

Teen ACTION (Achieving Change Together In Our Neighborhood) A Program of the New York City Department of Youth and Community Development (DYCD)

PROGRAM REVIEW SUMMARY

This overview of Teen ACTION (Achieving Change Together In Our Neighborhood), a program of the Department of Youth and Community Development (DYCD), is based on a program review conducted by Westat/Metis staff for the evaluation of the Center for Economic Opportunity (CEO) initiatives. The data were collected between February and June 2008 through interviews with staff of CEO and DYCD, as well as site visits to six Teen ACTION program sites. Data were also collected from attendance at provider and youth meetings, a review of program documents and monthly data reports through June 2008, and management reports from DYCD through June 2008.

Sponsoring Agency: The New York City Department of Youth and Community Development (DYCD)

Provider Agencies: Thirty-eight community-based organizations, implementing the program in over 60 sites throughout New York City

Start Date: October 2007/January 2008¹

CEO Budget: \$3.88 million for FY08 and \$4.48 million for FY09

Goal and Services: The goals of Teen ACTION are to reduce risk behaviors, especially for teen pregnancy; to promote positive youth development; and to promote community engagement by providing a service learning after-school program.

Statement of Need: Although the rate of teen births in New York City has been declining over the past decade, the correlation between teen pregnancy and poverty persists. In 2004, there were 8,415 live births to teenagers in New York City,² and the mother was unmarried and poor in an overwhelming majority of these cases. Teen pregnancy is one of several risks that young people living in poverty face during their transition into adulthood. Other risks include school suspension, sexually transmitted infections, substance abuse, and other unhealthy behaviors. Although after-school programs have been shown to reduce some of these risks, older youth are less likely than younger children to participate in these programs.³ An enhanced intervention model that is more attractive to this population is therefore justified.

Target Population: Young adults

Eligibility Criteria: Youth attending school in the 6th through 12th grades and ranging in age from 13 to 21 years old

Targets/Outcomes: The target and actual numbers for enrollment and participation presented below, as well as the percentage of each target obtained, are as of end of the program year, June 2008. The enrollment target was met and the Rate of Participation (ROP)⁴ target was exceeded. A survey was designed and fielded in 13 center-based sites to capture short-term outcomes. These results will be available in a subsequent evaluation report.

¹ There were two rounds of program implementation in the first year. Thirty-one sites started program implementation in October 2007. Another 33 sites started program implementation in January 2008.

² Commission for Economic Opportunity (September 2006). *Increasing Opportunity and Reducing Poverty in New York City*. New York: Author

³ Lauver, S., Little, P., & Weiss, H. (2004). "Moving Beyond the Barriers: Attracting and Sustaining Youth Participation in After School Programs." *The Evaluation Exchange*, *X(1)*, Spring. See also, Little, P., & Lauver, S. (2005). "Engaging Adolescents in Out-of-School Time Programs: Learning What Works." *The Prevention Researcher*, *12(2)*:7-10.

⁴ The ROP measures the frequency of program attendance by participants.

Table 1. Enrollment Target and Actual Numbers, Rate of Participation, and Percent of Target Met as of June 2008

Category	Target Numbers	Actual Numbers	Percent of Target Met
Overall Enrollment (participants)	3,153	3,124	99%
Overall Rate of Participation (ROP)	70%	75%	107%

Selected Key Findings

Fidelity to the Program Model. Teen ACTION was developed by DYCD staff, with input from the Department of Health and Mental Hygiene (DOHMH) and CEO. It draws heavily on, but it is not a replication of, the Teen Outreach Program (TOP), a nationally renowned youth development approach that has proven effective in increasing school success and preventing risk factors that affect teen pregnancy and other negative behaviors among program participants.⁵ Although the emphasis during the first year of Teen ACTION was on program start-up and ensuring that basic program elements such as enrollment and ROP were met, for the second year it will be important for DYCD staff to consider how to further define, support, and strengthen the set of required program elements and practices that will constitute a more robust and uniform intervention across sites.

Characteristics of the Clients Served in Comparison to the Target Population. The program’s eligibility criteria have been met, as the program served in-school youth ages 13 to 21 or attending grades 6 through 12. Teen ACTION was implemented as a city-wide program, with special emphasis on serving youth living in neighborhoods with high pregnancy rates. These neighborhoods also reflect high-poverty areas in New York City. Site selection was limited by interest in the program and the capacity of community-based organizations (CBOs). In spite of these limitations, DYCD was able to select sites where a majority (73%) of participants attended programs in community districts with significant poverty levels (20% and above). In addition, some programs in community districts with low poverty levels served special populations and/or poverty pockets (e.g., low-income housing complexes) within the larger community district.

Service Delivery. The Teen ACTION model calls for the integration of structured learning, service, and reflection activities. A Teen ACTION curriculum was developed by Global Kids, Inc. and The After-School Corporation (TASC) to guide implementation. However, the curriculum has been used by sites more as a resource guide than as a structured curriculum. As a result, there has been wide variability in program implementation. According to DYCD staff, reflection activities were also unevenly implemented by sites. This is one of the areas that DYCD would like to strengthen with regard to program implementation in the second year. In addition, program coordinators reported little use of health referrals, although the data system does not track these referrals.

Provider Capacity and Agency Management. Provider capacity varied a great deal for the 38 providers that implemented Teen ACTION in 60 sites during its first year of operations. Four of the original 64 sites withdrew in the middle of the year and three others will not be renewed for the second year of the initiative, as they underperformed and were unable to meet basic performance criteria after being placed under Corrective Action Plans. Seven other sites were placed under Corrective Action Plans but showed sufficient progress; they will be funded for a second year. DYCD has a well-designed monitoring system and its staff are actively involved in monitoring the program sites, providing technical assistance, and trouble-shooting. The DYCD staff conducts regular on-site visits. Staff uses an assessment form that is comprehensive and captures key information about agency capacity and program implementation. Staff provides frequent feedback to sites and responds to questions from sites to help them troubleshoot when challenges arise. The DYCD Teen ACTION online system captures basic demographic data and basic performance monitoring data, which DYCD uses to prepare monthly reports. TASC provides technical assistance to the Teen ACTION program, working directly with sites and facilitating convenings of providers.

⁵ Allen, J.P., Philliber, S., Herrling, S., et al. (1997). “Preventing Teen Pregnancy and Academic Failure: Experimental Evaluation of a Developmentally-based Approach.” *Child Development*, 64:729-742.

The DYCD staff also supports sites through monthly convenings of Teen ACTION programs for exchange of program information, presentations by experts, and training exercises. DYCD staff planned and conducted the Teen ACTION Youth Forum, an opportunity for Teen ACTION youth to showcase their service learning projects and share their insights with peers and adults.

Conclusions and Recommendations

Teen ACTION is in alignment with the CEO mission and, during its first year of implementation, met its performance benchmarks. It is a promising program that will require strengthened quality of implementation and fidelity to the program model in order to reach its anticipated short-term and long-term outcomes.

- The program is serving a sizable number of youth who reside in low-income communities and who are exposed to risk factors that lead to poor individual outcomes such as school dropout and teen pregnancy.
- The program has adapted a service learning program model that has been shown to produce positive outcomes for youth.
- The program has been implemented across New York City and has attracted the interest of many local youth services providers that are developing expertise in the service-learning model.
- Teen ACTION is developing a network of service-learning practitioners, who are beginning to contribute lessons learned and are developing best practices for a service-learning, after-school program.
- The program has developed an excellent curriculum that provides a solid framework for program activities and will be enhanced in the second year.
- The agency is very proactive and thorough in its program monitoring, program management, and technical assistance functions.
- An evaluation of the Teen ACTION program will present special challenges around the development of appropriate measures to evaluate short-term outcomes. Relevant data for an evaluation are likely to include school administrative data, program administrative data, and program participant surveys. The evaluation will also need to track participants longitudinally in order to be able to evaluate long-term outcomes.

Westat/Metis recommends the following:

- For the second year, it will be important for DYCD staff to focus on program implementation that closely adheres to the Teen ACTION program design, both in terms of the amount and the quality of what is being delivered, and to consider how to further define, support, and strengthen the set of required program elements and practices that will constitute a more robust and uniform intervention across sites. It also will be important to address the need for better tracking and measuring of outcomes. A Working Group that includes DYCD staff, technical assistance providers, and Teen ACTION program providers would be best equipped to address this important ongoing implementation issue.
- There was evidence to suggest that best practices are beginning to emerge out of the monthly provider meetings. These provider exchanges should continue to be encouraged, supported, and documented during the second year. They will constitute a rich source of data for documenting program implementation and will comprise important insights for program evaluation and program replication in other cities.
- Develop a brochure describing Teen ACTION's goals, programmatic activities, and anticipated outcomes. This brochure will help describe Teen ACTION to provider agency staff, potential Teen ACTION participants and their parents, and partnering institutions. In addition, it will help develop a "branding" of the program across the city.
- Consider either expanding its online Teen ACTION system or developing a complementary data collection procedure for capturing the number of referrals made to health services from sites, an output listed on the program's logic model, as these data were not collected during the first year. This recommendation does not encompass tracking outcomes of such referrals.
- A planned program evaluation will need to be based on the program's theory of change; pay particular attention to the development of appropriate measures; and develop a research design that will provide sound scientific evidence of the program's effects on its participants.