Grant Summary

Replicating Evidence-based Teen Pregnancy Prevention Programs to Scale in Communities with Greatest Need

**Funding Opportunity Announcement (FOA) Number:** AH- TP1-15-002
**CFDA Number:** 93.297
**Due:** April 1, 2015

**Disclaimer:** This document, prepared by Wyman Center, is intended to serve as an overview and summary of the funding opportunity provided by the Office of Adolescent Health (OAH). It is not meant to fully represent or substitute the Funding Opportunity Announcement (FOA) provided on [http://www.hhs.gov/ash/oah/grants/open-grants.html](http://www.hhs.gov/ash/oah/grants/open-grants.html).

**Upcoming Deadlines:**
Prospective applicants are asked to submit a non-binding letter of intent to the OAH by no later than Feb. 1, 2015. Although a letter of intent is not required, and does not enter into the review of a subsequent application, the information that it contains allows OAH to estimate the review workload and plan for review. Wyman strongly encourages those applying with TOP to complete this step. For more information, visit: [http://teenoutreachprogram.com/due-february-1-2015-letter-intent-oah/](http://teenoutreachprogram.com/due-february-1-2015-letter-intent-oah/).

**Opportunity Goal:** To have a significant impact on reducing rates of teen pregnancy and existing disparities by replicating evidence-based Teen Pregnancy Prevention (TPP) programs to scale in at least three settings in communities and with populations at the greatest need. Scaling can be defined as “deliberate efforts to increase the impact of service innovations successfully tested in pilot or experimental projects so as to benefit more people.”

Settings include, but are not limited to: in-school middle school, in-school high school, alternative school, college, after school, community-based, faith-based, clinic-based, juvenile detention, out-of-home settings for youth in foster care and other specialized settings (e.g., residential treatment). These settings (also listed on page 20 of FOA) count separately as one individual setting.

OAH is especially interested in replicating evidence-based TPP programs with the strongest evidence and that have been found to be effective through evaluations in multiple sites, in different settings, and with different populations. (To learn more about flexible settings for the Teen Outreach Program,® TOP®, visit: [http://teenoutreachprogram.com/top/](http://teenoutreachprogram.com/top/).)

All evidence based TPP programs proposed are eligible for replication under this FOA as defined within the FOA on pages 11 to 12 and Appendix D.

**Project length:** 5 years
**Anticipated Number of Awards:** 60
**Type of Award:** Cooperative Agreement with substantial OAH involvement.
**Range of Awards:** Below is the funding amount linked to the number of teens, on average that the applicant proposes to reach in 2 to 5 years with evidence-based TPP programs.

<table>
<thead>
<tr>
<th>Associated Funding Amount</th>
<th>Teen reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500,000 - $749,999</td>
<td>At least 700 teens per year</td>
</tr>
<tr>
<td>$750,000 - $999,999</td>
<td>At least 1,500 teens per year</td>
</tr>
<tr>
<td>$1,000,000 - $1,249,999</td>
<td>At least 3,000 teens per year</td>
</tr>
<tr>
<td>$1,250,000 - $1,499,999</td>
<td>At least 6,000 teens per year</td>
</tr>
<tr>
<td>$1,500,000 - $1,749,000</td>
<td>At least 10,000 teens per year</td>
</tr>
<tr>
<td>$1,750,000 - $2,000,000</td>
<td>At least 15,000 teens per year</td>
</tr>
</tbody>
</table>

**Application Responsiveness Criteria:**
As indicated in the Project Abstract the applicant must do the following.

1. For each community served, propose serving a population(s) within the community that has a teen birth rate that is at least above the current national average (26.6 births for every 1,000 adolescent females ages 15 to 19).
2. Identify the evidence-based TPP programs it proposes to implement in at least three settings.
3. All evidence based TPP programs proposed are eligible for replication under this FOA as defined on pages 11-12 and Appendix D of the FOA.

In each community served, applicants are expected to:
- Mobilize the community to develop and implement a plan to prevent teen pregnancy and promote positive youth development.
- Establish a (or work with an existing) Community Advisory Group and a Youth Leadership Council to lead the community mobilization efforts.
- Engage in an up to 12-month planning, piloting, and readiness period.
- Implement evidence-based TPP programs to scale with fidelity and quality in at least three settings.
- Ensure that program materials are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth.
- Ensure that programs are implemented in a safe and supportive environment for youth and their families.
- Establish and maintain linkages and referrals to youth-friendly health care services.
- Engage in strategic dissemination and communication activities to raise awareness of the program with youth, their families and key stakeholders.
- Develop and implement a plan for sustainability to ensure continuation of program efforts beyond the grant.
- Collect and use performance measure data to make continuous quality improvements.
- Evaluate the implementation and outcomes of program activities.

To view implementation settings, fidelity measures, training, data and performance measurement tools, and other support provided to partners through TOP, visit: [http://teenoutreachprogram.com/top/](http://teenoutreachprogram.com/top/).
Evidence-based TPP programs eligible for replication under this FOA are those that meet the following criteria prior to the end of the grantee's planning and readiness period.

- Have been identified as having evidence of effectiveness by the Department of Health and Human Services TPP Evidence Review.
- Have been assessed by the TPP Evidence Review as being implementation-ready, meaning that the program has clearly defined curricula and components, necessary staff supports and training, and specified guidelines and tools for monitoring fidelity.


Overview of Applicant/Grantee Expectations:

- Applicants may propose serving a single community or multiple communities. Multiple communities could include communities within the same state, communities across states, etc. Each community must be defined by clear geographic boundaries. OAH will not fund more than one grant to serve the same target community.
- The applicant should conduct a community needs and resource assessment to identify the specific needs and resources available in each community served.
- The target population for funded projects should be individuals, or families of individuals, 19 years of age or under, at program entry.
- Applicants are expected to submit a detailed work plan (as an appendix) for the five-year project period that includes goals, SMART objectives (specific, measurable, achievable, realistic and time bound), and activities for developing and implementing a plan to prevent teen pregnancy, including a specific focus on implementing evidence-based TPP programs to scale in at least three settings in communities at greatest need (see Appendix E of FOA).
- Applicants are expected to describe the proposed project through a detailed logic model that depicts inputs, activities, intended outputs and outcomes (short- and long-term). See template in Appendix F of FOA. (The TOP logic model is available under the resource tab on teenoutreachprogram.com)
- The grantee is expected to implement strategies as outlined in Strategies Guided by Best Practice for Community Mobilization, over the life of the grant. Strategies are listed on page 17 of FOA.
- During first grant year, grantees will engage in a planning, piloting and readiness period of up to 12 months. Specific milestones required by end of the planning period included in Appendix G of FOA.
- Grantees are expected to use Getting to Outcomes (GTO) to guide planning, implementation and evaluation of their program. See the free downloadable GTO manual on page 18 of the FOA.
- Applicants should ensure that programs proposed for implementation are a good fit to meet the needs of the target population, the implementation setting, the capacity of the implementing organization and the outcomes the organization is trying to achieve.
- Selection of evidence-based TPP should also be clearly aligned with results of community needs and resource assessment and should not duplicate programs/services that already exist in community.
- In each of at least three settings, the applicant is expected to implement the TPP program to scale with as many youth in the target population as possible. A key strategy is to implement through existing systems, e.g., school district-wide rather than in one school or one classroom.
• Organizations should prepare to incorporate a trauma informed approach when providing sexual health education to youth, which includes taking into consideration adverse childhood experiences (ACEs) and the influence that they have on sexual health and decision-making.

• Grantees are required to implement with fidelity and quality and to monitor fidelity/quality. This requires a fidelity monitoring plan that includes, at minimum, collecting data from program facilitators as well as from observations of at least 10 percent of all program sessions. These data should be analyzed and reviewed regularly and used for Continuous Quality Improvement (CQI).

• Grantees are allowed to make minor adaptations, which do not significantly change the core components, program delivery or content.

• Grantees may implement with a population or in a setting other than those included in the original evaluation as long as the developer indicates the program is appropriate for that population or setting.

• Major adaptations are discouraged; all adaptations must be shared with OAH, major adaptations must be approved prior to implementation.

• Applicants will be required to submit all program materials prior to use to OAH for a medical accuracy review. These should not be submitted with the grant.

• Grantees are required to review materials for age appropriateness, cultural and linguistic appropriateness and inclusivity of LGBTQ prior to use with grant; the OAH template will be provided to grantees.

• Grantees are expected to establish and maintain linkages and referrals to youth friendly healthcare services.

• Grantees are expected to develop a strategic dissemination and communications plan to raise awareness.

• A sustainability plan or approach is expected.

• Grantees are expected to collect and report on a common set of performance indicators to assess implementation and outcomes. See Appendix H of the FOA List for a list of measures. Grantees must provide reports to OAH semi-annually.

• Applicants must propose a plan for evaluating implementation and outcomes of the program; no more than 10 percent of total budget should be used for evaluation activities.

• Applicants must describe organizational capacity for managing the proposed project, including an experienced team to manage and implement the program.

• Applicants should develop a plan to ensure that the staff implementing program are well-trained and prepared.

• OAH expects that grantees will train a cadre of master trainers in the selected TPP over the course of the grant. Applicant should include Memorandum of Understandings (MOUs) with community partners who will provide access to youth for implementation through their existing systems and organizations that will be responsible for implementation. Letters of Support should be included from key decision-makers, youth-serving organizations and community members who will be engaged in the Community Advisory Group and Youth Leadership Council.

**Required Experience of Applicant:**

1. Experience implementing evidence-based TPP programs on a large scale, i.e., at least 500 youth per year.
2. Experience either implementing TPP programs in the target communities or working with partner organizations to implement TPP programs in the target communities.
3. Leadership in preventing teen pregnancy and promoting positive youth development in the communities, including demonstrating clear understanding of the needs and resources in the communities, and acknowledgement from others in the community of their influence and credibility.
4. Ability to convene diverse stakeholders and decision makers from the community, including youth, to joining the Community Advisory Group and Youth Leadership Team.
5. Experience monitoring the implementation of programs through partners and subcontractors.
6. Experience providing training, technical assistance (TA), coaching and support to organizations implementing evidence-based TPP.
7. Experience collecting performance measures data and using it for continuous quality improvement (CQI).
9. History of financial sustainability, including documentation of success in securing diverse funding and resources, and a history of sustaining grant-funded programs once funding has ended.

**Project Narrative:** OAH recommends the narrative include the following components.

1. Target Population and Need
2. Program Approach
3. Performance Measures and Evaluation
4. Capacity and Experience of the Applicant Organization
5. Partnership and Collaboration
6. Project Management