

Research-to-Results ^{Brief}

Child **TRENDS**

...a model of local governance implementing a broad spectrum of evidence-based programs for youth at risk.

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EVIDENCE-BASED PROGRAMS IN ACTION: POLICY AND PRACTICE INSIGHTS FROM A SUCCESS STORY

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OVERVIEW

A great deal of attention recently has focused on evidence-based programs—interventions that have been found through rigorous evaluation to have positive effects or impacts on targeted outcomes. Public and private funders want to fund evidence-based programs and are requiring evidence of outcomes. Meanwhile, program providers want to be highly effective and to have consistent funding. So, what do evidence-based programs in action look like?

The Partnership for Results is a model of local governance designed to implement a broad spectrum of evidence-based programs 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, since the Partnership was established, outcomes for children and youth and their families have improved dramatically over time and compared with neighboring counties. This brief will describe the Partnership and its results; the elements of its model; obstacles to creating a continuum of evidence-based programs; and principles for replicating the Partnership's governance model.

ABOUT THE PARTNERSHIP AND ITS RESULTS

The Partnership for Results (the Partnership) is a quasi-governmental entity, a 501(c)(3) tax-exempt organization 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 facilitate and sustain an integrated service delivery system of prevention and early intervention evidence-based programs (EBPs) for children and youth across age levels.

Since the Partnership's creation in 1999, Cayuga County has experienced major improvements in outcomes for children and youth:

Levels of juvenile violence, criminal offending, and destructive risk-taking by children and youth have declined dramatically in the County.

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For example:

- The arrest rates for violent crimes by juveniles, for the period 1997-99 to 2004-06, declined by 44% (compared with 21% for Upstate NY as a whole); for property crimes, it declined by 62% (compared to 43% for Upstate NY).
- For the same time period, arrest rates for violent crimes by young adults declined by 46% (compared 26% for Upstate NY); for property crimes, it declined by 42% (compared to 5% for Upstate NY); placements in juvenile detention, from 1998-99 to 2007-08, are down by more than 50%.

In the City of Auburn:

- Use of alcohol and marijuana has declined by more than 30%.
- Schools are safer, with reductions of more than 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 (the ability to prevail despite adversity). It can claim important results:

- During the decade beginning in 1998, hospitalizations of youth as a result of assaults have declined by more than 40% (while they have increased in Upstate NY).
- During the same decade, the admission rate to foster care as a result of abuse and neglect has decreased by nearly one-half (while it has declined by a quarter in Upstate NY).
- 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 school suspensions).

Students in the Partnership experienced dramatic improvements in academic engagement and achievement. For example, in the City of Auburn, over the last decade, the percentage of 8th graders meeting or exceeding New York State learning standards on the statewide mathematics exam has increased from 49% to 81%.

ELEMENTS OF THE PARTNERSHIP'S MODEL FOR INTEGRATING EVIDENCE-BASED PROGRAMS

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

1. *Multi-disciplinary screening and assessment.* The goal is to identify at-risk youth early in the development of problems and to provide qualified professionals with a thorough assessment of youth assets and risks. The Partnership developed its own screening and assessment instruments after finding that no existing instruments were both attuned to the early onset of problems and were multidisciplinary. An expert panel developed a two-tiered assessment process involving teachers and mental health professionals.
2. *Local governance.* An essential part of the model involves developing a quasi-governmental entity; as mentioned above, it is directed by public agency leaders from education, human services, and law

enforcement who actively collaborate to achieve the Partnership’s mission. The core areas of activity are the selection, implementation, monitoring, and sustainability of EBPs by a staff intended to serve all agencies.

3. *Memorandum of Understanding on child and family-based data.* This written agreement detailed the way the Partnership would collect, store, and use child and family-based data – explicitly and only for comprehensive assessment, treatment, and service integration. The Partnership developed a data collection process based on consent, with no disclosures of information outside the Partnership without explicit permission of the youth, parent, or guardian.

4. *Development and administration of interagency databases.* These are intended to facilitate timely and thorough service planning and delivery as well as ongoing evaluation of programs critical for maintaining fidelity and accountability.



5. *Single point of integration of services.* As a result of these first essential elements, the Partnership 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. 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 “public health” spectrum of EBPs.* These form a continuum of prevention and early intervention programs that serve a broad range of needs for children of all ages. The idea is to have many programs on the ground so that each can specialize in serving those youth who are most likely to benefit from the intervention, which helps ensure a high level of effectiveness.

7. *Ongoing training and technical assistance for staff.* This helps maintain program fidelity, ensures that referrals to EBPs are based on a deep understanding of the programs (which helps assure that services are likely to have their optimal effect), and permits Partnership staff to identify and resolve obstacles in a timely manner.

8. *Build 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.

OBSTACLES TO CREATING A CONTINUUM OF EVIDENCE-BASED PROGRAMS

While a public health spectrum of research-based prevention and early intervention programs is not a novel idea, in reality, communities typically implement very few such evidence-based programs. This results from several factors, including the following:

- The requirements of categorical funding streams and regulatory frameworks, which often mandate services that are neither preventive nor necessarily EBPs.
- A disinclination on the part of public authorities to invest in prevention during difficult economic times.
- Implementer resistance to change, particularly if it requires changes in well-established protocols, practices, and procedures and a lack of sufficient technical assistance.
- The reluctance of organizational decision makers to encumber their agencies with the administrative and fiscal burdens associated with implementing EBPs.
- Implementers of some programs, in an effort to broaden access to an effective program, extend eligibility criteria and serve those who are not most likely to benefit from the program or service.

PRINCIPLES FOR REPLICATING THE PARTNERSHIP'S GOVERNANCE MODEL

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. How can this form of local governance be replicated? Some guiding principles based on the Cayuga County experience include:

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, his/her support for agency leader involvement is critical.
2. A written legislative framework that delineates the essential, or non-negotiable elements of the model, such as the one the Partnership introduced in both houses of the New York State Legislature, helps clarify the features of the model, serves as a catalyst for adoption of the model locally, and assists the legislative process in providing seed funds to initiate EBP activity.
3. Early in the replication process, when assessing community needs, it is better to discuss sources of the problems, rather than listing problems themselves. This helps the different service silos recognize that the youth they serve often face the same underlying problems.
4. Successful replication requires that agencies change the way that they measure their effectiveness. When implementing a public health spectrum of EBPs, child and youth outcomes over time need to be measured.
5. The directors of agencies who participate in local governance must agree that selection of the EBPs will use strict criteria and that sustainability must be an integral part of the selection and implementation process. The directors must also have a small staff to support data-driven decision-making, to orchestrate training across disciplines, and to provide ongoing technical assistance.

CONCLUSION

Concerns about program efficacy and accountability have created heightened interest in evidence-based programs. Moreover, there is considerable evidence indicating that high-quality preventive services, when appropriately targeted and provided in a timely fashion, are significantly more effective and cost efficient than intensive efforts applied only after problems have developed. Given the range of risk factors at play in the lives of children, many communities could benefit from a broad spectrum of preventive and early intervention EBPs.

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 there are many of them on the ground serving children of all ages and in all the contexts in which they live? The experience of the Partnership for Results makes a compelling case for the effectiveness of an integrated, broad-based deployment of EBPs to improve outcomes for children. Success, however, depends heavily on also having an effective form of local governance 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.

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