

OFFICE OF ADOLESCENT HEALTH

GUIDANCE FOR PREPARING
THE
2014 – TEENAGE PREGNANCY
PREVENTION
SIX-MONTH, EVALUATION, AND
PERFORMANCE MEASURE DATA REPORTS

(YEAR FOUR BIANNUAL REPORT)

Teenage Pregnancy Prevention Grantees



Reports Due: March 31, 2014

Office of Adolescent Health (OAH)

GUIDANCE FOR PREPARING THE YEAR FOUR BIANNUAL REPORT

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Office of Adolescent Health
GUIDANCE FOR PREPARING THE YEAR FOUR BIANNUAL REPORT

Beginning in Year Four, the grantee six-month progress report, evaluation reporting, and performance measure data will be due 30 days after the end of the reporting period: March 31, 2014.

The Year Five non-competing continuation application will continue to be due on May 31, 2014, but will no longer include the six month progress report, performance measure data, or the evaluation reporting. It will include the Year 5 Work Plan and the Year 5 Budget.

The twelve-month progress report, evaluation reporting, and performance measure data will be due on September 30, 2014. OAH will provide grantees with guidance prior to each reporting due date.

PART ONE: GENERAL INSTRUCTIONS

Eligibility

These instructions are applicable to existing Office of Adolescent Health Teen Pregnancy Prevention (TPP) grantees and provide guidance on the preparation and submission of the Year Four Biannual Report.

Purpose

The purpose of the Biannual Report (September 1, 2013 to February 28, 2014) is to:

- Report on the progress of the project
- Report on the evaluation, if applicable
- Report on the performance measures.

Each section of the biannual report should justify and support the other sections. The Exhibits included in this Guidance offer examples of how to provide the required information in a clear and succinct way.

The OAH Guidance for Preparing the Year Four Biannual Report prescribes the content, information, and data requirements for OAH grantees. This guidance should be used in conjunction with the Funding Opportunity Announcement (FOA) under which the grant was funded. The FOA provides information and guidance for grantees for the entire project period.

The Biannual Report will be reviewed by the OAH Project Officer, the OASH Office of Grants Management Grants Management Specialist, and the Evaluation Technical

Assistance (Eval TA) Team. The report must provide detailed information on the progress in accomplishing goals and objectives during the first six-months of the current budget year; TPP performance measure data; and evaluation progress reporting. Carryover requests should not be included in Biannual Reports.

PART TWO: BIANNUAL REPORT PREPARATION AND SUBMISSION

Report Submission

The Office of the Assistant Secretary for Health (OASH) provides grantees with the ability to submit the Biannual Reports electronically via GrantSolutions.gov. Hard copy report submissions are no longer accepted by the OASH Office of Grants Management.

Any biannual reports submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review. Grantees are encouraged to initiate electronic reports early in the biannual report development process, and to submit early on or before the due date. This will aid in addressing any problems with submission prior to the biannual report deadline.

Biannual reports must be received by MONDAY, March 31, 2014 at 11:00 p.m. Eastern Standard Time.

If you encounter any difficulties submitting your Biannual Report through GrantSolutions.gov, please contact the GrantSolutions helpdesk at (866) 577-0771 or App_Support@ACF.HHS.GOV prior to the submission deadline. If you need further information regarding the biannual report process, please contact your Grants Management Specialist. For programmatic information, please contact your OAH Project Officer.

Electronic Submissions via the GrantSolutions System

The Biannual progress report, including all required documents, should be submitted to OAH and OGM electronically through Grantsolutions.gov. All required reporting documents should be submitted and uploaded within the Grant Notes section of “My Grants” for access by the assigned OAH Project Officer and OGM Grants Management Specialist. Grantees should include the grant number on all submissions. All materials must be submitted by **11:00 p.m. Eastern Standard Time March 31, 2014.**

As items are received by the OASH Office of Grants Management, the electronic biannual report status will be updated to reflect receipt of the items. It is recommended that the grantee monitor the status of their submission in GrantSolutions to ensure all items are received.

PART THREE: BIANNUAL REPORT CONTENT

The Biannual Report should include a table of contents, project narrative that includes a progress report for the first six-months of the current project period, TPP performance measure data

submission, evaluation reports, and any additional materials in the appendices. The contents of the biannual report should be properly labeled and numbered. Contents should be complete and written in 12-point font.

Adherence to the following guidelines will facilitate the review of the biannual report and will ensure that the required components are submitted. Biannual report narratives are evaluated on the basis of substance, not length. Cross-referencing should be used rather than repetition.

I. TABLE OF CONTENTS

A Table of Contents outlining the components of the biannual report is required and will provide assurance that all required sections of the Biannual Report have been included.

II. PROJECT NARRATIVE

The Project Narrative must include the following:

Six-month Progress Report: Describes the completion of objectives and activities during the first six-months of the current budget period as reflected in the Notice of Grant Award (September 1, 2013 – February 28, 2014).

The six-month progress report is a mechanism through which grantees detail their accomplishments and activities over the first six-months of the current budget period. All goals, objectives, and activities identified in the six-month progress report should be clearly connected. Each activity identified and described should directly support a corresponding objective. The progress report should include a thorough description of all objectives and activities to support the grant program, including those focused on project management, program implementation, and evaluation.

In order to appropriately document the progress of the grant, the progress report should include explanations for each objective and activity identified. Explanations for achieving or not achieving the identified objective or activity should include supportive statements. Descriptions supporting the accomplishment of the objective or activity should provide more information than a “yes” or “no” response.

The progress report should:

- Describe the status (met, ongoing, or unmet) of each objective and activity in the current year’s work plan.
- Provide a narrative describing what has been done to work toward accomplishing the objectives and completing the planned activities (include any outcomes to date).
- Describe any barriers encountered, and how the barriers were addressed.
- If applicable, include the reasons that goals or objectives were not met and a discussion of assistance needed to resolve the situation.
- Report on any other significant project activities, accomplishments, setbacks or modifications (e.g., change in key staff, change in scope) that have occurred during the six-month reporting period and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

Exhibit C provides a checklist of key information that should be included in the progress report. The items listed in the checklist represent required activities as stated in the funding announcement. Ultimately, the progress report should be specific to your program and should provide a thorough update on the status of your program objectives and activities completed during the six-month period. The checklist provides guidance on the minimum activities that should be included in the progress report, but is not exhaustive.

The narrative included in your progress report should be detailed and supporting documents (included as Appendices) should be included if they add clarity or depth, substantiate the narrative, and/or present information succinctly. Extensive appendices are not required. Six-month progress reports are evaluated on the basis of substance, not length. Cross-referencing should be used rather than repetition.

See **Exhibit A** for an example of a Six-Month Progress Report Template.

See **Exhibit B** for an example of a partially completed Six-Month Progress Report.

See **Exhibit C** for the Biannual Report Checklist with a list of key information to include in the 6-month progress report.

III. TPP PERFORMANCE MEASURE REPORTING

All grantees are required to submit their performance measure data at the same time as they submit their biannual progress reports. Performance measure data for the period from September 1, 2013 to February 28, 2014 should be submitted with the Year Four Biannual Report.

Grantees with evaluations that have ended, or are not currently collecting evaluation data, are still required to collect and report performance measure data on anyone receiving the program (with the exception of behavior and intention measures).

A summary of all of the measures is provided in **Exhibit G**. Data are to be reported by grantees and their evaluators using the TPP Performance Measures Website (<https://tpp.rti.org/>). Data will be entered using one of two options:

- Option 1: Reporting raw data directly into the web system,
- Option 2: Uploading raw data by means of spreadsheets using pre-defined variables

Performance Measures Website

The TPP Performance Measures Website is located at <https://tpp.rti.org/>. **Detailed instructions for reporting performance measures are provided in the TPP Performance Measures Manual.** Links to the manual and recordings and transcripts of webinar trainings are located on the home page of the website as well as on the resources page. You can also access recordings of the performance measures webinars through the OAH website.

A Help Desk is also available if additional assistance is needed. To contact the Help Desk, click on the Help Desk tab at the top of the TPP/PREIS Performance Measures Website (after logging on), and you will be able to contact our webmaster regarding your issue. When reporting your problem, please be as descriptive as possible by including the page on which the problem was encountered as well as steps that could be used to replicate the issue. In addition, please provide the name of your grantee organization along with your name and email address and telephone number.

See **Exhibit G** for a complete list of the TPP Performance Measures.

IV. EVALUATION PROGRESS REPORT for TPP TIER 1 A/B GRANTEES

Range A/B grantees conducting their own evaluations are encouraged to document their evaluations and submit information on its progress in their biannual report. Data collected should demonstrate progress on achieving program outcomes and goals outside of the OAH performance measures. Grantees can include their evaluation updates within their work plan or as a separate, brief narrative.

Descriptions for the following can be included in the update:

- Methods for collecting data (e.g., pre/post surveys, focus groups)
- Incentives provided to students for participating in evaluation/program activities
- Output data (e.g., number of students served, dosage, frequency, size of group(s), etc.)
- Quality of services (e.g., student surveys of teacher/facilitator performance, additional observations outside of OAH requirements, etc.)
- Recommendations for adaptations or other program changes for the future
- Conclusions

V. EVALUATION PROGRESS REPORT for TPP TIER 1 C/D AND TIER 2 GRANTEES

** Should be completed only by TPP Tier 1 C/D and Tier 2 grantees not participating in the Federal evaluation*

New Request – Evaluation Abstracts and Implementation Analysis Plans:

- a. Evaluation Abstracts
- b. Sample Intake and Equivalence of the Study Groups on Baseline Measures
- c. Implementation Analysis Reporting Guidance

a. Evaluation Abstracts

OAH and FYSB are asking all grantees with independent evaluations (Tier 1 C/D, Tier 2, and PREIS grantees *not* participating in the federal evaluations) to provide an evaluation abstract and an implementation analysis plan as part of their **March 31, 2014 biannual report**.

The evaluation abstract will be a short (~2 page) structured summary of the intervention, evaluation design, sample, research questions and planned analyses. **Exhibit D** includes a template for this abstract. This will also be available on the Eval TA website, along with two examples of completed evaluation abstracts.

The implementation analysis plan will document a core set of data elements and analyses that will be used to describe adherence, contrast, context, and (if applicable) quality in the final evaluation report on program impacts. A template for the implementation analysis plan will be available on the Eval TA website. A link to the location for all templates and examples will be sent via an announcement from the website.

To support you in writing your evaluation abstracts and implementation analysis plans, OAH and FYSB have asked the Evaluation Technical Assistance team to (1) provide a webinar training on the implementation analysis plan guidance, and (2) review and comment on each grantee's evaluation abstracts and implementation analysis plans. The webinar is scheduled for January 29th from 1:30 – 3:00 pm Eastern Time zone, and registration information is posted in an announcement on the Evaluation Technical Assistance (Eval TA) website. Please register in advance of the webinar. OAH and FYSB will formally approve each abstract and implementation analysis plan, using input from the Evaluation Technical Assistance team. Grantees can expect that each abstract and implementation analysis plan will undergo two rounds of review and comment before receiving approval.

Once the evaluation abstract or implementation analysis plan is completed, please upload the document to your grantee folder on the Eval TA website (<https://www.tppevalta.com>) by March 31, 2014.

- Please use the following naming convention for the evaluation abstract: [Grantee Name]_Abstract.docx.
- Please use the following naming convention for the implementation analysis plan: [Grantee Name]_Implementation_Analysis_Plan.docx.

We encourage you to submit each document as it is completed (they do not need to be submitted together), and to submit them earlier than the deadline; the Eval TA team will review submissions on a rolling basis to ensure an efficient review process.

See **Exhibit D** for the evaluation abstract template.

b. Sample Intake and Equivalence of the Study Groups on Baseline Measures Continuing Request

All TPP Tier 1 C/D and Tier 2 grantees not participating in the federal evaluation need to provide information on two key components of their independent, grantee-level rigorous evaluation: sample intake and equivalence of the study groups on baseline measures. Monitoring these two aspects of your evaluation are important for understanding whether your implemented evaluation is maintaining the rigor of the original design. Documenting the sample intake process and reporting on sample equivalence using baseline measures will also be important to include in study reports for HHS and peer-reviewed journal articles. This information should be provided by your independent evaluator.

Understanding levels of and reasons for attrition, and whether treatment and comparison groups differ on key characteristics measured at baseline, provides information that can be used to target resources towards maximizing consent rates and response rates, either overall, by study condition, or for key subgroups. Examining sample intake and follow-up data collection sample sizes throughout the study is important for two reasons: 1) assessing whether you are meeting your target sample size on which power calculations were based, and 2) assessing the likelihood that the final analytic sample for key follow-up time periods might have rates of overall or differential attrition that exceed the HHS evidence standard threshold. Examining characteristics of the analytic sample(s) at baseline is important because HHS evidence standards require that baseline equivalence be established for all quasi-experimental studies and for random assignment studies for which attrition rates exceed the threshold.¹

We recognize that sample enrollment and/or data collection may be limited or incomplete at this time. Most grantees are still conducting follow-up data collection for at least some time periods, and a few have not yet enrolled all of the study youth. For this report, please provide the most recent information available by updating previous report materials with information on additional enrollment and data collection and a re-assessment of baseline equivalence for all requested samples.

As grantees move toward finalizing their plans for analyses, we are customizing these assessments for your evaluation. To that end, we are asking grantees to provide tables assessing baseline equivalence for only those follow-up time periods and measures to be used for either primary or secondary analyses (i.e., the measures and time periods that will be assessed by the HHS evidence review). Sample flow CONSORT diagrams should still contain information on all data collection periods. We hope this modified reporting request also minimizes burden.

Included below is a description of the items requested regarding sample intake, follow-up sample sizes, and sample equivalence. **Exhibit E** includes template flow charts, which can be used to report sample intake and follow-up sample sizes. **Exhibit F** includes a template spreadsheet, which can be used to report baseline equivalence. These are also available on the Eval TA website, along with completed examples of each template.

In short, you will send the following items to the Eval TA team (TPPEvalTA@mathematica-mpr.com):

¹ See the [HHS evidence review standards](#) for more information about the tolerable levels of overall and differential attrition and requirements for establishing baseline equivalence of the analytic sample.

- Youth-level CONSORT diagram, and cluster-level CONSORT diagram for cluster RCTs and QEDs, both of which include the sample sizes of all data collection efforts thus far.
 - In addition, the CONSORT diagram should include the number of youth/clusters eligible for each data collection (more on this below).
- Two or more baseline equivalence tables that look at baseline/pre-test differences between treatment and comparison group members. One table should include the full sample with baseline (or pre-test data). One table should look at baseline data for only the youth who responded to the survey you will use to define the analysis sample for your primary outcome measures. A third table should look at those who responded to the survey you will use to define the analysis sample for your secondary research questions (if different than the primary analysis time period).
- The CONSORT and baseline equivalence tables should reflect the most recent data you can provide.

Sample intake documentation

The following pieces of information are required as documentation of the sample intake process and size of the current sample:

For clustered random assignment designs (for example, clinics, community-based organizations, teachers, or schools were randomly assigned) ***and quasi-experimental designs***:

- A paragraph describing: the definition of a cluster’s eligibility for the evaluation; the number of clusters considered/recruited; the outcome of that recruitment effort; whether and how any clusters were prioritized for inclusion in the evaluation sample; and the process for (randomly) assigning clusters to condition and the timing of that assignment.
- The last date through which data included in the report has been processed
 - Note: This is to provide a “time stamp” to provide context for the data included in the report, given that there may be a lag between the time data collected and the time data are processed and can be reported.
- The number of clusters (randomly) assigned to each condition (i.e., treatment and comparison).
- The number of clusters still participating (i.e., that did not drop out), by study condition, at each data collection time point and the reason(s) for nonparticipation for those that dropped out.
- And the items below *for those clusters still participating*²

For all designs:

- A paragraph describing what makes a youth eligible for the evaluation; the number of youth screened and determined to be eligible and the counts and reasons for those screened out; the process for selecting the pool to be evaluated among those eligible; and the process for (randomly) assigning youth to condition and the timing of that assignment.

² Under the HHS evidence standards, attrition at the sub-cluster level is assessed after accounting for cluster-level attrition. So the starting point for the student level information should be the students recruited in only the clusters that are still participating.

- The last date through which data included in the report has been processed
 - Note: This is to provide a “time stamp” to provide context for the data included in the report, given that there may be a lag between the time data collected and the time data are processed and can be reported.
- The number of youth eligible to receive the program, and the start and end dates for enrollment.
- The number of youth consenting for the evaluation (by condition, if post-assignment), and the start and end dates.
 - If program consent was separate from evaluation consent, please include the sample sizes for those youth with evaluation consent who did not consent to the program.
- The number of youth (randomly) assigned to each condition, and the start and end dates of assignment.
- The start date and end dates for the program (and comparison condition, if applicable).
- The number of youth with baseline data, by condition, as well as the start and end dates of data collection, and the reason(s) for non-response and corresponding number of youth.
- For each follow-up data collection point, the number of youth by condition with follow-up data, the number of youth eligible for the data collection effort, the start and end dates of data collection, and the reason(s) for non-response and corresponding number of youth.
 - Note: the number of youth eligible for each follow-up data collection point is very important for obtaining the correct denominator for our assessment. For example, in a rolling admissions or multiple cohort study, we would expect that a larger number of study participants would be eligible to complete a short-term follow-up than a long-term follow-up.

We ask that you provide this information pooled across cohorts.³ This information allows for an accurate calculation of attrition that does not unfairly penalize the assessment for loss of youth who, in fact, had not yet been contacted for data collection at that time point. Templates for the flow charts (or CONSORT diagrams) are provided in **Exhibit E**. You should customize the flow charts to reflect your research design, including the order in which activities occurred. Importantly, when completing the CONSORT diagrams, it is expected that the sample sizes for each box allow a reader to follow the flow of study participants from the time of random assignment through each data collection time point (baseline, first follow-up, second follow-up, etc.).

While HHS evidence standards do not include an attrition assessment for quasi-experimental designs, understanding sample loss by condition is valuable for determining whether there could have been intervention-induced loss, and also for assessing the representativeness of your final sample. Therefore, those with quasi-experimental designs should also provide all data requested of cluster RCTs (i.e., up to two CONSORT diagrams) to assess sample flow.

³ We are requesting information pooled across cohorts because it will provide the necessary information used in the HHS evidence standards attrition calculation. However, you may also want to calculate this for each cohort to identify the populations to focus on tracking to ultimately improve attrition rates or balance baseline equivalence.

Baseline equivalence documentation

All grantees, regardless of research design, should provide *baseline* characteristics for (1) the sample of youth with baseline data and (2) the sample of youth with follow-up data used to estimate program impacts (i.e., the analysis sample).

HHS evidence standards require that randomized controlled trials with high attrition and all quasi-experimental designs ultimately establish that their analytic samples are equivalent on baseline characteristics. The HHS evidence review assesses equivalence on three key demographic characteristics (age or grade level if age is not available, gender, and race/ethnicity) and, if the sample is age 14 (eighth grade) or older at baseline, on at least one behavioral measure that will be analyzed as a program outcome (for example, rates of sexual initiation). Therefore, *again after pooling across all cohorts*, please provide sample sizes⁴, unadjusted means, and standard deviations for the demographic measures and the baseline assessments of the measures you proposed to analyze as primary and/or secondary outcomes.

This assessment of *baseline* data (i.e., pre-test data collected prior to the start of the intervention) should be done for multiple samples: (1) all youth for whom baseline data were collected; (2) all youth for whom outcome data were collected for the focal time period(s) for primary research questions as outlined in the analysis plan; and (3) all youth for whom outcome data were collected for the focal time period(s) for secondary research questions as outlined in the analysis plan. For example, if you plan to analyze primary outcomes using 6-month follow-up data and conduct secondary analyses of those outcomes using 12-month follow-up data, please provide three baseline equivalence tables. The first table should provide baseline data for all youth surveyed at baseline on demographic measures and the pre-test version of all measures you will examine as primary and/or secondary outcomes. The second table should provide baseline equivalence data for only those youth for which you have 6-month follow-up data and for the measures on which you will assess impacts at six-months. The third table should provide baseline equivalence data for only those youth for which you have 12-month follow-up data and the measures on which you will assess impacts at 12 months. Note that all three tables present baseline data, but for different samples based on the availability of follow-up data and for potentially different pre-test measures depending on the research questions you will answer for your primary and secondary research questions. Each table should include an assessment of equivalence on demographic characteristics collected at baseline.

For evaluations employing cluster-level random assignment, assessment of baseline equivalence ultimately should be conducted with standard errors adjusted for the level of random assignment. If these (or other) additional tests of statistical significance are done for this report, please include the results (p-values) from those as well with a note about the test(s) performed. (Note: the p-values calculated by the excel worksheet do not adjust for clustering).

⁴ Please clearly indicate the sample sizes for these measures. It is possible you will have collected more baseline data than is prepared for analysis, resulting in a discrepancy between the sample size reported in the sample flow section and the baseline equivalence assessment. We need to be clear on the sample size of the baseline measures reported in the table.

In **Exhibit F**, we present an excel worksheet you can use to assess baseline equivalence.

The excel workbook containing both of those tabs (template and example) is available on the [Eval TA SharePoint website](#). This excel worksheet contains equations for calculating t- and chi-square statistics and p-values for the group differences on each of the baseline characteristics.

When using the excel spreadsheet, enter data in the yellow highlighted areas only. Those cells with a large “X” do not require any data entry; those cells otherwise greyed out will report the results of the calculations. For binary variables, you will enter only means. (Please convert yes/no responses to binary variables in which yes = 1 and no = 0, such that the means of these variables are reported as proportions between 0 and 1. Otherwise, statistical tests will not be calculated correctly.) For continuous variables, enter means and unadjusted standard deviations. For the race variable, enter only counts of youth in each race category. The excel template has separate constructs for race and ethnicity to align with the performance measures data request and minimize the data processing burden of this request. However, for this report, we request that you present the race and/or ethnicity data as you would in your analysis (for example, presenting a combined race-ethnicity measure and/or collapsing racial-ethnic categories that have small sample sizes). To do this, you will likely have to make some adjustment to the excel worksheet:

- If you construct a categorical variable with fewer categories than in the template, you should delete unnecessary rows then re-label the remaining categories in the excel file to line up with your analyses.

See **Exhibit E** for Flow Chart templates for presenting sample intake data.

See **Exhibit F** for a template Excel Worksheet for presenting baseline equivalence data.

Please include your evaluation reporting in the reporting to OAH. In addition, **please have your evaluators email the CONSORT diagrams and baseline equivalence tables directly to the Evaluation Technical Assistance team at TPPEvalTA@mathematica-mpr.com. Reporting not submitted directly to the TPP Eval TA email mailbox, will not be considered received for review.**

c. **Implementation Analysis Reporting Guidance**

Implementation analyses are an important component of impact evaluations. The descriptive findings of an implementation analysis can help contextualize the impact findings and generate hypotheses about why the program did or did not have a positive impact.

In a brief impact report, it is important to tell a clear, succinct story about program implementation. Developing a structured implementation analysis plan before examining the

data will foster an efficient and effective approach for analyzing the data and reporting the findings.

OAH and FYSB are asking all grantees with independent evaluations (Tier 1 C/D, Tier 2, and PREIS grantees *not* participating in the federal evaluations) to provide an implementation analysis plan as part of their **March 31, 2014 evaluation reporting**. The analysis plan will describe a core set of implementation elements and analyses that will be used to describe adherence, quality, contrast, and context in a brief section of the final evaluation report on program impacts. OAH and FYSB recognize that while this analysis plan will only focus on a limited number of implementation elements and analyses, some grantees may be planning longer implementation reports for other publications. If so, there is no need to describe the additional data you will use, and the additional analyses that you plan to conduct in this implementation analysis plan. Please focus this implementation analysis plan on a limited number of requested elements outlined below so that the final presentation is consistent with the goal of briefly describing implementation adherence, quality, counterfactual, and context in the impact report.

All implementation analysis plans submitted as part of this request should include a discussion of how you will measure and report on: (1) **Adherence of implementation to the program model or the planned intervention**, (2) **Quality of delivery of the intervention (if available)**, (3) **Counterfactual experiences (to understand the effective contrast between intervention and control groups)**, and (4) **Contextual factors that may have affected program implementation and/or the evaluation**.

The implementation analysis plan should be structured into the following two sections (and include completed versions of Tables A.1 and A.2 described below): (I) Data Sources and Data Collection, and (II) Analysis. **You do not need to complete a Section III (Findings) at this time (this will be completed as part of the final evaluation report).**

To support you in writing your implementation analysis plans, OAH and FYSB have asked the Evaluation Technical Assistance team to review and comment on each grantee's analysis plan. The OAH and FYSB will formally approve each plan, using input from the Evaluation Technical Assistance team. Grantees can expect that each plan will undergo two rounds of review and comment before receiving approval.

Once completed, please upload your analysis plan to your grantee folder on the Eval TA website (<https://www.tppevalta.com>) or email it to tppevalta@mathematica-mpr.com by March 31, 2014 using the following naming convention: [Grantee Name]_Implementation_Analysis_Plan.docx. We encourage you to submit the plan earlier than the deadline; the Eval TA team will review submissions and provide feedback in response memos on a rolling basis.

I. Data Sources and Data Collection

For the analysis plan, in Table A.1 (Appendix A below), please indicate the data that will be used to assess each of the core aspects of program implementation, including (1) adherence to planned implementation for the treatment group, (2) implementation quality (if available), (3) counterfactual experiences, and (4) the context in which the program was implemented. These

implementation elements are described in detail in the Frequently Asked Questions (FAQ) on [Implementation Findings](#).

We are requesting information for a small subset of implementation elements, which are part of the performance measure data collection, mentioned in the implementation FAQ, and are expected to be correlated with program impacts. The implementation elements of interest for this implementation analysis plan are not a comprehensive set of all possible features of program implementation. They instead focus on a set of primary implementation elements that can be easily quantified and described to help readers understand key features of implementation that might influence participant outcomes. These implementation elements are listed in Table A.1 in the appendix, along with *italicized examples* of the types of data you plan to use to measure program implementation.⁵ We are requesting that in this table, you provide information on the following aspects of your implementation analysis (these are shown as columns in the table):

- **Types of data used to assess implementation:** Please indicate the types of data that you will use to measure each implementation element (row in the table). Data sources might include program materials, attendance logs, observation tools, interviews, focus groups, etc.
- **Frequency/sampling of data collection:** For each implementation element, please indicate the frequency with which the data were collected, and how each element was sampled. For example, attendance might be collected for all sessions on a daily basis, but observations of program delivery might only occur during 10 percent of all sessions (perhaps selected randomly from all possible sessions).
- **Party responsible for data collection:** Please indicate whether the data were collected by program or evaluation staff (that is, whether the data collectors are affiliated with the program or if they are affiliated with the independent evaluator).

Below is a set of specific considerations to help guide data collection for each component of the implementation analysis (i.e., the panels, or collection or rows, in Table A.1):

- **Adherence:** Adherence to the program requires documenting: (1) How many and how often were sessions offered, (2) What and how much was received, (3) What content was delivered to youth, and (4) Who delivered materials to youth. For each of these four aspects of adherence listed in the first panel of Table A.1, please provide information about the data sources used to measure the degree to which the intervention was delivered with adherence to the planned intervention.
- **Quality [if available]:** Please outline the data sources, such as quality rating scales, that will be used to measure the quality of implementation, including any definitions of “quality” that are used for each implementation element. *Quality of implementation*

⁵If there are any additional implementation elements that you have collected, and wish to include them in the implementation analysis, please mention them in the tables below. Or alternately, if there are implementation elements that are listed here which were not collected (or are not appropriate for your particular study), please indicate this in the completed version of the table.

should only be included in the implementation analysis plan if there is a scientific assessment of “quality” being used to assess program delivery through observations (for example, using the Youth Program Quality Assessment [YPQA] to measure the quality of interactions between staff, youth and youth engagement with the material, etc..). If data on implementation quality are not available, please indicate this information in Table A.2 or in prose.

- **Counterfactual:** Please provide information on the types of data you will use to describe the experiences of the counterfactual condition. Whenever possible, it would be best to describe adherence to the counterfactual condition with similar implementation elements used to assess adherence for the intervention group (that is, as many of the four implementation elements used in the Adherence column as possible). We expect that at a minimum, all grantees will have survey items that will broadly describe the experiences of the counterfactual group, and that these survey data will be used as the data source for this element.
- **Context:** Please outline any key sources of data that are used to measure/define other TPP programming broadly available to study participants (both T and C groups), as well as other important views/attitudes/events that affected program implementation. For example, if information on programming available to all study participants was obtained through a school district website, please provide that information here. Furthermore, if there are any data sources that describe substantial unplanned adaptations to programming (i.e., aside from those planned adaptations identified pre-implementation), these data sources should be listed here. Substantial unplanned adaptation(s) include those that affect the population, setting, or program delivery (e.g., Program implementation occurred over 8 months instead of the required 9 months; a lesson or activity was changed or added; significant cultural adaptations were made; and others).

See the table footnotes for guidance on how to fill out the table and the italicized examples in the cells of the table. If needed, please elaborate on elements listed (for instance, measures of program content delivered, quality, youth engagement, etc.). If it would be helpful to supplement the completed version of Table A.1 with additional text, please do so.

II. Implementation Analysis

For the implementation analysis plan, describe how you will use the data documented in Table A.1 in your implementation analyses in your final report to describe on-the-ground implementation (that is, what and how the intervention was delivered to youth). In this section of the report, please articulate how you plan to quantify/describe the implementation elements in your report. Describe the measures you will create for each implementation element of implementation, focusing on easily understandable indicators and benchmarks. Discuss how you will analyze and report on these measures for each of the elements in Table A.2 (this table contains the same implementation elements shown in Table A.1):

- **Adherence to planned intervention.** Describe the approach that will be used to assess and quantify the data used to measure (1) what was offered, (2) what was received, what

content was delivered to youth, and (4) who delivered material to youth. For example, to create an indicator of average session duration, an entry in Table A.2 might indicate that average session duration is calculated as the average of the observed session lengths, measured in minutes. Or to use a benchmark measure of attendance, the measure described in Table A.2 could be the percentage of students who attended 75 percent or more program sessions.⁶

- **Quality (if available).** Describe the approach used to assess quality of program delivery (for example, constructs and analyses based on quantitative quality ratings given during observations). As described earlier, if there are reliable assessments of quality of interactions and youth engagement (likely from observations), please describe how the implementation elements will be synthesized into easily understood benchmarks. For example, a benchmark indicator of quality of interactions could be the percentage of observed sessions that were scored as having “high quality” interactions by an independent observer.
- **Counterfactual.** Describe how the experiences of the counterfactual group will be assessed. Ideally, these will include the same implementation elements used to describe adherence for the intervention group. However, if the counterfactual is no intervention/business-as-usual, describe the methods used to quantify the experiences of the counterfactual. For example, if adherence data on the comparison group are available (such as attendance), Table A.2 could use as a benchmark the percentage of youth in the comparison group who attended at least 75 percent of program sessions, or the average percentage of sessions attended by comparison group youth.
- **Context.** Describe how data collected on program context will be used in the implementation analysis. In particular, how will this information be summarized (e.g., in a descriptive paragraph describing how the contextual factor influenced implementation). For example, if the intervention occurs in a saturated environment where both intervention and comparison group youth are receiving several other pregnancy prevention initiatives, the implementation element entry in Table A.2. could indicate that all of the initiatives available to both groups of youth will be listed in the final report. We understand that during program implementation, some unplanned adaptations to the originally selected intervention may be necessary. For example, due to district shutdown (a contextual factor), a selected intervention could only be implemented for 40 weeks instead of the expected 45 weeks, and as a result, a subset of sessions were dropped (thus, the implemented intervention was effectively an “adaptation” of the proposed intervention). Please provide information on how (contextual) factors that influenced implementation or caused a substantial unplanned adaptation in implementation will be described (as appropriate).

⁶ There may be some unintended changes to program implementation that occurred during the course of the project that resulted in an “adaptation” of the intended program model. For the purposes of this implementation analysis plan, please plan to use indicators that reflect the initially intended intervention targets, rather than what was ultimately possible in the unintended “adapted” version of program implementation. For example, if the originally intended implementation was 10 sessions, but only 8 sessions were ultimately possible due to a contextual factor, then the implementation analysis indicator described in the plan should be relative to the original 10 intended sessions.

In addition to specifying how each of the implementation elements will be operationalized/quantified, please use Section II as a place to articulate any limitations of a given data point. For example, if data collected for a particular implementation element do not include the population of all data points (or a random sample of all data points), and instead is a purposive sample, then this should be noted as a limitation in Table A.2. Other limitations could include questions regarding the quality and/or objectivity of the data, given how it was collected. See Table A.2 for examples of limitations in italics.

Please supplement the completed version of Table A.2 with additional text as needed.

III. Findings (final report)

The implementation data and analyses described above will form the basis for a description of implementation findings in your final report. Because programs are still ongoing, and additional implementation data are being collected, we do *not* expect grantees to present any implementation analysis findings in the implementation analysis plan. Focus on your plans for analyzing the data that are relevant to adherence, quality, contrast, and context.

We expect that in your final reports, you can distill the information presented in your implementation analysis plan and the analysis itself into short, prose descriptions of implementation grounded in numeric findings (for example, “95 percent of all program sessions were delivered... 82 percent of the sample attended at least 75 percent of the program sessions... 93 percent of the staff received the expected training... 12 percent of the sessions had poor staff-student interaction scores” etc.). If necessary, tables containing additional details about program implementation results can be included in appendices for the final report.

VI. Appendices: Implementation Data and Analysis Tables

Table A.1. Data used to address implementation research questions

Implementation Element	Types of data used to assess whether the element of the intervention was implemented as intended ⁷	Frequency/sampling of data collection ⁸	Party responsible for data collection ⁹
Adherence			
(1) How many and how often were sessions offered: e.g., number of sessions delivered, average duration, average frequency	e.g., All sessions offered are captured in MIS Length (number of minutes) of program sessions captured in MIS	e.g., All sessions delivered are captured in MIS Session length sampled 1x/week	e.g., Program staff Program staff
(2) What and how much was received: e.g., average number (percent) of sessions attended, percentage of sample that did not attend at all (no-shows)	e.g., Daily attendance records	e.g., student attendance at all sessions is captured in MIS	e.g., Program staff
(3) What content was delivered to youth: e.g., total number of topics covered, proportion of material that was ultimately discussed in sessions	e.g., Number of topics covered captured on observation spreadsheet ¹⁰	e.g., Classroom observations occurred 2x/year	e.g., Evaluation staff.
(4) Who delivered material to youth: e.g., # and type of staff delivering the program to participants, position requirements or qualifications, % of staff trained and receiving ongoing support	e.g., List of staff members hired and trained to implement program Background qualifications of staff members from staff applications	e.g., Data on all staff members are available to program staff	e.g., Program staff
Quality			
Quality of staff-participant interactions	e.g., Observations of interaction quality using protocol developed by evaluators	e.g., Convenience sample of 10% of classroom sessions were selected for observation	e.g., Evaluation staff
Quality of youth engagement with program	e.g., Observations of engagement using the YPQA	e.g., Random sample of 5% of all sessions were selected for observation	e.g., Evaluation staff.
Counterfactual¹¹			
Experiences of counterfactual condition	e.g., Survey items on baseline and follow-up assessments Focus groups of comparison group members	e.g., pre and post intervention Convenience sample of comparison group participants (1x)	e.g., Evaluation staff
Context			
Other TPP programming available or offered to study participants (both T and C)	e.g., district website listing all TPP programming Interview with school district curriculum director	e.g., ad hoc Once per year	e.g., Evaluation staff Evaluation staff
External events affecting implementation (for instance school turnover, budget cuts, etc.)	e.g., news sources indicated school closure list	e.g., ad hoc	e.g., Program staff
Substantial unplanned adaptation(s)	e.g., adaptation request, work plan, 6 month progress report, annual progress report	e.g., annually, ad hoc	e.g., Project Dir, program & evaluation staff

⁷ Indicate the types of data which are used to measure each aspect of program implementation: for example, pen-and-paper surveys, online surveys, interviews, focus groups, direct observations [video, audio, in-person], checklists, meeting notes.

⁸ Indicate how often the data are collected, and how data collection events were sampled: for example, daily, during each session, every 10th session, randomly sampled 5% of sessions for observations

⁹ Identify the types of staff responsible for collecting the data: for example, administrative staff, program staff, and/or evaluator.

¹⁰ It is expected that OAH-approved facilitator logs will be used for this data collection

¹¹ If possible, please use the adherence implementation elements to describe the experiences of the counterfactual. Otherwise, please provide information on the implementation elements used to capture the actual experiences of the members of the comparison group (e.g., a survey item that requests self-reported info on other TPP experiences).

Table A.2. Methods used to operationalize each implementation element

Implementation Element	Methods used to operationalize each implementation element
Adherence	
(1) How many and how often were sessions offered: e.g., number of sessions delivered, average duration, average frequency	<p>e.g., <i>The total number of sessions is a sum of the sessions captured in the MIS.</i></p> <p><i>Average session duration is calculated as the average of the observed session lengths, measured in minutes.</i></p> <p><i>Average weekly frequency is calculated as the total number of sessions divided by the total number of weeks when programming was offered.</i></p>
(2) What and how much was received: e.g., average number (percent) of sessions attended, percentage of sample that did not attend at all (no-shows)	<p>e.g., <i>Average number of sessions attended will be calculated as the average of the number of sessions that each student attended.</i></p> <p><i>Percentage of sessions attended will be calculated as the total number of sessions attended divided by the total number of sessions offered.</i></p> <p><i>(Note: A limitation of these data is that attendance was not reliably entered for cohorts 1 and 2 of this 6 cohort evaluation)</i></p>
(3) What content was delivered to youth: e.g., total number of topics covered, proportion of material that was ultimately discussed in sessions	<p>e.g., <i>Total number of topics covered is the combination of the topics checked during the 2x/year observation.</i></p> <p><i>(Note: a limitation to this measure is that the two observation points may not be a reliable way to see whether all of the content was covered).</i></p>
(4) Who delivered material to youth: e.g., # and type of staff delivering the program to participants, position requirements or qualifications, % of staff trained and receiving ongoing support	<p>e.g., <i>Total number of staff delivering the program is a simple count of staff members implementing the program. We will report the average # of staff members implementing the program at any one point in time during the 3 year intervention</i></p> <p><i>% of staff trained will be calculated as the # of staff members who were trained divided by the total # of staff who delivered the program.</i></p> <p><i>(Note: a limitation to the staff background information is that it is self-reported, and some staff may have indicated they had experiences that are not accurate)</i></p>
Quality	
Quality of staff-participant interactions	<p>e.g., <i>An indicator of staff-participant interactions will be calculated as the % of observed interactions where the independent evaluator scored the interaction as "high quality"</i></p> <p><i>(Note: because a convenience sample of observations were used to capture staff-participant interaction quality, this measure may not be representative of all possible interactions)</i></p>
Quality of youth engagement with program	<p>e.g., <i>A benchmark of the quality of youth engagement will be calculated as the % of sessions where the independent evaluator scored youth engagement as "moderately engaged" or higher.</i></p>
Counterfactual	
Experiences of counterfactual	<p>e.g., <i>The data on the survey question on experiences of the counterfactual at follow-up will be presented as frequency counts and percentages.</i></p>
Context	
Other TPP programming available or offered to study participants (both T and C)	<p>e.g., <i>All of the TPP programming available to both intervention and comparison groups described on district websites will be listed in the final report.</i></p>
External events affecting implementation (for instance school turnover, budget cuts, etc.)	<p>e.g., <i>The number of schools that were closed as a result of district turnaround initiatives (unrelated to the TPP programming that occurred in this project) will be indicated in the final report.</i></p>
Substantial unplanned adaptation(s)	<p>e.g., <i>The number of staff members who delivered the program (instead of teachers, as originally intended) will be indicated in the final report.</i></p> <p>e.g., <i>The unplanned change in program delivery setting will be indicated in the final report. The resulting change in time allocated for facilitation of sessions will also be indicated in the final report.</i></p>

PART FOUR: EXHIBIT INFORMATION AND SAMPLE FORMATS

EXHIBIT A: EXAMPLE PROGRESS REPORT TEMPLATE

EXHIBIT B: EXAMPLE PROGRESS REPORT

EXHIBIT C: BIENNIAL PROGRESS REPORT CHECKLIST FOR TPP GRANTEEES

EXHIBIT D: EVALUATION ABSTRACT TEMPLATE

EXHIBIT E: TEMPLATE FLOWCHARTS (CONSORT DIAGRAM) FOR SAMPLE
INTAKE DATA

EXHIBIT F: TEMPLATE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA

EXHIBIT G: TPP PERFORMANCE MEASURES

EXHIBIT A – Example Six-Month Progress Report Template

Name of Grantee

Grant #:

September 1, 2013 – February 28, 2014

Goal:		
Objective:	<p>In Progress</p> <p>Met</p> <p>Unmet</p>	<p>Provide a brief description of the accomplishments, barriers encountered, populations served, activities undertaken and the collaborative partners involved in working toward the objective. Document any outcomes that are a result of your grant-funded activities. Provide a justification for any objectives that are not currently either in progress or met along with a description for how you are planning to proceed on any unmet objectives.</p>
Activity:	<p>In Progress</p> <p>Met</p> <p>Unmet</p>	<p>Describe the activities that have taken place to date and any barriers encountered. Document any outcomes that are a result of your grant-funded activities. Provide a justification for any redirection of activities (i.e., unmet, revised).</p>
Activity:	<p>In Progress</p> <p>Met</p> <p>Unmet</p>	<p>Describe the activities that have taken place to date and any barriers encountered. Document any outcomes that are a result of your grant-funded activities. Provide a justification for any redirection of activities (i.e., unmet, revised).</p>
Activity:	<p>In Progress</p> <p>Met</p> <p>Unmet</p>	<p>Describe the activities that have taken place to date and any barriers encountered. Document any outcomes that are a result of your grant-funded activities. Provide a justification for any redirection of activities (i.e., unmet, revised).</p>

EXHIBIT A – Six-Month Progress Report – p. 2

Additional Narrative

Report on any other significant project activities, accomplishments, setbacks or modifications (e.g., change in key staff, change in scope) that have occurred in the current budget period and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

Trainings

Please provide feedback on the OAH provided trainings and technical assistance provided, including TA webinars, tip sheets, evaluation webinars, and evaluation briefs. Please provide specific comments on what you as a grantee have found useful and what areas you would like to see improved upon.

EXHIBIT B: Example Six-Month Progress Report (Partial)

Grantee X; Grant #:xxxxx

September 1, 2013 – February 28, 2014

Goal: Replicate xxx evidence-based program in 60 sites across xxx County.

<p>Objective: By August 31, 2013 train all facilitators in the xxx evidence-based program model.</p>	<p>In Progress</p>	<p>By the end of the first grant year, we will have trained all 60 facilitators in the xxx evidence-based program model. To date, we have accomplished 75% of the activities under this objective. We searched for organizations that were certified to conduct training on the evidence-based program, had a conversation with each organization about the content and cost of their training, selected and entered into an agreement with xxx organization to conduct our trainings, and have conducted two of the four facilitator trainings. We're offering the same training four times to provide options in the location and timing of the training and to limit each training to no more than 15 participants. The remaining two trainings will be completed in May.</p>
<p>Activity: Identify and secure a trainer to conduct training on xxx evidence-based program.</p>	<p>Met</p>	<p>We identified three organizations that were certified to conduct trainings in xxx evidence-based program. We contacted each organization to learn more about the content and cost of their training. Each organization offered a three-day training, but one organization also included 20 hours of follow-up technical assistance in their training plan. The cost estimates from the three organizations were similar. We decided that having the 20 additional hours of technical assistance from the trainer would be beneficial since this is a new program for all of our facilitators, therefore we selected xxx organization. We signed a contract with xxx organization to conduct four identical three-day trainings for our facilitators and to provide 20 hours of follow-up technical assistance. It was agreed that our organization would take care of the logistics and registration for each training.</p>
<p>Activity: Conduct four, 3-day trainings in the xxx evidence-based program for program facilitators.</p>	<p>Partially Met</p>	<p>Training dates and locations for four 3-day trainings were secured: March 22-24 (xxx location in Kansas City); April 14-16 (xxx location in Baltimore, MD); May 2-4 (xxx location in St. Louis); and May 20-22 (xxx location in Atlanta)</p> <p>Trainings were advertised to the 60 facilitators who are implementing the xxx evidence-based program. Each training includes an overview of the program model, core components, and teaching philosophy; a detailed review of the activities included in the program; time for each participant to practice delivering the program activities; review of the fidelity monitoring tools; discussion about allowable adaptations; and review of the available evaluation tools (see Appendix A – Training Agenda). Training participants completed an evaluation form after the training. Results have been analyzed for the first two trainings and indicate that facilitators are confident in their ability to implement the program with fidelity as a result of the training.</p>

EXHIBIT C: BIENNIAL PROGRESS REPORT CHECKLIST FOR TPP GRANTEES

Instructions:

The content for this checklist is based on information noted in the Funding Opportunity Announcement (FOA) and is not meant to be exhaustive of everything that a grantee will want to include in its progress report. A grantee's progress report should describe the progress and plans for the grantee's overall program and may include objectives and activities in addition to those outlined in the checklist below.

PROGRESS REPORT CHECKLIST FOR TPP GRANTEES

- Thorough narrative description on the status (met, ongoing, or unmet) of each objective and activity in the current year's work plan
 - Narrative description of work done during the reporting period toward accomplishing the planned activities
 - Description of any barriers encountered and how the barriers have been addressed during the reporting period
 - If applicable describe why any goals or objectives were not met and the assistance needed to resolve the situation

- Status of program implementation during the reporting period
 - Description of efforts to monitor fidelity of the program at all sites during the reporting period
 - Description of the number of sessions completed and number of youth served
 - Description of recruitment of program participants with discussion of successes, challenges/barriers; and how these challenges/barriers were addressed.
 - Description of retention efforts of program participants with discussion of successes, challenges and barriers; and how these challenges/barriers were addressed.
 - Activities to ensure all materials are medically accurate
 - Description of activities to market the program
 - Description of activities to build, enhance, and retain partnerships to support the program
 - Description of training and professional development opportunities for partners and/or facilitators
 - Description of dissemination efforts about the program through presentations or publications
 - Documentation of the program model (*Tier 2 only*) – status of developing core components, logic model, curriculum manual, training manual, adaptation guidance

- Status of project management activities including:
 - Description of staff recruitment and retention efforts
 - Description of staff training and professional development
 - Description of activities implemented to monitor implementation partners and/or contractors

- Progress on evaluation activities, including participation in the Federal evaluation
 - Extent to which evaluation activities are consistent with approved evaluation plan (Tier 1 C/D & Tier 2 Grantees)

- Description of activities focused on program sustainability
- Report on any other significant project activities, accomplishments, setbacks or modifications that have occurred during the reporting period and were not part of the current work plan.
 - Request for any new adaptations or add on activities
 - Changes in key staff
 - Change in scope of the project

EXHIBIT D: EVALUATION ABSTRACT TEMPLATE

Evaluation Name

Grantee	Indicate the name of the grantee and partners/subcontractors. Please provide a contact person and their contact information.
Evaluator	Indicate the name of the evaluator(s). Please provide a contact person and their contact information.
Intervention Name	Indicate the name of the intervention being tested
Intervention Description	<p>Describe the intended intervention in 1-2 paragraphs, drawing on pertinent information from section 2.a of the analysis plan. This should include information on intended intervention program components, dosage, content, and delivery.</p> <p>If your intervention is either a Tier 2 or PREIS planned adaptation of an evidence-based program, or your Tier 1 replication was implemented with substantial adaptation(s) of the evidence-based program, describe the adaptation(s) that was made. Your description should include any initially planned adaptation(s), as well as any substantial adaptation(s) that occurred during implementation. Substantial adaptation(s) include those that affect the population, setting, or program delivery (e.g., Program implementation occurred over 8 months instead of the required 9 months; a lesson or activity was changed or added; significant cultural adaptations were made; and others).</p>
Counterfactual	Indicate the name of the program being implemented as the counterfactual, if applicable. Otherwise indicate “business-as-usual.”
Counterfactual Description	Describe the intended experiences of the comparison group in 1-2 paragraphs, drawing on pertinent information from section 2.b of the analysis plan. This should include information on intended comparison program components, dosage, content, and delivery. If the counterfactual is a program that overlaps in content with the intervention being tested, after describing the counterfactual, please provide the reader a few sentence synopsis of what is being tested in this evaluation (the specific additional components, additional dosage, etc.).
Primary Research Question(s)	Describe the primary research question(s) that address program effectiveness on behavioral outcomes, drawing on pertinent information from section 1.a of the analysis plan.
Sample	Describe the study sample in 1-2 paragraphs, drawing on pertinent information from section 3.a of the analysis plan. This should include information on sample formation, eligibility criteria for the target population and any purposeful sampling criteria that was used to select the sample. Please include the final enrolled sample size or the projected sample size, if enrollment is ongoing.
Setting	Describe the geographic setting where the study is taking place in 3-4 sentences, drawing on pertinent information from section 2.a, 2.b, or 3.a of the analysis plan. This should include information on where program delivery is occurring for the intervention and control/comparison groups.
Research Design	Describe the research design in 2-3 paragraphs, drawing on pertinent information from section 3 from the analysis plan. This should include information on the type of design used (e.g., individual randomized controlled trial (RCT), cluster RCT, quasi-experimental design, etc.), the process for research group formation or random assignment, a brief description of consent process (in particular, describing the timing of consent relative to the timing of random assignment, if applicable), and the timing and modes of data

	collection.
Method	Describe the analytic approach for estimating program impacts in 2-3 paragraphs, drawing on pertinent information from section 4.c of the analysis plan. This should include information on the analytic sample, model specification, potential covariates, and necessary adjustments for clustering and multiple comparisons, if applicable.
Impact Findings	TBD when data collection and analysis is complete
Implementation Findings	TBD when data collection and analysis is complete
Schedule/Timeline	Provide estimated dates for completion of sample enrollment, each planned data collection, final report, and any other important milestones.

EXHIBIT E - TEMPLATE FLOW CHARTS FOR SAMPLE INTAKE DATA

CONSORT Diagram for Clusters

*Please complete diagrams based on your pooled sample to date. Also complete diagram(s) for youth sample, using retained clusters as starting point.

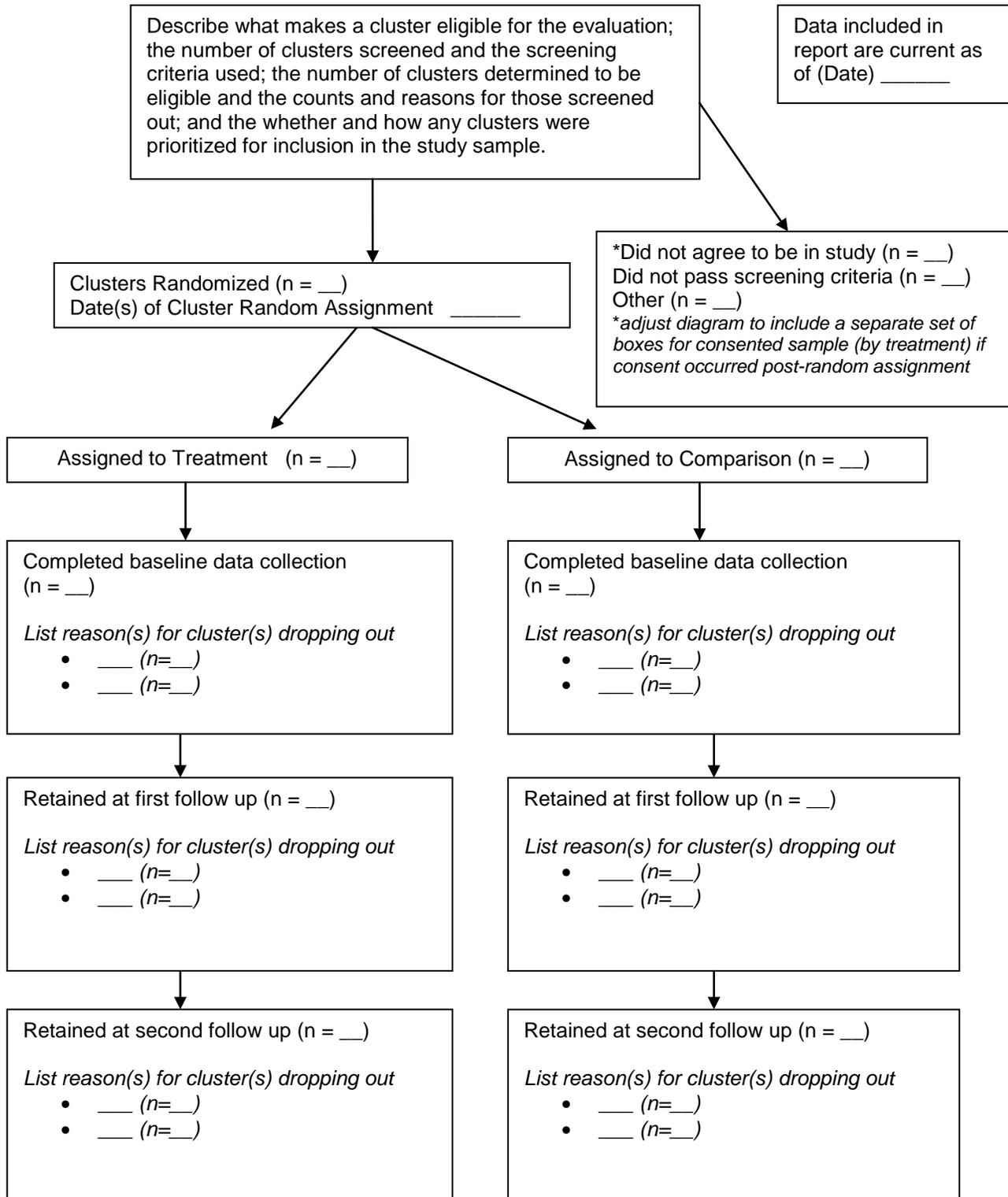


EXHIBIT E - TEMPLATE FLOW CHARTS FOR SAMPLE INTAKE DATA

CONSORT Diagram for Youth

*Please complete diagram based on your pooled enrollment to date. Adjust order if not reflective of your processes.

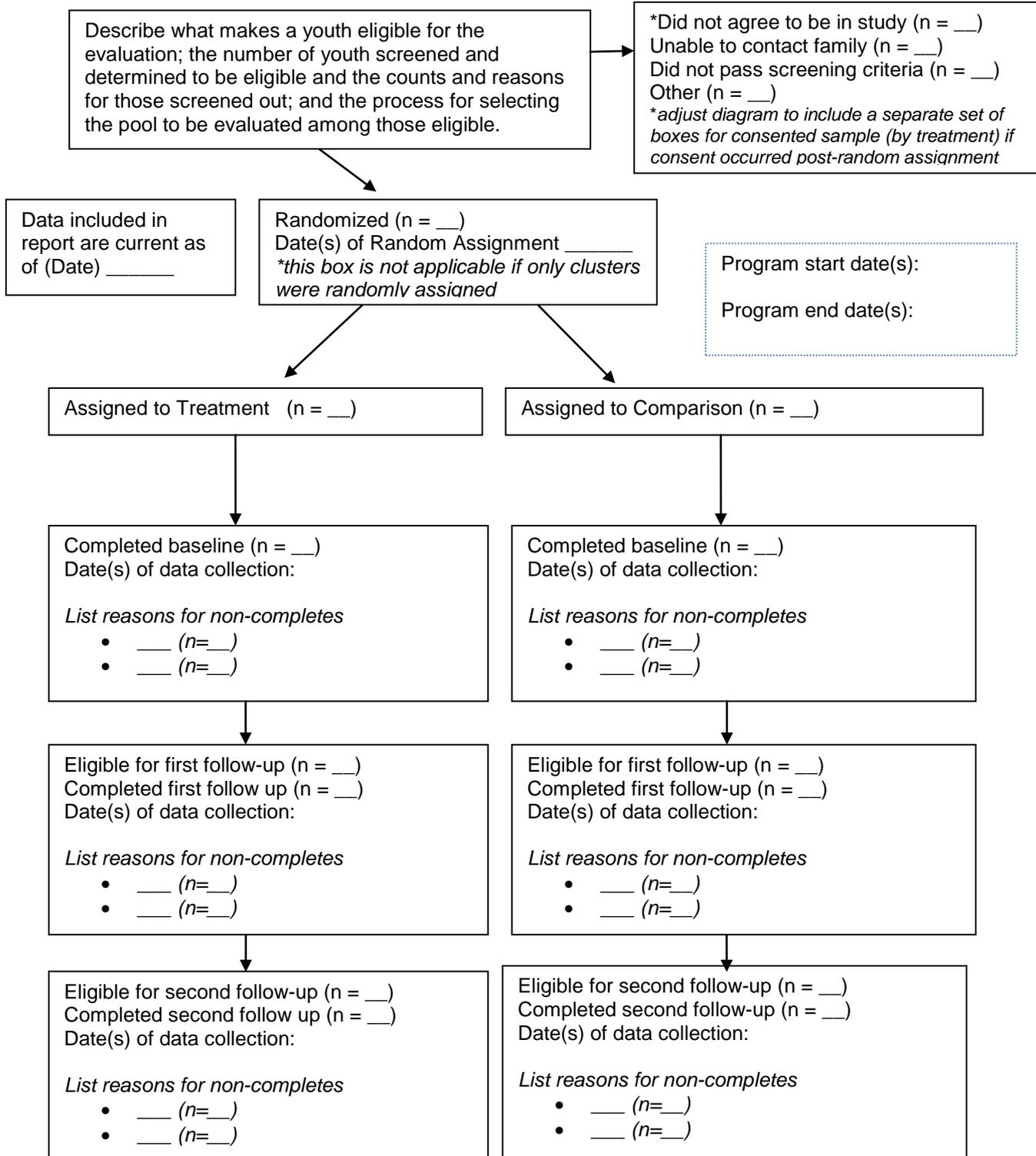


EXHIBIT F: TEMPLATE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA

Please indicate the sample for which you are assessing baseline equivalence:							Sample with baseline data			
							Sample with first follow-up data			
							Sample with second follow-up data			
Characteristics at BASELINE	Treatment Group			Comparison Group			Group differences			
	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	t-statistic (calculated by the worksheet)	df (calculated by the worksheet)	p-value (calculated by the worksheet)	p-value adjusted for clustering at level of random assignment, if applicable (calculated by the evaluator)
Demographic characteristics										
Age (in years)										
Female (%)										
Hispanic (%)										
Race (% and counts) ¹			0			0				
American Indian or Alaska Native										
Asian										
Black										
Native Hawaiian or Other Pacific Islander										
White										
Two or more races										
OAH behavioral performance measures²										
Ever had sexual intercourse (%)										
Gotten someone pregnant or been pregnant (%) ³										
Number of times (mean)										
Sexual intercourse in prior 3 months (%) ³										
Number of times (mean)										
Sexual intercourse in prior 3 months without using condom (%) ⁴										
Number of times (mean)										
Sexual intercourse in prior 3 months without using effective contraception (%) ⁴										
Number of times (mean)										
Notes: Please enter data in the yellow highlighted cells only. Please convert all yes/no responses to yes = one and no = zero in your datafile. All binary outcomes should be entered as decimals in the spreadsheet (e.g. 45% should be entered as 0.45). For all "number of times measures," impute cases that skipped out because they had not had sex/gotten someone pregnant/etc to zero in the numerator so that the measure represents the full sample.										
Please construct a race variable in the manner you plan to use in your analysis. The percentages should sum to 100 percent. A chi-sq statistic is calculated for this variable (provided there are no rows with zero totals). If you construct a categorical variable with fewer categories than in the template, you should then re-label the categories in the excel file to line up with your analyses. If you construct a binary variable (for example white/non-white), you should copy a row using a formula testing the significance of a proportion (such as female or Hispanic) into the worksheet and appropriately label this new row.										
¹ For tables reporting baseline equivalence of each follow-up analytic sample, only report on the behavioral measures that you plan to analyze in your final reporting for that specific data collection time period. You can delete the rows for measures not being analyzed for that follow-up time period.										
² Impute those who have never had sex as zeroes in numerator.										
³ Impute those who did not have ever or did not have sex in prior 3 months as zeroes in numerator.										
⁴ Impute those who did not have ever or did not have sex in prior 3 months as zeroes in numerator.										

EXHIBIT F: SAMPLE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA

Please indicate the sample for which you are assessing baseline equivalence:				Sample with baseline data						
Treatment Group			Comparison Group			Group differences				
	Percentage	Standard	Sample	Percentage	Standard	Sample	t-statistic	df	p-value	p-value adjusted for clustering at level of random assignment, if applicable (calculated by the evaluator)
	Unadjusted Mean	Deviation (for continuous variables)		Unadjusted Mean	Deviation (for continuous variables)		(calculated by the worksheet)	(calculated by the worksheet)	(calculated by the worksheet)	
Characteristics at BASELINE										
Demographic characteristics										
Age (in years)	12.3	1.1	150	12.4	0.9	160	0.878	308	0.3804	
Female (%)	0.5		150	0.49		160	0.176	308	0.8604	
Hispanic (%)	0.2		150	0.1		160	2.475	308	0.0139	
Race (% and counts) ¹			150			160			0.0008	
American Indian or Alaska Native			20			30				
Asian			30			40				
Black			40			60				
White			60			29				Note: We did not have any students who indicated that they were Native Hawaiian, and deleted that row as per the instructions.
Two or more races			0			1				
OAH behavioral performance measures										
Ever had sexual intercourse (%)	0.03		150	0.02		160	0.565	308	0.5722	
Gotten someone pregnant or been pregnant (%) ²	0.01		150	0.01		160	0.000	308	1.0000	
Number of times (mean)	0.02	0.01	150	0.00	0.005	160	21.356	308	0.0000	
Sexual intercourse in prior 3 months (%) ²	0.2		150	0.15		160	1.160	308	0.2470	
Number of times (mean)	0.1	0.11	150	0.12	0.08	160	1.839	308	0.0669	
Sexual intercourse in prior 3 months without using condom (%) ³	0.10		150	0.08		160	0.616	308	0.5384	
Number of times (mean)	0.1	0.22	150	0.09	0.08	160	0.538	308	0.5908	
Sexual intercourse in prior 3 months without using effective contraception (%) ³	0.15		150	0.12		160	0.774	308	0.4397	
Number of times (mean)	0.2	0.1	150	0.3	0.2	160	5.511	308	0.0000	
Notes: Please enter data in the yellow highlighted cells only. Please convert all yes/no responses to yes = one and no = zero in your datafile.										
All binary outcomes should be entered as decimals in the spreadsheet (e.g. 45% should be entered as 0.45). For all "number of times measures," impute cases that skipped out because they had not had sex/gotten someone pregnant/etc to zero in the numerator so that the measure represents the full sample.										
Please construct a race variable in the manner you plan to use in your analysis. The percentages should sum to 100 percent. A chi-sq statistic is calculated for this variable (provided there are no rows with zero totals). If you construct a categorical variable with fewer categories than in the template, you should then re-label the categories in the excel file to line up with your analyses. If you construct a binary variable (for example white/non-white), you should copy a row using a formula testing the significance of a proportion (such as female or Hispanic) into the worksheet and appropriately label this new row.										
¹										
² Impute those who have never had sex as zeroes in numerator.										
³ Impute those who did not have ever or did not have sex in prior 3 months as zeroes in numerator.										

EXHIBIT G: TPP PERFORMANCE MEASURES

Performance Measures Data Required From All Grantees - Grantee-level measures. Measures for youth $\geq 7^{\text{th}}$ grade

Construct	Questionnaire item (asked of grantees)	Source
Reach		Information derived from participant data that grantees enter or upload into the system
# of youth served	<ul style="list-style-type: none"> How many youth (classified by demographic characteristics) participated in your program for at least one activity during the reporting period? 	
# of parents and other clients served	<ul style="list-style-type: none"> How many other types of clients (e.g., parents or guardians, other family members, etc.) participated in your program for at least one activity during the reporting period? 	
Partners		Data entered into the TPP database
# of partners	<p>Formal partners are organizations (e.g., schools) with whom the grantee has an MOU, contract or other formal written agreement in place to provide services or other contributions relevant to the TPP program.</p> <p>During the current reporting period:</p> <ol style="list-style-type: none"> How many formal partners were you working with, as of the end of the reporting period? How many of these formal partners were new for this reporting period? How many formal partners did you lose during this reporting period? <p>Since the beginning of the project:</p> <ol style="list-style-type: none"> What is the total number of formal partners you have had since the beginning of the project? How many formal partners have you lost since the beginning of the project? <p>Informal partners are organizations with whom the grantee does not have a formal written agreement in place.</p> <p>During the current reporting period:</p> <ol style="list-style-type: none"> How many informal partners were you working with, as of the end of the reporting period? How many of these informal partners were new for this reporting period? How many informal partners did you lose 	

Construct	Questionnaire item (asked of grantees)	Source
	<p>during this reporting period? Since the beginning of the project:</p> <ol style="list-style-type: none"> 1. What is the total number of informal partners you have had since the beginning of the project? 2. How many informal partners have you lost since the beginning of the project? 	
Training		Data entered into the TPP database
	<ul style="list-style-type: none"> • During the reporting period, how many new intervention facilitators (including teachers) have you or one of your partners trained? Please include only training provided to new facilitators. • In the reporting period, how many intervention facilitators (including teachers) have you or one of your partners given follow-up training? 	
Dissemination		Data entered into the TPP database
Manuscripts published	<ul style="list-style-type: none"> • How many manuscripts have been accepted for publication but not yet published or published in a peer-reviewed journal during the reporting period? Do not include manuscripts previously reported as published. • Please list the references for any published manuscripts published in reporting period. 	
Manuscripts submitted for publication	<ul style="list-style-type: none"> • How many manuscripts have been submitted to a peer-reviewed journal for publication in the reporting period? Do not include manuscripts previously reported as submitted or published. 	
Presentations	<ul style="list-style-type: none"> • How many presentations were made at each of the following levels in the reporting period: <ul style="list-style-type: none"> ○ National ____ ○ Regional ____ ○ State ____ • Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made) 	
Packaging of Tier 2/PREIS programs for replication	<ul style="list-style-type: none"> • Please indicate which of the following have been completed and approved: <ul style="list-style-type: none"> ○ Logic model ○ Core components ○ Fidelity monitoring tools 	

Construct	Questionnaire item (asked of grantees)	Source
	<ul style="list-style-type: none"> ○ Curriculum manual ○ Facilitator manual ○ Training materials ○ Adaptation Guidance 	
Dosage		Items derived from participant attendance data for sessions
Dosage	<ul style="list-style-type: none"> ● What is the mean and median % of program services received by youth (as a whole and subdivided by age and gender) in the reporting period? ● What is the mean and median % of program services received by other participants (if applicable) in the reporting period? ● What % of youth (as a whole and subdivided by age and gender) received at least 75% of the program in the reporting period? ● What % of other participants received at least 75% of the program in the reporting period? 	
Fidelity		
Adherence to program-specified activities (based on facilitator self-assessment)	<p>Items derived from session based fidelity data:</p> <ul style="list-style-type: none"> ● For what percentage of completed sessions is there a completed fidelity monitoring log from the facilitator? ● Using all of the facilitator completed fidelity monitoring logs (i.e., across all cohorts, sections, and sessions), what is the mean and median percentage of activities completed? 	Facilitator fidelity logs
Adherence to program-specified activities (based on observation)	<p>Items derived from session based fidelity data:</p> <ul style="list-style-type: none"> ● Across all sessions, what are the mean and median percentages of activities completed, by observation? ● Across all sessions, what are the minimum and maximum percentages of activities completed, by observation? 	Observer fidelity logs
Quality of implementation (based	<p>Items derived from session based fidelity data</p> <ul style="list-style-type: none"> ● Averaging over all scored questions on the TPP Program Observation Form, what percentage of 	Observer quality form

Construct	Questionnaire item (asked of grantees)	Source
on observation)	sessions received ratings ≥ 4 for quality?	
Adherence to program-specified # of sessions	<ul style="list-style-type: none"> • Across cohorts, what are the mean and median percentages of total sessions implemented? 	Observer quality form
System in place to ensure fidelity	<p>Items derived from the TPP Fidelity Process Report</p> <ul style="list-style-type: none"> • What is the score on the 11-item TPP Fidelity Process Report? 	Fidelity Process Report form

Performance Measures Data Required of Grantees with Rigorous Evaluation (TPP Tier 1 C/D & Tier 2)

Behaviors and Intentions Questions: These questions should be included on surveys for all youth in the 7th grade and above in both arms of your study. Measures are to be reported for both treatment and control youth. Participants are to be marked treatment or control in both data entry options.

The (next/first) questions are about sexual intercourse. By sexual intercourse we mean a male putting his penis into a female's vagina.

1. Have you ever had sexual intercourse? (yes/no)

2. Now please think about the past 3 months. In the past 3 months, have you had sexual intercourse, even once? (yes/no)

3. (If yes) In the past 3 months, how many times have you had sexual intercourse? (# of times)

4. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born? (Yes/no)

5. (If yes) To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant? (#)

6. In the past 3 months have you had sexual intercourse without you or your partner using a condom? (yes/no)

7. (If yes) In the past 3 months, how many times have you had sexual intercourse without using a condom? (# of times)

8. In the past 3 months, have you had sexual intercourse with you or your partner using any of these methods of birth control? (yes/no)
 - Condoms
 - Birth control pills
 - The shot (Depo Provera)
 - The patch
 - The ring (NuvaRing)
 - IUD (Mirena or Paragard)
 - Implant (Implanon)

9. (If yes) In the past 3 months, how many times have you had sexual intercourse without using any of these methods of birth control? (# of times)

10. Do you intend to have sexual intercourse in the next year, if you have the chance?
 - Yes, definitely
 - Yes, probably
 - No, probably not
 - No, definitely not

11. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?
- Yes, definitely
 - Yes, probably
 - No, probably not
 - No, definitely not
12. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these methods of birth control?
- Condoms
 - Birth control pills
 - The shot (Depo Provera),
 - The patch,
 - The ring (NuvaRing)
 - IUD (Mirena or Paragard)
 - Implant (Implanon)
- Yes, definitely
 - Yes, probably
 - No, probably not
 - No, definitely not