

## Personal Responsibility Education Program (PREP) Evaluation

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## Supporting Statewide Implementation of Evidence-Based Teen Pregnancy Prevention Programs

The Personal Responsibility Education Program (PREP) obligates \$75 million annually for evidence-based and promising teen pregnancy prevention programs, most of which states receive through formula grants (state PREP).

State PREP grantees must meet four funding requirements—they have to implement evidence-based or evidence-informed programs, provide information on abstinence and contraception, incorporate three of six adulthood preparation subjects, and focus on high-risk populations. States have discretion in how to meet these requirements; an earlier report documented the extent to which states selected different evidence-based programs, target populations, and settings to tailor their PREP programs to fit local needs. States also took different approaches to educating youth on both abstinence and contraception, and incorporating adulthood preparation subjects. At the time the state PREP grantees were beginning to enact their plans to serve youth, grantees also reported undertaking additional new activities: they planned to create an infrastructure to support successful large-scale implementation of the evidence-based programs with fidelity through targeted partnerships.

This brief documents the implementation infrastructure that four states—California, Maine, Pennsylvania, and South Carolina—developed to support implementation of their PREP evidence-based teen pregnancy prevention programs.

# Common Components of Implementation Infrastructure to Support Evidence-Based Teen Pregnancy Prevention Programs

The four selected states differed along several dimensions, including the size of their PREP grant and the number of programs they operated, the role the state PREP grantee took in supporting implementation and the resources they devoted to those efforts, and the settings in which the programs operated. Despite this variation, these four states developed similar approaches to support the implementation of their evidence-based programs with fidelity. To begin, all four states strategically selected training, technical assistance, and evaluation partners



#### **Implementation Infrastructure**

A growing body of research suggests that creating an infrastructure to support practitioners as they prepare for and deliver evidence-based programs is critical for promoting fidelity to program models. The infrastructure should contain a process for assessing fit between the program and the community, implementing agency, target population, intended outcomes, and the resources to support implementation; a system for collecting data to inform decision making; communication and feedback loops among administrators, practitioners, and other stakeholders; and ongoing use of data for continuous quality improvement.

and experts in teenage pregnancy prevention programming to expand their capacity to support programs with fidelity. With these partners, the states conducted four primary activities.

• Worked with providers before and in the early stages of implementation to fit their plans to the local context. All four states, their partners, and their program providers collaborated to assess whether modifications to their selected evidence-based programs were necessary to better align the content and delivery plans with the targeted youth, service delivery settings, and expected implementation schedules. Several modifications were made to encourage youth recruitment, engagement, and retention. Two of the states also assessed providers' plans for implementation readiness.







- Developed a pool of qualified trainers on the evidence-based programs to train program facilitators and provide ongoing technical assistance. States recognized that supporting the delivery of evidence-based teen pregnancy programs with fidelity required an early and sustained investment in the frontline facilitators working with youth. To ensure all facilitators had access to pre-service training on the evidence-based programs, states established pools of qualified trainers who could provide pre-service training. To continue to build the capacity to deliver evidence-based programs, states also offered ongoing trainings and technical assistance to providers and their facilitators through annual group meetings and individual technical assistance to address specific facilitator needs.
- Used data for monitoring service delivery and informing continuous quality improvement. All four states went beyond federal performance measures requirements, collecting additional data for monitoring service delivery and informing continuous quality improvement by identifying ongoing training and technical assistance needs. The states monitored fidelity using direct observations of program delivery by state and partner organization staff, as well as fidelity data on each implemented lesson, provided through facilitator self-report.
- Established communication and feedback loops to facilitate data gathering, data sharing, and identification of lessons learned for continuous quality improvement. States established processes and protocols to facilitate communication and feedback among state grantees, partner organizations, and providers so that they could use data effectively. State grantees and their technical assistance partners met at least monthly to discuss implementation issues, providers' technical assistance needs, and program modifications and adaptations. State grantee staff and technical assistance providers shared feedback directly with providers; evaluation partners produced provider-specific fidelity reports and statewide reports to inform training and technical assistance.

Given the similarities in the implementation infrastructure established across these four distinct states, the infrastructure and its component parts may be applicable across other program and policy areas. The implementation infrastructure these states developed may also be indicative of a growing national awareness of the importance of implementing evidence-based programs with fidelity, and that doing so requires deliberate and careful attention across all phases of implementation.

#### **Lessons Learned**

Just as implementation of an evidence-based program is anything but straightforward, replicating this implementation infrastructure requires careful attention to critical details. These four states shared key lessons learned along the way that should be considered as other states build or refine their own network of support:

- 1. Identify expert partners to support training, technical assistance, and monitoring. These critical partnerships increase the state grantees' capacity to support implementation with fidelity.
- 2. Gain providers' trust and buy-in on the usefulness of fidelity data. States found that providers and facilitators provided high quality data when they found the feedback based upon those data useful and informative for improving practice.
- **3.** Carefully assess the fit of evidence-based programs before adopting them. The selected evidence-based program must fit the target population and the implementation setting, or be modified as appropriate and in accordance with adaptation standards.
- 4. The quality of the program facilitator is a paramount consideration, and providers should be offered guidance on selecting them. States reported that effective facilitators generally have experience with evidence-based programs and understand the importance of fidelity, are comfortable delivering lessons on abstinence and contraception, and can successfully engage youth in the important interactive components of many of these programs.

### **The PREP Multi-Component Evaluation**

The PREP evaluation, led by Mathematica Policy Research, has three main components: (1) documenting the implementation of funded programs in participating states, (2) analyzing performance management data provided by PREP grantees, and (3) assessing the impacts of PREP-funded programs in four sites using a random assignment design. This brief, and the accompanying full report, "Supporting Statewide Implementation of Evidence-Based Teen Pregnancy Prevention Programs: Findings from Four PREP Grantees," are part of a series of products from the evaluation. Learn more about the evaluation at https://www.acf.hhs.gov/opre/research/project/personal-responsibility-education-program-prep-multicomponent. Learn more about the PREP initiative at https://www.acf.hhs.gov/fysb/programs/adolescent-pregnancy-prevention.

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