

THE TOOLBOX - TOOLS AND RESOURCES FOR TPP GRANTEES

FS: On the podium here, you have representatives from our network of support contractors. And each of them will be spending some time talking to you about the services that they will be providing. And then we'll have time to take some questions from you. So on the podium, we have: Melissa Sellevaag from JBS International; Susan Zief from Mathematica; Barri Burrus from RTI International; and Liz Moreno from Paltech. So I will turn it over to Melissa now.

MS. MELISSA SELLEVAAG: All right, good morning folks. It's great to be here. And JBS is super excited to be a part of this TA team for the OAH and PREP grantees since we're going to spend a little bit of time talking about the general training and technical assistance that's available for you and your staff.

So, first of all, real quickly, who is JBS? We are a health, education and human services consulting firm. We are female owned, and we've been around for about 25 years, and have just over 400 employees. We're based here in the D.C. area, with some offices spread out throughout the country and throughout the world at this point, but we are local to this area.

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The team that's going to be working on the training and technical assistance work with you guys, includes Our CEO and Officer in Charge, Jerri Shaw, myself, our Deputy, Veronica Whycoff, who's running around here at the conference, as well, Dana Fleitman, who's our Project Associate, and Ravenna Motil-McGuire, who's also a Project Associate with us. So you'll be interacting with all of us probably at some point in time.

A little uniquely, we're going to be working with some subcontractors on this training and technical assistance. So you'll be working with JBS as well. But you'll also be interfacing with some of our subcontractors who will support the training and technical assistance component.

So we have subcontracted with ETR Associates, who's working on adaptation kits for a couple of the evidence-based programs, which is really impacting Tier 1 more than our Tier 2 folks. But they're working on those as we speak. We've also partnered with SEICUS, Healthy Teen Network, and the National Campaign to Prevent Teen and Unplanned Pregnancy.

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And they're going to be helping us with the webinars and the regional trainings, which I'll talk more about in a moment. But we're really excited to have all of those partners on board with us. They bring a variety of experiences, a wealth of knowledge. And many of you have probably already interfaced with them in some capacity in your work.

So what are we doing with training and technical assistance? We are working to ensure that you guys have what you need to successfully implement your programs, and to support the clients and the young people that you're working with. So we're here to provide a variety of services to help make sure that you have the information and the skills necessary to implement your programs.

So here's what we offer. And a lot of this you've got in your packet. And some of it's also available at the registration desk. So first and foremost, the regional training. We have nine regional trainings that'll be happening for our Tier 2/PREP grantees. It's three. We've broken them down by region: Eastern, Midwest/Western.

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You can come to the registration desk. We'll let you know which region you're in, and then you can pick up the appropriate flyer for the first training session. That happens either at the end of March or the beginning of April, depending on whether you're in the Eastern region, or the Midwest/Western region.

And these trainings are real skill-building based. They're content for your front line workers, for your workers who are on the ground doing the work with your clients. So they are more of that on-the-ground, skill-building information that is important for your front line workers to have.

Our first training, which the flyers are out there, is "Providing Adolescent Reproductive Health Information and Education in the 21st Century." And this one's going to be offered again for all of our Tier 2 and PREP grantees. It's going to be looking at an overview of adolescent reproductive health, some medical accuracy. It's also going to be looking at some of the comfort level in how you deliver reproductive health information to young people, as well as how technology can play a part in your programming.

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So it's kind of a run-through of what the first regional training will look like.

You also, in your packet, got a calendar. And I'll show you what that looks like in case you don't have it. But that's also available at the registration desk, and you'll get that electronically as well. That goes through what the different topics for the following regional will be.

So our regional trainings are going to start in March and April, they'll continue all the way through August. You'll be notified about these trainings electronically. We'll be updating our electronic email lists so that everybody here will be getting notification of that. If you're not getting notification, we ask you to talk with your project officer so they can let us know.

Registration will be starting soon for March, and following for April, you'll get electronic notification of how you can register for those online, probably late this week. I always forget the day we are. We're on Tuesday. So late this week, you'll be getting notification.

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We're also going to be offering webinars. We've had a couple already. Webinars are going to be providing information to our grantees on a variety of topics. That's also listed on the calendar. We've had one on implementation plans. We've had one on conducting a needs and resource assessment. We've got one coming up on piloting. And again, your calendar lists out what topics are available for the webinars. Those will be taking place -- we're trying to be sensitive to the time differences that cover all of our grantees. So they're usually happening sometime around 2:00 or 3:00 in the afternoon. And you'll be notified about those via electronic mail as well.

We're going to be providing a newsletter. And the newsletter is going to be providing some up-to-date information on what's happening in the field, what's going on with some of the grantees, some emerging issues -- we don't want to call them best practices, but kind of emerging bright ideas that we're noticing that may be happening with our grantees, or may be happening in the field of adolescent reproductive health. Those will also be sent out electronically.

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We've got briefs or tip sheets. Right now, those topics are matching our webinars. So as we have a webinar coming out on piloting, you'll have a tip sheet that comes out on piloting at the end of the month. We've again had one on conducting a needs and resource assessment. And all of those are going to be housed on the OAH website, and you can also get those from your project officer electronically.

E-learning modules. I'm super-excited about the first one. It's in the final development stages. This first one is on adolescent brain development and adolescent development. And these e-learning modules are going to be a great tool for you guys as you hire new staff. So as you hire new staff and you want to get them trained and up to speed on where maybe some of your other staff already are, you can introduce them to this e-learning module.

It'll be an hour in length. It's self-paced web-based so that they can go through it at their own leisure. It'll provide information around adolescent development, this first one, focusing a lot on brain development and how that impacts behavior choices and risk taking. There's a test

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at the end, so that you can monitor how your staff is doing on those skills.

So we're going to have a couple of other ones come out after this first one. This first one will be set to come out sometime in March, and again, you'll be notified electronically when that comes out.

And finally, in-person technical assistance. So we'll be working with our subcontractors, as well as the Office of Adolescent Health to identify those grantees who may need a little extra assistance, may have some needs that they need addressed one-on-one, and we'll be working with the project officers, and actually send out folks who can provide individual TA to our grantees to make sure they're up to speed, have all the tools and resources necessary to successfully implement programs. So if you have a need, you know that you want something addressed, talk with your project officer, that's going to be the best way to address getting individual TA. And that's it. [applause]

MS. SUSAN ZIEF: Good morning, I'm Susan Zief. I'm with Mathematica Policy Research. And we hold a contract with OAH to support the rigorous independent effectiveness

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evaluations that all the Tier 2 grantees are doing as part of their grant.

We view this contract as having both short-term objectives, how we can support you over the period of our contract in the beginning of the years of your grants and your evaluations, and long-term opportunities, things that may be realized as a result of this collaboration, as a result of this effort, long term.

So in the short term, our role is, as I said, to support you all in the conduct of rigorous evaluations that are designed to measure the impact that your programs are having on youth. As Ellen and Karen Walker explained yesterday, these evaluations also are expected to have a complementary component, where you're looking at fidelity and implementation, as well.

But the leading questions driving these evaluations, and our primary support to you, will be to help you get the best effectiveness evaluation off the ground that you can, given your context, given your program model. These are all considerations in designing the best fit of an evaluation plan for your intervention.

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So that's what we're doing in the short term. And we're supporting all of you, the Tier 2 grantees. And we're supporting the Tier 1 grantees that also have this rigorous evaluation requirement.

The standards that we are using to judge the quality of the evaluation designs are those that were used to inform the pregnancy prevention research evidence review, or the PPR review, that is at the backbone of a lot of this funding effort. That review is available on the OAH website. The standards that were used to judge the existing evidence is on the OAH website. It's those standards that we use to help define high quality rigorous evaluation plans at this point in time.

So in the long term, we really see your work as an opportunity to greatly infuse the existing knowledge base on the effectiveness of teen pregnancy prevention programs. Across the Tier 1 CD and Tier 2 grantees, there are up to 48 independent evaluations that could be occurring. That will go in and supplement an existing knowledge base of only 93 evaluations that were rated as being moderate or of high quality that were used to judge the effectiveness of

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teen pregnancy prevention programs. So in the long term, your work has incredible potential to infuse the existing knowledge base. And we're excited to be a part of this with you.

So our team is led by Mathematica Policy Research. I am supported by Jean Knab, our Deputy Project Director. She's here this week. I'm sure she's met with many of you already. Brian Goesling, our Principal Investigator, again, he presented yesterday. He'll present again today, and several of you will meet him in the one-on-one meetings. And Christopher Trenholm, who is our Senior Quality Assurance Provider. He has a role on this contract. He also supports of the efforts of the pregnancy prevention approaches evaluation.

So our team brings a lot of experience in working with rigorous evaluations, and particularly in this area to our work with you. We're really excited to be supported in our efforts by the staff at Child Trends and Concentric Research & Evaluation. Karen Walker from Child Trends who was here yesterday. You'll meet Karen, and Zakia Redd and Kristine Andrews in some of your one-on-one meetings. Lauren Scher, from Concentric Research & Evaluation is here

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this week, you'll also have an opportunity to meet with her in some of your one-on-one meetings.

We're also bringing on a team of consultants to support our efforts. We've already brought on three consultants who are just experts in evaluation design, especially in circumstances that are trickier to navigate. And so their efforts and their work with you is all designed to get the strongest design possible off the ground in your particular context.

So I view the tasks of this contract as having two prongs. The first is related to review and continuing assessment of your designs and your implemented evaluations. And the second is the more one-on-one, or cross-grantee technical assistance. I'll start with the review and ongoing assessment, because that quickly becomes, kind of, part of our TA efforts, or our technical assistance efforts.

So the review began with a review of the materials you submitted with your original applications, in which you describe what your program model is and what your evaluations plans were. And then we received the subsequent summary statements, or response to questions,

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that you submitted to your project officer shortly after funding.

So that's what we initially had in front of us to learn about your program models, and your programs, and your evaluation designs. And, as you know, you were very limited, in many respects, in kind of what you could describe. So we reviewed what was there. But we had a lot of questions for you, based on what you hadn't yet been able to describe, and what you hadn't yet been able to provide some detail on.

So it was that that formed the basis of our initial letter that we sent to you between the middle of January and the end of January, prior to these meetings. So those reviews used very clear and consistent standards across all the plans that all linked back to those evidence review standards that I talked about just a moment ago, that judged the existing evidence base. Eventually, we will be making recommendations to OAH on the feasibility and the quality of the designs, and that will influence their approval decisions for the ongoing evaluations.

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So our work has already started to blend this review task with technical assistance. We see the reviews themselves as a form of technical assistance, because they're kind of formative in nature, they're narrative in their approach. So our work with you already is a form of technical assistance and trying to clarify key aspects of your designs, ask questions about them, maybe raise considerations for how your design could be strengthened, given your context.

The other forms of technical assistance we'll offer is the opportunity to have a technical assistance liaison, someone who will be your name and face of the eval TA team, who you can contact directly with your questions as your evaluations unfold, as your designs get to approval, and as the actual evaluations themselves unfold.

You'll connect with your TA liaison through email or phone. And I'll talk about our website in a moment, that's another way to get in touch with us. You'll have periodic phone calls with your technical assistance liaison who's kind of there with you to help you see things on the horizon that could be looming, that you may need to address. Because it may impact the integrity of your very thoughtful designs.

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We'll also be holding webinars across all grantees, writing evaluation updates, evaluation briefs, speak at the annual conferences. So there'll be also lots of opportunities for us to touch all of you with some evaluation needs that you are self-identifying to us about.

And finally, we'll have a website. We are going to be holding two webinars next week to introduce the website. For those of you who we have contact information for, we've sent you an invitation to the webinar. If you haven't received that, you could let us know. There's also a flyer out on our table about the upcoming webinar.

This webinar will be accessible by the grantees, the federal staff, the evaluators and our technical assistance team. It'll have a calendar of upcoming events. It'll give you resources. I know a lot of you have been asking about sample consent forms or ideas for incentives. We'll put some examples up there so that you can directly access them to determine whether they're relevant for your particular evaluation.

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Each grantee will have a folder that's only accessible to members of your team. And in it will be kind of a history of your evaluation design, your initial grant application, our questions we raised to you, your responses. So all the written communication that we'll have with you over the life of this contract will be documented in a part of the site that only you can access.

And finally, there's an electronic technical assistance request system (ETARS), where if you have a quick question, you can use this system. It'll go directly to your TA liaison, who will address your question or concern. And then we'll also be compiling these and turning them back out to all grantees in the form of Frequently Asked Questions or an FAQ, which we'll provide updates on periodically.

So thanks very much. If you haven't had a chance to check in with us and find out when your one-on-one evaluation meeting is, why don't you do so after this session, Julie Hankey and I on the project will be out on near the registration table; otherwise, I look forward to meeting you all and working with you over the next few years. Thank you. [applause]

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DR. BARRI BURRUS: Well, good morning everyone. It's good to see you all here, and not having to deal with weather like we did last week. That's excellent. I see a lot of familiar faces out there, and hello to all of you. And for those I haven't met, I look forward to meeting you. So good to have you all here. I am with RTI International. For those of you not familiar with RTI, it's a not-for-profit research group located in Research Triangle Park, North Carolina. And we just celebrated our 50th birthday last year. So RTI turned fifty.

And today I'm going to talk with you though, about teen pregnancy prevention performance measurement infrastructure project. We have some key staff that I just want to orient you to, as you may be seeing their names in the future. From RTI, it's myself. And then Ellen Wilson, who's not here today, she's the Associate Project Director. And Dr. Ina Wallace, who just walked in from the back, who will be helping with some of the training and the technical assistance, as well as coordinating some of the work of our expert advisory committee.

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And then from the Federal side of things, we have Amy Margolis and Jessica Jordan, who are working with us. Debbie Powell and LeBretia White from ACF are also involved. I want to thank all of those folks, but also recognize that in addition to these individuals, there's a whole corps of folks from OAH and ACF, as well as even other organizations, such as the Office of the Commissioner, who are working with us to make certain that the performance measures we've pulled together meet the needs of the multiple stakeholders that we're going to be working with.

The purpose of the performance measures contract is basically to develop performance measures that can showcase and reflect the progress and accomplishments of the work that's being done through OAH and ACF, and the teen pregnancy prevention initiative grantees, which is all of you all. I'm particularly excited about some of the Tier 2 activities. As we saw this morning, there's a whole lot of room to push that envelope and continue to improve things for teen pregnancy prevention. And that's what you all will be informing.

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So you've got a really tough job, and I want to just take a minute and say, thank you for those efforts. That's just going to be really key for moving the field forward. And we want to capture the exciting progress that you're making and be able to showcase it.

So to do that, we'll develop the measures. And then we're going to develop some data collection instruments and systems that will allow you, as a group, as well as with the Tier 1 grantees, to report back what you're doing related to the proposed measures that we have.

In the first year, we're going to be doing things like conducting a literature review. We're convening and have convened an expert panel in the area to help us with the performance measure development. Once that's done, once we have the measure, we'll be developing the data collection instruments and the reporting system, and then providing training and technical assistance to you all for how to use those instruments and measures.

So we have just a nice little set of activities. We've already submitted a literature review that we conducted to make sure that we were efficient in our approach, that we

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didn't reinvent the wheel, and that we were thinking broadly about the kinds of things that we should be thinking about in measuring performance.

For example, with demonstration grantees, we recognize up front that all of your work may not pan out. That's why it's a demonstration grant, to see what works and what doesn't. So thinking about things like, okay. What are we looking for to be accountable to in this, is something we wanted to think about. And so we were looking to the literature to help inform some of that.

We have already convened an expert panel, they've met twice, and will be meeting again soon, the 1st of March. They're going to develop recommendations in coordination with us, and OAH and ACF. We'll all develop recommendations for the performance measures that we'll use. Then we'll develop the instruments and so forth, the recommendations for the data collection tools. So we have a nice little linear set of activities.

Now for the astute among you, you're going -- wait a minute, there's something wrong with that picture. And my guess is that you're probably thinking that would be a

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great set of activities if you'd done it last year. And believe me, we wish we could have done it last year.

Unfortunately, the way that the funding came out from Congress, the performance measures contract was awarded at the same time as your grants were awarded. So as a result of that, what we're going to try to do -- believe me, we realize that you needed the measures yesterday, last week, a long long time ago. So we're doing everything we possibly can to try to make sure that we get things out to you in an order that at least minimizes the pain, if you will, and expedites your ability to do the things that you all need to do in the field.

So what we're going to try to do is set our priorities in terms of just how we focus things. I was going to show you a schedule, but I didn't want to make you nervous, because there are a couple of times you'll be receiving things. But we're hoping that the measurements that you'll need for your participants out very quickly. I don't want to put a timeline on it. Because in part, it's going to depend on the feedback that we get from the experts and those kinds of things.

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But we're going to be sending you some examples of possible measures that we think would be reasonable placeholders for you to use as you're going to your IRB's and you're developing your instruments. Those may change somewhat, but at least it would give you something to kind of work with for your pilot test and trying to work through things.

And then once we've nailed down the participant level measures that you need to have in the beginning, we'll come back and develop some additional measures for things like looking at how your grant itself as an organizational structure is operating, how the intervention's operating, the evaluation rigor, things like that. But we're trying to prioritize our planning based on what we know your planning needs to be.

So just please keep in mind that we're going to do everything we can to minimize and get you stuff quickly for the things that you need. Of course, all of this is eventually going to have to go through OMB, and then we'll get the training in place and all of that. But we will be prioritizing based on your needs.

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And also, as you're pulling your hair out, and hopefully, you won't have to do too much of this, but we need to keep in mind why we need the performance measures. And some people try to distinguish performance measures from evaluation, GAO does it, and they've got a whole series of things that talk about this. But to me, performance measures can kind of be thought of as a special subset of a type of evaluation.

Just think of it as your dashboard on your car. There are certain things up there that kind of help you track your progress, and how you're doing, how fast you're going, what your oil levels are, your fuel levels. So that it kind of lets you know how that car's performance is doing. That's kind of the way I think of performance measures.

And there are two main purposes that we have for performance measures. The first is accountability, and typically this is to external stakeholders, like OMB, Congress, and of course, ultimately the public. And in these days of tight budgetary times, we feel like that accountability factor is going to be really important for us to showcase the good work that you all are doing, and to be able to go back to Congress and say, your money is well

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spent with these grantees. Look what they're accomplishing for the teens of today, as well as the teens of tomorrow.

So that's a really important factor. It's kind of like the speedometer, you want to be sure you're going the speed limit or you're accountable to the police. That may not be a good example.

And then there's the program performance management, and that to me is even more important, because that's going to let us know if we're doing the kinds of things that we need to get to our ultimate destination. So OAH leadership can use this information. You all, as program managers, can use this information. The TA providers can use this information, to kind of make sure that, if you will, the car has enough gas to get to where it's going, the speed limit's appropriate, so that you're not going to have a crash. Things like that, kind of the early warning signs that we need to reach that ultimate goal of learning what works to reduce teen pregnancy and other risk factors.

Ideally, these two goals are interrelated. But we do want to just emphasize the importance of the performance measurement to OAH and ACF, to you all, and ultimately to

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future funding in this area -- we think it's going to be critical.

So we want to hear from you all. We want to know what your concerns are. We're also particularly interested in what you think needs to be measured. So we're going to have a session this afternoon that's called "Moving From Mission to Measures." We want to think about what's most important to you all, and then how we can translate those into specific performance measures. It's going to be today in the Constitution Room D at 1:45, and we'd love to have as many of you there as possible. We're going to have a lot of interactive time in the session so that you all can brainstorm and come up with things that you want us to think about as we're finalizing these measures. So thank you very much. I look forward to getting to know all of you. Thanks. [applause]

MS. LIZ MORENO: Well, good morning. My name is Liz Moreno, and I work for Paltech, which is the company that is managing and implementing the medical accuracy review process. My brother advised me earlier, if you're going to be speaking in front of people, make sure you put your hands on the podium and keep them there, because he knows I'm very

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expressive. So bear with me. But I'm Latina, so I can only do so much.

But with that, I know some of you might be thinking, medical accuracy review, what is that? So allow me to inform you, if you're not aware, that there is a medical accuracy review that's going to be taking place.

Why conduct this review? Well, first of all, your funding and opportunity announcements specified that your materials, the material that you have proposed to use in your programs, will need to be reviewed by your corresponding office, whether that be OAH or ACYF/FYSB for medical accuracy. And so that is one reason to do the review.

And then some of the benefits of doing this review are to ensure that the participants in your programs are receiving medically accurate and scientifically accurate information, to assist you all in keeping your program materials up to date, and to increase the credibility of teen pregnancy prevention programs.

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So I'm going to provide a brief overview of the actual process. We're going to start off by defining, what is medical accuracy? And the definition that will be used in this process has been adopted from the Patient Protection and Affordable Care Act, and it can be found in the funding opportunity announcement. The term medically accurate and complete means verified or supported by the weight of research conducted in compliance with accepted scientific methods, and published in peer review journals where applicable, or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete.

So who will be conducting these reviews? As I stated, OAH has contracted with Paltech to implement and manage the process. And we have and will continue to be working with consultants who are experts in the field of reproductive health, adolescent health, obstetrics and gynecology, pediatrics, and other related fields, who will actually be reviewing the curricula.

What materials will need to be reviewed? Well, all core program materials. So that includes, but is not limited

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to, teacher manuals, student manuals, handouts, videos, any information that you're going to be providing to students, to your audience will need to be reviewed for medical accuracy.

What will the review process look like? What does it entail? Here is an overview picture, a big picture, of the actual process. HHS will send the request to Paltech, to our office to review a particular curriculum, and then, we'll assign a curriculum to a reviewer. The reviewer will then have seven to ten days, depending on the length of the program materials, to review the materials, complete a review report, and send the report back to our office.

And then, we will work with the reviewer, if there are any questions, anything that they provided that needs clarification. And then we'll send the final report to HHS. At that point, if there are no further questions, the report then will go to you, the grantee. So whatever curriculum you are using, once it has been reviewed, you will receive a report detailing any medical accuracy issues, if any, that were found in the program materials.

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So just a recap of what the reviewers will be doing. They will receive the materials; they will review page-by-page. And I'm aware, as I have several curriculums sitting in my office right now, that there are some materials that may not have any medical information, and there are some that contain a lot of medical information. But regardless, everything will be reviewed. And then any medical information that is found, the reviewers will then be checking it for accuracy. So if they find anything that is inaccurate or that there's any sort of issue, then they will write that up in their review report.

So what are some examples of medical accuracy issues that may be found? Information that is inaccurate, incomplete, outdated, poorly referenced, or supported by non-scientific studies, or confusing, or misleading.

This is an example of how you will receive the information if we were to find an issue, let's say, in your teacher manual that you are using. The way that it would come in the report is going to be very concise, easy to follow, will specifically show where it's located in the manual, what the topic is, what the issue is, and then the reviewer

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will provide a recommendation as to how to fix that and a reference.

So what is your role in this whole process? One is to make sure that your project officer has a copy of your program materials. In some cases, there are some curricula that several grantees are using, and so we may already have it in our office, but that may not always be the case. So verify with your program officer whether they have it, or they need you to send the materials.

And then, we are about to start the actual review process within the next week. We just trained 20 reviewers a week ago. And so we're in the process of receiving their signed contracts. And then we're going to get started with the reviews. And just to keep in mind, the materials that are going to be reviewed are the Tier 1 and Tier 2 and the PREP Innovative Strategy.

So it's a lot of materials. But as we get those done, you'll start receiving reports on your specific curriculum. So once you receive that report, we ask that you notify our office. And then you'll be required to incorporate the changes and edits into your program materials. You'll have

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30 days to submit a copy of the revised materials to our office.

We will be available to assist you if any questions come up or you're not sure, how do I make this change. If you need any assistance in actually making the changes, or have questions as to what is meant by this, we will be available to help you. Should you have any questions or need assistance making corrective changes, you are welcome to contact me, and my contact information is on the screen. So thank you, I look forward to working with you.

[applause]

FS: Thank you, Liz. So now we have lots of time for questions. As a reminder, this session is being podcast, so please use the microphone for asking your question.

Q: I have a couple of questions. One on the performance measures. In this room, there is an immense diversity of target populations: cultural, ethnic diversity, age groups. Can you speak to how you can address the tension between unified measures and the diversity represented here? Do you want my second question? [Sure.] I have a lot of questions. I'll switch gears -- for the medical accuracy,

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there's a number of adaptations some of us are making in the room. At what point, do you want that intervention, or the curriculum to review, because some of the adaptations may be bigger than others? I'll leave it there.

A: I'll answer the medical accuracy question first. With that, work with your project officer to determine that, because we will actually not be receiving the materials directly from you. We'll be receiving it from your project officer. So you'll be submitting it to them, and then they'll put the request in to have something reviewed. So discuss that with them.

A: And then in terms of your question, basically about the diversity of types of participants being served, in addition, the number of different programs out there, and in some cases, unique programs, we feel the tension. We know what you're talking about, and we're trying to deal with that. There are several cases where we think we'll be able to come up with some common denominators, maybe across programs. There are others that we may have to do a little bit of subsetting. But these measures will need to be at kind of the global level. So each program, for example, probably won't have a different kind of measure. So it's

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going to be a challenge and something we're thinking through with the experts to address. So sorry, I don't have a good answer yet.

Q: Hi. I just want to push a little on the performance measures, because I really like your car metaphor/analogy, but it didn't help me a whole lot -- it was fun to listen to, though. I need to get some operationalization from you. You know, I don't know whether you're talking about behavior outcomes, which is in some ways the biggest bottom line we can get. Are you talking about attitudinals, knowledge? Are you talking about process evaluation, which I know we're calling something else here. You've got to bring it down to earth a little bit, and just give us the domains of measures that you're considering, if you want us to be able to get our juices going for this afternoon's meeting.

A: Okay, and we will go into more detail in the afternoon session about what we mean by performance measures. Let me just say for now, though, that we're talking about multiple domains. We're looking at the participant level certainly. But we're also looking beyond that, to look at the grantee level in terms of what you all are doing to manage the

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grants, things like maybe dissemination of materials that you're doing, as just an example. And then the intervention level, in terms of how the intervention's operating, for example, are you able to maintain your evaluation rigor?

I'm just throwing those out there as examples. These are not things that have been nailed down yet for performance measures. We haven't identified any specific things. But we do think of performance measures as kind of, we're trying to look within those three key areas to look at functioning over time for the teen pregnancy prevention initiative in the big picture way. So those are the key area. Does that help?

A: And I'll just add, we also have macro level program accountability. We, as the Office of Adolescent Health and the Family and Youth Services Bureau, have to report to folks like Congress, to the White House, sometimes maybe a reporter or two. So we have to look at those types of things to be able to get enough data from you to be able to report at the program level to support the taxpayer dollars that are funding the program. So there's lots of tensions out there.

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Q: In terms of OMB clearance, you just made me nervous when you said, participant measures. And what is the timeline that you think will be required for that? And will we be held up either in piloting or in implementation because of OMB issues or participant measures?

A: We're hoping that we won't be held up. We're doing things along the way to try to get measures out there for the pilot testing that you can at least use. The OMB process is out of our hands, obviously, but we're hoping that by using measures that maybe are standard in the field, and that kind of thing, wherever we can that that's going to speed things along.

You may have to go back to your IRB's. But again, if you've had placeholders in there, hopefully, you can just do a modification, rather than having to go through the process again. So the hard stuff will be done. And beyond that, let me just say, we'll be doing the best we can about recognizing your timelines.

Q: So just to clarify that last question, I assume that our data collection for local evaluation can begin regardless

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of the status of your performance measures and OMB clearance on those.

A: I'm getting the head nod, yes, on that one. And it may be helpful for us if you can kind of communicate with your project officers the timing on your data collection if you're going to be starting it, say, before September, just so we know that's going to be happening, like some of you may be starting sooner.

Q: Do you think you'll have OMB clearance by September?

A: We don't know. That would be our ideal. But it would be helpful to know that timeline that you all are working with too, because I know some of you will be before September, some of you are probably going to be doing it once school starts, so we'll be trying to address that.

Q: Hi. Could you please clarify the difference between this particular assessment, and the one that was discussed yesterday, of the potential that they're going to select certain groups to be in a collaborative evaluation -- the Federal evaluation, the grantees that will be selected to

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be in the Federal evaluation, and this particular initiative?

A: I'm assuming you're talking about performance measures? The Federal evaluation is separate. Performance measures, all grantees will have to collect performance measure data, and then of the grantees that are doing a rigorous evaluation. A subset will be selected for the Federal evaluation, but just a small subset. But the Federal evaluation is totally separate from performance measures; regardless of whether you're in the Federal evaluation, you will still have to collect performance measure data. It's a requirement across all OAH and ACYF grantees.

Does that answer your question? [inaudible audience]
Absolutely. And we're communicating between the eval. TA contract and performance measures. So whenever our performance measures are approved by OMB, they'll be integrated into your local evaluations.

Q: I just want to clarify, it sounds like you're unclear as to when we will be receiving the performance measure instrument. Am I correct? Is there any idea as to when we will receive those?

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A: We are unclear, just in part because we have to get the OMB approval before we can formally release it. The other thing, just to make sure we are clear on this, that our priority is to get the measures out that you'll use with your participants first, but those won't be the only performance measures, there'll be some measures that you'll be asked to develop or report on for your grant and for the intervention.

Q: So I'm assuming that we need that before we start implement. Am I correct? Am I understanding? Or that it would benefit us to have it beforehand?

A: The goal is for the performance measure data collection instruments to be approved no later than the end of August, so that everyone has it for the start of Year 2, but OMB is out of our hands; so we're going to try the best we can, but we're pushing ourselves as fast as we can to get it to OMB so we have enough time to get that approval.

Q: No, that's perfect. That answers my question. Thank you.

A: And we'll try to keep you updated with things. But if you do use, at least for planning purposes, the samples that we

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send, that may help you a lot. And those should be coming out very soon.

Q: I have a question. The Lewin Group recently released a two inch document on measures. And I'm wondering how much overlap your measures will have with what was considered to be the best practice measures to use in the field?

A: We're looking at basically all of the measures that are standardly used. We have some experts in teen pregnancy prevention that are on the expert work group that are helping us. And we're trying to think, too, efficiencies with, for example, the National Evaluation and things like that. So it'll depend on how all that shapes out. But we've done a comprehensive review at this point. But we'll be sure we've included that one. Thank you.

Q: The other question I have. If the performance measures aren't going to be released until August, and we're going to be in the field in September, that basically gives us a couple of weeks to put our survey instruments together. It's not a lot of time.

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A: But again, in the next several weeks we're going to be sending you guys the participant out-level outcome measures that you can put in as placeholders, that we think are good placeholders for what the performance measures are going to look like. Those questions have already been OMB approved through another instrument. So hopefully, your instruments that you'll need in the field won't need to change very much. It'll just be some small tweaks. But that's the best we can do at this point. [inaudible audience] Right. We understand, but the way the office and the funding was set up, it's the best we can do.

A: And I'm thinking that we should be able to send out -- I mean, obviously before we send anything to OMB, we'll have to have things that we're recommending that we're sending to OMB. So I would think we could share at least the OMB package, so that you'll see what's in that, and you can start thinking that this is likely what it's going to look like; we never know if OMB is going to change things, so we can't use it exactly as it is, or certainly can't require you to use it. But it'll give you a good feel for sending the instruments forward, you will have what we gave to OMB.

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Q: Thank you. I think that'll be very helpful for us. I just had a question given you were talking about where you're at in the process, and that you've done a review of the literature. Are you considering then in that OMB package, to have measures that are used typically in the field around secondary pregnancy prevention? Since four of us were funded to look at repeat pregnancies. So are those included as part of the package? Or is it primarily primary prevention?

A: We haven't gotten there yet, in terms of the actual selection of measures. One of the things we'll be looking at, though, are things that are appropriate probably for a broad set of the grantees; but again -

Q: So you would include secondary prevention, kind of outcome measures?

A: I just can't say yet. Because we're not going to have a hundred measures. We're probably going to -- for the measures that we report on, we'll probably limit it to more like ten or fewer.

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Q: Okay. So we would then, just locally and maybe amongst ourselves, share what those appropriate measures for publication are?

A: That would be great. And this certainly doesn't mean that you all wouldn't want to collect a lot of measures, maybe for your own performance measures, because again, they're important for accountability. I think they would be useful for you as far as future funding, those kinds of things. So don't feel constrained.

Q: Yeah. I'm just talking about the participant effectiveness measures, because I think those questions are asked differently if you're asking about a second pregnancy in a given time span. Okay, thank you, that's helpful.

A: Thank you, good question.

Q: I have a question. I think our program, and maybe some others, have a longitudinal design, or longitudinal curriculum. We have a three-year longitudinal curriculum. So we're being squeezed in the front end and in the back end, trying to get a sample size. And what I'm hearing is that we probably can't do the true longitudinal

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implementation until September, which is going to limit wave one and wave two starting in September of this year, and then another wave in September of next year.

So what I'm hearing you saying is that we probably won't have the measures in time to do a wave of students in 6th grade in the three-year program in April or May, because the participant measures are not defined yet. I'm hearing two things. That the measures questions may be available. We can include them. They may be tweaked a little bit. Versus, not available until September. If they are available and we can tweak them a little bit later, for us and other programs, that may mean that we could start in April and May perhaps, because we're running into a sample size issue.

A: Harry, that's a really good point. I think we don't want to do -- if I'm understanding you all correctly -- we don't want to do anything to necessarily constrain the start of what you're trying to do and gathering information. And you'll be getting things in two phases, just so you're clear on what we'll be sending out. Very soon, I mean, like in the next couple-three weeks, you should be getting sample questions.

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And then as a second little gift for you, we're going to send the questions that we've included in the OMB package that we think are very likely to be similar to the final questions. And then we can't require you, of course, to use those questions, because we won't have OMB approval. We're hoping to have the OMB approval before that time.

I think, if you wanted to just on your own, decide these might be good questions to include, I would assume that's okay for you to do that. And it certainly could be informative down the road if you did use those questions and they were the ones that we ended up using. Does that make sense? All right, thanks Harry. Good question.

Q: I just want to clarify. I think what he was asking, or at least what I was thinking while he was asking it. So you're sending us the placeholder questions. And that's fantastic. And we can send that for IRB approval and we can begin our implementation of our program.

However, for that first cohort that goes through with placeholder questions, if those questions change later, then the data for that cohort is removed, correct? And is

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no longer following those performance measures . . . so my question is, when I'm listening to Harry's question about sample size, do I need your finalized performance measure questions asked of my entire end group?

And so, therefore, that would make me say, okay. I need to just wait, and then work harder later and get more participants quicker in order to have the correct sample size taking the correct measures. Or are you okay with that sort of messy process of having one set of questions? And I don't think I'm asking you as RTI. I think I'm asking FYSB and OAH. Is it okay to have that sort of messy process of a small group answering one set of questions, and then the larger group answering a different set?

A: I'll give at least my first take on your answer, and then you guys feel free to chime in. My thinking is that -- I mean, we're in the field. It gets muddy, we've got on our hip boots and we're going to do the best we can to trudge through it. But I think it's a case of, hopefully, the measures won't change from what we send in the OMB package. Which I guess we would have to have those in the June timeframe or so to be able to get that out.

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If the measures did change and you used the measures, I would think that, at least for this group, we probably wouldn't, from the performance measures standpoint, include those in the future in the performance measures. Now, we would have, of course, you'd have local evaluation implications if your measures change from start to finish. Which is why we're going to try to do the best we can to pull out measures that are going to be acceptable to OMB, and get them to you in the June/July timeframe.

A: We won't, and can't ask you to collect information before we have the OMB approval. So those will, and we know, will be a separate subset for those of you who have gotten started before we get those approved. Because we can't until they say, yes, go ahead and collect that information. So we won't be asking you to go retroactive for those youth participants that you may have started with. So you won't be playing catch-up to going backwards. This will be our last question.

Q: Alan Hershey from Mathematica. Are any of these participant-level performance measures likely to have to be asked at baseline or pre-test? Or are you thinking of them actually as follow-up participant measures? That buys most

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people a little bit of time. Although obviously, if they're different at follow-up than at pre-test, you have some analytical problems to deal with. But in terms of schedule, if you're talking about outcomes later, it helps a little bit.

A: That's a really good question, and unfortunately, we don't know until we actually nail down the measures. There may be some that we do need baseline. For example, if we include knowledge and attitudes or something like that. So it's going to just depend on what the final measures are. Thank you for the question.

FS: Okay, we're out of time.

(END OF TRANSCRIPT)