Form Approved OMB No. 0990-0379 Expiration Date: 8/31/17

Appendix B

TOPICS FOR THE INITIAL TELEPHONE CONVERSATION

Thank you for taking time to meet with us. As a reminder, the Office of Adolescent Health (OAH), U.S. Department of Health and Human Services has contracted with Mathematica to assist in expanding the use and understanding of evidence-based teen pregnancy prevention programs.

This document outlines the information we are interested in learning about your teen pregnancy prevention (TPP) programming. The information will help us learn about the implementation of several evidence-based TPP programs across the country. We envision these topics to serve as a guide for our conversation. They do not need to all be answered during our first call. **Importantly, you do not need to answer these questions prior to our meeting.** Instead, we hope they can be a guide to help prepare for our discussion. Thank you in advance for your time!

- What type of organization houses your teen pregnancy prevention programs and services? What other programs/services does the larger organization provide?
- How long has your [specific TPP program] been provided? What are your sources of funding for this program?
- How many staff does your [specific TPP program] program employ? What are their roles?
- Who does your [specific TPP program] program serve primarily? (e.g. target population)
- In what settings(s) is your [specific TPP program] offered? How many youth do you serve annually in each setting?
- Are there any modifications or adaptations that you have made to [specific TPP program] to serve youth in these settings?
- How do you identify and recruit youth?
- Have you identified any strategies to better retain youth so that they complete [specific TPP program]?
- Do you have the resources to train staff, provide technical assistance, and monitor program operations? If so, what process do you follow for each?
- What do participants like about the program? What components do you think are most successful?
- If you had unlimited resources, are there services you would enhance or add, based on the

Form Approved OMB No. 0990-0379 Expiration Date: 8/31/17

needs of participants in your program?