

NWX-OS-OGC-RKVL

Moderator: Jaclyn Ruiz

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1:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants in a listen-only mode. After the presentation we will conduct a question-and-answer session. If you would like to ask a question you may press star-1.

Today's conference is being recorded. If you have any objections you may disconnect at this time. Your host for today's conference is Ms. (Sabrina Chapel). Thank you, you may begin.

(Sabrina Chapel): Thank you, Operator. And hello everybody, my name is (Sabrina Chapel), and a project officer here with the Office of Adolescent Health. I'd like to welcome everyone to our webinar here today on getting to outcomes.

So those of you who are funded under our Tier 1B grant, this is a requirement of the grant, so this webinar will be very much relevant for you.

But also, for all our other grantees while this is not a requirement of other grant programs we do strongly and highly recommend utilizing this strategy as it provides some very concrete steps that will help facilitate program

planning, implementation, and evaluation of programs and including improving organizational capacity and program performance.

This webinar was developed by advocates for youth in partnership with child trends under contract for the Office of Adolescent Health, US Department of Health and Human Services as a technical assistance product for use with OAH grant programs.

I will now hand the call over to (Deborah Chilco) from the Healthy Teen Network to introduce herself and our esteem guest speakers. (Deb)?

(Deborah Chilco): Thank you, (Sabrina). I appreciate the opportunity to share all of our knowledge about getting to outcomes with all of you. So welcome to today's webinar and congratulations on being awarded funding from the Office of Adolescent Health.

We know that you are fervently committed to the health and wellbeing of the youth in your program and community and things are probably going pretty well. Yet, you know your outcomes could be even better. So you may be wondering, how can you amplify your results?

It's simple. Use getting to outcomes. Today you're going to learn about the ten steps of getting to outcomes, also known as GTO, the importance of organizational readiness while considering GTO as a framework, and how other colleagues in the field of adolescent health and teen pregnancy prevention are finding success as well as a few bumps in the road implementing GTO in communities across the United States.

You will have ample opportunity to engage with the presenters, ask as many questions as you'd like, and definitely share your thoughts about GTO with us. This webinar is just the first step toward amplifying your results.

I've had the good fortune of working with the developers of getting to outcomes, Dr. (Abraham Wondersman) of the University of South Carolina as well as (Matt Tinman) of (RAND). I've been able to provide training and technical assistance on GTO and also co-authored or contributed to the development of lots of resources and tools about getting to outcomes.

So feel free to ask me anything you'd like. But the real experts are our guests. I'd like to introduce them and have them share a little bit about their experience using GTO or as Dr. (Abraham)'s experience, developing GTO. Dr. (Wondersman)?

Dr. (Abraham Wondersman): Howdy folks, really glad to be here. Glad you'll be using GTO, getting to outcomes, because what we really all care about is making a difference with our youth and that's what getting to outcomes was developed for. We started a long time ago looking at community coalitions for substance abuse prevention.

After many dollars and sweat, blood, and tears not - there weren't many outcomes found in programs throughout the US that tried that and we tried to figure out, well, what would it take to actually get outcomes. And the ten steps of getting to outcomes were developed that if you asked - answer these ten questions in a quality way and do it in a quality way, you're on the pathway to important outcomes for your youth.

(Deborah Chilco): Thank you, Dr. (Wondersman). I'd like to introduce Ms. (Jamie Keith), the executive director of the Alabama Campaign to Prevent Teen Pregnancy.

(Jamie Keith): Thank you, (Deb). And it's good to be on the call with everyone. I look forward to sharing some of our experiences with getting to outcomes. We've been involved in a research project with (RAND) for the past - about four and a half years where we have provided training and technical assistance to community-based organizations on using getting to outcomes to amplify their results and the implementation of an evidence based teen pregnancy prevention program.

So I look forward to sharing some of our experiences with you through today's call.

(Deborah Chilco): Thanks, (Jamie), I appreciate it. Finally, we have (Chris Rollenson), what I consider one of the most expert technical assistance providers on getting to outcomes. And he's from the South Carolina campaign to prevent teen pregnancy. Hi, (Chris).

(Chris Rollenson): HI, (Deb). Appreciate that and thanks everybody for having me. You know, I'm just here to help share my experiences and our experience of the South Carolina campaign on - in the last - since 2007 using GTO with our partners and also framing our - the technical systems that we provide since 2007 all around GTO, the ten steps.

(Deborah Chilco): Fantastic, thanks, (Chris). And thanks it everybody or joining us today. So I'd like to give you a brief orientation to your dashboard features. If you would please locate your question-and-answer box on your screen just to test it out and also to find out who's joined us today, I'd like for you to type in your name, the organization that you represent, where are you located, what city and state.

And then on a scale of one to ten we'd like to know how frequently do you use GTO. If it's a one this would be for all those first timers or those who've never used it before. And then if you're on the other side of this scale a ten - that means GTO is a way of life for you. It's not just a noun, it's a verb. You GTO everything, your programs, your social life, your vegetable garden, even your outfits.

So take a moment, tell us your name, organization, where you're from, and on that scale of one to ten how frequently do you use GTO? There's a lot of you joining today so we'll give everybody ample opportunity to share. Fantastic. I see some familiar faces out there too, that's wonderful.

And I have responses all the way from one to - let's see, I have a five, a four. Let's see, and thank you all for your honesty, I appreciate that. We have a couple ones actually. We - ding, ding, ding. We have a ten in Las Vegas, that's wonderful, wonderful.

Well, the good news is whether you're a newbie, which is what somebody else also wrote or an expert and could really probably be part of our team we really encourage you to sit back, relax, and listen and just kind of take in all the information that you can from today's webinar about getting to outcomes.

Thank you all, I appreciate you typing in your information. So what do we plan to accomplish in the next few moments together this afternoon? Well, at the conclusion of the webinar we believe you'll be able to describe getting to outcomes.

We also believe you'll be able to talk about the relationship between organizational readiness and GTO as well as describe the ten steps of GTO.

And then summarize the lessons that you're going to hear from both (Jamie), (Chris), myself, and Dr. (Wondersman) about how GTO is practice in reality.

So thank you again for joining us. So whether you're a newbie or an expert one of the things you have to understand about GTO is that it's a systematic, logical, and evidence-based approach that is really going to help you as a practitioner plan, implement, evaluate, and sustain your program. It's been used in various social service fields and it was adapted for use with teen pregnancy prevention or adolescent sexual and reproductive health.

So it did not originate with our field. And I just want to remind you that an evidence based approach is not the same thing as an evidence based program or intervention. Programs and interventions have been proven effective changing sexual behavior.

And evidence based approach like GTO, it provides a framework to guide our work and it uses sound research and proven practices really to augment the evidence based program or intervention that we're trying to implement.

So I'm going to actually turn it back over to Dr. (Wondersman) and - (Abe), can you kind of just expand on that description of GTO and maybe even talk about GTO's origins and empowerment evaluation?

Dr. (Abraham Wondersman): Sure, happy to do that. So way back in the 1990s the federal government said we needed to do something about substance abuse prevention. And community coalitions around the country were funded with considerable amount of money to work on interventions that would lead to better substance abuse prevention. After about a half billion dollars of hard work, sweat, tears, energy, excitement, the evaluators came and found

relatively few results. And everybody was disappointed. The funders were disappointed and most of all the communities were disappointed.

And it's easy to be an evaluator and put on your glasses looking backwards and, you know, retrospectively and say if I had done - if you had done this and you had done that and you had done this maybe you would have gotten better results. You know, like Monday morning quarterbacking, after the game it's pretty easy to take a look and see what might have been.

What we realized as we did our work with the coalitions is that they actually liked the valuation because they thought it could be helpful to them in moving forward.

And so empowerment evaluation is the idea of putting the logic and tools of evaluation into the hands of practitioners and community members so that they can look forward and be more successful planning for what they do and looking at how they implement and learning to self-evaluate, see for themselves whether things are working or not. And that gives them ideas of how to improve and then eventually to sustain.

So that's what empowerment evaluation is about and getting to outcomes is a way of doing that, of planning systematically, implementing with quality, learning to do some of that evaluation on your own like we do in real life everyday, and then moving it into improvement.

We also connect this to accountability, a lot of people have been using the term accountability, are we being accountable with the money and the energy that's going on. If you do the ten steps of GTO you can demonstrate that you are being accountable with the time, energy, and money that your community is putting in or your organization is putting into an effort. There are results

that show that when people use getting to outcomes it enhances - it improves the way you get results and implement with fidelity. And when (Jamie Keith) talks about her communities in Alabama that's where the results have taken place.

(Deborah Chilco): Great, thank you, (Abe). I think that gives us a better understanding of, you know, why GTO is so important and that it works. Thank you.

Now I want to let everybody know that my first exposure to GTO was during a previous CDC project called the Promoting Science Based Approaches Project. And that was from 2005 to 2010. I joined in 2008.

What was interesting was it was a new framework for me but rest assured a lot of things that I was doing looked familiar. And as we go through today's webinar I want you to be comfortable and confident that you're probably doing many of the tasks and things that are in the GTO steps. So all that to say we understand it can be overwhelming, we understand it can be a little intimidating, but there will be plenty of opportunity to ask us questions. We'll share some tools and resources as we go. But I think what might very interesting for our audience, (Abe), is why was it specially adapted for teen pregnancy prevention?

Dr. (Abraham Wondersman): Well, one of the ways of thinking about this is that probably everybody on this call knows that the Office of Adolescent Health has a list of evidence based interventions on the website.

And there are approximately 36 - I tried to count them and it was - I think it was about 36 evidence based interventions. And so there are a lot of evidence based ways of doing work. The big - a big question is how do you find the right one for your community or your organization or the kids that you're

working with? And then once you find the right one how do you plan, how do you implement, and then look and see whether it's actually working for you?

And so that's what GTO was designed to do as we'd mentioned earlier. We started with substance abuse prevention. We've also done work in underage drinking prevention.

And when CDC was looking for a way to help communities and community-based organizations actually achieve outcomes they looked at several different approaches, including developmental assets, communities that care, and several others. And they saw that getting to outcomes really would help pull together the things that are considered the key ingredients for success.

(Deborah Chilco): I can say it definitely helps organize your thoughts and the things that you're supposed to be doing so that you're not missing things along the way. So for all your practitioners, this is going to be a fabulous, fabulous framework for you to work through.

As I said, fear not. There are lots of tools and resources, most of them are free for you. We have included a bunch here in the slides such as the first one, which is the Office of Adolescent Health, how to select an evidence based teen pregnancy prevention online learning module. That's going to walk you through the process of making sure that you're selecting the best evidence based program for your project.

The other thing we have to share here, it's from the CDC, and this is what we call little PSBA GTO. It is a significantly briefer version of a larger manual that CDC created that will provide for you the tasks that are included in each step, some of those accountability questions. And it's a nice checklist for knowing when you should proceed to the next step of GTO.

A couple more resources I want to share. These two are specifically from Healthy Teen Network. We have an evidence based resource center available to all of you on our website. It has each of the steps of GTO and a great explanation - a couple really nice graphics in there for you to take a look at.

And then, of course, we have links to resources that will support the work that happens within that step.

And then finally, if you are a technical assistance provider on GTO we recently created a TA manual and this is for those who will be providing the TA on GTO. It's a very comprehensive guide. It's - walks you through each one of the steps, what are some of the typical challenges, as well as strategies to overcome those challenges.

And it really is a nice primer for how do you do the work that you should be doing with your partners and their teams? So both of these - well, the evidence based resource center is available online and you can also download for free the TA guide on GTO. So encourage you to check both of those out.

All right, so we are well aware that learning about getting to outcomes can be very intimidating at first and we thought that the best way to present it to you is to really kind of chunk the ideas, the steps into various parts. And I'll show you how we're going to do that in a little bit.

But again, the things that you're already doing or have done in the past are likely going to show up within each one of the steps. So I want to briefly go through the ten steps of getting to outcomes because I think that GTO organizes all those tasks and activities and such in a way that it's really going to make sense to you.

I know it's going to be useful for you and I certainly believe that it's going to improve your work as (Abe) has said. We already have the research to prove it, it's going to make your work better.

So as you can see on your screen, GTO is often depicted as a cycle. Each step is distinguished by a particular color yet it's linked to the following steps. You see in Step 1, that's needs and resources assessment, this is where you're going to gather your data about behaviors and specifically about what's already available in your community.

And we're going to go through each one of these steps in more depth in just a few moments. But Step 2 will be where you set your goals and your objectives. And that's going to lead you to Step 3, which are the best practices. We have lots of resources and lots of research already establish that can share pretty good tips and tricks about what we believe are the best practices.

Also you want to think about Step 4, which is the fit or how well it's going to work for you, your community, your use, their parents and stakeholders. Number 5 is capacities and essentially this is do you have the capacity to do the work that you are charged to do.

Number 6 is plan, yes, plan, plan, plan. And that will lead you into what most consider to be the most fun part of GTO and that's implementation. And you'll do in Step 7 your process implement and Step 8 is your outcome evaluations - sorry, process evaluations and outcome evaluation.

And then in Step 9 is where you'll do your continuous quality improvement. And then Number 10, even though it's at the end, we want you to be thinking

about this throughout the entire process, and that has everything to do with sustainability. And then you'll notice that Step 10 links directly back to Step 1.

Now if you think about the expectations that OAH has for you they fit quite nicely actually with the GTO ten steps. So let me just share some examples.

So the planning and piloting period milestones such as doing your needs assessment, expanding or maybe refining your logic model, and then finalizing the section of your programs and seeing if they need any adaptations, basically that's going to be the first five steps of GTO. And for many of you you probably already did this as part of your application process.

So when we think about Step 6, which is all that planning, you're going to be expected to develop implementation plans, fidelity monitoring plans, and an annual work plan. And that is all going to happen within this first year and OAH will be supporting that.

Okay. If you look at Step 7 you're going to be required to collect standard performance measure data. It's basically process level data about your program implementation. And if you look back in the FOA it outlines some of these expectations around the process evaluation so be sure to go back and take a look.

When we move into Step 8, again, if you look at the FOA it has specific grantee expectations regarding your outcome evaluations. And this is also going to become much more clear as you proceed. For Step 9, OAH really stresses using those performance measure data to make continuous quality improvement decisions.

That's going to lead you right into something that everybody is emphasizing now a days, which is sustainability, sustainability, sustainability. But like I said before, don't leave it to the end. You want to be thinking about it right now.

So while you see here we have a Step 1 and that's sometimes where folks start. Actually it's often where some folks start. Dr. (Wondersman), can you tell us about a time or maybe an instance where someone might not start at Step 1?

Dr. (Abraham Wondersman): Sure. So if you're - you know, the lucky winner of a grant and you have the opportunity to be there at the beginning, that's terrific. It probably helps you get to a better start. On the other hand or in addition actually you may be doing other programs, your organization probably has a bunch of programs already going on.

And let's say you already plan several, which would take you into Step 6. And you're just about to start implementing in Step 7. You might pick up ideas in your Step 6 of the getting to outcomes workbooks that help you actually make sure you're doing a good plan or help you improve on your plan. And then move into your implementation and look for ideas and tools that would help you with the quality of implementation that you do.

So we want to be relevant at any point in the lifecycle of the program or initiative that you're in. We think of it a little bit as a merry go round so wherever you're at with the particular initiative you can get on the merry go round wherever. So when you're lucky and can start at the beginning with Step 1 so that you have the best foundation possible, that's great. We still would like to say that even if you're already have things underway you're likely to be able to pick up ways to improve how you do things.

(Deborah Chilco): Dr. (Wondersman), another thing that came to mind was, you know, there might be times where someone might need to jump around within the steps of GTO. Can you kind of explain a little bit about how that might happen or why that might happen?

Dr. (Abraham Wondersman): Sure. So a lot of times we actually look at these ten steps as an artist pallet and in the middle we have results where it now says getting to outcomes GTO. If you put your results there, that you're painting a picture of results and you're using the colors from the ten steps to paint the picture. Life is dynamic, the real work is dynamic, and we've got to use that.

So for example, we say that Steps 3, 4, and 5 go together. When you're looking at the OAH list of evidence based programs in Step 3 there are a lot of them. How do you know which one to choose? So you bring 4 and 5 in at the same time. Four is which one of these fit with the values and culture of our youths in our community?

And also, what capacities are needed to do those? Some of those evidence based interventions require a lot of capacity, like making proud choices and learning all the skills you need for the eight sessions. And some only involve showing the video. And so the capacities that are needed are very different. So that's one way of showing that it's dynamic.

Another is that things may change, you know, the school board may change its policy. Let's say in using - what you can say or do about condoms. And therefore you might want to reconsider or might have to reconsider which best practices you're using. So you can then go back and say, well, let's take another look at these best practices and see what will help us meet what we need the best and 3, 4, and 5.

So that's a way of saying this is dynamic, the real world is dynamic, and what we're really after is that bottom line of results . And you can and often do go back and forth, it's not a lock step sequence.

(Deborah Chilco): Fantastic explanation, really appreciate that. So hopefully you have a pretty good sense at least of what GTO is. But I want to dive in more deeply within each one of the steps and the first step has everything to do about needs and resources. And one of the things that you need to do is collect data during Step 1.

So if you would please in your Q&A box, I want you to answer this simple question. What data do you use to understand teen pregnancy prevention in your community? You can tell us about the sources, the way you collect data, how you use the data or share the data, but we really want to understand, you know, beyond just going to your vital statistics, what other data do you use?

So you know really what's going on in your community. So I'll give you a few moments to type in a brief response, no sentences necessary. Okay, we've got some oldies but goodies which is our health department data, whether it's your community or your county or your state.

Okay, kids count data, good. Conducting your own survey, focus groups, interviews, okay. Good, yes, WRBS. Informant interviews. Yes, going to your schools and seeing what information they have. All right. Yes, and I'm glad - even though today's focus is really about teen pregnancy prevention I'm glad someone had included STD or STI information as well.

And that's because you want to make sure you're including some of those other related behaviors and the outcomes of other types - or sexual behavior, other outcomes. So that's great, good, good, good.

Okay. So appreciate everybody's responses. We're going to talk more specifically in just a moment about what else you need to be thinking about for your data gathering. So in order to really kind of make GTO a little bit more digestible I want you to take a peek at the title of this slide. It says, Part 1 Goal Setting.

As we go through I'm going to share with you GTO kind of chunked into its four parts. And Part 1 - like I said, is goal setting and I'll be sure to cover Parts 2 through 4 which have to do with program planning, program evaluation, and improving and sustaining the program, you know, as we move through.

But I want to jump right into Step 1, needs and resources. And this is where I'm going to bring (Jamie) and (Chris) in specifically to share their experiences and give you a couple examples to really kind of bring a little bit more life to the explanation of what happens in Step 1.

Needs and resources, you absolutely must gather as much information as possible so that you have it to inform your decisions related to adolescent sexual health in your programs. You need to find out data about behaviors, birth rates, STI rates, HIV incidents and prevalence in your area. You know like I said, look at that related behaviors, excuse me, and that would be alcohol and substance use.

And you don't want to just look at the numbers. Please, please, please be sure to gather qualitative data too because that's really going to give you the best understanding about the use in your area and the context in which they live.

Absolutely, like, you all have said, interviews, focus groups, even observations would be helpful. You can observe the youths, maybe even their families or, you know, how they're moving through their community. And then please don't forget to gather information about existing resources. You obviously don't want to duplicate efforts but they probably have some lessons learned to share with you.

They'll also probably have some crucial insights into the history, process, and maybe even some outcomes of previous teen pregnancy prevention efforts in your community. Hopefully they were positive but you probably want to hear about the pitfalls as well because all this data is essential and you're selecting the best evidence based intervention for your audience.

Who is your audience? Well, you also need to determine who is going to be the focus of your program? You got to look at their age, race, ethnicity, gender, gender identity, sexual orientation, as well as their parenting status. These are all important factors to figure out who are you going to be working with.

Now although you had to complete the step as part of your preparation to submit your application for funding it may behoove you and your team to conduct a more thorough needs and resource assessment during this planning year. Remember, you're going to have 12 months to do this. Hopefully you'll learn a little bit more about what already exists and who's already meeting those needs in your community.

So I want (Jamie) and (Chris) to share just a little bit of a story that they have. (Jamie), yours has to do with something that was kind of discovered as part of this needs and resources assessment Step 1. Would you mind sharing?

(Jamie Keith): Sure, I'd be glad to. So when we were working with our community based organizations and processing through getting to outcomes, during Step 1 we were doing the resource assessment and one of the groups that I was working with was looking around their community to see what kind of resources were available that might be - enhanced their efforts, complementary to their programming, and what they discovered unbeknownst to them was that in their local housing community where the intervention program would be presented there was transportation available to the local health clinic on a regular basis to community residents.

No questions asked so folks could get on the bus, go to the health department, and whatever services they needed, and then get delivered back to their community.

And so the group we were working with found this to be a really important resource for them to help awareness (unintelligible) during their implementation of the intervention because they felt like young people who participated in the program may find a need then to go to the health department for various reproductive health services and they would be able to link them to this available resource that previously they didn't know about.

Had they not done that resource assessment and looked up and looked around it's very likely that they would not have been able to provide a link for the young people in their program.

(Deborah Chilco): So important, transportation. Thanks, (Jamie), I appreciate your sharing that.

(Chris), sounds like you have a story about condoms and why the teens in one of the communities were having sex?

(Chris Rollenson): Yes, thanks, (Deb). And one of the - on the original - sorry, GTO PTGSA project we had, one of our school districts, one of our partners there was - convened the workgroup and one of the first things was a resource assessment. And they talked about one of their strengths they thought was that there was two clinics right near the high schools, very accessible.

They thought they were teen friendly and had condoms available. There was also a mobile van that went around that did STI screenings and also had condoms available. They thought one of the strengths was the availability of condoms. But when they did - they actually did a needs assessments with their students and asked two questions.

They asked, why are young people having sex? And why are they not using contraception? And they were shocked when the results came back why they're not using contraception because although there was a perception there was a wide availability of condoms the young people did not trust them. They said that they were free, they weren't quality condoms, so they were looking for higher quality condoms.

There was also a little bit in there about trust of the government, the government was giving them and out things like that. But the important thing was while they were available there was a big mistrust from the use so they weren't actually accessing them. So while they were accessible they weren't being accessed.

So that's something they were able to work on and something very concrete they could drill down into and actually try to address. Without doing that, without asking their youth those questions going straight to them and finding new data, they could have just kept on going and had all these unused condoms.

(Deborah Chilco): Yes, they totally would have missed it. Yes, so can you tell us about why those young people were having sex in one of those communities you worked in?

(Chris Rollenson): Yes, and another community, same project we were working in, the one of the things they were talking about needs and one of those - and some risk factors, and a lot of - Dr. (Curvy)'s regular risk factors are usually there in counties that have high rates. But they went in and started asking the same questions, why are young people having sex and why are they not using contraception?

And this particular county, one thing that was really - came back a lot from most of the young people was with the young ladies they were actually having sex with older men just so that they would pay some of their - help them out with utilities and other bills in their household. So their parents knew about it but they also had some - they were also taking advantage of having the utilities and other things paid for.

So that was very different way to approach that. First of all, it showed us what age group and who was actually engaging in these sexual activities with these young ladies but also their kind of motivation behind that.

So it really took away - they were able to go a different direction from just the typical - especially with a lot of the curriculums have, you know, the role-plays where they're young people meeting in - you know, whatever the

generic role-plays are. They were able to take it a step further and address specifically what that issue was.

(Deborah Chilco): Yes, yes. It's a lot different between consensual relationship and survival sex. So that was - it probably was pretty significant to unearth for that community.

Right, thanks, (Chris). I really appreciate it. And thank you, (Jamie), I appreciate your sharing as well.

Let's move on to Step 2, which has everything to do about goals. And this is where you're going to build a logic model. You know, we know that OAH provided a template for building a logic model in the funding announcement. However, we really wanted to consider using the behaviors, determinants, intervention logic model called (Shorts) BDI model. It was developed by - for our field by the late Dr. (Douglas Curvy) who (Chris) had mentioned and he was with ETR.

The great thing about the BDI logic model is that it allows you to clearly link your activities to your intended outcomes. So I wanted to share with you a quick example of a BDI logic model. You're going to see all the way to the right there's a column that is titled goals.

And this is where you're going to write the statement that identifies your priority population, your health outcome that you hope will be affected, and the timeframe in which you're measuring the change.

You're also going to see in the second column from the right behaviors. This is where you're going to identify which sexual behaviors you're going to address. And then the column that is headed determinants, this is where you're

going to look at the risk and protective factors that are going to influence those behaviors that you determined.

Generally speaking determinants are related to knowledge, skills, and attitudes. And you're going to select the ones that are most relevant and note them in this column.

The final column all the way to the left is interventions but we're not going to fill this in just yet in this step. We're going to return to this column once we've had an opportunity to review a couple programs. We're going to confirm whether they're appropriate or not and whether we're able to have the capacity to move forward to implement them.

So how about if we just return to the intervention columns a little bit later in our webinar?

So I want to share with you a completed logic model and you noticed that we built it from the right to the left. But you can also read it from left to right so in other words if you want to state your goal up front you can read it from right to left. If you want to state what intervention you're going to use to meet that goal read it from left to right.

But an example would be by 2020 we plan to decrease the birth rate by 10% among teens age 15 to 19 in Baltimore City. How do we plan to do that? We plan to increase correct and consistent use of contraception as well as condoms.

One of the determinants we're going to focus upon is greater motivation to use condoms and other forms of contraception. We're going to hold off on our

intervention because we're just not sure which is going to be the best for our audience. So again, we'll come back to that in just a little bit.

Just a reminder, make sure you keep your logic model handy and you should refer to it frequently. It's going to help you stay focused throughout the entire project. It will keep you on track, make sure that you're addressing the selected risk and protective factors, make sure that the goals you selected were appropriate, and also the behaviors are being affected and changed.

So we're moving into Part 2, which has to do with program planning. Step 3 is called evidence based approaches or best practices. In Step 3 of GTO you're going to use your data and logic model to select a few candidate programs from reputable lists of evidence based programs.

One of the lists that was mentioned earlier was the OAH list and this is the health and human services teen pregnancy prevention evidence review. Now here is also where you're going to eliminate some interventions that are not going to meet your needs.

When you're looking at these lists, things you want to consider are what behaviors are changed, who is the audience, what was the setting, what was the dosage, in other words is this going to take a full school year or just a few hours, how much equipment and materials have to be used, what do they cost, what is the whole implementation going to cost, and also you want to make sure that you look at previous results.

Now OAH wanted me to make sure that I shared with you that they're going to be releasing the results of the initial teen pregnancy prevention initiative project very soon, that's the one that occurred from 2010 to 2015.

But regardless, it's going to be really important that for you as new grantees you learn as much as you can from the various sources around you about previous implementation of the various evidence based interventions.

Another thing, check in to see what kind of training and technical assistance is available. So I suspect many of you have a pretty good idea of what evidence based program you want to implement with your teams.

However, I want to caution you not to select the program just because you're familiar with it or just because the college raved about it and certainly not just because someone told you to use that program. You have to do your due diligence. And please, don't select a program and then try to back into your logic model. It's really not the best way to go about it.

This is a really helpful resource from OAH. It's called the evidence based teen pregnancy prevention programs at a glance. It's a comprehensive chart that you can download from their website and you see the address right there on your screen. But I believe we have it also in the handout section of the screen of the webinar.

So you'll see a few pieces of paper icons up at the top right hand corner of your screen. When you have a chance, make sure you click on it and download this particular resource. Really, really helpful.

The other thing you can do is you can - if you want to hear about the program straight from the developers be sure to watch the interviews with the developers on the evidence based teen pregnancy prevention program's web page and the website is right there on your screen.

This particular one was with (Janet St. Lawrence) and she is the developer of becoming a responsible teen. They're very brief but very informative.

So I want to ask - let's see, I'm going to ask (Jamie), do you mind talking about the equip project that you were working on? Because I think it was a little unique because while you were working on it they had preselected the evidence based intervention and how did that work out?

(Jamie Keith): Sure I'll be happy to talk about that. So on the (RAND) research project, very quickly, we were working with 16 boys and girls clubs in our state and there were another 16 in Georgia. We had divided the 16 into two separate groups, one was an intervention group that received training on the evidence based program as well as getting to outcomes. And the other received just training on just making - on the intervention.

But what we discovered - because we preselected the program when we were writing the application for the funding we did a needs assessment as the grant writing team to determine what were the needs in the communities we would be working. And then we selected an intervention based upon what we discovered.

We felt like the GTO activity for best practices that we really were going to affirm that the selection of the intervention was indeed appropriate for the youths that we would be serving, that they would be able to implement the program with fidelity, that we would later do a fit and capacity assessment activity around the intervention we selected.

And then of course, planning, process, and outcome evaluation activities that we'll discuss further in the webinar this morning. But the main point I wanted to just make is that while we preselected the intervention because that was a

requirement for the project, we did go through the GTO steps to affirm that that was indeed the most appropriate intervention and that the community organizations would be able to implement those to an effective level for the youth participants.

(Deborah Chilco): Great, thank you, (Jamie). So again, that kind of goes back to what Dr. (Wondersman) was saying, you came in, did your due diligence, and got to a good place to be able to continue with the project.

Excellent, okay. So moving on to Step 4, which is fit. And I got to be honest with you, I think this is one of the most essential tasks of the program selection process because this is where you're going to determine if the remaining interventions really suite or as we say fit the needs of your youth, your organization, your community, as well as your stakeholders.

Some things you're going to keep in mind are readiness to implement, the age appropriateness of the intervention, what language your target audience speaks and maybe if that curricula is available in their native language. The sexual experience of the youth that you're going to be implementing the program with, the dosage of the (EBY) as well as the cost of implementing it with really good high quality.

The bottom line is if it doesn't fit you're probably going to need to determine whether minor adaptations could improve the fit of the intervention or if it would be best just to eliminate the intervention completely from your list.

So speaking of adaptations, be sure to only make appropriate adaptations that will not compromise the core components or the ones - the core components of those things that really make the intervention work.

Minor changes, they're okay so long as they're not likely to result in major differences in the outcomes that you expect, you know, compared to the ones that developer achieved in the original evaluation. And of course, you got to remember that all proposed adaptations have to be shared with OAH and major adaptations must be approved by OAH prior to implementation.

So (Chris), I think you have a really, really helpful story about a school that was implementing safer choices. Do you mind sharing? Have we lost (Chris)?

Dr. (Abraham Wondersman): Maybe he's on mute.

(Deborah Chilco): Possibly.

Coordinator: Unfortunately he is no longer in the call right now.

(Deborah Chilco): Okay, well, good news is I have his story in front of me so I'm going to give you a short version of it. Basically there was a school that was implementing safer choices and if you're familiar with safer choices it is a very comprehensive multicomponent program.

Well, what happened over time was they we realized that only certain parts of it were really being implemented and so they had to take a step back and really kind of think is this really appropriate? We're not implementing with fidelity, maybe we need to go about this a different way. And they did. They actually - it was a teacher who spoke up about their concerns...

(Chris Rollenson): I'm back, (Deb). I'm sorry about that.

(Deborah Chilco): (Chris), okay, good. This is a perfect time for you to step in. so that teacher came to - I guess their supervisor and eventually the district and said that safer choices was not working, yes?

(Chris Rollenson): Yes, and what happened was at one point because they had a community organization had some funding and capacity to do safer choices, both Level 1 and Level 2, all the other four components other than just the curriculum and everything was working. Well, that was probably 2009.

Fast forward to 2015, into 2015 school year, this teacher was, like, I know we're saying - we're doing safer choices but now we're just doing Level 1 and nothing else is happening. Not all the teachers - there's staff turnover, we don't have any training, we really can't say that. I mean we're saying we're eating chocolate chip cookies and leaving out the chocolate chips and the eggs and possibly the flour.

And so that's kind of what was happening. And what was cool is while they started safer choices out with fidelity with all these resources we're able to go through that, they had all that resources, well, this teacher was able to come back, make these determinations, and actually they went back through the assessing for fit process. They really started with Step 1 of GTO.

Came back all the way through Step 4 and 5 to select that curriculum. And they decided that reducing the risk was actually the better fit because they could do it all in one school year and also they actually went ahead and created a comprehensive health education course that all ninth - you had to take all ninth or tenth grade because you had to take it before the end of your tenth grade year and they were able to receive credit for it.

So they were able to go back and reassess that what they were doing wasn't the best fit any more. They didn't have the resources. They were able to come back with no resources, do the process again, and actually change it and now what they believe and I believe as well have - is a better fit for their youth and the teachers who are actually implementing the programs.

(Deborah Chilco): Fantastic, and for those of you who are not familiar with the chocolate chip cookie metaphor that (Chris) mentioned with the chocolate chip and the flour and stuff, Google it because you will find some of the most amazing information out there.

It has everything to do with fidelity and adaption. And (Chris), just FYI, you would have been left with butter and sugar. And while that's deliver that's not safer choices, right.

(Chris Rollenson): Exactly, exactly.

(Deborah Chilco): Excellent, thanks so much. And that was a really great teacher for coming forward and just saying, you know, it is what it is here.

For those of you who want to make sure that your program is a good fit you can go to Healthy Teen Network's website. We have this really great useful and free tool for you. It's called the program fit checklist and it is multipage, it's pretty compressive.

Please don't get frightened off by that because each one of these is really essential to make sure that you are confident that the program you have selected is going to be the best fit for the work that you're doing. So I encourage you to go ahead and download that from health teen network website.

There's other resources that I want to share with you. This has to do with adaptations. And of course, we want to recommend the generation adaptation guidelines. It's a manual to adapt evidence based sexual health curriculum. And it was developed by (ECR) and the CDC. You can download that for free. It's really, really comprehensive and really helpful.

You also can go to ETR's recap website and, of course, OAH has lots of great resources on their website. So just remember that all those proposed adaptations have to be shared with OAH and any major ones have to be approved by OAH prior to implementation.

And something I want you to keep in mind is if you keep in mind that the - sorry, the (EBY) that you want to implement requires major, major adaptations, it's probably best to consider a different (EBY) all together.

You know, it's always best to take a step back in the process and find the best fitting (EBY) to implement rather than trying to do - shall we say, the wrong intervention and get the same results as Cinderella's stepsister trying on the glass slipper. It's just not going to fit. It's not going to work.

So let's continue in Part 2, program planning. And we're going to move into Step 5, which has to do with capacities. So once you then establish if the intervention's going to fit you and your team need to figure out what it's going to take to implement the intervention.

And do you have the resources? That's the time, the money, the equipment. Does your staff have the capacity? Do they need additional training? Will they need skill building? Does your leadership support the implementation of the intervention?

During Step 5 you're going to discover gaps in your capacity. It's pretty normal. Yes, you've been awarded lots of money from OAH but, you know, while that's a huge financial help these gaps could still impeded you ramping up implementation. You might need to recruit, you might need to hire, and you might need to orient your personnel and that takes time and resources.

You also need the resources to train and also monitor the quality of the staff implementation. You know, recruiting and hiring the best facilitators not only takes up those resources and your time, I think some people underestimate how much time it actually does take.

Always, always connect with your team and your leadership so you can figure out what are some creative ways that you can conserve resources. You know, are there collaborations or other ways to leverage current efforts that are, you know, right there in your community that maybe you didn't even consider yet.

(Chris), one of the things I think you and I had talked about previously was you had a group of teachers who felt like they were really, really confident teaching sexuality education. But then when it came to actually doing that it may have been a little bit different story.

(Chris Rollenson): Yes, well, actually what happened, after we did - we had the teachers come in - part of our Tier 1 project. And we were doing a particular curriculum and we kind of talked about human sexuality and sexuality education, (unintelligible) of health, and asked them informally one on one how are - you know, is this your comfort level? Yes, yes, I love talking to my kids. My kids feel comfortable with me.

And then we went through and after the three day training of educators they came through they did say that they felt like they could do the curriculum but they didn't feel comfortable - they felt like they could actually follow the directions, follow the recipe, they could - but they didn't feel - after they were actually implementing and we went back and assessed them they didn't feel confident that they could talk about the subject matter.

Meaning that they felt like they could, you know, administer or role-play. They felt like they could do brainstorm and do all of the teaching methodologies that, you know, trained educators are trained to do. And they felt comfortable themselves but after they got into it they really started struggling where they answered some of the questions. They kind of - they didn't feel as confident.

So that was great that we had that information. We were able to go back and build their capacity to actually answer sensitive questions, deal with their own values and beliefs and things like that. So that was valuable information on that project for us to gather because there is a lot of difference between competent and comfort level.

(Deborah Chilco): Yes, and it was not only things that you could deliver for them and provide for them but you connected them to other providers of sexuality education professional development, right?

(Chris Rollenson): Yes, absolutely. We - you know, the answer courses, gave them Healthy Teen Network's website. Yes, a lot of different resources to whatever they felt - until they felt that they felt comfortable with the subject matter, that's when we stopped.

But we knew that even through our training if it didn't do the trick what else could do the trick. So we really tried to exhaust all resources to build their capacity.

(Deborah Chilco): But not only that you incentivized it by giving some continuing education or certification credits, right?

(Chris Rollenson): Yes, absolutely. One thing - just to ask teachers and for one who's married to a teacher, you want to go to professional development, things like that, they all want to but then they're very busy. So it's really - they had to have a reason to go. And so we worked with each one of their school districts to - so that we gave them CEUs and certificates for coming to these trainings and they were able to use that towards their recertification hours.

So that's when we started seeing teachers actually sign up. We require them to come to the training of educators, that was, like, the minimum requirement the school districts had to uphold, but we weren't having success getting them to other trainings that we were offering to help them address this lack of capacity. And once we were able to link that to their recertification hours and they could - they saw the benefit in a little bit clearer.

(Deborah Chilco): Sounds like a win, win, win. They get the knowledge. They get the credits. And you guys get really high capacity facilitators.

(Chris Rollenson): That's it.

(Deborah Chilco): Okay. So I want to just draw your attention to the handout on the screen. You can download this from the Office of Adolescent Health and it's the organizational capacity assessment for teen pregnancy prevention resource.

It is, again, a pretty comprehensive tool that you can use to make sure that you really truly do have the capacity, identify the gaps so that you can then in the next step really think about how are you going to plan to increase capacity and kind of limit those gaps moving forward. So definitely download that.

All right, speaking of the next step, we are planning, planning, planning. And I'm sure you all have heard the old saying attributed to Benjamin Franklin, if you fail to plan you're planning to fail.

You know, we know medical professionals create treatment plans. Architects have their blueprints and teachers write their lesson plans. So do you have to plan? Absolutely. Absolutely. So that's what you're going to do in Step 6. You're going to divide the plan using all of the data you've collected including the completed tools and resources that you've done along the way.

So what tasks or activities need to be completed? This is - that's the essential question here. Let's see, do your staff need training on trauma informed approaches, recruitment - that's a huge one, retention is a huge one? Obviously the intervention itself.

How about how do you secure facilitation space and take care of logistics and order materials and, you know, how are you conducting the medical accuracy review? And when does that happen? And how does it impact your implementation plan?

You know, the other question is who's going to do all this stuff? Who's going to do all of these tasks and by when? You know, how much is it going to cost to get all this done and, you know, how much buy-in do you need? Well, you're going to figure all that out here in Step 6 and you're also going to figure out whether you're going to be able to turn your goal into reality.

So determine who, what, where, when, how, and how much it will truly take to implement the program and evaluate the program so you can see whether or not you're going to achieve your health goals. If you find that the answers to these questions gives you pause, that is perfectly okay.

Just take a step back and see if it's best to move forward or as we've been saying, step back into the previous GTO steps and maybe even consider a different evidence base intervention.

You know, when you do decide which (EBY) is best, go back and complete your logic model. Don't forget that we still have that intervention column that needs to be completed.

So we know a simple work plan template was included in the funding announcement and that's a great paper template but I want you to consider maybe translating this to an online format and seeking project management software that can be stored in the cloud for easy use so that you're not tethered just to your office. You can out on location and access the information.

Some software has been compatible with smart phone apps that you can track the progress in real time on your plan. If you want specific examples shoot us a question later on and maybe we can share.

But (Jamie), I think you had a great example of how one group thought they were going to implement - making proud choices in the traditional manner and then figure out they needed to rethink it.

(Jamie Keith): Sure. We were working with a community based organization providing technical assistance on GTO. And they were talking about implementing

making proud choices in the traditional eight weeks, one session a week. They were concerned that maybe their young people wouldn't - they wouldn't be able to retain them over that period of time.

So they began to think about how they could implement it in a shortened format over a weekend, the Friday night and Saturday. So they were compressing it down into that, you know, two days if you will.

When we started talking about planning they chunked the plan out into administrative type things, logistical type things, implementation, evaluation tasks. So they were able to plan very effectively to make sure that they had the staff on hand to be chaperoned because it was an overnight event, that they planned for meals because they needed to feed the young people dinner, snacks, breakfast.

You know, we always need to plan for those kinds of things, the materials, the supplies, permission slips, all of those things that really needed to be compressed and then having the materials for each module of making proud choices ready to go very seamlessly without having to stumble around and find, you know, the DVD player or the flipcharts or whatever their needs were for that particular module.

So staff members told me after the fact it was wildly successful. The young people thoroughly enjoyed it. They of course, retained all the kids from start to finish. And they said that had it not been for that GTO plan Step 6 activity that they just don't feel like they would have been able to pull it off. But because they used it and were (unintelligible) through clearly and sequentially and thoroughly they had a very effective implementation.

(Deborah Chilco): And that's always great to hear. I mean - and being a little bit more flexible and that's the key here, right. Thanks, (Jamie), I appreciate it. As everybody can see on their screen, again, just a reminder to go back and add the actual name of the evidence based program that you selected into the intervention column.

So this is a sample, we just put (EBY) in there. We didn't actually put a specific intervention. But you would. Okay.

Shall we proceed? We're actually moving into Part 3 which has to do with program evaluation. Like I said, this is the fun part. This is where you actually get to see all of your efforts from Step 1 through 6 pay off we hope.

So in Step 7, which has to do with process evaluation, you're going to first of all determine what you need to know and measure how you want to measure it and figure out who's going to be responsible for administering the evaluations and analyzing them.

A couple things you probably want to collect, this is key data. That would be attendance, fidelity monitoring - in other words, how closely the (EBY) is implemented compared to the original study or your plan. You're also going to look at the dosage, the participant and facilitator satisfaction. Yes, the facilitator's get a say in this as well.

Please make sure you complete the documentation thoroughly throughout implementation, don't wait until the end. And then although maybe you're using the same (EBY) with multiple classes you got to keep in mind each class is unique. You could implement the same lesson multiple times with different groups of youths and each class is going to be unique.

For example, there will likely be a difference in the energy level of the youth if you are implement at 9:00 am versus 7:00 pm. You know, or maybe something happened at home or at school or maybe a participant has experienced trauma and it's affecting his or her willingness to participate fully that day.

You know, maybe you had to do impromptu adaptations because the learning space was not as comfortable as it could be for your LGBTQ participants. Whatever it is, document what made this class unique so you can recall it later.

So the other thing is determine if adjustments need to be made based on one of those - what we call in-flight adaptations. Because maybe that deviation from the original implementation plan might actually be beneficial.

But make sure that you clarify that the changes that you make are not the same as planned adaptations, which would require involvement by OAH. So if they're spontaneous document it. If it's a planned adaptation check in with OAH.

So just remember there are specific performance measures outlined in the request for proposals and you better refer to them frequently.

(Jamie), I think that you have a pretty example of how process evaluation data informed when implementation was going to happen for one of your organizations.

(Jamie Keith): Sure, when we started working with our organizations on that (RAND) project we were trying to think when the best time - working with facilitators to find out when the best time to implement a program would be. And because there

were so many young people participating in club activities during the summer logic sort of dictated, well, then that will be the best time to implement this Tennessee prevention program.

And so that's what was done. And we created an attendance roster that not only tracked who was attending that particular day but what amount of the program they participated in. So for example, if they left halfway through they were there for 50%.

If they stayed, you know, three-quarters of the way 75%. So what we found during process evaluation was that although there were a number of young people participating they weren't regularly participating nor were they staying for the entire session.

Because what was happening in the summer, kids were dropping in and out of the program, there might be something else going on in the club, a field trip to the local pool that was, you know, way too much fun to miss. (Unintelligible), there were a number of young people in attendance regularly attending.

So (unintelligible) evaluation data, the club made the decision to implement in the evenings in the fall after the school had started back and young people were very regularly attending because they were coming right after school. They were staying because they were waiting for parents or caregivers to pick them up so they had a lot better attendance and a lot higher dosage rate by adjusting the time that they implemented the program.

So what logic suggested was either best time, reality clearly said not necessarily.

(Deborah Chilco): Well, (Chris), you found out something similar when you went through a CQI process with one of your groups that, you know, you looked at their fidelity monitoring logs and you figured out that it had nothing - like, because they weren't having success with their outcomes it had nothing necessarily to do with the program itself but had to do with something else. Can you share with the audience what they figured out?

(Chris Rollenson): Yes, after looking at when they - initially got this particular CBO got their outcome data back they were really upset and really distraught because they didn't get - they didn't see any outcomes in the young people's confidence to use condoms.

And the facilitators were really struggling with this and took it personal because they said they were comfortable with this information, they felt they presented in a - the correct way and they just couldn't figure it out. And they were all but ready to just scrap the whole project. They were like, (Chris), we need you to come down and help us go through this whole selection process again.

I was able to calm them down and they were able to - we sat through an intentional CQI process, they brought in some of their facilitators, some of their youth as well, some community members, and they looked at and matched up that actual outcome with the lesson that was being taught. And they realized that half their students weren't present that day.

And so you know, after that they were able to realize, you know, let's not start from scratch. Let's just make sure our kids are here when we teach one of these, you know, important lessons. So that really saved them from starting the whole process all over again and wasting a lot of resources as well.

(Deborah Chilco): Yes, we have to make sure that we understand what the competing commitments or whatever enticing opportunities are competing against our program. And try not to schedule our stuff when there's something that probably would seem really cool to go to.

And (Jamie), I thought that your point that we may think summer's the best time but, you know, summer can be a little erratic so you know, maybe it's not the best option. I appreciate you two sharing that - you know, you're stories about planning and actual scheduling challenges.

Which brings me to (unintelligible), outcome evaluation. This is when you're going to figure out if you're achieving those behavior changes and reaching your health goals that you had established back in your logic model. So just like in Step 7 you're going to determine what do you need to know, how are you going to measure it, who's measuring it, and who's analyzing it.

So you need to determine a baseline for participants so that you can demonstrate that the change that has actually happened is the result of your efforts or your intervention. Long gone are the days that your funders are going to just - thank you for doing this work. No, no, they need results. You absolutely have to show that it has something to do with what you implemented.

So we know that everybody attending the webinar is very committed to improving the health and wellbeing of the young people in your community. We've got to prove that relationship between our efforts and outcomes.

You got to gather, analyze, and use the data, not only from your current efforts but from the past so that you can make informed decisions about what's going to happen in the future for these young people to help us all

collectively achieve our goal of health and wellness for the youth of our community.

So I want to move into Part 4 so that we have ample time for you all to ask questions of the panelists. We're going to talk here about improving and sustaining programs and we alluded to Step 9, which has to do with continuous quality improvement already. This is when you really kind of step back and take a look at all of your data so that you can really focus on ways to improve and eventually sustain your program.

So you're going to use the results of your process and outcome evaluations and you're going to look for things that worked well as well as areas of improvement.

You know, why did our youth retention rates drop at a particular time of year or after a particular lesson? Why are we \$2,000 under budget? How did we lose not one but two sets of our facilitator manuals? Why are we being asked to present our findings at statewide conferences?

You know, why are reporters knocking on our door because they may have gotten a little tip about our success? All these questions could be answered during the CQI process and we believe it really is the best way to figure out, you know, what went well and where can we continue to improve.

So while we know that Step 9 typically is where you're going to have that discussion, we want to encourage you to also think about having this discussion while implementation is happening. We call this mid-course CQI.

Mid-course CQI relies on process data and gives you the opportunity to make those adjustments or to refine anything that you're doing so it doesn't become

a larger issue, okay. Now when we talk about strategic CQI this is what happens after the implementation cycle concludes. This is when you use that outcome data to inform areas you're going to treat for improvement.

So although many of you all are new awardees you should be really thinking about your CQI process right now or as soon as possible. When are you going to do it? Who's going to participate in the process? What questions do you want to ask?

And then how will you actually implement those specific recommendations or improvements? And then don't forget, brainstorm a list of possible limitations that could impede your efforts. So both (Jamie) and (Chris) have shared with you a little bit about how CQI is such a critical part of making sure that you're doing right by the young people.

This is the CQI tip sheet. And this could be downloaded for free. You can actually get this off of Healthy Teen Network's website or you can Google this and pull it off of the US Department of Health and Human Services administration on children, youth, and family youth services bureau, (FISBY) for short.

But we do have this on our website and it is a great tool for you to kind of see the highlights of how you can conduct a continuous quality improvement process and this tip sheet would probably be a really nice tool in your toolbox.

All right, so we have made it all the way to Step 10, sustainability. All right. So hopefully we've been working towards sustainability throughout your GTO journey. This step is when you will ensure that the program will continue. Whether your program remains at the current level, expands, or even

contracts will depend on the support you have garnered through your community, your political, your financial, and your social networks.

So with some planning and effort we believe that you could gain support for your program and have it continue so that you can cycle back to Step 1. Each time you do this we believe that you will be one step closer to reaching your health goal.

So definitely, definitely want to encourage you to check out all the resources that are available for you for free regarding sustainability. And there's lots and lots available and many of them have to do with the Office of Adolescent Health framework and the eight key factors of sustainability. These are three fabulous resources.

The first one is the sustainability e-learning module so you can do an e-learning process. Then there's also the building sustainable programs, the resource guide. This is a really great resource. It's got good stuff in it for you to pursue. And then finally we've got building sustainable programs, the framework. Again, there is a - the links to the website, take some time with it, it's really, really helpful.

So (Jamie), real quick, can you share with us a little bit about the sustainability that happens in the equip project?

(Jamie Keith): Sure, so the (unintelligible) participated in the equips project found that their parents of youths who weren't quite old enough to participate in the program were really anxious for their kids to participate when they were old enough. So they knew they had the support from the parents and their organization to continue to delivering - making proud choices.

They also - because they already owned the curriculum as part of this project and were very thoroughly trained through this project they were able to continue delivering in their clubs without an outlay of cash because they already had all the resources that they needed.

And fortunately have not had tremendous staff turnover so while they were planning for sustainability they did build in some time to think about how to train staff should that eventuality occur.

So the good news was that sustainability was definitely important to them and they were supported and were able to continue delivering the program after this research project has ended.

(Deborah Chilco): But not only that, they were able to bring the data back so I'm going to give you a moment to toot your own horn. Can you share with us the outcome data for the equip project real quick?

(Jamie Keith): Sure, so the outcome data that we found on the equip project - and if you remember, we were working with clubs to train and provide technical assistance on GTO. Those sites that had GTO training had 92% of their making proud choices activities completed fully and those sites that only received (unintelligible) training, so in other words they did not get GTO training and technical assistance were at 55%.

So GTO definitely enhanced and led to higher levels of fidelity for delivering the intervention. The GTO sites also had significantly higher ratings with classroom control, teacher enthusiasm, student interest, and meeting the curriculum objectives.

And in terms of outcomes for young people, we had condom attitudinal skills from our youth survey, four out of eight of those skills improved more in GTO site than in the NPC only sites.

And the GTO sites had larger improvements in knowledge and condom attitudes overall. So we found that GTO really did have a significant impact on both the facilitator side of things, how the programs were delivered and how the staff felt about it and importantly the youth outcomes to participate in the program directly.

(Deborah Chilco): Fantastic, and I think some people really think financial sustainability or fiscal sustainability when they think of sustainability, the concept. While we want to expand your definition of sustainability, (Chris), why don't you give a shout out about the Spartanburg crew and how they were able to sustain their work?

(Chris Rollenson): Yes, so our group up in the upstate that worked on this past project is actually just finishing up here in about five days. They worked hard and they were working (unintelligible). They were working individually on their own sustainability plans but at the same time - and those were our funded partners.

At the same time the community group was working to sustain the efforts as well. And when this last round of funding came around they were able to - because they were familiar with GTO, they had everything in place. They just didn't, you know, collect their data and do what we told them to and put them on a shelf because we told them to.

They were able to by themselves succinctly put everything they learned in GTO into an application and now they have funding for another five years to do that alone without us. And that was really through - and the whole thing - the capacity we built with them the whole way was in the GTO framework

and we really believe that's a bit reason why they were able to accomplish - to get funding for the next five years.

(Deborah Chilco): Kudos, that is awesome. Thanks you guys, that incredible stuff going on in South Carolina. Thank you. But I want you to think about how does it all circle back to your health goal. And even if you've reached your health goal don't quit, don't ever give up, raise the bar higher, expand your scope, never stop striving for excellence.

Now if you haven't quite reached your goal, that's okay. Acknowledge the small wins you did experience. Make sure you implement that CQI plan and the activities that you just created. And definitely stay motivated, figure out what's going to incentivize your staff, your team, your partners so that you can continue to strive for success.

And then proceed back through Step 1 of your needs and resources assessment and find out if you've missed something, if things have changed, what else could inform the process and your decisions moving forward.

Okay, all right. Well, we've come to the point where we're going to engage in the conversation with you, the audience. And I want to alert you to a hand out that will provide for you a nice example of how getting to outcomes was used by a fictional organization called Fayetteville Youth Network.

You can download this from the handout section on your screen. This was created with the University of South Carolina as well as Healthy Teen Network. And it provides a great concrete example of how one organization was proceed through the GTO process.

At this point though I'd like to - if we could, Operator, are you there?

Coordinator: I am.

(Deborah Chilco): Okay. We are going to go ahead and open up the phone lines or if you would rather - folks, if you'd rather type in a question in the Q&A box if you're not feeling very vocal today, that's fine. Open it up for questions for me or Dr. (Wondersman), or (Jamie), or (Chris), or even one another. What questions do you have about getting to outcomes?

Coordinator: And to ask a question please press star-1. You'll be promoted to record your first and last name. To withdraw your request press star-2. Once again, press star-1 to ask a question. Please standby for our first question.

(Deborah Chilco): All right. We actually have our first question coming in through the Q&A box. So sounds like somebody is curious about how often would you recommend performing Step 7 implementation and evaluation process?

(Abe), how about if you take that one? How often would you recommend performing Step 7?

Dr. (Abraham Wondersman): Once you start implementing you want to be keeping track of what's there. You know, as we heard in some of those examples, if the kids don't stay for the whole session you're out of luck and you wouldn't know how to explain why you didn't get results. So I think we had some really nice examples of that.

This is the dose. In order to get an outcome you need a - or a response you need a dose. And the amount of dosage is really important. So I'd say as you're doing your activities with how many youth and what sessions they're in that's what - it's real time. It's not record keeping for the sake of record

keeping and you throw it away as (Chris) was saying or you put it on a shelf. You're using it because it helps you understand what's going on or what you need to improve.

(Deborah Chilco): Great, thank you. A question has come in about - to what degree should the community advisory group be introduced to the GTO framework? (Jamie) or (Chris), what are your thoughts about that?

(Jamie Keith): So this is (Jamie). I think the more involvement you have and understanding you have from your advisory group about the process that you're working through as an organization would be very helpful, particularly as you are doing the needs and resources pieces.

And I actually can't think of a step that where a need or where an advisory group wouldn't be beneficial towards the process and outcome evaluation. You want to be sharing that with those in your community who will become your champions and definitely through sustainability efforts.

But I think if you have an advisory group and you want to engage them in this process they would certainly be an added benefit and could help you in uncovering things that maybe you wouldn't think of without their support.

Dr. (Abraham Wondersman): And to add, this is (Abe), I'd like to add to that. We talked about the idea of accountability. And our community advisory boards and other stakeholders often want to know are we being accountable with the time and money that we're spending.

And the way we do accountability in GTO and it's in some of the resources that (Deb) has mentioned is each of these has an accountability question. So the first one is what are the needs and resources in our community? And that's

why we're doing what we do because we did a needs and resource assessment so we're showing that we're accountable.

And Step 2, the accountability question is what are we trying to achieve? What are our goals? What are we trying to achieve? When you answer that question you show people that you're really being accountable and saying here's where we're headed, here's what we want to do.

And the same thing goes for the rest of the steps. Each one has an accountability question and when you answer it you show that you're being accountable.

And I think a lot of community advisory boards and particularly if you have any business people involved they always like to hear about accountability.

(Chris Rollenson): And (Deb), if I'm asking advice from a board, you know, advisory board, asking them, you know, to help advise me, it's probably good that they know which way I'm going, the direction I'm going.

And that's what GTO provides for, provides you kind of a step-by-step best practice on what to do with the information that you receive, how to get the information, and how to use the information. So if the advisory board's not informed about which direction you're going, not sure what kind of quality advice they can provide to you.

(Deborah Chilco): Yes, (Chris), I think you've also mentioned whether it was today or previously when we've talked, common language and common understanding of how we're proceeding through this so it's not hectic and not - you know, truncated because I think people often times often want to jump right to implementation and you have to explain to them the process, the steps, and why you have to

do the work before you actually get into the actual implementation, that common language is essential.

(Chris Rollenson): Precisely.

(Deborah Chilco): Yes. All right. Operator, are there any questions online?

Coordinator: There are no questions at this time. But as a reminder, to ask a question please press star-1.

(Deborah Chilco): And I - I want to be mindful of time. But I want to ask (Jamie) and (Chris) specifically, you know, as practitioners you've gone through this. You've been doing this for a long time. What would be one PIP or trick or even some words of advice for practitioners who are embarking on getting to outcomes?

(Jamie Keith): So this is (Jamie), and I would just say that one of the things that we learned is that framing GTO as a process that will enhance youth participant experience plans really resonates with - the groups we were working with (unintelligible) we worked with. Most said in framing GTO as a planning, evaluation, and implementation process.

So I think for the folks we worked with, the benefits of GTOs to their youth experience seem to really resonate with them and made them more enthusiastic and energized about working through GTO as a process. So while it helps them personally and professionally within their own work the benefit to the youth seem to be the thing that really got them going.

(Chris Rollenson): And I echo exactly what (Jamie) said. It especially helps those who are closer and close contact with the youth. Another one that I've found to be - and I know Dr. (Wondersman) talked to me also about this is accountability. From

the leadership and also in the stakeholder's, it helps provide that. You can instantly give accountability of what you're doing, why you're doing it. You get that question a lot.

Like, why are you doing this or, you know, what - why are you skipping this? I mean even down to the real brass tax of where are you spending the money? You know, it gives you accountability to what you're doing and why you're doing the things that will ultimately be beneficial for the youth that you're serving.

(Deborah Chilco): Excellent. (Abe), any wise words for our audience?

Dr. (Abraham Wondersman): Well, GTO's been used a lot all over the country and it does take some work to learn to do these ten things. As (Deb) said at the very beginning though, we have something called GTO thinking that you can use these ten steps to do just about anything, plan a vacation.

We've had people use it to plan weddings, to get into graduate school. It's a way of thinking systematically, strategically, and then following through.

(Deborah Chilco): Absolutely. And while the first few times you do it might be a little arduous, trust me, it's worth it. It's worth it. It pays off in the end. Absolutely. Absolutely.

Just checking to see if there were other questions. Yes, there are a couple logistic questions about PowerPoint's. Are you going to get a copy of the PowerPoint and what training is available? And also the list of resources. Yes, all of these things will be available.

We can give you more information about that. Of course, contact your project officer about any particular training or technical assistance requirements or requests that you have. And we'll make sure that you build your capacity because that's going to be absolutely key in the work that you do and the next couple of years. So do ask for assistance.

Don't answer this on the Q&A but I want you to think about one aha you had during today's webinar and I want you to share it with some colleagues who may not have attended today's webinar.

Because that's going to help you really start formulating how you're going to think about GTO and how you're going to be able to explain it to those who aren't even as familiar as you are. What's the one aha - the one takeaway you have from today?

Here is the list of resources that were available during the webinar - during the broadcast. Those will be available to you. But in closing I can't thank Dr. (Wondersman), (Abe), thank you. (Jamie Keith) and (Chris Rollenson) for all of their preparation and willingness to share their experiences using getting to outcomes.

And of course, I really appreciate the staff at OAH, (Jackie Reeves) and (Sabrina), you're fabulous and I appreciate this opportunity. And (Brandon Strafford) at child trends, you know, helping to make sure this all came together.

GTO absolutely is the way of thinking. It is a way of organizing the work that you do. It's a way of making sure that it is comprehensive and it is - nothing is - all stones are turned over. Nothing is overlooked. And that the work that you

do is done with quality because it really is about the health and the wellbeing of our young people, that's why we do the work that we do.

And we absolutely encourage you to explore this more. We hope that you reach out to us if you have greater needs for getting to outcomes because it will take - it will take some effort on your part to learn, to get comfortable with it, and to get familiar with the tools and resources that will ultimately help you achieve your outcomes.

So we thank you very much for spending part of your day with us on behalf of OAH and child trends and the team here at health teen network and all of our guest speakers, we absolutely want to hear back from you so please complete the feedback evaluation form that is now displayed on your slide.

We definitely take a look at these and they inform the improvements for future webinars. So please be honest, please take your time with it, and we hope that you have a fabulous, fabulous rest of your day. Thank you and have a great day.

Coordinator: Thank you. This concludes today's conference. Participants, you may disconnect at this time. Speakers, please wait for transfer.

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