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Moderator: Deborah Rose
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3:29 pm CT

Coordinator: Welcome and thank you for standing by. All participants will be able to listen only until the question and answer session. Today's conference is being recorded. If you have any objections, you may disconnect at this time. And now I will turn the meeting over to Ms. Deborah Rose. Ms. Rose, you may begin.

Deborah Rose: Yes, thank you. Good afternoon and welcome to the Office of Adolescent Health November TPP Webinar. My name is Deborah Rose and I'm a Project Officer at the Office of Adolescent Health.

Today's presentation is on the OAH CDC Teen Pregnancy Prevention Community Wide Program. As part of the President's Teen Pregnancy Prevention Initiative, CDC is partnering with the Federal Office of the Assistant Secretary for Health OASH, Office of Adolescent Health to reduce teenage pregnancy and address disparities in the teen pregnancy and birth rates.

The purpose of the program is to demonstrate the effectiveness of innovative multi-component community-wide initiatives in reducing rates of teen pregnancy and births in the communities with the highest rates.

Today, Trisha Mueller and the CDC Teen Pregnancy Prevention Team will provide an overview of the TPP community-wide initiative and two of their grantees will present on their programs and share some of the challenges and successes of implementing a community-wide pregnancy prevention program. Trisha?

Trisha Mueller: Hey, good afternoon. Thank you all for taking time out of your day to learn about our program and some of the exciting work our grantees are doing in their communities to reduce teen birth rates.

As Deborah said, my name is Trish Mueller, and I'm a Project Officer in the Division of Reproductive Health here at the CDC. Welcome to today's webinar involving the whole community in a community-wide approach to teen pregnancy prevention, Strategies and Lessons Learned.

Today, myself and two co-presenters will be presenting about our community-wide initiative. We will have a question and answer period at the end of the call. Please hold all questions until that time.

Today I will be briefly presenting on the overall teen pregnancy prevention initiative funded by CDC and OAH. Following my presentation, two grantees of our program will be presenting on their experiences working with diverse youth in their communities and engaging the foster care, juvenile justice and schools in the implementation of evidence-based programs.

At the end of the today's webinar, participants will have a greater understanding of the OAH/CDC community-wide teen pregnancy prevention initiative in ten communities, increased knowledge of strategies grantees are using to effectively work with diverse youth in their communities, and a greater understanding of how grantees have successfully mobilized the community, and engaged the foster care, juvenile justice, and school settings to implement evidence-based programs.

As Deborah said, the purpose of our program is to test the effectiveness of innovative multi-component community-wide initiatives in reducing rates of teen pregnancy and birth in communities with the highest rates.

As stated previously, we fund nine organizations who are working in ten different communities. Most of these grantees are concentrated in the southern and northeastern parts of the United States. These organizations range from community-based organizations, state teen pregnancy prevention organizations, health departments or universities.

These grantees are working to reduce rates of pregnancies and births in youth to use in the target community, increased youth access to evidence-based and/or in evidence-informed programs, and increased linkages between teen pregnancy prevention programs and community-based clinical services.

We use a tiered training and technical assistance model in our project. In addition to the nine states or community grantees, CDC also funds five national partners. These national partners provide training and technical assistance on the five components of the initiative to our grantees. With the increased capacity of the grantees, they then provide training and technical assistance to local youth-serving organizations and clinical partners in their communities.

Each state community grantee must work with at least ten local youth serving organizations and five clinical partners that are serving youth in the target community. There are five key components which I alluded to earlier that are included in the community-wide initiative in which all grantees are responsible for implementing.

At the beginning of the project, grantees selected a target community and they will be implementing all five of these components into their community. The five components of our project include community mobilization.

First, each grantee is responsible for mobilizing the community and forming advisory groups of community members, leadership in the area of teen pregnancy prevention and teens.

As you will hear later today from our grantee in San Antonio, mobilizing the community involves numerous stakeholders and partners. Evidence-based programs: each grantee is required to work with a minimum of ten youth serving organizations in the community to build their capacity to select, implement, and evaluate teen pregnancy prevention programs.

Local youth serving organizations can be schools, faith-based organizations, community-based organizations, foster care group homes; basically any organization that provides prevention programming to youth.

Local organizations select programs included on the HHS list of evidence-based teen pregnancy prevention programs, and these organizations are the actual implementers of programs with the youth.

Upon selection of a program, our grantees are responsible for insuring that local organizations are adequately trained, implementing the programs with fidelity, and evaluating their program.

Clinical services: each grantee is required to work with a minimum of five clinical partners in their target community. Our grantees provide training and technical assistance to clinical partners to increase their capacity to implement those practices, and to ensure access and utilization of contraception.

They also work to establish linkages between the youth serving organizations mentioned above and clinics that serve at-risk youth from the target community.

Stakeholder education: grantees are responsible for educating stakeholders in their community on the importance of supporting teen pregnancy prevention efforts. Many grantees are also implementing social media campaigns or marketing campaigns to increase awareness of the initiative, as well as increasing awareness of clinical services in their communities.

And finally is working with diverse communities. With a focus on youth of the highest risk, grantees are implementing strategies guided by those practices to ensure that priority populations are effectively being reached.

Today's webinar will focus on the working with diverse communities component, as well as the community mobilization and program implementation components.

To illustrate what these key components look like on the ground, Beth DeHart from the South Carolina Campaign to Prevent Teen Pregnancy and Jennifer Todd from the University of Texas Health Science Center at San Antonio will

present on strategies they have used to mobilize the community and engage diverse groups in the initiative.

So our first presenter is Beth DeHart. Beth is the Project Coordinator at the South Carolina Campaign. She will be discussing how they are increasing their own staff's internal capacity, as well as how they are incorporating successful strategies at the project and community level to ensure that they are reaching diverse youth. Beth, go ahead.

Beth DeHart: Thank you, Trish. We are, indeed, honored to be a part of the webinar. We appreciate OAH and CDC for giving the South Carolina Campaign to Prevent Teen Pregnancy an opportunity to share our experiences with you today.

Please allow me to say first and foremost that anything I'm about to report to you is entirely thanks to the hard work of our local South Carolina Campaign CDC leadership team, who are some of the hardest working and most dedicated professionals that I know.

Okay. The working with diverse communities component of the project has become a priority for the South Carolina Campaign project team. JSI, John Snow Institute, has provided a great deal of assistance and guidance to help us move this initiative forward.

Project-wide, the South Carolina Campaign CDC team has implemented some internal staff specific, project specific and community specific strategies to address the working with diverse communities component of the project, and I'll share some of those with you now.

Before we can begin focusing on the working with diverse communities component of the project, however, we first had to ask ourselves what diverse

communities are we referring to. For the South Carolina Campaign, we define diverse community as any community that is traditionally underserved, either intentionally or unintentionally.
We referenced both national and community level data, as well as our community advisory groups for guidance on how to define diverse communities.

For the two counties, Horry and Spartanburg, that we serve that narrowed our focus to these identified groups: African American youth, Hispanic and Latino youth, adolescent males, youth in foster care and residential facilities, pregnant and parenting teens, homeless and runaway youth, youth in detention centers, and 18 to 19 year olds. We recognize that the other groups may and probably will be added to this list as our project continues.

Okay, now to our specific strategies. First, I'll share some of the staff specific strategies that we have implemented or will be implementing in order to build our own internal capacity. We recognize that each individual person on this project is at a different place with their personal progress on working with diverse youth.

It's important to meet individuals where they are while helping them to develop a new broader perspective. The CDC leadership team here at the South Carolina Campaign recognize that we will need to continually work on our own capacity to best guide the CDC project in regard to serving diverse populations.

To that end, we have identified and started with several internal capacity building strategies. The South Carolina Campaign project team has developed a plan to watch the Unnatural Causes video series to increase understanding of

the social determinants that impact teen pregnancy in each of our communities.

Unnatural Causes is a documentary series broadcast by PBS and now used by thousands of organizations around the community to tackle the root causes of our alarming socioeconomic and racial inequalities of help.

There's a discussion guide that's linked above that contains suggested pre and post viewing activities, comprehension and discussion questions for each program, and practical follow-up actions for participants.

The South Carolina Campaign is developing a schedule for our entire staff to watch the series and be able to participate in discussions around how its content relates to teen pregnancy.

Also, the South Carolina Campaign has joined the South Carolina Hispanic and Latino Health Coalition in order to access their resources and knowledge on reaching the Hispanic and Latino communities with teen pregnancy prevention messages and initiatives.

Several members of the coalition have already proved their - have already provided, sorry, very valuable input to the South Carolina Campaign project. For example, one member, who is a (pro matura), met with me to discuss her (pro matura) project, which sparked our interest in a community health workers project that I'll discuss later.

The group as a whole also assisted with recruiting focus group participants, which I'll also discuss later. The coalition has committed to offering assistance to the South Carolina ongoing and as we need them.

Finally, the South Carolina Campaign team recognized that we need additional training on two pressing issues: working with Hispanic and Latino communities, and effective communication.
In December of this year, we will host a half day training to help build our own capacity to work with Hispanic and Latino communities, and this session will be led by a member of the South Carolina Hispanic and Latino Health Coalition that I just mentioned.

And we'll also host another half day training on communicating with intent. It's our hope that these two professional development opportunities will complement each other as we continue to try and engage Hispanic and Latino, and in fact all underserved groups in our communities.

In regard to project specific strategies and working with diverse communities, I'd like to discuss our process for identifying and working with partners.

For two years, the South Carolina Campaign has used the getting to outcomes contracting process to identify and fund local partners to implement an evidence-based program. This process includes the submission of a letter of intent from potential partners as a pre-screening tool to identify organizations that meet the critical - I'm sorry, the criteria to submit a full proposal.

Submitted proposals are reviewed by an internal team that identifies strengths in areas and need for follow-up and technical assistance, and the last step is the awarding of the contracts with selected partners.

We've built two intentional strategies into our partnership process to ensure we support community partners who intend to serve diverse populations with an evidence-based teen pregnancy prevention program.

Potential partners are asked what identifiable groups they already serve, and those that do already serve diverse populations are given priority funding consideration. Also, our technical assistance staff work very hard with our funded partners to help them consider ideas to reach out and serve additional diverse populations.

We've implemented other strategies to build the capacity of our local partners and community groups that either have or will have impact on the way our project as a whole engages diverse populations.

First, the South Carolina Campaign conducts focus groups over the summer - I'm sorry, we conducted focus groups over the summer to gather information from African American and Hispanic and Latino teens regarding their opinions about an experience with family planning clinic access and use.

Findings from the focus groups will be used to develop more relevant marketing, stakeholder awareness, and education messages. It will also be shared with local clinics to identify areas for technical assistance and growth.

Next, during the South Carolina Campaign's annual summer institute in June of 2012, JSI assisted with hosting a five hour working with diverse communities session for core partner and community action group members and local evidence-based program implementation partners.

This session addressed pertinent issues, such as the role of emotional literacy and the utilization of feelings and personal and professional relationship building, and helping participants identify and increase understanding of the impact of their own group membership in their work with youth.

Also, youth leadership teams from Georgia, North Carolina and South Carolina attended a two and a half day summer forum in August of 2012. We once again utilized national technical assistance providers to assist with developing and delivering content for this forum.
During the forum, youth participants attended sessions and participated in discussions on diversity, social determinants of teen pregnancy, and the role of culture on sexual health. Participants build competence in effective communication with the media, conflict management and reproductive health, among other issues that they - and that they can - and they can apply this information to their work in their respective communities.

Finally, with guidance from our national TA provider, JSI, the South Carolina Campaign project team is considering developing a community health workers initiative in each intervention community to reach diverse populations with meaningful teen pregnancy prevention messages, education, and resources.

The current ideas is to partner with other local non-profits to co-fund a small core of community health workers to conduct education, outreach, and referral services to high need populations. This co-funding idea will make the strategy much more sustainable after the CDC project is done.

The South Carolina Campaign serves two communities as part of our CDC OAH cooperative agreement, Horry County and Spartanburg County. The project has developed some specific strategies to address the unique needs of both diverse communities.

In Horry County, several current evidence-based program partners reach out to African American teens in community-based and faith-based settings. One conducts outreach to homeless and runaway youth, and one is preparing to

implement (SHARP) with at-risk youth affiliated with the Department of Juvenile Justice.

(SHARP) is a group-based intervention designed to reduce sexual risk behaviors among high risk adolescents in juvenile detention facilities and similar community organizations, and is delivered in small groups of up to ten youth, and seeks to increase condom use and reduce alcohol-related sexual risk behavior.

Curriculum trainings for all implementation partners include modules on answering sensitive questions and values clarification exercises. This helps to reinforce to facilitators the importance of valuing youth participants' individual experiences and culture while not interjecting their personal values and judgments on the youth.

In addition, core partner and community action groups both acknowledged a need for additional training related to cultural competence, which has led to conversations about our providing a community level training for partners to increase their capacity to provide meaningful culturally resonant services to teens and families.

The South Carolina Campaign's staff have been working - I'm sorry, have been in conversation with JSI to possibly provide this training which will work with participants to explore their own values and have them align their work to meet teens where they are.

In Spartanburg County, one of the determinants selected by the community action group for the BDI logic model is male responsibility. Work on this determinant has taken on a life of its own.

A men's network has been formed to work both with boys and adolescents, and men, to encourage responsibility, promote education, and connection individuals with services and mentors. The men's network wants the Not Right Now project, which is the name of our project, Not Right Now for Pregnancy (unintelligible), to help coordinate a men's symposium to provide education and networking opportunities for men and boys in Spartanburg.

In addition, one of our new implementation partners, which is a local Baptist church, has a goal of reaching males specifically.

The Department of Social Services Foster Care case workers received a training from the South Carolina Campaign on key strategies for assessing and addressing the sexual health needs of youth.

During this training, they learned about conducting a sexual health assessment, HIV, and unintended pregnancy prevention, and the developmental needs of youth to promote their sexual health.

DSS is also interested in additional training for their staff and for foster parents on how to talk to youth about sex, how to connect young people to clinical services, and methods of birth control.

Lastly, in relation to foster youth, our girls home is interested in their staff receiving training and learning how to refer teens and their parents for family planning services.

In regard to African American females, we also have two new sites in Spartanburg that are looking to implement (unintelligible) with African American females. This is a culturally relevant, evidence-based program

delivered by African American female facilitators for African American female adolescents.

And finally in Spartanburg, the youth action board has begun to look at social determinants of teen pregnancy as they relate specifically to the Spartanburg community. Youth action board members in Spartanburg have participated in a reproductive justice timeline activity, along with other activities to help them examine how being part of a minority group has impacted access to services over time, and has often led to oppression in different ways.

Certainly, however, there is a long way to go to ensure that we are providing as much opportunity and service to the diverse populations in these communities as we can.

Hindsight is, indeed, 20/20. As our project team has considered our working with diverse communities component of the project, there are several lessons that we've learned and will manage differently henceforth.

It would have been helpful to have conducted an agency-wide self-assessment to determine our internal capacity to address the working with diverse communities component first.

We know now that we have staff members who have institutional knowledge of working with the LGBGQ community, with African American community, with college age youth, with the faith community, but we don't have anyone with expertise working with the Hispanic and Latino community.

And although we do have some staff who have experience working with foster youth, our access to the organizations that serve them is limited.

Had we conducted an initial staff assessment, we could have better maximized our resources and strengthened our capacity to work with additional groups from the start of the project.

Next, we have also found value in asking what does the community consider a minority population. It was a bit of a surprise when the Spartanburg group identified males as a group in need of direct attention in regard to teen pregnancy prevention.

Also, in Horry County the population of Hispanic and Latino families is relatively small; only about 7% of the population. But they are seeing a noteworthy rise in the population of Russian immigrants to the area.

Asking the community the question, "What do you consider a minority population?" would have given us a better gauge for directing our efforts to address the needs of those populations.

Next, there are so many questions regarding how to effectively train youth to work with their peers, especially on this sensitive topic. Considerations that must be addressed include parental consent, involvement and support, legal limitation on information dissemination, safety, ensuring effective messaging. Each of these considerations, and more, must be considered.

In regard to evidence-based interventions, there isn't always an easy fit. We know it's critical that interventions be tailored to meet the needs of target populations, and we also know that we are required to use evidence-based interventions when working with youth.

This becomes an issue because evidence-based interventions simply do not exist for every target population. For example, foster youth and older teens.

It's a general balance to find a good fit for groups who are interested in participating on the project, but for whom there isn't a good fit of an evidence-based intervention.

And finally, when attempting to work with diverse populations, you have to keep in mind how emotionally charged this subject can be. We have had to step back and take time to listen to what the community has to say. Oftentimes, people just want to be heard. But there is a lot to learn from group discussions and the form of understanding, and from the understanding - I'm sorry, and from understanding the history of the community.

This learning should then form our strategies and our actions. Well there you go. That's our experience with working with diverse communities for the South Carolina Campaign to Prevent Teen Pregnancy, and I appreciate your time.

Trisha Mueller: Thank you so much, Beth. Up next is - let me slide back on these. Up next is Jennifer Todd from the University of Texas Health Science Center at San Antonio. She will focus on how their team has successful mobilized numerous partners in the community for the implementation of evidence-based programs. Go ahead, Jennifer.

Jennifer Todd: Okay. Thank you to OAH and CDC for allowing us this opportunity to share some of the great work that our community here in San Antonio is doing and good afternoon to everyone. I'm Jennifer Todd and I'm the Project Coordinator for the CDC UT Teen Health initiative.

And today I'm going to be talking to you about the community-wide strategies that we've used to get evidence-based programs into our foster care, juvenile justice and school systems.

So by the end of this program, you should be able to identify at least two strategies needed to get evidence-based programs into foster care, juvenile justice, or school systems, and list at least two questions utilized to better assess the needs of these populations.

But before we talk about specific strategies, it's important to remember that curriculum is just one piece of the puzzle for adolescent sexual health, and we need to provide kids, or students more than just knowledge.

We also need to provide them with skills, motivation to think about future (unintelligible) and support. We need to provide this both in and out of foster care, juvenile justice, and school systems.

As Beth said, there's really not a perfect fit for evidence-based programs, but it's important to utilize approved adaptations that meet each organization's needs. And you can talk specifically to the curriculum developer or utilize the actual developer's adaptation kits to make sure that you're sticking with the core components of the evidence-based programs.

You can also consider an evaluation tool that will allow you to report back to the organizational leaders on things that they liked about the curriculum and possible concerns that they might have, and how that can be addressed.

Additionally, you can always try it, knowing that you are evaluating it and will reevaluate to continuously assess if it's meeting the needs and goals of that organization.

Now I'm going to talk to you about ways that UT Teen Health has been successful in implementing these evidence-based programs in these

populations. With foster care youth, we have been implementing making a difference in a Catholic foster care setting, as well as we will be hosting a training of facilitators for another foster care agency in making proud choices. With these evidence-based programs, each of these foster care agencies reviewed the list of - on the OAH site and were able to choose what best fit their population. With juvenile justice, we started with training over 400 of staff. That includes probation officers and detention officer, on a Sex 101, a training that focuses on puberty, STDs, contraceptives and clinical linkages to provide a foundation for an implementation of an evidence-based program.

And in November, we held a training of facilitators for 30 of their probation officers and detention officers in which they plan to implement reducing the risk in December.

In addition to that, we are excited that five school districts have been given school board approval for the evidence-based programs reducing the risk and making a difference. And in 2011 through 2012, we estimated about 636 students that did receive either reducing the risk or making a difference.

And to date, we have an estimated - actually 1,251 students that have been pre-surveyed prior to receiving reducing the risk or making a difference.

So some of the strategies that we've utilized in both of these - these three populations is really focusing on building relationships with the organizations and having that relationship build on trust. Our organization says whatever we do - whatever we say we will do, we do. And we're flexible and extremely transparent.

We've worked with organizations to find a champion that trusts what we're doing and really believes in the program. And we have allowed that champion

to introduce us to key stakeholders in the community, and district or organizations.

In addition to that, we've assessed the needs of our community and of the organizations through focus groups. And with that information, we've met with key leaders to present the data, and that has really helped us really promote buy-in from these key stakeholders. It helps us - it helps them understand that we are - we have a good understanding of their hierarchy of authority and also promotes buy-in.

In addition to that, we also, as we're looking at curriculum, really highlight the strengths and potential concerns, and make sure that the organization understands that so that there's transparency there.

In addition, we have also held information sessions for both parents or foster care parents and school administration where we've presented the curriculum so that parents and administration know what's being taught. And this gives them an opportunity to ask questions, as well as look at the strengths and areas that they may need to address later on.

In addition, we have also really tried to focus on meeting with key personnel. Prior to any implementation, we have meetings with nurses, counselors and social workers to make them aware of the program and the possibility that there may be an increase in students talking to them about pregnancy, STDs and HIV.

Specifically with schools and getting school board approval for an evidence-based program, we really have tried to maintain a presence on the school health advisory council. This helps them look at our organization as the primary source for sexual health information or health education, and has

really helped us move forward in getting school board approval for these evidence-based programs.

And once we have received approval, as we work with schools in holding a training of facilitators, we work with schools to find out - if they do have to use substitute teachers, we allow for the possibility of paying for those.

In addition to that, we also try not to train too in advance. We usually try to train within three months of implementation to make sure that they understand the curriculum and they remember it right before they're going to implement.

And we also try to pick the most vested people to get trained. We want to think about sustainability and we want to make sure that the teachers and/or facilitators that are getting trained are going to be there in the next year.

In addition to that, we continuously provide support through training and technical assistance. We meet with facilitators and provide them with incentives such as pencils or stickers to help promote class participation.

And during the implementation of the curriculum, we sent e-mails of encouragement, also go in to observe a class that's being taught to make sure that they are sticking with the fidelity of the curriculum, and also to help answer any questions that they may have or students may have.

In addition to that, we've really looked at community-wide strategies to educate key stakeholders in foster care and juvenile justice through face-to-face meetings. In addition to that, we have invited these key stakeholders to be involved in our organization's leadership team.

As Beth mentioned, they have a core partner leadership team. We have invited them to be a part of that and they have been instrumental in helping us connect with other major stakeholders in other organizations that focus on these high risk populations.

We also have gotten involved in work group or task forces that really focus on these populations. For example, us being a part of one of these task forces led us to an opportunity to work with the juvenile justice and move forward with them.

Some activities have included the Sex 101 training, implementing evidence-based curriculum and training to facilitators. In addition to that, we had a photo voice exhibit led by our youth leadership team that really helped promote community awareness of teen pregnancy prevention.

The youth leadership team took photos from their iPhone and blew them up, and talked about what teen pregnancy means to their community, and had an open dialogue with members of the community.

And then the challenges that we have encountered working with foster care agencies has been the high turnover of staff. We have talked to interns that have been there for three months and then move on to another organization, in addition to licensed staff that have been there. And so that has been one of the challenges.

In addition to the youth set of foster care, a lot of times they are a little bit more transient. And so, making sure that they are there for the entire intervention has been difficult. We also want to make sure that, as I stated before, training the correct staff and not an intern that's only going to be there for three months.

With juvenile justice, we have a similar issue getting youth the information they need before they actually leave the system. A lot of times in our detention centers, they're usually there from anywhere from ten days up to three months. And so if you have an evidence-based program that is 16 weeks long, that's one of the challenges, is how much information are they going to get and making sure they get that information.

With our schools, cross-scheduling has been a big challenge. When facilitators begin implementing, a lot of times they have a plan, but then testing gets in the way or early dismissal and having to go back and be flexible, and looking at that schedule and implementation plan.

And then in addition to that, high teacher turnover. In one of our school districts, we trained six facilitators, only to have three of them not return back to that school.

In addition to that, one of our lessons learned with foster care is that there is a need to link these youths to clinical services but they often don't know where to refer them to. And so we are working with them to help them establish a referral system, as well as understand what clinics are available to them in the area.

And then training the appropriate staff, not just interns or staff that's not going to be there long term.

With juvenile justice, our probation officers have been instrumental in really wanting to give youth medically accurate information; although a lot of them just feel that they don't have the resources or the knowledge to provide that.

So we are working with them to increase their capacity to provide that information.

And then another lesson we learned from our focus group was that youth in the juvenile justice system prefer actually talking to another trusted adult about sex and relationships, and not just their parents. And so that's one thing that we are also going to be working with the juvenile justice system is working with the parents of the youth that are on probation and getting them the information and resources they need to continue that talk or perhaps start that talk.

And with schools, the greatest lesson learned was that we need to keep everybody in the loop. Any time that we are on campus, we make sure that we call our champion and let them know that we will be on campus and if there are any issues that we would be calling them.

And that has been very helpful in just making sure that everybody knows who we are, what we're doing, and then being able to be flexible and provide support in our schools.

This is the link to the list that Trish mentioned before on the evidence-based programs that we have mentioned, both Beth and myself. And it outlines the population and setting for the evidence-based programs.

And this is our contact information. If you have any additional questions that we're not able to answer, please feel free - or that you think of later, please feel free to contact us. We'd be more than happy to answer any questions you may have. So Trish, I'm going to go ahead and turn it back over to you.

Trisha Mueller: Thank you so much, Jennifer. And I actually will hand it over to (Pat), who is the facilitator for questions.

Coordinator: Yes, thank you. If you would like to ask a question at this time, please press star 1 on your touchtone phone. To withdraw that request, press star 2. Again, please press star 1 on your touchtone phone to ask a question. One moment please.

And our first question comes from (Rebecca Selub). Your line is open.

(Rebecca Selub): Thank you very much for the presentation. I've gotten lots of great ideas. Beth mentioned having an in service to address communicating with intent, and I was curious as to what that meant.

Beth DeHart: Sure, great question. Some of our TA providers have indicated that when they are providing technical assistance to our partners, sometimes they fear that they're not effectively getting their messages across or they're not interpreting what our partners are saying back to us.

And all of us think that we do communication really well. But the fact of the matter is we all could have - we have areas where we could improve. So I contacted the Executive Director of the Community Mediation Center in Columbia, which is where we're housed, and she is an expert in group facilitation and communication, and that sort of thing.

And I explained to her the situation and asked if she could come and work with us on that. And so that's the plan. She's coming on the 11th of December, and she's going to talk to us about different types of communication styles and methods.

And then we'll do some role play. She knows the kind of work that we do and I have given her some TA-related cases to work with. And so she's going to literally give us an opportunity to - we'll play the role of provider as well as TA - I'm sorry, partner, as well as TA provider.

And then we'll work through what a communication exchange might look like. And we'll point out maybe some areas where maybe an assumption was the basis of a communication and one person knew the assumption and the other person didn't.

And so we'll try to, you know, unpack that a little bit and figure out where is it that maybe communication might be breaking down, understanding that we're probably never going to do it perfectly.

But, just giving people an opportunity to be more intentional about their communication, especially as it comes to our partners because the TA that we provide ultimately is going to speak to the sustainability of their program. Did that answer that?

(Rebecca Selub): Yes. I'm not sure I'm back on, but yes, it was very nice. Thank you.

Beth DeHart: You're welcome.

Coordinator: Thank you. And once again, please press star 1 to ask any further questions. One moment. And I am showing nothing further at this time.

Deborah Rose: Okay, thank you. With no other questions, I would like to thank you for participation today and we look forward to seeing you next month at our December webinar. Thank you and have a wonderful day.

Coordinator: Thank you for your participation on today's conference call. You may disconnect at this time.

END