



Teen Pregnancy Prevention Program

Policy & Procedure Manual

January 2, 2019



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I. Introduction

Program Background

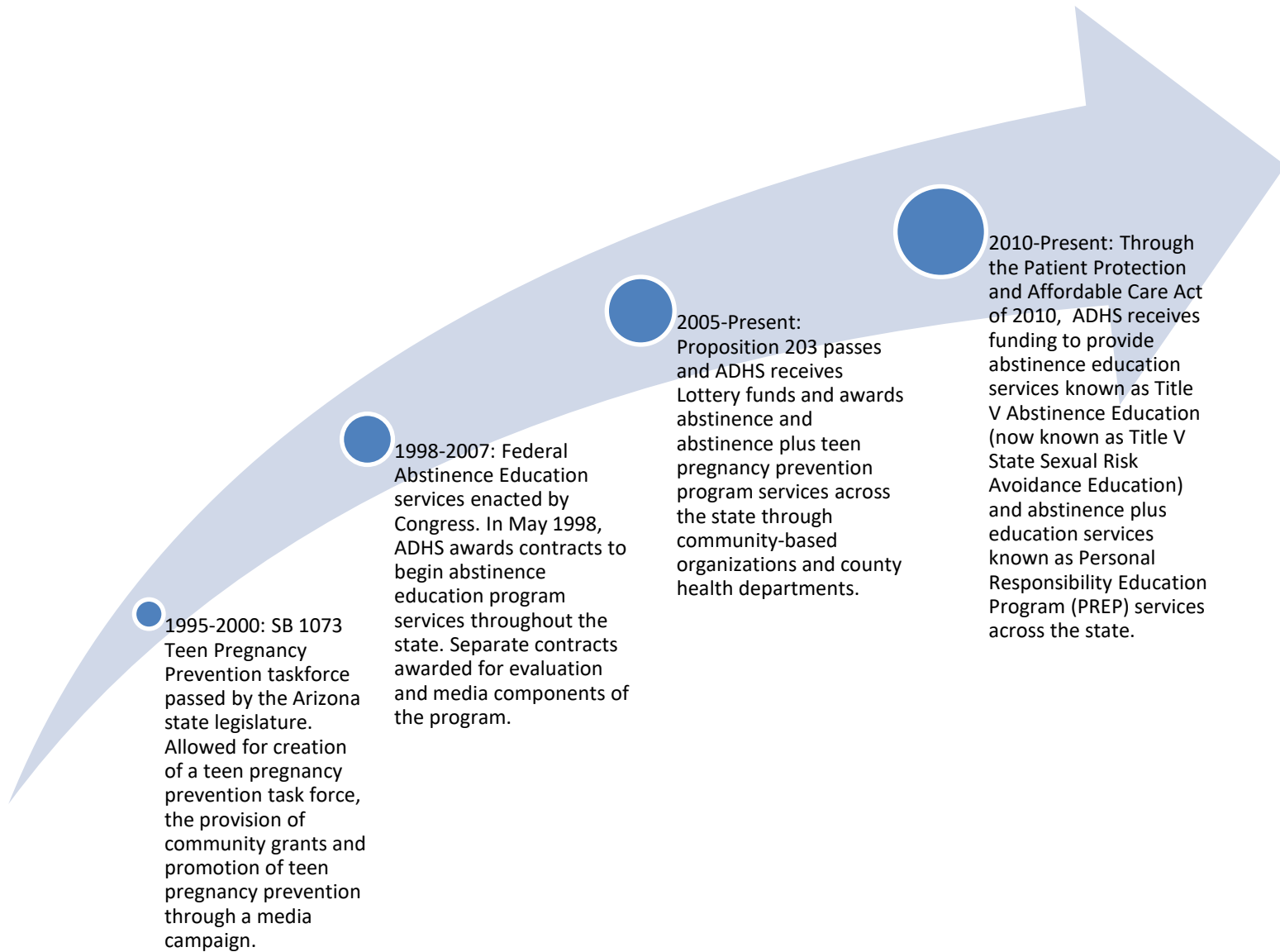
The Arizona Department of Health Services (ADHS) has been receiving funding for teen pregnancy prevention services - see Table 1.1, primarily abstinence education, since 1995. ADHS was first funded in April 1995 when SB 1073 was passed by the Arizona state legislature. The bill established the creation of a teen pregnancy prevention task force, the provision of community grants and promotion of teen pregnancy prevention through a media campaign. Funding for the community programs funded through SB 1073 ended in 2000. In 1998, ADHS received funding for Federal Abstinence Education services enacted by Congress. In May 1998, the Arizona Department of Health Services awarded contracts to agencies to implement abstinence education program services throughout the state. Separate contracts were awarded for the evaluation and media components of the program. The funding remained in place through 2007.

As of 2005, ADHS has been receiving Lottery funds with the passage of Proposition 203. The Lottery funds are used to fund abstinence and abstinence plus teen pregnancy prevention programs across the state through community-based organizations and county health departments. Additionally, through the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) [Pub.L.111-148], ADHS receives funding to provide abstinence education services now known as Title V State Sexual Risk Avoidance Education (TV SSRAE) and abstinence plus education services known as the Personal Responsibility Education Program (PREP).

Funding for teen pregnancy prevention is distributed through the ADHS Bureau of Women's and Children's Health (BWCH), Office of Women's Health (OWH).

Teen Pregnancy Prevention Program

Table 1.1 - Funding Timeline



Program Description

The Teen Pregnancy Prevention (TPP) Program offers two strategic approaches - Abstinence Education and Abstinence Plus Education - to improve the health and social well-being of youth through the reduction of teen pregnancies and sexually transmitted diseases, by increasing awareness of healthy relationships and life skills. The program provides youth with knowledge and skills that can be applied throughout their lives by supporting projects focused on classroom instruction, youth development/community service learning and peer leadership. Program models are medically accurate, culturally relevant, age-appropriate, implemented with fidelity, and employ research-based or evidence-informed strategies that have been demonstrated to be effective in reducing the rate of teen pregnancy and reducing the incidence of sexually transmitted infection among youth.

The program is designed to serve youth 11- 19 years of age, with a primary focus on teens 15-17 years of age who are at high-risk for becoming pregnant. These programs focus on working with populations of youth of greatest risk of experiencing a teen pregnancy based on state and national data. Additionally, the PREP, TV SSRAE, and the Abstinence Program require the incorporation of three (3) Adulthood Preparation Subjects directed toward assisting youth with successful transition into adulthood.

The Title V SSRAE, lottery funded Abstinence Education Program and the Healthy People Healthy Communities (HPHC) programs offer a Parent Education component which provides parents with the tools to actively engage in meaningful communication with their teens on a variety of topics including sexual health issues. Parents, grandparents and guardians of a teen are welcome and encouraged to participate in these educational sessions.

Program Funding

Program services are funded by the State of Arizona lottery dollars and federal funds through the U.S. Department of Health and Human Services, Family and Youth Services Bureau.

Lottery Funds

Funds are provided through HB2601, Section 1. Section 5-572, Arizona Revised Statutes which states:

Of the monies remaining in the state lottery fund each fiscal year after appropriations and deposits authorized in subsections A and B of this section, three million dollars are allocated to fund the teen pregnancy prevention programs established in Laws 1995, chapter 190, sections 2 and 3. The allocations are adjusted annually according to changes in the GDP price deflator as defined in section 41-563 and the allocations are exempt from the provisions of section 35-190 relating to lapsing of appropriations. If there are not sufficient monies available pursuant to this subsection, the allocation of monies for each program shall be reduced on a pro rata basis.

Federal Funds – Title V State Sexual Risk Avoidance Education Program

The Title V SSRAE Program is authorized and appropriated by section 510 of the Social Security Act (42 U.S.C. § 710), as amended by section 50502 of the Bipartisan Budget Act of 2018 (Public Law No. 115-123), and as further amended by section 701 of Division S of the Consolidated Appropriations Act, 2018 (Public Law No. 115-141).

Federal Funds – Personal Responsibility Education Program

The PREP program is authorized and funded by Section 513 of the Social Security Act (42.U.S.C. § 713). Section 2953 of the Patient Protection and Affordable Care Act of 2010 (Public Law (Pub. L.) No. 111-148) established PREP and funded it for FY 2010 through 2014. Section 206 of the Protecting Access to Medicare Act of 2014 (Pub. L. No. 113-93) extended that funding through FY 2015. Section 215 of the Medicare Access and CHIP Reauthorization Act of 2015 (Pub. L. No. 114-10) extended funding for additional years.

Program Goals

In an effort to reduce teen pregnancy and the incidence of sexually transmitted diseases/infections in the State, ADHS TPP has proposed the following goals:

- To reduce the number of youth ages eleven through nineteen (11-19) in Arizona who have engaged in sexual activity.
- To reduce the rates of pregnancy and births among teens ages eleven through nineteen (11-19).
- To decrease the incidence of sexually transmitted diseases/infections among teens ages eleven through nineteen (11-19).

Glossary of Terms

Abstinence means to refrain from all forms of sexual activity and genital contact such as vaginal, oral, and anal sex.

Abstinence Education means implementing curricula that is either evidence-based or evidence-informed, medically accurate, age appropriate and culturally diverse. Program strategies are designed to reduce the incidence of teenage sexual activity and sexually transmitted diseases/infections (STDs/STIs) by promoting abstinence as the 100% sure way to prevent a pregnancy or an STD/STI.

Abstinence Plus Education means implementing curricula that is evidence-based or evidence-informed, medically accurate, age appropriate and culturally diverse. Program strategies are designed to reduce the incidence of teenage pregnancy and sexually transmitted diseases/infection (STDs/STIs) by promoting abstinence as the 100% sure way to prevent a pregnancy or an STD/STI *plus* provide information on contraception, method of use, and effective rates.

Active Parental/Guardian Consent means parents/legal guardians of youth sign and return a form giving permission for their child to participate in the program and/or in the evaluation study.

Activities are day-to-day and periodic tasks that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.

ADHS means the Arizona Department of Health Services.

Adulthood Preparation Subjects means education aimed at preparing youth for successful transition to adulthood.

BWCH means the Bureau of Women's and Children's Health at the Arizona Department of Health Services.

Cohort is a group of youth who are receiving program content at the same time, same location, and are together in the same group.

Contractor means the organization awarded by ADHS to provide teen pregnancy prevention services. Also known as the Grantee.

Contractor School Codes. The unique number assigned to a school or organization where curriculum services are being delivered.

Core Curriculum means a primary set of courses about a subject considered essential to a suitable education, as in providing necessary skills or common cultural knowledge about the subject.

Department means the Arizona Department of Health Services.

Duplicated Count of Youth means counting a youth more than once within the same fiscal year when participating in ADHS TPP approved curriculum delivery.

Evidence-based means programs that have been proven effective on the basis of rigorous scientific research to change behavior.

Evidence-informed means interventions, strategies, approaches, and/or program models that bring together the best available research, professional expertise, and input from youth and families to identify and deliver services that have promise to achieve positive outcomes for youth, families, and communities.

Fidelity means implementation that occurs when implementers of a research-based program or intervention closely follow or adhere to the protocols and techniques that are defined as part of the intervention. For example, for a school-based prevention curriculum, fidelity could involve using the program for the proper grade levels and age groups, following the developer's (the company or agency that wrote the curriculum) recommendations for the number of sessions per week, sequencing multiple program components correctly, and conducting assessments and evaluations using the recommended or provided tools.

Fixed Asset Tag is an adhesive sticker, with a unique pre-printed number, to be affixed to a tangible fixed asset and used in the recording and tracking of the fixed asset by ADHS.

Grantee means the organization awarded by ADHS to provide teen pregnancy prevention services. Also known as the Contractor.

HPHC means the Healthy People Healthy Communities Integrated Intergovernmental Agreement funding Arizona County Health Departments to provide Abstinence Plus programming.

IGA means an Intergovernmental Agreement; a contract for services to be provided by other public entities, usually a County.

Incentive means a tangible or intangible prize used to reward individuals for completing at least 75% of a program. Incentives may be in the form of special field trips, gift cards, etc).

IRB means the Institutional Review Board, also known as the ADHS Human Subject Review board.

Key Personnel means staff involved in the planning, administration, operation, or monitoring of this Grant.

Logic Model is a diagram that shows the relationship between the program components and activities and desired process and outcome objectives. It is a visual way to present and share understanding of the relationships among the resources available to implement the proposed intervention, the strategies/activities planned for implementation, and the outputs and outcomes expected. Logic Models should typically be one (1) to three (3) pages in length.

May means the Contractor is encouraged to utilize recommended policy in order to fulfill the intent of the contract.

Medically and Scientifically Accurate means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable; or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

Must means a mandatory Program policy considered essential to the provision of high quality services. A Contractor who does not follow a required Program policy will be cited for this failure.

Non-school Setting is a program operating in a community-based venue such as a Boys & Girls Club, foster care group home, etc.

Outreach means any method used to provide information and education to the community regarding the availability of teen pregnancy prevention programs and services.

OWH means the Office of Women's Health in the Bureau of Women's and Children's Health at the Arizona Department of Health Services.

Parent Curricula are curricula that have shown to have promise and be consistent with research findings

on strategies to involve parents in parent/youth education programs.

Positive Youth Development means an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships and furnishing the support needed to build on their leadership strengths.

PREP stands for Personal Responsibility Education Program.

Primary Care Areas are geographical units that allow data to be presented at a geographic scale smaller than the county level, providing a more targeted approach in identifying areas of need. Primary Care Areas are the areas eligible for services by PREP Contractors.

Program refers to the Teen Pregnancy Prevention Program as outlined in the Policy and Procedure manual.

Program Content is the delivery of the evidence-based or evidence-informed curricula or a population specific curriculum.

Program Coordinator means the ADHS employee who works closely with the Program Manager(s) to coordinate essential aspects of the program.

Program Manager means the ADHS employee(s) who is/are responsible for the implementation and oversight of the Teen Pregnancy Prevention Program. The Program Manager(s) coordinates activities among Contractors, provides technical support, negotiates contracts, conducts site visits, and monitors Contractor compliance with the provisions of the policies and procedures.

Program Model means an evidence-based or evidence-informed curriculum integrated with other curriculum required to meet the funding objectives.

Program Participation Year is a program year that runs from August 1 thru July 30 and is used for collecting evaluation data to maximize the number of sessions from which data will be available, especially for programs that operate in schools.

Program Session means the time during which a group of youth meets for a specific lesson.

Promotional Item means an object of nominal value which promotes the program being delivered. Examples include pencils, water bottles, and stress balls.

Property Control Tag is an adhesive sticker without unique numbers or codes, affixed to property belonging to the ADHS that is used for ownership identification purposes (e.g., "Property of Arizona Department of Health Services).

School-based Setting is a program operating in a school, either during school hours or after school.

School Day Program is a program taking place in school during normal school hours.

Service-Learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.

Sexual Activity means any type of genital contact or sexual stimulation including, but not limited to vaginal, oral, or anal intercourse or mutual masturbation.

Sexual Risk Avoidance Education (SRAE) teaches youth how to voluntarily refrain from non-marital sexual activity, along with the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.

Shall means mandatory program requirement.

Single-audit is a rigorous, organization-wide audit or examination of an entity that expends \$750,000 or more of Federal assistance (commonly known as Federal funds, Federal grants, or Federal awards) received for its operations.

Supplemental Curricula are curricula that can be used to enhance core curricula by delivering lessons either before or after the core curricula is delivered with fidelity.

Title V SSRAE stands for the Title V State Sexual Risk Avoidance Education Program.

Unduplicated Count of Youth means counting a single youth who has participated in at least one lesson of an ADHS TPP approved curriculum session once within a fiscal year, regardless if the youth has participated in other/different curricula sessions, even if participated at different educational settings/schools.

Youth Assent means the ability to decline to accept and participate in the evaluation study when parental consent has been given.

Youth Development means approaches to help young people navigate the challenges of adolescence by offering continuous support from adults around them, creating a sense of opportunity before them, and providing a chance to develop skills to help make the most of current and future opportunities. Youth development programs build assets for young people that both protect and motivate them to achieve.

Contracted Organizations by Funding

The Arizona Department of Health Services Teen Pregnancy Prevention Program manages thirty-nine (39) statewide contracts delivering a variety of teen pregnancy prevention strategies, see Table 1.2. Contractors can refer to the *Collaborating Communities* document for a listing of Contractors by County and contact information. Further, the table indicates the assigned ADHS TPP staff who oversees the day-to-day activities of the contract and provides technical assistance.

Table 1.2 – ADHS Teen Pregnancy Prevention Contracts						
Organization	ADHS TPP Staff Assigned	Abstinence	Abstinence Plus HPHC	Abstinence Plus Tribal	PREP	Title V SSRAE
Apache County Department of Public Health	Darlene Depina		X			
Arizona Youth Partnership	Darlene Depina	X			X	X
BJ Foundation	Darlene Depina				X	X
Campeños Sin Fronteras	Angie Lorenzo	X				
Capacity Builders	Ruth Grande					X
Catholic Charities – Maricopa	Darlene Depina	X				
Catholic Charities – Yavapai	Darlene Depina	X				
Catholic Charities	Darlene Depina	X				
Chicanos Por La Causa	Ruth Grande					X
Cochise County Department of Public Health	Darlene Depina		X			
Coconino County Public Health Services District	Darlene Depina		X			
Friendly House	Ruth Grande					X
Gila County Department of Public Health	Angie Lorenzo		X			
Graham County Department of Public Health	Angie Lorenzo		X			
Greenlee County Department of Public Health	Angie Lorenzo		X			

Organization	ADHS TPP Staff Assigned	Abstinence	Abstinence Plus HPHC	Abstinence Plus Tribal	PREP	Title V SSRAE
Inter Tribal Council of Arizona	Angie Lorenzo			X		
Maricopa County Department of Public Health	Darlene Depina		X			
Mariposa Community Health Center	Angie Lorenzo				X	
Mohave County Department of Public Health	Angie Lorenzo		X			
Navajo County Public Health Services District	Darlene Depina		X			
Pima County Department of Public Health	Darlene Depina		X			
Pima Prevention Partnership	Darlene Depina	X			X	X
Pinal County Public Health Services District	Angie Lorenzo		X			
Technical Assistance Partnership (AZ Facts of Life)	Ruth Grande	X			X	X
Town of Parker/La Paz County	Darlene Depina		X			
U of A Cooperative Extension - Maricopa	Angie Lorenzo	X			X	
Yavapai County Community Health Services	Darlene Depina		X			
Yuma County Public Health Services District	Angie Lorenzo		X		X	X

Glossary of Reporting Periods and Approvals

This section provides a snapshot of time periods covered for contracts, deliverables, reports, etc., and a listing of documentation and items that require ADHS approvals prior to implementing or processing.

- Table 1.3 provides the different types of contracts funded through ADHS Teen Pregnancy Prevention and provides the dates of their fiscal periods.
- Table 1.4 lists the various reports and their reporting periods. For specific due dates for deliverables, Contractors should refer to the *Due Dates of Deliverables* document issued at the beginning of each state fiscal year.
- Table 1.5 outlines the contract items that require written pre-approval by ADHS. These are items that **CANNOT** be completed and/or implemented until approval from ADHS is received.
- Table 1.6 is a listing of contract monitoring requirements that ADHS will need to review and accept and/or approve, and may require additional feedback to be provided by either the Contractor or ADHS.

Table 1.3 – Contract Fiscal Dates	
Contract Type	Fiscal Period
Abstinence Education	July 1 – June 30
Abstinence Plus Tribal	July 1 – June 30
Healthy People Healthy Communities (HPHC) Integrated IGA	July 1 – June 30
Personal Responsibility Education Program (PREP)	October 1 – September 30
Title V State Sexual Risk Avoidance Education (Title V SSRAE) Program	October 1 – September 30

Table 1.4 – Reports & Reporting Periods	
Reports	Reporting Period
Forms A-D Reporting	
Abstinence, Abstinence Plus Tribal & HPHC Year-end	July 1 – June 30
PREP Year-end	October 1 – September 30

Title V Mid-year (1 st half of year)	October 1 – March 31
Title V Mid-year (2 nd half of year)	April 1 – September 30
Narrative Progress Reports (Quarterly) – HPHC, Abstinence & Abstinence Plus Tribal	
Quarter 1	July 1 – September 30
Quarter 2	October 1 – December 31
Quarter 3	January 1 – March 31
Quarter 4	April 1 – June 30
Narrative Progress Reports (Quarterly) –PREP & Title V SSRAE	
Quarter 1	October 1 – December 31
Quarter 2	January 1 – March 31
Quarter 3	April 1 – June 30
Quarter 4	July 1– September 30
Narrative Progress Reports (Annual) – Abstinence & Abstinence Plus Tribal	July 1 – June 30
Narrative Reports (Annual) – PREP & Title V SSRAE	October 1 – September 30
Performance Measures of Attendance, Reach and Dosage (PREP)	August 1 – July 31
Performance Measures of Structure, Cost, and Support (PREP)	October 1 – September 30
Program Indicators Chart (PREP)	
Mid-year (1 st half of year)	October 1 – March 31
Mid-year (2 nd half of year)	April 1 – September 30
Program Participation Year	August 1 – July 31
Wyman Teen Outreach Program® Participation Year	August 1 – July 31

Table 1.5 – Pre-Approval Requirements
Contractual
Delivering PREP services within a 2-mile radius outside of contracted Primary Care Area
Logic Model changes
Sub-contracting through an ADHS Contract
Out-of-State Travel
Wyman Teen Outreach Program Training of Facilitators outside of ADHS-provided trainings
Financial
Annual budget renewals
Budget moves
Equipment purchases of \$250 or more
Requests for Food
Program Delivery
Adulthood Preparation Subject lesson plans developed for topics <u>not</u> covered within a curricula (Abstinence, Abstinence Plus Tribal, PREP, Title V SSRAE)
Adaptations to curricula
Curricula model additions/deletions
Marketing and promotional materials artwork
Wyman TOP® Club Adaptations and Pilots

Table 1.6 – Monitoring Requirements Approved Upon Submission
Annual Narrative Progress Repots
Contractor Expenditure Reports (CERs) and supporting documentation for travel and capital outlay expenses
Fidelity monitoring logs

PREP Performance Measures
Quarterly Narrative Progress Reports

Purpose of this Manual

The purpose of this manual is to document TPP Program policy and procedures for Contractors funded by the Teen Pregnancy Prevention Program. It shall be used in the development, implementation, and management of the Program. Program Contractors, Department Administration, and other interested parties are to use this manual for reference and as a more detailed reference for information regarding implementation of the teen pregnancy prevention strategies. TPP Program Contractors are required to adhere to the requirements and guidelines set forth in this manual, in addition to any contract guidelines. Contractors are also responsible for incorporating any policy changes into their operations.

Policy and procedures specific to funding requirements are highlighted in each Chapter in colored text boxes as shown below. **If no text boxes are identified in the section(s), the guidance as written applies to all TPP funded programs.**

Healthy People Healthy Communities IGA	Chapter I - Introduction Chapter II – Program Management and Administration Chapter V – Youth Program Services and Deliverables Chapter XII – Financial Management Chapter XIII – Program Monitoring
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Personal Responsibility Education Program	Chapter IV – Teen Pregnancy Prevention Web-based Systems Chapter V – Youth Program Services and Deliverables Chapter X – Parent/Guardian Services and Deliverables
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Title V State Sexual Risk Avoidance Program	Chapter V – Youth Program Services and Deliverables
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Abstinence Education	Chapter V – Youth Program Services and Deliverables
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The Policy & Procedure manual and any updates will be located in the TPP SharePoint site – Program Documents – Policy & Procedures – *TPP Policy & Procedures Manual*. Working documents mentioned throughout this manual and written in *italics* will be located in the TPP SharePoint site or the WymanConnect site. For location of documents, see Chapter XV – Document File Location.

Contractors will be notified of updates to the manual through the TPP SharePoint Announcements, email and/or in-person meetings. Updates to the manual will be posted on the TPP SharePoint at least fifteen (15) days following the effective date of any change, when appropriate. Contractors may consider keeping relevant correspondence and program updates as an Appendix to this document. If this reference does not answer questions or concerns, or if there are suggestions for additional information that might be included in the policy manual, please contact the Teen Pregnancy Prevention Program Managers at:

Arizona Department of Health Services
Bureau of Women’s and Children’s Health
Teen Pregnancy Prevention Program
150 N. 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-1400 / FAX (602) 364-1494

II. Program Management and Administration

Role of the Bureau of Women's and Children's Health

The mission of the ADHS BWCH is to strengthen the family and community by promoting and improving the health and safety of women, infants and children. This is accomplished through the provision of community-based services and the facilitation of systems development. The functional structure of BWCH includes the following offices: Assessment and Evaluation, Business and Finance, Children's Health, Children with Special Healthcare Needs, Injury Prevention, Oral Health, and Women's Health. BWCH manages and distributes funding that provides services to reduce the mortality and morbidity among women and children, increase access to health care, and reduce health disparities.

The BWCH OWH oversees the Teen Pregnancy Prevention Program which includes abstinence education programs, abstinence plus education programs, and parent education programs. These programs work together toward the common goal of reducing teen pregnancy, teen births, and sexually transmitted diseases/infections (STDs/STIs) among adolescents.

BWCH through the Teen Pregnancy Prevention Program contracts with public and private agencies to provide youth and/or parent education services to address the issues of teen pregnancy and sexually transmitted diseases/infections. BWCH provides technical assistance to Contractors, monitors contract compliance, and authorizes payment of contracted deliverable services.

Role of the ADHS Teen Pregnancy Prevention Program Staff in Program Management

The ADHS BWCH TPP maintains two (2) Program Managers (PMs) and one (1) Program Coordinator (PC) who are responsible for the development and implementation of program policy, providing technical assistance to contracted programs, conducting annual Contractor site visits and facilitator observations, coordinating professional development for contracted program staff and certifying facilitators for implementation of Wyman's Teen Outreach Program® (TOP®).

The TPP PMs are responsible for assisting contracted programs with ensuring that the strategies they plan to implement are evidence-based, realistic, and delivered with fidelity. The TPP PMs are required to work closely with each Contractor to ensure successful service implementation and compliance with the contract.

The TPP PC is responsible for coordination of the Teen Outreach Program® including deliverables, providing technical assistance to contractors on fidelity and delivery, site visits and observations, and certifying facilitators. The TPP PC is also responsible for shipping evaluation tool orders and managing registration to the TPP SharePoint site.

Role of the Contractor in Program Management

The Contractor must develop administrative, management, and organizational systems that meet all Teen Pregnancy Prevention Program and contractual requirements. The Contractor shall:

- Provide services of high quality and that are efficiently administered. Assign specific individuals to key positions of responsibility. Staff working in the program shall be fully committed to the teen pregnancy prevention messages and capable of developing and fostering positive and professional relationships with youth.
- Provide adequate and experienced personnel capable of and devoted to the successful accomplishment of work performed under the Teen Pregnancy Prevention Program.
 - If any of the assigned Key/Essential Personnel does not satisfactorily perform the assigned duties, the Contractor shall withdraw such Key/Essential Personnel immediately upon ADHS' notification and shall replace the withdrawn Key/Essential Personnel with other Key/Essential Personnel at no additional cost to ADHS.
- Observe and document performance of health educator(s) delivering curriculum to youth at least one time each year to ensure appropriate interaction with youth and fidelity of curriculum being delivered.
- Adhere to the following mandatory program deliverables:
 - Attendance at Teen Pregnancy Prevention Contractor meetings; at minimum, must have at least one staff or representative in attendance;
 - Ensure health educators are trained through ADHS approved trainings in the curriculum they are delivering;
 - Attendance at the Adolescent Health Conference hosted by ADHS biennially.
 - Attendance at professional development and/or curricula trainings hosted by ADHS biennially.
 - Administer pre/post evaluation tools to youth;
 - Submit Fidelity Monitoring report data;
 - Submit monthly data of unduplicated counts of youth served;
 - Submit Forms A-D data;
 - Follow the Curriculum Adaptation Policy;
 - Submit required documentation when administering the Wyman's TOP®;
 - Submit quarterly and annual narrative progress reports;
 - Submit reports and data as required by particular funding requirements; and
 - Assure client confidentiality and provide safeguards for individuals against the invasion of personal privacy such as but not limited to:
 - Parent/guardian consent forms kept in a locked cabinet in a secure area.
 - Attendance records kept in a locked cabinet in a secure area.
 - Completed evaluation forms placed into envelopes and sealed prior to leaving a class and then placed in a locked box (portable file) until evaluations tools can be delivered/mailed to ADHS.

Logic Models

Programs shall have a current *Logic Model* on file with ADHS TPP that identifies the relationships among the resources available to implement the proposed intervention, the strategies/activities planned for implementation, and the outputs and outcomes expected.

Any changes to logic models will require a contract amendment. Therefore, logic models can only be updated at:

- The time of renewing annual budgets; or
- The 6-month period of the contract when contract amendments are allowed.

Healthy People Healthy Communities IGA

Contractors shall refer to the HPHC contract for guidance.

Collaborative Program Efforts

To avoid duplication of efforts and to maximize resources, contractors shall collaborate with ADHS funded agencies and any other agencies providing teen pregnancy prevention services in their local communities. Contractors are asked to communicate with one another:

- To establish a form of communication, i.e., meeting once a year, developing MOUs, etc. to delete duplication of outreach and services to a school or community organization.
- To refer schools or community organizations who prefer a different strategy than the one they are offering.

The *Collaborating Communities* document is a listing by County that identifies ADHS and other federally funded teen pregnancy prevention programs providing services.

Pandemic Contractual Performance Plan

The State requires Contractors to have a written plan that illustrates how contractors shall perform up to contractual standards in the event of a pandemic. The State may require a copy of the plan at any time prior or post award of a Grant. Contractors should refer to their ADHS contract Special Terms and Conditions for further details.

Sub-contracting

Sub-contracting under the Teen Pregnancy Prevention grants is only allowed with prior approval from the ADHS TPP Program Manager.

In the event that teen pregnancy prevention services are approved for sub-contracting, the Contractor shall:

- Remain responsible for ensuring that the subcontractor(s) provides services in accordance with all specifications within the ADHS contract, Office of Management and Budget guidelines, and the policy and ADHS TPP Procedures Manual;
- Monitor the sub-contractor’s performance and maintain written documentation of their monitoring outcomes for review during the Contractor’s annual site visit.

Incentives and Promotional Items

The use of incentives and promotional items is an allowable expense under the TPP program. A total of two (2%) of a Contractor’s total annual budget can be applied towards the purchase of incentives and promotional items defined as:

- **Incentives** - rewards for youth or parents for completion of at least 75% of program delivery.
- **Promotional items** - objects of nominal value that promote the program being delivered.

Incentive and promotional items offered must follow what is written in the contract and cannot be substituted for other items, i.e., products instead of gift cards, without a contract amendment.

Designs for incentive items such as t-shirts, hats, etc. or promotional items, where applicable must be submitted for approval and include the appropriate ADHS logos or tag lines; Wyman TOP® logo, if applicable.

Contractors shall keep an *Incentive Tracking Log* accounting for all **incentive** items provided to youth and/or parents.

Incentives and promotional items shall be distributed within the following guidelines:

INCENTIVES		
Incentive Type	Allowable	Unallowable
Gift cards - of nominal value, not to exceed \$25	<ul style="list-style-type: none"> • For youth meeting after school or in a community-based setting AND completing at least 75% of the curriculum/program delivery • Youth focused such as i-Tunes, movie theatres, 	<ul style="list-style-type: none"> • To youth <u>not</u> completing at least 75% of the curriculum/program delivery • To youth receiving services in in-school settings • To a school or organization, instead of the youth directly

	<p>youth clothing stores, etc.</p> <ul style="list-style-type: none"> • In lieu of a year-end raffle prize and/or incentives during lessons 	<ul style="list-style-type: none"> • Gift cards to locations where tobacco, alcohol and firearms can be purchased
<p>Raffle (end-of-year) – a large raffle prize given at the end of a completed session, not to exceed the equivalent of \$25/youth completer, i.e., 10 youth completing at least 75% of program = \$250 raffle prize item</p>	<ul style="list-style-type: none"> • For youth meeting after school or in a community-based setting AND completing at least 75% of the curriculum/program delivery • Youth focused prizes • In lieu of providing gift cards to each youth for completion • Dividing the equivalent amount into multiple smaller prizes; total not to exceed the allowable dollar amount • In lieu of gift card and/or small incentive items during lessons 	<ul style="list-style-type: none"> • Gift cards • Prizes given in cash • To youth <u>not</u> completing at least 75% of the curriculum/program delivery • To youth receiving services in in-school settings • Prizes given to the school or organization instead of the youth • In conjunction with small incentive items during weekly lessons
<p>Raffle (end of month) – smaller raffle prizes given at the end of each month for various accomplishments throughout the month such as attendance, participation, etc.; not to exceed \$5 (plus tax)</p>	<ul style="list-style-type: none"> • For youth meeting after school or in a community-based • Youth focused prizes • In lieu of providing \$25 gift cards or larger year-end prize raffle for completers at end-of-curriculum delivery • Limited to three (3) raffles/month 	<ul style="list-style-type: none"> • Prizes given in cash • To youth receiving services in in-school settings • Prizes given to the school or organization instead of the youth • In conjunction with large gift card or large prize incentives • More than three (3) raffles per month

PROMOTIONAL ITEMS		
Promotional Item	Allowable	Unallowable
T-shirts for Teen Outreach Program® or Positive Youth Development community activities not to exceed \$5 each (plus tax).	<ul style="list-style-type: none"> For youth conducting Community Service Learning activities or specific activities to comply with positive youth development For in-school, out-of-school, community-based programs 	<ul style="list-style-type: none"> For youth returning permission slips in a timely manner, responding to questions, assisting during delivery, etc. (see “promotional items” category)
Promotional items not to exceed \$3 each (plus tax), such as pens, wrist bands, pens/pencils, etc. w/program name/logos.	<ul style="list-style-type: none"> For youth returning permission slips in a timely manner, responding to questions, assisting during delivery, etc. For distribution when conducting outreach of the program For in-school, out-of-school, and community-based programs 	<ul style="list-style-type: none"> N/A

Food Requests

Food is allowed within guidelines. Contractor shall submit a *Request for Food* form to their assigned TPP Program Manager when needing to purchase food for teen pregnancy prevention events that are within the following guidelines:

- Requests submitted at minimum five (5) weeks prior to an event or five (5) weeks prior to an internal deadline needing to be met.
- Total food purchased throughout a fiscal year cannot exceed 2% of the total annual program budget.
- Snacks for youth sessions that are 1.5 hours or more and are held immediately after school.
- Meals (within ADHS per diem rate) or snacks for youth or parent sessions that are 6 hours or more on evenings and weekends.

- Food provided must be healthy items. The following guidelines are suggested to implement and adopt the healthy meeting policy. Additional information specific to the policy can be found in the ADHS *Healthy Meeting Toolkit*.
 - Offer healthy food options and portion sizes consistent with the most current USDA Dietary Guidelines for Americans. This includes ensuring a variety of healthy food options such as lean protein choices, vegetables, fruits, and whole grain products.
 - Employ food safety practices when preparing, serving, and cleaning up when food and beverages are served at meetings. Pay particular attention to perishable food items such as fruits, vegetables, dairy, and meat products.
 - Offer healthy beverage options such as water, 100% fruit or vegetable juice, low-fat and fat-free milk and dairy alternatives. Provide beverages with minimal to no added sugar.
 - Provide healthy snack options in single serving portions and including lower sodium snacks. This includes at least one fruit or vegetable item.

- Requests being made with “recruitment and retention” as a justification for providing food will not be approved.

ADHS TPP Program Managers will review the request and forward it to the ADHS Chief Financial Officer for final approval.

No food purchases shall be purchased and/or reimbursed until a Request for Purchase of Food document has been approved and signed by the ADHS Chief Financial Officer.

- Approval of an annual budget allocating costs for food is not an approval to purchase food.

Healthy People Healthy Communities
Contractors shall refer to the HPHC contract for guidance.

Marketing and Outreach Materials

Fliers, brochures, postcards, websites, etc. used to promote services are considered Program Marketing and Outreach, not promotional items, and are allowable to promote services to the community.

Contractors shall submit all marketing/outreach materials developed to their assigned ADHS TPP Program Manager for approval prior to printing and/or posting.

All marketing/outreach materials must include appropriate ADHS logo and/or funding tag line, and Wyman TOP® logos and/or taglines.

- PREP & Title V SSRAE funded programs must include the tag line on materials: “Funded in part by the Arizona Department of Health Services as made available through a grant from the U.S. Department of Health and Human Services.”
- Lottery funded programs can either include the ADHS logo **or** the tag line: “Funded by the Arizona Department of Health Services Teen Pregnancy Prevention Program.”

ADHS logos for Contractor use are located on the TPP SharePoint site.

Programs developing materials for the Wyman TOP® shall adhere to the branding guidelines outlined in the *Teen Outreach Program® (TOP®) Brand Standards*.

Education and Outreach Events

Education and outreach events such as teen mazes, health fairs, etc. are not considered evidence-based interventions and no more than 2% of the Contractor’s budget shall be applied towards these activities.

Participation in health fairs and/or parent nights for the purpose of **recruiting** youth and/or parents is allowed.

Equipment/Asset Purchases, Inventory and Management

Purchases. Purchases of \$250 or more are allowed with **prior** written approval from ADHS. Contractors will need to complete and submit the *Equipment and Asset Approval Form* to their assigned TPP Program Manager.

Inventory & Tagging

ADHS requires inventory and tagging of all equipment/assets and requires Contractors to comply with the following guidelines:

- Prior to purchase of equipment/asset, the Contractor must have a budgeted amount for the purchase of the equipment/asset in the appropriate line item.
 - Equipment/asset purchases costing \$4,999 or less are budgeted under the Other Operating line.
 - Equipment/asset purchases costing \$5,000 or more are budgeted under the Capital Outlay line.
- Equipment/Asset purchases of **\$250 or more** shall be:
 - Inventoried in the ADHS TPP master inventory list, and
 - Affixed with an ADHS fixed asset or property tag as determined by the ADHS Property Control Office.
- Equipment/Asset purchases of **\$100 to \$249** shall be:
 - Inventoried in the ADHS TPP master inventory list, and

- Affixed with an ADHS fixed asset or property tag as determined by the ADHS Property Control Office.
- Upon purchase of the equipment/asset, the Contractor will complete the *F4 Property Control* form and the *TPP Inventory Template* spreadsheet and email forms along with documents pertaining to the asset, i.e., receiving papers, invoices, POs, receipts, etc. (only one document of verification is needed) to tpp.finance@azdhs.gov.
- Within five (5) days of receipt of the F4 Property Control Sheet, Inventory Spreadsheet, and appropriate documentation, ADHS TPP will request the asset tags from the ADHS Property Control Office and enter the item into the TPP master inventory listing.
- The ADHS Inventory Control Office will provide tags to ADHS TPP within seven (7) business days of receiving the documentation.
- ADHS TPP will mail the asset tags via certified mail to the Contractor within five (5) days of receipt from the Property Control Office.
- Within five (5) days of receipt of the ADHS tags, the Contractor must email a photo to ADHS of the tag affixed to the item in a manner where the tag is clearly seen in the photo. If the tag has a control number, the number needs to be visible in the photo. The photo needs to be emailed to tpp.finance@azdhs.gov with the tag number as the document name.

Disposal & Surplus

To dispose of property deemed obsolete or damaged beyond repair, the Contractor will complete and email the *F4 Property Control* form to tpp.finance@azdhs.gov and return the equipment/asset to ADHS TPP.

- When property is damaged beyond repair or has no redeemable value, the Contractor will need to submit a memo, along with the *F4 Property Control* form to tpp.finance@azdhs.gov indicating why the property should be destroyed.
- All property even if damaged will need to be returned to ADHS. The Contractor shall coordinate return of equipment/asset with their assigned ADHS TPP Program Manager.

It is the responsibility of the Contractor to ensure the equipment/asset is returned to ADHS.

The ADHS TPP may elect to transfer property of the equipment/asset to the Contractor instead of having it returned based on the condition and/or potential use of the item(s). ADHS TPP will complete the internal paperwork needed for approval by the Assistant Director and inform the Contractor when the process is approved. The equipment/asset will then become the property of the Contractor.

Upon Termination/Expiration of Contract

Upon a contract being terminated or a 5-year contract cycle expiring, all equipment purchased under the ADHS contract will need to be returned to ADHS TPP. Contractors should contact their assigned ADHS TPP program manager to make arrangements for returning equipment/assets.

- Should a Contractor be awarded a new contract under the same funding, they may retain the equipment/asset in their possession until the end of the contract or life of the equipment/asset.

It is the responsibility of the Contractor to ensure the equipment/asset is returned to ADHS.

The ADHS TPP may elect to transfer property of the equipment/asset to the Contractor instead of having it returned based on the condition and/or potential use of the item(s). ADHS TPP will complete the internal paperwork needed for approval by the Assistant Director and inform the Contractor when the process is approved. The equipment/asset will then become the property of the Contractor.

The Contractor will have ten business days from the last day of the contract period to return the property purchased under the contract to ADHS TPP.

- If the Contractor fails to return the property, ADHS TPP will report the property as stolen.

Lost or Stolen

For any equipment/asset that has been stolen or maliciously destroyed, the Contractor shall contact the police authority where the crime occurred immediately and file a police report.

Any equipment lost or stolen shall be reported to the Contractor's assigned TPP Program Manager immediately, and a copy of the police report shall be emailed to tpp.finance@azdhs.gov.

Inventory Verification during Site Visits

While on site visits the ADHS TPP will review the equipment/assets inventoried to ensure accuracy of information. Any discrepancies found during the physical inventory check must be corrected immediately and will be reported as a finding on the Contractor's site visit report.

Healthy People Healthy Communities

Contractors shall follow the guidance outlined in the HPHC Funding Guidance which states:

- **Non Capital Equipment (single item less than \$5,000):** Purchases of non-capital equipment to support the strategies associated with the funds being used to purchase the equipment are allowable and the equipment becomes the property of the County under a fixed rate contract.
- **Capital Equipment (single item purchase \$5,000 or more):** A written request must be submitted to ADHS for review and approval prior to any purchase on a case by case basis. The written request must include details of how proposed purchase supports current approved scope of work and action plan.
 - Contractors will need to complete and submit the *Equipment/Asset Approval Form* when requesting to purchase equipment/assets costing \$5,000 or more.

Out-of-State Travel

Out-of-State Travel is an allowable expense and **must be pre-approved** by completing and submitting the *Travel Approval Form* to the Contractors assigned ADHS TPP PM. ADHS will reimburse travel only up to the published state reimbursement rates which can be found on <https://gao.az.gov/publications/saam> by choosing topic "50 Travel" in the drop down menu.

Additionally, the following guidelines apply:

- No more than two (2) staff per agency will be permitted to travel to the same out-of-state conference/training.
 - In the event that multiple funded Contractors request permission to attend the same out-of-state conference, ADHS TPP may limit attendance of staff and/or Contractor.
- Only the actual costs, in the case of meals, lodging, common carrier fares, etc. will be reimbursed.
- When lodging at a Conference hotel (at the same hotel where a conference is being held), Contractors can use the hotel rate (preferably the reduced conference block rate) and be reimbursed for the full conference hotel rate.
- When a conference/training is not held at a hotel but lodging arrangements have been made by the conference/training host, ie., a reserved block rate arrangements at a hotel, the hotel is considered a conference hotel and the arranged hotel rate will be reimbursed.
- Reimbursements of travel must be coded to the appropriate expenditure line item.
- All reimbursements related to travel shall be for a valid public purpose.

Healthy People Healthy Communities IGA

Contractors shall refer to the HPHC contract and the funding guidelines.

III. Program Meetings and Trainings

The ADHS TPP provides Contractors with professional development and technical assistance opportunities and curriculum trainings throughout the year. These include:

Contractor Meetings

ADHS hosts day-long contractor meetings to provide professional development training, contractor networking and program updates.

- Contractors shall attend teen pregnancy prevention contractor meetings; at a minimum, at least one staff or representative must be in attendance.
- Meetings are held in April and October at ADHS. Exact dates and locations for each meeting are emailed and posted on the Teen Pregnancy Prevention SharePoint calendar. A draft agenda is posted on the SharePoint announcements and calendar at least one month prior to the meeting date.

Curricula Trainings

Contractors must ensure that health educators are trained in the curriculum they are delivering through an ADHS-approved developer training.

- ADHS offers curriculum trainings biennially to all contracted staff. The curricula offered for training is based on contractor need and ADHS having the resources to provide the trainings.
 - Until a curriculum training is available, Health Educators are encouraged to shadow another Health Educator delivering curriculum or co-facilitate with another Educator to gain an understanding of how to appropriately deliver the curriculum. This can be done with existing program staff or by contacting another Contractor who is delivering the same curriculum.
- If no training is being offered by ADHS TPP, contractors may contact the curriculum developers directly to inquire about upcoming trainings they may be offering.
- ADHS strongly recommends that previously trained Educators are re-trained every three (3) years as a booster.

Documentation of attendance at trainings shall be kept in the Contractor's records or their staff's personnel record.

Adolescent Health Conference

Contractors shall attend the summer Adolescent Health Conference hosted biennially by ADHS.

- The conference is specifically tailored to program managers and health educators with topic areas specific to program management, teen pregnancy prevention and overall adolescent health.
- Documentation of attendance at trainings shall be kept in the Program's records or the staff's personnel record.

IV. Teen Pregnancy Prevention Web-based Systems

The TPP Program utilizes web-based systems so Contractors have readily available access to resources and for the purpose of reporting data and required documentation.

- TPP SharePoint Site: <https://connect.azdhs.gov>
 - The TPP SharePoint is a web portal that houses documents and information pertaining to the program, as well as reporting databases. Libraries in the TPP SharePoint site include:
 - Announcement Board – lists any upcoming trainings or resources available to program Contractors;
 - Calendar – lists scheduled dates for TPP meetings, trainings, site visit/classroom observations, and deliverable due dates;
 - Discussion Board – facilitates communication among contractors and between ADHS and contractors;
 - Libraries:
 - Program Documents - houses forms, templates, resource documents, and information needed to implement program requirements;
 - Wyman TOP® – houses information related specifically to TOP® implementation such as forms/templates and resources.
 - Reports – houses reporting databases utilized by contractors such as quarterly and annual narrative reports, counts of unduplicated youth, fidelity monitoring log, TOP® registration, etc.
 - The SharePoint site has an email notification feature that will automatically send emails to users advising them when items are uploaded and/or modified in the system. It also notifies the ADHS TPP team when reports are submitted and deliverables are uploaded.
 - To acquire a user name and password for SharePoint, all users must complete a *SharePoint User Permission Form* and submit to the TPP PC along with the user's email address. The PC will submit the form to ADHS IT who assigns the user name and passwords.

- WymanConnect: wymconnect.org
 - The WymanConnect web-based system is used to record and manage data for the TOP® clubs including but not limited to teen identification numbers, youth participation and attendance, pre/post survey results, and community service learning hours.
 - The ADHS TOP® Program Coordinator assigns user names and passwords once facilitators complete the 3-day Wyman Teen Outreach Program® Certified Facilitator training. See Chapter VI Wyman Teen Outreach Program® Deliverables and Requirements for further information.

Personal Responsibility Education Program

The Exchange: <http://teenpregnancy.acf.hhs.gov/>

The federal funder launched a website called The Exchange which is an interactive platform to help PREP contractors learn, connect, and increase the impact of their adolescent pregnancy prevention programs and other youth-serving programs aimed at preparing youth for successful transition to adulthood.

The Exchange provides access to:

- Videos, podcasts, tip sheets, and resources.
- Success stories from grantees and cutting-edge strategies that work.
- Insights on vulnerable populations and adulthood preparation.

V. Youth Program Services and Deliverables

Target Population

Program services are designed for the primary target population of youth ages 11-19 years of age of all races/ethnicities with a primary focus on teens 15-17 years of age who may be at high-risk for becoming pregnant based on data, including youth residing in areas with high teen birth rates, Hispanics, Native Americans, African Americans, youth in foster care, and homeless youth.

Service Areas

Program services may be provided in the Contractor's selected and awarded service area.

Personal Responsibility Education Program

Program services may be offered within the Contractor's selected and awarded Primary Care Area(s).

Contractors may deliver services within a 2-mile radius outside of their contracted PCA with prior approval from their assigned ADHS TPP Program Manager.

Contractors who have selected to provide services in Maricopa and Pima PCAs are required to serve youth in foster care in those respective counties.

Special populations of youth such as runaway/homeless youth, youth in foster care and pregnant/parenting teens can be provided services anywhere within the state.

Delivery Settings

Programs can be provided in school settings – during or after school, juvenile detention or probation settings, foster care group homes, or any other community based settings where youth can be reached.

Service Delivery Requirements

Parental Consent Forms. All youth participating in program services must have an active parental Consent Form on file signed by a parent or legal guardian giving permission for the youth to participate in the program and program evaluation. ADHS will review consent forms during site visits and may request to review or request copies of consent forms at any time. Contractors should refer to Chapter VIII Administering the ADHS Pre and Post Evaluation and Chapter IX Administering the PREP Performance Measures/Evaluation for detailed information on consent forms.

Attendance Records. ADHS requires that attendance records be kept on every youth participating in curriculum lessons. ADHS will review attendance records during site visits and may request to review or

request copies of attendance records at any time. Contractors should review Chapter VIII Administering the ADHS Pre and Post Evaluation and Chapter IX Administering the PREP Performance Measures/Evaluation for requirements regarding the attendance sheet.

Bullying/Harassment Policy. Contractors shall have a plan outlining policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, disabilities and national origin. Policies shall also identify how Grantees plan to monitor protections and address bullying of any kind in youth programs.

Free Services. Program services to any individual must be free of charge.

Mandatory Reporters. Program staff are mandated reporters (A.R.S. 13-3620) and are legally required to report any suspicion of child abuse or neglect to the relevant authorities.

Non-Discrimination Policy. Program services must be provided without regard to religion, race, color, national origin, creed, disability, gender, sexual orientation, number of pregnancies, or marital status.

Referral of Youth. Contractors shall maintain a current list of agencies to address the needs of service recipients that the program is not able to meet, which may require referrals to other entities for services.

Respect for Cultural & Family Values. Programs must assure that differences in culture, family structure, personal and family values, and resources are respected.

Separation of Religious Activity. Programs shall not support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing.

Universal Access. Programs shall provide all genders equal access to educational opportunities. Programs must be welcoming, inclusive of and non-stigmatizing towards LGBT youth.

Effectiveness of Program Delivery

In order to ensure the effectiveness of curriculum delivery, **80% of youth participating in the curriculum delivery must complete at least 75% of the curriculum dosage.** For example, if Contractors propose serving 500 youth in a fiscal year with a curriculum that is 10 lessons, 400 of the 500 participating youth must complete at least 7.5 lessons of the curriculum delivered.

500 participations X 80% = 400 participants

10 lessons x 75% = 7.5 lessons

Program Models

Program models must be medically accurate, age appropriate, culturally relevant and implemented with fidelity. Table 5.1 provides a list of all curricula available for use based on program funding requirements. Table 5.2 is a listing of approved curricula with general information, brief description, and delivery guidelines of the program model.

- Contractors should be familiar with Arizona Administrative Code *R7-2-303 Sex Ed in Schools Rules* which provides guidelines for schools when sexual education curricula and other educational materials are delivered in a school based setting. Though it is not the responsibility of the ADHS Contractors to ensure schools are complying with the code, Contractors need to be aware that schools may ask them to follow the guidelines.
- ADHS may update the list of approved curricula including adding or removing curricula on the list, as needed.
- Contractors may request ADHS review curriculum from the Office of Adolescent Health's evidence-based curricula list <https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/index.html> for additions to the ADHS-approved list, as needed.
- Contractors may request to change the curricula they are delivering with prior approval from their assigned ADHS TPP Program Manager.

Personal Responsibility Education Program

Programs must **educate on both abstinence and contraception** for the prevention of teen pregnancy and sexually transmitted diseases/infections.

Title V State Sexual Risk Avoidance Education Program

Sexual Risk Avoidance Education service delivery must ensure that the unambiguous and primary emphasis and context for each A-F topic described below is a message to youth that normalizes the optimal health behavior of avoiding non-sexual activity

- (A) The holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision making, and a focus on the future.
- (B) The advantage of refraining from non-marital sexual activity in order to improve the future prospects, and physical and emotional health of youth.
- (C) The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.

- D) The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.
- (E) How other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex.
- (F) How to risk and avoid, and receive help regarding sexual coercion and dating violence, recognizing that even with consent teen sex remains a youth risk behavior.

Abstinence Education

Abstinence Education service delivery must not contradict the eight (8) A-H components of Section 510(b)(2):

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

- Curricula is broken down by the following categories:
 - Core Curriculum – evidence-based or evidence-informed curricula that have been proven to reduce the rates of teen pregnancy and sexually transmitted disease/infections.

- Core Curriculum/Population Specific – curricula that are evidence-based or have shown promise in reducing the rates of teen pregnancy and sexually transmitted disease/infections among specific populations. These program models can be implemented in place of a core curriculum when working with the appropriate population.
- Supplemental Curricula – curricula that can be used to supplement core curricula. Lessons can be added and delivered either before or after the core curricula is delivered with fidelity.
- Supplemental Curricula/Youth Development – curricula that can be delivered in conjunction with a core curricula.
- Curriculum that offers flexibility in program model delivery shall cover the following areas:
 - The five (5) Sexual Health & Development topics in lessons:
 - Development
 - Healthy Relationships
 - Sexuality
 - Sexually Transmitted Diseases/Infections (not to be included in Abstinence or Title V SSRAE)
 - Contraception (not to be included in Abstinence or Title V SSRAE)
 - Contractors delivering Wyman TOP® must include Sexual Health & Development topics as outlined in the *TOP® Curriculum Catalog*.
 - Abstinence Contractors must follow the A-H Guidance and shall not contradict any of the eight (8) guidelines.
 - Title V SSRAE Contractors must follow the six (6) SSRAE A-F components.

Table 5.1 - Approved Curricula for Youth							
Curricula	Type			Abstinence Plus	Abstinence	PREP	Title V SSRAE
	Core	Supplemental	Population Specific				
Be Proud! Be Responsible!	X			X		X	
Be Proud! Be Responsible! Be Protective!			X	X		X	
Choosing the Best Series	X				X		X
Choosing the Best Series <i>(adaptation for Individuals with intellectual disabilities)</i>			X		X		X
CUIDATE	X			X		X	
Love Notes SRA	X				X		X
Love U2		X		X	X	X	X
Making A Difference	X			X <i>(w/Junior High youth only)</i>	X		X
Making Proud Choices	X			X		X	
Native It's Your Game			X	X		X	
Native Stand			X	X			

Curriculum	Type			Abstinence Plus	Abstinence	PREP	Title V SSRAE
	Core	Supplemental	Population Specific				
Peer Assistance & Leadership (PAL)		X		X	X		X
Promoting Health among Teens-Comprehensive Abstinence & Safer Sex Intervention	X			X		X	
Promoting Health among Teens-Abstinence-only	X			X <i>(w/Junior High youth only)</i>	X		X
Promoting Health among Teens-Abstinence-only School Edition	X			X <i>(w/Junior High youth only)</i>	X		X
REAL Essentials-Starting Point	X				X		
REAL Essentials-Advance	X				X		
Reducing the Risk	X			X		X	
Smart Girls			X	X			
Teen Outreach Program®	X			X	X <i>(Abstinence adaptation)</i>	X	X <i>(Abstinence adaptation)</i>

Curriculum	Type			Abstinence Plus	Abstinence	PREP	Title V SSRAE
	Core	Supplemental	Population Specific				
Teen Outreach Program® <i>(adaptation for Individuals with intellectual disabilities)</i>			X	X	X <i>(Abstinence adaptation)</i>	X	X <i>(Abstinence adaptation)</i>
Wise Guys			X	X			
Worth the Wait	X				X		

Table 5.2 - Approved Curricula Delivery Guidelines						
Curriculum	Intervention Type	Rating	Target Population	Program Description	Program Length	Delivery Methods
Be Proud! Be Responsible!	Abstinence Plus	Evidence-based	Males/Females 13-18 year olds	Geared toward behavior modification and building knowledge, understanding and a sense of responsibility regarding STD/HIV risk in vulnerable youth. The intervention is designed to affect knowledge, beliefs and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse.	6, 1 hr sessions	6 weekly, 1 hr sessions 2 consecutive days/3 hr sessions each

Curriculum	Intervention Type	Rating	Target Population	Program Description	Program Length	Delivery Methods
Be Proud! Be Responsible! Be Protective!	Abstinence Plus	Evidence-based	Females 13-18 year olds	Provides adolescents with the knowledge, motivation, and skills necessary to change their behaviors in ways that will reduce their risk of contracting STDs, HIV, and unplanned or repeat pregnancies. Employs maternal protectiveness as a motivator for positive changes in sexual behavior. This curriculum acknowledges and works with the concept that to change behavior, adolescents need not only information and a perception of personal vulnerability, but also the skills and the confidence in their ability to act safely.	8, 1 hr sessions	8 weekly, 1 hr sessions 2 consecutive days/4 hr sessions each
Choosing the Best WAY	Abstinence	Evidence Informed	Males/Females 11-12 year olds	Age-appropriate insight into what's happening in their changing bodies and emotions. Explores their new interest in the opposite sex and teaches abstinence as the best way.	6, 50 min sessions	6 consecutive days/50 minute sessions
Choosing the Best PATH	Abstinence	Evidence Informed	Males/Females 12-13 year olds	Students challenged to make a commitment to sexual abstinence and learn how to stay committed to the best path.	8, 50 min sessions	8 consecutive days/50 minute sessions
Choosing the Best LIFE	Abstinence	Evidence Informed	Males/Females 13-14 year olds	Engages the heart as well as the head and teaches students that abstinence is the best choice for life.	8, 50 min sessions	8 consecutive days/50 minute sessions

Curriculum	Intervention Type	Rating	Target Population	Program Description	Program Length	Delivery Methods
Choosing the Best JOURNEY	Abstinence	Evidence Informed	Males/Females 14-16 year olds	Motivates students to set goals, make good decisions and develop healthy relationships. Benefits of sexual abstinence allow students to continue on their best journey.	8, 50 min sessions	8 consecutive days/50 minute sessions
Choosing the Best SOULMATE	Abstinence	Evidence Informed	Males/Females 16-18 year olds	Interpersonal skills essential for successful relationships of all kinds and ultimately for a successful marriage. Soul mate continues to emphasize that sexual abstinence is a critical step to prepare for a lifelong relationship.	5, 50 min sessions	5 consecutive days/50 minute sessions
CUIDATE	Abstinence Plus	Evidence-based	Males/Females 13-18 year olds	"CUIDATE (Take Care of Yourself)" is a culturally tailored program for Latino youth. It aims to reduce HIV risk and unintended pregnancies by affecting sexual behaviors such as intercourse, number of partners and condom use. The program utilizes important cultural beliefs and attitudes in the Latino community (such as familialism and machismo) to communicate the importance of risk-reduction strategies and to increase knowledge and self-efficacy skills.	6, 1 hr modules	6 weekly 1 hr modules 2 consecutive days/3 hr modules each 3 days/2 hr modules each over 3 week period

Curriculum	Intervention Type	Rating	Target Population	Program Description	Program Length	Delivery Methods
Making A Difference!	Abstinence	Evidence-based	Males/Females 12-18 year olds (11-13 year olds for Abstinence Plus contracts)	Provides young adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV and pregnancy by abstaining from sex.	8, 60 min modules	8 weekly / 60 minute modules 2 days / 4, 60 minute modules each 4 days / 2, 60 minute modules each
Making Proud Choices	Abstinence Plus	Evidence-based	Males/Females 12-18 year olds	Provides young adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV and pregnancy by abstaining from sex or using condoms if they choose to have sex.	8, 60 min modules	8 weeks / 1 hr weekly modules 8 consecutive days / 60 minute modules 2 days / 4, 60 minute modules each 4 days / 2, 60 minute modules each day

Curriculum	Intervention Type	Rating	Target Population	Program Description	Program Length	Delivery Methods
Native It's Your Game	Abstinence Plus	Evidence-based	Middle school or Ages 12-14	A web-based HIV, STD, and pregnancy prevention curriculum for American Indian and Alaska Native (AI/AN) youth. The program teaches about healthy relationships, life skills, communication, and refusal skills using interactive activities, videos, games, personalized "journaling" activities, tailored feedback, and individually tailored activities. It emphasizes abstinence, but also teaches learners how to protect themselves from pregnancy and sexually transmitted infections using medically accurate information.	13, 30-50 min lessons	1-3 lessons/week
Native STAND	Abstinence Plus	Evidence Informed	Males/Females 12-18 year olds	Adapted from STAND--Students Together Against Negative Decisions--a peer educator curriculum with further development to meet the needs of today's Native youth. Its approach is comprehensive and skills-based and includes STDs, HIV and teen pregnancy prevention, as well as drug and alcohol issues and dating violence. Focus is on positive personal development; including team building, diversity, self-esteem, goals and values, decision making, negotiation and refusal skills, peer educator skills and effective communications.	29, 90 min sessions (1a & 1d)	Flexible delivery method based on community need.

Curriculum	Intervention Type	Rating	Target Population	Program Description	Program Length	Delivery Methods
Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention	Abstinence Plus	Evidence-based	Males/Females 11-18 year olds	This is an abstinence and safe sex intervention which provides youth with information about abstinence, safer sex practices, pregnancy prevention and the prevention of HIV and sexually transmitted infections (STIs). It is designed to improve awareness and knowledge, increase understanding, strengthen behavioral beliefs that support condom use and build refusal and negotiation skills.	12, 60 min modules	12 weeks / 60 minute sessions 12 consecutive days / 60 minute modules 6 days / 2, 60 minute modules each Over 2 or 3 Saturdays / 4-6, 60 minute modules each day
Promoting Health Among Teens! - Abstinence Only Version	Abstinence	Evidence-based	Males/Females 11-18 year olds	Intervention designed to improve awareness and knowledge about HIV and sexually transmitted infections (STIs); increase understanding of how abstinence can prevent pregnancy, HIV, and STIs; and build refusal and negotiation skills for practicing abstinence.	8, 60 min modules	8 weekly / 60 minute modules
Promoting Health Among Teens! - Abstinence Only Version (<i>School Edition</i>)	Abstinence	Evidence-based	Males/Females 11-18 year olds	Intervention designed to improve awareness and knowledge about HIV and sexually transmitted infections (STIs); increase understanding of how abstinence can prevent pregnancy, HIV, and STIs; and build refusal and negotiation skills for practicing abstinence.	12, 45 min modules	12 weekly / 45 minute modules

Curriculum	Intervention Type	Rating	Target Population	Program Description	Program Length	Delivery Methods
Real Essentials-Starting Point	Abstinence	Evidence Informed	Males/Females 4 th -8 th grades	The REAL Essentials Starting Point curriculum equips educators and parents with lessons to jump-start conversation and develop foundational relationship skills in this new life stage.	56 modules (1a & 1b)	Flexible*
REAL Essentials-Advanced	Abstinence	Evidence Informed	Males/Females 9 th -10 th grades	Specifically designed to equip adults to teach young people skills for combating challenges they face in adolescence. Lesson content captivates the heart and directs students toward positive decision making. The sexual health components of REAL Essentials Advance are SRA (Sexual Risk Avoidance) approved. All lessons are inclusive, evidence based and medically accurate.	76 modules (1a &1b)	Flexible*
Reducing the Risk	Abstinence Plus	Evidence-based	Males/Females 14-17 year olds	Clearly emphasize teaching refusal statements, delay statements and alternative actions students can use to abstain or protect.	16, 45 min sessions	16 / 45 minute weekly sessions 2-3 days per week / 45 minute modules
Smart Girls	Abstinence Plus	Evidence Informed	Females 11-17 year olds	Designed to educate and empower young women by providing information and skills necessary to develop healthy relationships and make smart decisions throughout life.	9, 1 hr sessions	Flexible 8 to 10 week program
Wise Guys	Abstinence Plus	Evidence Informed	Males 11-17 year olds	Designed to target adolescent men and educate them about how responsibility and teen pregnancy prevention relates to self-esteem, values, healthy relationships, human sexuality, decision-making and goal setting.	10, 1 hr sessions	10 weeks / 60 minute weekly sessions

Curriculum	Intervention Type	Rating	Target Population	Program Description	Program Length	Delivery Methods
Worth the Wait (6th Grade)	Abstinence	Evidence Informed	Males/Females 11-12 year olds	Empowers adolescents with skills and information to help them establish stable, loving and healthy relationships while postponing sexual activity.	10, 50 min lessons	10 consecutive days / 45 minute lessons each 10 weekly / 45 minute lessons
Worth the Wait (7th Grade)	Abstinence	Evidence Informed	Males/Females 12-13 year olds	Empowers adolescents with skills and information to help them establish stable, loving and healthy relationship while postponing sexual activity.	10, 50 min lessons	10 consecutive days / 45 minute lessons each 10 weekly / 45 minute lessons
Worth the Wait (8th Grade)	Abstinence	Evidence Informed	Males/Females 13-14 year olds	Empowers adolescents with skills and information to help them establish stable, loving and healthy relationships while postponing sexual activity.	10, 50 min lessons	10 consecutive days / 45 minute lessons each 10 weekly / 45 minute lessons each
Worth the Wait (High School)	Abstinence	Evidence Informed	Males/Females 14-17 year olds	Empowers adolescents with skills and information to help them establish stable, loving and healthy relationships while postponing sexual activity. This level is designed to promote discussions of probable consequences of pre-marital sexual activity and that the safest and healthiest choice for teens is abstinence.	10, 50 min lessons	10 consecutive days / 45 minute lessons each 10 weekly / 45 minute lessons

Curriculum	Intervention Type	Rating	Target Population	Program Description	Program Length	Delivery Methods
Wyman's Teen Outreach Program® (TOP®)	Youth Development w/Abstinence or Abstinence Plus Approach	Evidence-based	Males/Females 11-19 year olds	TOP® promotes the positive development of adolescents through curriculum-guided, interactive group discussions; positive adult guidance and support; and community service learning. TOP® curriculum is focused on key topics related to adolescent health and development, including building social, emotional, and life skills; developing a positive sense of self; and connecting with others to empower teens to build a foundation of healthy behaviors, life skills and a sense of purpose. Lessons support the developmental levels of teens.	9 months; 25 weekly meetings - to include 12 weeks of TOP® lessons & 20 hours of Community Service Learning (1e)	1x or more/week, minimum of 45-minute meetings
					NOTE: Options for adapted length of program delivery available - contact your ADHS Program Manager or Program Coordinator	

Adulthood Preparation Subjects

In addition to the approved curricula, applicants will be required to integrate at least three Adulthood Preparation Subjects (APS) into their programs. The APS that can be offered are:

- Healthy Relationships;
- Healthy Life Skills;
- Financial Literacy; and/or
- Educational and Career Success

Contractors can elect to implement all four (4) APS and/or substitute the **financial literacy** topic for **educational and career success** when delivering services to high school aged youth. For a description of content that should be covered by each APS Contractors should refer to the *Adulthood Preparation Subjects Descriptions*

- Some APS are covered in the program models and do not need to be covered further. Table 5.3 identifies those Adulthood Preparation Subjects that are covered within curricula. However, if an APS is not incorporated in a curriculum, Contractors will need to:
 - Develop a lesson plan to cover a **forty-five (45) minute** class period. Curricula that can be used to develop 45-minute lessons when needed are identified in Table 5.4. Contractors are not required to use the curricula identified in the table and have the option to integrate other curricula.
 - Lesson plans shall be submitted to Contractor’s assigned TPP Program Manager for approval. No lesson plan can be delivered without prior approval from ADHS.

Table 5.3 Adulthood Preparation Subjects in Evidence-Based Teen Pregnancy Prevention Programs				
<i>“X” indicates Adulthood Preparation Subjects covered in curricula</i>				
Curricula	Healthy Relationships	Financial Literacy	Educational & Career Success	Healthy Life Skills
Be Proud! Be Responsible!	X			
Be Proud! Be Responsible! Be Protective!	X			
Choosing the Best Series	X			X
¡Cuidate!	X			X
Love Notes SRA	X			X

Curricula	Healthy Relationships	Financial Literacy	Educational & Career Success	Healthy Life Skills
Making a Difference	X			X
Making Proud Choices	X			
Promoting Health Among Teens- Abstinence Only	X			X
Promoting Health Among Teens- Comprehensive Abstinence & Safer Sex Intervention	X			X
REAL Essentials Starting Point	X			X
REAL Essentials Advance	X		X	X
Reducing the Risk	X			X
Teen Outreach Program®	X		X	X
Worth the Wait – 6 th	X		X	X
Worth the Wait – 7 th	X			X
Worth the Wait – 8 th	X		X	X
Worth the Wait – High School	X		X	X

Table 5.4 Curricula for Adulthood Preparation Subjects

APS Topic	Curricula
Financial Literacy	Preparing Adolescents for Young Adulthood (PAYA) Program Module I - Money, Home, and Food Management
	University of Illinois Extension - <i>Welcome to the Real World</i>
	National 4-H Council - <i>Consumer Savvy</i>
	National 4-H Council - <i>My Financial Future</i>
	National Endowment for Financial Education (NEFE) - <i>High School Financial Planning Program</i>

APS Topic	Curricula
Healthy Life Skills	Preparing Adolescents for Young Adulthood (PAYA) - <i>Module II - Personal Care, Health, Social Skills, and Safety</i> – covers such as communication, decision-making, interpersonal skills, and goal-setting
Educational and Career Success	Preparing Adolescents for Young Adulthood (PAYA) Module III - Education, Job Seeking Skills, and Job Maintenance Skills
	University of Illinois Extension - <i>Welcome to the Real World</i>

Healthy People Healthy Communities IGA

APS have not yet been incorporated into the HPHC contract and therefore are not required under HPHC.

VI. Wyman Teen Outreach Program® Deliverables and Requirements

Contractors implementing the Wyman Teen Outreach Program® (TOP®) are required to provide and submit deliverables exclusive to TOP®, in addition to the ADHS deliverables:

- Registering TOP® Clubs established annually.
- Submission of monthly club attendance and Community Service Learning (CSL) data for each participating youth.
- Management of Teen IDs, participating teens and clubs.
- Administration of the *Wyman TOP® Pre Survey* and the *Wyman TOP® Post Survey* to participating youth with parent/guardian consent following the guidelines outlined in the *Wyman Evaluation Guide*.
- Entering pre and post evaluation responses into the WymanConnect on-line system.

Teen Outreach Program® Curriculum

The TOP® curriculum is informed by the most current research in adolescent development, best practices in Positive Youth Development and practices that promote Social and Emotional Learning (SEL). The curriculum is divided into three (3) books plus a Facilitation Guide. Within each book there are lessons identified by three (3) developmental levels.

- Curriculum Books:
 - **Building My Skills** – successful navigation of transition to adulthood with lessons covering emotional management, decision-making, problem-solving, and goal-setting.
 - **Learning About Myself** – successful navigation of transition to adulthood with lessons covering self-understanding, social identity, and health and wellness.
 - **Connecting with Others** – successful navigation of transition to adulthood with lessons covering relationships, communication, empathy, and community.
 - **Facilitation Guide** – resources to support implementation including lessons to help teens understand TOP® and begin developing relationships with facilitators and peers; lessons to use at the end of TOP® to help teens reflect on overall experiences; and resources such as group formers, facilitation strategies and reflection tools.
- Development Levels within Curriculum Books:
 - **Foundational** – introduction of basic concepts and ideas; appropriate for youth who are concrete thinkers, have short attention spans, and who may struggle with patience and self-regulation. Youth in 6th-8th grades; approximately 12-14 years old)
 - **Intermediate** – builds upon basic concepts and ideas and includes opportunities to explore these more deeply; appropriate for youth who are beginning to develop

abstract thought, including the ability to think critically and explore new perspectives; who have mid-level attention spans and are developing the ability to self-regulate during group activities and discussion. Youth approximately 14-16 years old.

- **Advanced** – includes discussion of advanced concepts and content, including content and scenarios specific to the transition to adulthood; appropriate for youth with longer attention spans who are developing abstract thought, including the ability to think critically and explore new perspectives. Youth in 8th-10th grades; approximately 16-19 years old.

Fidelity to the Model

Wyman TOP® must be delivered with fidelity holding 25 weekly meetings (minimum of 45-minutes in length) over a 9-month span with a minimum of 20 hours of community-service learning completed by each youth. At least 12 weekly meetings must include delivery of Teen Outreach Program® curriculum.

- The Wyman Center allows for adapted delivery methods of the program and has its own Curricula Adaptation Policy. Three types of adaptations are permitted:
 - Minor Adaptation where the program duration is shortened but the program is still delivered with 25 weekly meetings and 20 hours of community service are completed by each youth.
 - Major Adaptation where the program is adapted for a compelling reason that is in the best interest of the teens. Duration of program, number of weekly lessons and community services learning hours are shortened to fit the need.
 - Pilot Application when the timing of a new club start date will not allow a club to meet the full dose of TOP® fidelity. Clubs remain in pilot status for one program cycle then must move to full fidelity.
- Contractors needing to deliver TOP® with an adaptation to the 9-month/25 weekly meetings/20 CSL hour fidelity or requesting to implement TOP® as a pilot shall first discuss the need with their assigned ADHS Program Manager for approval.
- After the ADHS TPP Program Managers approves the request to adapt or pilot a club, the Contractor shall complete and submit the appropriate *Curriculum Adaptation Request* form - *Wyman's TOP® Adaptation Application* or *Wyman's TOP® Pilot Application* to the ADHS TPP Program Manager for approval by Wyman.

TOP® Clubs should have a teen to TOP® trained facilitator ratio of no more than 25:1. Clubs with 26 or more youth participants require two TOP® trained facilitators facilitating the meetings.

- **TOP® Club meetings can only be facilitated by facilitators who have completed Wyman's TOP® training.**

Certified Facilitators

Contractors implementing the Wyman TOP® **must** have TOP® certified staff facilitating the program.

Staff shall be certified by attending a 3-day Wyman TOP® Certified Training of Facilitators provided by ADHS twice a year, pending adequate participation.

- If no training is being provided by ADHS, contractors may send staff to be certified at a Wyman Center Training of Facilitators with approval from their assigned ADHS TPP Program Manager.

Club Registration

Contractors are required to register the clubs they plan to establish for the year in the TOP® registration database located on the TPP SharePoint – Reports - TOP® Registration Form. In addition to pertinent Club information, the registration process also requires facilitators to provide a week-by-week lesson plan that is inclusive of lessons to be delivered, community servicing learning activity, guest speakers, holiday and school breaks, etc. Contractors will be asked to acknowledge that active parental/guardian consent forms and non-disclosure agreements have been signed and will be made available for review during site visits.

- **Lesson plans** – plans should include lessons covering the five (5) Sexual Health & Development topics, and where applicable Adulthood Preparation Subjects as outlined in the *TOP® Curriculum Requirements Flow Chart* and identified in the *TOP® Curriculum Catalog*.
 - Abstinence Contractors must follow the A-H Guidance and shall not contradict any of the eight (8) guidelines.
 - Title V SSRAE Contractors must follow the six (6) SRAE A-F components.
 - Wyman does not cover Financial Literacy lessons and Contractors incorporating this APS into their schedules will need to develop a separate lesson to deliver (see Chapter V-Youth Program Services and Deliverables).
- **Active Parental/guardian consent form** – the signed *Consent Form* parents/guardians that gives permission to youth to participate in the TOP® Club.
- **Non-disclosure Agreements** – completed copies of the *Nondisclosure of Confidential Information Agreement* forms from the person(s) facilitating the club and the person(s) responsible for entering the pre/post survey data into WymanConnect.

Once Clubs are registered in the TPP SharePoint system, the ADHS TPP Program Coordinator will add registered Clubs into WymanConnect and provide Contractors with the year’s Teen ID codes (see section: WymanConnect On-line System).

Club Cancellations

Contractors needing to cancel a club prior to completing the full dosage of delivery (minor, major or pilot clubs) shall first discuss the need with their assigned ADHS Program Manager.

WymanConnect On-line System

Upon contractor staff completing the 3-day certification of facilitators training, the ADHS TPP Program Coordinator will issue certified facilitators access to the WymanConnect on-line web-based system, wymconnect.org.

Upon Contractor registering clubs on TPP SharePoint, the ADHS TPP Program Coordinator will add the Contractor's registered TOP® clubs into the WymanConnect database and provide the code for assigning teen IDs to participating youth.

- Teen ID codes change from year-to-year for **new** youth participating in the program (see section: Teen IDs in TOP® Clubs for detailed information).

Contractors must utilize the WymanConnect online web-based system to record and manage club information such as:

- entering and managing Teen IDs for all teens participating in clubs;
- entering youth participation and attendance on a monthly basis;
- entering youth completed community service learning hours on a monthly basis; and
- entering Wyman pre/post survey results for each participating teen upon completion.

Up-to-date club information must be entered into WymanConnect no later than the 30th of each month.

Evaluation

Contractors must administer the *Wyman Pre and Post Surveys* following the guidelines outlined in the *Wyman Evaluation Guide*.

- The Wyman pre and post surveys must be administered in addition to the ADHS pre/post surveys or the PREP entry/exit.

Completed Wyman pre and post survey responses shall be entered into WymanConnect within five (5) days of completion by youth.

Teen IDs for TOP® Clubs

Wyman analyzes program outcomes by matching pre and post surveys based on Teen IDs. To ensure accuracy in surveys and eliminate duplication of Teen IDs among Contractors delivering TOP®, ADHS TPP

assigns an alpha prefix each year for Contractors to use when assigning numeric Teen IDs for **new** participating youth in a Wyman Program Participation Year (August 1 – July 31).

- Teen IDs are a combination of an ADHS designated alpha prefix which is uniquely configured for each Contractor providing TOP® Clubs. The Contractor adds a numeric ID to complete the Teen ID. For example, the ADHS designated alpha prefix is ABCD and the Contractor assigned numeric ID begins with 001. Therefore, when assigning the Teen IDs, the first youth would be assigned ABCD001, the second youth ABCD002 and so forth.
- Teen ID codes change from year-to-year for **new** youth participating in the program.
- Youth returning to the club from year-to-year continue to be identified by their originally assigned Teen ID. They are **not** given a new ID.
- Contractors should create a master list of teen names and IDs and store the list in a reliable, secure location for future reference, i.e., to remember returning youth Teen IDs, transferring youth, etc. Facilitators should not be the program staff responsible for storing the Teen IDs master list.

WymanConnect includes an optional nickname field that can be used to help the facilitator track attendance for each teen. The nickname option should be used with the following guidelines:

- Confidentiality of teens' identity must be primary and must be as minimally identifiable as possible.
- Nicknames cannot include full first and last names or last names.
- "Jane Doe" is not an appropriate nickname but "JD" or "JaneD" is considered suitable.

The ADHS TPP Program Coordinator will provide detailed instructions on the proper way to assign Teen IDs at the time the alpha prefix is provided to the Contractor.

VII. Curricula Adaptations

When a full program model is being replicated with fidelity, adaptations to the program should be minimal though some routine adaptations are expected. There are three (3) levels of adaptations known as Green Light, Yellow Light, and Red Light. Table 7.1 outlines the definitions and provides examples of the adaptation applicable to the color.

Levels of Adaptation	<u>Green Light (minimal)</u> are safe and encourage changes to program or curriculum activities to better fit the age, culture, and context of the priority population.	<u>Yellow Light (potentially significant)</u> should be made with caution and it is highly recommended that an expert in the behavior change theory and curriculum development be consulted.	<u>Red Light (substantial)</u> should be avoided because they compromise or delete one or more core components of a program.
Adaptation Examples	<ul style="list-style-type: none"> • Replace videos (with other videos or activities) • Update data/statistics • Tailor learning activities and instructional methods to youth – culture development • Make activities more interactive • Customize role-play (e.g. names) 	<ul style="list-style-type: none"> • Change sequence of activities • Add activities • Add activities to address additional risk and protective factors • Replace videos • Modify condom activities • Use other models/tools that cover same ground (e.g. decision making) 	<ul style="list-style-type: none"> • Shorten the program • Reduce or eliminate activities that allow youth to personalize risk • Reduce or eliminate opportunities for skill practice (role-play) • Remove condom activities • Contradict, compete with, or dilute the program’s focus

Requesting Adaptations

There are a few easy steps to follow once a Contractor determines an adaptation is needed:

1. Check the adaptation guide to see if the adaptation has previously been approved.
2. Plan out your adaptation – what color does the adaptation fall under (see Table 7.1)
3. Obtain ADHS approval, if applicable, by completing and submitting the *Curricula Adaptations Request* form to assigned ADHS TPP Program Manager (see Table 7.2).
4. Implement! Try it out in a class setting to determine if it works well.
5. Record adaptation on fidelity monitoring form.
6. Reflect – How did it go?

Adaptations to the Wyman TOP® follow a different process and must first be discussed with the contractor’s assigned ADHS Program Manager or Program Coordinator. Contractors should refer to Chapter VI - Wyman Teen Outreach Program® Deliverables and Requirements for more information.

Table 7.2. Guideline for Submitting Adaptation Request Form

<u>Green Light</u>	<u>Yellow Light</u>	<u>Red Light</u>
<ul style="list-style-type: none"> • NEW adaptations <u>not</u> listed in the <i>Curricula Adaptation Guide</i> require an adaptation form. • PREVIOUSLY APPROVED adaptations listed in the <i>Curricula Adaptation Guide</i> <u>do not require further approval</u> nor an adaptation form to be submitted. 	<ul style="list-style-type: none"> • NEW adaptations not listed in the <i>Curricula Adaptation Guide</i> require an adaptation form and written developer approval. • PREVIOUSLY APPROVED adaptations only require the adaptation form be submitted with reference to the <i>Curricula Adaptation Guide</i> where the adaptation has been previously approved. 	<p>No red light adaptations will be approved.</p>

Approval/Denial of Curricula Adaptations

ADHS TPP Program Managers will review the requests, along with the core components of the program, any adaptation guidance available, and any developer guidance to assess whether the proposed adaptation is advisable. After review, program managers will approve or deny requests. Adaptation request forms will be filed in the contractor's file for review by program managers when monitoring on-line fidelity submissions and during site visits.

- Contractors **cannot** implement any adaptations until a signed approval is received from ADHS TPP Program Managers.

Documenting Curricula Requests

Contractors are required to document their approved adaptation via the on-line fidelity monitoring system. The fidelity log is set up with a text box where Contractors can indicate what adaptations, if any have been made.

Curricula Adaptation Guide

As adaptations are approved/denied, they will be made available via an on-line *Curricula Adaptation Guide* that will be posted on the TPP SharePoint site. The guide:

- Provides programs with the curricula adaptations that have thus far been requested by Arizona Teen Pregnancy Prevention Programs and approved by both developers and ADHS;
- Eliminates the need for programs to obtain developer written approval for adaptations that have previously been requested and approved; and
- Allows programs to reference the Guide as developer acceptance of an adaptation when submitting curriculum adaptation request forms.

In addition to the Guide, certain curricula developers have adaptation kits available on-line which outline green, yellow, and red light adaptations. Programs can reference the documents listed below when needing to make an adaptation.

- ETR General Adaptation Guide - <http://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf>
- Be Proud! Be Responsible! - <http://www.etr.org/ebi/programs/be-proud-be-responsible-be-protective/#guidelines>
- Cúdate - <http://www.etr.org/ebi/programs/cuidate/#core>
- Making A Difference - <http://www.etr.org/ebi/programs/making-a-difference/#guidelines>

- Making Proud Choices - <http://www.etr.org/ebi/programs/making-proud-choices/#guidelines>
- Promoting Health Among Teens Abstinence Only - <http://www.etr.org/ebi/programs/promoting-health-among-teens-abstinence-only/#guidelines>
- Promoting Health Among Teens Comprehensive Abstinence & Safer Sex - <http://www.etr.org/ebi/programs/promoting-health-among-teens-comprehensive/#guidelines>
- Reducing the Risk - <http://www.etr.org/ebi/programs/reducing-the-risk/#guidelines>

VIII. Administering the ADHS Pre and Post Evaluation

(Abstinence, Abstinence Plus, Title V SSRAE)

Pre/post-survey tools were designed to be used to collect data on the Teen Pregnancy Prevention programs that are being conducted throughout Arizona in order to provide an assessment of the impact of the programs on the youth in the programs. The survey increases understanding of how or why the intervention either did or did not work and that assessment can typically guide subsequent program improvement. The survey can also increase understanding of the relationships among the determinants, behaviors, and health goals. By identifying and targeting those factors that both affect adolescents' decisions about sex and can be changed by interventions, the chances of reducing sexual risk-taking among teens are greatly improved. This information can then lead to the development of more effective program models. Two versions of the survey were developed: Pre-teen and teen.

The evaluation tools collect information on a youth's age, gender, race, ethnicity, and the Arizona County in which they are participating in the program, or if in a program offered by a contracted Tribal Nation. Pre and post results are not linked so no identifiers are needed and only aggregate data will be reported.

The analysis of the data will be used for program management and performance improvement; the abstinence and abstinence plus programs will not be compared to each other. The program will look at a correlation between the results of the pre/post and how it relates to the fidelity of implementation of program lessons. BWCH will be looking for youth to report satisfaction with programs, and increased knowledge, attitudes and intentions to be abstinent or delay in sexual activity, engage in healthy relationships, and remain free of pregnancy and/or sexually transmitted diseases/infections.

The ADHS evaluation tools are required to be administered by Abstinence Plus, Abstinence Plus Tribal, Abstinence Education, and Title V SSRAE funded ADHS Teen Pregnancy Prevention Programs. If Contractors are delivering the Teen Outreach Program®, the TOP® pre and post survey must also be administered **in addition to** the ADHS evaluation tools.

- Contractors **cannot** conduct pre or post evaluation activities in addition to these requirements, other than administering the Teen Outreach Program® pre and post, when delivering that program.
 - The active parental consent form only gives permission for a Program to administer the ADHS and/or Wyman pre and post surveys.
- Contractors **cannot** make copies of or analyze the pre/post surveys prior to sending to ADHS.
- Reading level of the tools according to Flesch-Kincaid Grade Level test is at a 5.4 grade reading level.

- A school may administer their own survey to participating youth **in addition to** the ADHS and/or Wyman surveys, however, the school’s survey cannot be administered by a Contractor’s program staff and must be administered after program sessions are completed and ADHS and/or Wyman surveys have been administered.

The *Evaluation Overview* of the questions asked on the evaluation tools provides an outline of what is being evaluated and why it is being evaluated, i.e., what research studies say about it and its impact on teen pregnancy prevention behaviors.

Teacher Feedback

It is allowable for Contractors to ask teachers for feedback on facilitator delivery of the program to use as a means for improving delivery of services. Teacher input can be obtained either verbally or in the form of a short survey.

- Teacher input **cannot** replace a classroom observation conducted by the Contractor Program Manager.

Identifying Pre and Post Evaluation Tools

The evaluation tools are color coded to easily differentiate between the pre evaluation tools and the post evaluation tools. The pre evaluation tools are printed in a **burnt orange color** and post evaluation tools are printed in **pink**. Furthermore, each type of tool has its own form number at the top to identify the program type and evaluation tool. Tools are identified as follows:

Program Type	Form ID	Evaluation Tool	Program Type	Form ID	Evaluation Tool
Abstinence Education <i>(lottery funded)</i>	PT Pre-A	Pre-teen pre-eval	Title V <i>(federally funded)</i>	PT Pre-TV	Pre-teen pre eval
	PT Post-A	Pre-teen post-eval		PT Post-TV	Pre-teen post-eval
	T Pre-A	Teen pre-eval		T Pre-TV	Teen pre-eval
	T Post-A	Teen post-eval		T Post-TV	Teen post-eval

Abstinence Plus <i>(lottery funded)</i>	PT Pre-AP	Pre-teen pre-eval
	PT Post-AP	Pre-teen post-eval
	T Pre-AP	Teen pre-eval
	T Post-AP	Teen Post-eval

Parent Consent Form

Active parental consent must be obtained for any and all youth participants, at any venue, **prior** to participating in the program and/or completing the evaluation. An “active consent” requires a parent or legal guardian to sign and return a form checking “yes” or “no” to indicate whether they do or do not consent for their child to participate in the program and in the evaluation.

- Contractors **must** use the ADHS provided *Consent Form* but may add any additional topics to the form such as emergency contact information, allergies, t-shirts sizes, etc. The ADHS consent form is also available in Spanish.
- Programs administering the Wyman Teen Outreach Program® **must** use the *Consent Form* specific to TOP® which combines the required Wyman evaluation verbiage to the ADHS consent form but may add any additional topics to the forms such as, emergency contact information, allergies, t-shirt sizes, etc.
- Consent forms **must** be signed by a youth’s parent or legal guardian and “yes” or “no” boxes must be checked. Verbal consents, signed consents by a non-legal guardian, or signed consents without check marked boxes **cannot** be accepted.
 - Youth who are legal adults can sign their own active parental consent form as long as they sign and check either “yes” or “no” boxes.
- When active parental consent is given for participation of youth in the program and evaluation, this should be noted on the attendance sheet by either a check mark or a “Y”.
- If no parental consent is given for the evaluation, youth can still receive programming as long as they have parental consent to participate in the program, but they cannot participant in the evaluation. Facilitators should note this on the permission slip by writing “N” in the evaluation column of the attendance sheet to indicate that no evaluation consent was given for the youth.

- Youth who do not have a parent/guardian signed permission form must be removed from the class where the teen pregnancy prevention program is being conducted, and located in an area where they are not able to overhear content being given.

Programs delivering services in sites that require using their own “blanket” parental consent form must ensure that active parental consent is being required and that the verbiage and “yes” or “no” check boxes for the program and evaluation, as provided by ADHS and/or Wyman, if applicable, is included in the “blanket” form.

- Contractors must have access to review the signed consent forms in order to visually see active parental consent form was given for youth participation and to accurately note the permission on attendance records.
- ADHS TPP will need to access permission forms for review during site visits.

Programs delivering services in schools where consent for program participation is included in general school handbooks must ensure that active parental consent is being required and that the verbiage and “yes” or “no” check boxes for the program and evaluation, as provided by ADHS and/or Wyman, if applicable, is included in the handbook.

- Contractors must have access to review the signed consent forms in order to visually see active parental consent form was given for youth participation and to accurately note the permission on attendance records.
- ADHS TPP will need to access permission forms for review during site visits.

Contractor shall keep signed consent forms in a locked cabinet in a secured area. TPP Program Mangers will monitor the collection/completion and storage of consent forms during contractor site visits and will document whether the contractor is in compliance with the outlined requirements.

- Contractors with sites that require original signed permission forms be kept on file at the delivery site and not by the Program shall have copies of the permission forms on file at the Contractor site; or request permission for ADHS TPP to review the forms at the delivery site during site visits.

Youth Assent

In addition to the parental consent forms, youth will have the opportunity to verbally assent to filling out the evaluation. At the time the pre and post evaluation tool is handed out to the youth, the health educators must read to the youth the *Evaluation Script*, either pre or post depending on which tool is being administered.

This evaluation script provides the youth with the assent information letting them know they can opt out of answering certain questions on the evaluation or opt out entirely from taking the evaluation even though their parents have given consent for their participation. The script also provides information on how to complete the Scantron form.

- If a youth opts out of taking the pre or post evaluation, health educators shall indicate it on the attendance record by writing “YA” in the “evaluation taken by youth” column.

Attendance Records

ADHS requires that attendance records be kept on every youth participating in a curricula session. Programs must use the ADHS provided *Attendance Sheet* to record youth participation. The attendance sheet will be reviewed during site visits. ADHS may request to review or request copies of attendance records at any time.

Attendance sheets include a column for health educators to indicate if each participating youth has active parental consent to participate in the program and another column to indicate if the youth has active parental consent to participate in the evaluation.

- If a youth opts out of taking the pre or post evaluation, health educators shall indicate it on the attendance record by writing “YA” in the “evaluation taken by youth” column.
- If no parental consent is given for the evaluation Facilitators should note this on the permission slip by writing “N” in the evaluation column of the attendance sheet to indicate that no evaluation consent was given for the youth.

Programs administering the Wyman TOP® must use the *Attendance Sheet* for TOP® Clubs provided by ADHS to record youth participation and shall record their attendance into the WymanConnect online system.

Timeframe for Data Collection

Data from pre/post evaluation tools will be collected by Program Participation Year which has been designed to maximize the number of sessions from which pre and post data will be available, especially for programs that operate in schools. Each Program Participation Year runs from August 1 thru July 31.

Administering the Pre and Post Evaluation Tools

The ADHS evaluation tools are printed on Scantron format and will **require that they be completed using a #2 pencil**. The Wyman Teen Outreach Program® (TOP®) pre and post surveys are not on Scantron format. For information on the TOP® pre and post surveys and how to administer them, please refer to the *Wyman Evaluation Guide*.

The following tools will need to be administered by contract type:

- Abstinence Education (lottery funded)
 - Administer the ADHS pre and post evaluation tools: Pre-teen and Teen
 - Administer the Wyman Teen Outreach Program® pre and post surveys, if delivering TOP®

- Abstinence Plus Education (lottery funded)
 - Administer the ADHS pre and post evaluation tools: Pre-teen and Teen
 - Administer the Wyman Teen Outreach Program® pre and post surveys, if delivering TOP®
- Title V SSRAE (federally funded)
 - Administer the ADHS pre and post evaluation tools: Pre-teen and Teen
 - Administer the Wyman Teen Outreach Program pre and post surveys, if delivering TOP®.

Contractors will administer two (2) separate ADHS pre and post tools as follows:

- The **Pre-teen** tools will be administered to youth who are:
 - in 6th-8th grade in a middle school setting regardless of age **OR**
 - 11-15 years of age in a community-based settings
- The **Teen** tools will be administered to youth who are:
 - In 9th-12th grade regardless of age in a high school setting **OR**
 - 15-19 in community-based settings

Program services can still be provided in a school that has declined the administering of the pre/post tools. Programs shall document schools that declined the tools and the reason for declining.

It is important that the pre-survey be administered **BEFORE** program content (including APS, if applicable) begins for a group of youth. The post survey should be administered on the last day **AFTER** the program content (including APS) is delivered.

- The pre evaluation should **not** be administered to any youth starting a program after the third lesson of any session has been delivered. If a youth is leaving the program with more than two lessons left in a session, they will **not** be given the post evaluation.

To ensure accuracy of data and meet the requirements outlined by the IRB, the pre and post evaluations must be administered **only** by the teen pregnancy prevention program facilitator.

On the day that evaluations are administered, health educators must read the *Evaluation Script* to youth so they are informed that:

- Their answers will be kept confidential and will not be shared with facilitators, teachers, administrators, classmates or parents
- They have the option to not answer questions that may make them feel uncomfortable or may opt out of the survey entirely.
- They have instructions on how to complete the evaluations.

Evaluations can only be completed using a **#2 pencil**. The Scantron scanning machine will not register pens or mechanical pencils of any type or color and will not be able to read the responses if anything other than a #2 pencil is used. Youth should also be reminded not to write their names on the evaluation.

- **No copies allowed!** The Scantron machine that scans the completed evaluations will ***NOT*** accept copied versions, color or black & white, of the pre/post. As a result, responses on copied tools cannot be included in the annual reporting.
- Facilitators may read the questions on the evaluation tools to youth as long as they are read in a values-neutral manner so that facilitator attitudes do not sway youth responses.
- Facilitators shall not instruct youth on how they should respond to a question, i.e., when youth ask what abstinence is, or what ethnicity they should select. Youth should be directed to select the response they think is the best one.

Once youth complete the evaluation, at the beginning and end of each curriculum delivered, each student needs to be able to put their completed evaluation into a large envelope that is passed around the class. The facilitator will seal the envelope in front of the class so the youth see that their completed surveys are kept private. The facilitators need to put the sealed envelope in a locked box (portable file) until they deliver/mail the surveys to ADHS.

Delivering Evaluation Tools to ADHS

Pre and post evaluation tools shall be mailed/delivered to ADHS within 5 days of completion by youth to:

Arizona Department of Health Services
Teen Pregnancy Prevention Program
150 N. 18th Ave., #320
Phoenix, AZ 85007

Contractors **cannot** make copies or analyze responses of the completed evaluations prior to sending to ADHS.

Scantron forms **cannot** be folded as the creases in the paper may interfere with the scanning process and may jeopardize the accuracy in the data.

Evaluations need to be grouped separated by school/community setting code, Pre-teen and Teen evaluations, then by curriculum. Contractors **must** include the *Evaluation Cover Page* for ADHS Evals with every submittal of pre and post evaluations that are delivered to the ADHS Teen Pregnancy Prevention Program.

- The evaluation cover page provides ADHS with the information needed in order to develop the mid-year and year-end program monitoring reports (see Chapter XIII – Program Monitoring).

Evaluation Checklist for Facilitators

ADHS has developed an *Evaluation Checklist* to assist facilitators when administering the evaluation with youth. Utilizing the checklist will ensure facilitators are following the required steps outlined by the IRB Process.

Talking Points for Programs

When reviewing the evaluation tool with schools and/or parents, the following points may be helpful for Program staff:

- The purpose of the Teen Pregnancy Prevention evaluation is to assess whether critical program components or activities were implemented and whether they had an impact upon determinants, important behaviors and overall health goals.
- The Teen Pregnancy Prevention Evaluation questions were derived from existing evidenced-based tools with validity and reliability. To maintain as much validity and reliability as possible, the scales on the items were not changed.
- Only aggregate data is being reported so there is nothing to identify a youth who completes the survey. No names are collected, no identification numbers are assigned, no birthdates, etc.
- Data collected will be reported as aggregate data in three ways: 1) total of all state funded programs; 2) total by each program contract; 3) total by school; and 4) totals of all programs within a contractor funding source. No data will be reported by individual classes.
- The pre and post evaluation asks for youth to provide their opinions based on the information they learned during their participation in the program.
- Answers provided by youth on the evaluations will be kept confidential and will not be shared with facilitators, teachers, administrators, classmates or parents.
- Parents or legal guardians are required to give active parental consent for their youth to participate in the evaluation. Although parental consent is given, the youth still have the option to opt out of answering any questions which may make them feel uncomfortable or may opt out of participating in the evaluation at all.
- Parents or legal guardians can request a copy of the evaluation tools template at any time.

To assist with explaining why the questions on the tools are being asked, refer to the *Evaluation Overview* provided in TPP SharePoint.

Spanish-language Documents

Several documents designed for the evaluation have been translated for use when administering the pre and post evaluation tools:

- Pre and post evaluation tools in Spanish are not printed on Scantron forms. To facilitate answering the questions for youth who are Spanish dominant, ADHS has provided a translation of the *Evaluation Tools*. The Spanish ADHS evaluation tool mirrors the Scantron so youth can provide their responses on the Scantron form so youth can follow while providing their answers on the Scantron form.
 - Programs are encouraged to contact their assigned Program Manager if there is a continuous need for Spanish-language survey forms so that ADHS can assess whether there is a high need printing surveys in Spanish in Scantron format.
- The facilitator *Evaluation Scripts* for introducing the pre and post evaluations have been translated and can be given to, or read to those youth who are Spanish dominant and may not understand it read in English.
- Both the ADHS and the ADHS/TOP® Combined parental *Consent Forms* have been translated.

Ordering Evaluation Tools

Contractors may request a shipment of pre and post tools by completing and emailing the *Evaluation Order Form*, at any time during the year, to the ADHS TPP Program Coordinator. Orders can take 4-6 weeks to process.

- Programs needing supplies in less than a 4-week period will need to coordinate with another Contact in their funding source to inquire about borrowing supplies needed in the interim. Contractor can refer to the *TPP Contractor Listing* to locate another funded agency.

Program Monitoring Reports

As a means for ADHS to provide an overall picture of how Contractor programs are performing, ADHS will be developing Program Monitoring Reports. The Program Monitoring report will be an analysis of data compiled through quarterly narrative progress reports, fidelity monitoring logs, Forms A-D, and pre/post and entry/exit surveys.

- TPP Contractors will receive Program Monitoring Reports twice a year – one 6-month report and one annual report.
- Only aggregate data will be reported.
- Data will be reported at Contractor **and** school level if the number of participants is 10 or greater. In small samples, but still 10 or more, where there is substantial skewing of data by demographics or where participants can be identifiable, results will not be reported.

- Reports will be reviewed during mid-year Budget & Program Review Calls.

Program Monitoring Reports can be used for:

- Monitoring a program's progress.
- Identifying strengths and weaknesses, clearing the way to discover areas of growth and program improvement.
- Understanding what models are showing success in the schools/communities where being delivered.
- Providing Stakeholders (internal and external) with program data; and school level data on the delivery progress.
- ADHS to identify areas of technical assistance needs.

IX. Administering the PREP Performance Measures/Evaluation

The primary purpose of the PREP Performance Measures (PREP-PM) is to collect information from all Contractors on the extent to which the PREP objectives are being met and to contribute to lessons learned from scaling up the replication of evidence-based programs. PREP-PM can also create a foundation for program improvement efforts, prompted by federal, grantee, and sub-awardee examinations of the data. It is also used to report information to policymakers and legislators at a national level.

The PREP-PM plan has been approved by the Office of Management and Budget (OMB). This document serves as a guide for Contractors to begin their data reporting and data collection.

- The PREP-PM will not be used to measure program effectiveness, which will be estimated in only the four or five sites participating in the impact and implementation study. The state of Arizona and/or its Contractors shall participate, if selected, in a national evaluation.
- PREP-PM is designed to collect information about two broad topics: Program Structure and Program Delivery.
 - **Program structure.** How the grant funds are being used, the program models selected, the ways in which ADHS and Contractors support program implementation, and the characteristics of the youth served.
 - **Program delivery.** The extent to which the intended program dosage was delivered, youths' attendance and retention, youths' perceptions of program effectiveness and their experiences in the programs, and challenges experienced implementing the programs.

Performance Measures Collected

The collection and submittal of Performance Measures are a requirement of the contract for entities that are directly responsible for administering PREP-funded programs.

Performance Measure tools that are required to be submitted and/or administered each year include:

- **Measures of Structure, Cost, Support for Program Implementation.**
 - The Provider-Level Measures collect information on program implementation by sub-awardee. Information collected includes the funding amount awarded to the sub-awardee, the number of facilitators working for the sub-awardee, training and

observation of facilitators, implementation challenges and types of technical assistance needed.

- The Program-Level Measures collect information on each program model being implemented by each Contractor. Data collected includes intended program delivery hours, target populations and Adulthood Preparation Subjects delivered.
- **Program Attendance, Reach & Dosage.** Collects PREP program delivery and is designed to answer questions regarding how many youth were served, the degree to which they had an opportunity to receive the intended program dosage, and program attendance.
- **Measures of Participant Demographics, Behaviors, Intentions, Perceived Effects.** Participant Entry and Exit Surveys administered to youth in program services. Surveys include questions about a youth's attitudes and behaviors, how well they communicate with their family and friends, as well as their influence on a decision-making.
 - *Interim versions of the Entry and Exit surveys are approved for the 2018/19 fiscal year only and will collect data on measures of participants' characteristics and program experiences. No measures of participants' behaviors and perceived program effects are included in the interim surveys but are expected to be included in the full surveys to be used beginning in 2019–2020. Data for these additional measures will not be collected or reported until after approval is received.*

Timeframe for Data Collection

All Performance Measures will be collected throughout the Program Participation Year which runs August 1 – July 30 and will be reported at the end of the program participation year.

- Templates for collection of Performance Measures will be uploaded to SharePoint each year during June/July after they are made available to the ADHS by the federal funder.

The Program Participation Year does not align with the federal grant year (October 1 - September 30). The PREP Program Participation Year has been designed to maximize the number of cohorts from which both entry and exit survey data will be available in each reporting year, especially for programs that operate in schools.

Submitting Performance Measures

The federal funder provides Excel spreadsheet template each year for collection of Performance Measures data. Each Performance Measure tool includes a detailed instruction sheet for Contractors to follow when completing.

Contractors shall submit completed Performance Measures to ADHS by mid-August each year. Exact due dates will be listed in the *Due Dates of Deliverables* document issued each year by ADHS.

Administering the Entry and Exit Surveys-OMB Control No: 0970-0497

Entry and Exit surveys are also known as the Measures of Participant Demographics, Behaviors, Intentions, and Perceived Effects.

- ***Because there are no measures of participants' behaviors and perceived program effects being collected or reported in the 2018/19 interim surveys, the entry and exit surveys are approved by the OMB to be administered to ALL YOUTH regardless of age or delivery setting.***

Entry and exit surveys are printed for Contractors by ADHS in booklet form. The surveys also include the youth assent information.

- The entry and exit surveys are not linked so no identifiers are needed.
- Each survey is clearly identified on the front page of the booklets.
- Youth should **not** write their names on any part of the entry or exit surveys.
- PREP Contractors who are delivering the Wyman Teen Outreach Program® (TOP®) are required to **also administer** the TOP® pre and post surveys. For information on the TOP® pre and post surveys and how to administer them, please refer to the *Wyman Evaluation Guide*.
- Contractors **cannot** conduct pre or post survey activities in addition to the entry/exit surveys or the TOP® surveys, if applicable.
- Contractors **cannot** make copies of or analyze the pre/post evaluations prior to sending to ADHS.
- **A school** may administer their own survey to participating youth **in addition to** the ADHS and/or Wyman surveys, however, the school's survey **CANNOT** be administered by a Contractor's program staff and must be administered after program sessions are completed and ADHS and/or Wyman surveys have been administered.
 - Note: The active parental consent form only gives permission for a Program to administer the ADHS and/or Wyman pre and post surveys.

When administering surveys to youth, Health Educators need to assure that:

- Entry surveys are administered **BEFORE** program content (including APS) begins for a group of youth.
- Exit surveys are administered **AFTER** all program content (including APS) has been given to a group of youth.

On the day that evaluations are administered, health educators must read the *Evaluation Script* to youth so they are informed that:

- Their answers will be kept confidential and will not be shared with facilitators, teachers, administrators, classmates or parents
- They have the option to not answer questions that may make them feel uncomfortable or may opt out of the survey entirely.
- They have instructions on how to complete the surveys.

Youth may complete the PREP entry and exit survey in either pencil or pen as long as responses are clearly marked within the white boxes. Youth should also be reminded not to write their names on the evaluation.

- Facilitators may read the questions on the survey tool to youth as long as they are read in a values-neutral manner so that facilitator attitudes do not sway youth responses.
- Facilitators shall not instruct youth on how they should respond to a question, i.e., when youth ask what abstinence is, or what ethnicity they should select. Youth should be directed to select the response they think is the best one.

Once youth complete the evaluation, each youth needs to be able to put their completed evaluation into a large envelope that is passed around the class. The facilitator will seal the envelope in front of the class so the youth see that their completed surveys are kept private. The facilitators need to put the sealed envelope in a locked box (portable file) until they deliver/mail the surveys to ADHS.

Delivering Evaluation Tools to ADHS

Entry and exit surveys tools shall be mailed/delivered to ADHS within 5 days of completion by youth to:

Arizona Department of Health Services
 Teen Pregnancy Prevention Program
 150 N. 18th Ave., #320
 Phoenix, AZ 85007

Evaluations need to be grouped separated by school/community setting code, Entry and Exit surveys, then by program model. Contractors shall include the *Evaluation Cover Page* for PREP with every submittal of entry and exit surveys that are delivered to the ADHS Teen Pregnancy Prevention Program.

- The evaluation cover page provides ADHS with the information needed in order to develop the mid-year and year-end program monitoring reports (see Chapter XIII – Program Monitoring).

Parent Consent Form

Active Parental Consent must be obtained for any and all youth participants, at any venue, **prior** to participating in the program and/or completing the evaluation. An “active consent” requires a parent or legal guardian to sign and return a form if they consent for their child to participate in the program and

in the evaluation. Parents may consent to allowing their child to participate in the program and not the evaluation without consequence.

- Contractors must use the provided *Consent Form* for PREP but may add any additional topics to the form such as emergency contact information, allergies, t-shirts sizes, etc. The ADHS consent form is also available in Spanish.
- Programs administering the Wyman Teen Outreach Program® must use the *Consent Form* specific to TOP® which combines the required Wyman evaluation verbiage to the PREP consent form but may add any additional topics to the forms such as, emergency contact information, allergies, t-shirt sizes, etc.
- Consent forms must be signed by a youth's parent or legal guardian. Verbal consents or signed consents by a non-legal guardian cannot be accepted.
- Youth who are legal adults can sign their own active parental consent form.
- If no parental consent is given for the evaluation, youth can still receive programming as long as they have parental consent to participate in the program, but they cannot participant in the evaluation. Facilitators should note this on the permission slip by writing "N" in the evaluation column of the attendance sheet to indicate that no evaluation consent was given for the youth.
- Youth who do not have a parent/guardian signed permission form must be removed from the class where the teen pregnancy prevention program is being conducted, and located in an area where they are not able to overhear content being given.

Programs delivering services in sites that require using their own "blanket" parental consent form must ensure that active parental consent is being required and that the verbiage for the evaluation, as provided by PREP and/or Wyman, if applicable is included in the "blanket" form.

- Contractors must have access to review the signed consent forms in order to visually see active parental consent form was given for youth participation and to accurately note the permission on attendance records.
- ADHS TPP will need to access permission forms for review during site visits.

Programs delivering services in schools where consent for program participation is included in general school handbooks must ensure that active parental consent is being required and that the verbiage and "yes" or "no" check boxes for the program and evaluation, as provided by ADHS and/or Wyman, if applicable, is included in the handbook.

- Contractors must have access to review the signed consent forms in order to visually see active parental consent form was given for youth participation and to accurately note the permission on attendance records.
- ADHS TPP will need to access permission forms for review during site visits.

Contractor shall keep signed consent forms in a locked cabinet in a secured area. TPP Program Mangers will monitor the collection/completion and storage of consent forms during contractor site visits and will document whether the contractor is in compliance with the outlined requirements.

- Contractors with sites that require original signed permission forms be kept on file at the delivery site and not by the Program shall have copies of the permission forms on file at the Contractor site; or request permission for ADHS TPP to review the forms at the delivery site during site visits.

Youth Assent

In addition to the parental consent forms, youth will have the opportunity to verbally assent to filling out the evaluation.

Each entry and exit survey that is handed out to the youth includes the youth assent information in the booklet. The document provides the youth with the assent information letting them know they can opt out of answering certain questions on the tool or opt out entirely from taking the evaluation.

This *Evaluation Script* also provides the youth with the assent information letting them know they can opt out of answering certain questions on the evaluation or opt out entirely from taking the evaluation even though their parents have given consent for their participation. The script also provides information on how to complete the survey.

- If a youth opts out of taking the entry or exit survey, health educators shall indicate it on the attendance record by writing “YA” in the “evaluation taken by youth” column.

Teacher Feedback

It is allowable for Contractors to ask teachers for feedback on facilitator delivery of the program to use as a means for improving delivery of services. Teacher input can be obtained either verbally or in the form of a short survey.

- Teacher input **cannot** replace a classroom observation conducted by the Contractor Program Manager.

Attendance Records

ADHS requires that attendance records be kept on every youth participating in program models. Contractors must use the ADHS provided *Attendance Sheet* to record youth participation. The attendance sheet will be reviewed during site visits. ADHS may request to review or request copies of attendance records at any time.

Attendance sheets include a column for health educators to indicate if each participating youth has active parental consent to participate in the program and another column to indicate if the youth has active parental consent to participate in the evaluation.

- If a youth opts out of taking the pre or post evaluation, health educators shall indicate it on the attendance record by writing “YA” in the “evaluation taken by youth” column.
- If no parental consent is given for the evaluation, youth can still receive programming as long as they have parental consent to participate in the program, but they cannot participate in the evaluation. Facilitators should note this on the permission slip by writing “N” in the evaluation column of the attendance sheet to indicate that no evaluation consent was given for the youth.

Programs administering the Wyman TOP® must use the *Attendance Sheet* for TOP® Clubs provided by ADHS to record youth participation and shall record their attendance into the WymanConnect online system.

Evaluation Checklist for Facilitators

ADHS has developed an *Evaluation Checklist* to assist PREP facilitators when administering the evaluation with youth. Utilizing the checklist will ensure facilitators are following the required steps outlined by the IRB Process.

Talking Points

When reviewing the entry and exit tools with the schools and/or parents/legal guardians, the following points may be helpful for program staff:

- The purpose of the entry and exit surveys is to gather youths’ perceptions of program effectiveness and their experiences in the programs.
- The entry and exit evaluation asks questions about a youth’s attitudes and behaviors, school, how well they communicate with their family and friends, as well as their influence on a decision-making.
- Answers provided by youth on the surveys will be kept confidential and will not be shared with facilitators, teachers, administrators, classmates or parents.
- The entry and exit surveys are being administered under the direction of the U.S. Health & Human Services, Office of Adolescent Health, Family & Youth Services Bureau, the federal funding organization.
- Only aggregate data is being reported so there is nothing to identify a youth who completes the survey. No names are being collected, no identification numbers are being assigned, no birthdates, etc.
- Data collected will be reported as aggregate data in combination with all state funded programs. No data will be reported by individual classes or schools.

- Parents/legal guardians are required to give active parental consent for their youth to participate in the study. Although parental consent is given, the youth still have the option to opt out of answer any questions which may make them feel uncomfortable or may opt out of participating in the evaluation at all.
- Parents/legal guardians may request a copy of the tool at any time.

Spanish-language Documents

Several documents designed for the evaluation have been translated for use when administering the entry and exit evaluation tools:

- ADHS does not print entry and exit tools in Spanish due to the limited need for them but does provide a translated *Spanish Entry and Exit Survey*. If needed, Contractors can print their own copies.
 - Programs are encouraged to contact their assigned Program Manager if there is a continuous need for Spanish-language evaluation forms so that ADHS can assess whether there is a high need printing the surveys in Spanish.
- Both the PREP and the PREP/TOP® Combined parental *Consent Forms* have been translated.
- The PREP verbiage for removal of sensitive subjects is available in Spanish.

Ordering Evaluation Tools

Contractors may request a shipment of entry and exit surveys by completing and emailing the *Evaluation Order Form*, at any time during the year, to the ADHS TPP Program Coordinator. Orders can take 4-6 weeks to process.

- Programs needing supplies in less than a 4-week period will need to coordinate with another Contact in their funding source to inquire about borrowing supplies needed in the interim. Contractor can refer to the *TPP Contractor Listing* to locate another funded agency.

X. Parent/Guardian Program Services and Deliverables

Target Population

Program services may be delivered to parents/guardians/caregivers of youth who care for youth between the ages of 11-19.

Personal Responsibility Education Program

Contractors cannot deliver parent education with this funding.

Services Areas

Program services are to be provided in the Contractor's selected and awarded service area.

Delivery Settings

Programs may be provided in any location that is appropriate for the demographics and particular characteristics of the community.

Service Delivery Requirements

Attendance Records. ADHS requires that attendance records be kept on every parent participating in a curriculum session. ADHS will review attendance records during site visits and reserves the right to request copies of attendance records at any time.

- Programs must use the ADHS provided *Attendance Sheet-Parent Sessions* to record parent participation. The attendance sheet will be reviewed during site visits. ADHS may request to review or request copies of attendance records at any time. Attendance sheets must include:
 - Class start and end time
 - Program Facilitator
 - Curriculum being delivered
 - Location of program delivery - school/community organization name, City and County
 - Participant name
 - Gender
 - Ethnicity

- Number of youth ages 11-19 – the number of youth between 11-19 years of age for whom the participating parents/guardians/ caregivers provide care
- Ages of the youth between ages 11-19 for whom the participating parents/guardians provide care
- Attendance status which includes date of lesson attending
- Programs may keep attendance records via their own on-line system and must collect the same information identified on the *ADHS Attendance Sheet-Parent Sessions*.

Non-Discrimination Policy. Program services must be provided without regard to religion, race, color, national origin, creed, disability, gender, sexual orientation, or marital status.

Free Services. Program services to any individual must be free of charge.

Separation of Religious Activity. Programs shall not support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing.

Respect for Cultural and Family Values. Programs must assure that differences in culture, family structure, personal and family values, and resources are respected.

Effectiveness of Program Delivery

In order to ensure the effectiveness of curriculum delivery, **80% of parents participating in the curriculum delivery must complete at least 75% of the curriculum dosage.** For example, if Contractors propose serving 75 parents in a fiscal year with a curriculum that is 5 lessons, 60 of the 75 participating parents must complete at least 3.75 lessons of the curriculum delivered.

$$75 \text{ participations} \times 80\% = 60 \text{ participants}$$

$$5 \text{ lessons} \times 75\% = 3.75 \text{ lessons}$$

Program Models

Program models have demonstrated to be effective or have shown to have promise and be consistent with research findings on strategies for involving parents in education programs. Program models must be medically accurate and culturally relevant. Table 10.1 provides a list of all curricula available for use based on program funding requirements. Table 10.2 is a listing of approved curricula with general information and delivery guidelines of program models.

- Program delivery shall cover exploration and discussion of parental views regarding sex, love and healthy relationships and can include a variety of teen risk-related topics.
- Curriculum delivered should be appropriate for the age of the parent’s youth.

- Approved program models for delivery are as follows:

Table 10.1 - Approved Curricula					
Curriculum	Parents/Guardians of Youth Ages	Abstinence Plus	Abstinence	PREP	Title V SSRAE
Active Parenting	11-17	X	X		X
Can We Talk/Let's Talk	11-14	X	X		X
Choosing the Best-Parent	14-18		X		X

Table 10.2 - Approved Curricula Delivery Guidelines					
Curriculum	Rating	Target Population	Program Description	Program Length	Delivery Methods
Active Parenting	Evidence-based	Males/Females 5-17 year olds	Helps teach parents how to raise responsible, cooperative children who are prepared to meet the challenges of the teen years.	6, 50 min sessions	6 weekly sessions / 50 minute sessions 2 days / each comprised on 3, 50 minute sessions
Can We Talk/ Let's Talk	Evidence Informed	Males/Females 11-14 year olds	New ways to talk with their children about bullying & harassment, alcohol, tobacco & other drugs, healthy relationships, internet & media, peer pressure, self-esteem, and community projects.	7, 50 min sessions	7, weekly or consecutive days / 50 minute sessions

Curriculum	Rating	Target Population	Program Description	Program Length	Delivery Methods
Choosing the Best - Parent PREP	Evidence Informed	Males/Females 14-18 year olds	Gets parents “on board” and involved in helping their teens choose abstinence. This program consistently motivates parents to help protect their teens’ health by showing them how and why abstinence really works. Vital, research-based information helps parents: Understand the problem and challenge, Identify the 5 pressures to be sexually active, Look at the 4 devastating consequences of teens’ sexual involvement and Examine 10 proven steps to help teens choose abstinence.	1.25 hr session	1, 75 minute session

XI. Program Reporting

Annual Action Plans

Healthy People Healthy Communities

Action Plans are only submitted by Abstinence Plus Contractors in the Healthy People Healthy Communities Integrated IGA. HPHC Contractors shall refer to the HPHC contract for guidance.

ADHS TPP has streamlined the objectives that should be outlined on the annual Action Plan and reported on in the quarterly narrative reports so that all Contractors are reporting on the same core program information. Contractors may include additional objectives to the listing. The objectives that need to be included in the Action Plan and reported on quarterly are:

Objective 1 - By June 30, XXXX, XXX amount of youth 11-19 years of age will receive services with 80% of youth completing at least 75% of the curriculum delivered.

- **Major Action Steps** include but are not limited to details about identifying schools and developing a schedule, collecting permission forms, curriculum planned for delivery, administering pre/post surveys, etc.

Please note: When delivering to more than one site and/or more than one curriculum it is not necessary to separate each site and/or curriculum into separate objectives or action steps.

Objective 2 – By June 30, XXXX, XXX amount of parents/guardians of youth 11-19 years of age will receive services with 80% of parents completing at least 75% of the curriculum delivered.

- **Major Action Steps** include but are not limited to recruitment of parents, commitments from schools/CBOs, developing delivery schedule, curriculum planned for delivery, etc.

Please note: When delivering to more than one site and/or more than one curriculum it is not necessary to separate each site and/or curriculum into separate objectives or action steps.

Objective 3 - By June 30, 100% of Teen Pregnancy Prevention Program deliverables will be submitted as outlined in the Contract and TPP Policy and Procedures Manual.

- **Major Action Steps** – Submit all program deliverables within deadlines established as outlined in the Contract and TPP Policy and Procedure Manual.

Quarterly Narrative Reports

Contractors shall submit quarterly narrative reports of program activity and services conducted.

Reports shall be submitted on the ADHS reporting database located on TPP SharePoint – Reports – Quarterly Narrative Reports.

Reports are due by the 10th of the month following each quarter of service. Contractors can refer to the *Due Dates of Deliverables* or the TPP SharePoint calendar for exact dates.

Healthy People Healthy Communities

Contractors shall refer to the HPHC contract for guidance. The TPP *Due Dates of Deliverables* also provides the dates when reports are due.

Annual Reports

Contractors shall submit an annual narrative report outlining key program activity and services conducted over the year, and any research and analysis conducted, such as youth focus groups, funded with TPP dollars.

Reports shall be submitted on the ADHS reporting database located on TPP SharePoint – Reports - Annual Narrative Reports.

Reports are due forty-five (45) days following the end of the contract period year. Contractors can refer to the *Due Dates and Deliverables* document or the SharePoint calendar for exact dates.

Healthy People Healthy Communities

Contractors shall refer to the HPHC contract for guidance. The TPP *Due Dates of Deliverables* also provides the dates when reports are due.

Contractor School Codes

In order for ADHS to include school level data on Program Monitoring Reports for Contractors (see Chapter XIII-Program Monitoring), the first step is to match pre/post surveys, entry/exit surveys and fidelity logs with their corresponding schools. Delivery sites where educators are delivering services must have Contractor School Codes assigned to them and referenced on corresponding fidelity monitoring logs, the ADHS pre and post survey cover sheets, and the PREP entry/exit survey cover sheets. A database has been developed for the tracking of school codes in the TPP SharePoint database.

- School or organization codes consist of a 3 digit code identifying the Grantee followed by a number that Grantees will assign to a school or organization. ADHS has already assigned the 3-digit code and only the number to identify the delivery site needs to be assigned by the Contractor.
- Grantees can assign number 1-50, keeping in mind that codes **will remain attached to the assigned school or organization through the life of the 5 year contract.**
 - If additional numbers are needed, Contractors should contact their assigned ADHS TPP PM.

- Codes cannot be duplicated within the 5-year contract period, even if no longer providing services in a particular site.
- Health Educators need to have access to and know the codes for the schools or organizations where they are delivering services.

Fidelity Monitoring Logs

Program Facilitators shall report on the manner in which each lesson of a program model was delivered to assure that lessons maintain faithfulness with the selected curricula guidelines for fidelity.

Programs shall report delivery of their lessons through the TPP SharePoint system no later than five (5) days following completion of each lesson.

Programs shall follow the instructions outlined in the *Fidelity Monitoring Log Instructions* when submitting their fidelity logs.

Forms A-D

Forms A-D are used to report the annual unduplicated number of clients served by age and race; program hours received; completion percentages of youth participants, and the geographic area where the program was delivered.

- Form A – collects unduplicated counts of all participants served at least once within a funding fiscal year who participated in curriculum delivery only.
 - Events such as mentoring activities, summer institutes, health fairs, parent nights, etc. are **NOT** reported on Form A. These types of activities are **ONLY** reported on Form C.
- Form B – collects program hours received by youth participants 11-19 years of age. The breakout by age submitted in Form A will be auto-populated on Form B. Entries of youth participants entered by hours received must match the auto-populated counts of youth from Form A.
- Form C – collects completion data for all participants and counts from Form A **PLUS** any other events, trainings, etc. that programs have conducted with youth, parents, and the community. The total counts of youth 11-19 years of age who receive curriculum delivery **must** match the counts from Form A.
 - **All entries must also include a completion count in order for the database to accept the submission.**
- Form D – collects the geographic area where the program activities was delivered.

Reporting unduplicated counts of youth means counting a single youth who has participated in at least **one** lesson of an ADHS TPP approved curriculum session **only once within the Contract's funded fiscal year**, regardless if the youth has participated in other/different curricula sessions, even if participated at different educational settings/schools. For example:

- Joe Brown participates in sessions at Catalina High School in the 2018 fiscal year and then participates in sessions at Tucson High School still in the 2018 fiscal year; he would only be counted **one** time during the 2018 fiscal year.
- Joe Brown participates in sessions at Catalina High School that begin in a program's 2018 fiscal year and end in the program's 2019 fiscal year, he would be counted **one time** in the 2018 fiscal year and **one time** in the 2019 fiscal year because Joe is participating in two (2) different fiscal years and is unduplicated from fiscal year to fiscal year.
- Joe Brown participates in sessions at Catalina High School in the 2018 fiscal year and then participates in sessions at Catalina High School or another school in the 2019 fiscal year, he would be counted **one time** in the 2018 fiscal year and then counted **one time** again in the 2019 fiscal year.
- Joe Brown participates in sessions at Catalina High School in the 2018 fiscal year but only attends one lesson, he would be counted **one time** during the 2018 fiscal year.

Contractors delivering services, regardless of funding or curricula, in the same schools/ organizations need to collaborate to ensure that services are not being provided to the same group of youth and being reported as unduplicated counts.

Participant numbers shall be reported through the TPP SharePoint system within fifteen (15) days following the end of the reporting program period. Contracts can refer to the *Due Dates of Deliverables* for exact dates and the *Accessing and Completing the Forms A-D* for instructions for inputting data.

- Abstinence, Abstinence Plus & Abstinence Plus Tribal – once a year at the end of the program contract year, reporting counts from July 1 – June 30.
 - Total count of youth served with curriculum as reported on Form A must equal the total number of youth reported on the monthly unduplicated count of youth served.
- PREP – once a year at the end of the program contract year, reporting counts from October 1 – June 30.
 - Total count of youth served with curriculum as reported on Form A must match the total number of youth reported on the two program indicator charts.
- Title V SSRAE – twice a year, every six (6) months. First reporting counts numbers from October 1- March 31; second reporting counts numbers from April 1 – September 30.
 - Counts of youth are unduplicated from 6-month period to 6-month period. Contractors can determine in which period it would be best to report youth cohorts as long as they are not reported in both periods.

Unduplicated Counts of Youth Served (Governor's Scorecard)

Arizona government operates within a professional, results-driven management system. It is a system that focuses on delivering customer value and vital mission outcomes for Arizona citizens. Mission measures achieved, are reflected in agency scorecards, **reported to the Governor, and are now the benchmark by which progress is monitored.** For the Teen Pregnancy Prevention Program, progress is monitored through monthly reporting of the unduplicated count of youth served.

Reporting unduplicated counts of youth means counting a single youth who has participated in at least **one** lesson of an ADHS TPP approved curriculum session **only once within a state fiscal year (July-June)**, regardless if the youth has participated in other/different curricula sessions, even if participated at different educational settings/schools.

The monthly counts shall be **reported during the month the sessions first began.** For example:

- If curriculum delivery begins in January with 15 youth and sessions run into February with the same 15 youth, the 15 youth are reported only in January, not in every month following.
- However, if 4 new youth join the same group in February, the 4 new youth are reported in February when they begin. Neither group is reported again after that.

If sessions run across two (2) different state fiscal years, youth are reported in both fiscal years but only one time per state fiscal year, for example:

- If a curriculum delivery begins in September with 15 youth and sessions run through July of the following year, the 15 youth would be reported in September when sessions started and can be counted again in July at the start of the new state fiscal year. The continuing youth are only reported in July as they are new youth to the new state fiscal year but are not to be counted again after that.

Contractors shall submit monthly counts through the TPP SharePoint database–Reports–Monthly Count of Youth Served and can reference the *Unduplicated Count of Youth Served – User Guide* for uploading instructions:

- Unduplicated monthly counts shall be reported on a **state fiscal period** – July 1 – June 30.
- The unduplicated counts are of **curriculum services only to youth 11-19 years of age** and need to be unduplicated for the state fiscal year.
- Numbers shall be submitted by the 30th of each month for the current month, i.e., January numbers reported by January 30.
 - February numbers will be reported on the last day of the month.
 - If the 30th falls on a weekend, the numbers are **due by the Friday prior** to the deadline date.

XII. Financial Management

Contractors are responsible for the effective and efficient administration of monies awarded for services and for utilizing funds in a manner that is necessary and reasonable for the performance of the grant. Contractors must comply with agreements, objectives, terms and conditions of awards issued by ADHS.

All financial management controls and disbursements of TPP funds must be in compliance with the requirements outlined in the TPP Policy & Procedures Manual, the ADHS contract, the State of Arizona Accounting Manual (SAAM) and the Office of Management and Budget (OMB) 2 CFR 200 guidelines.

Contractors are required to maintain separate ledger accounts for each contract which allows:

- Efficient management of the contract dollars.
- Accurate tracking of program revenue and expenses.
- Audit trail for program management or audit personnel.

Contractor Expenditure Reports (CERs)

Contractors shall submit monthly invoices referred to as a Contractor Expenditure Report (CER) within thirty (30) days following the month of service. CERs shall be emailed to the TPP finance email box at tpp.finance@azdhs.gov. ADHS TPP Program Managers will review the CER and supporting documentation and approve for processing.

- ADHS TPP will provide an auto-populated CER template at the beginning of each contract fiscal year for the 12-month period. Contractors only need to make manual entries to the **Reporting Period** and **Current Reporting Period Expenditures** on each month's CER, and to the **Revised Budget**, when applicable. All other columns will auto-populate and will be locked.
 - The **Revised Budget** column lines will remain unlocked for Contractors to enter revised budgets when 10% moves are requested and approved.
- If Contractors experience delays in submitting their monthly CERs, the assigned ADHS TPP PM should be notified and a request to extend the due date may be allowed.
- Contractors shall submit the TPP *CER Itemized Expense Worksheet(s)* or a ledger with **EVERY** CER in addition to the required supporting documentation outlined in the Supporting Documentation of Expenses section of this chapter.

Healthy People Healthy Communities

Contractors shall adhere to the HPHC contract and the Funding Guidelines.

Supporting Documentation of Expenses

Contractors are required to maintain sufficient documentation in the form of receipts and/or source documents in support of **expenses incurred for any purchases that are being claimed for reimbursement or applied as match dollars** to a budget. Supporting documentation is essential for successful auditing, monitoring and processing of Contractor Expenditure Reports (CERs) on a monthly basis.

- Supporting documentation shall be kept by the Contractor and does NOT need to be submitted with monthly CERs **with the exception of:**
 - Travel documentation (in-state and out-of-state), and
 - Capital Outlay (single purchases of equipment/assets exceeding \$250)
- All out-of-state travel expenses and capital outlay expenses exceeding \$250 require pre-approval from the ADHS TPP Program Manager. Contractors shall submit the appropriate form either *Equipment/Asset Approval Form* or *Travel Approval Form* to their assigned ADHS TPP PM when requesting approval.
 - No purchases or travel plans should be made without the written signed approval from ADHS.
- The ADHS Office of Auditing will conduct random audits with sub-recipients each year. All supporting documentation, upon request by ADHS, must be provided for review.
 - It is strongly recommended that sub-recipients maintain supporting documentation in an organized and readily available manner as delays in providing documentation for an Audit will delay reimbursement of a CER.

Acceptable support documentation of expenses by line item that should be retained by the Contractor includes:

Supporting Documentation of Expenses			
Line Item	Supporting Documentation Needed	Applicable Manual	
		State of Arizona Accounting Manual (SAAM)	Office of Management & Budget Code of Federal Regulation 2 (CFR) Part 200 (OMB)
Personnel	<ul style="list-style-type: none"> Staff time sheets /labor distribution, and Staff pay stubs or electronic pay records 	Topic 55 Section 05 & 15	2 CFR 200.430
Employee Related Expenses (ERE)	<ul style="list-style-type: none"> Staff pay stubs or electronic pay records 	Topic 55 Section 05 & 15	C CFR 200.431
Professional & Outside Services	<ul style="list-style-type: none"> Paid invoice for service 	Topic 45 Section 20	2 CFR 200.302(3)
Travel	<ul style="list-style-type: none"> <u>Out-of-state Travel reimbursement</u> claim form which includes traveling employee's name, date(s) of travel, reason for travel, claim signed by traveler and their supervisor and Itemized copies of all receipts - hotel, meals, transportation, etc. Copy of the meeting/conference agendas ADHS signed <i>Travel Approval Form</i> <u>Mileage claims</u> that include start & end odometer readings, travel to/from, date of travel, signed by employee and supervisor 	Topic 50 Section 05 Section 25 Section 45 Section 55 Section 95	2 CFR 200.474
Occupancy	<ul style="list-style-type: none"> Bill, invoice, receipt or lease agreement and allocation breakdown 	Topic 45 Section 20	2 CFR 200.302(3)
Other Operating	<ul style="list-style-type: none"> Itemized receipts and/or paid invoice to supplier 	Topic 45 Section 20	2 CFR 200.302(3)

	<ul style="list-style-type: none"> Percentage being billed, if expenses are divided amongst multiple programs 		
Capital Outlay	<ul style="list-style-type: none"> Paid invoice for service ADHS signed <i>Equipment/Asset Approval Form</i> 	Topic 45 Section 20	2 CFR 200.302(3)
Indirect	<ul style="list-style-type: none"> Contract Itemized Price Sheet RFGA Budget Worksheet Federally approved indirect cost letter 	Topic 70 Section 40	2 CFR 200.414 Appendix III Part 200 Appendix IV Part 200

Healthy People Healthy Communities
Contractors shall refer to the HPHC contract and the Funding Guidelines.

Unallowable Costs

Teen Pregnancy Prevention State and Federal funds cannot be used for the following activities:

- Neither awarded or matching funds can be used to support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing.
- For lobbying activities involving elected officials or political campaigns for individuals or any ballot proposal, or any activity designed to influence legislation or appropriations pending before Congress or the State Legislature.
- To supplant or replace current public or private funding;
- To supplant ongoing or usual activities of any organization involved in the project;
- To purchase or improve land, or to purchase, construct, or make permanent improvements to any building;
- To reimburse pre-award costs; and
- To support planning efforts and other activities associated with the grant applications.

Healthy People Healthy Communities
Contractors shall refer to the HPHC contract and the Funding Guidelines.

Annual Budget Renewals

Contractors shall submit annually, a completed *Budget Workbook*, federally approved indirect rate letter or indirect allocation plan, if applicable, and an updated *Logic Model*, if applicable to initiate new Purchase Orders to continue services for the following contract period. Contractors can refer to the *Due Dates of Deliverables* or the SharePoint calendar for exact due dates. ADHS TPP Program Managers will review annual budget documentation for approval.

- The *Budget Workbook* now contains all the budget-related documents that previously were individually submitted such as:
 - Instructions explaining how to complete the workbook.
 - Budget Development Guidelines listing all resources that will be needed to implement the program. It is essential that category costs be comprised of the same item costs as specified in these Guidelines.
 - Detailed Budget and Justification to develop a sub-recipient's itemized budget including a descriptive justification of costs for each expense within the budget.
 - Budget Justification Form which provides an overview of the budget changes from year to year. Budget Justifications should contain no acronyms in the descriptions.
 - Price Sheet which is auto-populated from the other worksheets within the workbook.

Budget spending will be reviewed annually and may be decreased accordingly based on:

- Changes in allocations from the federal or state funding sources.
- Failure to meet the number of youth proposed to be served; or meet the required program completion by youth.
- Failure to comply with contract requirements.
- Negative audit findings.
- Sub-recipients not spending budget funds efficiently.

Once the ADHS procurement office issues a purchase order for the next year's budget period, ADHS TPP shall provide an auto-populated CER template for the 12-month period as referenced in the section Contractor Expenditure Reports.

No services can begin or be reimbursed without a valid Purchase Order.

Healthy People Healthy Communities
Contractors shall refer to the HPHC contract for guidance.

Certificates of Insurance

Contractors are required to maintain liability, business automobile insurance, and worker's compensation and employers' liability coverage to include the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor.

Grantee's approved to sub-contract shall include all subgrantees as insureds under its policies or Grantee shall be responsible for ensuring and/or verifying that all subgrantees have valid and collectable insurance as evidenced by the certificates of insurance and endorsements for each subgrantee. All coverages for subgrantees shall be subject to the minimum Insurance Requirements identified in the ADHS contract. The Department reserves the right to require, at any time throughout the life of the Grant, proof from the Grantee that its subgrantees have the required coverage.

Contractors should refer to their ADHS Contract Terms and Conditions for detailed information on insurance requirements and coverage amounts.

Expired Certificate of Insurances may cause Procurement to delay issuing a purchase order.

Federal Funding Accountability and Transparency Act (FFATA)

Federally Funded Contractors must complete a Grant Reporting Certification Form each year once a Purchase Order has been issued. This form and the instructions can be downloaded from the ADHS Procurement website at <http://www.azdhs.gov/operations/financial-services/procurement/index.php#ffata>. Completing the Grant Reporting Certification Form is required for compliance with the Office of Management and Budget (OMB), found at <http://www.whitehouse.gov/omb/open>.

- FFATA forms are required to be completed by all federally funded Contractors for amounts exceeding \$30,000.00 during the term of the Award.
- Notification of the FFATA is issued on every Purchase Order and all required fields must be filled including top employee compensation, if applicable.
- The form shall be completed electronically and must be returned to ADHS by the 15th of the month following that in which the award was received using the steps outlined in the Grant Reporting Certification Form Instructions to the following email address:
ADHS_Grant@azdhs.gov.
- Failure to timely submit the Grant Reporting Certification Form could result in the loss of funds.

Single-Audit Reporting

Listed below is key information regarding single-audit reporting. For detailed information Contractors should refer to the OMB guidelines.

- A Contractor that expends \$750,000 or more during the awardee’s fiscal year in federal awards must have a single audit conducted for that year per OMB 2CFR 200.514.
- Single audits must be uploaded to the Federal Audit Clearinghouse database within nine (9) months following the end of the audit period.
- A Contractor that expends less than \$750,000 during the awardee’s fiscal year in federal awards is exempt from single-audit reporting for that year per OMB 2 CFR 200.503.

Budget Moves Under 10%

With prior written approval from the ADHS TPP Program Manager, the Contractor can transfer up to a maximum of 10% of the total budget amount between line items per fiscal year. Transfers of funds are only allowed on cost reimbursement contracts between funded line items.

- Ten percent (10%) line budget moves can be requested three (3) times per year. Contractors should refer to the *Due Dates of Deliverables* document for exact months.
- Contractors shall first discuss the need for a line item move with their assigned ADHS TPP Program Manager.
- Upon approval to move forward, the Contractor shall complete and submit the *10% Budget Move Request Form* to their assigned ADHS TPP Program Manager for review and written approval.
- Once the 10% move request is approved, Contractors will need to add the revised budget to their CER template in the “revised budget” column.
- Transfers exceeding 10% or to a non-funded line item shall require a contract amendment.

Contract Amendments

There are several contract-related actions that require the execution of a contract amendment:

- Line item transfers exceeding 10% of total budget
- Line item transfer needed to add dollars to a non-funded line item
- Changes to a price sheet
- Changes to a Scope of Work
- Changes to the Logic Model

- Amendments will require the Contractor to complete and submit the documentation outlined in the section Annual Budget Renewals.
- Contract Amendments can only be completed at the six-month (6-month) point of a budget period. Contractors can refer to the *Due Dates of Deliverables* document for exact months.
- Forms shall be emailed to the tpp.finance@azdhs.gov email in-box for review and processing with the ADHS procurement office.
- Once approved, the ADHS TPP Program Manager will issue a revised CER template form reflecting the new budget for Contractor submittal of CERs as referenced in the Contractor Expenditure Reports section.

Healthy People Healthy Communities

Contractors shall refer to the HPHC contract and the Funding Guidelines.

XIII. Program Monitoring

Annual Site Visits

ADHS will conduct annual site visits at Contractor locations. To ensure site visits are conducted annually, each Contractor has a designated month when site visits will be scheduled. ADHS TPP Program Managers will coordinate these visits with Contractor Program Managers/Coordinators.

- The site review process provides an opportunity to meet with program staff to discuss program implementation and provide training and technical assistance, as needed.
- Upon decision of a date, ADHS TPP Program Managers will send a notification letter to the Contractor outlining the dates of the meeting and a copy of the Site Visit Monitoring Guide that will be used during the visit. The Guide summarizes the areas for review and lists the materials/information the Contractor will need to provide during the site visit.
- Within two (2) months of the review, the ADHS TPP Program Manager will write a report of findings which will be sent to the Contractor and kept on file at ADHS.
 - Contractors will have 14 days upon receipt of the site visit report of findings to submit a Corrective Action Plan if the Site Review Summary contains required corrections.
 - After review of the corrective action, the ADHS TPP PM will accept or request additional action in writing.

Healthy People Healthy Communities

Contractors shall refer to the HPHC contract for guidance.

Classroom Observations of Health Educators

ADHS TPP Program Managers/Coordinator will conduct annual observations of facilitators delivering curriculum. TPP staff will coordinate dates for these visits with Contractor's Program Managers/Coordinators.

- Observations of facilitators provide the opportunity for ADHS TPP Program Managers/Coordinator to ensure lessons are being delivered with fidelity, gauge youth engagement and participation, as well as provide coaching and technical assistance to health educators observed, as needed.
- Whenever possible, classroom observations will be scheduled around the same time the Contractor site visit is scheduled. Otherwise, optional dates will be coordinated.

- Contractors delivering the Wyman Teen Outreach Program® will have at least one Club observed each year.
- All new facilitators will be observed within their first year of delivering services.
- TPP Program Managers/Coordinator will follow standardized *Class Observation Sheets* to assist with providing feedback to health educators.
 - The ADHS class observation sheets can also be utilized by Contracted Program Managers/Coordinators when observing their facilitators.

Budget and Program Monitoring Calls

Calls to discuss Contractor budget spending, youth served to-date, and the mid-year program monitoring report will be held at the halfway mark for all contractors each year. They will be held during the 3rd and 4th weeks of the 7th month of a contract to allow for a more accurate account of the first 6-months of the budget and more accurate estimate of spending for the full year.

Agencies funded with lottery and federal funding will have more than one call due to differences in mid-year based on fiscal periods.

- Federally funded PREP and Title V SSRAE programs operate from October – September and calls will be held during April.
- Lottery funded HPHC, Abstinence Plus Tribal, and Abstinence lottery programs operate from July – June and calls will be held during January.

Budget review will focus on spending trends, projected spending through the end of the year, and plans to efficiently spend-down budgets.

- Programs not on track with spending will be asked to provide a spending plan within a quick turn-around period to determine if spend plans are feasible.
- Programs anticipating unspent funds will have PO's reduced for the current year in order to allow monies to be spent elsewhere to support program goals.

Review of youth served will focus on numbers served to-date, projected number to serve by the end of the fiscal year, and expected 75% completion of program by youth.

- Programs not on track with serving or meeting completion of youth served will be asked to provide a written plan for meeting their number and/or a justification as to why the number will not be met.

The Program Monitoring Report will focus on the evaluator providing an overview of the program's progress at the 6-month mark based on pre and post surveys, fidelity logs, monthly unduplicated counts

of youth served and quarterly reports, as well as provide program recommendations, success and challenges, and observations.

- Contractors will receive a copy of their Program Monitoring Report prior to the call.

Program Monitoring Reports

As a means for ADHS to provide an overall picture of how Contractor programs are performing, ADHS will be developing Program Monitoring Reports. The Program Monitoring report will be an analysis of data compiled through quarterly narrative progress reports, fidelity monitoring logs, monthly unduplicated counts of youth served, Forms A-D, and pre/post and entry/exit surveys.

- TPP Contractors will receive Program Monitoring Reports twice a year – one 6-month report and one annual report, at the end of their funding cycle.
- Only aggregate data will be reported.
- Data will be reported at Contractor **and** school level if the number of participants is 10 or greater. In small samples, but still 10 or more, where there is substantial skewing of data by demographics or where participants can be identifiable, results will not be reported.
- Contractors will receive a copy of their Program Monitoring Report and evaluators will provide an overview during mid-year Budget & Program Review Calls.

Program Monitoring Reports can be used for:

- Monitoring a program’s progress.
- Identifying strengths and weaknesses, clearing the way to discover areas of growth and program improvement.
- Understanding what models are showing success in the schools/communities where being delivered.
- Providing Stakeholders (internal and external) with program data; and school level data on the program delivery.
- ADHS to identify areas of technical assistance needs.

Wyman Teen Outreach Program® Status Calls

The ADHS TPP Program Coordinator will schedule bi-annual calls with Contractors delivering TOP® to discuss the progress of TOP® clubs being implemented. Calls will be conducted mid-year in January and at end of Club cycle. If required, additional calls will also be scheduled to provide technical assistance.

The Program Managers/Coordinators who oversee the delivery of TOP® and TOP® facilitators, if available should plan on participating on the calls. Discussion during the monthly calls includes:

- Review of TOP® Club fidelity compliance to date.
- Opportunity for Contractors to communicate TOP® Club progress.

- TOP® Club Reflection –any noteworthy challenges and successes.
- Outline any necessary action items and/or relevant technical assistance going forward.
- Opportunity for ADHS to communicate any updates regarding TOP®.

XIV. Records Retention

At any time during the term of a Grant and five (5) years thereafter, the Contractor's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.

This includes but is not limited to:

- Payroll records
- Receipt documentation
- Indirect cost proposals and cost allocation plans
- Statistical records
- Attendance records
- Permission forms

Scanning documentation and storing electronically is an allowable method for retention as long as documentation is available when requested by ADHS.

After the retention period, Contracts can dispose of grant related documents following their agency's procedures.

XV. Document/Template File Location

Document/Template Name	Document/Template Location
10% Budget Move Request Form	TPP SharePoint-Program Documents-Forms and Templates- <i>10 Percent Moves</i>
Adulthood Preparation Subjects Descriptions	TPP SharePoint-Program Documents-Forms and Templates- <i>Adulthood Preparation Subjects Descriptions</i>
ADHS Logos	TPP SharePoint-Program Documents- <i>ADHS Logos and Tag Lines</i>
Attendance Sheets	<p>Youth: TPP SharePoint-Program Documents-Forms and Templates-<i>Attendance Sheet ADHS Eval</i></p> <p>Youth: TPP SharePoint-Program Documents-Forms and Templates-<i>Attendance Sheet PREP</i></p> <p>Youth in TOP®: TPP SharePoint-Wyman TOP®-Forms and Templates-Forms and Templates-<i>Attendance Sheet TOP® Club</i></p> <p>Parents: TPP SharePoint-Program Documents-Forms and Templates-<i>Attendance Sheet Parent Sessions</i></p>
Budget Workbook	TPP SharePoint-Program Documents-Forms and Templates- <i>Budget Workbook</i>
CER Itemized Expense Worksheet	TPP SharePoint-Program Documents-Forms and Templates- <i>CER Itemized Expense Worksheet</i>
Class Observation Sheets	<p>TPP SharePoint-Program Documents-Forms and Templates-<i>Class Observation Sheet</i></p> <p>TPP SharePoint-Wyman TOP®-Forms and Templates-<i>TOP® Club Observation Sheet</i></p>
Collaborating Communities	TPP SharePoint-Program Documents-TPP Contractor Information- <i>Collaborating Communities</i>

<p>Consent Forms</p>	<p><u>English</u></p> <p>TPP SharePoint-Program Documents-Evaluation-ADHS Evaluation-<i>Consent Form</i></p> <p>TPP SharePoint-Program Documents-Evaluation-ADHS Evaluation-<i>Consent Form TOP® and ADHS Combined</i></p> <p><u>PREP</u></p> <p>TPP SharePoint-Program Documents-Evaluation-PREP Evaluation-<i>Parental Consent Form</i></p> <p>TPP SharePoint-Program Documents-Evaluation-PREP Evaluation-<i>Parental Consent Evaluation without Sensitive Questions</i></p> <p><u>Spanish</u></p> <p>TPP SharePoint-Program Documents-Evaluation-ADHS Evaluation-Spanish Evaluation Materials-<i>Consent Form Spanish</i></p> <p>TPP SharePoint-Program Documents-Evaluation-ADHS Evaluation-Spanish Evaluation Materials-<i>Consent Form Spanish TOP® and ADHS Combined</i></p> <p>TPP SharePoint-Program Documents-Evaluation-PREP Evaluation – <i>Parental Consent Form Spanish</i></p> <p>TPP SharePoint-Program Documents-Evaluation-PREP Evaluation – <i>Parental Consent Evaluation Spanish-without Sensitive Subject Questions</i></p>
<p>Curriculum Adaptation Guide</p>	<p>TPP SharePoint-Program Documents-Curricula and Adaptations-<i>Curricula Adaptation Guide</i></p>
<p>Curriculum Adaptation Request</p>	<p><u>ADHS:</u> TPP SharePoint-Program Documents-Forms and Templates-<i>Curriculum Adaptation Form</i></p> <p><u>Wyman:</u> WymanConnect-Support Materials-Resources-TOP® Pilots and Adaptations-<i>Wyman’s TOP® Adaptation Application</i></p> <p><u>Wyman:</u> WymanConnect-Support Materials-Resources-TOP® Pilots and Adaptations-<i>Wyman’s TOP® Pilot Application</i></p>
<p>Due Dates of Deliverables</p>	<p>TPP SharePoint–Program Documents-Due Dates of Deliverables for TPP Programs-current year’s document</p>
<p>Equipment/Asset Approval</p>	<p>TPP SharePoint-Program Documents-Forms and Templates-<i>Equipment-</i></p>

Form	<i>Asset Approval Form</i>
Evaluation Checklist	<p>ADHS: TPP SharePoint-Program Documents–Evaluation-ADHS Evaluation- <i>Evaluation Checklist for Facilitators</i></p> <p>PREP: TPP SharePoint-Program Documents-Evaluation-PREP Evaluation- <i>Evaluation Checklist for Facilitators</i></p>
Evaluation Cover Page	<p>TPP SharePoint-Program Documents-Forms and Templates-Cover Page- <i>ADHS Eval Tool</i></p> <p>TPP SharePoint-Program Documents-Forms and Templates-Cover Page- <i>PREP Surveys</i></p>
Evaluation Order Form	TPP SharePoint-Program Documents-Forms and Templates- <i>Evaluation Tool Order Form</i>
Evaluation Overview	TPP SharePoint-Program Documents-Evaluation-ADHS Evaluation- <i>Evaluation Overview</i>
Evaluation Script	<p>ADHS</p> <p>TPP SharePoint - Program Documents–Evaluation-ADHS Evaluation-<i>Script for Introducing the Pre Evaluation to Teens</i></p> <p>TPP SharePoint - Program Documents–Evaluation-ADHS Evaluation-<i>Script for Introducing the Post Evaluation to Teens</i></p> <p>PREP</p> <p>TPP SharePoint - Program Documents–Evaluation-PREP Evaluation-Sample Script for Introducing the Entry Survey to Teens</p> <p>TPP SharePoint - Program Documents–Evaluation-<i>Sample Script for Introducing the Exit Survey</i></p> <p>Spanish</p> <p>TPP SharePoint - Program Documents–Evaluation-ADHS Evaluation-Spanish Evaluation Materials-<i>Script Spanish for Introducing the Pre Evaluation to Teens</i></p> <p>TPP SharePoint - Program Documents–Evaluation-ADHS Evaluation-Spanish Evaluation Materials-<i>Script Spanish for Introducing the Post Evaluation to Teens</i></p>

Evaluation Tools	TPP SharePoint-Program Documents-Evaluation-ADHS Evaluation-Spanish Evaluation Materials- <i>Spanish Translation of Pre-teen Pre-Post Questions and Spanish Translation of Teen Pre-Post Teen Questions</i>
F4 Form Property Control Form	TPP SharePoint-Program Documents-Forms and Templates- <i>F4 Form – ADHS Property Control</i>
Fidelity Monitoring Form	tppaz.org–Fidelity Scale for TPPAZ section- <i>Blank End of Lesson Survey</i>
Fidelity Monitoring User Guide	tppaz.org–Fidelity Scale for TPPAZ section- <i>User Guide</i>
Healthy Meeting Toolkit	TPP SharePoint-Program Documents-Forms and Templates- <i>Healthy Meetings Toolkit</i>
Incentive Tracking Log	TPP SharePoint-Program Documents-Forms and Templates- <i>Incentive Tracking Log</i>
Initial TOP® Program Schedule	TPP SharePoint-Wyman TOP®-Forms and Templates- <i>Initial TOP® Schedule-Template</i>
Inventory Template	TPP SharePoint-Program Documents-Forms and Templates- <i>Inventory Template</i>
Itemized Budget Template	TPP SharePoint-Program Documents-Forms and Templates- <i>Itemized Budget Template</i>
Logic Model	TPP SharePoint-Program Documents-Forms and Templates- <i>Logic Model Matrix and Instructions</i>
Nondisclosure of Confidential Information Agreement	WymanConnect-Support Materials-Resources-Surveys and Evaluation- <i>Nondisclosure of Confidential Information Agreement-Teen Survey Data Entry for Paper Process</i>
Office of Auditing Presentation	TPP SharePoint-Program Documents-Presentations-Contractor Meetings-April 2017- <i>Office of Auditing Presentation</i>
Participant Tracking Worksheet	tppaz.org main page– <i>link: Download the TPPAZ Participant Data Workbook</i>
Request for Food	TPP SharePoint-Program Documents-Forms and Templates- <i>Request for Food</i>
R7-2-303 Sexual Ed in Schools	TPP SharePoint-Program Documents-Resources- <i>R7-2-303 Sex Ed in Schools Rule</i>

SharePoint User Permission Form	TPP SharePoint-Program Documents-Forms and Templates- <i>SharePoint User Permission Form-NEW</i>
Spanish Entry/Exit Surveys	TPP SharePoint-Program Documents-Evaluation-PREP Evaluation- <i>Entry Survey-SPANISH_updated 07-26-13</i> TPP SharePoint-Program Documents-Evaluation-PREP Evaluation- <i>Exit Survey-SPANISH_updated 07-26-13</i>
Teen Outreach Program® (TOP®) Brand Standards	WymanConnect–Support Materials–Resources–Branding, and Marketing Resources – <i>WYM Brand Standards for National Network</i>
TOP® Curriculum Catalog	TPP SharePoint-Wyman TOP®-NEW TOP® Curriculum Requirements- <i>TOP® Curriculum Catalog</i>
TOP® Curriculum Requirements Flow Chart	TPP SharePoint-Wyman TOP®-NEW TOP® Curriculum Requirements- <i>TOP® Curriculum Requirements Flow Chart</i>
TPP Contractor Listing	TPP SharePoint-Program Documents-TPP Contractor Information- <i>TPP Contractors Listing</i>
TPP Policy & Procedures Manual	TPP SharePoint-Program Documents-TPP Policy & Procedures Manual
Travel Approval Form	TPP SharePoint-Program Documents-Forms and Templates- <i>Travel Approval Form</i>
User Guide for Forms A-D	tppaz.org–Forms A through D Data Collection section- <i>User Guide</i>
User Guide for Reporting Unduplicated Count of Youth Served	TPP SharePoint-Program Documents-Forms and Templates- <i>Unduplicated Count of Youth Served – User Guide</i>
Wyman Evaluation Guide	TOP®: WymanConnect-Support Materials-Resources-Surveys and Evaluation- <i>2016/17 TOP® Evaluation Guide</i>
Wyman TOP® Pre & Post Surveys	<u>English</u> WymanConnect-Support Materials-Surveys and Evaluation- <i>TOP® Teen Pre Survey</i> WymanConnect-Support Materials-Surveys and Evaluation- <i>TOP® Teen Post Survey</i> <u>Spanish</u> WymanConnect-Support Materials-Surveys and Evaluation- <i>TOP® Teen Pre</i>

	<p><i>Survey, Spanish</i></p> <p>WymanConnect-Support Materials-Surveys and Evaluation-<i>TOP® Teen Post Survey, Spanish</i></p>
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