Evidence Based Programs in Action: Policy and Practice Insights From a Success Story

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The Partnership for Results (the "Partnership") is a model of local governance designed to implement a broad spectrum of evidence-based programs (EBPs) for the benefit of youth at risk. For a decade, it has operated in Cayuga County in Central New York, which includes the City of Auburn. It has sustained its programs after initial federal funding from the Departments of Education, Health & Human Services and Justice, and it has proven to be replicable. Most importantly, the Partnership is having a profound, positive impact on the lives of children and youth and their families:

- It has reduced levels of juvenile violence, criminal offending, and destructive risk taking by children and youth – the arrest rate for juvenile the arrest rate for delinquency and young adult criminality has declined by 49% (compared to 24% in Upstate NY as a whole); placements in juvenile detention are down by more than 50%; use of alcohol and marijuana has declined by over 30%; and schools are safer, with reductions of over 55% in fighting and crimes of violence on school property.
- The Partnership strives to reduce the exposure of children and youth to violence in all settings (home, community, and schools) and to improve their resilience (to prevail in adversity). We can claim important results - hospitalizations of youth as a result of assaults have declined by over 40% (while they have increased in Upstate NY); the admission rate to foster care as a result of abuse and neglect has decreased by nearly one-half; independent outcome evaluations indicate that nearly two-thirds of students receiving mental health prevention and short-term interventions experienced substantial improvements socially and

emotionally, with a greater capacity to manage problems at home and school (including significantly lower levels of suspensions).

- Safe schools, reduced levels of violent and disruptive behavior, and the introduction of effective curricula have promoted academic engagement and achievement – in the City of Auburn, the percentage of 8th-graders meeting or exceeding NYS learning standards on statewide exams has increased from 49% to 81%; there has also been a 30% increase among 8th grade students meeting or exceeding English Language Arts standards.

A little about Cayuga County, NY. To the west of Syracuse, the county has a population of 85,000, including 30,000 in the City of Auburn. The county and surrounding areas of Central NY have experienced an accelerating erosion of the industrial base for 2 decades. Like many other so-called rust belt regions, Central NY has not experienced an upswing in service industries. When the Partnership began, the County was exhibiting many of the signs of acute distress typical of regions in prolonged economic decline, with rising levels of physically aggressive behavior and substance abuse among youth, increasing rates of intra-familial violence and child abuse and neglect, and steady declines in academic engagement and achievement.

The Partnership is a quasi-governmental entity, a 501(c)3 whose board is comprised exclusively of directors of public agencies operating in the areas of education, human services, and law enforcement. It is designed to promote a cross-system commitment to implementing a "public health" spectrum of prevention and early intervention EBPs. In other words, it is a spectrum which addresses the needs of children and youth across age levels and which includes a broad range of service intensities, from universal prevention to more targeted and intensive forms of secondary and tertiary prevention. It holds programs to a high level of accountability by conducting ongoing impact assessments. The Directors and staff regularly review data regarding caseload, outcome, and fidelity (or adherence) to established models and to guide allocation of resources. This is a

public process, with assessment data and evaluations made readily available. Critically, what started in 1999 is still functioning, sustained by recurring funding streams and a wide range of other supports, and it is maintaining its early, strong outcomes. This Partnership's approach is in keeping with this administration's commitment, as recently expressed by the Director of OMB in October of this year, to improving accountability and quality of services by promoting routine reliance on high quality impact evaluations.

Beyond providing evidence of the Partnership's success in promoting the positive social, emotional, and academic development of children and youth, this presentation has three overarching goals. The first of these goals is to identify the essential (that is, non-negotiable) elements of the Partnership model. The second goal is to outline (as a policy matter) lessons learned and approaches to successful replication. I should note, in this regard, that the Partnership is currently engaged in 2 large-scale replications – one in a rural community in Central NY and also in Washington D.C. – and the learning is definitely an ongoing experience.

I will begin with a third goal, which is to identify the *4 laws of children and family systems dynamics* that help guide the design of the Partnership. We need one law more than for thermodynamics because of the oftentimes-intense heat involved in any multi-systemic service delivery initiative. Change means friction, friction causes heat.

Before turning to these laws of dynamics, I think it is helpful to glance at the growing body of research that underscores how pervasive and complex are the vulnerabilities of children. Thanks to OJJDP's recent report on the National Survey of Children's Exposure to Violence,[1] for example, we now have an accurate measure of the levels of victimization by physical aggression: more than 60% of the children and youth surveyed were exposed to violence in the past year, either directly or

[1] Finkelhor, D.,Turner, H., Ormrod, R., Hamby, S. and Kracke, K. (October 2009). *Children's Exposure to Violence: A Comprehensive National Survey*. Juvenile Justice Bulletin. OJJDP. Washington, D.C. http://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf

indirectly; nearly one-half were assaulted at least once. Nearly 4 in 10 were victims of direct physical violence *2 or more times* in the previous year and more than 1 in 10 were directly victimized *5 or more times in the last 12 months.* Data from the path-breaking Adverse Childhood Experiences studies of the CDC indicates that over 4 in 10 young people had at least 2 or more such experiences. There is no clear algorithm that links a specific mix of adverse experiences to non-normative and destructive behaviors. Nonetheless, there is a strong body of evidence indicating that exposure to multiple risk factors increases the probability of dysfunctional behavior.

Not all children exposed to *multiple* risks develop behavioral, academic, or mental health problems. But when they do, the ability of our service system to diagnose across service needs is extremely limited. The problem is compounded, in many communities, by the recent erosion in the capacity of the services system. This brings us to the ***first law of children and family systems dynamics***: **Problems with complex origins have simple, easy-to-understand … and wrong answers.** The efficacy of many interventions such as mental health services[2,3] is restricted by limited knowledge about co-occurring risks and disorders (such as family violence, a parent's incarceration, and substance use). Circumscribed, single system responses to complex problems mitigate the effectiveness of interventions. It is clear that we need to understand more about vulnerable children across systems in a timely and rights protective manner to avoid generating simple, easy-to-understand, and wrong (or partial) answers.

Which leads us to the ***second law of children and family systems dynamics:*** **Just as much as nature abhors a vacuum, the system of restrictive placements abhors an empty bed.**

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[2] According to a recent report by the U.S. Department of Health and Human Services, one in ten youth (12-17 years old) has severe mental health problems that impair their ability to function at school, home, or in the community, and one in five has a diagnosable mental health disorder. New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report* (DHHS Pub. No. SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

[3] Children and youth living in low-income households are at greater risk of experiencing mental health problems Howell, E. (2004). *Access to children's mental health services under Medicaid and SCHIP*. Washington, D.C.: Urban Institute.

Children and youth are placed in high-cost juvenile detention centers, residential treatment facilities, and other forms of restrictive placements because those beds are there. But we all know that prevention and early intervention services (in health, mental health, juvenile justice, and substance use) are generally more effective and cost less than addressing problems with intensive services when they become acute. This is clear whether we are talking about primary, secondary, or tertiary prevention.

Contributing to this excessive reliance on restrictive placements is the ***third law of children and family systems dynamics*** **– what goes up, rarely goes down.** With rare exceptions, the greater severity of the penal law over time has increased the likelihood of incarceration for juvenile delinquents and young adults. This increasing punitiveness has been felt most acutely by the poorest youth in the community of color, those who have the least access to support services. Much of what I have just discussed is evident in a 1999 study of youth who spent at least 6 months in NY's juvenile detention centers – 95% had 4 or more risk factors that adversely affected their normative development. Many of these risks were unknown to human services and juvenile justice professionals before incarceration. Incarceration rates in NY increased through the '80s and '90s, even though it was common knowledge that rehabilitation was far from the achieving its intended goals. Indeed, given the high rates of re-offending, one it almost tempted to say that recidivism is most strongly predicted by a single variable – prior incarceration.

Certainly, concerns about program efficacy and accountability have created heightened interest in EBPs, and there is little doubt that preventive services, when appropriately targeted and provided in a timely fashion, are significantly more effective and cost efficient than intensive, reactive solutions. Given the range of risk factors at play in the lives of children, it is clear that a broad spectrum of preventive and early intervention EBPs are needed in most communities. Before the Partnership began its work, however, little was known about introducing preventive EBPs

simultaneously across all of the systems that are concerned about children and their families -- education, health care, mental health care, substance abuse, child welfare, family court and law enforcement. Is there a cumulative effect? Are EBPs more likely to be effective if they are thick on the ground, organized in a pipeline from primary prevention to tertiary prevention, serving children of all ages and in all the contexts in which they live? The answer that the Partnership provides is "yes", **but only if a form of local governance is in place to provide essential supports** (such as technical assistance, training, and assessment) **and to maximize the capacity of each EBP to serve those most likely to benefit from the program or service**.

While a public health spectrum of research-based prevention and early intervention programs is certainly not a novel proposition, in fact, communities typically implement very few of them. This reluctance is the result of several factors, including the following:

- The requirements of categorical funding streams and highly articulated regulatory frameworks, which are often viewed as mandating services that are neither preventive nor necessarily EBPs;
- A disinclination on the part of public authorities to invest in prevention during times of economic retrenchment;
- The common problem of implementer resistance to change, particularly if it requires changes in well-established protocols, practices, and procedures;
- The reluctance of organizational decision makers to encumber their agencies with the administrative and fiscal burdens associated with implementing EBPs. Many agency leaders are particularly wary given their understanding that such programs often fail to achieve predicted results. There are many reasons for such failures, when they occur. It is difficult to adhere closely to some programs (not all of them are manualized in an accessible way or at all); some parent organizations of EBPs are stretched too thin to provide timely technical

assistance; and quite often, implementers of such programs, in an effort to broaden access to an effective program, extent eligibility criteria and serve those who are not most likely to benefit from the program or service.

In most respects, the Partnership model is a deliberate exercise in applying social and political science to practical service. The Partnership relies on EBPs and research-based practices and it clearly embraces research in a wide range of fields (such as public health models of prevention; the impact of providing services in natural settings; "system of care" and wraparound models; and the critical role of management information systems in improving data-driven decision making). It is an expression of the ***fourth and final law of children and family systems dynamics:*** **The early bird may get the worm, but the second mouse gets the cheese.** The Partnership agenda is the careful, observant (and living) rodent, adopting only those programs and practices that are borne out by experience. We have assiduously avoided rushing to be first with a significant innovation, and we have avoided the new, promising, but not necessarily proven. Put another way, the Partnership model is an assertion that we can promote the positive development of children while maintaining a high level of fidelity to proven programs. And while little has been written about the selection process of EBPs, there too, the Partnership has closely tracked lessons learned in other communities (a subject to which I shall return in a few moments).

The eight essential elements of the Partnership's model for integrating EBPs are as follows:

(1) *Multi-disciplinary screening and assessment:* The goal is to identify multiply-at risk youth early in the development of problems and to provide qualified professionals with thorough assessment of resiliencies and risks. With this information, they are able to establish and appropriate treatment plan for the client and to develop a integrated service plan that addresses the unmet service needs of the family or household.

The Partnership developed its own screening and assessment instruments, after a review of existing instruments revealed that no eligible instruments were both attuned to the early onset of problems and were multidisciplinary. As a result, the Partnership convened an expert panel psychometricians, psychologists, and other researchers, who developed a 2-tiered assessment process. The first stage is a screening instrument implemented by teachers -- the *Observation Checklist* -- which screens for the early onset of symptoms related to mental illness, substance abuse, exposure to violence and cognitive disabilities. These behavioral warning signs, expressed in lay terms, focus on both internalizing behaviors (more common among girls) and externalizing behaviors (more common among boys). The Checklist educates school staff about behaviors that are likely to result in the need for extensive services if they are not addressed. It also helps ensure early, and narrowly targeted, referrals of multiply at-risk children and youth for comprehensive assessment and provides therapists with an early, accurate insight on the issues at play.

The expert panel also developed the Well-Being Assessment Tool, a unique, validated instrument with multiple functions: to generate multi-disciplinary diagnoses, to establish an understanding of the etiology of the problems, to map risks and assets, and to promote coordinated service planning. Completed by a mental health clinician with parental or caretaker consent, the instrument provides a systematic overview of the early onset of problems in multiple domains, from issues of anxiety and depression to school problem solving efficacy. It does so across the principal contexts of the youth being assessed -- individual, family, school and community. The instrument uses multiple sources of information: including validated self-reports, clinical observations and a wide array of collateral information. When completed, the Well Being Assessment provides a foundation for the development of comprehensive integrated service plans, particularly for youth who can benefit from early preventive and intervention services, both therapeutic and non-therapeutic in nature. The instrument also serves another critical purpose – it permits clinicians,

who have appropriate and ongoing training, to extend their observations beyond their usual discipline-specific parameters.

To use the Wellbeing Assessment successfully, however, the following systems must first be in place:

- A method to gather collateral information that incorporates legal protections and safeguards confidentiality;
- A process for addressing concerns of law enforcement, human services, and education agencies that their information will not be used inappropriately or misunderstood when shared with other agencies; and
- A system that coordinates trainings in these assessments across agencies, monitors the administration of assessments and the development of service plans, and, of course, tracks outcomes.

In other words, as practiced by the Partnership, the process of effectively conducting comprehensive assessments presumes a change in local governance, as does the prospect of selecting, coordinating and sustaining a "public health" spectrum of EBPs.

(2) **Local governance**: An essential part of the model therefore involves developing a quasi-governmental entity; as mentioned above, it is directed by agency leaders from education, human services, and law enforcement who actively collaborate to achieve the Partnership's mission. The founding corporate documents delimit core areas of activity - particularly the selection, implementation, monitoring, and sustainability of EBPs – and the founding documents establish a core staff intended to serve all agencies. The commitment of agency directors to this form of local governance intensified early on for a variety of reasons intrinsic to this model: the exercise of joint fiduciary responsibility; monthly reports of formative and summative evaluation data; developing a rights protective strategy for interagency data collection, and so on. It did not take long for

Partnership leaders to recognize multiple rationales for the agency: (1) it provides a venue to develop mechanisms for resource sharing; (2) with a staff accountable to all directors that specializes in the complex rollout and monitoring of EBPs, the costs of systems reform are less likely to be repeated in each agency; (3) it offers an opportunity for agency leaders to displace blame for occasionally difficult changes onto another entity, the collaboration itself; and (4) it develops the expertise to support agency leadership in responding quickly and convincingly to the many rationales for bureaucratic inertia.

(3) A Memorandum of Understanding was developed early by this quasi-governmental entity. It details the way it would collect, store, and use child and family-based data – *explicitly and only for comprehensive assessment, treatment, and service integration*. To this end, the Partnership developed a data collection process based on consent, with no disclosures of information outside the Partnership without explicit permission of the client, parent, or guardian. The Memorandum included the consent form agreed upon by all the participating agencies. To be clear, this is not inter-agency data sharing; given our well-developed system of confidentiality operating at all levels of government, this is extremely difficult to achieve (and may in fact be an oxymoron). This is a *consent-driven system of data collection* – one that is time limited and narrowly framed.

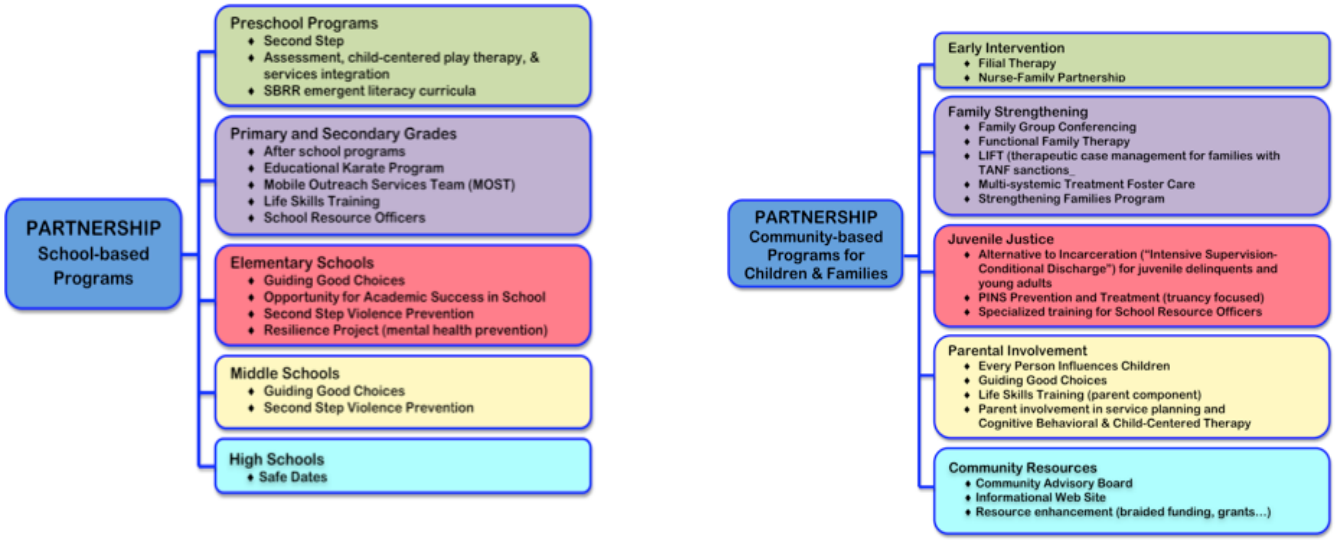
(4) A fourth essential element of the Partnership model involves the development and administration **of interagency databases.** These are intended to facilitate timely and thorough service planning and delivery. All relational databases, they facilitate the ongoing evaluation of programs critical for maintaining fidelity and accountability. They avoid the accumulation of a Sargasso Sea of data, which one enters seeking answers to critical questions but from which one never emerges.

(5) As a result of these first essential elements, this unit of local governance **serves as a single point of integration of services** (but not a single point of access); it deliberately works to

support families as they navigate a fragmented services system. As a single point of integration, clinical and case management staff (whether they work for the Partnership or member agencies) help to ensure continuous and comprehensive interventions, linking families with those services likely to best address their problems.

(6) A 6th essential element is to implement a "public health" spectrum of EBPs. These form a continuum of prevention and early intervention programs that operate in natural settings (and hence are highly accessible and less likely to be stigmatizing) and which serve a broad range of needs for children of all ages. The idea is to have these programs so thick on the ground that each can specialize in serving those who are most likely to benefit from the intervention, which helps ensure a high level of effectiveness.

Which Evidence Based Programs? Examination of replication studies led the Partnership to adopt rigorous (and restrictive) criteria for selecting EBPs -- they must be independently evaluated with an experimental designs and evidence and they must have evidence being successfully replicated in a similar community. Beyond the intrinsic efficacy of a particular EBP and the extent to which it addresses an unmet need of the community, EBPs were selected on the basis of a variety of factors, including, but not limited to: (1) their potential sustainability; (2) the degree to which the program complements existing initiatives; (3) whether they are outcome based; and (4) the extent to which EBPs have been manualized in a manner likely to promote adherence to program principles/practices across implementers of varying skills and experience. In addition, whenever possible, the Partnership gives priority to EBPs developed and operating in NY state. Such programs perform well within the state's regulatory structure and, when they are school-based, are more likely to conform to its learning standards. Also, proximity assures more timely provision of vital technical assistance, which, among other matters, helps assure fidelity to the EBP model.



A glance at these programs clearly demonstrates several operating principles – coverage of all age groups; the use of primary, secondary and tertiary prevention to address problems and dysfunctions at multiple levels of severity; a commitment to providing services in the least threatening and most accessible contexts; and an approach that focuses on children and their families.

In sum, the implemented EBPs achieved a high level of efficacy for a variety of reasons. The institution of local governance, with planning, implementation, and coordination supports, orchestrated a rapid and simultaneous implementation of over 20 EBPs, permitting, implementers to serve those most eligible to benefit from the program. With a steady flow of formative and impact evaluation data and the active collaboration of agency directors, the Partnership maintained high degrees of fidelity, which is causally linked to efficacy.

Two final essential elements of the Partnership model. By providing ongoing training and technical assistance for staff from a variety of member agencies (i.e. cross training), the model helps maintain fidelity, ensures that referrals to EBPs are based on a deep understanding of the programs (which supports the goal of ensuring that services are likely to have their optimal effect), and

permits Partnership staff to identify and resolve obstacles in a timely manner. And the last non-negotiable of the model is building sustainability from the outset. Implementing programs without a viable plan to continue its activities is not only wasteful, it undermines the efficacy of the EBP. A credible plan for sustainability whose implementation commences once the program shows results is critical not only for continuity of service delivery, but also for ensuring staff retention, morale and commitment.

Implications of this form of governance: Within a year of its establishment, the Partnership became a legitimate form of local governance for those public agencies in Cayuga County that have responsibilities for the welfare of children and families. Legitimate in many senses. The Partnership is the sole repository of inter-agency data, the single point of integration, the single point of accountability. In monthly meetings Board members routinely review caseload and outcome data, and discuss solutions to emerging problems. Policy making-moved early on from a single-agency system-specific orientation to one of multisystem planning and coordination. The emphasis on meeting state and federal requirements and program standards expanded to a greater emphasis on achieving particular program outcomes. In addition, the commitment of agencies to sustaining—and even expanding—this locally developed continuum of performance-based preventive and early intervention programs developed many new revenue sharing and flexible funding arrangements.

Efforts at replication have highlighted several governing principles. Given a limited time I will highlight them:

1. A community that wants to adopt this form of governance needs champions from three sectors – education, human services, and law enforcement. If there is a strong executive, as in the District of Columbia, executive support for agency leader involvement is critical.
2. A drafted legislative framework, such as the one we introduced in the NYS Legislature,

helps clarify the lineaments of the model, serves as a catalyst for adoption of the model locally, and assists the legislative process in providing seed funds to prime the pump of EBP activity.

3. Early in the replication process, when assessing community needs, it is better to discuss sources of the problems, rather listing problems themselves. Such discourse helps the different service silos recognize that their clientele, whether they are delinquents and truants, often face the same constellation of adverse childhood experiences.
4. Successful replication requires that agencies change the way that they measure their effectiveness. When implementing a public health spectrum of EBPs, dosage reports and short-term treatment effects cannot be used instead of measuring the effect of a treatment once it is over.
5. And to repeat, the directors of agencies who participate in local governance must agree: that selection of the EBPs must use highly restrictive criteria and that sustainability must be an integral part of the selection and implementation process. The directors (Partnership) must also have a small staff to support data-driven decision-making, to externalize the marginal costs of change, to orchestrate training across disciplines and to provide technical assistance as an ongoing matter.

In conclusion, I would like to draw your attention to a fundamental outcome of the Partnership model in the City of Auburn. Too often, because of a limited adherence to the program model, a widening of the eligibility criteria, or an impending decline in funding (among other causes) EBPS suffer from a regression to a lower mean. In the case of the Partnership, programs have been sustained and maintained their efficacy. We have, in terms of academic achievement[4], no less than

[4] Accompanying slides delineate, over the last decade, substantial increases in the percentage of students in Auburn City schools who met or exceeded NYS Math Learning Standards. In particular, among middle school students, whose test scores have risen slowly (if at all) in many communities, there was, in Auburn's two middle schools) a 56% and 76% increase over the decade in the percentage of students who met or exceeded NYS' Math Learning Standards.

a general progression TO A HIGHER MEAN. All children, given the right support, are capable of thriving regardless of income, race, ethnicity, or threats to their resilience.