

Form Approved
OMB No. XXXX-XXXX
Exp. Date XX/XX/20XX

TPP Tiers 1 and 2: Grantee Pre-Interview Informational Form

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time, to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

TPP Tiers 1 and 2: Grantee Pre-Interview Informational Form

Introduction & Confidentiality Information

Introduction

The Office of Population Affairs (OPA) partnered with Abt Associates and its partners, Decision Information Resources and Data Soapbox, to conduct an implementation evaluation of the Teen Pregnancy Prevention (TPP) FY2020/21 Tier 1 and Tier 2 grant programs. As part of the evaluation, Abt and DIR are asking all Tier 1 and Tier 2 grantees to complete a brief informational form to learn more about their TPP Programs prior to engaging in interviews.

The form should take about 15 minutes to complete. Please submit your completed form by [DATE].

The information you provide will only be seen by members of the evaluation team. Your responses will be used by the evaluation team to prepare for the upcoming interview. Your responses will also be used to populate a Grantee Profile that OPA will publish publicly. You will be given the opportunity to review the Grantee Profile for your organization before it is shared with OPA.

If you have any questions about the form, please contact Tanya de Sousa, Project Director for the evaluation, at Tanya_deSousa@abtassoc.com. If you have questions about the study overall, please contact OPA at Alexandra.Osberg@hhs.gov.

Opening Page

To access the form, enter the unique PIN that you received in the email with the link to this form and click submit. From there, you will be brought to the instruction screen.

Instructions

To navigate the form: On each page, you will see three buttons – Back, Next and Quit.

- The Next button advances you to the following question and saves previous responses.
- The Back button takes you back to the previous question, in case you need to review or change an answer.
- The Quit button will automatically save your responses and exit the form.

Please do not use the "Back" or "Forward" buttons on the top of your browser while in the survey, as this will prevent your responses from being saved.

You may return to the form at a later time to continue answering questions. Once you have completed the form, please click the 'Submit' button to submit your responses.

Background

(Ask questions 1-3 to all grantees):

1. What is the official name of your TPP Project:

2. What type of organization is [grantee name]? (Select one)
- City/town government agency
 - County government agency
 - State government agency
 - Tribal government agency
 - Faith-based organization
 - Hospital, clinic, or other healthcare provider
 - Private non-profit agency/community-based organization
 - School district
 - University/college
 - Other (please specify) _____

3. Has [grantee name] previously received TPP funding as a grantee or sub-awardee?
- Yes - as grantee
 - Yes - as sub-awardee
 - No

(If 3=yes, then ask 3a):

3a. Please select the type of TPP funding previously received and the year awarded: (Select all that apply)

- Tier 1 (2010-2015): Evidence-Based Programs (EBPs)
- Tier 2 (2010-2015): Research and Demonstration
- Tier 1a (2015-2020): Building Capacity to Implement EBPs
- Tier 2a (2015-2020): Supporting Early Innovation to Prevent Teen Pregnancy
- Tier 1b (2015-2020): Implementing EBPs to Scale
- Tier 2b (2015-2020): Rigorously Evaluating New TPP Approaches
- TPP18 (2018-2020): Phase I Testing New and Innovative TPP Strategies
- TPP19 Tier 1 (2019-2020): Replicating Effective Programs to Prevent Teen Pregnancy
- (If Tier 1 grantee, then include):* TPP20 Tier 2 (2020-2023): TPP Innovation and Impact Networks
- (If Tier 2 grantee, then include):* TPP20 Tier 1 (2020-2023): Optimally Changing the Map for Teen Pregnancy Prevention
- Other (please specify) _____

(If Tier 1 grantee, ask questions 4-9):

4. What are your TPP project's service area(s) as defined by geographic boundaries (e.g., the specific ZIP codes, school districts, cities, or counties, etc. served by the grant)?
- _____
5. Does your TPP project have a specific focus population(s) in the designated service area(s)?
- Yes
 - No

(If 5=yes, then ask 5a and 5b):

5a. Please describe the focus population(s) (e.g., demographic characteristics, ages, special populations, and/or participant types):

5b. Does the TPP project only serve the focus population(s)?

Yes

No

6. What role does [grantee name] have in the TPP project? (Select all that apply)

Fiscal agent (disburses funds to partners/sub-awardees who provide the programming)

Identifying evidence-based interventions (EBIs)

Other program design

Provide EBIs directly to youth

Provide other services directly to youth (Specify: _____)

Collect and report performance measures

Conduct fidelity monitoring

Provide training and technical assistance or capacity-building

Other: Specify: _____

Services

7. In the table below, please select the evidence-based interventions (EBIs) that are being implemented by the TPP project and the setting(s) in which they are being implemented.

EBI Name	Setting 1	Setting 2	Setting 3	Setting 4	Setting 4

8. What supportive services (in addition to EBIs) does the TPP project provide directly? Please limit your answers to those services that are directly supported by TPP grant funds. (Select all that apply)

- Reproductive healthcare
- Primary healthcare
- Case management
- Educational services
- Food and nutrition (SNAP, WIC, other)
- Health insurance (Medicaid, CHIP)
- Housing support
- Income security (TANF, etc.)
- Job training/work-readiness
- Mental health
- Substance use services
- Violence prevention services
- Other: Specify _____

9. To which supportive services (in addition to EBIs) does the TPP project provide referrals? Please include in your response services that your organization may provide that are not directly supported by TPP grant funds. *(Select all that apply)*

- Reproductive healthcare
- Primary healthcare
- Case management
- Educational services
- Food and nutrition (SNAP, WIC, other)
- Health insurance (Medicaid, CHIP)
- Housing support
- Income security (TANF, etc.)
- Job training/work-readiness
- Mental health
- Substance use services
- Violence prevention services
- Other: Specify _____

(If Tier 2 grantee, ask questions 10-11):

10. Does your TPP project have a specific focus population within your selected priority area? *(Select all that apply)*

- Yes
- No

(If 10=yes, then ask 10a):

10a. Please describe the focus population(s):

11. As the lead organization, what is your role in implementing the TPP project? *(Select all that apply)*

- Fiscal agent (disburses funds to partners/sub-awardees who provide programming)
- Establish and support partnership network only
- Explore interventions
- Develop new interventions
- Test interventions
- Refine interventions
- Evaluate interventions
- Disseminate interventions
- Other (Specify: _____)

Partnerships

(If Tier 2 grantee, ask question 12):

12. How many partners are involved in the TPP project?

(Ask questions 13-15 for all grantees):

13. How many formal partners are involved in the TPP project? By formal partners we mean the organization has an MOU or letter of commitment with your organization or received a portion of the grant funding in order to complete some aspect(s) of the TPP project.

14. Among these formal partners, how many did your organization have a pre-existing relationship with prior to *(If Tier 1 grantee):* applying for FY2020 TPP project funding *(If Tier 2 grantee):* joining the network?

15. What types of organizations are your formal partners? *(Select all that apply)*

- City/town government agency
- County government agency
- State government agency
- Tribal government agency
- Elementary or secondary education (public or private)
- Faith-based organization
- Health care service provider (e.g., clinics, hospital, public health, private healthcare providers)
- Private non-profit agency/Community-based organization
- Private for-profit company/consultant
- University/college
- Other (Specify): _____

(If Tier 1 grantee, ask question 16):

16. What role do the formal partners have in the TPP project? (Select all that apply)

- Deliver evidence-based interventions (EBIs) to youth
- Provide youth referrals to EBIs
- Provide program setting or access to youth
- Provide support for evaluation/performance measures
- Provide training on EBIs to providers
- Provide other training or capacity building services (specify: _____)
- Provide youth-friendly health care services
- Provide youth with other services (Specify: _____)
- Participate in or lead a community or youth advisory group related to the project
- Provide or support dissemination and public messaging (e.g., for recruitment or program awareness)
- Intermediary (disperses funds to organizations who provide the EBI programming)
- Other (Specify): _____

(If Tier 2 grantee, ask questions 17-20):

17. What role does your organization have in **coordinating and supporting** the network? (Select all that apply)

- Provide personalized coaching to network partners
- Provide expert-led workshops
- Provide/facilitate peer-to-peer learning
- Facilitate small team workgroups
- Provide technical assistance to network partners
- Other (please specify): _____

18. What role(s) do formal partners have in **coordinating and supporting** the network? (Select all that apply)

- Provide personalized coaching to network partners
- Provide expert-led workshops
- Provide/facilitate peer-to-peer learning
- Facilitate small team workgroups
- Provide technical assistance to network partners
- Other (Specify): _____

19. Are informal partners involved in **coordinating or supporting** the network? By informal partners we mean those organizations or parties that do not have an MOU with your organization or did not receive a portion of the grant funds.

- Yes
- No

(If 19=yes, then ask 19a):

19a. Please briefly describe how informal partners are involved in coordinating or supporting the network:

20. What roles do your formal and informal partners have in **implementing** the TPP project? (*Select all that apply*)

- Explore interventions
- Develop new interventions
- Test interventions
- Refine interventions
- Evaluate interventions
- Disseminate interventions
- Other (Specify: _____)

Interventions

(If Tier 2 grantee, ask questions 21-24):

21. How many innovations (interventions) have been developed by the TPP project?

22. Please list the innovations and their current stage of development.

_____(*open text field*) _____(*drop down list of stages of development*)

23. How many innovations have entered the dissemination phase?

24. Please briefly describe how the TPP project is disseminating new innovations to make them easily accessible and available to others.

Community Engagement

(If Tier 1 grantee, ask questions 25-28):

25. How did the TPP project engage youth to support planning and implementation of the TPP project? *(Select all that apply)*

- Engaged existing youth-led advisory groups or coalitions
- Created a new youth-led advisory group or coalition
- Engaged existing adult-led community advisory groups or coalitions
- Created new adult-led community advisory group or coalition
- Held public listening sessions or open meetings
- Had ad-hoc engagements
- Held focus groups
- Surveys
- Used a community needs assessment
- Used social media and web-communications
- Other: Specify _____

26. How did the TPP project engage parents or caregivers to support planning and implementation of the TPP project? *(Select all that apply)*

- Engaged existing advisory groups or coalitions
- Created a new advisory group or coalition
- Held public listening sessions or open meetings
- Had ad-hoc engagements
- Held focus groups
- Surveys
- Used a community needs assessment
- Used social media and web-communications
- Other: Specify _____

27. How did the TPP project engage other community members to support planning and implementation of the TPP project? *(Select all that apply)*

- Engaged existing community advisory groups or coalitions
- Created new community advisory group or coalition
- Held public listening sessions or open meetings
- Had ad-hoc engagements
- Held focus groups
- Surveys
- Used a community needs assessment
- Used social media and web-communications
- Other: Specify _____

28. What types of platforms did the TPP project use for community outreach and communication to recruit participants or educate parents, caregivers, and other community members?

- Blog posts
- Flyers/brochures
- Health fairs or other public events
- Local media (e.g., radio, television, newspapers)
- Newsletters
- Public presentations
- Publications
- Social media
- Websites
- Other: Specify _____

(Ask question 29 to all grantees):

29. Is there anything else you would like to share with the evaluation team or any clarifications you would like to provide to your answers above? *(Optional)*
