

Personal Responsibility Education Program

How States Planned and Implemented Adolescent Pregnancy Prevention Programs: State PREP Performance Measures of Structure, Cost, and Support for Implementation

The primary purpose of the State Personal Responsibility Education Program (PREP) Performance Measures (PM) is to collect information from all grantees on the extent to which the PREP objectives are being met and to contribute to lessons learned from scaling up to replicate evidence-based adolescent pregnancy prevention programs. During the first and second years of full implementation (2011-2012 and 2012-2013)¹, data were gathered from grantees on performance measures intended to document measures of structure, cost, and support for implementation from grantees and their providers.

This brief on State PREP performance measures addresses program implementation decisions, grantee and provider spending, and challenges faced with implementing programs.

Background

To help reduce teen birth rates and the negative consequences of unplanned pregnancies, as well as prevent sexually transmitted infections (STIs) and associated risk behaviors, Congress authorized the Personal Responsibility Education Program (PREP)

THE PREP MULTI-COMPONENT EVALUATION

The PREP evaluation, led by Mathematica Policy Research, has three main components. The evaluation team will (1) document the implementation of funded programs in participating states, (2) analyze performance measurement data provided by PREP grantees, and (3) assess the impacts of PREP-funded programs in four sites using a random assignment design. All three components of the evaluation will expand the evidence base on teen pregnancy prevention programs, and will help identify the decisions, successes, and challenges involved in replicating, adapting, and scaling up evidence-based programs.

This brief is part of a series of products from the evaluation that can be found at <http://www.acf.hhs.gov/programs/opre/research/project/personal-responsibility-education-program-prep-multi-component>.

¹ There are 48 out of 49 state PREP grantees represented in the analyses (44 states, the District of Columbia, and three territories (Virgin Islands, Puerto Rico, and Micronesia). Wyoming did not report in either year.

as part of the 2010 Patient Protection and Affordable Care Act (ACA). Most of the PREP funding (\$55.25 million of \$75 million, annually) was designated for formula grants to states and territories, and is administered by the Administration on Children, Youth and Families (ACYF) within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS).

State PREP grantees have discretion to design their programs in alignment with four primary expectations which are to (1) be evidence-based, (2) provide medically-accurate education on both abstinence and contraceptive use, and (3) educate youth on at least three of six adulthood preparation topics. States are also encouraged to (4) target their programming to high-risk populations, such as youth residing in geographic areas with high teen birth rates, adjudicated youth, youth in foster care, minority youth, and pregnant or parenting youth.



Performance Measures (PM)

Grantees funded by PREP must participate in the collection of data and reporting on the outcomes regarding programs and activities carried out with PREP funds. In nearly every state, grantees fund providers to implement programs under the guidance and procurement procedures of their state agencies. The PM system collects data at both state agency and provider levels.²

Findings

The performance measures reported below provide detailed information from program providers and offer valuable findings about the scale of and support for the PREP program, as evidenced by the number of program facilitators, the extent to which facilitators have been trained and observed, and providers' implementation challenges and needs for technical assistance.

IMPLEMENTATION DECISIONS

The number of facilitators supported by the State grants to provide sex education increased from 1,315 in the first year of implementation to 2,487 in the second year of implementation. The 323 providers that served youth during the second year of implementation employed an average of 7.7 facilitators.

Nearly all program facilitators were trained. Among the 2,487 facilitators who served youth, 85 percent were trained in their respective PREP program models. Nearly all program providers (89%) had 100 percent of their facilitators trained in their PREP models.³

² Select PM are reported to Congress. For more information on the PM reported to Congress, see http://www.acf.hhs.gov/sites/default/files/fysb/rep_congressional_pm_brief_20150626.pdf. Information on grantee entry and exit performance measures will also be available in subsequent briefs. Check the FYSB website for more information: <http://www.acf.hhs.gov/programs/fysb>

³ In order for 89% of providers to have had 100% of their facilitators trained, but still have 15% of all facilitators not trained, the 11% of providers with less than 100% are either very large, or have very low training rates.

Grantees reported supporting program implementation in three key ways.⁴ All of the grantees (48) provided technical assistance and the vast majority provided training (45 of 48) on program models, and supported program observations of implementation fidelity (43 of 48). Of the 48 grantees, 41 supported all three of these activities.

Nearly all providers used HHS-listed evidence-based programs (EBPs). States originally proposed that 93 percent of all youth participants would be served by EBPs like those described by the HHS Teen Pregnancy Prevention Evidence Review (TPPER)⁵. A slightly higher proportion of participants (95%) were ultimately served by HHS-listed EBPs as reported in the second implementation year (2012-2013)⁶.

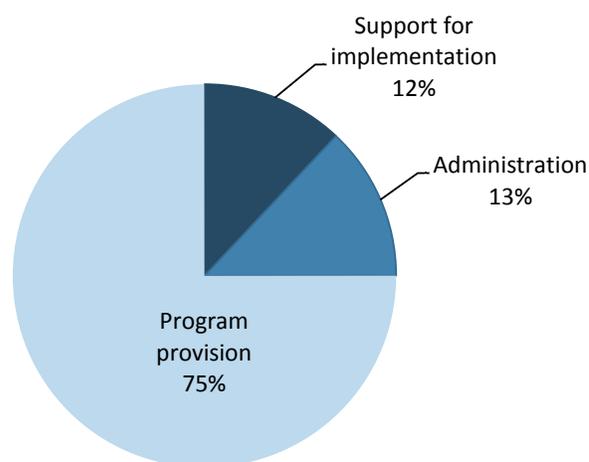
The number of participants served may exceed the original forecasts. In the first year of implementation (2011-2012), the providers projected that implementation would occur at 1,350 implementation sites and they expected to serve 300,000 youth over the entire grant period (2010-2015). In fact, the PREP program served nearly 90,000 youth by the second implementation year (2013-2014)⁷. At this rate, PREP could substantially exceed the forecasted number of youth participants and potentially reach 360,000 youth.

GRANTEE AND PROVIDER SPENDING

State PREP grantees spent most of their available funding in the 2012-2013 grant year. A total of \$52,541,225 was available to the 48 grantees during this period, and grantees spent \$43,244,656 (82%

of the available funding). Grantees devoted three-quarters (75%) of the funding to program provision (Figure 1). They used the rest of the funding for grant administration (13%) and support for implementation (12%), including training, technical assistance, program monitoring, and evaluation.⁸

Figure 1. Use of Grant Funds, 2012–2013



Grantee staffing is a relatively small proportion of total State PREP spending. The structure of PREP grantees' staffing reflects a limited percentage of funds devoted to grant administration, compared with the funding devoted to program provision. Grantees reported the involvement of an average of 2.4 staff members and an average full-time equivalency (FTE) of 1.4 staff members. In 25 percent of State PREP grantees, one staff member was involved in the administration of PREP. In another 25 percent of State PREP grantees, three or more staff members were involved in the administration

⁴ Grantees might have provided this support themselves, or they might have funded a program partner to conduct these activities on their behalf.

⁵ The TPPER can be found at: <http://tppevidencereview.aspe.hhs.gov/>

⁶ These data were not collected during the first implementation year.

⁷ Data on State PREP Performance Measures of Attendance, Reach and Dosage and Participant Entry and Exit Surveys for the 2013-2014 grant year are included in the select PM reported to Congress. For more information on the PM reported to Congress, see http://www.acf.hhs.gov/sites/default/files/fysb/prep_congressional_pm_brief_20150626.pdf. Information on grantee entry and exit performance measures will also be available in subsequent briefs. Check the FYSB website for more information: <http://www.acf.hhs.gov/programs/fysb>

⁸ The evaluation reporting calculates the percentage of total grant funds dedicated to each type of grantee activity based on the actual funds disbursed, not the total funding available.

of PREP. The remaining 50 percent of the grantee states and territories administered their PREP programs with two or three staff members.

Some providers supplement their PREP funding with non-PREP sources. A program provider is an organization (typically a nonprofit funded through a sub-award) that delivers PREP programming to youth. One-quarter (25%) of program providers received less than \$25,000 and 25 percent received more than \$108,000 from non-PREP sources. About 12 percent of providers (39 of 336) supplemented their PREP funding with funding from non-PREP sources to help provide PREP programming. Among these program providers, an average of 43 percent of their total funding for PREP programming came from non-PREP sources.

IMPLEMENTATION CHALLENGES

Program providers were asked to report areas in which they have had challenges providing programming and for which they requested topics for technical assistance (TA). Programs were asked about their implementation challenges and requests for

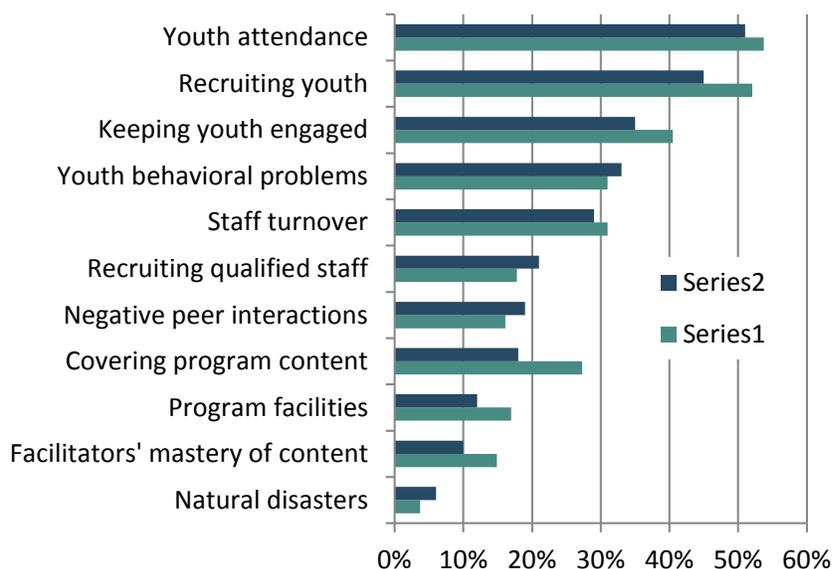
Providers' implementation challenges and requests for technical assistance reflect the challenges of working with high-risk populations.

technical assistance in 2011-2012 and again in 2012-2013. The information below (Figure 2) compares providers' thoughts on program implementation challenges between the first and second years of implementation.

Key provider challenges. In 2012-2013, the greatest number of program providers reported challenges pertaining to these top five concerns: youth attendance, recruiting youth, engaging youth, youth behavioral problems, and staff turnover. Technical assistance (TA) requests tended to mirror these concerns.

Most implementation challenges reported by program providers decreased between reporting periods. Grantees are making progress in the implementation of PREP programs. Of the 11 reporting categories for

Figure 2. Implementation Challenges Reported by Program Providers, 2011–2012 and 2012–2013



implementation challenges shown in Figure 2, seven (youth attendance, recruiting youth, keeping youth engaged, staff turnover, covering program content, program facilities, and facilitators' mastery of content) decreased (2% to 9%) in the second reporting period.

Ongoing Evaluation Efforts. Future data collection for State PREP will continue to illustrate the States' and providers' progress in serving young people in diverse settings. In the coming months, the Family and Youth Services Bureau will share more findings from the ongoing evaluation of PREP, including a brief describing the most popular teen pregnancy prevention program models chosen by PREP grantees. For more details on the PREP program visit <http://www.acf.hhs.gov/programs/fysb/programs/adolescent-pregnancy-prevention>.



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