



## Building PREP: Strategic and Deliberate Decision Making

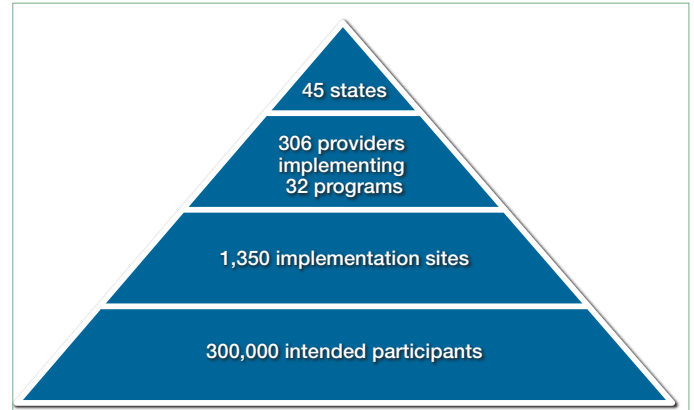
**PREP is unfolding on a large scale, and most states are using a common structure of providing PREP through local organizations.**

The programs in 44 states and the District of Columbia are operating through 306 providers, such as school districts and community organizations, that will implement 32 separate programs. The providers will work through 1,350 implementation sites and expect to serve 300,000 youth over the grant period.

**States strategically selected program providers.** Their selection reflects a commitment to implementing programs with fidelity, engaging youth, and reaching the target population. States looked for providers with experience implementing the selected evidence-based programs and a successful record of recruiting and engaging youth.

**States are implementing PREP primarily through schools.** School-based settings make up more than half of the planned implementation sites—758 of the 1,350 expected sites. States report that schools are attractive because they can serve many youth at relatively low cost. Implementing PREP in schools may also ensure that programs deliver the intended dosage and may promote sustainability. States with health education policies that align with the PREP requirement to provide comprehensive education on both abstinence and contraception are implementing PREP programs primarily through schools.

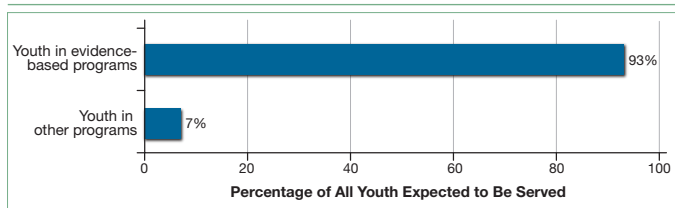
State PREP Structure Unfolds



## PREP Decision Drivers: Selecting Evidence-Based Programs for High-Risk Youth Populations

**States chose program models that reflect target populations and planned settings.** Many states chose their target population first and then chose a program that is appropriate for that population. For example, some programs are more appropriate for Hispanic youth, adjudicated youth, and youth in foster care. States also selected program models that were easier to integrate into their selected settings, such as school-day health classes, youth detention centers, and foster care congregate care facilities. The only adaptations to the selected models they reported were made to alter content or delivery of an evidence-based program in order to better serve higher-risk youth populations, such as youth in foster care, adjudicated youth, and youth identifying as lesbian, gay, bisexual, transgender, or questioning.

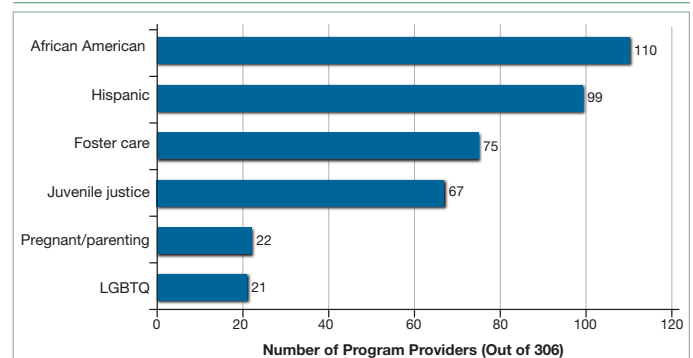
States Will Serve Most Youth Using Programs Identified by HHS as Evidence-Based



**States' program providers are targeting high-risk youth populations.** Three-fourths of program providers will operate in high-need geographic areas, and states report that their program providers expect to serve primarily African American and Hispanic youth, youth in foster care, and adjudicated youth.

**Most youth will participate in evidence-based programs.** More than 93 percent of the 300,000 expected PREP program participants will be served by programs that are among the 31 that HHS has identified as evidence-based, through a systematic review of teen pregnancy prevention effectiveness evaluations. More than one-third of the youth expected to be served will participate in two of the evidence-based programs—*Making Proud Choices* (64,000 youth) and *Be Proud! Be Responsible!* (51,000 youth).

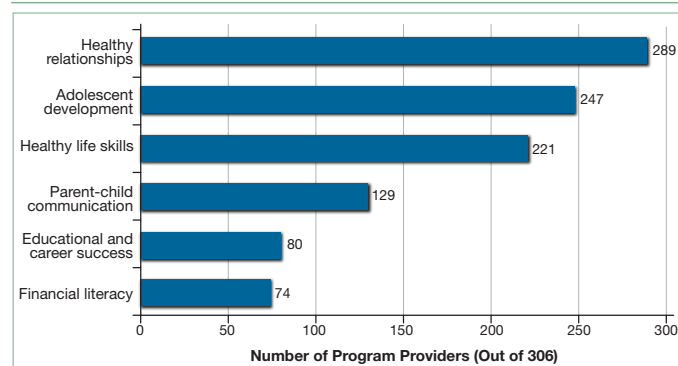
Program Providers Will Target High-Risk Youth



## Covering Abstinence, Contraception, and Adulthood Preparation: Varied Approaches to Meeting PREP Requirements

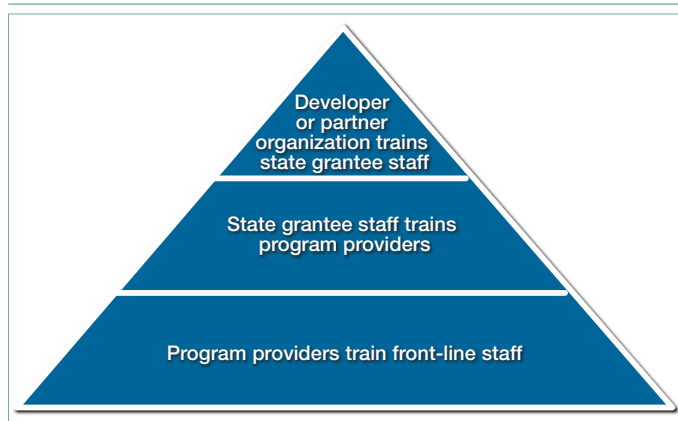
States vary in the degree to which they oversee these requirements and their approaches to addressing them. About half of the states assessed whether their selected program models adequately address both abstinence and contraception. Similarly, a little more than half the states chose the three adulthood preparation subjects that their program providers must address, and most chose subjects that were already covered by their selected program models. Otherwise, states gave their providers discretion to ensure that they meet these expectations. Despite this variation in approach to covering the adulthood preparation subjects, three subjects will be addressed through the selected programs more than the others—healthy relationships, adolescent development, and healthy life skills.

**Healthy Relationships, Adolescent Development, and Healthy Life Skills Are the Most Popular Adulthood Preparation Subjects**



## Infrastructure Designed to Support Implementation

### “Train the Trainer”—A Popular Training Approach



**State-directed training focuses on implementing program models with fidelity.** More than half of the states are working closely with the program developer or distributor to train facilitators to implement the evidence-based models. And more than half are also working with organizations that have expertise delivering the programs or training others to do so. A popular and cost-effective approach is “train the trainer”. Under this approach, staff from a program developer or an outside organization train state grantee staff, who in turn train program provider staff. They in turn train the facilitators to work directly with youth.

**Technical assistance (TA) and monitoring efforts are underway.** To support implementation more broadly and address unexpected needs or challenges during implementation, state PREP grantees are

making plans to supply ongoing TA to their program providers. Also, nearly all states plan to monitor program implementation. However, at the time of the interviews, most states were just beginning to identify TA needs and did not have concrete plans for addressing them. States also had not yet developed specific plans for analyzing data from program monitoring and acting on the results.

### The PREP Multi-Component Evaluation

The PREP evaluation, led by Mathematica Policy Research, will continue to document PREP program implementation. The evaluation team will (1) conduct a second round of telephone interviews in late 2014, (2) analyze performance management data provided by PREP grantees, and (3) assess the impacts of PREP-funded programs in four or five 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, and the previously released [full report](#), are the first products of the evaluation.

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