

NWX-OS-OGC-RKVL

Moderator: Jaclyn Ruiz
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Coordinator: Thank you for standing by. Today's conference is being recorded. If you have any objections, please disconnect at this time. I would now like to turn the call over to Lieutenant Commander Jaclyn Ruiz. Go ahead. You may begin.

Jaclyn Ruiz: Thank you. Today we'll be interviewing Dr. Michael Carrera and Ms. Sheila Reich as part of our Developer Interview Series. The Office of Adolescent Health will be hosting a series of interviews with developers of those programs identified by the Department of Health and Human Services, Teen Pregnancy, Prevention and Evidence Review as having showed effectiveness in reducing teen pregnancy, sexually transmitted infections or sexual risk behaviors.

The goal of these interviews is to ask developers some of the most frequently asked questions by OAH grantees. The webinar series was developed as a technical business product for use with OAH grant programs to provide additional guidance on selecting, planning and implementing it at this base program for teen pregnancy prevention. This webinar should not be used on its own but as a compliment to various other resources available online. Additional resources are identified later in this PowerPoint presentation.

Please note that inclusion on the HHS TPP evidence review does not imply endorsement from OAH and that program selection is up to grantees.

Today, as I mentioned, we'll be interviewing both Dr. Michael Carrera and Ms. Sheila Reich. Dr. Carrera is the founder and director of the Carrera Adolescent Pregnancy Prevention Program. He is the Thomas Hunter Professor Meredith of Health Scientists at Hunter College of the City University of New York and adjunct professor of community medicine at the Mount Sinai Medical Center in New York.

Since 1970, Dr. Carrera has directed the adolescent sexuality and pregnancy prevention programs for the Children's Aid Society in New York and founded the current evidence based award winning Children's Aid Societies Carrera Adolescent Pregnancy Prevention Program in 1984. He has designed and helped implement 50 long-term, holistic adolescent pregnancy prevention programs in 20 states throughout the country. Dr. Carrera has also received numerous awards and honors including most recently in 2013 the Center For Life Education Award for sex ed impact which is getting into an individual who has positively impact a field of sexuality education.

Ms. Sheila Reich in her current capacity is Deputy Director for National Implementation for the Carrera Adolescent Pregnancy Prevention is responsible for the management and oversight of all national program development and implementation including initiatives. Ms. Reich has an extensive background in use development and social services with significant experience in developing and implementing national, state and local program initiatives with organizations such as the National Association of Social Workers, Adolescent Health Initiatives, the American Red Cross and the National Black Women's Health Project. Welcome to you both.

Michael Carrera: Thank you.

Sheila Reich: Thank you.

Jaclyn Ruiz: So Dr. Carrera I'm going to start off with you. Can you please briefly describe the program?

Michael Carrera: Yes. The program model is made up of two major forces. One is the actual engagement activities which I'll go over activity by activity in a minute and the other one is our philosophy. One of the things I learned a long time ago when I began doing work in the 60's and 70's on this subject was that those who work with young people need to have a point of view and the point of view should drive the engagement and our point of view is that young people are not at risk, that they are at promise and that's not just a neat little rhetorical shift. That means that we believe when we work with young people that within all of them there are gifts and talents and great promise and what we need to do over days and weeks and months and years is to help them identify those gifts and talents, those riches and grow with them and cope with them and in order to do that, the engagement needs to be long-term rather than short-term. That's a very important aspect of our program model.

We're a long-term, comprehensive, above the waist approach to pregnancy prevention. For many years in my career I failed at my work in sexuality because I believe that in order to help young people avoid becoming daddy's and mommy's during the second decade of their lives, what they needed to do is to learn about their body and their body of the other sex, learn about decision making, learn about how to acquire reproductive health services and that would do it but what I failed to see which lead to very bad feelings about my performance with them was that every one of the young people who I came in contact with had ear aches, headaches, toothaches, asthma, obesity,

mental health problems, financial problems, family fragmentation, abuse, neglect and I was just talking about sex.

So as a result, I reframed the program in the early 80's and began the first cohort of young people at the Children's Aid Society in 1984 with 27 boys and girls. Now we're 30 years later and working with over 4,000 boys and girls but decided to add to the sexuality aspects all the other things that make a young person whole. So the logic model of the program, what drives it, and I think what makes us unique is that we understand that we don't prevent teen pregnancy, young people do.

What we do is we help illuminate their pathway in such a fashion that they reduce risks on their own and the way to do that is not just to do sexuality education but to marry it with all the other things that make a young person whole. All the things that in their early years, in middle school and through high school influence them and their thinking and influence their peers and affect their families. So the program model is a seven component model and it's an everyday model. It's several Saturdays a month, it's four to six weeks during the summertime and we begin with boys and girls who are usually in the sixth grade, boys and girls together, boys and girls where there's homogeneity and we stick with them until they graduate high school and go on to college and each year, they get a different years version of the seven component, of the program model.

Now, obviously, in this opportunity that we're talking about, there's a certain amount of funding that's available. So one of the things that we'll do is that we will work with all the grantees who would be fortunate enough to win an award from OAH so that the program will continue with the same robustness after the grant is over and the five years are completed.

Very quickly, what we do is we do daily academics, homework health, tutoring, remediation, as the kids get older PSAT, SAT. We work very closely with the schools in order to prepare an individual academic plan for them. We do work where we try to help young people understand the world of work and we call it job club and in job club, they get a bank account with the local banks that we develop a relationship with. We prepare them for internships. They spend a great deal of time understanding about savings accounts and preparing for college and so on. Work is in your future, academics are in your future. That's two quick examples of the above the waist influence of our program.

Obviously we do weekly sexuality education. It's very interesting because it's very simple early on. Abstinence is critical. Make sure that young people understand that they should delay until they're gray. Now obviously that's not going to happen and when it turns out that they don't listen to us and they're going to do things on their own which may include sexual contact, we just make sure that they do not get hurt or hurt somebody else.

The big objective of family life and sexuality education is sexual literacy. What should you know when you're in the sixth grade? What's different that you should know when you're in the eighth grade or the 11 grade? So we have an agent stage curriculum that we use that we've designed ourselves. We design all the curricula and all the protocols for all of our components that we use in the program. We do mental health services provided by licenses mental health practitioners who are on site every day, all day, available on the weekends. We have a medical and dental services component where we work with young people and help them acquire private care rather than clinic care. We try to help them get the insurance that they need. We use the Affordable Care Act whenever we can. At each location we have a person who is called a medical and dental coordinator or navigator. We do self-expression through

the arts. All the kinds of things that young people feel within their hearts and souls that they can get out in song and dance and in other ways and then we do lifetime individual sports.

We don't believe that young people should continually play basketball or team sports because when they get older and they get to be in their 20's and 30's and 40's and 50's, they're not going to play team sports but they can bowl and swim and play golf and do all those kinds of things and if you do those things properly, if you teach those sports properly, they teach self-discipline and impulse control and we believe that that is transferrable to all the other things that are meaningful in their lives. So it's the sum of all of these seven components, in harmony, over years that has led to us becoming an evidence based program.

Jaclyn Ruiz: Thank you for that. Can you talk a little bit about your previous evaluation results?

Michael Carrera: So we're going to ask Sheila Reich to jump in and take care of that.

Sheila Reich: Sure. Thank you Dr. Carrera. We certainly feel very privileged to have been designated as a top tier evidence based program model by the Coalition for Evidence Based Policy. Our program was evaluated in a large multi-site RTC by Philliber Research Associates, a 12 community based organization and that study spans six states. The population that was included in that study were young people between the ages of 12 and 15 who are not parents or pregnant at the time.

At a three year follow-up, the indications for the program were very positive and included a range of not only sexuality indicated outcomes but other positive use development outcomes as well. Those outcomes and findings

included a reduction of birth by 50% in communities served, delayed initiation of sexual intercourse, contraceptive use that was much more consciences, higher sexuality education scores, et cetera and very critical to us were the findings that included things like young people having bank accounts and work experience, young people who have employment experience and higher PSAT scores. So again, as Dr. Carrera talked about the comprehensive nature of the program and the components, the findings are also reflected of that and these were the findings that we had at three years of follow-up.

In terms of follow-up survey data, at seven years post the initial evaluation, additional research by PRA indicated that the young people in our programs who were eligible to graduate showed significantly more. They had an opportunity to show higher graduation rates, they had higher (unintelligible) and significantly more were in college.

Jaclyn Ruiz: Thank you for that information. Can you talk a little bit more about the population? I saw that it was evaluated originally on, I think you said, 13 to 15 year olds, sorry, but can you talk a little bit more about the populations that it was evaluated on as well as recommendations for the population that the program can be implemented with?

Sheila Reich: Certainly. So the program is very intentional about being in communities of high need. So we want to make sure that we are working with young people who come from communities where there may be single parent households, there may be high rates of poverty, teen pregnancy of course, unemployment, high school dropout, et cetera. So the young people that we serve in those programs represented many of those characteristics.

Important in this study also is that young people came from a variety of settings. So you had urban settings that were represented as well as rural and

suburban settings. So in terms of how the program was evaluated and having a diverse way of young people represented, those are also some of the target populations that would be applicable for serving through the Carrera Program.

Jaclyn Ruiz: In terms of settings in which the intervention was delivered, do you - not only was it evaluated but as well as recommendations on where the program can be implemented?

Sheila Reich: Absolutely. As Dr. Carrera mentioned before, there are two expressions of the program model. The traditional after school program model can be housed in a variety of settings. That can include community based organizations, it can be in a church space, it can be a standalone facility or even in space that may be co-located with other service providers. In addition to that, the program can also be implemented in what we call the integrated school model which means that the components of the program, the exact same program model, is folded into the school day of a particular academic institution.

Michael Carrera: So just on that subject, since 2007 we've been working with a growing number of schools who understand that the provision of superior academic instruction alone is not sufficient to help young people today develop and thrive and then unless blended into the school day are the social and emotional supports and assets that young people need to grow and develop that they're really not going to be doing their job. So we've been able to work in middle schools and in high schools both in densely populated urban areas but also in numerous suburban areas and recently we began working in Tulsa, Oklahoma in the public schools and we're there now in our fourth year and this year we'll be serving 1,000 young people using this model that was described during the school day.

Jaclyn Ruiz: Thank you for that information. While OAH - while adaptations require OAH prior approval and at times approval by the developer, it can be helpful for organizations to get a sense of previous adaptations that have been successfully implemented. Can you provide some examples of the types of minor adaptations that are allowable?

Sheila Reich: Sure. From our perspective, the program is comprehensive in nature and one of the things we like to say is that the program is prescriptive but it is also flexible. So from that perspective, what we mean is that there is an opportunity for our program to be expressed in a way that is culturally relevant for any particular population. So for example, we have a program in New Mexico and what we consider is perfectly acceptable is that the program itself, the materials and the implementation are reflective of the cultural traditions of that particular group. So from our perspective, those kinds of adjustments or enhancements to the programming and to the materials is something that we consider totally acceptable.

Michael Carrera: It's also acceptable to run the program for a single sex group. We're in a school in Brooklyn, New York -- it's an all-girl school -- running the seven component integrated model. We began in 2008 to have their first graduating class in June of 2015. So we're open to that as well and one other point on settings, we're very interested in working with groups from rural areas because we understand that many rural areas do not have the opportunity to work closely with evidence based programs as some densely populated communities do and we're happy to consider that and to work closely with people from regions like that.

Jaclyn Ruiz: I was wondering if you could also expand upon a little bit - on your Slide 10, you mentioned other populations such as youth and foster care. Can you

expand a little bit upon being able to implement the program with these vulnerable populations?

Sheila Reich: So from our perspective, as we mentioned, we try to be intentional about working in certain kinds of communities and based on the kinds of communities in which we work, we understand that we're going to have a population of young people who may have a range of social exposure and social challenges. That may mean that some of the young people we serve may live in alternative kinds of home placements or they may be in foster care, they may be young people who have some engagements in juvenile justice, they may be young people from single parent households, et cetera. So from our perspective, we certainly have the opportunity to serve a wide variety of young people, understanding that we're going to get a diverse array of complexion, of issues, of challenges when we're working a certain kind of community.

Jaclyn Ruiz: Thank you. Can you describe any staffing recommendations you have for successful implementation of the program as well as any training opportunities that are available?

Sheila Reich: The product that we have in the Carrera Program is a very detailed and very specific staffing pattern that we work with organizations to tailor based on a few drivers. One would be the number of young people served and the second would be whether a program is being expressed in a traditional after school context or in an integrated school. So in terms of our staffing template, we do have certain kinds of positions that are required in order to efficiently and effectively run a Carrera Program replication. One of those positions is coordinator who, as you can imagine, manages the day to day operations of the program but most importantly, works with the program developer,

ourselves and the leadership and stakeholders in that community to ensure that there is overall fidelity to the program model.

Another very core position is called the community organizer and just as the name suggests, that is the person who ensures that there is close and consistent ties with parents, trusted adults and other community members who we successfully engage in terms of implementing programming. There are a range of other kinds of component leaders to ensure that all of the aspects of the program are implemented effectively and that is something that we provide to organizations who are doing Carrera replications and as a part of that, we provide the job descriptions, we work with staff to think through staffing allocations, et cetera. So that is a part of the scope of work that we provide in terms of our work with organizations replicating Carrera.

Michael Carrera: Just an additional point is that once we begin working with a group, we emphasize pre service training and professional development way in advance of the initial engagement with young people and then for each year going forward of the grant, we provide ongoing, very intense, fidelity management at each one of the locations and problem solving and we have our own helpdesk and we have our own technology system that we train all the staff on so that we're able to do performance management not only on site but also through data collection and data analysis.

Jaclyn Ruiz: Thank you for that information. Can you talk a little bit about some implementation challenges that you're aware of and possible new strategies that you've known to overcome those challenges?

Sheila Reich: So part of what we do in terms of our work with grantees is we really try to set up all of those organizations to be successful in what we can a best practices implementation of programs. So if organizations really invest a lot of time and

energy in terms of thinking through how to successfully organize and execute on the strategy for implementing a program, we understand the kinds of services and supports an organization will need in order to be successful over the long-term.

So part of what we do is to think about what the strategies for success are. We tend to think of success before we do challenges but as Dr. Carrera mentioned earlier, we are a long-term program. We are comprehensive in nature which means that in terms of the staffing, in terms of our approach to problem solving, it is going to require people who really have patience and a level of commitment to programming and to young people to ensure that we are able to adequately support them as a transition from adolescents to adulthood.

Another strategy for a successful program replication really has to do with hiring a high caliber staff that not only are experts in their particular content area but who really exemplify the core principals and telepathy of our work and for us, that is truly one of the things that will determine whether or not a replication is successful when and if you have staff people who really understand the kinds of engagements that are required in order to have successful programming.

Another strategy for success is really ensuring that you have a robust component implementation. Let's focus on quality, high quality, high quality engagements and things that young people are going to be interested in over age and stage and again, we want to make sure that the location of a program site is accessible to the community that you're serving that young people and their families are going to feel comfortable in coming to a specific facility or specific program and overall adherence to the program model is important.

If people view the kinds of things that are required in terms of the component milestones and are able to execute and deliver on all of the things that we promise young people when they come into our program, that's the kind of things that's going to make us successful over the long-term. In terms of challenges, there are things that we would need to think about in terms of managing attrition. What happens when young people may move from a community or may transition from a middle to a high school? Again, we're training a high caliber and a high quality staff over time as one of the common things that we see in programming.

The ability to really, really be flexible when you're thinking about working with a range of stakeholders whether that's with a particular program site or a school, it certainly requires the ability to be flexible and to really be a good problem solver in terms of working through issues that will ultimately create accepted programming for young people. Sustaining the program once funding has ended is something that we take very seriously and if organizations are able to think about those things as they begin implementation, that's going to make for a much more successful plan for sustainability and I think overall, when you think about comprehensive long-term programming it is different than short-term interventions and you have to have a staff, you have to have organizations who really are invested in doing long-term transformative work for young people.

Jaclyn Ruiz: I just want to do a plug for OAH. There are going to be a few technical assistance webinars and products developed that I think might help a little bit with organizations understanding their capacity to implement any of the evidence based programs and some information about thinking about staffing when you're thinking about implementing any evidence based program. So that might be helpful for grantees to check back on the OAH website for those resources.

I want to point out that one of the challenges you mentioned was about sustaining the program and offline, Dr. Carrera, you mentioned a little bit how enhancing your program to talk about sustainability. OAH has a sustainability framework resource available on the website but do you want to talk a little bit about that?

Michael Carrera: Yes I do. Thank you. One of the things that we want to make sure occur and work with every grantee is that once the funding is completed, that the key elements of the components, the spirit and the ease of the program remain to serve other young people and do not just terminate when the funding has been completed. We feel, ourselves, a moral obligation to be able to do that and we will work accordingly with the leadership of the program or the school to develop the proper strategy in order for that to occur so that the program really can be seen as a long-term program and I hope that we can get our ideas to be knit within the fabric of the overall agency or school because I'm just convinced that this is the way to go. That single interventions may have some outcomes that look very promising but in terms of the long lives of young people providers need to take a look at what lasts.

Jaclyn Ruiz: Thank you for that information and I just want to point out to anyone listening that on Slide 14 you can find additional resources on the program. We hope that these resources in conjunction with today's webinar will provide a comprehensive understanding of this evidence based teen pregnancy prevention program and we'll also assist you in making not only an informed decision on which evidence based program to select for your community but how to best prepare for it and implement this program. Dr. Carrera or Sheila, do you guys have any final words.

Michael Carrera: We're grateful for the opportunity to have this change to speak with prospective grantees and we look forward to hearing from them and the one thing that people know about us is that when we work with a group, we're all in.

Jaclyn Ruiz: That's great to hear. We love to hear investments in our program. So thank you for that comment. Well, I want to thank you both for taking time today. I'm sure you're incredibly busy but we know that this information will be incredibly helpful to our grantees. So just thank you again.

Sheila Reich: Thank you so much.

Michael Carrera: Best wishes.

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