

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.

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

PROGRAM REVIEW REPORT

1. Introduction

The Center for Economic Opportunity (CEO) has funded approximately 40 initiatives across some 20 sponsoring agencies aimed at reducing the number of working poor, young adults, and children living in poverty in New York City. CEO is committed to evaluating its programs and policies and is developing a specific evaluation plan for each of its initiatives. For example, several major new initiatives will implement random assignment evaluations or other rigorous designs. Some programs are slated to receive implementation and outcome evaluations, while others may be evaluated using readily available administrative data. This differentiated approach reflects the varied scale of the CEO interventions, data and evaluation opportunities, and finite program and evaluation resources. Westat and Metis Associates are evaluating many of these programs on behalf of CEO. The purposes of the evaluations are to collect and report data on the implementation, progress, and outcomes of the programs in the CEO initiative to inform policy and program decision-making within CEO and the agencies that sponsor the programs.

The first phase of the Westat/Metis evaluation is to conduct a systematic review of selected CEO programs. The program reviews involve Westat/Metis staff reviewing program documents, obtaining available implementation and outcome data, interviewing program administrators, and, where appropriate, going on-site to observe program activities and interview direct service staff and participants. The results are used to assess the program design and implementation, develop a logic model to represent the underlying theory of each program, determine the extent to which the program meets key CEO criteria, examine the measurement and information systems for the program, and provide options for next steps. Teen ACTION (Achieving Change Together In Our Neighborhood), a service-learning after-school program, is one of two CEO initiatives sponsored and managed by the New York City Department of Youth and Community Development (DYCD). Teen ACTION started in October 2007. Teen ACTION participants range in age from 13 to 21 or attend 6th through 12th grades. Currently, there are 38 community-based organizations (CBOs) implementing the Teen ACTION program in 60 sites located in high-poverty neighborhoods in New York City.

Information and data for this Program Review Report are based on interviews conducted by Westat/Metis staff between February 2008 and June 2008 with relevant staff of the CEO and staff of the sponsoring agency, DYCD. Site visits were conducted in May 2008 at six Teen ACTION program sites. Evaluation team members also attended a provider network meeting, the first Teen ACTION Youth Forum, and a youth meeting that addressed community issues, which was sponsored by a Teen ACTION provider agency. Program documents, monthly data reports, and management reports were obtained from DYCD through June 2008.

As part of the Teen ACTION program review, the evaluation team also developed a participant survey designed to capture: data on use of out-of-school time; Teen ACTION program activities; program satisfaction; changes in knowledge, attitudes, and behaviors as a result of Teen ACTION participation; and incidence and prevalence of high-risk behaviors. The spring 2008 Teen ACTION survey results will be described and analyzed in a subsequent report.

This Program Review Report provides an overview and assessment of the program on several dimensions, including its goals, fidelity to the program model, target population and clients served thus far, program services, and agency management. CEO and the relevant sponsoring agency were invited to identify specific questions of interest to be included as part of these standardized program reviews.

A key analytic tool in the program review is the development of a logic model that serves as a visual representation of the underlying logic or theory of a program. The program logic model details the program's context, assumptions, and resources and their relationships to one another. By examining the program's internal logic and external context, the evaluation team and reader are able to determine if the program design is consistent with overall goals and capable of achieving its intended outcomes. Toward this end, this Program Review Report focuses on early outcomes and the challenges faced in achieving them.

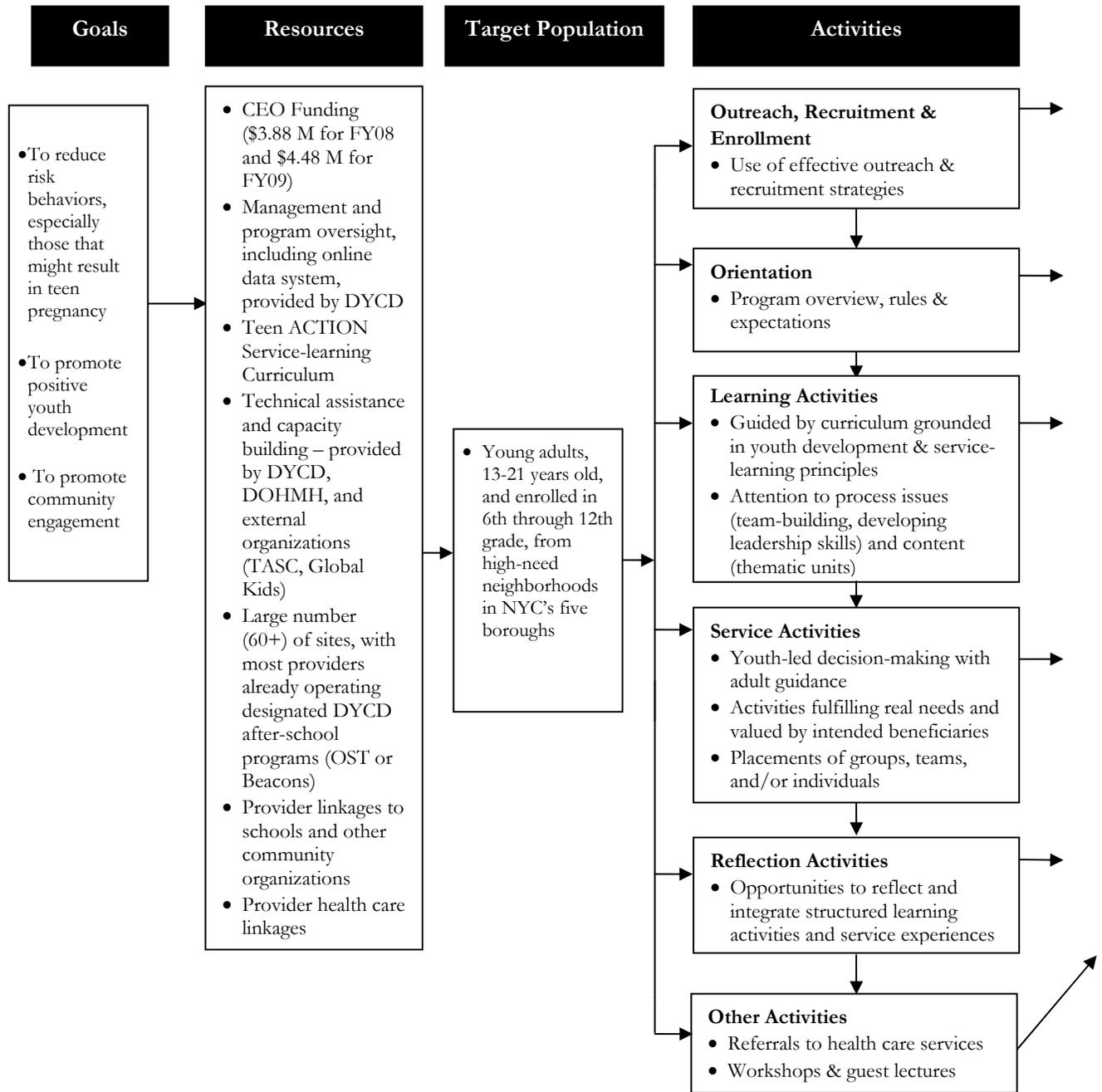
2. Overview and Assessment of the Program

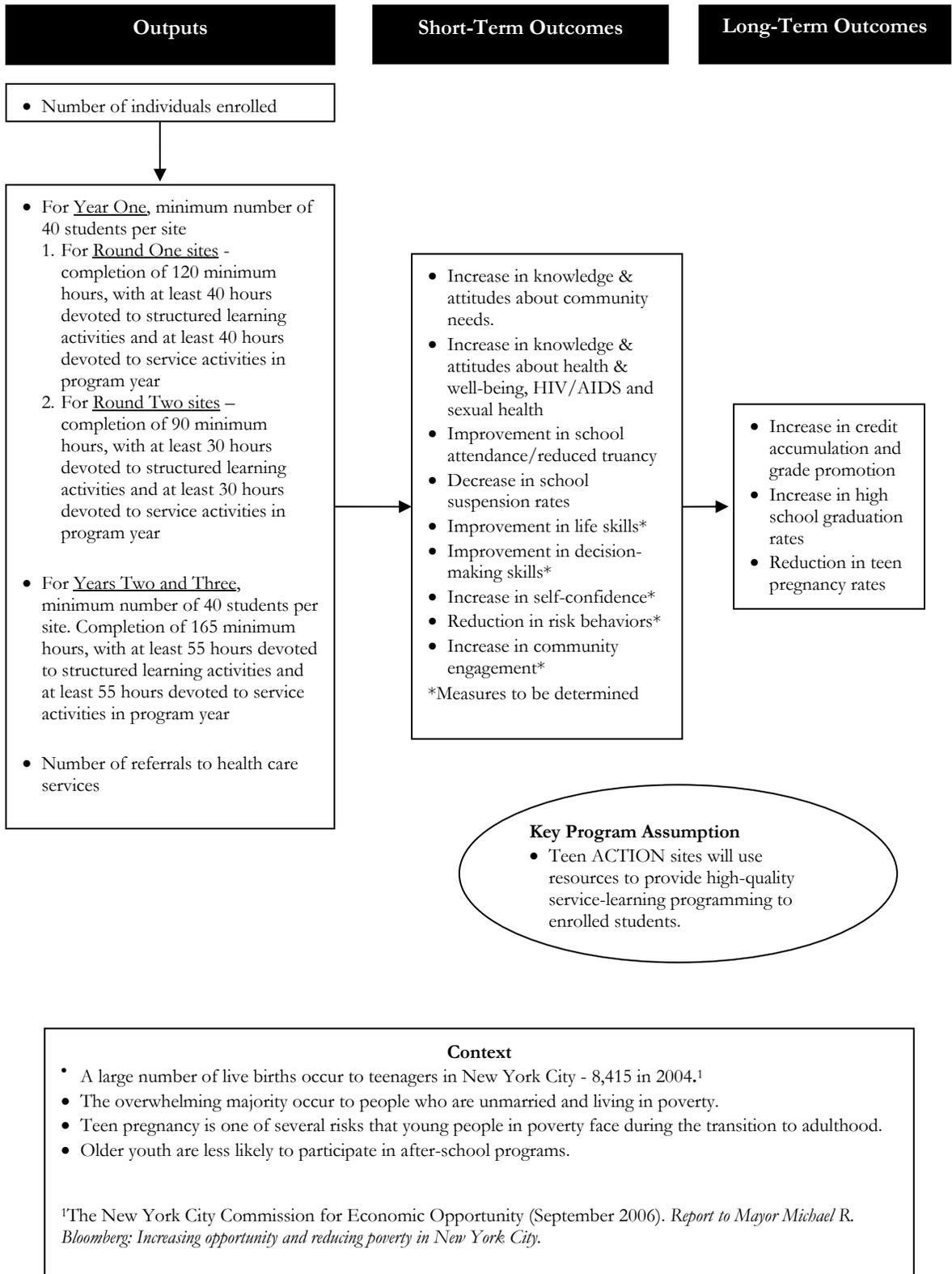
Program Goals. Teen ACTION's overarching goals are to reduce risk behaviors, especially those that might result in teen pregnancy; to promote positive youth development; and to promote community engagement. Specific goals for Teen ACTION are the following:

- Cultivate an ethic of service and increase civic engagement;
- Develop life skills and critical thinking skills;
- Encourage supportive relationships with caring adults;
- Promote commitment to academic achievement;
- Reduce risk behaviors that might result in teen pregnancy, sexually transmitted diseases (including HIV/AIDS), and substance abuse; and
- Encourage use of health and mental health services.

The Teen ACTION model is displayed in a logic model—or theory of action—format on the following two pages. The logic model includes the program's context, key assumptions, and resources. Each activity is linked to the number of individuals targeted to participate in the different activities (outputs), as well as short- and long-term participant outcomes.

Teen ACTION (Achieving Change Together In Our Neighborhood) Logic Model





Fidelity to the Program Model. Program fidelity is generally defined as adherence to program design, in terms of the type, amount, and quality of what is delivered. Program fidelity is important in evidence-based research because it provides assurances that the intervention was delivered in a fairly systematic manner from site to site. Program fidelity does not require rigid implementation standards, but does require a set of guidelines that follow program design and promote related learning objectives. The potential dangers of implementing a program with low fidelity to its program design are the dilution of the power of the intervention and the weakening of the likelihood of attaining the anticipated outcomes.

Teen ACTION draws heavily on, but is not a replication of, the Teen Outreach Program (TOP). TOP is 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. TOP was developed in 1978 and has been replicated nationally.¹ TOP focuses on adolescents ages 12-17. It uses its own curriculum, with four different age-appropriate levels, based on youth development principles and an integrated community-service-learning guide. TOP has been implemented as an in-school strategy integrated with core subjects, as an in-school elective, as an after-school voluntary program, and as an out-of-school enrichment program. While emphasizing flexibility in the use of the curriculum, TOP asserts that minimum levels of participation are required in order for the program to be effective and attain its anticipated outcomes. These requirements are one to two group discussions or activity sessions per week and a minimum of 20 hours of community service per program year. TOP is currently managed by the TOP National Office at Wyman,² an organization that provides the curriculum and materials as well as training and technical assistance. Program costs are estimated at \$500 to \$1,000 per participant per school year.³

The Teen ACTION service-learning program was developed in 2007 by a team of DYCD staff, with additional input from the Department of Health and Mental Hygiene (DOHMH) and CEO staff. Teen ACTION is based on research literature about youth development, service learning, and pregnancy prevention programs. The Teen ACTION program model has an explicit focus on service learning. It follows general service-learning principles that call for the linkage of community service with academic or curriculum-based lessons, the clear articulation of learning objectives, the addressing of real community needs, and the integration of structured learning and service through reflection. In addition, the Teen ACTION service-learning model adheres to youth development principles, such as the importance of adult-youth relationships and youth-led activities, a focus on assets, and a challenging, developmentally appropriate emphasis on problem-solving and critical thinking skills. Program costs were set at \$1,125 per participant per school year.⁴

¹ TOP is currently offered in 37 states and territories in the United States. A listing of the TOP sites is not currently available.

² Wyman is a youth development nonprofit organization, headquartered in St. Louis, Missouri, that delivers youth programs in communities across the country.

³ Wyman Center (2008). *Teen Outreach Program FAQ*. Accessed July 23, 2008, from <http://www.wymancenter.org/pdfs/TOP%20FAQ.pdf>

⁴ Higher per-participant costs are considered for sites serving youth with disabilities.

The 589-page Teen ACTION curriculum, developed by Global Kids, Inc., with the support of The After-School Corporation (TASC), provides a basic framework for implementing program activities through discrete, well-defined lessons and small group exercises. The Teen ACTION curriculum is comprehensive as well as user-friendly. It is also cohesive, as it consistently incorporates youth development and service-learning principles. CBOs running Teen ACTION sites were required to integrate the curriculum into the program design; however, Teen ACTION does not specify how the curriculum must be used or in what sequence.

Although Teen ACTION shares many programmatic similarities with its inspiration, TOP, there are some notable differences:

- In order to serve older NYC high school students, Teen ACTION extended the ages of the target population to young adults 13 to 21 years old, while TOP targets youth 12 to 17 years old.
- Teen ACTION mandates a much higher number of service-learning hours than TOP per full program year (55 as of year 2, versus TOP's 20).
- Teen ACTION requires a program linkage with a local health provider in order to facilitate access to and increase use of health and mental health services.
- The programs use different curricula.

During the first year of implementation, a few core elements were mandated for all Teen ACTION providers:

- Each site must serve a minimum of 40 participants.
- Sites must provide a minimum of 120 program hours, with at least 40 hours devoted to service activities and at least 40 hours devoted to structured learning. The remaining 40 hours could be divided among service activities, structured learning, and reflection activities.⁵
- The program must cover sexual/reproductive health with provider staff using curriculum materials and/or the provision of workshops by outside experts.
- The program must have a formal linkage with a local health provider in order to facilitate health and mental health referrals when needed.

Based on the program review (including staff interviews, student focus groups, and observations at six Teen ACTION sites), the majority of sites are fulfilling these core requirements. However, there was wide variability in the quality of program implementation in this first year.

Target Population and Clients Served. Teen ACTION is designed to serve in-school youth ages 13 to 21 or attending grades 6 through 12. Teen ACTION funded 3,153 slots in FY 2008; a total of 3,550 youth entered the program, but only 3,124 became officially

⁵ The 120 minimum-hours requirement was applied to sites that started operations in October 2007. The minimum number of program hours was adjusted to 90 for sites that started in January 2008. In the second year, which will be a full year of implementation starting in September 2008, the minimum number of hours will be 165, with at least 55 hours devoted to service activities, 55 devoted to structured learning, and the remaining 55 to be divided among service activities, structured learning, and reflection activities.

enrolled in the program.⁶ Although DYCD staff originally envisioned that the program would serve 4,500 youth, this proved to be a much higher estimate of program enrollment than feasible because DYCD was limited by the number, quality, and capacity of CBOs responding to the two requests for proposals (RFPs) issued to provide Teen ACTION services. After receiving responses to the second RFP, DYCD, in consultation with CEO, concluded that the initial enrollment target was overly ambitious and needed to be revised downward, as it was important to maintain provider quality as well as consider provider capacity. This led to the joint decision to reduce the overall enrollment target level.

The program targets youth living in neighborhoods with high pregnancy rates. Many (but not all) are also high-poverty areas. The targeted high-poverty neighborhoods are Brooklyn Community District 3 (Bedford Stuyvesant), Queens Community District 12 (Jamaica), and Bronx Community Districts 1 and 3 (Mott Haven, Melrose, and Morrisania). Based on the review of Teen ACTION online system data, DYCD staff estimates that 30 percent of the enrolled youth live in the neighborhoods where they attend the program. However, it is possible that youth living in a high-poverty neighborhood are attending the program in another high-poverty neighborhood. Therefore, additional analysis of enrollment data will be needed to determine how many youth participating in Teen ACTION actually live in high-poverty neighborhoods.

DYCD issued an initial RFP to CBOs operating Out-of-School Time (OST) programs and Beacon Centers (Beacon) in the above community districts. DYCD anticipated a high number of applications, but received fewer applications than expected from the targeted community districts, with 31 selected for funding and an October 2007 start-up (Round 1). As a result of the lower-than-expected response, DYCD issued a second RFP and extended the program to other neighborhoods with OST programs and Beacon Centers. Out of those additional provider recruitment efforts, DYCD added 33 additional Teen ACTION sites with a January 2008 start-up (Round 2).

A total of 64 sites were thus selected for implementing Teen ACTION; however, three sites withdrew after unsuccessful efforts to get the program up and running and one program did not accept the award. The remaining 60 sites (representing 38 providers) completed the first program year. However, three sites will not be renewed in the second year because of insufficient progress. In attempting to ascertain similar characteristics for these sites, DYCD staff contends that the providers running these six sites lacked the capacity to meet the high expectations laid out for Teen ACTION within a short period of time in regard to the ability to quickly enroll participants and sustain sufficient regular attendance, while at the same time effectively organizing and implementing useful service projects. In addition, the lack of familiarity with the service learning focus appeared to be another factor in their lack of success. Of the 60 sites that completed the program for the first year, 47 were based in schools, and the remaining 13 were based in youth centers or community centers. DYCD

⁶ The difference between these two numbers can be accounted for by two factors: (1) A number of youth signed up for the program and were added to the list of participants but never attended the program and did not accrue any program hours, and (2) sites were allowed to over-enroll participants, but DYCD established a cap in the number of over-enrolled participants that a site could count as “officially enrolled.” Despite this cap, some sites exceeded their allowed over-enrollment numbers. There was no mechanism in the Teen ACTION online system to capture data for these students this past year, but DYCD will try to modify the online system in the second year in order to capture participation data for students who fit into this category.

played an active role in monitoring the progress of all sites and providing technical assistance to improve site performance. A more detailed description of DYCD’s program management is provided in a later section of this report.

The Teen ACTION program was implemented in all five New York boroughs. Table 1 provides the number of sites, numbers of enrolled participants, and percentage of enrolled participants by borough. The Bronx had the highest number of participants, followed closely by Brooklyn. Staten Island had the lowest number of participants.

Table 1. Teen ACTION Enrollment by NYC Borough

Borough	Number of Sites	Total Enrolled	Enrolled as Percentage of Total Enrollment
Bronx	19	1,113	36%
Brooklyn	19	960	31%
Manhattan	10	499	16%
Queens	8	368	12%
Staten Island	4	184	6%
Total	60	3,124	100%

An analysis of Teen ACTION enrollment by New York City community district was also performed. As shown in Table 2, Teen ACTION operated in 30 community districts. The districts with the highest enrollment were: Bronx Community District 1 (Mott Haven), Brooklyn Community District 3 (Bedford Stuyvesant), Staten Island Community District 1 (North Island), Bronx Community District 4 (Highbridge), and Bronx Community District 3 (Melrose).

Table 2. Teen ACTION Enrollment by NYC Community District

Community District	Percent of People Below Poverty Level^a	Number of Sites	Total Enrolled
Bronx Community District 1	43%	8	473
Bronx Community District 2	43%	2	92
Bronx Community District 3	44%	2	172
Bronx Community District 4	39%	3	176
Bronx Community District 5	42%	1	49
Bronx Community District 6	44%	1	44
Bronx Community District 8	15%	1	61
Bronx Community District 9	26%	1	46
Brooklyn Community District 1	35%	2	152
Brooklyn Community District 2	20%	1	21
Brooklyn Community District 3	38%	4	202
Brooklyn Community District 4	33%	2	58
Brooklyn Community District 5	28%	3	182
Brooklyn Community District 7	21%	2	133
Brooklyn Community District 9	22%	1	41
Brooklyn Community District 12	25%	2	73

Community District	Percent of People Below Poverty Level ^a	Number of Sites	Total Enrolled
Brooklyn Community District 17	19%	1	43
Brooklyn Community District 18	11%	1	55
Manhattan Community District 3	25%	2	111
Manhattan Community District 6	7%	1	35
Manhattan Community District 7	9%	1	40
Manhattan Community District 8	5%	1	63
Manhattan Community District 10	29%	1	51
Manhattan Community District 11	37%	2	80
Manhattan Community District 12	28%	2	119
Queens Community District 1	17%	1	41
Queens Community District 4	19%	2	76
Queens Community District 6	9%	2	82
Queens Community District 12	10%	3	169
Staten Island Community District 1	15%	4	184
Total		60	3,124

^a U.S. Census Bureau, 2006 American Community Survey.

Further analysis of Teen ACTION enrollment by the poverty level of the community district where the Teen ACTION site is located was conducted. This analysis revealed that about one-half (48%) of Teen ACTION participants attend programs in community districts with a 30-percent or higher poverty level, with another 25 percent attending programs in community districts with a poverty level between 20 percent and 29 percent. A total of 27 percent of Teen ACTION participants attend programs in community districts with a poverty level below 20 percent. It should be noted that site selection was limited by interest in the program and capacity of CBOs. Despite these limitations, DYCD was able to select sites located in poverty neighborhoods. A majority (73%) of Teen ACTION participants attend programs in neighborhoods 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. These results are presented in Table 3.

Table 3. Teen ACTION Enrollment by Poverty Level of NYC Community District

Community District Poverty Level (range)	Number of Participants	Percentage of Total
30% or higher	1,498	48%
Between 20% and 29%	777	25%
Below 20%	849	27%
Total	3,124	100%

An analysis of program data⁷ indicates that the majority of Teen ACTION participants were female (62% female vs. 38% male) and enrolled in high school (62% high school vs. 38% middle school). In terms of racial/ethnic background, 41 percent were Hispanic/Latino, 37

⁷ Teen ACTION Enrollment and ROP (Rate of Participation) Report for June 2008.

percent were Black, 7 percent were Asian, 7 percent were White, and 8 percent were Other Race/Ethnicity.

Outreach and Recruitment. Each of the 60 Teen ACTION sites was responsible for conducting its own outreach and recruitment. Since the majority of Teen ACTION providers had experience with running either an OST program or a Beacon Center, outreach and recruitment followed standard after-school program procedures. Fliers were developed and distributed, presentations were made to students and parents, signs were posted, and enrolled students were urged to bring their friends to the program. Although many program sites were very successful and enrolled the contracted number of participants, others struggled with enrollment throughout the program period. A small number of sites over-enrolled participants beyond their contracted slots. According to DYCD staff, the agencies implementing Teen ACTION at these sites serve large numbers of youth in various programs and felt that they could serve more youth in Teen ACTION, even if their contracts did not provide additional funding for over-enrollment.

It should be noted that the late start-up during the academic year (October 2007 for Round 1 sites and January 2008 for Round 2 sites) was likely to have had an effect on recruitment activities for some of the sites, as youth may have already signed up for other after-school activities. This will not be an issue in the second year, as there will be no new Teen ACTION sites and the program will start in September for all sites that are approved for continuing operations. A small number of sites will continue operations during the summer.⁸

Program Services. Teen ACTION program services fall into four categories: orientation, learning activities, service activities, and reflection activities. Each of these services is described below in more detail.

Orientation. Program orientation was required in order to provide participants with a general overview of the program, emphasizing the service-learning focus, youth-led activities, and themes that will be covered throughout the program period. Sites conducted individual orientation sessions with prospective participants and parents/guardians. Program expectations were discussed, and, typically, a schedule of activities was shared with the prospective participants. DYCD has not developed an official brochure for Teen ACTION that describes goals and activities. Therefore, sites did not have a more formal, written description of the program to share with prospective students and their parents/guardians at orientation.

Learning Activities. These structured activities are taken from the Teen ACTION curriculum or other supplemental curricula used at the site. The activities are grounded in youth development and service-learning principles. They include thematic topics, such as the environment, immigration, and sexual/reproductive health, as well as individual and group developmental processes such as team-building, leadership, self-esteem, life skills, and problem-solving skills. As mentioned previously, sites have used the Teen ACTION curriculum, although not in a systematic fashion. Since a strong youth voice is part of the design of the program, it has been used more as a resource than as a standard curriculum

⁸ Ten Teen ACTION sites will operate with CEO funding during a 12-week summer session. The summer program will serve 360 participants.

that would typically provide a structure to the sequencing and pacing of its units. DYCD staff is satisfied with the curriculum, and the sites have generally found it useful. The evaluation team found it to be comprehensive, user-friendly, and insightful in its approach to youth development, health promotion, and service learning.

For the second year, DYCD staff will explore with TASC and Global Kids possible enhancements to the curriculum by developing additional units with new materials (which will benefit program participants who sign up for a second year of Teen ACTION), a unit for middle-school students on sexual/reproductive health, and a unit on service learning with elderly populations (a common service activity for many Teen ACTION programs during the past year). Global Kids and TASC will be involved in this updating of the curriculum.

Service Activities. The service activities are intended to connect the youth to their communities and to involve them in contributing to efforts that will improve their communities. Teen ACTION guidelines call for youth-led decision-making with adult guidance. According to DYCD staff, all sites have implemented some type of youth-led activities and/or projects, although some sites have done it with more intensity and purpose than have other sites. Additional evidence of youth-led decision-making may be available following the spring Teen ACTION survey.

According to the model, youth should conduct research to identify relevant issues in their community and decide on issues that they would like to pursue. The service activities should fulfill real needs and be valued by the intended beneficiaries. The Teen ACTION service-learning component has included many varied activities, including tutoring younger students; visiting senior citizen homes; conducting research on obesity, healthy nutrition, and food choices; HIV/sex education; and the greening of neighborhoods. Although many sites have been very creative and have engaged program participants in meaningful service activities, others have had a difficult time implementing this critical component of the Teen ACTION model. Challenges included the demands of coordinating with community organizations to plan in detail and implement genuinely useful service projects, while at the same time needing to enroll enough students and address day-to-day attendance problems. A director of a Teen ACTION site addressed this challenge by saying, “I want my staff to think out of the box and get out into the community. They need to make connections so that we can implement meaningful service-learning activities for our kids.”

Reflection Activities. From a cognitive development perspective, reflection is the process that allows participants to integrate structured activities (workshops) with service-learning activities, to connect what they are learning in the “classroom” to what they are learning in the community, to better understand their own maturational processes, to learn how to make sound decisions in their lives, and to determine how they can be positive agents of change in their communities. According to DYCD staff, reflection activities were unevenly implemented by sites. This is one of the areas that DYCD would like to strengthen in program implementation in the second year.

Outputs and Outcomes. This section provides findings on outputs and discusses evaluation activities conducted as part of the Teen ACTION program review process to

obtain evidence for short-term outcomes during the initial year of Teen ACTION implementation.

Outputs. Table 4 presents overall targets and actual results for enrollment and rate of participation (ROP). The overall enrollment target was met at 99 percent, and the ROP target was exceeded at 107 percent.

Table 4. Teen ACTION Overall Enrollment and Rate of Participation

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

^a Targets = 100% Enrollment and 70% ROP. The 70% target for ROP is the same as that used for OST programs, another DYCD initiative. In setting up this target, DYCD felt that the OST target would be a reasonable expectation for Teen ACTION providers to meet. Since many Teen ACTION providers are also OST providers, the 70% ROP target is a consistent measure across DYCD programs.

Table 5 examines the same performance measures by site. According to contract terms with providers, it is expected that sites will attain 100 percent enrollment. Rate of enrollment ranged from 18 percent to 175 percent. Eight sites fell below 80 percent enrollment, while 6 sites attained between 80 percent and 99 percent enrollment and 46 sites (77% of the total number of sites) attained 100 percent enrollment or above. DYCD will not renew three low-enrollment sites for the second year and is also planning to renegotiate contracts, reducing enrollment targets for two sites that did not reach their first-year targets. DYCD felt that some of the other sites with lower-than-expected enrollment made significant progress over the course of the first year and would be better positioned to meet their targets in the following year.

Table 5. Rate of Enrollment by Site

Percentage Enrolled Against Target	Number of Sites	Percentage of Sites
Below 40%	2	3%
40% – 59%	3	5%
60% – 79%	3	5%
80% – 99%	6	10%
100% – 119%	26	43%
120% – 139%	19	32%
140% and above	1	2%
Total	60	100%

Table 6 examines another key program performance indicator, rate of participation (ROP), which is calculated by dividing actual number of program hours by expected number of program hours, based on the enrollment target. The target ROP for each site is 70 percent. As previously mentioned, DYCD based the 70 percent target on its experience in managing

other after-school programs. For this analysis, 6 sites had a low ROP (below 50%), and 12 sites showed “borderline” ROP (between 50% and 69%). Over two-thirds of all sites (68%) reached or exceeded the target ROP.

Table 6. Rate of Participation by Site

ROP Range	Number of Sites	Total Enrolled
Below 50%	6	243
50% – 69%	12	577
70 – 99%	35	1,984
100% and above	6	320
Total	60	3,124

Although a formal link to a health provider is an important component of the Teen ACTION model, and the number of referrals is an explicit output in the program’s logic model, there has not been a mechanism for systematically entering and reporting data on this output. Program coordinators at the six sites that the evaluators visited reported little use of health referrals, but these reports were based on perceptions only. The present Teen ACTION online system does not capture these data, and Teen ACTION coordinators do not capture them elsewhere.

Outcomes. As depicted on the Teen ACTION logic model, anticipated short-term outcomes pertain to improvements in knowledge, attitudes, and behaviors along certain key dimensions that have been shown, in previous research, to be linked to the anticipated long-term outcomes: increase in credit accumulation and grade promotion, increase in high school graduation rates, and reduction in teen pregnancy rates.⁹

Given the nature of the program and the need to develop measures to assess short-term outcomes, the Westat/Metis team designed a pilot Teen ACTION participant survey, fielded in spring 2008. The survey was piloted with high school and middle school students and fielded at 13 center-based sites. The remaining 47 school-based sites could not be included in the survey administration, as the New York City Department of Education’s Proposal Review Committee needs to approve all research studies conducted at schools, and there was no time to seek that approval during the time frame of the program review.

A total of 315 participants, out of 517 enrolled at those sites, completed the survey. This represents a 61-percent survey response rate. The response rate is a reflection of those who were present on the day the surveys were conducted, as compared to enrollment. Virtually all who were present willingly completed a survey. The Teen ACTION participant survey was designed to assess extent of participant satisfaction with the program as well as to capture information on the following areas:

- Increase in knowledge and changes in attitudes about community needs;
- Increase in community engagement;

⁹ 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.

- Increase in knowledge and changes in attitudes about health and well-being, HIV/AIDS, and sexual health;
- Improvement in school attendance;
- Improvement in life skills;
- Improvement in decision-making skills;
- Increase in self-confidence; and
- Reduction in extent and persistence of risk-taking behaviors.

An analysis of findings from the spring 2008 Teen ACTION survey will be available in a subsequent Westat/Metis report and will show the extent to which early findings support the anticipated program outcomes.

Provider Capacity and Agency Management. As noted throughout this report, provider capacity varied a great deal among the 38 providers that implemented Teen ACTION in 60 sites during its first year of operation. Although the large majority of providers had experience running an OST or a Beacon Center site, a number of them struggled with enrolling participants, maintaining acceptable levels of participation, and implementing core program requirements. This was a large challenge to DYCD staff during the first year, as it required much effort on its part to monitor, support, and increase the capacity of this group of providers.

DYCD has a well-designed monitoring system, and its staff is actively involved in monitoring the program sites, providing technical assistance, and trouble-shooting. The DYCD Teen ACTION staff conducts regular on-site visits. Sites experiencing implementation problems were visited several times during the program period. DYCD staff uses an assessment tool that is very comprehensive and captures key information about agency capacity and program implementation. This 10-page form encompasses both quantitative and narrative information. Each broad area being assessed (e.g., safety and condition of the facility, ability to manage the classroom, use of incentives, use of health linkages) concludes with a rating of either U (unsatisfactory), NI (Needs Improvement), S (Satisfactory), VG (Very Good), or E (Excellent).

In assessing site performance during the first year of Teen ACTION implementation, DYCD staff primarily focused on two key indicators: enrollment and ROP. According to DYCD staff, low enrollment raises an immediate red flag. Sites with low frequency of attendance (i.e., rate of participation), whether enrollment was good or not, also raise a red flag. In addition, during their site visits DYCD staff looked for evidence that sites were addressing the Teen ACTION goals listed at the beginning of this report.

In the course of a site visit, if the DYCD monitor observed a significant problem area, she would recommend a separate intensive technical assistance session by TASC, the technical assistance provider to the Teen ACTION program.¹⁰ Program data were also closely

¹⁰ TASC participated in the development of the Teen ACTION curriculum and has continued to play an important technical assistance role in its implementation. TASC staff provides technical assistance to sites that are experiencing difficulties with implementation and particularly to those sites placed under Corrective Action Plans. Staff also facilitates monthly provider meetings, provides workshops on best practices for service learning and after-school programs, convenes subgroups of Teen ACTION sites interested in a particular topic, and facilitates peer-to-peer learning sessions at monthly meetings.

monitored, as each site reported its enrollment, attendance hours, and ROP monthly into the online database.

If questions arose regarding enrollment, attendance, and/or adherence to Teen ACTION programmatic goals, DYCD staff discussed these issues with provider staff and requested that they be given immediate attention. DYCD staff provided immediate technical assistance to help the provider identify and implement strategies to successfully address the issue area(s). If matters did not improve within a 3- to 4-week period, a Corrective Action Plan for the site was put in place. Corrective Action Plans identified specific performance criteria that had to be met and provided a specific timeline for meeting these criteria. Sites were required to respond with a written plan specifying actions to get back on track in a given time frame and generally referred to the initiative's technical assistance provider, TASC.

A total of 14 Corrective Action Plans were issued during the first program year. Three of the original 64 sites were placed under Corrective Action Plans and eventually withdrew from the initiative when they were unable to improve their performance according to the identified criteria. Three other sites that had been placed under Corrective Action Plans completed the program but will not be renewed for the second year. These sites had made some, but not sufficient, progress to warrant renewal. Funded slots for three other sites, also under Corrective Action Plans, will be reduced for the second year because they were unable to meet participation targets for their target enrollment. The remaining sites that were placed under Corrective Action Plans have shown sufficient progress and will be renewed at the same number of slots for a second year of Teen ACTION programming. DYCD plans to maintain the present level of funded slots for the second year of the program. Slots that will open up as a result of the non-renewals and the reduced enrollment sites will be redistributed among the high performance sites that indicate an interest, as well as the capacity, to serve a higher number of participants. At this point, it would be speculation to estimate how these changes will impact the level of services in specific community districts or boroughs.

DYCD Teen ACTION staff provided feedback through site visits, telephone, and e-mail communication. Several site directors interviewed during the evaluation team's site visits remarked that they talked to their Teen ACTION program monitors on a weekly basis to discuss ideas and strategies for their programs. The DYCD Teen ACTION online system captures basic demographic data and basic performance monitoring data, which DYCD uses to prepare monthly Enrollment and ROP reports. Even though training on the online system was provided to all Teen ACTION sites, some of the sites required additional technical assistance in order to get staff to properly enter program data.

The DYCD Teen ACTION staff also supported sites through monthly convenings of Teen ACTION programs which, typically, included an exchange of relevant program information; presentations by experts on health, youth development, and service learning; and training exercises to increase the capacity of providers. During the Westat/Metis site visits, program coordinators referred to the importance of these meetings for information sharing, networking, and defining best practices. The DYCD Teen ACTION staff also planned and conducted the Teen ACTION Youth Forum, a very successful major event held at Hostos

Community College, which drew over 400 youth, representatives from 43 CBOs,¹¹ as well as city officials, community advocates, and various experts. The Youth Forum was an opportunity for Teen ACTION youth to showcase their service-learning projects and share their insights with peers and adults.

The DYCD staff assigned to Teen ACTION (consisting of a director, two deputy directors, a technical assistance specialist, and two other program staff members) was overstretched during the first year of the initiative. They had to conduct two rounds of site selection, get 64 program sites up and running and monitor their progress, convene providers on a monthly basis, provide technical assistance to sites, supervise the completion of the Teen ACTION curriculum, and plan and implement the Youth Forum as well as other initiative activities. It is notable that the small staff was able to accomplish so many activities this year.

For the second year, the DYCD staff will have the advantage of “lessons learned” from first-year implementation, and a better understanding of the capacity and the challenges of renewed providers. In addition, staff will not need to select new sites, and programs will start up at the beginning of the school year.

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

- The program is serving a sizable number of youth in low-income communities and youth 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 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, as shown in the logic model. 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.

¹¹ There were representatives from 29 Teen ACTION providers as well as from 14 other CBOs representing special guest organizations, facilitator organizations, and panelist organizations.

3. Programmatic Recommendations

Based on findings from this program review, we offer the following programmatic recommendations:

- 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 provider meetings. These provider exchanges should continue to be encouraged, supported, and documented in 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.
- DYCD should develop a brochure describing Teen ACTION's goals, programmatic activities, and anticipated outcomes. This brochure will help describe Teen ACTION to provider agency staff, Teen ACTION participants and their parents, and partnering institutions. In addition, it will help develop "branding" of the program across the city.
- DYCD should 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 program evaluation will need to be based on Teen ACTION's theory of change, depicted in the logic model included in this report; to pay particular attention to the development of appropriate measures; and to develop a research design that will provide sound scientific evidence of the program's effects on its participants.