Lessons for Improving the Readiness of Innovative Teen Pregnancy Prevention Programs

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I. Introduction

Preparing to implement an innovative program for youth is a complex, and often challenging, process. An innovative program must reflect and address the needs of the communities and families it serves and the implementing organization should be able to deliver it in a replicable way. With the field of adolescent pregnancy prevention increasingly focused on building and using evidence-informed or evidence-based interventions, program providers are keen to determine the effectiveness of innovative or unstudied interventions. This can lead to evaluations of programs that are not ready for full-scale implementation or evaluation, because the programs have not been fully developed or tested on a small scale. The implementing organization might also need time to develop the capacity and systems to implement or evaluate the program.

In 2018, the Office of Population Affairs (OPA, formerly the Office of Adolescent Health) awarded 14 organizations two-year Teen Pregnancy Prevention (TPP) Tier 2 Phase 1 grants (hereafter known as TPP18) to develop, implement, test, and refine innovative programs or strategies aimed at enhancing protective factors shown to promote healthy decision making and reduce sexual risk-taking and teen pregnancies. Grantees were expected to conduct formative and process or implementation evaluations to develop and refine their programs, generate evidence of need and demand within the populations they seek to engage, and establish merit for broader implementation and, potentially, a separately-funded Phase 2 rigorous impact evaluation (Figure I.1).

Figure I.1. Stages of evaluation

1 Initial implementation includes the initial efforts of staff to use the program or program activity, with attention to using data for CQI.

2 Formative evaluation ensures that a program or program activity is feasible, appropriate, and acceptable before it is fully implemented. It is usually conducted when a new program or activity is being developed or when an existing one is being adapted or modified.

3 Process/ implementation evaluation determines whether program activities have been implemented as intended.

4 Full implementation occurs as staff use the program or program activity successfully and the program or activity is manualized, replicable, ready to operate at larger scale and has some preliminary evidence from initial or formative evaluation that it's feasible, acceptable and working as intended.

5 Summative evaluation assesses program effectiveness in achieving its ultimate goals. It can provide evidence for use in policy and funding decisions.

The two-year duration of the Phase 1 grants was intended to demonstrate grantees' readiness for full implementation before engaging in rigorous impact evaluation by using lessons and data gathered during initial implementation. Grants also helped grantees use formative evaluation to refine their programs until they could achieve a "standard practice," in which all program components are integrated, easy to

replicate, and showing evidence of promise reaching the program's intended goals (National Implementation Research Network 2020). Evidence of promise could include, for example, early outcome data and feedback from the population and communities being served and from staff delivering the program.

In conjunction with the funding for the TPP grantees in 2018, OPA funded a cross-site study to document key lessons learned from the grantees' experiences. The study had three aims: (1) to examine how grantees prepared for, implemented, and refined their programs; (2) to identify strategies that helped or impeded program and implementation readiness in various contexts; and (3) to recommend how funders and future grantees could better prepare programs and their organizations for full implementation and evaluation.

The study team collected and analyzed data through five main sources:

1. Interviews with program leadership staff for each of the 14 grantees roughly 12 and 21 months into the two-year grant period.

2. Site visits that included in-depth interviews with 13 leadership and evaluation staff, 23 frontline staff members, and 22 community stakeholder or partner staff in a subset of six grantees.

3. A web-based survey administered to 50 frontline staff members (facilitators or educators) across the 14 grantees at the end of the first year of the grant.

4. Quarterly status reports in which grantees self-reported readiness on several program and organizational categories, including core components, standardized program operations, organizational context, implementation, CQI, and promising evidence.

5. Data on performance measures submitted by grantees in each year of their grant.

Through these in-depth discussions, the staff survey, and quarterly reporting, grantees described their readiness in six domains corresponding to program and organizational readiness: (1) core components, (2) standardized program operations, (3) organizational context, (4) implementation, (5) continuous quality improvement (CQI), and (6) systems for collecting promising evidence (see Figure I.2).

Figure I.2. Six domains of program and organizational readiness and their elements

Core Components
Curricula and other content (e.g. supplemental services, apps, or activities)
Target population
Frequency and duration of program delivery
Methods of program delivery
Setting

Standardized Program Operations
Program manual
Training materials, plans, and requirements
Staff qualifications, job descriptions, and requirements
Screening tools or protocols
Fidelity benchmarks

Systems for Collecting Promising Evidence
Process for assessing community need for the program
Process for tracking program implementation
Process for tracking intervention outcomes

Organizational Context
Support from organization's leadership and staff
Support from program partners
Support from current and potential program participants

Implementation Infrastructure and Practices
Staff recruitment and hiring
Training
Supervision and feedback
Youth recruitment
Physical space and equipment
Funding

Continuous Quality Improvement (CQI)
Process for monitoring program implementation, assessing how the intervention is working, and refining implementation based on the assessment

Although the pace of progress varied, most grantees needed the full two-year grant period to ready their programs and organizations for large-scale implementation. Nine of the 14 grantees reported success readying their programs and organizations for full implementation within two years. Five grantees, however, said they needed more time to refine their programs on one or more measures of readiness across the six domains, such as their process for recruiting the population they seek to engage or their setting at the end of the two-year grant period.

This report presents findings and key lessons from the cross-site evaluation of the TPP18 grantees (Box 1).

Box 1. Lessons for grantees to consider when launching and preparing for large-scale implementation of an innovative program

1. Make sure the program model is culturally, practically, and contextually relevant for the community it serves.

2. Train, engage, and support staff with shared connections and experience with youth early in the grant period.

3. Develop and strengthen community partnerships to enable recruitment and implementation.

4. Collect feedback from participants, community members, and staff members to improve program and implementation quality.

5. Integrate continuous quality improvement and formative evaluation to prepare new and untested programs for high quality implementation and rigorous evaluation.

In Chapter II, we provide a brief overview of grantee characteristics and programs. In Chapter III, we summarize the ways in which grantees' innovative program models and implementation systems evolved

over the grant period and discuss five lessons to consider when launching a new program. Finally, in Chapter IV, we summarize key findings and recommendations on how to ready a program and organization for full implementation and evaluation.

II. Characteristics of TPP18 Grantees

The TPP18 cohort included 14 grantees representing a variety of organizations, program settings, and populations (Figure II.1) that incorporated a range of programs, components, and intended outcomes (Box 2). Nine of the 14 grantees were community-based organizations, but grantees also included state agencies, universities, and a school district. More than half of the TPP programs were offered in schools, but many were also offered in community-based settings, including at detention or residential care centers or community health clinics. Grantees served participants in all regions of the United States. Most operated sites in urban areas, but. rural and suburban sites were also represented.

All but one program model were designed for youth; the other program model was designed for parents and caregivers. Grantees served mostly middle and high school youth, but some served unique populations, such as pregnant or parenting youth, youth in foster care, or youth in detention centers (Figure II.2). Over the grant period, grantees served 3,569 youth and 1,113 parents and caregivers.

Box 2. Definitions of key terms
- **Program or program model**—The full array of programming or services available
- **Components**—Core elements of the program to be implemented, including specific curricula
- **Outcomes**—The knowledge, attitudes, intentions, skills, and behavior that the program model intends to affect

Figure II.1. Characteristics of TPP18 grantees and programs

9 Community-based organizations

2 State agencies

2 Universities

1 School district

14 TPP 2018 Grantees

Various settings:
10 in-school programs
7 community-based programs
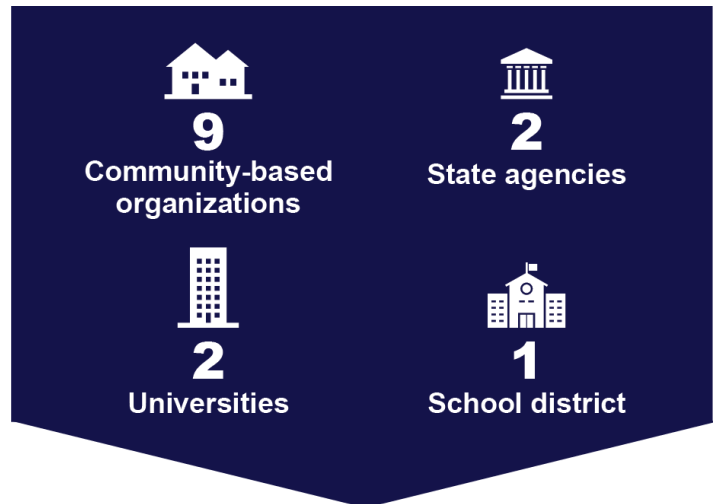
| 2 detention or residential care centers | 2 in community health clinics | 3 in other settings |

Additional program features:

7 provided a **parent/caregiver component**

2 provided a **mentoring component**

2 provided a **case management component**

Source: TPP18 grant applications and leadership interviews.

Note: The number of in-school programs and community-based programs totals to more than 14 because some grantees operated in multiple settings. Of the 7 community-based programs, two programs operated within detention or residential care centers, two programs operated within community health clinics, and three programs implemented in other settings.

Figure II.2. Characteristics of TPP18 program participants

Over the grant period, grantees served a total of 3,569 youth and 1,113 parents/caregivers.

5 served high schoolers only

4 served middle schoolers only

3 served middle and high schoolers

1 served parents or caregivers only

1 served pregnant or parenting youth only

Demographics of youth served

Gender identity:
220 Unknown
11 Non-identifying
1,575 Female
1,763 Male

Race:
61 Asian
23 Pacific Islander
163 Multiracial
277 Native American
736 Unknown
1,443 White
866 Black

Ethnicity:
640 Hispanic
1,967 Non-Hispanic
962 Unknown

Source: TPP18 leadership interviews and performance measures data.

The main component of each program model was its curriculum. Grantees delivered a variety of curricula to their program participants (Figure II.3). Half of grantees developed new curricula, and the other half adapted curricula to meet the needs of the population they sought to engage. Most curricula covered topics such as healthy relationships, healthy decision making, and how to avoid and reduce sexual risk (Figure II.4). The curricula typically consisted of 10 sessions with each session averaging 55 minutes in length.

Figure II.3. Curricula delivered as part of the TPP18 grant

New curricula created for the grant

- Need to Know
- Postponing Sexual Involvement
- Power Up, Speak Out
- Powerful Choices
- Project With
- Starting Out Right for Teen Parents
- Venture Beyond Prevention

Curricula adapted for the grant

- All Stars
- Deceptions
- Health Improvement Project for Teens
- Love Notes
- Making a Difference
- Making a Difference
  (for youth with mild intellectual and
  developmental disabilities) with
  SkillFlix supplement for parents
- We Get To Choose

Source: TPP18 grantee applications and grantee leadership interviews.

Figure II.4. Content areas included in the TPP18 curricula

Content area	Number
Enhancing protective factors	14
Healthy relationships	14
How to reduce sexual risk	14
How to avoid or prevent sexual risk	14
Healthy decision making	14
A holistic focus on physical, social, and emotional health	13
Positive youth development	13
Adolescent development	13
General health topics	10
Other	4
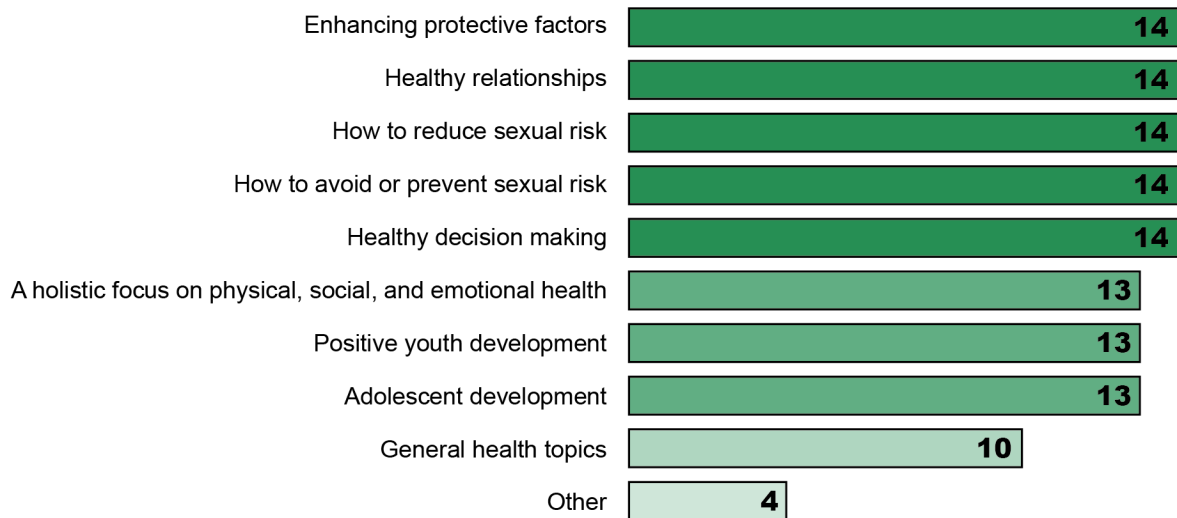
Number of grantees with curricula in these content areas

Source: TPP18 frontline staff survey. Curricula were considered as including a content area if more than half of their frontline staff reported in the survey that the curriculum included it.

In addition to implementing curricula, some grantees offered other program components, such as parent/caregiver components, mentoring, or case management (Box 2 and Figure II.1). Individual programs also incorporated innovative approaches. One grantee designed a mobile app to deliver program

content to pregnant and parenting youth. Another grantee partnered with a network of organizations to improve collaboration among youth-serving community organizations.

Given the formative nature of the grant, most grantees prioritized participant feedback and CQI data to refine their program models. The most common types of data collected by grantees for program refinement included youth satisfaction surveys, program observations, fidelity logs, attendance data, and interviews or focus groups with youth (Figure II.5). In Chapter III, we illustrate some of the changes grantees made by using data as a part of their CQI process. Grantees that collected data on key program outcomes focused on understanding changes in youth's protective factors (such as positive attitudes toward contraceptive use) or knowledge of healthy relationships, followed by reducing teen pregnancy and sexually transmitted infection (STI) rates, delaying or decreasing sexual activity, and increasing youth knowledge of sexual health. A small number of grantees were able to collect and use outcome data to refine their programs.

Figure II.5. Number of grantees collecting different types of data

	Number of grantees collecting this type of data
Youth surveys	14
Observations of program sessions	13
Fidelity logs	12
Attendance data	12
Youth interviews or focus groups	8
Community stakeholder discussions, interviews, or focus groups	7
Exit tickets*	4
Staff feedback	4
Parent or caregiver surveys	3
Parent or caregiver interviews or focus groups	2
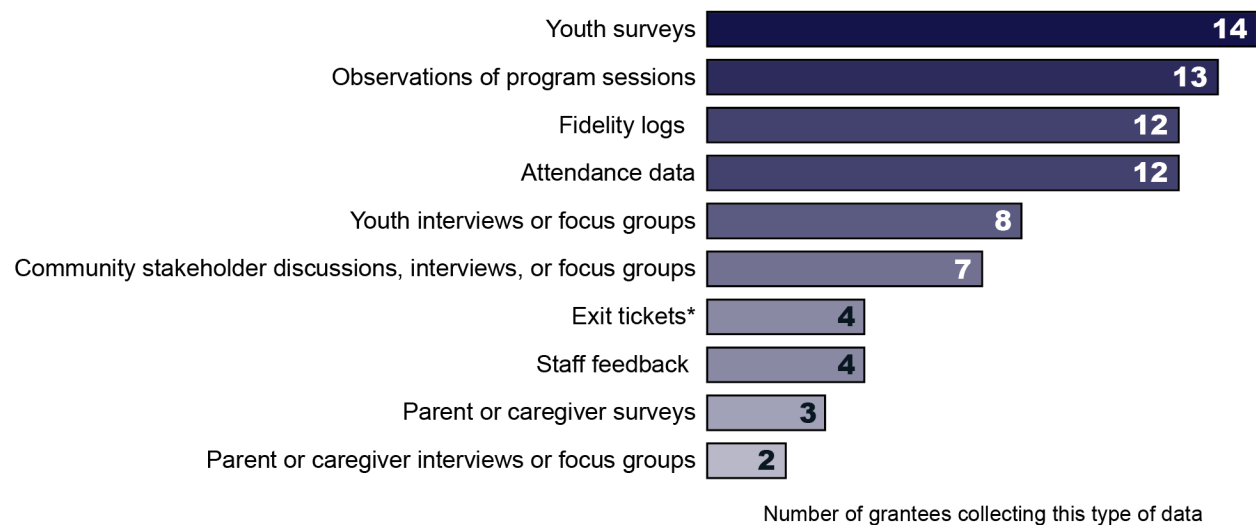
Source: TPP18 interviews with grantee leaders and frontline staff survey.

*Exit tickets contain a short question for participants to answer at the end of each program session to assess their knowledge or ask for feedback on the lesson.

III. Lessons Learned

In their quarterly status updates over the course of the two-year grant, grantees reported significant improvement across all domains for the readiness of their programs, organization, and systems for collecting promising evidence (Figure A.2). However, as is typical with formative implementation and evaluation, the pace of progress varied across grantees and was sometimes not linear; once grantees began to implement aspects of their program, they saw the need to refine and adjust their programs in accordance with their intended population and context, in a short grant period, and in response to a global pandemic in their second year. The grantees' journey to refine and improve their programs was not without its challenges, but grantees reported substantial progress and learning that will help them strengthen their own programs and assist others who are planning to innovate.

In this chapter, we describe the steps grantees took to identify and address the main challenges and areas for improvement, and key lessons from those experiences. Based on staff survey responses and discussions with grantee leadership staff, frontline staff, and community partners, we identified the three factors that most commonly challenged grantees' readiness for full implementation:

The program model did not always align with the needs or interests of the intended population. Grantees acknowledged how important it is for all aspects of a program model to fit the intended population. But they sometimes found that their selected curriculum was not designed to address the needs of all of their participants, even after some initial adaptations at the start of the grant. For example, at least four of the grantees mentioned that their program's content needed adjustment to better serve participants with specific academic or behavioral needs.

Coordination and communication with community or implementation partners was limited or delayed. Eight grantees reported that they needed more time and intentional planning to build strong partnerships before initial implementation began. These grantees reported that the constraints of a short grant period and a lack of consistent communication from partners often led to unexpected delays in key aspects of implementation.

Bureaucratic hurdles and delays prevented access to the intended population and setting. Several grantees said they faced ongoing resistance when working with community partners, because of bureaucratic processes or turnover of key staff. For two grantees, this resistance prevented access to intended populations and settings.

To mitigate these challenges and define opportunities for strengthening their program models, grantees identified five important and interrelated strategies that led to full implementation readiness in different contexts: (1) developing a program model that "fits" the practical and cultural context of the intended community; (2) engaging, training, and supporting experienced and skilled staff members with strong links to the intended population and community; (3) prioritizing and maintaining strong and well-established relationships with implementing partners; (4) collecting feedback from staff members, youth, and community partners to guide program refinements; and (5) integrating and using data to refine and prepare the program for full implementation. Grantees shared what worked well and what didn't in preparing their programs for full implementation and discussed how future programs can integrate these lessons into program planning.

Lesson 1. Cultural, contextual, and practical relevance of program models played a key role in readiness for full implementation.

Although, in principle, grantees all recognized the importance of designing a program that aligned with the context and needs of their communities, many did not understand what alignment actually meant in practical terms, what questions they needed to ask, and what data would have been helpful to have, until they began the implementation process. For example, one grantee that planned to conduct after-school programming realized that its model had assumed the same degree of involvement and engagement from high school youth based on its experience with middle school youth. However, during early implementation, they found that transportation challenges and competing priorities in high school made it infeasible to deliver the program after school. Another grantee found that it faced more community resistance to program content than expected and had to adjust its timeline for programming to first build trust with parents and community stakeholders.

As grantees became comfortable with adopting CQI and principles of formative evaluation more intentionally, they adjusted key features of their program model to strengthen their program or organizational readiness. All grantees reported that they refined their program model during the two-year grant period, either before, during, or after implementation (Figure III.1).

Figure III.1. Adjustments and refinements grantees made over the two-year grant period
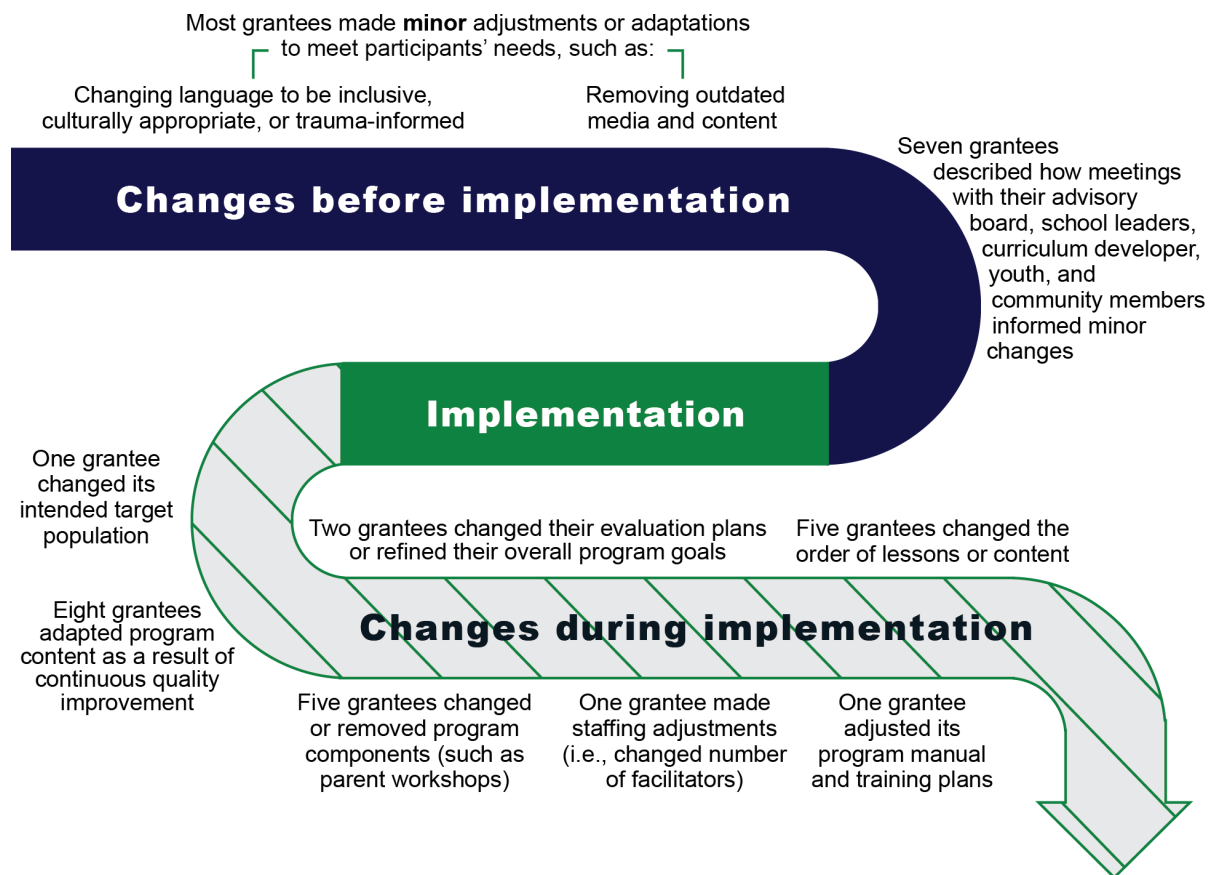
Source: Grantee-reported based on TPP18 leadership interviews, quarterly readiness status reports, and frontline staff survey.

Grantees consulted a variety of stakeholders, including youth, local community organizations, and staff, to select and refine their programs to meet the needs of their intended communities and improve program fit. Some grantees used feedback from participants and facilitators to make significant changes to their program model to (1) integrate trauma-informed principles, (2) increase the program's accessibility, and (3) ensure that their program model fit the lived experience or racial and ethnic or cultural backgrounds of their intended population.

Four grantees noted that they revised content to integrate trauma-informed principles. These grantees eliminated or adjusted content that was awkward, shaming, or triggering. For example, one grantee added trigger warnings at the beginning of lessons that covered topics such as anatomy, puberty, or contraception to avoid inadvertently retraumatizing the intended population of youth in detention centers and residential care facilities.

Four grantees reviewed their program model to identify strategies to enhance program accessibility. One grantee increased the accessibility of its program model by translating program materials into the intended population's native language. Three grantees revised content or worksheets to match the maturity or literacy level of their intended population. For example, one grantee simplified language, added visual aids, and provided examples of completed activities or worksheets that accounted for varied reading comprehension levels. Another grantee that intended to serve high school–age youth in an alternative school revised an activity that asked youth to react with a thumbs up or a thumbs down and instead solicited reactions more representative of the maturity level of high school–age youth.

Grantees that intended to implement programs in out-of-school settings and serve special populations (such as youth who are incarcerated, youth in foster care, or pregnant or parenting teens) also made significant changes to their program model to ensure that it fit the lived experience or racial and ethnic or cultural backgrounds of their intended populations. For example, one grantee that worked primarily with Black and Hispanic youth incarcerated in juvenile justice centers collaborated with the curriculum developer and a group of facilitators to replace and refine the original curriculum content with stories that

> ### Grantee Spotlight 1. Making content relevant
>
> One grantee that served Latinx, Black, and Native incarcerated youth delivered an adaptation of a literature-based curriculum made up of short stories, poetry, and excerpts from literary texts. The program's goal was to use stories to engage youth and guide them through developing healthy relationship and sexual decision-making skills. The grantee partnered with the curriculum developer and the facilitators to ensure that the stories in the curriculum would resonate with youth. For example, one facilitator described the replacement of *Beauty and the Beast* with a story about how female eagles choose their mate. When asked about the selection of that story, one facilitator replied, "[That story] was actually a story shared with me on the res."
>
> The grantee stressed how, in addition to selecting each story carefully, the delivery of the stories were critical to the program's success. For example, facilitators remarked how tweaking words or examples in the stories would make the stories more realistic and accessible to youth while encouraging them to open up and ask questions. The grantee said that facilitators delivered the curriculum successfully not only because they were actively involved in its development and refinement, but because "[their] passion is with our kids and [they have] that connection with them [and]. . . if we don't have a connection with them, they ain't going to hear us out."

would better align with the lived experiences of the intended population. In several cases, grantees adjusted the format of their program to adapt to the needs resulting from COVID-19 (Box 3). In addition to these significant changes, in some cases, feedback offered by youth and facilitators resulted in other minor adjustments, such as adding content relevant to the school or community (for example, information on bullying and vaping), rearranging topics to improve flow, or replacing embedded media or cultural references (for example, music, videos, or references to celebrities) that were outdated or irrelevant to the intended community.

Box 3. Impact of COVID-19 on program readiness

The COVID-19 pandemic began in March 2020, three months before the end of the TPP18 grant period. Many grantees were forced to innovate at a crucial stage in their implementation cycles and move their programming online to reach their intended communities and continue delivering their programs. Grantees used a variety of methods to implement their programs virtually; for instance, some grantees recorded YouTube videos of their sessions, and others used tools such as Google Classroom for synchronous programming.

Even though all grantees faced challenges related to COVID-19, some found opportunities to adapt their programs to improve access during the pandemic. For example, because it was the only provider able to pivot quickly to virtual implementation, one grantee became the sole provider of educational content to incarcerated youth in juvenile justice centers. Another grantee found that virtual delivery made it easier to recruit and retain expectant and parenting young women, a normally hard-to-reach population. The grantee also used its existing app to expand its virtual programming. The grantee reported an increase in youth participation when the program was delivered virtually, because transportation had been a barrier to participation.

Lesson 2. Grantees that hired staff with similar lived experience to the youth they served were better prepared to deliver their programs.

Grantees that hired the "right" staff, instituted a strong training regimen, and prioritized ongoing staff support were most successful in delivering their programs (Figure III.2). Although staff characteristics varied across grantees (Figure III.3), several grantees described the "right" staff members as those who identified with or shared cultural similarities with the intended population or had experience working with youth.

Grantees that hired facilitators who shared experiences and cultural similarities with their intended populations reported that their facilitators could more easily recruit youth, authentically connect with youth during program delivery, and effectively refine their program model. For example, one grantee that intended to serve pregnant or parenting teens through in-person and virtual case management described how its facilitators built trust and meaningful relationships with the grantee's youth because

Figure III.2. Elements of organizational readiness

the facilitators were close in age to the participants and accustomed to building relationships online. Another grantee that intended to serve incarcerated youth noted how its staff members' common history with incarceration and gang violence positioned its facilitators to build credibility and refine the curriculum to include references and language that would resonate with youth.

Figure III.3. Staff characteristics across grantees

Female	65%
Hispanic	10%
American Indian or Alaska Native	11%
Asian	0%
Black or African American	35%
Native Hawaiian or Other Pacific Islander	0%
White	39%
Bachelor's degree	100%
Master's degree	21%
Five or more years of experience in working with youth	50%

Average age: 41
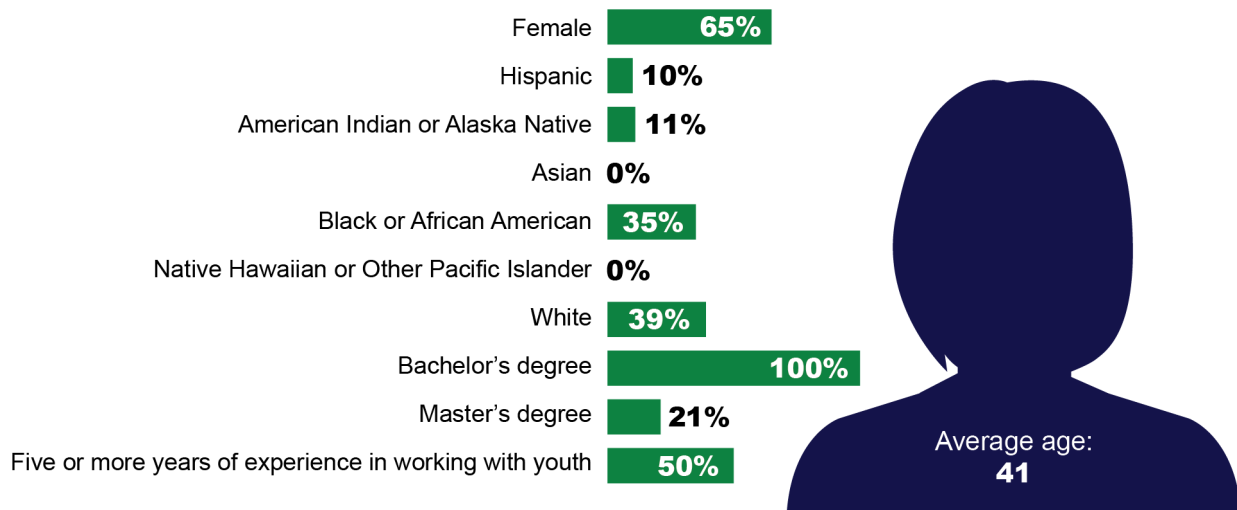
Source: TPP18 frontline staff survey. Sample includes 46 respondents. Of the 46 respondents, 10 respondents did not respond to age item, and 7 respondents selected "prefer not to say" to race item.

Grantee Spotlight 2. Recruiting facilitators from within the community

Experience working with youth and a history of working within the community were as important to successful program delivery and participants' engagement as educational credentials. One grantee relied on its local network of youth-serving providers and community connections to identify candidates during its hiring process. Once it found and hired one facilitator, the grantee asked the newly hired facilitator to recommend additional candidates. The grantee prioritized the inclusion of existing or newly hired facilitators in the interview and selection process of new hires. Throughout the interview process, interviewers asked probing questions about each candidate's experience working with youth, passion for teaching, and relationship to the local community. One staff member noted, "It's easier to find the right person that [can] connect with the kid and train them, then [sic] to have somebody who is well trained but cannot connect with the kid." The grantee described how involving staff in the hiring process led to a tight-knit, collaborative, and supportive team. In addition, the grantee reported how recruitment led to hiring facilitators who were not only able to build genuine and meaningful relationships with youth in their classrooms but were also committed to the program and its overall success.

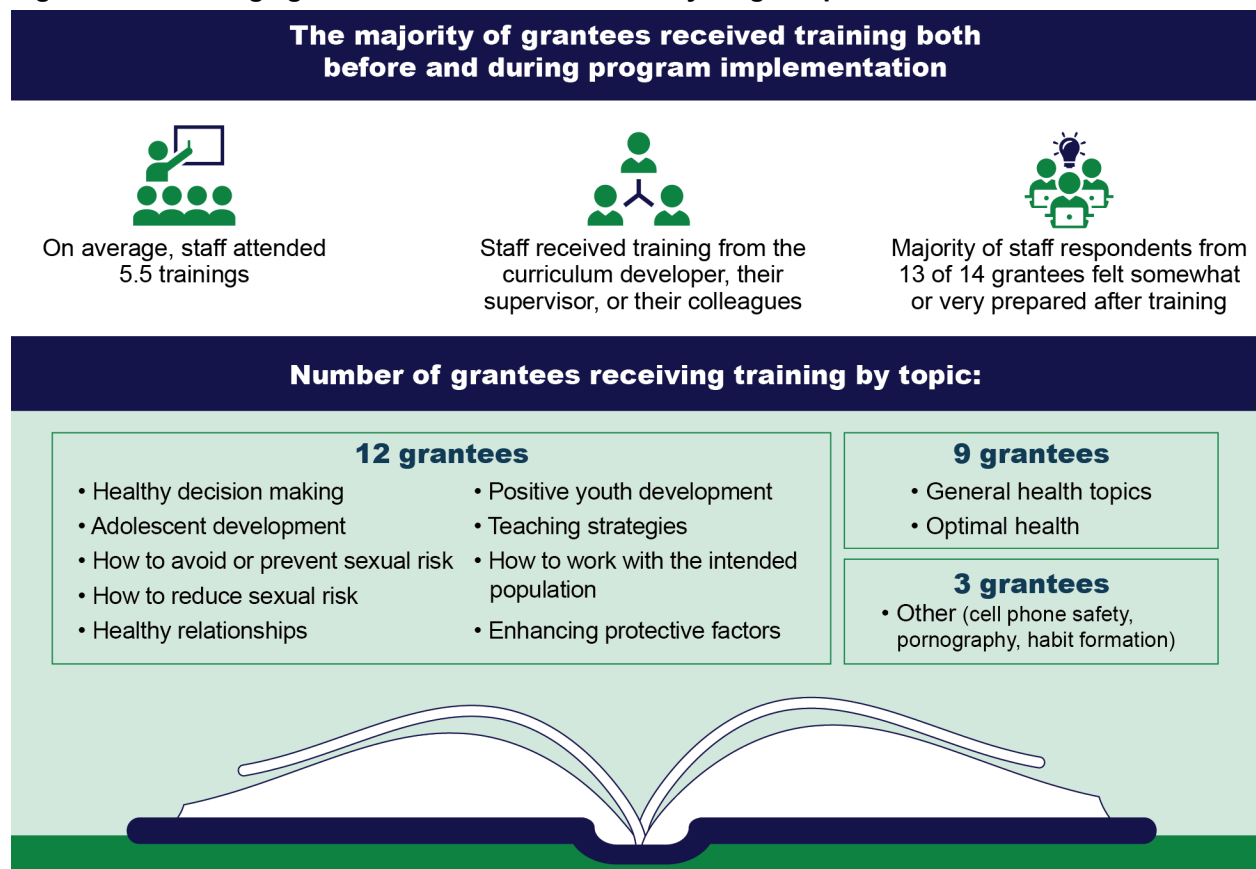Across all grantees, all frontline staff participated in training ahead of program implementation, but perceptions about their preparation were often mixed (Figure III.4). One grantee would have preferred to spend more time role-playing recruitment and enrollment scenarios and activities, such as question and answer sessions with youth, to better prepare staff for real-world implementation. Other grantees

described how their training included pairing new staff with more experienced team members, so that new staff members never implemented a program alone. Grantees reported that these partnerships created opportunities for shadowing, mentorship, and effective collaboration in the classroom.

Several grantees reported that well-defined supervision and ongoing staff support improved staff readiness and capacity. Most grantees employed facilitators and supervisors who met weekly or biweekly to talk about successes, challenges, and feedback. One grantee that intended to serve youth in foster care discussed how its organization prioritized self-care for its staff members and used team meetings to assess how the grantee could support staff well-being. The grantee also encouraged staff to take a day off, speak to a counselor, or connect with colleagues to recharge after each round of implementation. A few other grantees created an open-door team environment to ensure that staff members could feel comfortable contacting leaders outside of team meetings.

Although approaches to staff supervision and support varied across grantees, most grantees created opportunities for staff members to receive targeted feedback from leaders and colleagues. Overall, most staff members from 11 of 14 grantees reported that they (1) received the support they needed to deliver the program, (2) communicated more than once a week with their supervisor about program delivery, and (3) received useful and constructive feedback from leaders and peers.

Figure III.4. Trainings grantees received over the two-year grant period

The majority of grantees received training both before and during program implementation

On average, staff attended 5.5 trainings

Staff received training from the curriculum developer, their supervisor, or their colleagues

Majority of staff respondents from 13 of 14 grantees felt somewhat or very prepared after training

Number of grantees receiving training by topic:

12 grantees
- Healthy decision making
- Adolescent development
- How to avoid or prevent sexual risk
- How to reduce sexual risk
- Healthy relationships
- Positive youth development
- Teaching strategies
- How to work with the intended population
- Enhancing protective factors

9 grantees
- General health topics
- Optimal health

3 grantees
- Other (cell phone safety, pornography, habit formation)

Source: TPP18 frontline staff survey. Sample includes 46 respondents.

Some grantees did not anticipate the amount and type of training required to maximize organizational readiness and had to revisit their plans during implementation. At least two grantees reported not realizing how many staff members they would need and how much hands-on support and supervision would be required. For example, one grantee director indicated that it would have been beneficial for new staff "to see multiple people teach the classes instead of watching just one series and being expected to teach immediately." The grantee adjusted by having an experienced facilitator or supervisor observe new staff and provide more intensive feedback than they had originally anticipated. Another grantee wished it had provided frontline staff with more training on specific strategies and methods, such as person-centric therapy and motivational interviewing, to better equip staff to deliver their program's content in a meaningful way.

To address staffing and training challenges and improve organizational readiness, grantees made the following suggestions, emphasizing the need to plan and assess staffing needs carefully, provide early and intensive training and feedback, and offer ongoing and targeted support to address challenges and turnover:

Carefully plan staffing needs for the program early, to allow sufficient time for the right number and type of staff to be hired, get trained, and become comfortable with the program before implementation.

Be intentional about the trainings staff receive and when they receive them. Staff members preferred comprehensive training before implementation instead of training on an ongoing basis. Staff members also appreciated training in specific topics such as trauma-informed care and motivational interviewing.

Plan for intensive support of any new staff, especially at the start of implementation. Shadowing more experienced staff, if available, and targeted feedback can be helpful in increasing staff confidence and comfort.

Prioritize continuous staff development and recognize staff members who are performing well.

Protect staff from burnout by providing mental health resources and support.

Lesson 3. Strong community partnerships helped recruitment and implementation despite bureaucratic challenges and a global pandemic.

Because the grant was only two years long, organizations with strong partnerships at the outset were better prepared to adjust their implementation plans and weather challenges. Grantees worked with and relied on a range of partners to deliver the program and provide support services, including schools, health clinics and wellness centers, and educational support centers and tutoring services (Figure III.5). All grantees partnered with an evaluator.

Figure III.5. Types of partnerships

Number of grantees with this type of partnership
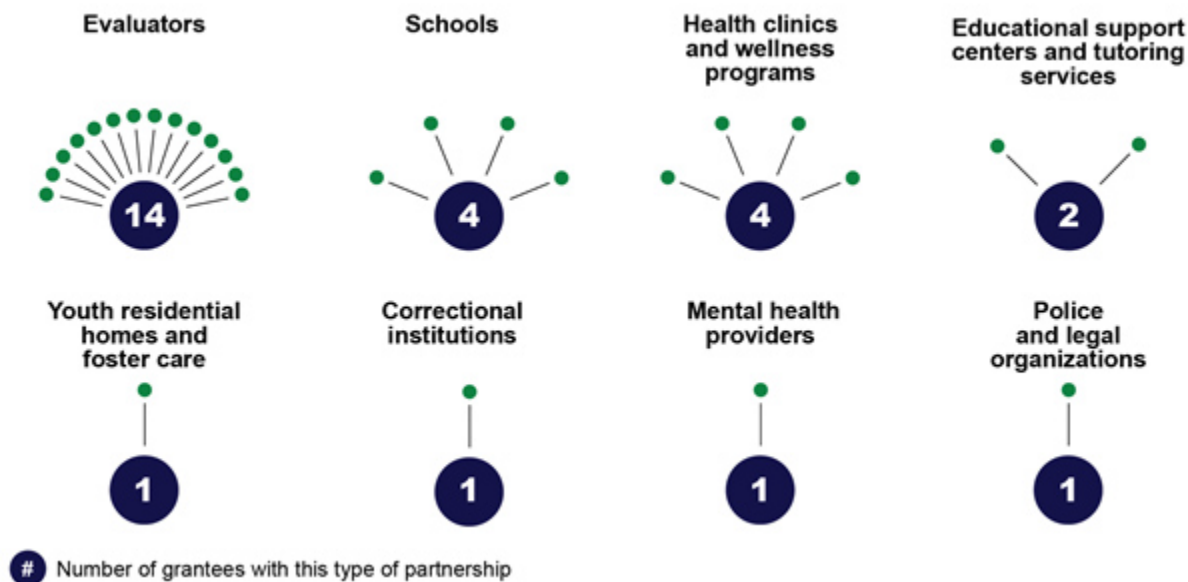
Source: TPP18 leadership interviews.

Grantees that had strong partnerships with implementing partners at grant award could initiate implementation more quickly and successfully than grantees that needed time to develop relationships and consistent communication with new partners. A few grantees commented that the short duration of the grant made it challenging to develop the rapport and trust needed to prepare for and begin implementation with new partners. Without strong partnerships, implementation readiness often suffered. For instance, challenges related to working with community partners could translate into delays in gaining access to the intended population or fluctuating implementation timelines. The process of finalizing agreements with partners could be slow or even fail because of bureaucratic bottlenecks at large universities, several levels of required approvals, busy staff, or staff turnover at the leadership level that changed a partner's organizational priorities. For some grantees, potential partners were interested but lacked the availability or capacity to take on another program or manage additional reporting requirements. For example, one grantee was unable to implement its program in the intended Tribal community, because the partnership was new and slow to develop after grant award due to staff turnover at the partner level. The grantee made strides to rebuild relationships in preparation for implementation but then faced challenges related to COVID-19 and efforts to secure resources (such as laptops and Internet connectivity) for virtual implementation.

> **Grantee Spotlight 3. Building a community-based collaborative**
>
> One grantee used its 2018 TPP grant to fund the backbone organization for a TPP collaborative made up of more than 30 youth-serving partners, including the county health department, health education organizations, public schools, and other community-based organizations. The collaborative relied on a collective impact model that, in addition to involving a backbone organization, required partner organizations to operate with a shared agenda, shared measurement systems, mutually reinforcing activities, and continuous communication (Kania and Kramer 2011). All partners focused on decreasing teen pregnancy in their city by one-third by 2020. They reached this goal in 2019.
>
> Partners collaborated through three working groups focused on education, community, and health. They found that the collaborative framework expanded the single-focus mission of the partner organizations that characterized the organizations before creation of the collaborative. For example, one partner said that being "forced" into Health Education Network meetings helped competing organizations get to know each other and build trust. Drawing on this this trust, partners collaborated on funding decisions and curriculum selection across the city; conducted joint trainings for their educators; and relied on educators to fill in for each other across organizations. This collaboration led to alignment in participants' sexual health education experience across the city. The grantee and its partners explained that it took years to foster collaboration, including many years before the award of the TPP grant, but it was well worth the effort. Organizations interested in coordinating across sectors to prevent teen pregnancy should consider building a collaborative by adopting a framework such as the collective impact model to help make meaningful community change (Kania and Kramer 2011).

Despite challenges, particularly among grantees that started with less developed partnerships, several grantees reported successfully addressing these challenges and developing strong partnerships by taking the following steps:

Identifying key people (for example, school administrators, teachers, health center staff) to champion the program at the intended implementation sites. Several grantees discussed the importance of maintaining consistent communication with champions and keeping them engaged and supportive of implementation.

Partnering with staff and agencies with which the grantee has a long-standing relationship, thereby helping to ensure rapid start-up. One grantee used a strong relationship and history of partnership with a school-based health center (SBHC) to implement its program in a new school district. The grantee's relationship with the SBHC gave school administrators confidence in the program and enabled implementation soon after grant award.

Adopting a strategic approach when describing the program to partners by presenting data or information about state sex education requirements or public health data on community risks for pregnancy and sexually transmitted infections or using a culturally relevant lens. One grantee serving indigenous youth garnered community endorsement and partner support by contextualizing teen pregnancy prevention into the indigenous community's commitment to physical, emotional, and spiritual health.

Lesson 4. Feedback from staff, participants, and community helped grantees assess demand and refine their programs to improve readiness.

Before implementation began, grantees solicited input from staff members, youth, and community members on the grantees' program model to ensure that it was age-appropriate, medically accurate, culturally inclusive, and trauma-informed. Grantees used several strategies to collect feedback, including youth and adult advisory boards, youth focus groups, community assessments, and staff retreats. In addition, grantee leaders had discussions with facilitators and partner staff members to refine the program before implementation.

Advisory board. Three grantees used feedback from youth and adult advisory boards to refine their program before and during implementation. One grantee piloted sections of the intended curriculum with its youth and community advisory boards. Using feedback from the advisory boards, the grantee reordered activities (for example, starting the session with more engaging activities before jumping into TPP content) and changed the name of the program to appeal to participants and reflect community needs.

Youth focus groups. Eight grantees conducted youth focus groups to test new program components and to ensure CQI. For example, one grantee used youth focus groups to test one of its innovative program components before program implementation. The grantee eventually deployed a mobile app for delivering content and case management to youth. In the focus groups, the grantee gave early access to the app to youth involved in the grantee's previous programs. The grantee used feedback from the focus groups to address technical issues, troubleshoot new data systems, and make the user interface more intuitive.

Community assessment. Several grantees conducted community needs assessments before applying for the grant or launching their program. One grantee conducted an extensive community assessment to gather data on the need and demand for TPP programs in its community. The assessment explored the high rates of teen pregnancy and STIs in the community, the limits of existing TPP programs, the values of key stakeholders, and the dearth of programs at the middle school level. By engaging key stakeholders and community members, the grantee built rapport and garnered the support it needed to offer TPP programming in a more conservative community.

Staff retreats. Several grantees organized staff retreats to set aside dedicated time and space for staff to develop new or adapt existing curricula. During the retreats, staff reflected on their experiences and brainstormed ways to build and finesse the curriculum. In particular, one grantee used the retreat to adapt its curriculum for a new grade level. In addition to providing opportunities for curriculum improvement, the retreats offered a valuable opportunity for staff members to bond with each other and provide useful input into the programs they would deliver.

After implementation began, grantees continued to gather feedback on the program model from staff, community members, and youth participants. Grantees used the feedback data for three main purposes: (1) to identify areas where staff members needed more support, (2) for program improvement (for example, to improve youth recruitment and engagement), and (3) to refine data collection tools (Figure III.6).

Figure III.6. How grantees used feedback to refine their program

Identify areas for staff support/
Provide feedback to staff

Number of grantees using data in this way
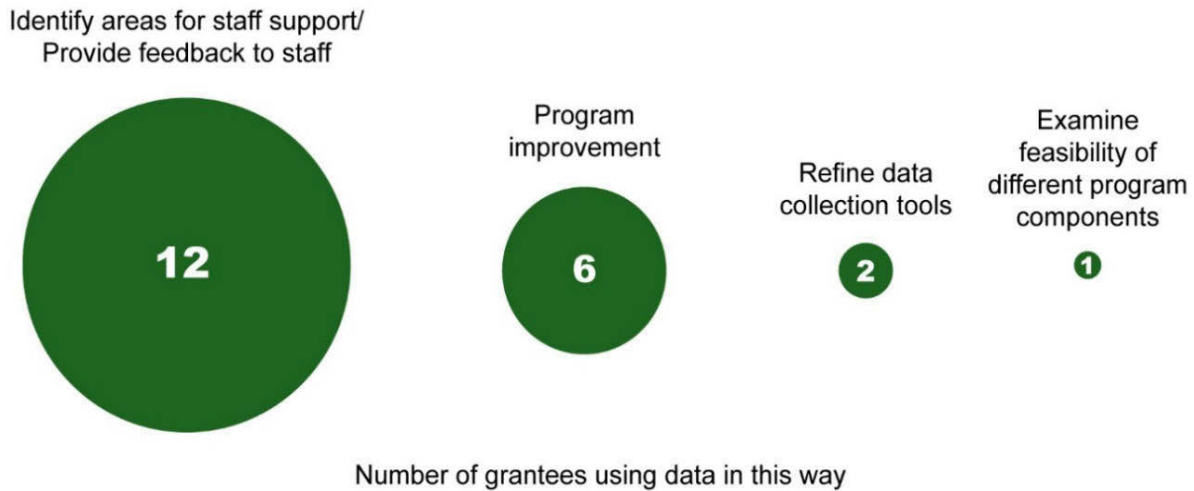
Source: TPP18 leadership interviews and frontline staff survey.

Nearly all grantees used data to improve staff delivery of the program. Several grantees examined fidelity and observation data to identify areas for improvement. If staff members scored poorly in certain areas when observed, they received the needed supports and resources to improve in those areas. Supports included mentoring, coaching, or additional training.

Grantee Spotlight 4. Engaging interested parties early, often, and in a variety of ways

One grantee, based in a conservative region, formatively tested and refined several program components designed to be delivered at the individual, family, and community levels. The model consisted of a classroom intervention, featuring facilitated discussion and journaling for students, as well as separate programming for parents and community members. The grantee launched the program by implementing and testing one set of components in small groups. Next, it collected feedback from participants and stakeholders to make adjustments to the program's design through a structured continuous quality improvement process. Only then did the grantee expand to "full implementation" with the refined program model in Year 2.

The grantee relied on existing partnerships to conduct a community readiness assessment designed to understand the needs and perceptions of key stakeholders and community members regarding the grantee's teen pregnancy prevention program. The grantee also collected feedback on the program through participant and stakeholder interviews, focus groups, and daily student journals. Before the start of programming, parents, school officials, and community stakeholders described their reactions to the theory of change/logic model, program materials, and various program components. After implementation began, participants provided feedback about their experience with the program. During bimonthly discussions with program staff about continuous quality improvement, the team used this feedback as well as other data (such as youth surveys and observations) to make concrete changes to the order and pairing of program components, sequence of sessions, and timing of delivery. For example, the grantee reviewed journal entry data to understand youth satisfaction with particular sessions, content, and structure and used the data to refine the components for future cohorts and for "full implementation."

Grantees used formal and informal feedback from youth to refine program components. Formal feedback comprises comments and information collected through a survey, interview, focus group, or similar feedback mechanism; informal feedback surfaces through casual conversation. One grantee, for example, relied on youth surveys to understand why youth were not attending its after-school component. The grantee discovered that youth had conflicts with family obligations and other extracurricular activities, as well as difficulties securing transportation. As a result, the grantee started offering the after-school component during the school day and worked with the school district to offer longer outings on school holidays or on days when students had a field trip. Other grantees tailored program activities and terminology according to youth feedback.

Through feedback from participants, grantees found that they also needed to refine their data collection instruments and processes. Some grantees experienced issues with survey response and completion rates because of sensitive questions or overly long surveys. To address these challenges, one grantee expanded the introduction to the survey to explain the survey's purpose and how the data would be used. The grantee also reframed and reordered sensitive questions to make youth more comfortable. For example, it moved sensitive questions about sex to the end of the survey to give youth time to get comfortable with responding to survey questions before answering questions about sexual behavior. Another grantee shortened its youth survey to ensure a higher completion rate. By tailoring data collection timing, length, and methods to their target populations, grantees improved the quality of their survey data and the response rate.

Lesson 5. Comfort with the formative evaluation increased over time and was integral to readying programs for full implementation and evaluation.

The formative nature of the grant provided a unique opportunity for grantees to test innovative strategies and features and make needed adjustments along the way if something did not work as envisioned. This approach was a marked departure from some of the grantees' other program experiences with federal funders, which often involved strict adherence to intended program models, as well as limited time and flexibility for refining or adapting programs before testing them. Because of their past experiences where they did not have the space or permission to improve their programs during the implementation period, grantee staff members and leaders sometimes struggled to balance the goals of program improvement and implementation against fidelity to the model as intended. Some grantee staff members were initially confused or uncomfortable with the iterative nature of a formative evaluation and hesitated to make changes or test new methods, settings, or content based on participant or stakeholder feedback. Staff from one grantee described initial hesitation to record formative activities in grantee progress reports for fear of not meeting expectations for the grant. Having the flexibility to test out strategies and refine their program was a new experience for many grantees, and it took some getting used to. Over time, and with technical assistance and more guidance from federal partners, staff members became more comfortable drawing lessons from challenges and making adjustments to improve their readiness for program implementation. Because the TPP18 grant structure was new, it took time to develop and refine the initial guidance. Grantees suggested that, in the future, early guidance from funders to help them build a more robust understanding of the design and requirements of a formative evaluation would be helpful.

> **Grantee Spotlight 5**. **Flexibility during the formative stage**
> One grantee's experience with rigorous evaluation made it challenging at first to adjust to a formative evaluation. The grantee's earlier participation in a randomized control trial required strict adherence to the program model; therefore, the grantee needed a few months to understand how formative evaluation differed from rigorous evaluation. The grant application specified that facilitators would provide case management to pregnant young women through video calls via the grantee's customized mobile application. However, as the program began, participants were hard to reach, and frontline staff members realized that participants preferred texting or phone calls to video calls; participants found that appearing on video and using the app was burdensome. Grantee leaders were initially hesitant to change the means of delivering case management sessions, but they eventually appreciated the flexibility to make changes to improve their program model; they continued to use the app to deliver other aspects of the program. By changing the mode of delivery for case management to text and phone calls, the grantee improved participant engagement and was ultimately better prepared for full implementation and evaluation.

Three types of relationships played important roles in facilitating the formative evaluation and improving readiness for full implementation and evaluation:

Community level. Key partnerships with local organizations often played a pivotal role in ensuring that grantees could gain access to intended communities to implement and test improvements.

Organizational level. The degree of trust and support among staff members and leaders influenced their capacity to prepare for and implement innovative programs and gather candid feedback needed for program refinement. Grantees also benefited from meeting regularly with evaluation partners to translate data into program model improvements. Grantees with staff members in a research, data, or evaluation role further facilitated communication with evaluation partners and helped their organizations understand and use data in the formative process.

Participant level. Staff members' connection and credibility with youth facilitated candid, open conversations about programming with respect to understanding program fit, identifying improvements, and increasing readiness for implementation and evaluation.

Most grantees appreciated the opportunity to optimize their program's design and infrastructure for implementation and evaluation but would have preferred a slightly longer grant period in which to do so —all before collecting evidence of promising outcomes. In particular, grantees operating in schools expressed the same sentiment because of the constraints of the academic calendar and the inability to introduce or test possible refinements as nimbly as grantees in other settings.

A few grantees collected data on youth outcomes to show evidence of promising outcomes, albeit with mixed success. Several faced challenges related to their capacity to collect and use early outcome data. In some cases, grantees determined that they lacked the time needed to collect and use early outcome data to demonstrate readiness for a summative evaluation. One grantee planned to survey participants nine months after enrollment to measure a key outcome of interest that takes time to emerge. With the time needed to prepare for initial implementation and then refine the program based on early implementation,

the grantee concluded that it lacked the time needed to show evidence of effectiveness that would justify a summative evaluation. Given the challenges that grantees faced in collecting and using early outcome data, grantees relied on feedback from staff, participants, and communities to ready programs for full implementation.

IV. Conclusion

In 2018, OPA funded 14 organizations to formatively refine TPP programs with innovative or new components to build readiness for full implementation and a potential rigorous evaluation, which would be funded through a subsequent grant competition. Grantees used the funds to test a range of programs serving youth in a mix of settings and refined the programs over time by using formative data and feedback collected from staff members, youth, and community partners. For instance, one grantee adapted an existing literature curriculum and used a story-telling approach to build healthy relationship skills among incarcerated youth affected by gang violence in Los Angeles. Another grantee developed a community collaborative with a network of partners to build the capacity of and improve the networks and systems in place for TPP programming.

Grantees' experiences through this grant and their evolving levels of readiness reflect how grantees adapted to shifting needs and a global pandemic during a two-year grant period to refine and implement innovative program models. Disruptions caused by COVID-19 forced grantees to make significant adjustments to their programming at a critical juncture in their implementation cycles, but most were able to adapt. In some cases, this shift even opened new opportunities for overcoming recruitment and retention challenges. By the end of the grant, most grantees reported that they were ready for full implementation and evaluation in nearly half of the categories across all domains and were progressing in refining the rest of the categories (for example, staffing, curriculum model, fidelity monitoring, target population, and setting).

In thinking ahead, practitioners, developers, and funders of innovative TPP program models can benefit from the following five lessons learned through the experience of TPP18 grantees:

1. **Take steps to ensure that programs are culturally, practically, and contextually relevant for the communities they're serving.** To understand program fit, solicit feedback early and often from potential program participants, staff, and community partners with deep understanding of the target communities.

2. **Invest in frontline staff who are committed to the program and have demonstrated experience working with the intended communities.** Shared connections or experiences can often lead to stronger and more meaningful relationship between facilitators, youth, and their families.

3. **Strengthen existing partnerships for implementation wherever possible and before, or as early as possible during, the grant period.** Clear communication with implementing partners helps to identify early challenges and adjustments that may be necessary to solidify the implementation design and plan.

4. **Identify and integrate ways to intentionally gather and use data before, during, and after implementation from staff, partners, and program participants.** Collecting feedback through both traditional methods (for example, surveys or interviews) as well as more informal methods (for example, a quick poll of reactions after a class session) can inform critical improvements to the program before it is ready for full implementation and rigorous evaluation.

5. **Lengthen the grant period to give grantees more time to refine and scale up their programs based on their experience with early implementation.** The two-year grant period was challenging for most grantees to hire and train the right staff, get approvals for program delivery, and overcome key challenges in their implementation infrastructure, especially in settings that require a lot of

upfront authorizations (for example out-of-home care settings) or in which the number of implementation cycles might be logistically constrained (for examples, high schools).

References

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Appendix A. Quarterly Readiness Status Reports

A key objective of the cross-site study was to understand how prepared grantees were to implement and evaluate their programs at the start of the grant period. The study also examined the steps grantees took to prepare their program for implementation or evaluation.

Drawing on existing literature and models, such as those developed by the National Implementation Research Network, the cross-site study team organized readiness into specific domains relevant to program readiness, organization readiness, and the readiness of evidence to support program implementation and evaluation. Figure A.1 illustrates the conceptual framework for the cross-site study and Table A.1 describes the readiness domains measured in the readiness status report.

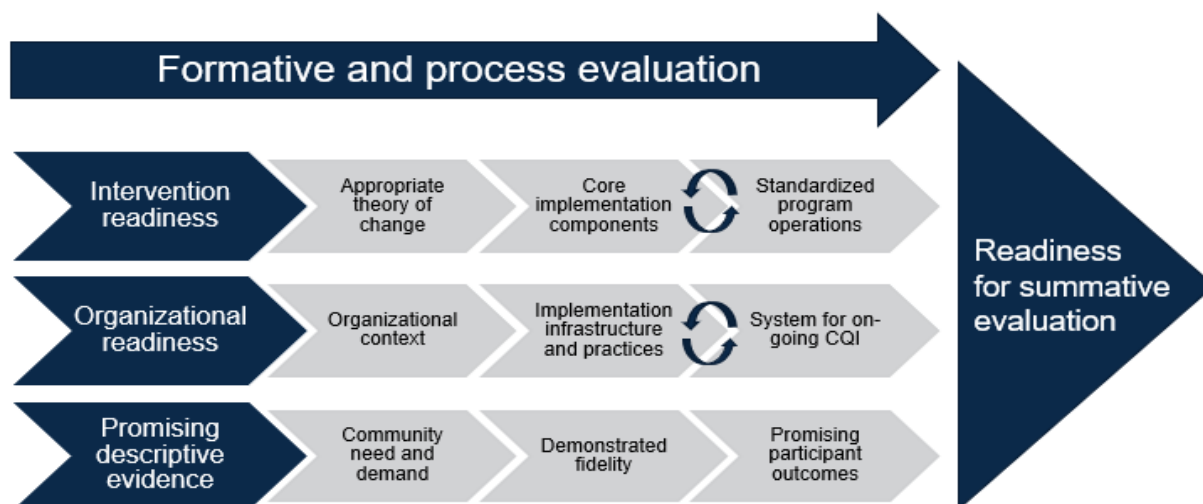**Figure A.1. Conceptual framework for the cross-site study**

Table A.1. Readiness domains measured in the readiness status report

Program readiness indicators	Organization readiness indicators	Evidence to support program implementation and evaluation
Content, staff requirements, dosage, or duration	Changes to staff selection or hiring process, training, coaching, leadership, or data systems	Indicators of community demand, fidelity, or promising youth outcomes

Readiness status report

The cross-site study team developed the readiness status report to document and monitor the steps grantees took to prepare their programs and organizations for implementation and evaluation. The readiness status report was an Excel tool grantees used to document their progress and refinements to program and organization readiness during their grant.

The readiness status report included data on the readiness of the following key subdomains: (1) the program's theory of change, (2) core components of the program model, (3) standardized program and operation materials, (4) organization context, (5) implementation infrastructure and practices, (6)

continuous quality improvement (CQI) processes, and (7) promising descriptive evidence for the program being implemented. Grantees self-reported their readiness on each key subdomain using the ratings in Table A.2.

Table A.2. Readiness ratings for each key subdomain

Rating	Description
(1) Partially developed	Some materials, guidance, or benchmarks associated with this component have been defined but need refining before implementation.
(2) Developed	Materials, guidance, or benchmarks associated with this component have been defined or were provided with selected curriculum but have not been used yet.
(3) In use but needed refinement	Using what was developed and may make or currently making adaptations to improve fit for different context(s)
(4) Ready for implementation and evaluation	Refined this component based on early implementation and/or process evaluation and it is ready for full implementation and rigorous evaluation.

Figure A.2 summarizes the readiness status across all grantees during the two-year grant period. All grantees reported being closer to implementation and evaluation readiness for all subdomains at the end of the two-year grant period. Grantees also reported the greatest progress in setting fidelity benchmarks, youth recruitment, and their process assessing community need and demand.

Figure A.2. Summary of readiness status across TPP18 grantees
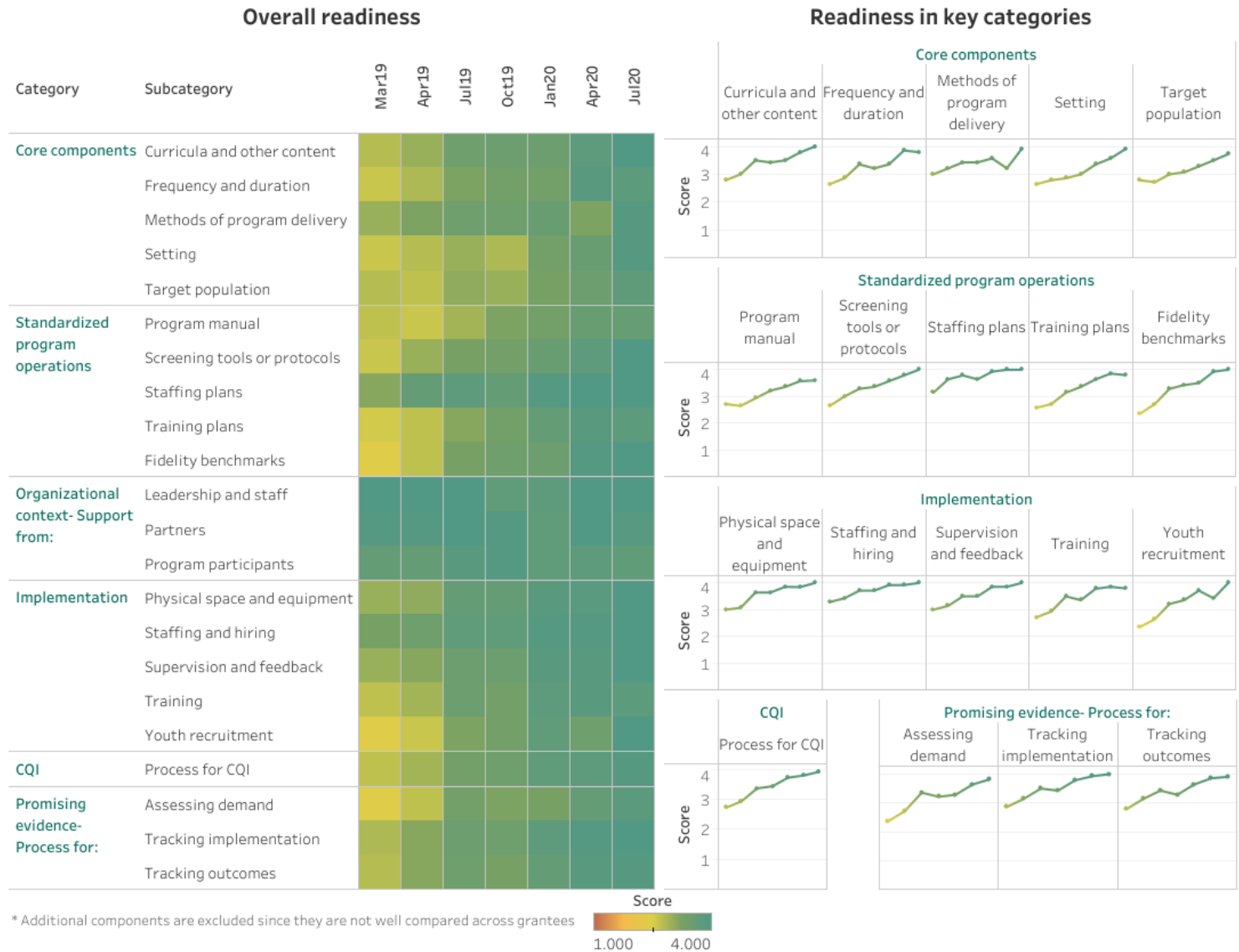
* Additional components are excluded since they are not well compared across grantees

Note: Readiness data on additional components is excluded because not all grantees had additional components. Grantees reported whether core components of their programs, their organizational capacity, and their systems for gathering data were (1) not started, (2) in development, (3) in use but needed refinement, or (4) ready for implementation and evaluation. Grantees submitted these reports twice a year starting about six months after the award.

Source: TPP18 Grantees' self-reported readiness on a number of dimensions

The table below summarizes the information portrayed by the color gradient. It reports grantees' readiness status during the grant period for each category and subcategory.

Table A.3. Summary of information portrayed by the color gradient in Figure A.2

| Category | Subcategory | Average readiness rating across TPP18 grantees | | | | | | |
		March 2019	April 2019	July 2019	October 2019	January 2020	April 2020	July 2020
Core components	Curriculum and other content	2.8	3.0	3.4	3.5	3.5	3.8	4.0
	Frequency and duration	2.6	2.9	3.2	3.4	3.4	3.9	3.8
	Methods of program delivery	3.0	3.2	3.4	3.4	3.6	3.2	3.9
	Setting	2.6	2.8	3.0	2.9	3.4	3.6	3.9
	Target population	2.8	2.7	3.1	3.0	3.3	3.5	3.7
Standardized program operations	Program manual	2.7	2.6	2.9	3.2	3.4	3.6	3.6
	Screening tools or protocols	2.6	3.0	3.3	3.4	3.6	3.8	4.0
	Staffing plans	3.1	3.6	3.8	3.6	3.9	4.0	4.0
	Training plans	2.6	2.7	3.1	3.4	3.6	3.9	3.8
	Fidelity benchmarks	2.4	2.7	3.3	3.4	3.5	3.9	4.0
Organizational context	Leadership and staff	4.0	4.0	4.0	3.7	3.8	4.0	4.0
	Partners	3.9	3.9	4.0	3.9	3.7	4.0	3.9
	Program participants	3.6	3.6	3.9	3.9	3.7	3.8	3.7
Implementation	Physical space and equipment	3.0	3.1	3.6	3.6	3.9	3.8	4.0
	Staffing and hiring	3.3	3.4	3.7	3.7	3.9	3.9	4.0
	Supervision and feedback	3.0	3.1	3.5	3.5	3.9	3.9	4.0
	Training	2.7	2.9	3.5	3.4	3.8	3.9	3.8
	Youth recruitment	2.4	2.6	3.2	3.4	3.7	3.4	4.0
CQI	Process for CQI	2.7	2.9	3.4	3.4	3.7	3.8	3.9
Promising evidence	Assessing demand	2.4	2.7	3.4	3.2	3.3	3.6	3.8
	Tracking implementation	2.9	3.1	3.5	3.4	3.8	3.9	4.0
	Tracking outcomes	2.8	3.1	3.4	3.3	3.6	3.9	3.9

Appendix B. Methods

The cross-site study team collected and analyzed data from five main sources: (1) interviews with grantee leaders; (2) site visits to a subset of grantees that included interviews with grantee leaders, frontline staff who delivered the programs to participants, community stakeholder and partner staff, and evaluators; (3) a frontline staff survey; (4) performance measures; and (5) a grantee readiness tracker. Details about the data source and format, timing of data collection, analysis methods, and sample sizes are included in Table B.1.

Table B.1. Data sources and analyses conducted to inform report

Data source	Timing	Format	Analysis method	Sample size
Initial and follow-up grantee leadership interviews	Initial: Summer 2019; Follow-up: Summer 2020	Virtual video interviews, transcriptions	Qualitative coding of transcripts using NVivo	Initial: 14 grantees Follow-up: 14 grantees
Site visits	Fall 2020 and spring 2020	Combination of in-person and virtual video interviews or focus groups, transcriptions	Qualitative coding of transcripts using NVivo	In-person: 3 grantees Virtual: 3 grantees
Frontline staff survey	Fall 2019	Online survey	Descriptive statistics of quantitative questions, qualitative coding of open-ended responses using NVivo	14 grantees, 47 out of 59 frontline staff (80% response rate)
Performance measures	April 2019 to September 2020	Online form	Grantee and participant information expressed in frequencies	14 grantees
Grantee readiness tracker	March 2019, July 2019, October 2021, January 2020, April 2020, July 2020	Online form	Summaries of grantees' ratings of their readiness to implement programming	14 grantees

Initial and follow-up grantee leadership interviews. We conducted two sets of 60-minute, virtual interviews with grantee leaders during the grant period. The first interview was conducted in summer 2019 to learn about grantee leaders' experiences planning and refining their programs. All 14 grantees participated in the initial leadership interview. The second interview was conducted in summer 2020 to gain a deeper understanding of grantee leaders' experiences during implementation. All 14 grantees participated in this follow-up interview.

To analyze the interview data, we transcribed data from each interview and trained staff used NVivo to code the transcripts. To identify themes, we pulled relevant data for each discussion topic, then looked across respondents and summarized themes for each grantee. We then summarized overarching themes and insights across grantees and within each discussion topic.

Site visits. To select grantees for site visits, we first identified key learning goals for the visits. These learning goals included how grantees designed and implemented innovative program models, tailored the program to fit their target population and setting of interest, and their experiences working with partners. We then compared our knowledge of grantees' TPP programs (using sources such as initial leadership interviews, grantee applications, and readiness trackers) to the learning goals. To answer questions about the learning goals, we compiled a list of priority and alternate grantees that were expected to help provide data.

We conducted three in-person site visits in the fall of 2019 and three virtual site visits in the spring of 2020. At each visit, we conducted separate 60-minute interviews with grantee leadership and frontline staff and 45-minute discussions with community partners. To analyze the data from site visits, we transcribed data from the site visit discussions and used NVivo to code them. To identify themes, we pulled relevant data for each discussion topic, then looked across respondents and summarized themes for each grantee. Next, we recorded overarching themes and insights across grantees. To analyze the data from leadership interviews, trained staff used NVivo to code transcriptions. Next, staff identified and summarized themes across grantees and within each discussion topic.

Frontline staff survey. At the end of the first year of the grant, 47 of 59 facilitators and educators across 14 grantees completed the web-based survey for frontline staff (80 percent response rate). The survey included 63 questions for respondents about (1) the program and its intended population; (2) their role, background, and prior experiences; (3) trainings or preparation received; (4) their experiences with implementation and data collection for evaluation; and (5) key lessons learned. The survey took respondents an average of 30 minutes to complete. We sent two reminder emails to respondents to complete the survey and we reached out to program directors to encourage nonrespondents to complete it. We conducted descriptive analyses to examine staff characteristics, as well as staff perceptions on training, program readiness, and program delivery, and we integrated key findings into our thematic analyses for the study.

Performance measures. TPP18 reported performance measure data in 2019 and 2020 as part of their OPA grant reporting requirements. We conducted descriptive analyses on program reach, demographic characteristics of participants, dosage, fidelity and quality, training and staffing, and dissemination.

Readiness status reports. The purpose of the readiness status reports was to capture grantees' assessment of their progress on important dimensions of readiness over time (see Appendix A for more information about the readiness status reports). Starting approximately six months after grant award, and quarterly thereafter, TPP18 grantees indicated whether key domains of their program, organizational capacity, and systems for gathering early data were (1) partially developed, (2) developed, (3) in use but needed refinement, or (4) ready for implementation and evaluation. A domain might be considered ready for implementation and evaluation if refinements and adjustments identified through early implementation were completed, and grantees were beginning to see preliminary evidence of promising outcomes. In their status reports, grantees rated their readiness for the following six domains: core components, standardized program operations, organizational context, implementation, continuous quality improvement, and promising evidence.

Technical assistance liaisons from the cross-site study team conducted individual trainings on the tracker with grantees. For each reporting cycle, grantees received email reminders to complete the readiness status tracker. The team monitored tracker completion rates for each round of reporting and analyzed readiness data after each round. When grantees submitted their final readiness status trackers, the team

compiled and analyzed readiness data for all grantees in the cohort and averaged the data across all reporting years. The team prepared data visualizations of the reported readiness status. The data visualizations of grantees reported readiness status is in Figure A.2. The colors in the data visualization map to the stages of readiness domains described above. Red represents a score of (1) Partially developed, and dark green represents a score of (4) Ready for implementation and evaluation.

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