Pregnancy Prevention Services For High Risk Youth

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OVERVIEW

More than half a million adolescents in the United States attend alternative schools or other specialized education programs for youth at risk of academic failure. Many of these youth have emotional or behavioral health issues and may be at high risk for teen pregnancy and sexually transmitted infections (STIs). To date, there has been little research on adolescent pregnancy prevention programming designed to meet the needs of youth in alternative school settings. To address this research gap, the Administration for Children and Families within the U.S. Department of Health and Human Services funded Mathematica Policy Research to collaborate with the New York State Department of Health to conduct a rigorous evaluation of the *Teen Choice* curriculum in alternative school settings in and around New York City. This report summarizes the curriculum developer's experience implementing *Teen Choice* in these settings.

For the evaluation, Mathematica partnered with Inwood House, a nonprofit agency that developed the curriculum. Inwood House facilitators delivered the 12-session *Teen Choice* curriculum in five New York City-area schools serving high-risk youth. The curriculum covers abstinence and contraception, STIs, and healthy relationships. *Teen Choice* relies on a "mutual aid" approach to instruction, which strives to create a trusting learning environment within each group that is built on constructive interactions among students and the facilitator.

Inwood House enrolled a set of highly at-risk youth into *Teen Choice*, reflecting the characteristics of the students served by the study schools. Two-thirds of students reported they had been suspended or expelled from school before study enrollment; more than a third reported they had been suspended three or more times. To address the substantial academic and behavioral issues among the students served, Inwood House worked with school staff to develop and implement strategies to improve attendance at *Teen Choice* sessions. Despite these efforts, poor attendance remained a challenge throughout the study period. Across all study schools, youth enrolled in *Teen Choice* attended 53 percent of the sessions offered. Program staff indicated that school absenteeism was the most common reason for students to miss a *Teen Choice* session.

Program staff reported liking the flexibility of the *Teen Choice* curriculum, as well as its mutual aid approach. Facilitators indicated that, in their view, the mutual aid approach used in *Teen Choice* helped students develop trusting relationships with one another and ultimately helped them identify with and retain the program's messages. During the group sessions observed by evaluation team members, youth were generally engaged and willing to participate in group discussions. In focus groups, most participants indicated they had increased their knowledge of contraception and STIs during their time in the program.

This implementation study was conducted in conjunction with a rigorous impact study using a random assignment research design in which students were assigned to receive either the *Teen Choice* curriculum or their regular programming. An upcoming impact report, scheduled for release in 2018, will examine the effects of the program on participating students' attitudes, knowledge, and sexual activity six months after they completed the program.

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I. INTRODUCTION

More than half a million adolescents in the United States attend alternative schools or other specialized education programs for youth at risk of academic failure (Carver and Lewis 2010). For many of these youth, emotional or behavioral health issues present challenges to their education in conventional middle schools and high schools. Youth with acute emotional or behavioral health issues are often referred to alternative schools and programs that can offer more intensive services or 24-hour residential programs in addition to standard educational instruction.

Youth in these alternative school settings may be at particularly high risk for teen pregnancy, sexually transmitted infections (STIs), and associated sexual risk behaviors. The few prior studies of teen pregnancy and STI prevention programs for students in alternative school settings suggest that rates of sexual activity and unprotected sex are higher among these youth than in the general population (Coyle et al. 2006, 2013). In addition, youth in these settings may have more limited exposure to the types of teen pregnancy and STI prevention programs commonly offered as part of a regular school curriculum (Boehning 2006, Decker et al. 2015).

To help expand the available evidence on teen pregnancy prevention programs delivered to youth with particularly high rates of sexual risk behaviors, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) funded Mathematica Policy Research to collaborate with the New York State Department of Health (NYSDOH) to conduct a rigorous evaluation of the *Teen Choice* curriculum. As part of the evaluation, *Teen Choice* was delivered by Inwood House, a New York City-based nonprofit agency that developed the curriculum. Inwood House used federal Personal Responsibility Education Program (PREP) funding that it received from NYSDOH to deliver the curriculum to high-risk youth in alternative school settings in and around New York City.

Evaluation of *Teen Choice* in the New York City area – A snapshot

- Part of the multicomponent evaluation of the Personal Responsibility Education Program (PREP)
  - Programming funded by the U.S. Department of Health and Human Services, Administration for Children and Families, through a grant received by the New York State Department of Health
  - Evaluation conducted by Mathematica Policy Research
  - Programming delivered by Inwood House, a New York City-based community organization that developed the curriculum
- 7th – 12th grade students from five schools were invited to apply to the voluntary *Teen Choice* program
  - Applicants randomly assigned to participate in *Teen Choice* or be part of the control group
  - *Teen Choice* curriculum delivered to the treatment group spring 2014 – spring 2017
  - Control group did not receive *Teen Choice*; both groups received regular abstinence and contraceptive education if it was offered at their schools
  - Follow-up surveys administered six months after programming to gather outcomes for impact analysis
- Topics: anatomy, puberty, STIs, abstinence, contraception, gender and sex roles, sexual orientation, decision making, conflict resolution, adult-teen relationships, healthy relationships, coping with stress
- 12 sessions delivered one to three times per week by facilitators from Inwood House to groups of 8 to 12 students
  - Offered once or twice a week in place of a regularly scheduled class or incorporated into the school schedule
  - Nonscripted, flexible curriculum allowed trained social workers to stress content most relevant to youth in each group

Teen Choice is a curriculum developed by Inwood House in the 1970s and refined and adapted by the agency over the years. The curriculum aims to help youth make a healthy transition to adulthood by providing information and leading group discussions with them about how to delay sexual activity, reduce the incidence of teen pregnancy and STIs, and improve communication with their parents and guardians. The *Teen Choice* curriculum covers a wide range of topics such as anatomy, puberty, STIs, contraception, and abstinence. Throughout the program, facilitators and youth also discuss gender and sex roles, sexual orientation, decision making and conflict resolution, adult-teen relationships, healthy relationships, and coping with stress. Facilitators are instructed to adjust the depth to which they cover each of these topics to the needs and readiness of the youth in each group.

Teen Choice aims to help participants develop critical thinking and communication skills through classroom dialogues, group exercises, and small group discussions. The program uses a "mutual aid" approach to instruction. The approach relies on a small-group format to encourage participants to interact with each other and the facilitator, to help them form a trusted network of peers, and ultimately to help youth learn, retain, and use new information (Moyse-Steinberg 2014). As a final program exercise, *Teen Choice* participants, using what they have learned, develop an action plan that lists three action steps toward maintaining sexual health in their daily lives. By having youth develop their own action plan as part of the program, the hope is that they will recognize and internalize the benefits of delaying sexual activity and parenthood.

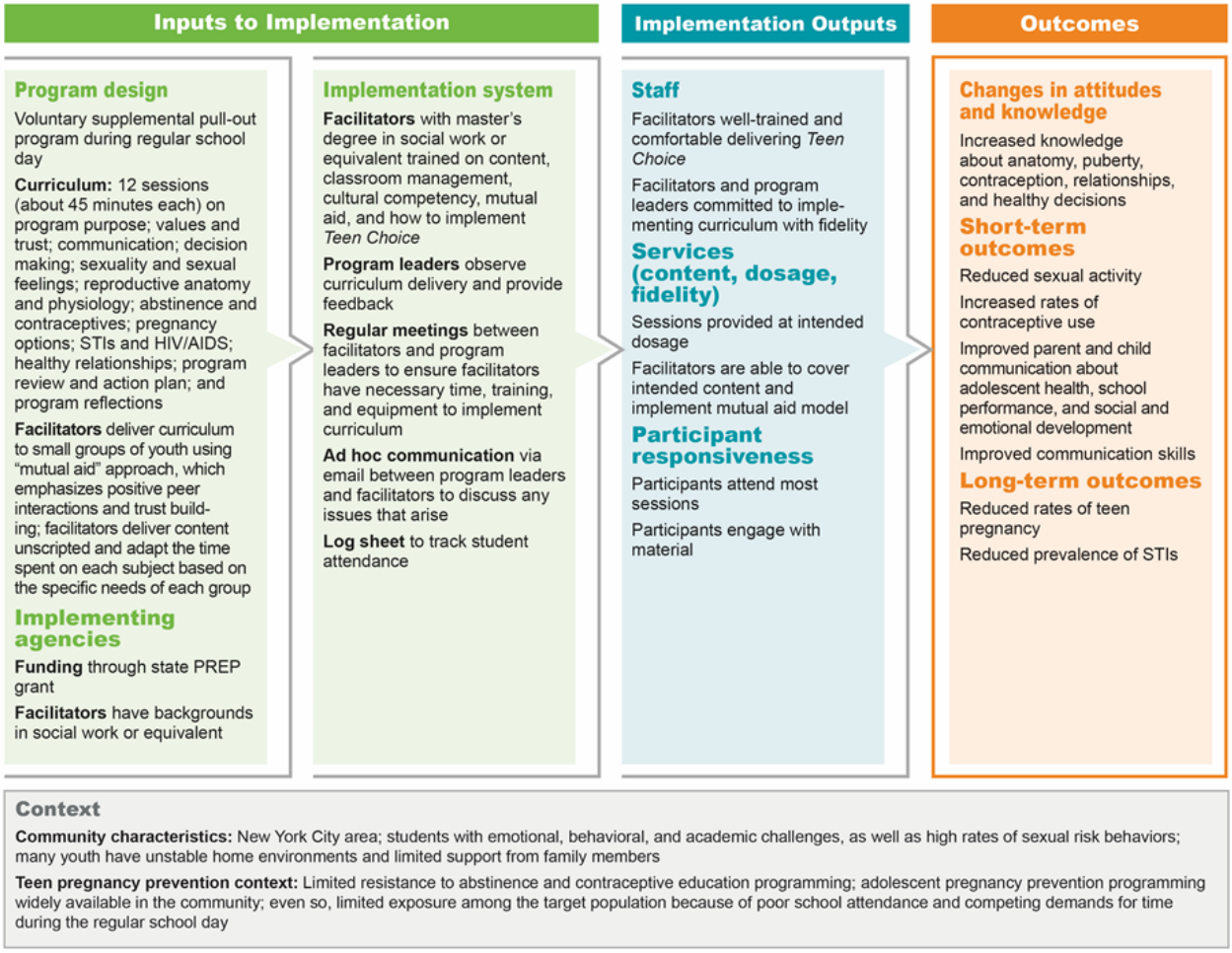
The study's primary objective is to carefully document the implementation of *Teen Choice.* The implementation study of *Teen Choice* is guided by the conceptual framework for the PREP in-depth implementation study (presented in Appendix A, Figure A.1), which defines the key dimensions of program implementation and illustrates the hypothesized relationships among them.[1] The primary implementation hypothesis behind *Teen Choice*, as planned for this study, is that the 12-session curriculum, delivered in recruited schools by trained Inwood House facilitators, will yield: (1) committed and comfortable facilitators; (2) coverage of the intended dosage and content; and (3) high rates of youth attendance and engagement. It is expected that, through participation in classroom dialogue, group exercises, and small group discussions, students will develop critical thinking and communication skills that will help them recognize the benefits of delaying sexual activity and using contraception, if sexually active. The ultimate expectation is that the development of these skills will lead to reduced incidence of teen pregnancy and prevalence of STIs (Figure I.1).

The findings in this report are based primarily on data that members of the implementation study team collected during site visits and telephone interviews conducted from spring 2014 through fall 2016. As part of data collection, the study team staff conducted in-person and telephone interviews with Inwood House leadership and supervisory staff including the PREP project director and the assistant executive director of prevention programs, *Teen Choice* facilitators, and study school administrators and staff. The study team also conducted a telephone

[1] The implementation framework focuses on the importance of understanding and documenting (1) factors that influence a program's implementation and (2) key aspects of program implementation that are crucial for interpreting intervention impacts. The development of the implementation framework was guided by the implementation factors defined by Damschroder and Hagedorn (2011), Durlak and DuPre (2008), Fixsen et al. (2009), and Berkel et al. (2011).

interview with the state PREP coordinator. In addition, the team conducted focus group discussions with groups of participating students and observed *Teen Choice* sessions. During site visits, the team also asked facilitators to complete self-administered surveys concerning their experiences with delivering the program.

Figure I.1. Implementation framework for *Teen Choice* in New York City



These findings also rely on some additional data sources. The team collected documents related to *Teen Choice* implementation, including the curriculum materials, fidelity log plans, and agency and school information from websites. This analysis also relies on data from self-administered baseline surveys that sample members completed at study intake, as well as service use data on program attendance the *Teen Choice* facilitators collected.

Evaluation team members coded the data using qualitative data analysis software. They then examined the coded data to identify emergent themes and triangulated across all qualitative and quantitative data sources to develop the findings included in this report. Appendix B describes the data collection and analysis methods used for this report.

This implementation study is being conducted in conjunction with an impact study using a random assignment research design that will aim to address a gap in research on *Teen Choice*. Currently, there is no rigorous research evidence on the effectiveness of *Teen Choice*. Inwood House conducted longitudinal studies of *Teen Choice* participants in New York City and Atlantic County, New Jersey. These studies suggest some evidence of improved outcomes among participants on measures of adolescent knowledge and attitudes toward sex. However, because the studies did not use a comparison group, they do not provide reliable evidence of program effects.

As we will discuss in later chapters, conducting a rigorous impact evaluation of *Teen Choice* delivered to high-risk youth in alternative school settings proved challenging. Relatively few schools in the region served large numbers of the population of at-risk youth that Inwood House was hoping to serve, in particular youth in foster care or youth with substantial emotional or behavioral issues. Moreover, as we describe in more detail in later chapters, several schools that did serve this population were not interested in participating. In addition, after schools were recruited, various factors made it difficult to enroll large numbers of students into the study. The original goal was to enroll a research sample of 750 youth; however, because of these recruitment challenges, the study enrolled fewer than 500 youth after almost three years. Moreover, many of those who did enroll did not attend program sessions regularly, often because they were absent from school. On average, youth attended 53 percent of scheduled program sessions. The relatively small research sample and low attendance rate may limit our ability to detect program effects.

The rest of this report is organized as follows. First, the report describes plans to serve high-risk youth, the recruitment process for the targeted schools and associated challenges, and the *Teen Choice* curriculum. Second, it describes the youth served by the *Teen Choice* program. Third, it discusses the plans for implementation of *Teen Choice* in study schools. Fourth, it describes the supports Inwood House established to help facilitators implement the curriculum. Fifth, it describes adherence to the implementation plan, as well as the level of youth engagement and receptiveness to the curriculum. The report concludes by summarizing the main findings from the implementation of *Teen Choice* in the New York City area.

II. REACHING HIGH-RISK YOUTH WITH *TEEN CHOICE*

The goal of the *Teen Choice* evaluation was to examine strategies for delivering adolescent pregnancy prevention services to a high-risk youth population. The initial goal was to serve youth in foster care, as this is an underserved population with high rates of sexual risk behaviors. As discussed below, this plan posed substantial challenges. For this reason, the target population for the program and the evaluation was expanded to include a broader set of high-risk youth in alternative school settings. In this chapter, we describe how this target population was selected and the five study schools that participated in the evaluation. We also provide an overview of the *Teen Choice* curriculum.

Inwood House originally planned to provide *Teen Choice* to youth in foster care; this plan proved to be challenging

When NYSDOH received its state PREP grant from ACF in 2011, the agency set aside a portion of its funding for programming to serve youth in foster care. NYSDOH made this decision because youth in foster care have typically been underserved by teen pregnancy prevention services despite their high rates of sexual risk behaviors (Boonstra 2011). In 2012, NYSDOH selected Inwood House as the agency with which it would partner to serve youth in foster care. Inwood House is a New York City-based nonprofit agency that provides pregnancy prevention services to a broad population of youth, as well as a more comprehensive set of services for pregnant and parenting teens. The agency has a long history of providing services for vulnerable children and youth in New York City, with its roots going back to the nineteenth century.

Inwood House planned to use the PREP funds to offer youth in foster care *Teen Choice,* a 12-session pregnancy prevention curriculum for middle and high school youth. The agency developed *Teen Choice* in the late 1970s in response to a request from the New York City Department of Education to fill a need for additional sex education in New York City public schools. The agency has revised the curriculum over the years and has updated information as needed to maintain medical accuracy. According to Inwood House staff, the agency has delivered the curriculum to more than 100,000 youth in schools and community organizations in New York and New Jersey.

In 2012, the evaluation team began discussions with NYSDOH and Inwood House about the possibility of an evaluation of *Teen Choice*. This possibility was of interest because it fit with ACF's priorities for learning more about strategies for providing abstinence and contraceptive education to highly vulnerable youth populations, such as youth in foster care. The evaluation team began working with Inwood House and NYSDOH to determine whether the conditions could be met for a rigorous evaluation of *Teen Choice*.

To reach youth in foster care, Inwood House originally planned to partner with two New York City-area organizations that oversaw the placement of children with foster families. The plan was to recruit youth through these organizations to attend a *Teen Choice* program after school at centers operated by these partner agencies. Inwood House piloted this plan in spring 2012 and found that recruitment and retention were serious challenges with this program model. For this reason, in fall 2012, Inwood House adjusted its plans for recruiting youth for its

program. The new plan was to focus on New York City-area schools that primarily served youth in foster care, many of which were residential facilities. By offering programming to youth in the schools they were attending, Inwood House hoped to address the recruitment and retention challenges it faced when the agency offered *Teen Choice* as an after-school program delivered at centers operated by foster care agencies.

After several months of pursuing schools that served primarily youth in foster care, it became clear this strategy would not enable Inwood House to reach enough youth to support a rigorous evaluation of the program. Relatively few schools in the New York City area served large numbers of youth in foster care. In addition, these schools were experiencing declines in enrollment during this period, reflecting a general decline in the foster care population in the region. The number of children in foster care in New York City declined from about 13,500 in 2011 to less than 10,000 in 2015, a more than 25 percent drop in four years (New York State Office of Children and Family Services 2016). In addition, financial support for placing youth in residential care was declining during this period (Children's Bureau 2015). Reductions in residential placements led several organizations in consideration for the evaluation to experience declining caseloads; some stopped serving youth in foster care entirely. The available pool of organizations serving youth in foster care was further limited because some organizations had already committed to participating in another federally funded evaluation of a teen pregnancy prevention program for youth in foster care that had recently launched in the New York City area.

Inwood House expanded the target population to include a broader set of at-risk youth in alternative school settings

To reach a larger population of youth—and, in particular, one large enough for a rigorous evaluation—in late 2012, Inwood House and the NYSDOH broadened the target population to include other groups of at-risk youth served in alternative school settings. The broadened target population included pregnant and parenting youth; runaway and homeless youth; youth with special education needs (for example, severe learning disabilities or intellectual disabilities); and youth with emotional and behavioral disorders. The agency planned to recruit alternative schools that served these special needs populations exclusively.

During 2013, Inwood House worked closely with the evaluation team to recruit appropriate schools for the evaluation. Even with this broader pool of schools from which to recruit, school recruitment remained challenging. For example, schools that focused on students in special education often found it difficult to find time in their students' schedules for *Teen Choice* while complying with the terms of their students' Individualized Education Programs (IEPs), which often required specified amounts of time in core academic subjects as well as time for individualized, supplemental services to address specific disabilities. Other schools were undergoing major restructuring efforts or experiencing financial difficulties that made them reluctant to take on a new program.

After a year of intense efforts, Inwood House secured agreements with two schools to participate in the evaluation. Both schools were located in suburban New York (Westchester County), offered both day and residential programs, and served students in grades 7 to 12 with serious emotional and behavioral issues (Table II.1, Schools A and B). About one-third of

students across these two schools were in the residential program. According to a principal at one of the schools, youth are placed in these schools because: (1) they are deemed by a state agency to have family, emotional, or behavioral issues that necessitate residential placement; (2) their IEP requires the extra support of a residential program; or (3) their home school district busses them daily to the school to receive the intensive special education services they require. These schools began enrolling students into the study in early 2014 and continued to enroll students through 2016. Participants from these two schools ultimately accounted for more than 75 percent of the sample for the study.

To extend the program services to additional students and increase the sample for the research study, in 2014 Inwood House expanded the pool of schools further to include small, New York City public high schools that serve youth who are behind in their credit accumulation and over-age for their grade. The schools typically provide additional services and supports for youth and their families. Despite reaching out to this new pool of schools, the agency continued to face recruitment challenges. As with the earlier group of schools, these schools found it difficult to find time in their students' schedules for *Teen Choice* programming, as youth in these programs did not have many electives or the schools declined to participate because of overburdened staff and high staff turnover. Despite these challenges, Inwood House eventually recruited two schools serving behind-grade-level youth for the study. The first, an alternative high school in the Bronx (Table II.1, School C), began enrolling students in the study in late 2014 and offered *Teen Choice* during the first half of 2015. The second, an alternative school in Brooklyn (Table II.1, School D), began enrolling students in early 2016 and offered *Teen Choice* in spring 2016. Together, participants from these two schools accounted for 10 percent of the study sample.

Table II.1. The five *Teen Choice* study schools

School	Description
New York City-area schools serving students with special needs in residential and day programs	
School A	A private alternative school located in Yonkers, serving students in grades 7-12 from New York City, Long Island, and Westchester County. Among the day and residential students the school serves, 188 youth with serious emotional and behavioral issues participated in the evaluation.
School B	A public alternative school located in Westchester County, serving students in grades 7-12 from New York City and Westchester County. Among the day and residential students the school serves, 169 youth with serious emotional and behavioral issues participated in the evaluation.
New York City public alternative high schools serving students who are substantially behind grade level	
School C	A public alternative school located in the Bronx, serving students in grades 9-12 in Bronx County. Among the day students the school serves, 28 youth who were at least two years behind in their credit accumulation participated in the evaluation.
School D	A public alternative school located in Brooklyn, serving students in grades 9-12 in Kings County. Among the day students the school serves, 17 over-age youth behind in their credit accumulation, who were homeless, runaways, in foster care, or involved in the court system, participated in the evaluation.
New York City public high schools serving substantial numbers of students with special education needs	
School E	A public school located in Queens, serving students in grades 9-12 in select Queens County neighborhoods. Among the day students the school serves, 63 youth with special needs participated in the evaluation.

In 2015—in a final push to increase the reach of its program services, as well as the research study sample—Inwood House once again expanded the pool of schools from which to recruit. In this expansion, the agency added regular New York City high schools that serve substantial

numbers of youth with emotional and behavior-related special education needs. Among students in these schools, only youth receiving special education services or those who were pregnant, parenting, or in foster care were eligible for the study. Inwood House recruited one school of this type, located in Queens (Table II.1, School E). The school began enrolling students for the study in late 2015 and offered *Teen Choice* to study participants through spring 2017. Students from the school accounted for 14 percent of the study sample.

The five study schools gear their support services toward the students they serve. They typically offer students small class sizes and ensure that multiple support staff are available both in and outside the classroom. School staff work with students, their counselors and therapists, their parents, and the referring agency to develop each student's academic plan to best meet individual needs. In addition, at the two largest study schools (Schools A and B), which serve students with serious emotional and behavioral issues, monitors who are trained in therapeutic crisis prevention are stationed in the hallways, and clinicians help students manage their behavioral issues. Residential students at these schools also have access to on-site staff who provide continuous oversight and support. The support staff at the schools and in residential housing frequently communicate and collaborate to make sure they are aware of students' needs. The other three study schools serve a less high-need population and thus do not provide the same additional array of support services. All schools have on-site counselors or social workers.

In addition to these supports, students at four of the five study schools also had access to various health care services at health clinics either on the school grounds or nearby. Health clinics at the two largest study schools (Schools A and B) provided a range of clinical services to residential students. Another study school (School C) connected students with services provided at a local hospital. Students at a fourth study school (School D) had access to a health clinic that provides obstetrical and gynecological services, birth control, and information on STI prevention (students younger than 18 need parental consent to receive services).

Teen Choice is a flexible curriculum designed to be delivered by trained facilitators who adapt content to the needs of participating youth

Teen Choice is a 12-session curriculum that covers a wide range of topics, including abstinence and contraception, STIs and HIV/AIDS, communication, decision making, and healthy relationships (Table II.2). The curriculum is designed to be delivered to small groups of students by trained facilitators, who ideally have a degree in social work. *Teen Choice* is unscripted, enabling facilitators to adapt each session to the issues most relevant to the youth in the small group. Inwood House considered *Teen Choice* to be particularly well suited for its target population—a mix of younger and older high-risk youth—because facilitators could gauge the experience and knowledge level of each group and adjust planned activities and discussions as needed. During the program's 12 sessions, youth participate in interactive exercises designed to build communication and relationship skills.

The delivery of *Teen Choice* is guided by the "mutual aid" approach, which asserts that youth are best able to retain and use new information by interacting with their peers, in the presence of a trusted adult (Moyse-Steinberg 2014). *Teen Choice* aims to encourage youth to develop trusting relationships with one another and the facilitator and to provide a safe space in which youth can express themselves. According to the PREP project director, using the mutual

aid approach and "allowing teens to talk about sensitive information that they would not talk about in other settings" will help participants "strengthen their skills base and understanding of what they need to do to make positive, healthy decisions."

Participants complete *Teen Choice* by creating a personalized action plan that lists three steps they will take to avoid sexual risk behaviors and maintain healthy relationships. Examples of action plan steps include waiting to have sex, using a condom during sex, and seeing a physician every year for a reproductive health check-up. According to Inwood House staff, the goal of the action plan is to help students remember the material and skills discussed in the program. Staff also hope that having participants develop their own individualized plan will make them more likely to achieve the goals they set for themselves.[2]

Table II.2. Overview of *Teen Choice* sessions and objectives

Session	Objectives
1. Introductions, Purpose and Contract	Orient students to the group, establish rules, and introduce the concept of thinking about what they are learning
2. Values and Trust	Help group members become more aware of their values and reflect on who or what to trust
3. Communication	Help group members identify elements of and barriers to effective communication
4. Effective Decision Making	Provide group members the opportunity to reflect upon, practice, and improve their decision-making skills
5. Sexuality and Sexual Feelings	Discuss the wide variations in the sexual development of adolescents and help group members understand sexuality includes biological, emotional, behavioral, and cultural factors
6. Taking Care of Ourselves: Reproductive Anatomy and Physiology	Provide information about reproductive anatomy and physiology and the changes that occur during development; help young people to be actively involved in their health care
7. Abstinence and Contraceptives	Provide information on abstinence and all possible contraceptive methods and help group members understand the pros and cons of each method
8. Pregnancy Options	Help group members explore pregnancy options and the decisions teens face when dealing with unplanned pregnancy; identify support systems for teens who need help with unplanned pregnancy
9. STIs and HIV/AIDS	Provide information on STIs and HIV/AIDS; explain prevention, detection, and treatment of these infections
10. Healthy Relationships	Discuss the qualities of healthy relationships and how to recognize abusive relationships
11. Review and Action Plan	Help group members recognize their growth during *Teen Choice* and develop individual action plans
12. Reflections and Closing Ceremony	Reflect on what group members learned and help the group create closure

Source: *Teen Choice* curriculum.

[2] The *Teen Choice* model also includes an optional component in which facilitators provide youth with individual counseling and referrals. However, because school counselors and psychologists were readily available in the five study schools, *Teen Choice* facilitators did not offer participating youth individual counseling as part of this study.

Inwood House staff reported that, in their view, *Teen Choice* will help youth make a healthy transition to adulthood. The hope is that delivering the curriculum in small groups managed by an experienced facilitator trained to adapt the curriculum to the needs of each group will create a safe and constructive environment for youth to discuss sensitive issues and master program material. Ultimately, the goal is for youth to recognize the benefits of delaying sexual activity, using contraception if they are sexually active, and avoiding adolescent parenthood.

III. CHARACTERISTICS OF YOUTH IN THE *TEEN CHOICE* STUDY

As intended, the *Teen Choice* study served a highly disadvantaged youth population. Many youth in the study had significant emotional, behavioral, and academic issues that reflected the student populations served by the study schools. In many cases, students in the study came from home environments that provided limited parental supervision or support. At sample enrollment, study participants reported high rates of behavioral problems in school and sexual risk behaviors. In this chapter, we provide descriptive information about the youth enrolled in the study.

The youth served by *Teen Choice* reflect the characteristics of the student populations in the study schools

The *Teen Choice* study includes youth from a broad age range—ages 12 to 19 at study enrollment—reflecting the populations served by the study schools (Table III.1). The average age of study participants at enrollment was 16 (not shown). The youngest sample members come primarily from the two largest study schools (Schools A and B from Table II.1), which, unlike the other schools in the study, served both middle and high school students. Conversely, Schools C and D, which served behind-grade-level high school students, had the highest proportion of older students, with more than half age 17 or older (Table III.1). Youth in the study were primarily Hispanic or African American. Across all study schools, just over half were Hispanic; about a third were African American (Table III.1).

Across all study schools, 22 percent of youth identified as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) at study enrollment, a rate that is twice the national average (Kann et al. 2016a). Among those identifying as LGBTQ, two-thirds indicated they were bisexual (not shown).

Many youth in the study come from unstable home environments

According to school administrators, many students in the study schools have unstable home environments and limited support from family members. An administrator at one of the two largest study schools, which serve both residential and day students, commented, “If a kid comes to [the school], it’s not because the families have worked hard over the last 15 years. At this point, they’ve given up on the kids…. I’ve actually had kids dropped off here and families disappear…. We can never find them again.” The administrator commented, “[The students] have a lot of family issues, trauma histories, horrible upbringings. For a lot of my kids, the two meals we give them may be the only meals they get today. I have some that live at the YMCA because there is no place for them to go. I have kids in respite [care]. I’ve got kids that live on [school] property and are residential because they don’t have good support or home lives.” In some cases, students at these two largest study schools are placed in these schools through the state Office of Children and Family Services, the New York state child welfare agency.

The other study schools also serve students with difficult home lives. A school administrator at one of the schools reported that some students in the study were homeless or in foster care; others were the primary caregivers for their siblings or other family members. A counselor at another school said that, for many students at the school, although they have a legal guardian at home, the parents are often unavailable. They may have a job with long hours that limits their ability to provide support and supervision. In other cases, parents may have personal issues, such

as a substance abuse problem, that interfere with their parental role. The counselor commented that, for some students, "While they have an adult in the household, they are really on their own…They are basically supporting themselves or looking for support elsewhere."

Table III.1. Baseline characteristics of students in the *Teen Choice* study

Measure	All students	Schools A & B		Schools C & D	School E
		Middle school students	High school students	High school students	High school students
Demographics					
Age at sample enrollment (%)[a]					
12 to 14	27	84	8	0	11
15 and 16	40	15	46	43	59
17 and 18	29	1	39	45	30
19	5	0	7	11	0
Race/ethnicity (%)[a]					
White, non-Hispanic	6	7	6	5	8
African American, non-Hispanic	31	29	35	36	12
Hispanic	56	61	52	55	62
Mixed race and Other, non-Hispanic	7	3	7	5	18
Male (%)	55	62	61	43	28
Gay, lesbian, bisexual, transgender, or questioning (%)	22	28	25	16	21
Behavioral problems in school					
Frequency of cutting classes (%)[a]					
Never or almost never	64	68	57	60	87
Sometimes, but less than once a week	18	20	19	22	10
At least once a week	12	9	16	13	3
Daily or almost every day	5	4	7	4	0
Number of times ever suspended or expelled from school (%)[a]					
Never	34	36	26	38	59
Once	16	17	15	16	19
Twice	16	12	18	22	10
Three or more times	35	36	42	24	13
Sexual risk behaviors					
Currently in a relationship (%)	52	41	56	49	56
Ever had vaginal sex (%)	54	19	70	64	44
Average number of sexual partners among those who have had sex	6.4	3.9	6.8	9.1	3.3
Ever had vaginal, oral, or anal sex (%)[b]	62	32	78	67	52
Ever been pregnant or gotten someone pregnant (%)	11	2	14	22	6
Ever been told by health care provider that student had an STD/HIV (%)	6	6	5	13	3
Sample size[c]	**462**	**116**	**236**	**45**	**63**

Source: Baseline survey administered in spring 2014 – fall 2016.

[a] Percentages may not sum to 100 percent due to rounding.

[b] Students in School E were not asked about anal sex. Therefore, this percentage for School E includes responses about only vaginal and oral sex.

[c] Reported sample size is the number of students who completed the baseline survey. The exact sample size for each baseline measure might be slightly lower due to item nonresponse. Three sample members did not complete the baseline survey and are thus omitted from this table.

Consistent with reports from school administrators of unstable home environments among some study participants, more than a third of youth reported having run away from home at least once before study enrollment (not shown). A similar proportion reported they had moved in the past year. Almost a quarter reported living with neither of their biological parents.

Students enrolled in *Teen Choice* reported high rates of school-related behavior problems and sexual risk behaviors

Students in the study sample reported high rates of behavioral problems in school at sample enrollment. More than a third reported that they sometimes cut classes (Table III.1). Two-thirds reported having been suspended or expelled from school at least once, and more than a third reported having been suspended or expelled from school three or more times (Table III.1). These rates are substantially above the national rate of school suspensions. In 2012, 20 percent of U.S. public school students in grades 6 through 12 had ever been suspended from school (Institute of Education Sciences, National Center for Education Statistics 2016). School-related behavior problems were most common among high school students at the two largest study schools (Schools A and B). Among this group, 42 percent reported at least three school suspensions. In contrast, school-related behavior problems were least common among students in the last school added to the study (School E). Among students in this school, only 13 percent reported sometimes cutting classes (Table III.1).

Many students were sexually active when they entered the study and reported high rates of risky sexual behavior. At sample enrollment, 54 percent reported having ever had vaginal sex (Table III.1). Sample members who had had sex reported more than six sexual partners, on average. The rate of sexual activity was substantially lower among the middle school students in the study sample. Among this group, 19 percent reported having had vaginal sex at the time of study enrollment. The rate was also lower among study participants in the last school added to the study (School E). Among students in this high school (who were younger, on average, than other high school students in the study), 44 percent reported having ever had vaginal sex and those who had had sex reported about three sexual partners, on average (Table III.1). In contrast, about two-thirds of other high school students in the study reported having had vaginal sex, with an average of seven to nine sexual partners (Table III.1). For comparison, according to the 2015 Youth Risk Behavior Survey, among high school students nationwide, 41 percent reported having ever had vaginal sex (Kann et al. 2016b).

Students had limited access to abstinence and contraceptive education and reproductive health services

Teen Choice was implemented as a supplement to the sex education these students receive through their regular school curricula. Both treatment and control students in all study schools likely received some modest exposure to other health and sex education topics as part of the school curriculum. Because the participating schools served at-risk students with a mix of learning disabilities and emotional or behavioral health issues, the standard school curriculum, and in particular the abstinence and contraceptive education offered, varied between schools and, in some cases, among students within the same school. For example, at the two study schools that serve a mix of full-time residential students and day-school students (Schools A and B), the residential students receive more intensive program services than students in the day school. The

residential students receive supplemental programming and services outside of the regular school day, some of which may cover similar topics as *Teen Choice*, but in less detail.

New York State does not require public schools to provide instruction on abstinence or contraception. However, New York City—where three of the five study schools are located—does require this instruction. Under the New York State requirements, health education must cover personal health and fitness, safe and healthy environments, and managing, understanding, and recognizing the influence of health information distributed by media and technology, and in the community (New York State Education Department n.d.). Although abstinence and contraceptive education is not required, schools must provide information about HIV/AIDS in all grade levels (New York State Education Department Commissioner's Regulations 2016).

New York City imposes additional requirements on schools concerning the provision of abstinence and contraceptive education. In keeping with the statewide mandate, New York City requires that all students receive annual instruction on HIV/AIDS using the New York City Department of Education's self-developed HIV/AIDS curriculum. In addition, the New York City Department of Education requires that both middle and high school students receive abstinence and contraceptive instruction. The agency recommends that all high school students receive a semester of health education that includes lessons from *HealthSmart* and *Reducing the Risk* (New York City Department of Education, Office of School Wellness Programs n.d.). Within this semester-long health class, the New York City Department of Education recommends that teachers deliver sex education content, covering the reproductive system, sexual identity, abstinence, getting and using contraception, refusal skills and delaying tactics, risky behaviors, and HIV/AIDS and STIs (New York City Department of Education, Office of School Wellness Programs n.d.).

Abstinence and contraceptive instruction varied across the study schools. One of the two largest study schools provides no abstinence or contraceptive education. This school is located outside of New York City and is therefore not subject to the city requirement to provide this instruction. Other study schools provide some abstinence and contraceptive education, typically integrated into health classes. However, if students have completed their health requirement prior to enrolling in the school, they would not receive this instruction. In general, the transient nature of student enrollment in the study schools may cause many students to miss the abstinence and contraceptive education instruction that the schools offer.

Students reported some exposure to abstinence, contraceptive, and relationship education at the time they enrolled in the program. In the year before study enrollment, about half of study participants reported that they attended classes that covered STIs, abstinence, relationships, or birth control methods (Table III.2). Most of the students who received this information reported they did so at a health class at their current or previous school (not shown). Some students reported that they received this information from a health care provider (such as a gynecologist), a clinic, or a community center. A few students in the focus groups also mentioned receiving abstinence and contraceptive education at a local community center or from a physician.

Most study participants responded incorrectly to questions on baseline surveys about contraceptive methods (Table III.2). At study enrollment, only 45 percent of students were aware that condoms decrease the risk or pregnancy "a lot"; less than 40 percent knew that condoms

reduced the rate of HIV/AIDS "a lot." Similarly, only 4 in 10 students knew that birth control pills were effective in reducing the risk of pregnancy, and less than half were aware that birth control pills do not reduce the risk of HIV/AIDS. High school students in the study sample demonstrated substantially better understanding of contraception than their middle school counterparts (Table III.2).

Table III.2. Exposure to abstinence, contraceptive, and relationship education and knowledge of contraceptive effectiveness at study enrollment

Measure	All Students	Schools A & B		Schools C & D	School E
		Middle school students	High school students	High school students	High school students
Exposure to abstinence, contraceptive, and relationship education					
In the past year, attended classes on:					
STIs	37	26	43	35	37
Abstinence from sex	17	16	18	5	24
Relationships, dating, or marriage	24	21	26	9	29
Methods of birth control	27	18	33	21	26
Where to get birth control	20	16	23	15	23
Any of the above	49	40	56	40	48
Knowledge of contraceptive effectiveness					
Condoms decrease the risk of pregnancy					
A little or not at all	25	28	26	27	11
A lot	45	19	50	53	67
Completely	13	17	10	16	13
Do not know	17	35	13	4	10
Condoms decrease the risk of HIV/AIDS					
A little or not at all	26	28	29	27	16
A lot	38	26	38	40	56
Completely	17	19	17	18	14
Do not know	19	28	16	16	14
Birth control pills decrease the risk of pregnancy					
A little or not at all	22	26	24	20	13
A lot	40	22	45	47	48
Completely	14	13	11	18	22
Do not know	24	39	20	16	17
Birth control pills decrease the risk of HIV/AIDS					
Not at all	40	30	41	58	41
A little	10	11	12	4	8
A lot or completely	20	19	21	16	17
Do not know	30	39	27	22	33
Sample size[a]	**462**	**116**	**236**	**45**	**63**

Source: Baseline survey administered in spring 2014 – fall 2016.

Note: Italicized text indicates the correct response category.

[a] Reported sample size is the number of students who completed the baseline survey. The exact sample size for each baseline measure might be slightly lower due to item nonresponse. Three sample members did not complete the baseline survey and are thus omitted from this table.

IV. THE PLAN FOR IMPLEMENTATION

Inwood House planned to implement the 12-session *Teen Choice* curriculum with small groups of students during the school day in the five study schools. Inwood House staff held regular telephone and in-person meetings with school administrators and other contacts at the five study schools to plan the specifics of program implementation, such as how best to schedule the frequency and timing of *Teen Choice* sessions to fit with the school schedule and other constraints. During this planning process, Inwood House staff faced multiple challenges because of school staff turnover and competing priorities at the schools. Inwood House and the facilitators needed to be flexible to meet the needs of the students and the schools.

Inwood House faced multiple challenges in planning for program implementation

In the months leading up to program implementation, Inwood House staff held regular telephone and in-person meetings with school administrators to determine how *Teen Choice* would be implemented in each school—either as part of the student's class schedule or as a pull-out class, where youth would miss another regularly scheduled class once or twice a week to attend program sessions. Most principals and vice principals at the schools were strongly committed to serving youth with *Teen Choice* over an extended period of time and worked closely with Inwood House to find time in the school schedule to provide the program, facilitate enrollment and attendance, and arrange for follow-up data collection.

Despite this support from school administrators, plans for program implementation were often upended because of turnover in school administrators and other key contacts. For example, in one study school, over the course of a year, the principal, vice principal, and another key contact left the school and were replaced by new staff. A second study school, which was under financial strain, experienced constant staff turnover. A key contact at a third school left while Inwood House was working with her to plan program implementation. Although the principal at this school stepped in to oversee the program planning, he oversaw all aspects of school administration; thus, planning for the implementation of *Teen Choice* was not often at the top of his agenda. In summer 2016, at the start of the last two rounds of implementation at the school, the principal was transferred to another school and replaced by a new principal. Inwood House staff reported that staff turnover is commonplace in the New York City-area schools in which they implement programming. Inwood House staff suggested that relatively low salaries, demanding workloads, and challenging student populations all contribute to the high staff turnover at these schools.

Because of the school staff turnover, Inwood House staff often devoted more time than expected to ensure *Teen Choice* was scheduled and implemented at each school. Inwood House staff had to frequently engage new program contacts at the schools, providing background on the program and evaluation. With these new contacts, Inwood House staff renegotiated the classes from which youth could be excused to attend *Teen Choice* programming and the accompanying logistics. The staff turnover sometimes led Inwood House to miss key windows (such as an entire school quarter) for providing programming in some schools and constrained start-up time in others. In some schools, this meant fewer students received programming than originally expected.

Recruitment procedures were tailored to the specific circumstances of study schools; even so, recruitment proved challenging

Working with the evaluation team, Inwood House and school staff developed plans to recruit and enroll youth; these plans addressed the recruitment challenges these youth faced. The study schools served a range of students, including some with severe emotional and behavioral issues for whom participation in *Teen Choice* would be inappropriate. To ensure they enrolled youth who were developmentally and emotionally ready for the *Teen Choice* program—which involves group discussion of sensitive topics—school staff reviewed student rosters and screened out those students they assessed as not being ready for the program. For example, schools screened out youth who had recently experienced trauma, as well as students they thought lacked the necessary social skills to participate constructively in *Teen Choice*. To increase the likelihood that those enrolled in the study received a substantial amount of programming, school staff also screened out students who had particularly poor attendance or who were likely to leave the school during program implementation. After the schools identified eligible students, the evaluation team and school staff worked to collect consent for study participation from parents. To build interest in the program, Inwood House staff conducted information sessions and met with individual students to describe the program and build relationships before and during the parental consent process.

Enrolling large numbers of students from study schools proved challenging. The two largest study schools, Schools A and B, experienced a decline in student enrollment during the study period, which slowed the pace of study enrollment from these schools. These two schools served both residential and day students. Obtaining parental consent forms for residential students was particularly challenging, as staff could not easily send forms home with them. In these two schools, the evaluation team was able obtain parental consent over the telephone, which alleviated this problem somewhat. At all study schools, some parents did not have strong relationships with the schools, adding to the challenge of obtaining consent. Staff from the schools with residential and day programs noted that families are not involved with the schools and some youth have limited contact with families. In some cases, students had strained relations or limited contact with their families, further complicating the consent-gathering process. In addition, the sample comprised youth with behavioral, emotional, and cognitive issues, which made it difficult to rely on these students to obtain and return completed consent forms. After almost three years of enrollment, 465 youth enrolled in the study across the five study schools—considerably below the initial enrollment target of 750 youth.

Facilitators planned to implement *Teen Choice* on varying schedules

After students were enrolled, Inwood House planned for each facilitator to lead groups of 8 to 12 students at the study schools. In the largest study schools (Schools A and B), which served both middle and high school students, the program facilitators planned to serve younger and older students in separate groups. The groups generally included both male and female students but were occasionally limited to one sex only. The planned delivery schedule varied across study schools, largely dependent on whether the schools operated on quarter, trimester, or semester schedules (Table IV.1). Depending on the school schedules, facilitators planned to implement *Teen Choice* once per week for 12 weeks, twice per week for 6 weeks, or three times per week

for 4 weeks. Class lengths ranged from 41 to 60 minutes based on the length of the class period at the school.

Table IV.1. Planned dosage for *Teen Choice*

	Dates	Dosage	Class length	Delivery schedule
New York City-area schools serving students with special needs in residential and day programs				
School A				
Round 1	April-June 2014	Once per week for 12 weeks	57 minutes	Pull-out from non-core class
Round 2	November 2014-January 2015	Twice per week for 6 weeks	58 minutes	Pull-out from non-core class
Round 3	October-December 2015	Once or twice per week for 12 weeks	44 minutes	Pull-out from non-core class
Round 4	March-June 2016	Once per week for 12 weeks	44 minutes	Pull-out from non-core class
School B				
Round 1	July-August 2014	Twice per week for 6 weeks	46 minutes	Incorporated in school schedule
Round 2	July 2015	Three times per week for 4 weeks	46 minutes	Incorporated in school schedule
Round 3	September-October 2015	Twice per week for 6 weeks	57 minutes	Incorporated in school schedule
Round 4	July 2016	Three times per week for 4 weeks	46 minutes	Incorporated in school schedule
Round 5	November 2016-January 2017	Twice per week for 6 weeks	46 minutes	Incorporated in school schedule
New York City public alternative high schools serving students who are substantially behind grade level				
School C				
Round 1	January-March 2015	Twice per week for 6 weeks	48 minutes	Pull-out from any class
Round 2	May-June 2015	Twice per week for 6 weeks	41 minutes	Pull-out from any class
School D				
Round 1	April-May 2016	Once or twice per week for 12 weeks	60 minutes	Incorporated in school schedule
New York City public high schools serving substantial numbers of students with special education needs				
School E				
Round 1	January-March 2016	Once per week for 12 weeks	46 minutes	Pull-out from non-core class
Round 2	December-March 2017	Once per week for 12 weeks	46 minutes	Pull-out from non-core class

Source: Service use data collected by Inwood House facilitators.

Facilitators planned to implement *Teen Choice* within curriculum parameters. *Teen Choice* is a flexible curriculum that allows for adaptation to fit the needs of participating youth. In keeping with guidance from Inwood House (the curriculum developer), facilitators planned to modify aspects of the curriculum to ensure the lessons were appropriate for the participating

students. Although Inwood House directs facilitators to cover the curriculum's key messages, the curriculum states, "The worker must be flexible and always attuned to the group's needs" (Inwood House 2014). These needs might vary based on the age, gender make-up, sexual identities, and trauma histories of the youth in the group. Facilitators planned to modify the materials based on the characteristics and level of sexual activity of the students in each group. In addition, facilitators allowed individual youth to opt out of the condom demonstration. In practice, very few youth chose to opt out (only three according to facilitators). When the condom demonstration took place, these students went back to their regularly scheduled class.

V. PROVIDING SUPPORT FOR IMPLEMENTATION

During the implementation period, Inwood House staff worked together to deliver *Teen Choice* and monitor facilitation. Despite a planned merger with another nonprofit organization, resulting in some changes in organizational structure, Inwood House staff developed a strong system of communication during program delivery. The facilitators—trained social workers with experience delivering programs to youth—received training in *Teen Choice* and supplemental content around working with youth and had adequate resources to deliver the program.

Despite a planned merger, Inwood House staff collaborated internally and externally to ensure smooth program delivery

To ensure smooth program delivery, Inwood House staff developed a system to communicate and collaborate within the internal program implementation team and with external stakeholders. High-level administrative staff at Inwood House, including the executive director and assistant executive director for prevention programs and quality assurance, were initially involved in school recruitment. In the first year of program delivery, the PREP project director and the senior director of prevention program services at Inwood House shared responsibility for planning implementation and overseeing the facilitators as they implemented *Teen Choice*. After the prevention program director left Inwood House in April 2015, the PREP project director became the main point of contact for both implementation planning and facilitator supervision. In interviews and staff surveys completed as part of the implementation study, the three facilitators who delivered the majority of *Teen Choice* programming during the study period all agreed that the program leaders had the necessary authority to run the *Teen Choice* program, were viewed as effective leaders, and worked well with the intervention team and partner schools. In addition, the facilitators agreed that the program managers effectively managed continuous improvement of the implementation of *Teen Choice*. The facilitators reported that the PREP project director and senior director for prevention services collaborated with them to make sure *Teen Choice* ran effectively, and they understood with whom they should communicate if challenges or issues arose related to program implementation. Moreover, the facilitators reported that program managers promoted team building to solve problems with program implementation. In addition to this internal program team communication, the Inwood House PREP project director and senior director for prevention services communicated regularly with the state PREP director regarding site recruitment and implementation barriers and successes. They also communicated frequently with schools about program implementation.

Inwood House experienced staff turnover in the wake of an announced merger with The Children's Village, a nonprofit organization that works with at-risk youth in New York's child welfare and juvenile justice systems. From the end of 2014 to fall 2016, the executive director, assistant executive director, and senior director of prevention services all left Inwood House, resulting in fewer staff resources to devote to the planned implementation. Although fewer senior staff were available to oversee program implementation, program delivery appeared unaffected by the merger and staff turnover. This is primarily because the facilitators continued to deliver the program as planned and received continued oversight from the PREP project director and Children's Village staff. The state of New York approved the merger in August 2016, and The Children's Village committed to continue implementing *Teen Choice* in New York City-area schools.

Inwood House planned for no more than two facilitators to deliver the programming at one time. Inwood House required that facilitators have a master's degree in social work or equivalent and that they had worked with youth for at least three years. According to an administrator, Inwood House also required facilitators to have an understanding of "the culture of youth development, … [the] social implications in terms of media, music, and everything else that are shaping young people, and … the basics of anatomy and reproductive health." Before the program started, Inwood House selected two facilitators to implement *Teen Choice*. One facilitator had been working at Inwood House for 20 years and had extensive experience implementing *Teen Choice*. The second facilitator was hired because the PREP project director felt she "could work with a small group of teens, be non-judgmental, have a sense of humor, [and] have a level of [comfort] with sensitive topics [related to] sexuality and sexual health." In 2015, the more experienced facilitator left Inwood House. She was replaced by another facilitator who had previously worked at Inwood House in other capacities. This facilitator delivered programming once at one of the study schools before leaving Inwood House. Inwood House then hired a new facilitator with social work experience who had worked with youth in settings similar to those of the study schools.

Facilitators received training and technical assistance before and throughout *Teen Choice* implementation

The facilitators received a variety of training before implementing *Teen Choice* in the participating schools. Facilitators reported that, when they first started working with *Teen Choice*, they reviewed the training manual and implementation plans with their supervisor or another facilitator. Three facilitators attended in-person trainings provided by staff from both inside and outside of Inwood House and observed a more experienced facilitator deliver *Teen Choice*. One of these facilitators said she also reviewed reference materials on reproductive health and a mutual aid textbook in the two months before implementing the curriculum. A fourth facilitator, who had more than 20 years of experience delivering *Teen Choice*, did not receive additional training on the program before delivering it in the study schools. Before delivering the curriculum in the participating schools, three facilitators individually piloted the curriculum with groups of youth. Another facilitator observed them and provided feedback. The PREP project director said piloting the curriculum enabled the facilitators to practice program delivery and "get a feel for timing and self-correct" before they delivered the curriculum in the study schools. One facilitator said it was helpful to deliver the curriculum to the pilot group, and she appreciated the feedback she received from the observing facilitator. Within the first year of implementation, she reported she was comfortable delivering the program.

Throughout program implementation, facilitators also received supplemental and ongoing in-person and online training from staff at Inwood House and other organizations. Inwood House staff provided several days of training on the mutual aid approach to working with small groups, as well as training on birth control methods and trauma-informed care. Through the PREP grant program, the Family & Youth Services Bureau and NYSDOH provided training on classroom management, motivational interviewing, and ways to connect youth with clinical services. In addition, staff from several other organizations, such as Planned Parenthood and the Assets Coming Together for Youth Center of Excellence, provided training sessions on evidence-based program implementation, long-acting contraception, STIs, healthy relationships, cultural

competency, teaching youth with mental health concerns and special needs, promoting social-emotional learning, and managing difficult behaviors.

After the first year of program delivery, Inwood House administrators and the facilitators recognized a need for more standardized and additional training. Between summer 2014 and fall 2015, Inwood House worked with the federal technical assistance contractor for PREP to improve its training procedures. The federal technical assistance contractor worked with Inwood House on refining the guidance the curriculum provides to facilitators regarding ways to achieve mutual aid during program sessions, potential objectives of each session, and ways to deliver education effectively to special-needs youth. For their part, although the facilitators agreed they were able to adapt the information and skills they learned in the training when implementing the program, they expressed interest in receiving further training on various topics, such as ways to decrease youth participants' risk behaviors and improve their decision-making skills and ways to improve and manage youth participants' behaviors.

Inwood House provided facilitators with adequate support and resources that improved over time

Throughout program implementation, facilitators held frequent formal and informal meetings with other Inwood House staff to ensure they had adequate support for program delivery. All *Teen Choice* facilitators at Inwood House—including the facilitators who provided programming at the study schools and facilitators who provided programming at other locations—met weekly or semi-monthly to discuss their experiences with *Teen Choice* and working with youth. An Inwood House administrator described the meetings as peer support groups, in which facilitators received up-to-date information and advice from other facilitators about how to deal with particular issues, such as a particular youth behavior. Before April 2015, the senior director of prevention services attended and provided guidance to the facilitators at these semi-monthly meetings. The facilitators also held formal and informal in-person meetings and had other opportunities to communicate with the PREP project director. During weekly in-person meetings, they discussed implementation successes and challenges; they also kept in touch frequently via email and text message to provide updates on program delivery and request assistance with any issues that arose.

Facilitators reported receiving feedback and guidance on program delivery whenever their supervisors (the PREP project director or the senior director of prevention services) observed them. Until he left Inwood House in April 2015, the prevention program director generally observed each facilitator twice during the 12 sessions they delivered at each study school, after which he provided the facilitators with feedback on their delivery of the content and facilitation of mutual aid among the participating students. Throughout program implementation, the PREP project director generally observed each facilitator once—during the first session he or she delivered—to ensure all logistics were in place. The three interviewed facilitators agreed that their supervisors provided clear, concrete feedback that they could use to improve program delivery. In the first year of program delivery, Inwood House did not use a standardized tool to document program delivery, adaptations, and participant engagement. However, during the second year of program delivery, Inwood House developed and began using a monitoring tool in which both facilitators and observers could document program delivery, adaptations, and

participant engagement. The facilitators used this tool in the third year of program delivery, and the PREP project director used this tool when she observed program delivery.

The three interviewed facilitators reported they had adequate resources to support program delivery. Inwood House provided the facilitators with posters and pamphlets on related material (from the *Teen Choice* curriculum and outside sources, such as other sex education organizations) with which to decorate the classrooms, creating inviting and educational spaces. All three facilitators agreed the equipment and classroom facilities were adequate to support program implementation. Facilitators also reported that schools provided space for them to work during the school day in case students needed to talk to them outside of the group.

VI. ADHERING TO THE IMPLEMENTATION PLAN AND ENGAGING YOUTH

Facilitators largely implemented the program with fidelity, adapting it for school and group context in ways consistent with the program model and implementing all 12 planned sessions for nearly all groups. However, the sessions often had poor attendance, which limited participants' exposure to curriculum material. In this chapter, we examine patterns of program attendance. We also examine how *Teen Choice* facilitators delivered the curriculum.

Despite sustained efforts to address it, poor attendance at *Teen Choice* sessions remained an implementation challenge throughout the study period

By design, the study schools served youth with academic and behavioral issues, which included poor school attendance. In addition to absences, youth often arrived late or left early, increasing the chance they would miss programming even if they attended school that day. Although school staff were asked to screen out those youth who rarely attended school from the pool of students eligible for the program and the study, the pool was not limited to youth with strong school attendance records. Serving a youth population with this risk profile meant Inwood House had to be very attentive to maximizing attendance from the outset.

Teen Choice facilitators worked with school staff to develop and implement strategies to improve attendance. To make sure youth were familiar with the program and staff, Inwood House staff attended school assemblies and baseline survey administration to introduce themselves to youth. In some schools, youth who were enrolled in the program received letters before the first *Teen Choice* session to welcome them to the program. Facilitators enlisted teachers, counselors, and peers to remind group members of the scheduled sessions. Some schools introduced building-wide public announcements to remind students when and where to report for their *Teen Choice* group. Facilitators also stopped by classes and lunch periods to remind teachers and students of the scheduled sessions. In addition, youth received a laminated program membership card with their scheduled session days and times. During classes, facilitators provided snacks to encourage attendance. In all schools, they also provided monetary incentives to youth. Youth received a $5 gift card each time they attended three sessions; if they attended all sessions, they would receive four gift cards, totaling $20.

Of the strategies they employed to boost attendance, facilitators considered the snacks and gift cards to be most effective. They also reported that their in-person presentations at school assemblies and after baseline survey administration seemed to help because they provided a "face" for the program. The facilitators thought the peer and school staff reminders to students also provided a slight boost in program attendance. Facilitators reported that the two least effective strategies were the laminated cards, which students often lost, and letters that were sent home.

Inwood House tried to increase the opportunity for youth to receive programming by scheduling sessions when youth were more likely to attend. Facilitators tried to avoid scheduling classes at the beginning or end of the school day when class attendance at these schools was poorer. Inwood House staff also worked with school staff to identify any potential conflicts (such as school field trips) ahead of scheduled programming. Facilitators viewed adequate group size as essential to the program model and its mutual aid approach. Therefore, if a critical mass of

students did not show up for a lesson, facilitators tried to reschedule. Similarly, when feasible, facilitators offered make-up sessions for youth who missed a session. However, it proved challenging to gather a critical mass of students at an alternative time, thereby hindering facilitators' ability to implement the mutual aid approach during make-up sessions. In the second year of implementation, facilitators added extra days to the end of the program schedule to ensure delivery of all content if scheduled class sessions were canceled due to weather or a school activity. However, it was not always feasible to build make-up sessions into the planned schedule because of the tight time frame available for program implementation at the study schools.

Youth enrolled in *Teen Choice* attended 53 percent of sessions offered, on average

Despite these strategies for improving attendance, low attendance continued to be an issue throughout the study period. Across all study schools, youth enrolled in *Teen Choice* attended 53 percent of the sessions offered, on average (Table VI.1). Fewer than 10 percent of students attended all *Teen Choice* sessions; 18 percent never attended any *Teen Choice* sessions. Youth who did attend at least one session attended 65 percent of sessions, on average (not shown).

Poor attendance at *Teen Choice* sessions reduced students' exposure to program content, which may have limited the program's effectiveness. In addition, poor attendance sometimes made it difficult to employ the curriculum's mutual aid model, as the model requires a critical mass of students to accomplish the constructive peer interactions that are central to the approach. Therefore, weak attendance at *Teen Choice* sessions may have also limited the effectiveness of the curriculum among students who did attend.

Poor school attendance played an important role in the poor attendance at *Teen Choice* group sessions. Program staff indicated that being absent from school was the most common reason for students to miss a *Teen Choice* session. At the two largest study schools (Schools A and B), the overall school attendance rate among all students enrolled was about 75 percent (New York State Education Department 2015). However, students in these schools attended only about half the *Teen Choice* sessions offered (Table VI.1). Besides general absenteeism, program staff highlighted a number of other common reasons for students to miss program sessions. Students sometimes arrived to school late or left early, causing them to miss their *Teen Choice* class. Some students simply refused to participate, having decided after enrolling that they were no longer interested in the program. In other cases, schools pulled students out of class for class trips, testing, or a meeting with school staff. In the two largest schools, which served students with significant emotional and behavioral issues, some students were away from the school for extended periods because of hospitalizations or school suspensions and missed their *Teen Choice* sessions during this time. Attendance rates were similar for *Teen Choice* sessions throughout the 12-session sequence. (Figure VI.1). This pattern suggests that poor attendance was not because students lost interest after attending a few *Teen Choice* sessions.

Table VI.1. Attendance at *Teen Choice* sessions during the study period

		Percentage who attended at least:					
	Number of *Teen Choice* students	One session	50 percent of sessions	75 percent of sessions	100 percent of sessions	*Teen Choice* attendance rate (percentage)	Overall school attendance rate (percentage)
Schools serving exclusively students with special needs in residential and day programs							
School A	107	79	53	30	5	47	*75*
School B	89	75	61	38	10	50	*76*
Alternative public high schools serving exclusively students substantially behind grade level							
School C	19	84	68	42	11	54	*56*
School D	12	100	83	50	8	67	*52*
Regular public high schools serving substantial numbers of students with special education needs							
School E	35	100	83	69	20	73	*92*
Overall	**262**	**82**	**62**	**40**	**9**	**53**	

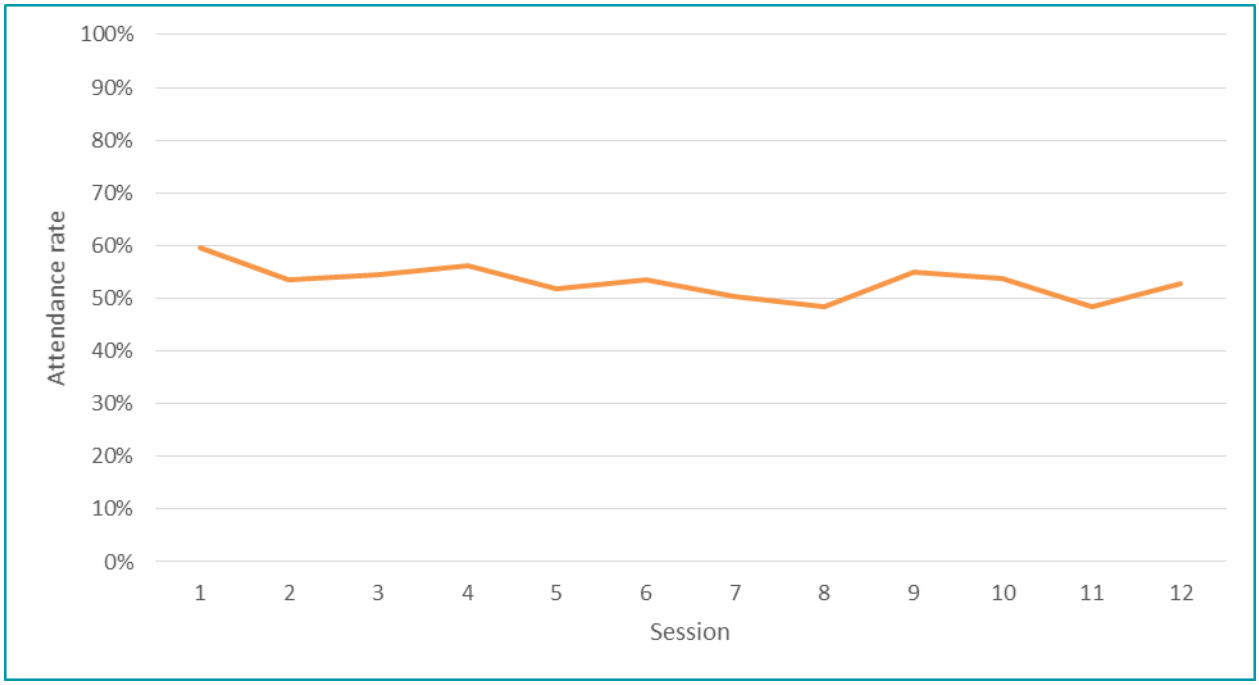
Source: *Teen Choice* attendance data collected by Inwood House facilitators. Overall school attendance rates for Schools B–E from New York City Department of Education attendance data (2017). School A attendance rate reported by School A staff.

Note: Students who attended a make-up session were coded as having attended that session.

In some schools, because many youth did not attend the first scheduled session, facilitators delayed the start of the program for one or two weeks. When fewer than half of the expected students showed up for the first session, facilitators did not begin to teach program content; instead, they spent the class period getting to know the students who came to the session. Facilitators generally started the program during the next planned session, when they were able to work with the school to implement various strategies (such as meeting with students individually or assigning a teacher to escort students to class) to ensure most of the enrolled students attended the program. In most cases, when there were delays in initiating early sessions with a particular group because of poor attendance, facilitators extended the planned schedule so they could deliver all of the 12 sessions.

One study school (School E) had substantially higher attendance in *Teen Choice* sessions than other study schools did. This school averaged a 73 percent attendance rate, compared to only 53 percent across all schools (Table VI.1). As discussed in Chapter III, this school was a regular New York City high school that was added to the study near the end of the sample enrollment period to increase the size of the research sample. In this school, *Teen Choice* was offered only to students receiving special education services or those who were pregnant, parenting, or in foster care. As noted in Chapter III, these students reported fewer behavioral issues in school than did students in other study schools. In addition, these students reported lower rates of sexual risk behaviors. This pattern suggests that, for programs serving a particularly at-risk youth population, there may be a trade-off between program attendance and how disadvantaged the target population is; that is, maintaining regular program attendance may become more challenging the higher the overall level of risk in the target population.

Figure VI.1. Attendance rates across the 12 *Teen Choice* sessions



Source: Group attendance data collected by Inwood House facilitators.

Note: Students who attended a make-up session were coded as having attended that session.

Teen Choice facilitators modified lessons as needed

When delivering the session content, and in line with guidance in the *Teen Choice* curriculum, facilitators tailored sessions to group needs in order to engage youth in programming. One facilitator commented, "Each group may come with a different level of knowledge. So, what we filter and what we expand on depends on the information that the group already has." Another facilitator agreed, saying, "No two groups look the same." In the 13 sessions observed by the evaluation team, facilitators generally adhered to the lesson plan. However, at times, facilitators altered the activities and discussions to adapt to the needs of the youth in the group. For example, during one observed session on contraceptives, in which one of the participants identified as a lesbian, the facilitator elected to demonstrate how to use a female condom, in addition to how to use a male condom.

Facilitators also modified lessons to accommodate groups of students in which most were not sexually active, particularly for groups of middle school students. For example, with a group of 7th grade students, in the fifth lesson on sexuality and sexual feelings, one facilitator reported she adapted the session content to spend less time discussing sexual identity and sexual behaviors because these students were not ready for a detailed discussion of these topics. She instead spent more time discussing puberty and reproductive anatomy, which she deemed more relevant to their maturity level. When delivering the same session to a group of 12th graders, many of whom were sexually active, the facilitator commented she allotted more time to talking about sexual orientation, common myths about sexual activity among teens, and the influence of the media on the students' views of their own and their peers' sexuality.

Facilitators adapted the schedule and activities when unexpected schedule changes arose. For example, during one observed session, the time available for the session was cut in half (from 40 to 20 minutes) to allow students more time to take an exam in another class. The facilitator quickly modified what she had planned to cover. The facilitator was able to cover much of the planned information about STIs/HIV during the 20 minutes; she reported to the observers that she planned to use a make-up class period to cover the rest of the session material.

At times, facilitators omitted or modified content because of situations that arose in the schools. For example, before another observed session, the facilitator became aware of students' discontent and dissatisfaction with school administrators and teachers. The facilitator recognized that, because the students were quite upset, they might be unable to apply themselves to the planned discussion about healthy relationships. Instead, the facilitator broadened the discussion to cover how to form good relationships with school staff and work to create a healthy environment at school.

Student interest often dictated the amount of time facilitators spent on various activities within each session. When students asked numerous questions about one activity, for example, facilitators reported they would cut back on the time they devoted to another activity planned for the same session. According to one facilitator, "What's difficult is having to follow that guideline in the amount of time that we have because there are a lot of questions, things that come in, and it's sort of like you have to keep redirecting them [students] back. Because you want to explore with them and they want to explore, but you have to stay on track." Still, facilitators reported they were usually successful at redirecting the students to complete activities and covering all key messages for each session.

The small group approach to delivering *Teen Choice* content created a comfortable and engaging environment

Facilitators indicated that, in their view, the mutual aid approach used in *Teen Choice* helped students develop trusting relationships with one another, and ultimately helped them identify with and retain the program's messages. During the sessions the evaluation team members observed, facilitators initiated the discussions and students added to the conversations without much probing. If, at any point in the class, students were nonresponsive, the facilitators called on them directly and asked for their opinions or involvement in an activity; students responded positively to this type of inclusion. One student commented, "If one of us is having a bad day, [the facilitator] accepts it and she doesn't kick kids out. She will accept it and try to work with us as an individual to make us have a better day and make us understand more about what she is trying to explain." Another student noted the comfortable environment allowed her to communicate with other people about sexual health: "When you talk to [the facilitator] all the time about these things, it's already alright to say these things again with different people."

By creating an atmosphere in which students could freely express themselves, the facilitators noticed a change in the students' willingness to open up in the sessions as they spent some time in the program. The facilitators reported that some students were not engaged initially, perhaps because they did not understand the relevance of the program to their lives. One facilitator commented that some of the students might not be "ready emotionally to deal" with the content covered in the *Teen Choice* program, or that some students were not yet able to grasp topics such

as communicating and making decisions effectively, which are covered in the first few sessions of the program. She believed these concepts were harder for students to grasp than sexuality, which the program covers later. She said, "we're talking about young people who are not in the abstract thinking mode as of yet or come from trauma that prevents them from being able to see outside whatever that chaos it is. It is kind of difficult to engage them."

Illustrative *Teen Choice* Session

***Session topic*:** Sexuality and sexual feelings (session 5)

Session format: Six students participated; group led by two facilitators, one to guide discussion and the other to monitor student behavior; students and facilitators sat in chairs arranged in a circle facing each other.

Session length: 44 minutes

Session objectives: To increase students' understanding of, and reduce taboos related to talking about, sexuality; to understand adolescent development; to help students express their feelings about adolescent development and sexuality.

Guidance provided to facilitators: The curriculum directs facilitators to start the session by asking when people become sexual and provides some discussion prompts to help the group discuss sexuality—for example, the importance of sexuality and sex, reasons why talking about sexuality can make some people feel uncomfortable, and factors that influence how people feel about sexuality.

Session approach: One facilitator started the session by greeting students and reminding them that they should be respectful to their peers and the facilitator. The facilitator then told the students they would be talking about all aspects of sexuality: sexual health, gender identity, intimacy, behaviors, and sensuality. She initiated the session by asking what changes individuals undergo during puberty. Students called out answers, such as pimples, blackheads, and voice change. The facilitator then shifted to a discussion of sexuality and sexual identity, the judgments parents and peers make based on an individual's sexual identity, and the influence of the media on sexuality. Students relayed to the facilitator the messages about sexuality they hear from the media, their parents, and their peers.

Source: Evaluation team member's observation of *Teen Choice* session.

Facilitators worked in the first few sessions to gain the students' trust, and, as noted, this appeared to help increase student engagement during the sessions and make youth want to come to their sessions when they attended school. One school administrator was impressed with the degree of trust forged between the facilitators and the students. He said, "Both of [the facilitators] have done a very good job with the group of kids who do not trust easily; they don't open up. Sometimes it will be a year of us working with a kid before he'll tell us what he's feeling, and [the facilitators have] done a very good job at being able to listen [to the students]." Students in the focus group commented they initially questioned the value of the class; however, after they attended the first few sessions, they reported the facilitator fully engaged them in the discussions and made them want to return to class. One student stated, "She [facilitator] does a really good job of teaching. Not a lot of teachers take the time to really break it down and explain it to all of us."

In focus groups conducted by the evaluation team, *Teen Choice* participants reported they came away from the program with increased knowledge about sexuality, contraception, and STIs. In particular, students appreciated the time the facilitator spent covering proper condom use and that the program did not trivialize sexuality. One student said, "I like this group a lot. A lot of kids think they know everything about sex. You come in this class at first and are like, 'Oh, I know everything' and towards the end, you are like, 'Wow, I really did not know that.' So I really learned a lot from it." Another focus group participant commented, "I learned a lot of things. Like yesterday, I learned that some STDs and STIs are and are not curable." A group of older youth in another focus group reported they learned little from the program because they already knew about safe sex; however, they thought the program would benefit younger youth.

Students reported that they understood the material was relevant to their lives and expected they would use the information they learned. As one student commented, "*Teen Choice* is a good class to go to because you learn more… you know what to do in the future. Basically, this class is setting you up for the future and setting examples and experiences that you might have to go through." Others echoed this opinion and said the information they learned would help them make better decisions related to their sexual behavior—for example, using contraception and going to clinics if they were planning to have sex.

Illustrative Action Plan for a *Teen Choice* Participant

- I will be careful.
- I will not have sex until I'm ready.
- I will ignore peer pressure or avoid it.

Students end the program by developing a personalized action plan for how to avoid unhealthy relationships and sexual risk behaviors. Inwood House staff indicated the goal of these action plans was to help students remember the material and skills they learned while participating in *Teen Choice*. Staff also hoped youth would be more likely to achieve goals they had set for themselves. The PREP project director commented, "Hopefully, as the youth go through the program and when it ends, youth will retain what they gained from their peers, including the comprehensive information about sex education, such as how their bodies work [and] how to prevent pregnancy and disease." She noted that she hoped the action plans would play an important role in this process.

Interviews with facilitators and a review of students' action plans revealed these plans usually consisted of a few brief statements describing participants' personal goals in this area. Plans typically included a goal concerning trust and the importance of communicating clearly with their peers. Another common goal was the importance of respecting themselves. A third common goal was to use contraceptives consistently if they had sex, to protect themselves from becoming pregnant or acquiring an STI. Among youth who were not sexually active, goals commonly included waiting until they were ready to have sex.

VII. CONCLUSION

Adolescents enrolled in alternative schools for youth with emotional, behavioral, or academic challenges can be at high risk for teen pregnancy. Compared to the general youth population, these youth have higher rates of sexual risk behaviors (Coyle et al. 2006, 2013). Even so, the alternative schools that serve them often offer relatively limited opportunities for youth to receive adolescent pregnancy prevention services. Because these schools provide supplemental services to address the specific needs of these youth, it is often difficult to fit pregnancy prevention programming into the regular school-day schedules.

This study has provided an opportunity to examine strategies to deliver pregnancy prevention programming to this underserved population. We examined the experience of Inwood House, a New York City-based social service agency, which provided the *Teen Choice* adolescent pregnancy prevention curriculum to high-risk youth in alternative school settings. Five schools located in the New York City area participated in the study. More than 75 percent of the study sample came from two of the five schools, which served 7th to 12th graders with serious emotional and behavioral issues in both day and residential programs. Two other study schools served older, high school youth who were substantially behind in accumulating credits toward graduation. The fifth study school served a general high school student population; however, only youth receiving special education services or those who were pregnant, parenting, or in foster care were invited to enroll in *Teen Choice*.

Inwood House developed *Teen Choice* in the 1970s and has refined and adapted it over the years. The curriculum—comprising twelve 45-minute sessions—covers a range of topics including communication, decision-making, sexuality, healthy relationships, abstinence, contraception, and STIs. *Teen Choice* is designed to be delivered to small groups of youth by a trained facilitator who adapts the specific focus of each session to the needs and interests of the group. *Teen Choice* relies on the mutual aid approach to instruction, which strives to create a trusting learning environment within each group that is built on constructive interactions among students and the facilitator. Inwood House considered *Teen Choice* to be particularly well suited for its target population—a mix of younger and older high-risk youth—because facilitators could gauge the experience and knowledge level of each group and adjust planned activities and discussions as needed.

Inwood House enrolled a set of highly at-risk youth into *Teen Choice*, reflecting the characteristics of the students served by the study schools. According to school administrators, many students who enrolled in *Teen Choice* came from unstable home environments with limited support from family members. In some cases, students were homeless or in foster care. In other instances, they lived with parents who did not provide regular supervision. Students in the study sample reported high rates of school-related behavior problems and sexual risk behaviors. Two-thirds reported they had been suspended or expelled from school; more than a third reported they had been suspended or expelled three or more times. At sample enrollment, 54 percent of students enrolled in the study reported having ever had sex. Among those who were sexually active, youth reported having more than six sexual partners, on average.

During the study period, Inwood House worked with school administrators to find the best strategy for implementing *Teen Choice* in their schools. In some cases, schools offered *Teen Choice* as a pull-out from students' regularly scheduled classes. In other cases, it was incorporated into students' schedules as an elective. *Teen Choice*'s 12 sessions were offered once, twice, or three times a week and varied in length from about 40 to 60 minutes, depending on what worked best for the school.

By design, the youth that Inwood House targeted for *Teen Choice* had substantial academic and behavioral issues, which included poor school attendance. To address this challenge, Inwood House worked with school staff to develop and implement strategies to improve attendance at *Teen Choice* sessions. They avoided scheduling classes at the beginning or end of the school day, when class attendance was poorest. Facilitators enlisted teachers, counselors, and peers to remind group members to attend scheduled sessions. In some schools, administrators used public address announcements to remind students to attend. In all study schools, *Teen Choice* participants could earn up to $20 in gift cards for regular attendance.

Despite these efforts, poor attendance remained a challenge throughout the study period. Across all study schools, youth enrolled in *Teen Choice* attended 53 percent of the sessions offered. Program staff indicated that being absent from school was the most common reason for students to miss a *Teen Choice* session. In some cases, poor attendance caused the number of students in a particular session to be quite small, making it difficult to encourage the positive peer interactions central to *Teen Choice*'s mutual aid approach.

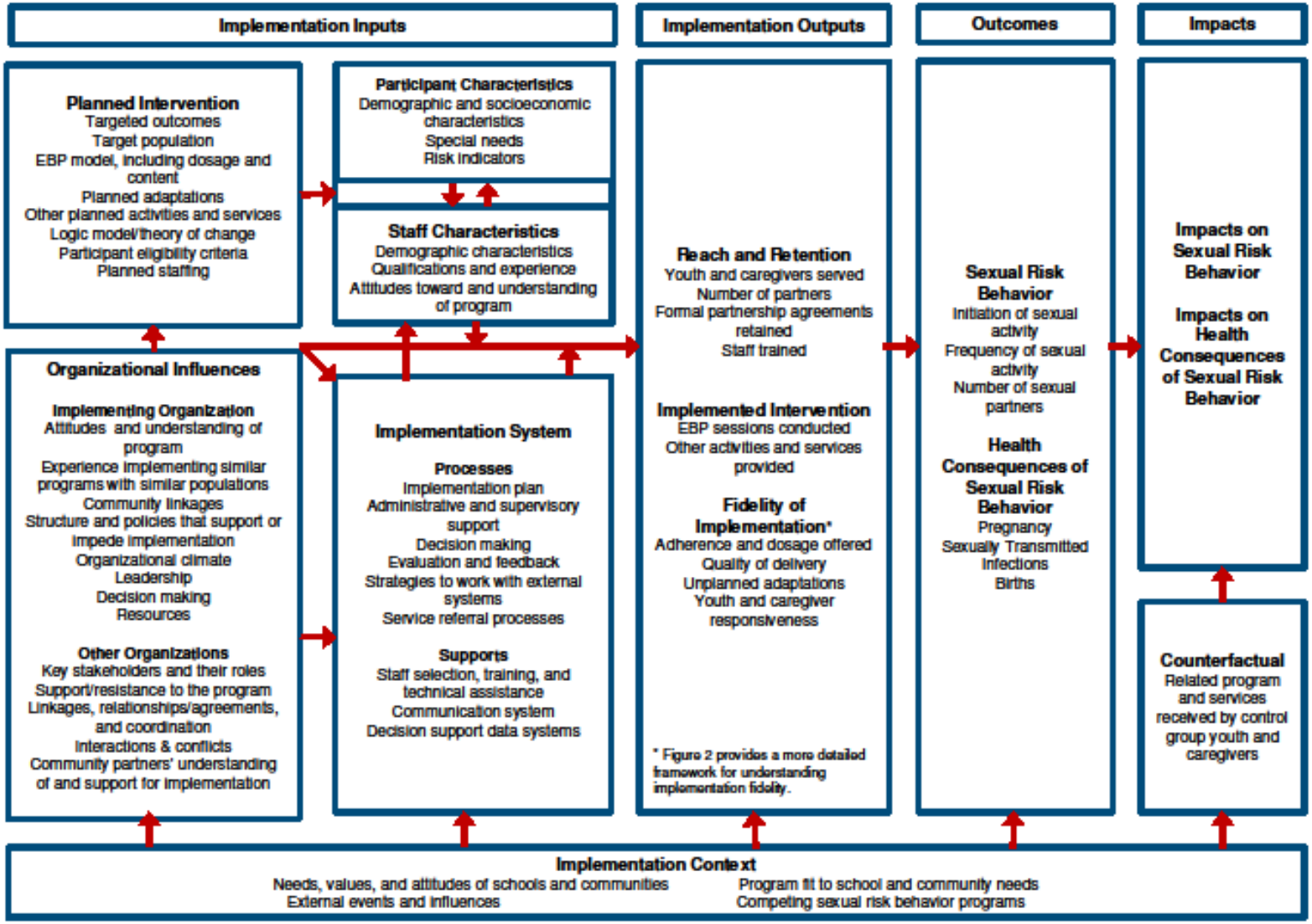
Program staff reported liking the flexibility of the *Teen Choice* curriculum, as well as its mutual aid approach. Facilitators indicated that, in their view, the mutual aid approach used in *Teen Choice* helped students develop trusting relationships with one another and ultimately helped them identify with and retain the program's messages. During the group sessions observed by evaluation team members, youth were generally engaged and willing to participate in group discussions. In focus groups, most participants indicated they had increased their knowledge of contraception and STIs during their time in the program.

This study of the implementation of *Teen Choice* was conducted in conjunction with an impact study based on a random assignment research design. Students were randomly assigned to receive either *Teen Choice* or their regular programming. An upcoming impact report, scheduled for release in 2018, will examine the effects of the program on participating students' attitudes, knowledge, and sexual activity six months after they completed the program.

APPENDIX A

IMPLEMENTATION FRAMEWORK FOR THE PREP IN-DEPTH IMPLEMENTATION STUDY

Figure A.1. Implementation framework for the PREP in-depth implementation study



APPENDIX B

METHODOLOGICAL APPROACH

This appendix describes the methods Mathematica Policy Research used to collect and analyze data about Inwood House's implementation of *Teen Choice* for the Personal Responsibility Education Program (PREP) in-depth implementation study. It also discusses the limitations of the data and analysis.

Data sources

Members of the PREP in-depth implementation study team visited each of the schools from summer 2014 through summer 2016 to collect information about the planned and actual implementation of *Teen Choice*, as well as the organizational influences, implementation system, and context for Inwood House's implementation of *Teen Choice*. The team visited schools throughout the implementation, enabling data collection during different points of implementation. Before, during, and after the site visits, the study team collected data from the following sources:

- *Teen Choice* curriculum and other program materials
- Three telephone interviews with Inwood House leadership and supervisory staff (two in 2015 and one in 2016)
- One group interview and four individual in-person interviews with Inwood House facilitators (three in 2015 and two in 2016)
- Six individual telephone and in-person interviews with study school administrators and staff from each school (School A in 2015, School B in 2014, School C in 2015, School D in 2016, and School E in 2016)
- One telephone interview with the state PREP coordinator in 2015
- Four focus group discussions with *Teen Choice* participants (School A in 2015 $n = 8$ and 2016 $n = 8$; School B in 2014 $n = 9$; School E in 2016 $n = 8$)
- Observations of 13 *Teen Choice* sessions to collect qualitative and quantitative implementation data in the field (School A in 2015 and 2016; School B in 2014; School C in 2015; School D in 2016; School E in 2016)
- A self-administered staff survey of two Inwood House facilitators involved in *Teen Choice* implementation in spring 2014 through fall 2016
- Service use data Inwood House facilitators collected on dosage and content received in 32 *Teen Choice* classes from spring 2014 through spring 2017
- A self-administered baseline survey of 462 students regarding demographics, education, sexual activity, and knowledge before participation in the intervention

All staff involved with *Teen Choice* who were available during the data collection periods formed the pool of study participants. Interview respondents included the state PREP coordinator; Inwood House staff involved in implementing *Teen Choice,* including three facilitators; and school staff involved in planning the implementation. Focus group participants were selected from students enrolled in *Teen Choice* classes who had parental permission to participate. All participation in the study was voluntary.

Staff from Mathematica and Decision Information Resources conducted the interviews, focus groups, observations, and document collection. The site visit team collected data using Office of Management and Budget and institutional review board–approved semistructured interview and focus group protocols developed for the PREP implementation study. Interviews ranged from 30 to 60 minutes. The focus groups took place during a class period (about 45 minutes). Staff from Mathematica and observers hired by Decision Information Resources observed the sessions using the Youth Program Quality Assessment and a study team–developed fidelity checklist. During the visit, the site visit team requested relevant documents from program staff such as curricula material, handouts for youth, and lesson plan materials.

Telephone and in-person interviews, as well as the focus groups, included the following key topics: (1) overview of the purpose of the interview or focus group; (2) informed consent process (oral for interviews, written for the focus groups); and (3) a facilitated discussion of themes related to the development, implementation, operation, challenges, and successes of designing and supporting *Teen Choice*. Following in-person interviews, the Inwood House facilitators were asked to complete a staff survey. Focus group participants completed written consent, participated in a facilitated discussion of *Teen Choice*, and received gift cards for their participation.

Data analysis

During the interviews and focus groups, the site visit team took detailed notes on all responses and used probes to capture and clarify views and perspectives. They then typed, cleaned, and cross-checked the notes against site documents. These notes, as well as documents that Inwood House staff provided, were imported into qualitative data analysis software. The research team then systematically reviewed and assessed the data by (1) developing a set of site- and respondent-level attributes and a hierarchy of conceptual categories and classifications linked to the study's research questions and conceptual framework, (2) generating a set of hierarchical codes to classify the data, (3) establishing a process to guide data coding and the identification of emergent themes and patterns from the data, (4) piloting the codes, and (5) conducting informal inter-coder reliability testing.

A trained coder used the qualitative data analysis software to assign codes to the data. The primary topic areas used to code the interview, focus group, observation, and documents followed the implementation study framework and included (1) planned intervention and control conditions, (2) implementation context, (3) organizational influences, (4) participant and staff characteristics, (5) implementation system, (6) reach and retention, (7) implemented intervention, and (8) fidelity of implementation. The coding scheme also included subtopics under each primary code to support more nuanced coding of the data within many of the primary topic areas. Coding the data in this way enabled the team to access data on a specific topic quickly and organize information in different ways to identify themes and compile evidence supporting them.

After coding all qualitative data, the coder then used the software to retrieve data on the research questions and subtopics to identify common themes across data sources and individual respondents. Descriptive statistics were generated from the staff survey, observation data, and service use data. Using these themes and descriptive statistics, the site visit team developed a descriptive summary of the primary patterns, trends, and themes across respondent and data

types. The report highlights as key findings patterns and trends related to key aspects of program implementation that were highly consistent across respondents and documents.

Study limitations

The study design and methods for this report have two primary limitations: (1) respondents represent a small convenience sample whose data might be subject to self-selection, and (2) data could reflect a social desirability bias. Interview and focus group participants represent a convenience sample of participants drawn from the site based on their roles in *Teen Choice*. To be eligible for participation, Inwood House staff had to be working on *Teen Choice* during its implementation, and focus group participants had to be current *Teen Choice* participants. Because they participated voluntarily in the interviews, focus groups, and observations, respondents might not represent the entire population of staff and participants, creating the potential for self-selection bias. It is possible those who chose to participate in the site visit differed in important ways from those who did not. For example, youth who agreed to participate in the focus groups might have had stronger positive or negative feelings about *Teen Choice* than those who did not.

Another limitation is the potential for a social desirability bias among self-report data. Social desirability bias is the tendency for study participants to respond in a way they believe will please others (for example, exaggerating their positive reactions to a program to please program staff).

In spite of these limitations, the research yielded compelling data from which to draw findings about the implementation of *Teen Choice*. In particular, the opportunity to explore themes and trends across diverse respondents and data collection activities increased the evidence for findings and our understanding of them.

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