Implementation Guide

North Carolina Department of Health and Human Services
Division of Public Health
Women, Infant, and Community Wellness Section
Reproductive Health Branch
Teen Pregnancy Prevention Initiatives

Updated September 2022

This page was intentionally left blank.

TABLE OF CONTENTS

This page was intentionally left blank.

PURPOSE & BACKGROUND

The Adolescent Parenting Program (APP) is a secondary prevention program (i.e., prevention of second or higher order pregnancies) that provides four-year annually renewable grant awards to projects to provide services for pregnant or parenting teens throughout North Carolina. Agencies implementing APP are required to use evidence-based or evidence-informed program strategies for secondary pregnancy prevention, drop-out prevention and child maltreatment prevention.

The objectives of APP are as follows:

1. Increase the self-sufficiency outcomes for APP participants by:
    a. Increasing the delay of a subsequent pregnancy;
    b. Increasing graduation from high school with diploma or completion of GED;

2. Improve child welfare and school readiness outcomes for the children of APP participants by:
    a. Increasing incidence of positive parenting among APP participants to support their child's cognitive development and mental health;
    b. Increasing incidence of child's physical well-being by establishing the child's medical home and creating a safe home environment.

APP is administered by Teen Pregnancy Prevention Initiatives (TPPI), which is housed in the Department of Health and Human Services, Division of Public Health, Women, Infant, and Community Wellness Section, Reproductive Health Branch (RHB). The TPPI Team is responsible for generating the Request for Applications for APP and administering these funds, as well as monitoring and evaluating APP. The team includes the TPPI Team Leader, two Program Consultants and an Evaluation Consultant.

CONTACT INFORMATION

Contact information for the TPPI Team, as well as additional information about APP and currently funded APPs, is available on the TPPI website: teenpregnancy.dph.ncdhhs.gov. TPPI staff can also be contacted by calling the RHB main line at 919-707-5700.

PROGRAM PLANNING & IMPLEMENTATION

ADMINISTRATIVE POLICIES

Participant Eligibility

APP serves parents who are 19 years of age or younger at the time of enrollment and enrolled in school or an equivalent educational program. Pregnant adolescents may be enrolled at any stage of their pregnancy.

Intake & Assessment

The APP staff shall have an initial face to face meeting with prospective participants to complete an intake form, which captures key information about the participant. The APP staff shall familiarize the participant with the expectations, requirements, services, structure, and goals of APP as well as the consequences of not fulfilling the requirements of participation. This information shall be presented in an atmosphere of concern and respect and in an encouraging, motivating manner.

APP staff are encouraged to use the Life Skills Progression, an assessment and planning tool, to identify the participant's strengths, needs, and current resources. Alternate assessment tools may be used, though staff should be appropriately trained on their chosen tool.

Caseload

The caseload of one full-time APP staff member shall be 15-25 participants. Grantees serving 21-25 participants must either employ a program assistant for at least 10 hours per week or indicate an equivalent in-kind contribution of time by program volunteers or interns to the program operations. A waiting list of potential participants shall be maintained if the caseload reaches the maximum of 25 participants. APP staff shall prioritize APP services for eligible teen parents who are in greatest need. More than 25 participants may be served if additional funds are secured to employ additional staff.

Enrollment Criteria

Participants may remain in the program until graduation from high school or upon completion of a GED under the following conditions: (1) they avoid a subsequent pregnancy; (2) they remain in school or an equivalent educational program, or re-enroll within 60 days if they drop out; and (3) they demonstrate an active interest in the program as evidenced by measurable progress toward goal achievement, regular contact with the APP staff, and regular attendance at group educational sessions.

Participants who do not meet these criteria may be terminated from the program at the discretion of the APP staff. When possible, time and care shall be devoted to preparing the participant for termination from the program, and a face-to-face meeting shall be held to complete a case closure form. Case closure sessions shall be conducted in an atmosphere of concern and respect. The APP staff shall provide referrals as appropriate and necessary to assist the outgoing participant.

Graduation

A participant shall graduate from the program when she/he has graduated from high school or earned a GED. In some circumstances, a participant may be in need of the support provided by APP for a short period of time following graduation. The decision to maintain a participant in the program after graduation from high school or receiving an equivalency certificate shall be made at the discretion of the APP staff. In most cases, referrals or other resources shall be provided to the participant to meet her/his needs after graduation.

CORE PROGRAM COMPONENTS

In order to meet the program objectives, APPs must engage participants in both evidence-based or informed home visiting and peer group education sessions. Figure 1 details the required and recommended activities for APP. Note that some of the activities must be completed either during a home visit or in a group session. Other activities may be completed in either setting.

Evidence-based/informed Home Visiting

The APP staff is required to choose and implement with fidelity one of the following evidence-based/informed curricula for home visits:

1. Parents as Teachers: http://www.parentsasteachers.org
2. Partners for a Healthy Baby: http://cpeip.fsu.edu/PHB/

Using the chosen curriculum, agencies are required to provide at least one 60-minute home visit per month with each participant. At least 33% of these home visits must take place in the participant's home. Other home visits may take place in school or another appropriate setting.

In addition, APP coordinators are required to use Motivational Interviewing (MI), an evidence-based guidance technique which elicits and strengthens motivation for change. Using MI, coordinators will develop individualized goal plans with each participant The goal plan shall be reviewed monthly during the home visit. Goals should be updated and/or created based upon the needs of the participant.

When working with participants who have children age 3 and older, we recommend using the following resources (these are not required to use with APP):

- Parents as Teachers Foundational 2 Curriculum – http://parentsasteachers.org/foundational-2-training-and-curriculum/?rq=Foundational%202%20curriculum: Covers ages 3-6; required 2-day training for those trained in Foundational PAT.
- Growing Great Kids for Preschoolers – http://www.greatkidsinc.org/ggk-preschoolers.html: Covers 3-5, 4-1/2 day certification seminar is required to use the curriculum.

Group Education Sessions

APP is required to provide comprehensive sexuality education including complete and medically accurate information about all FDA-approved contraceptive methods, including abstinence, to all participants (see TPPI Legislative Rules). In order to meet this requirement, each participant must complete *Be Proud! Be Responsible! Be Protective!* (*BP! BR! BP!)* during their enrollment in APP. More information about *BP! BR! BP!* can be found in Figure 2.

An additional group session must be conducted each quarter. APPs are encouraged to use participant feedback to plan these additional group education sessions. APP staff should consider how they plan to engage long-term participants in group education sessions (examples include: utilizing teens as peer educators or mentors to other participants).

Figure 1. Required and Recommended Activities for APP Implementation

GOAL 1: Increase the self-sufficiency outcomes for APP participants.				
Objectives	**Required Activities** (H = Home visit; G = Group session)		**Recommended Activities** (H = Home visit; G = Group session)	
1a. Decrease the incidence of a repeat pregnancy	*Partners for a Healthy Baby* OR *Parents as Teachers*	H	*Partners for a Healthy Baby* OR *Parents as Teachers*	G
	Be Proud! Be Responsible! Be Protective!	G	*Ready . . . Set . . . Plan!*	H/G
	Field trip to family planning clinic	H/G	Guest Speaker: Health Department, etc.	G
	Overview of minor's consent law	H/G		
	Referral for family planning services	H		
1b. Increasing graduation from high school with diploma or completion of GED	*Partners for a Healthy Baby* OR *Parents as Teachers*	H	*Partners for a Healthy Baby* OR *Parents as Teachers*	G
	Field trip to community college, etc.	H/G	Study Skills/Tutoring	H/G
	Overview of pregnant/parenting teens' legal rights	H/G	Guest Speaker: school representative, former teen parent, etc.	G
GOAL 2: Improve outcomes for the children of APP participants.				
Objectives	**Required Activities** (H = Home visit; G = Group session)		**Recommended Activities** (H = Home visit; G = Group session)	
2a. Increasing incidence of positive parenting among APP participants to support their child's cognitive development and mental health	*Partners for a Healthy Baby* OR *Parents as Teachers*	H	*Partners for a Healthy Baby* OR *Parents as Teachers*	G
			Guest Speaker: Partnership for Children, CDSA, etc.	G
			Positive Parenting Program (Triple P)	H/G
			Ages and Stages Questionnaire (ASQ-3)	H
2b. Increasing incidence of child's physical well-being by establishing the child's medical home and creating a safe home environment	*Partners for a Healthy Baby* OR *Parents as Teachers*	H	*Partners for a Healthy Baby* OR *Parents as Teachers*	G
	Establish Medical Home for child and mother/father	H	Guest Speaker: Red Cross, Physician, EMTs, CDSA, etc.	G
	Infant CPR	H/G	Home Observation for Measurement of the Environment (HOME) Inventory	H

Figure 2. Be Proud! Be Responsible! Be Protective! Curriculum Information Sheet

Be Proud! Be Responsible! Be Protective!

Program Description and Overview

Be Proud! Be Responsible! Be Protective! is an adaptation of the *Be Proud! Be Responsible!* program targeting adolescent mothers or pregnant girls. The curriculum emphasizes the role of maternal protectiveness in motivating teens to make healthy sexual decisions and decrease risky sexual behavior.

The overall goal of *Be Proud! Be Responsible! Be Protective!* is to reduce unprotected sex among sexually active, pregnant and parenting teens and to help them make proud, responsible and protective sexual decisions. The intervention aims to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse. It also addresses the impact of HIV/AIDS on pregnant women and their children, the prevention of disease during pregnancy and the postpartum period, and special concerns of young mothers.

Implementation Highlights

- 8 session program in which participants meet for 60 minutes.
- Each implementation group should include 6-12 participants.
- Integrate and use core intervention materials only.
- *Be Proud! Be Responsible! Be Protective!* focuses on HIV and teen pregnancy

Target Population

The curriculum is designed primarily for pregnant and parenting females in grades 7-12.

Program Setting

The curriculum is designed for an after-school or non-school setting.

Program Duration

Sessions can be conducted**:**

- Eight days of one hour per day; Four days of approximately two hours per day; Two days of approximately four hours per day; One day (Saturday) for approximately eight hours. Classes should last 60 minutes.

The classes should be taught so that most youth attend most classes.

Curriculum Materials

Curriculum materials are available from ETR http://pub.etr.org/ProductDetails.aspx?id=100000042&itemno=A450-16. For detailed information on this program, click the following link: Be Proud! Be Responsible! Be Protective!

Adaptations

There are basic allowable adaptations; however you must have prior approval from your TPPI Program Consultant before implementing.

COMMUNITY ADVISORY COUNCIL

In order to develop and maintain APP and meet the needs of the participants, it is mandatory that a Community Advisory Council (CAC) is established and sustained. A strong CAC contributes to the overall success and growth of the program in the community. The CAC must consist of **at least five public and private community agencies other than the funded agency**. Figure 3 shows both required and recommended components for the CAC.

Figure 3. CAC Membership

	Organizations (at least 5)	**Individuals (at least 2)**
Required	• Children's Development Services Agency (CDSA) or Partnership for Children	• an adolescent • a current or former adolescent parent
Suggested	• Local health department • Public school system • Department of Social Services • Cooperative Extension • Mental health services • Local corporations and businesses • Media • Other local agencies that serve youth	• an additional community member (chosen at the agency's discretion)

An APP staff member may serve as the chairperson of the CAC, or another member of the CAC may be appointed to this position. The CAC shall convene at least quarterly and meeting minutes shall be recorded to account for the work of the CAC.

The CAC shall be responsible for the following:

- Advising and assisting the APP staff to provide high quality services to participants;
- Actively promoting the program in the community;
- Reviewing all educational and promotional materials developed by the program to ensure appropriateness for the community;
- Defining and maintaining cooperative ties with other community institutions in order to meet the needs of program participants;
- Seeking financial support from sources other than TPPI, including sources in the local community;
- Referring volunteers and potential participants to the program; and
- Recruiting additional CAC members.

The CAC may take on other responsibilities, and subcommittees may be established to address specific needs.

STAFF REQUIREMENTS

ROLES AND RESPONSIBILITIES

All programs must maintain staff who have appropriate qualifications, training and experiences to implement the chosen program model. See Figure 4 for a list of Staff Roles and Responsibilities. The chosen home visiting model and *Be Proud! Be Responsible! Be Protective!* must be implemented with fidelity (i.e., as intended by the program developers) in order to maximize their effectiveness at preventing repeat pregnancy, school drop-out and child maltreatment among the program participants. Therefore, it is mandatory that program staff are appropriately trained and certified to facilitate and implement the program in accordance with the chosen program model guidelines.

TPPI maintains a listserv and program staff directory which allows the TPPI team and the Reproductive Health Branch to share program updates, staff development opportunities and Request for Applications from various sources. It is imperative that you contact your Program Consultant within ten days of staff turnover. You have thirty days to provide new staff contact information or to update current staff contact information if there are any changes.

Figure 4: Staff Roles & Responsibilities

Title/ Role	Responsibilities
APP Coordinator	• Maintain hardcopy files of parental consent forms for program participants. • Report all required data elements for program activities completed each month to a secure, electronic system (such as EZTPPI) no later than the 10th day of the following month. • Complete at least 20 hours annually of professional development training aimed at improving program outcomes (includes attendance at TPPI networking meetings). • Recruit CAC members, maintain a membership list, hold meetings at least quarterly, and upload the minutes electronically by the 10th of the following month. • Define and maintain cooperative ties with other community institutions in order to meet the needs of program participants. • Recruit, screen, train, supervise and recognize program volunteers. • Seek financial support from sources other than the TPPI funds, including sources in the local community. • Implement the chosen home-based curriculum with fidelity, and/or monitor other staff who are implementing the curriculum to assure fidelity • Participate in ongoing efforts within the scope of APP activities that promote the reduction of racial, ethnic, or socio-economic health disparities among program participants and within the community being served. Activities may involve academic assistance, parenting education, linkages with medical and prevention health services, parent (grandparent) involvement, career awareness, job skills development, individual counseling, cultural enrichment, and recreation.
APP Supervisor	• Supervising and supporting the activities of the APP staff; • Conduct monthly supervision with APP Coordinator to review current participants including case notes and files; • Ensuring that program operation is in accordance with the DHHS contract and this policy manual; • Serving as a member of the CAC and recruiting additional members; • Defining and maintaining cooperative ties with other community institutions in order to meet the needs of program participants; • Seeking financial support from sources other than the TPPI funds, including sources in the local community; and • Observe at least two home visits a year led by the APP Coordinator using reflective supervision techniques.

PROGRAM VOLUNTEERS

Individuals may serve in various capacities as volunteers for APP and can be instrumental in ensuring high quality program delivery. Volunteers may serve as mentors for the program participants. APP mentors are role models and friends for the participants, and they help keep the participants focused on the goals of APP. They also serve as advocates by helping the participants navigate and access the various systems (education, health care, day care, etc.) in the community. Volunteers can also assist with transportation to and from group educational sessions and other program events; provide childcare during group educational sessions; participate in fund-raising activities for the program; and organize an inventory of donated items for the program participants and their babies. Volunteers who will work directly with adolescents and/or children shall be screened carefully through interviews and background checks.

INTERNS

Home visiting**:**
Interns may participate in home visits in one of the following three ways:

- An intern that is trained (by a certified trainer) on Parents as Teachers or Partners for a Healthy Baby can lead the required monthly home visit without your trained coordinator.
- An untrained intern can provide the required monthly home visit when a trained coordinator accompanies intern on the visit.
- An untrained intern can provide follow-up to the required monthly home visit without a trained coordinator, but this does not count as the required monthly home visit.

An additional note about consistency:
Please be mindful of the number of interns you are using with your participants. Even when the intern is supervised, do not have several interns working with the same participant throughout the year. It is critical that the participants are able to form a relationship with a trusted adult (home visitor). It is also important that the participant has given permission to work with an intern during home visits.

Group Education Sessions:
Interns can lead a group education session for participants.
Interns can assist with BP!BR!BP! but cannot lead a session unless trained by a certified trainer.

We understand the importance of interns gaining valuable experience, but we need to be mindful of fidelity to evidence-based programs.

If your agency is working with interns, please notify your TPPI Program Consultant.

APP ORIENTATION

All staff providing program services and their Supervisor are required to attend an APP orientation session in the first quarter of the first year of funding. APP Orientation is also available for new staff members as well as for coordinators outside of the first year of funding. At least one staff member providing program services needs to attend the annual networking meeting and attend program model training and certification in accordance with program model fidelity. Topics covered during the APP Orientation will include:

- TPPI Overview
- TPPI Team
- APP Implementation Guide

STAFF TRAINING AND DEVELOPMENT

Training Requirements
All staff are required to complete a minimum of 20 hours of professional development per year relevant to teen pregnancy prevention. For Supervisors, 6 of the 20 required hours must be around supervision and leadership.

Required Trainings:
- APP Networking meetings
- APP Sponsored Webinars

Other Training Opportunities:
- Fact Forward (formerly South Carolina Campaign to Prevent Teen Pregnancy) Summer Institute - factforward.org
- Healthy Teen Network Annual Conference - healthyteennetwork.org
- Children's Defense Fund National Conference: www.childrensdefense.org
- Prevent Child Abuse North Carolina Learning & Leadership Summit: www.preventchildabusenc.org
- Zero to Three Professional Development & Training: www.zerotothree.org

FUNDING & DHHS CONTRACTS/AGREEMENT ADDENDA

BUDGET COMPONENTS

State funds

All Community Based Organization (CBO) and Local Health Department (LHD) grant awards range from $50,000 to $75,000 annually. Contracts are award annually for a maximum of four years contingent upon contract compliance, project performance, and availability of funding. State contracts will begin between June 1, 20XX-May 31, 20XX.

Local Match

All CBOs and LHDs are required to provide local match based on their contract/agreement addendum fund amount. If you receive $75,000, the local match is $25,000; or $50,000, the local match is $10,000. The local match can be in-kind or actual dollars the agency provides through donations or fundraising.

Local match typically includes but is not limited to: the executive director's and fiscal manager's salary; the volunteer hours of the CAC members; hours from volunteers that assist with the program; participant incentives that have been donated; and most other line items, such as mileage, staff time, staff development. Please contact your Program Consultant if you have any questions about local match.

Budget Forms

TPPI Program Consultants request a copy of a budget between October and December from all CBOs for the following fiscal year's contract/agreement addendum. For example, FY19 (June 2018-May 31, 2018) budget will be requested in FY18 between October 1st and December 31st.

Agencies must use their funding in a manner that is consistent with the Contract/Agreement Addendum. All costs charged to state/federal funds must be reasonable and necessary for the operation and administration of the program(s) for which funding is received.

Budget narratives: should show calculations for all budget line items and should clearly justify/explain the need for these items. Budget costs should be in accordance with State subsistence rates/IRS mileage rates, reasonable and justifiable. The budget must support the Scope of Work activities and objectives.

State Subsistence Rates as of July 1, 2017 **(not to be exceeded)**

	In-state	Out-of-state
Breakfast	$8.40	$8.40
Lunch	$11.00	$11.00
Dinner	$18.90	$21.60
Lodging	$71.20	$84.10
Total	$109.50	$125.10

Breaks: The state can only reimburse $4.50 per day for breaks for sponsored events; 20 persons must be in attendance for breaks to be charged to state funds.

Mileage: Mileage is based on your agency guideline but not to exceed the state rate of $0.535 per mile.

Rates are subject to change. Budget revisions can be requested if the rates change during the Fiscal Year.

Words to avoid in the budget include but are not limited to: field trips, celebration, party, consultants, honoraria, catering, etc.

Equipment Costs: Expenses for any equipment to be purchased may not exceed $2,000 per item.

Administrative Personnel Costs: Personnel costs for any staff that will not be providing direct services to program participants may not exceed 10% of the total budget.

Incentives: Incentives may be provided to participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program. While there is no maximum amount of funding that may be used to provide incentives for participants, the level of incentives must be appropriate for the level of commitment that is needed for the participants to achieve the expected outcomes of the program.

State funds may not be used to provide cash payments as incentives. Local matching funds must be used to provide cash incentives. State funds may be used for non-cash incentives such as gift cards, movie passes, and healthy meals. If gift cards will be provided, applicants must outline a plan to log them by serial number, maintain them in a locked storage cabinet, and obtain the signature of individuals upon receipt of the cards.

Program Evaluation Costs: Evaluation design and analysis will be coordinated by TPPI. If an applicant plans to implement a more extensive evaluation plan, then these costs must be covered by local matching funds.

Audits

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than $25,000
Level 2: At least $25,000 but less than $500,000
Level 3: $500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

Indirect Costs

Regulations restricting the allocation of indirect cost vary based on the funding source. TPPI sub-awards are funded through three sources: Federal Temporary Assistance for Needy Families (TANF), Federal Maternal Child Health Block Grant (MCHBG), and State dollars. Applicants are advised to approach indirect cost judiciously.

TANF

The TANF grant limits administrative cost* to 15 percent. Where the agency has a Federal Negotiated Indirect Cost Rate (FNICR), the indirect cost rate requested may not exceed the award's limits regardless of the agency's recognized rate. Additionally, the total modified direct cost identified in the agency's FNICR shall be further restricted based on the TANF regulations for administrative cost.* A copy of the FNICR must be included with the agency's budget.

Where the agency has no FNICR, a 10% indirect cost rate may be used on the total, modified direct cost (known as the *de minimus* rate) with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. However, the grant limits to the administrative cost* must still be followed. Agencies must indicate in the budget narrative that they wish to use the de minimus rate, or some part thereof. Agencies who do not wish to claim any indirect cost should enter "No indirect cost requested" in the budget narrative.

MCHBG

The MCHBG award limits administrative cost to 10 percent. Where the agency has a FNICR, the indirect cost rate requested may not exceed the award's limits, regardless of the agency's recognized rate. Because MCHBG regulations do not restrict administrative cost, the total modified direct cost identified in the agency's FNICR shall be applied. A copy of the FNICR must be included with the agency's budget.

If the agency has no FNICR, a 10% indirect cost rate may be used on the total, modified direct cost (known as the *de minimus* rate) as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Agencies must indicate in the budget narrative that they wish to use the de minimus rate, or some part thereof. Agencies who do not wish to claim any indirect cost should enter "No indirect cost requested" in the budget narrative.

State Dollars

NC Division of Public Health policy limits indirect cost to 10 percent.

Where the agency has a FNICR, the total modified direct cost identified in the agency's FNICR shall be applied up to 10 percent. A copy of the FNICR must be included with the agency's budget.

If the agency has no FNICR, an indirect cost rate may be established by an independent Certified Public Accountant (CPA) using criteria and cost principles outlined in the applicable codes of federal regulations (CFRs):

State, Local and Indian Tribal Governments ..... 2 CFR Part 225 & ASMB C-10
Educational Institutions ..... 2 CFR Part 220

Hospitals ..... 2 CFR Part 215
Private Non-Profit Organizations ..... 2 CFR Part 230
For Profit Organizations (other than hospitals) ..... 48 CFR Part 31

Under these conditions, a person or firm, preferably one knowledgeable of this subject should establish the rate. This person or firm should not be associated with the audit firm that conducts an audit of the entity's records. Once a rate has been established, this person or firm should certify in writing to the entity that the rate has been established in accordance with the applicable federal circular and that the documentation should be maintained and made available to any auditor requesting such information. Per NC Division of Public Health policy, the total modified direct cost identified in the agency's indirect cost rate letter shall be applied up to 10 percent. A copy of the indirect cost letter must be included with the agency's budget.

If the agency has no FNICR and no indirect cost rate established by a CPA, person or firm, then the agency may not claim indirect cost in the budget.

*Please refer to the definitions of administrative cost per the Code of Federal Regulations (CFR), Part 263, Expenditures of State and Federal TANF Funds.

REIMBURSEMENT

Funds to CBOs will be disbursed on a cost reimbursement basis only. The contractor is required to submit an Itemized Report (IR) and Contract Expenditure Report (CER) of expenses and supporting documentation within 10 days from the end of the month for which it is being submitted. The Contractor must expend the required local matching funds in order to be reimbursed for the full amount of state funds. *CERs must be submitted even when no expenses are incurred in a given month.* Failure to submit monthly sequential reports may delay receipt of reimbursement. CERs should be submitted with an original signature in blue ink from an approved signature authority and addressed to:

US Mail:
[Insert name of the appropriate TPPI program Consultant]
Teen Pregnancy Prevention Initiatives Program Consultant
1929 Mail Service Center
Raleigh, NC 27699-1929

Fed-Ex/UPS:
[Insert name of the appropriate TPPI program Consultant]
Teen Pregnancy Prevention Initiatives Evaluation Consultant
NC Division of Public Health – Reproductive Health Branch
Building 2, 2nd floor
5601 Six Forks Road
Raleigh, NC 27609

BUDGET REALIGNMENTS

The following steps must be taken when CBOs request budget realignments and are also recommended for LHDs.

Step 1— Discuss revision/s with your assigned Program Consultant.

Step 2— Requests must be made via email to your assigned Program Consultant detailing the following information:

- Effective date for the change
- Complete list of all line items that exist on the executed contract budget, including dollar amount for DHHS amount and local match
- Details on form showing where money is moving to and from
- Justification for the request (Example: $XX removed from Participant and Incentives because snacks were offered as an in-kind donation from an outside agency and we no longer need to purchase snacks for the year. $XX moved to Staff Development b/c we recently learned of a training opportunity at SHIFT NC.)
- A signed copy of the Budget Realignment Form must be submitted either via email (scanned copy) or paper copy in the mail.

Step 3— Approval Process

- CBOs will receive an email stating that the realignment was 'approved' or 'disapproved' from the Program Consultant within 2 weeks of the request
- If the realignment is approved, the Program Consultant will sign the Contract Budget Realignment Form and submit it along with the written justification to the Contracts office. At this time the realignment is effective and CERs can be submitted reflecting the revised amounts
- The Program Consultant will update the itemization report and email it to the agency.

Additional Notes:

- All requests must be submitted 30 days prior to the expenditure of funds
- The last realignment for the contract/agreement addendum period must be submitted no later than April 30

Budget forms mentioned throughout this section can be found at http://teenpregnancy.dph.ncdhhs.gov/ap2proj.htm.

MONITORING

DPH RISK LEVEL

At the beginning of each fiscal year, every agency will be assigned a risk level of low, medium or high. Assessing risk involves evaluating the effectiveness of an entity's internal control system in preventing and detecting noncompliance in regards to state and federal guidelines. A risk assessment is used to determine the priority of sub recipients to be reviewed and the level of monitoring to be performed. Risk assessment should not be viewed as a onetime event. Significant turnover in the sub recipient's personnel, a change in the quality or timeliness of required reports, or information received from another funding division may all necessitate a review to determine if a revised risk assessment is warranted.

If the division of public health has had a long, successful relationship with the sub recipient, the sub recipient has had clean audits and all reports have been filed accurately historically, the sub recipient would be evaluated as a low risk. If the sub recipient is new to the division and the division's programs, but has had successful relationships with other Department of Health and Human Services (DHHS) divisions or is part of a large, successful organization such as a university, the sub recipient may be evaluated initially as a medium risk. A small, start-up nonprofit agency operating a new program would likely be evaluated as a high risk, at least until some history was established.

SITE VISITS

The TPPI Program Consultant will conduct at least one annual on-site visit, which includes a review of agency programmatic and fiscal policies and records, and an observation of a program session with all CBOs and LHDs. The Program Consultant will ask for multiple dates when programming is being conducted in order to plan your site visit. Compliance with your contract/agreement addendum and fidelity of the curriculum chosen will be assessed during the site visit. Agencies will receive a written report within 45 days of the site visit. There is also additional monitoring and technical assistance provided via ongoing communication by phone and e-mail.

Site Visit Preparation
Prior to the site visit the Program Consultant will advise you on which 1 – 2 months of financial records they would like to review for the site visit. Financial records include the itemized report/s, all receipts for line items billed in the requested month/s and salary accounts. A site visit tool will be forwarded to you before the site visit for you to be able to prepare for the visit.

YEAR-END REPORTS and PERFORMANCE SCORES

Year-end reports are completed at the completion of each fiscal year. This report evaluates the compliance of the agency completing the contract/agreement addendum requirements over the course of the fiscal year. The report is scored and is out of a total of 100 points. The Year-end report scores are used to create a performance score for an agency that is

reapplying for TPPI funds. This score ranges from -10 to +10. The score is added or subtracted from the application's raw score. The year-end report form is subject to change based on legislative and contract requirements.

COMPLIANCE

Funding is contingent upon compliance with the TPPI legislative rules and with all procedures and regulations prescribed by the State of North Carolina which includes all items outlined in the APP manual. Compliance is monitored by TPPI staff through annual site visits, monthly database entries, and monthly contract expenditure reports.

Non-Compliance

If a program is having difficulty maintaining compliance after the Program Consultant and/or evaluation consultant has provided continuous technical assistance, the agency will be placed on High Risk. The agency will be advised of the High Risk status and a letter will follow. The letter will include the non-compliance issue/s and a corrective action plan with a timeline. If the agency is reluctant or slow to comply with contractual requirements, sanctions may have to be temporarily imposed.

1. Cost disallowance
2. Temporarily withholding funds
3. Suspension
4. Termination
5. Voiding of a grant
6. Debarment & Suspension

EVALUATION

EVALUATION GOAL

Evaluation is the systematic process of collecting and analyzing data to determine if and to what extent program goals have been achieved. The overall goal for APP is to reduce repeat teen pregnancy, school drop-out and child maltreatment within the target populations served by each program. APPs are evaluated in order to determine if APP participants have lower repeat pregnancy rates, high-school dropout rates and child maltreatment rates than pregnant or parenting teen parents who do not participate in APP. The evaluation can help inform program staff about what is working and what needs to be improved to make the program more successful. Evaluation results can also be used to inform funders (e.g., legislators, federal agencies, and private foundations) about APP, show them how effective it is, and to promote ongoing support.

EVALUATION TEAM

The evaluation of APP is made possible by the work of both local APP staff and the TPPI Team. The roles and responsibilities listed in Figure 5 will be discussed in greater detail in subsequent sections.

Figure 5: Evaluation Team Roles and Responsibilities

Title/Role	Responsibilities
APP Coordinator	• Completes home visits and *Be Proud! Be Responsible! Be Protective!* with fidelity and quality. • Enters process data in a secure, electronic system (such as EZTPPI). • Coordinates qualitative data collection by administering participant feedback surveys. • Discusses the feedback surveys with APP Supervisor to determine program improvement priorities.
APP Supervisor	• Completes at least two observations of home visits and *Be Proud! Be Responsible! Be Protective!* to ensure fidelity and quality. • Provides support for the evaluation to the APP Coordinator as needed. • Discusses feedback surveys with staff to determine program improvement priorities. • Provides support and guidance for the dissemination of results from feedback surveys, which should include the CAC.
TPPI Program Consultants	• Provide technical assistance regarding process evaluation (i.e., curriculum implementation, fidelity) and conduct site visits. • Review data submitted in a secure, electronic system to determine if process objectives are met.
TPPI Evaluation Consultant	• Coordinates evaluation activities to ensure the evaluation is conducted appropriately. • Provides technical assistance regarding process and outcome evaluation. • Analyzes process and outcome data. • Prepares evaluation reports: a) for individual programs; and b) aggregate report which looks at outcomes for all APPs. • Provides support and guidance for the dissemination of the annual agency evaluation reports and aggregate evaluation report.

EVALUATION OBJECTIVES & DESIGN

The evaluation of APP is broken into two categories: process evaluation and outcome evaluation. The process and outcome evaluations for APP are described below, along with the objectives to be achieved. Because these objectives are standardized for all APPs across the state, they may not address all of the objectives that your program might achieve.

Process Evaluation

Process evaluation documents and analyzes program implementation, such as number of participants served, number of sessions held, etc.

Process Objectives (DHHS Contract/Agreement Addendum Scope of Work Performance Requirements/Standards)

- Number of home visits conducted with the chosen curriculum
- Number of group education sessions conducted
- Number of unduplicated participants to be served

The following components of the evaluation design are used to determine whether these process objectives have been achieved:

1. APP Database
   TPPI monitors the services being provided to participants by requiring grantees to enter information about program activities into a secure, electronic system (such as EZTPPI), which can be accessed at http://eztppi.org/northcarolina. Training is provided to program coordinators on how to use the EZTPPI system, if that is chosen.

   Site Visits
   TPPI Program Consultants will conduct at least one annual site visit, which includes observation of curriculum delivery. This observation will assess the extent to which fidelity is maintained by the program staff. Supervisors are also required to complete two observations of a Home Visit utilizing the TPPI-provided form.

2. Participant Satisfaction Feedback
   APPs are required to utilize a participant satisfaction survey in order to obtain qualitative feedback that will guide continuous improvements of program implementation. A sample feedback survey can be found at http://teenpregnancy.dph.ncdhhs.gov/ap2proj.htm

Outcome Evaluation

The outcome evaluation seeks to identify the effectiveness of APP per the following objectives:

1. Increase the self-sufficiency outcomes for APP participants by:
   a. Increasing the delay of a subsequent pregnancy;
   b. Increasing graduation from high school with diploma or completion of GED;

2. Improve child welfare and school readiness outcomes for the children of APP participants by:
   a. Increasing incidence of positive parenting among APP participants to support their child's cognitive development and mental health;
   b. Increasing incidence of child's physical well-being by establishing the child's medical home and creating a safe home environment.

Figure 6: APP Evaluation Plan

GOAL 1: Increase the self-sufficiency outcomes for APP participants.			
Objectives	**Indicator(s)**	**Measurement**	**Comparison**
1a. At the end of each fiscal year, less than 3% of APP participants will have a repeat pregnancy.	Repeat pregnancy rate of APP participants	Coordinators code case closures in EZTPPI	Matched cases from the Vital Records pregnancy file (State Center for Health Statistics)
1b. At the end of each fiscal year, less than 5% of APP participants will drop out of school.	Drop-out rate of APP participants	Coordinators code case closures in EZTPPI	State dropout rate, HS students 9th – 12th grade (Department of Public Instruction)
GOAL 2: Improve outcomes for the children of APP participants.			
Objectives	**Indicator(s)**	**Measurement**	**Comparison**
2a. At the end of each FY, less than 3% of the children of APP participants will be the subjects of child maltreatment.	Child maltreatment rates as defined by Division of Social Services (DSS)	Data sharing agreement with the DSS, and data matching with the Jordan Institutes for Families	State child maltreatment data (0-5) (Department of Social Services)
2b. At the end of each fiscal year, 75% of participants' children will have an established medical home.	Child medical home	Coordinators code child medical home in EZTPPI	Child medical home data from teen mothers in Region IV states (MS, AL, BL, GA, SC, NC, TN, KY) (National Survey of Children's Health)

EVALUATION REPORTS

Each fiscal year an aggregate evaluation report is prepared by the TPPI Evaluation Consultant based on the data collected by APP coordinators and statewide comparison data.

APP Aggregate Evaluation Report

The aggregate evaluation report is prepared with two audiences in mind: first, the North Carolina General Assembly which mandates the evaluation of APP; and second, local programs

who can compare these statewide results to their program's results. This report is made available the winter after the fiscal year closes. For example, if the fiscal year ends May 30, 2018, the aggregate evaluation report would be available in January/February 2019.

State of North Carolina ● Roy Cooper, Governor
Department of Health and Human Services ● Kody Kinsley, Secretary
Division of Public Health ● Susan Kansagra, MD, MBA, Assistant Secretary of Public Health
www.ncdhhs.gov dph.ncdhhs.gov
teenpregnancy.dph.ncdhhs.gov

NC DHHS is an equal opportunity employer and provider.