Period: (Example July 1, 2005-June 30, 2006):
Project Year (1-5):
Project Director*: Title: _____ : Street Address: Line 1: Line 2: City: _____ State (2 Characters): _____ 9-Digit ZIP: _____ E-mail: Telephone: _____ Fax: _____ Program Coordinator: (if different from Project Director): Title: E-mail: Telephone: _____ Fax: _____

A Resume or Curriculum Vitae must be mailed to OPHS Grants Management and to your OAPP project officer if this is a new project director.

Project Evaluator: Title: University/Organizational Affiliation: Street Address: Line 1: Line 2: City: _____ State (2 Characters): _____ 9-Digit ZIP: _____ E-mail: Telephone: _____ Fax: _____
---

A Resume or Curriculum Vitae must be mailed to OPHS Grants Management and to your OAPP project officer if this is a new project evaluator.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0299, expiration date 5/31/2009. The time required to complete this information collection is estimated to average 106 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services OS/OCIO/PRA; 200 Independence Ave., S.W., Suite 531-H; Washington D.C. 20201. Attention: PRA Reports Clearance Officer

**Grantees with Both Care & Prevention Programs Must Use the Appropriate Enclosure for Each Program**

## **Adolescent Family Life Care Demonstration Project End of Year Program Progress Report**

Please note: For more information regarding specific details of the Title XX legislation (i.e. core services, supplemental services, parental consent, etc. please refer to <http://opa.osophs.dhhs.gov/titlexx/oapp.html> ).

- I. Detailed description of the demonstration model for the previous year.
  - A. Description of program/intervention for the care demonstration project including:
    - Grantee organization (school, state agency, voluntary agency, etc.)
    - Geographic area served (urban, rural, suburban).
    - Setting(s) (i.e., clinic-based, school-based, home visit)
    - Curricula and other educational materials used
    - Target population (i.e., gender, age, race/ethnicity, fathers, family members, etc)
    - Specific intervention strategies and activities (i.e., how services are provided to clients during pregnancy and after delivery with particular emphasis on achieving good health outcomes for mother and infant, how services enable adolescent parents to acquire good parenting and life skills)
    - Intensity of intervention(s): duration and frequency (e.g. one hour, once a week, for 12 weeks)

The project director should complete this description and provide it to the program evaluator for inclusion in his or her report.
  - B. Brief review of the rationale for use of the project intervention based upon theory, previous practice, review of the literature and/or evaluation findings. The project director should complete this description and provide it to the program evaluator for inclusion in his or her report.
  - C. Description of how the grantee provides, directly or by referral, each of the ten core services [see list in sec. 2006(a)(5)(A)] and any supplemental services as appropriate (include an appendix item for any new letters of agreement or new formal linkage agreements made with service providers (sec. 2006(a)(6)).
  - D. Description, if applicable, of how the grantee uses AFL Care services to supplement existing adolescent health services in a school, hospital or other community setting. Description of case management and follow-up procedures, if applicable.
  - E. Description of how the grantee, as appropriate, involves fathers, parents, guardians, and family members. Description of the process for obtaining parental consent (sec. 2006(a)(22)(A)). Description of how the grantee, as appropriate, incorporates voluntary associations, religious and charitable organizations and other groups in the private sector in the provision of Care services. (sec. 2006(a)(21)(A) and (13))
  - F. Description of how the grantee incorporates the youth development (developmental assets) model into the project. Discuss specific assets being addressed in the project and program activities that are relevant.
  - G. Description of outcome-based objectives, with a clear statement of results or benefits expected (or achieved). Objectives should be specific, measurable, achievable, realistic, and time-framed (S.M.A.R.T.). The project director should complete this description and provide it to the program evaluator for inclusion in his or her report.
  - H. Description and/or diagram of the project logic model. This should be created with the project director and evaluator during the early part of the first year and updated as necessary in subsequent project years.

**Grantees with Both Care & Prevention Programs Must Use the Appropriate Enclosure for Each Program**

- I. Numbers and types of program participants
    1. Description of client recruitment and retention methods and selection criteria.
    2. Use Enclosure A to report on the numbers and types of program participants. The numbers reported on this enclosure should be discussed with the program evaluator and provided to him or her. Provide a brief description of the characteristics or program participants based on Enclosure A in this section.
    3. Address any inconsistencies between numbers or participants served by the project and those included in the analysis of program objectives and outcome evaluation.
    4. Intensity/ dosage: Average and range of participants per session for different types of sessions/interventions (e.g. “an average of 6 students attended each group (range 3-10)”). Average number of sessions a participant attended (e.g. “students attended an average of 25 hours of the intervention (range 3-45)”). If there is a set number of hours participants should receive from the intervention, for example 15 hours, what number and percentage of participants received a given proportion of the program, for example 50%, 75%, or 100% of the intervention sessions?
  - J. Using Enclosure C, provide data regarding the AFL Efficiency Measure.
  - K. Describe challenges encountered while implementing program and proposed solutions.
  - L. Describe any significant changes in the project since the continuation proposal, and how these changes affected the number of clients served.
  - M. Describe the unique features or accomplishments of the project in the previous year.
- II. Grantee's current plan and activities that address continuation of services at the termination of this Federal funding.
  - III. Describe any grants management or evaluation issues not otherwise addressed.

## **Adolescent Family Life Care Demonstration Project End of Year Evaluation Report**

Please include page one as the cover page of the evaluation report.

- I. Executive summary
- II. Description of program/ intervention for the demonstration project. Grantee organization (school, state agency, hospital/clinic, voluntary agency, etc.); Geographic area served (urban, rural, suburban); Setting(s) (i.e., in school, after school, summer); Curricula and other educational materials used; Target population (i.e., gender, age, race/ethnicity); Specific intervention strategies and activities; Intensity of intervention(s) (duration, frequency). Interventions utilized, including how services are provided to clients during pregnancy and after birth of the child and how services enable parents to acquire good parenting and life skills to ensure that their children are developing physically, intellectually and emotionally. This description should be taken from the program progress report and replicated here.
- III. Brief review of the rationale for use of the project intervention based upon theory, previous practice, review of the literature and/or evaluation findings. This description should be taken from the program progress report and replicated here.
- IV. Description and/or diagram of the project logic model. This should be created with the project director and evaluator during the early part of the first year and updated as necessary in subsequent project years.
- V. Program objectives and hypotheses
  - a. Description of outcome-based objectives, with a clear statement of results or benefits expected (or achieved). Objectives should be specific, measurable, achievable, realistic, and time-framed (S.M.A.R.T.).
  - b. Proposed questions/hypotheses the evaluation is addressing. These should be tied closely to the SMART objectives identified by the program.
- VI. A description of a process or implementation evaluation plan. Evaluations in their first year should focus on determining that the intervention is in place, that it is adequately and appropriately staffed, and that it is reaching its intended population.
  - a. Indicate if the process evaluation is in place and if it is ongoing.
  - b. What measures are being used for the process evaluation (e.g., demographics of the population being studied, intervention dosage, satisfaction surveys).
  - c. Do the numbers served in the program match the numbers in the evaluation? Address any inconsistencies between numbers or participants served by the project and those included in the analysis of program objectives and outcome evaluation.
  - d. Have findings from the process evaluation led to modifications in the program or the outcome evaluation? If so, what modifications were made?
- VII. Outcome Evaluation Research Design
  - a. Provide a simple statement, and possibly a diagram, of the research design. For example, “the evaluation is a quasi-experimental study which includes pretests, post-tests and six month follow-ups of students in the xy school and comparison group.....”
  - b. Sampling plan and recruitment activities. Describe the sample size and whether it is sufficient to ensure that any observed differences between groups are significant. This section is looking for a clear description of who is being evaluated, from where they are recruited, how many are in each group, how is this determined, etc.

**Grantees with Both Care & Prevention Programs Must Use the Appropriate Enclosure for Each Program**

- c. Describe the comparison group and how they are recruited/ sampled, or in the absence of a comparison group, comparison data or strategy.
  - d. Describe the data collection instruments (surveys, interviews, focus groups) used including information on reliability and validity of instruments. Include the instruments used for data collection in the report appendix the first time this report is submitted, and subsequently reference the data collection instruments as submitted in the Year X report. Describe how intervention dosage is measured.
  - e. Describe the data collection process and schedule. Are there any differences in data collection for the intervention and comparison group participants? What quality assurance procedures are used to improve data validity and reliability?
  - f. Describe what type of management information system is available and the entire data process, including how the survey is administered, who collects the data and enters them into the system, and who analyzes the data. State how the evaluator and program staff ensure confidentiality of the data.
  - g. Describe the follow-up assessment and longitudinal tracking of program participants during and after the intervention, if applicable.
  - h. Describe the data analysis procedures (statistical methods used).
  - i. Discuss the design limitations.
  - j. Describe how the evaluation fits in with the program particularly how data is used for mid-course corrections and ongoing program improvements.
- VIII. Results (using numbers, percentages, means and standard deviations, and other statistical analyses appropriate for the selected design)
- a. Tables or graphs showing demographics, proportion of participants receiving a given dosage/ intensity level, statistical analysis, other findings. Description of findings.
  - b. Provide a table that includes the numbers of participants in the intervention group(s) and comparison group, if applicable, recruited to the intervention, number enrolled/ completing baseline screening or pre-test, number completing the intervention and/or the post-test, and numbers completing follow-up surveys at subsequent follow-up intervals. Discussion of missing data and strategies for overcoming data collection and follow-up challenges.
  - c. Findings related to evaluation questions/ hypotheses and SMART objectives.
  - d. Outcomes from the SMART program objectives identified by the program.
  - e. For projects funded in FY 2005 and later, use Enclosure B to provide data regarding AFL Care Long-Term Measures #1-3.
- IX. Discussion
- a. Discussion of the data and information collected.
  - b. Issues that affected the outcome evaluation and how they were addressed.
  - c. Problems encountered during the implementation and evaluation process and proposed solutions.
  - d. Interpretation of the results for each evaluation question, including relevant information from the process evaluation component.
  - e. A statement of the extent to which the program reached or is approaching its objectives (that is, to what extent are both the process and outcome objectives being met).
- X. Recommendations from the evaluator based on the process and outcome evaluation results.
- XI. List of any professional presentations or publications from the AFL demonstration project.

**Grantees with Both Care & Prevention Programs Must Use the Appropriate Enclosure for Each Program**

## Program Statistics

**Special Note:** Please count EVERY participant involved in your AFL program regardless of how long or the level of involvement in your program's activities. To the best of your ability, please provide unduplicated numbers of clients seen this year. The numbers of participants in the table for ethnicity should be the same as the numbers of participants in the table for race, for females and males respectively.

\*Please include in the category “adolescent parents” who entered the project at the age of 18 or younger but are now over 18 due to being enrolled in the project for a follow-up period.

### Count of Pregnant and Parenting Adolescent Women in the AFL Project:\*

Ethnicity	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
Hispanic or Latino					
Not Hispanic or Latino					
Unknown/unreported					
<b>Total</b>					

Race	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
White					
More than one race					
Unknown/unreported					
<b>Total</b>					

### Count of Adolescent Fathers and Male Partners in the AFL Project\*

Ethnicity	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
Hispanic or Latino					
Not Hispanic or Latino					
Unknown/unreported					
<b>Total</b>					

Race	14 years and under	15-17 years	18-19 years	20 Years and Older	Total
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
White					
More than one race					
Unknown/unreported					
<b>Total</b>					

### Count of Other Clients Served:

	Infants and Children	Siblings	Parents/ Grandparents	Other Care Services Recipients (describe below)	Total
<b>Total</b>					

**Grantees with Both Care & Prevention Programs Must Use the Appropriate Enclosure for Each Program**

### Performance Measures for AFL Care Projects

Projects funded in FY 2005 and later who are using the AFL Core Evaluation Instrument should complete Performance Measures 1-3 using the AFL Care Follow-Up Questionnaire.

**Please only report on clients in the intervention group for the performance measures. If there are 2 intervention groups, report on all clients in intervention groups.**

**CARE LONG TERM MEASURE # 1: Reduce the incidence of subsequent pregnancies in AFL Care demonstration projects as measured by the proportion of project clients reporting a repeat pregnancy at annual follow-up.**

Number of respondents who answered “yes” to Care Core Follow-up Question 43: “Are you currently pregnant?” at one year follow-up. \_\_\_\_\_

Number of respondents completing Follow-Up Question 43. \_\_\_\_\_

**CARE LONG TERM MEASURE #2: Increase AFL Care demonstration project client conformance to recommended infant immunization schedules as measured by the proportion of project clients who report their infant has received all recommended immunizations at annual follow-up.**

Number of respondents with infants aged 3 months or older who answered “yes” to all 5 vaccinations listed in Care Core Follow-up Question 15a “Please tell me if your child has had any of the following vaccinations/ shots:” \_\_\_\_\_

Number of respondents with infants aged 3 months or older completing Follow-up Question 15a. \_\_\_\_\_

**CARE LONG TERM MEASURE #3: Increase the educational attainment of AFL Care demonstration project clients as measured by the proportion who report enrollment in, or completion of, a school or GED program at annual follow-up.**

Number of respondents who answered 1 or 2 to Care Core Follow-up Question 4: “What is your current school status?” \_\_\_\_\_

Number of respondents to Follow-up Question 4. \_\_\_\_\_

**Efficiency Measure for AFL Care Projects**

All projects reporting for years 2-5 should complete the efficiency measure. Please review the instructions carefully prior to completing the efficiency measure.

**EFFICIENCY MEASURE: Sustain the cost to encounter ratio in Title XX Care Demonstration Projects.**

Numerator	
Program costs: Financial Status Report Line 10D: (Net outlays) minus Evaluation costs allotted in the budget	_____
Denominator	
Individual Client Service Hours delivered this year	_____
Group/ Family Client Service Hours delivered this year	_____
Total Client Service Hours delivered this year	_____