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

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Indicators of the Partnership’s Positive Impact

<table>
<thead>
<tr>
<th>Juvenile &amp; Young Adult Arrest Rates: Violent Crimes</th>
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<tbody>
<tr>
<td><strong>Percent Change from 1997-1999 to 2004-2006</strong></td>
<td></td>
</tr>
<tr>
<td>Cayuga County (ages 10-15)</td>
<td></td>
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<tr>
<td>- 44%</td>
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<tr>
<td>Upstate NY (ages 10-15)</td>
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<tr>
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<tr>
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<tr>
<td>- 46%</td>
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<td></td>
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<td>- 26%</td>
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<td>Cayuga County (ages 10-15)</td>
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</tr>
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<td>- 43%</td>
</tr>
<tr>
<td>Cayuga County (ages 16-19)</td>
</tr>
<tr>
<td>- 42%</td>
</tr>
<tr>
<td>Upstate NY (ages 16-19)</td>
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<tr>
<td>- 5%</td>
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</tbody>
</table>

From 1998-1999 to 2006-2007, expenditures on juvenile delinquency detention declined 55% in Cayuga County, NY.
## Indicators of the Partnership’s Positive Impact

### Hospitalizations from Assaults
(youth ages 10-19 years)

<table>
<thead>
<tr>
<th></th>
<th>Cayuga County, NY</th>
<th>Upstate NY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Change</td>
<td>- 44%</td>
<td>+ 22%</td>
</tr>
</tbody>
</table>

### Hospitalizations from Self-Inflicted Injuries
(youth ages 15-19)

<table>
<thead>
<tr>
<th></th>
<th>Cayuga County, NY</th>
<th>Upstate NY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Change</td>
<td>- 42%</td>
<td>- 13%</td>
</tr>
</tbody>
</table>

### Foster Care Admissions
(youth ages 0-17 years)

<table>
<thead>
<tr>
<th></th>
<th>Cayuga County, NY</th>
<th>Upstate NY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Change</td>
<td>- 46%</td>
<td>- 26%</td>
</tr>
</tbody>
</table>

### Substance Use: 30-Day Use Levels
(City of Auburn - Grades 6-12)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Cayuga County, NY</th>
<th>Upstate NY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco products</td>
<td>- 20%</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td>- 35%</td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td>- 39%</td>
</tr>
</tbody>
</table>
The Partnership’s core innovations for reducing academic underachievement and failure, juvenile violence, and destructive risk-taking:

- Implementation of a *broad continuum* of preventive and early intervention evidence-based programs (EBPs). Their outcomes consistently meet or exceed those predicted by the validating research.

- Development of a new form of local governance. It involves public agencies with child-caring responsibilities in an *active collaboration* to facilitate and sustain an integrated service delivery system comprised, in large part, of preventive and early intervention evidence-based programs.
Adverse Childhood Experiences are Common

- **Household dysfunction**
  - Substance abuse . . . . . . . . . . . . 27%
  - Parental sep/divorce . . . . . . . . . . 23%
  - Mental illness. . . . . . . . . . . . 17%
  - Battered mother. . . . . . . . . . . 13%
  - Criminal behavior. . . . . . . . . . 6%

- **Abuse**
  - Psychological. . . . . . . . . . . . 11%
  - Physical . . . . . . . . . . . . . . . . 28%
  - Sexual . . . . . . . . . . . . . . . . . 21%

- **Neglect**
  - Emotional . . . . . . . . . . . . 15%
  - Physical . . . . . . . . . . . . . . . 10%

Adverse Childhood Experiences: Multiple Exposure

<table>
<thead>
<tr>
<th># of ACE’s</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>33%</td>
</tr>
<tr>
<td>1</td>
<td>26%</td>
</tr>
<tr>
<td>2</td>
<td>16%</td>
</tr>
<tr>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>4+</td>
<td>16%</td>
</tr>
</tbody>
</table>

- Two thirds **had at least one** Adverse Experience
- **42% had 2 or more** Adverse Experiences
95% of youth in NY’s juvenile detention facilities have 4 or more acute risk factors affecting their social and emotional competence:

1. Exposure to domestic violence
2. Mental health service needs (personal; familial)
3. Parent in prison
4. Abuse or neglect
5. Substance abuse

86% of all youth released from NY’s juvenile detention facilities are re-arrested within 30 months of release.

Obstacles to successfully implementing cross-agency reforms and the implementation of evidence-based, early intervention programs and services

- Agency territoriality reinforced by categorical funding streams that are often linked to specific types of services
- Disinclination by public authorities to invest in prevention during times of economic retrenchment
- Implementer resistance to change
- The inability of service providers to access critical data across agency lines for assessment and treatment
- Tendency of evidence-based prevention and early intervention programs to regress to a predictable mean once they have been introduced in a community
PARTNERSHIP MODEL

- Local governance through a new entity directed by public agencies
- Multi-agency information collection to facilitate assessment, treatment, ongoing evaluation
- Interagency databases (therapeutic interventions, SROs, OST, ...)
- Single point of integration
- Broad spectrum of evidence-based programs:
  - Primary, secondary and tertiary prevention
  - Child-centered & family-focused
- A focus on sustainability
- Ongoing and coordinated training and technical assistance
- Comprehensive, multi-disciplinary screening and assessment
Screening devices should be geared toward early onset of behaviors that, if left unaddressed, are likely to result in subsequent service needs.

<table>
<thead>
<tr>
<th>Observation Checklist</th>
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<tbody>
<tr>
<td>Student's Name</td>
</tr>
<tr>
<td>Observer's Name</td>
</tr>
</tbody>
</table>

Check each behavior from the list below that you are aware the student has exhibited during this school year. Your observations are extremely valuable since they may signal the need for further assessment. *The checklist is confidential and will not become part of the student's permanent record.* It will be used to determine the student's needs.

- Is self-abusive (biting, cutting or bruising self).
- Often exhibits excessive shyness.
- Exhibits sad affect, depression and feelings of worthlessness to such an extent as to interfere with normal peer and/or classroom activities.
- Has talked of killing himself/herself. Reports having suicidal thoughts or being preoccupied with death.
- Suddenly cries or displays highly inappropriate affect in normal situations (laughs when sad).
- Has severe lack of interest in activities that were previously of interest.
- Complains of severe headaches or other somatic complaints such as stomachaches, nausea, dizziness, or vomiting.
- Reports having nightmares or significant sleep disturbances.
- Exhibits weight change; drastic loss or gain.
- Frequent trips to the bathroom.
- Is overly concerned about abilities in school, athletics, or social activities.
- Has difficulty controlling worries.
- Has severely restricted activity levels.
- Is often teased by peers.
- Has frequent tantrums.
- Physically assaults an adult.
- Makes lewd and obscene gestures; yells, swears, screams at others.
- Exhibits cruelty to animals.
- Exhibits a preoccupation with violent themes (common theme in his/her writings, comments, reading materials).
- Not logical/coherent when speaking or appears preoccupied and tends to get lost in own thoughts.
- Has auditory or visual hallucinations; talks about seeing or hearing things other do not see/hear.
- Engages in inappropriate sexual behaviors.
- Has trouble sitting still; nervous, tense, restless.
- Fidgets, wrings hands.
- Shaky hands.
- Eyes bloodshot or dull; dilated pupils.
- Runny nose or watering eyes not explained by medical condition.
- Slurred speech.
- Has odor of tobacco/alcohol/marijuana.
Comprehensive, multi-disciplinary assessments of children to determine:

1. the extent to which they are affected by risk and protective factors as individuals and in families, communities and schools, and

2. the extent to which they have service needs resulting from emotional disturbance, substance abuse, exposure to violence, and learning disabilities.
Rationale for this form of local governance

- Creates a lasting institutional framework for:
  - Interagency information collection
  - Resource sharing and substantive collaboration on multi-disciplinary projects
  - Development of integrated service plans

- Accelerates process of identifying and serving children and families most likely to benefit from evidence-based programs and services
Rationale for this form of local governance...

- Externalizes the marginal costs of systems reform
- Serves as a neutral lever of change
- Displaces blame for the difficulties associated with change
- Helps agency leadership overcome bureaucratic stasis
Interagency Information Collection

- The multi-agency entity is the repository
- Information is used for the narrow purposes of assessment, treatment, and service integration
- Adheres to each agency’s legal and procedural requirements
Implementation of interagency management information systems to

- Improve the consistency & timeliness of the data
- Support a single point of integration
- Create a single point of accountability
- Permit more effective monitoring of the children & family services system
PARTNERSHIP
Community-based Programs for Children & Families

Early Intervention
- Filial Therapy
- Nurse-Family Partnership

Family Strengthening
- Family Group Conferencing
- Functional Family Therapy
- LIFT (therapeutic case management for families with TANF sanctions)
- Multi-systemic Treatment Foster Care
- Strengthening Families Program

Juvenile Justice
- Alternative to Incarceration (“Intensive Supervision-Conditional Discharge”) for juvenile delinquents and young adults
- PINS Prevention and Treatment (truanty focused)
- Specialized training for School Resource Officers

Parental Involvement
- Every Person Influences Children
- Guiding Good Choices
- Life Skills Training (parent component)
- Parent involvement in service planning and Cognitive Behavioral & Child-Centered Therapy

Community Resources
- Community Advisory Board
- Informational Web Site
- Resource enhancement (braided funding, grants)
PARTNERSHIP
School-based Programs

Preschool Programs
- Second Step
- Assessment, child-centered play therapy, & services integration
- SBRR emergent literacy curricula

Primary and Secondary Grades
- After school programs
- Educational Karate Program
- Mobile Outreach Services Team (MOST)
- Life Skills Training
- School Resource Officers

Elementary Schools
- Guiding Good Choices
- Opportunity for Academic Success in School
- Second Step Violence Prevention
- Resilience Project (mental health prevention)

Middle Schools
- Guiding Good Choices
- Second Step Violence Prevention

High Schools
- Safe Dates
Elements of an effective implementation of a continuum of care

- Rapid and simultaneous implementation;
- Reach the populations *most eligible to benefit* from the programs;
- Operate with a high degree of *fidelity* to the program models and principles; &
- *Continuous evaluation* to ensure that outcomes predicted by research are met or exceeded
Implications of this form of local governance

| From:                                                                                                                                                                                                 | To:                                                                                           |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 1. Single agency focus in policy-making                                                                                                                                                    | 1. Multi-system planning with more local control                                             |
| 2. Emphasis on detailed procedural requirements                                                                                                                                         | 2. Greater reliance on results and outcomes                                                   |
| 3. Prescriptive line-item budgeting                                                                                                                                                    | 3. Flexible funding arrangements, tied to performance expectations                             |
Successful Replication Involves…

- Assessing the readiness of public agencies to establish this new form of local governance and to identify (or seek) initial funding to support its efforts.

- Redirecting the discourse away from the enumeration of discrete problems and toward the etiology of dysfunctions.

- Focusing the attention of decision makers more on program outcomes and less on dosage and treatment effects.
Success Replication Involves...

- Identifying appropriate and sustainable evidence-based prevention and early intervention programs (especially those that are outcome based).
- Designing sustainability from the outset.
- Implementing critical infrastructural supports: responsive technical assistance, communication of outcomes, cross-agency training, and so on.
- Insisting on data-driven decision making and on high levels of fidelity to evidence-based models to avoid the ineluctable regression to the mean.
Percentage of Auburn Elementary Students Achieving or Exceeding NYS Learning Standards on the 4th-grade Mathematics Exam (avg. 1998-1999 → avg. 2008-09)

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Casey Park</td>
<td>56%</td>
<td>92%</td>
</tr>
<tr>
<td>Genesee Street</td>
<td>81%</td>
<td>77%</td>
</tr>
<tr>
<td>Seward</td>
<td>73%</td>
<td>73%</td>
</tr>
<tr>
<td>Herman Ave</td>
<td>63%</td>
<td>76%</td>
</tr>
<tr>
<td>Owasco</td>
<td></td>
<td>91%</td>
</tr>
</tbody>
</table>

% of students at or above NYS Learning Standards
Percentage of Auburn Middle School Students Achieving or Exceeding NYS Learning Standards on the 8th-grade Mathematics Exam (avg. 1998-1999 → avg. 2008-2009)

- 1998-1999:
  - East MS: 46%
  - West MS: 46%

- 2008-2009:
  - East MS: 81%
  - West MS: 52%

Increase from 1998-1999 to 2008-2009:
- East MS: +56%
- West MS: +76%