

The Research Foundation of Evidence2Success

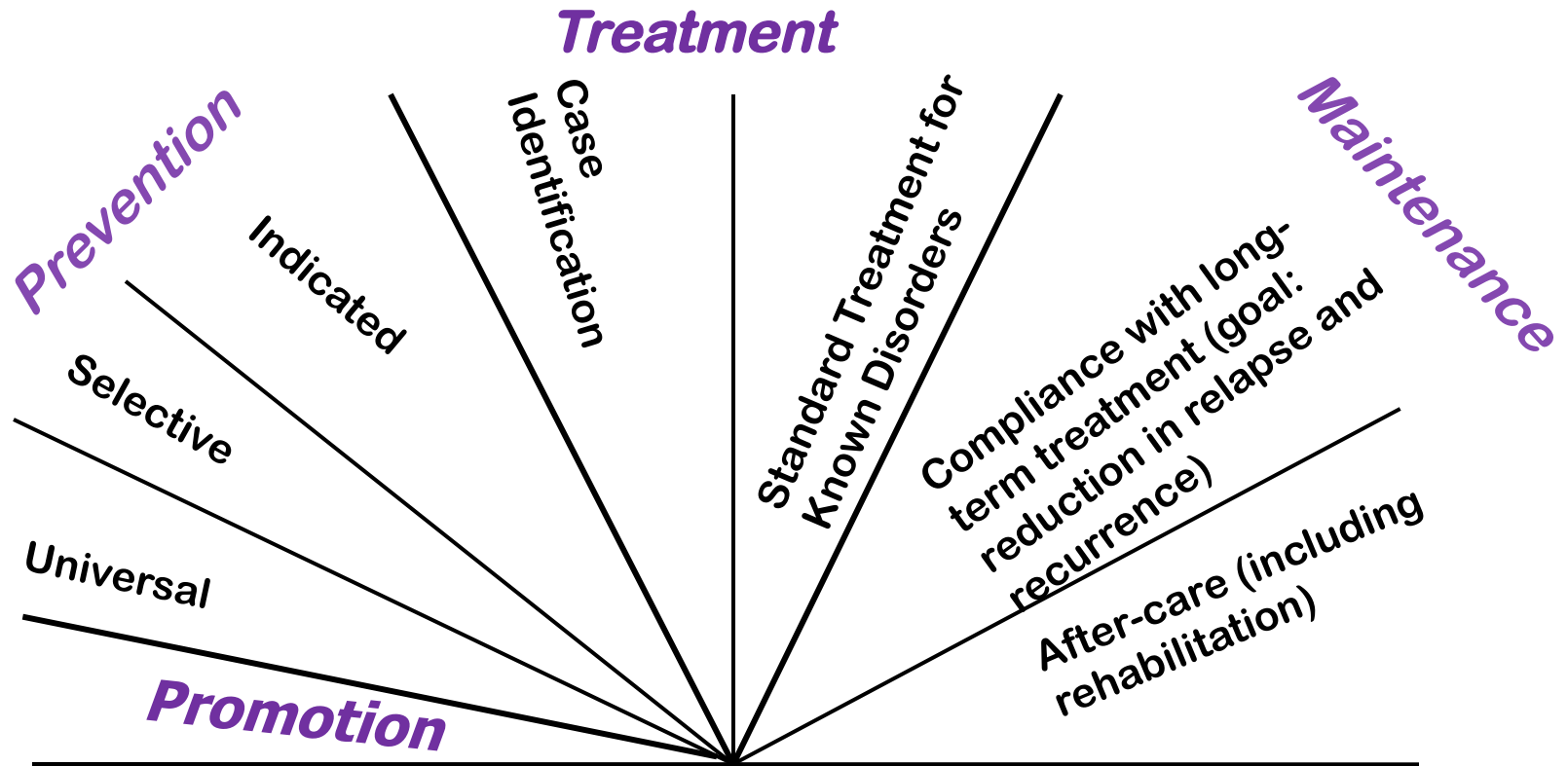


The research foundation of Evidence2Success

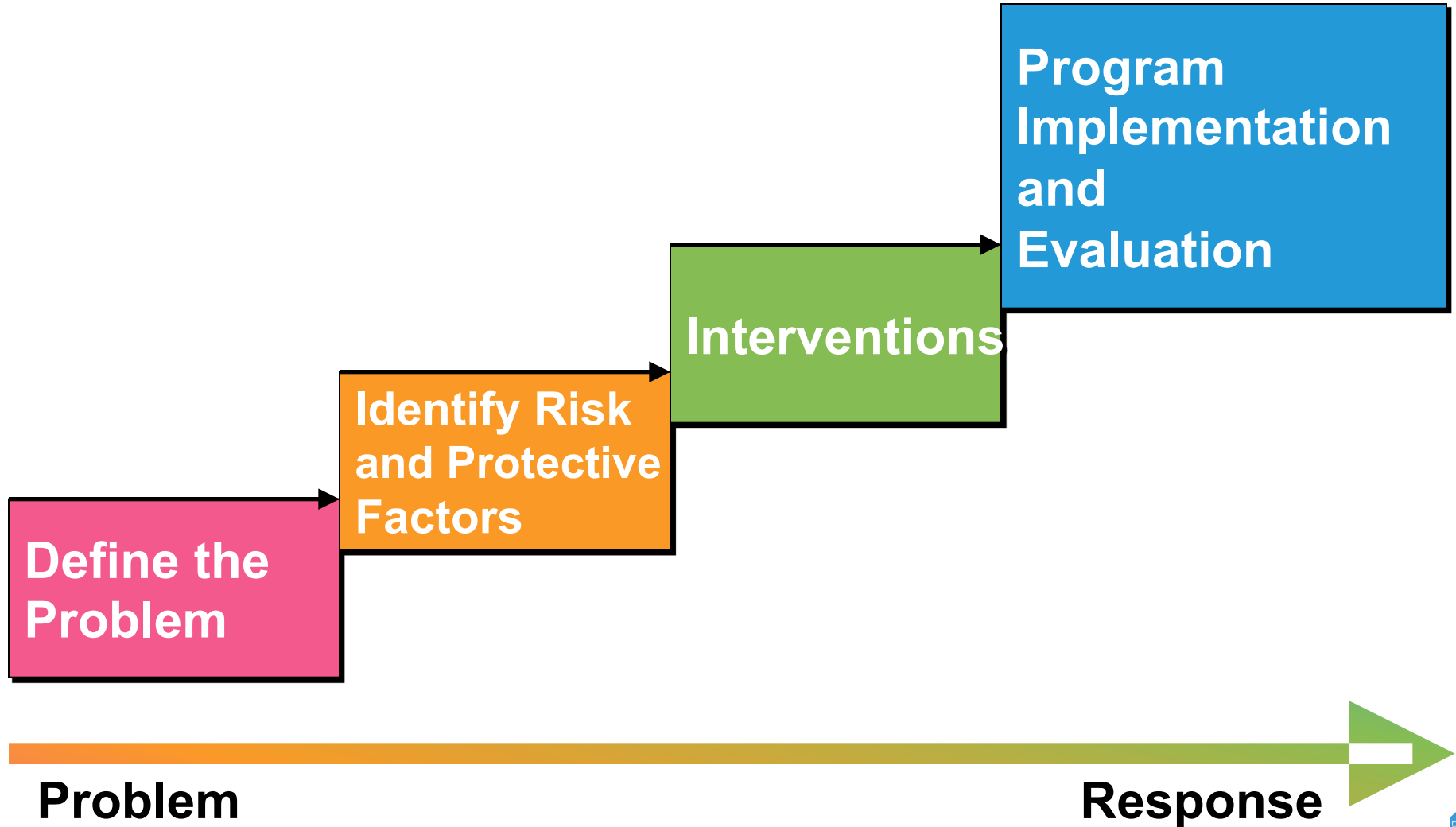
1. Public Health Model
 - Risk and Protective Factors
2. Evidence Based Programs
3. Community Mobilization



Intervention spectrum



Public health framework



Two major advances in prevention science

- ⚙ Identification of predictors of problem behaviors as targets for preventive intervention
- ⚙ Identification of tested and effective preventive policies and programs



What promotes optimal child development?

(and reduces child abuse and neglect)

- ⚙ Parental resilience
- ⚙ Social connections--Bonding
- ⚙ Skillful parenting
- ⚙ Concrete support in times of need
- ⚙ Children's social-emotional development



Protective factors

⚙ Individual Characteristics

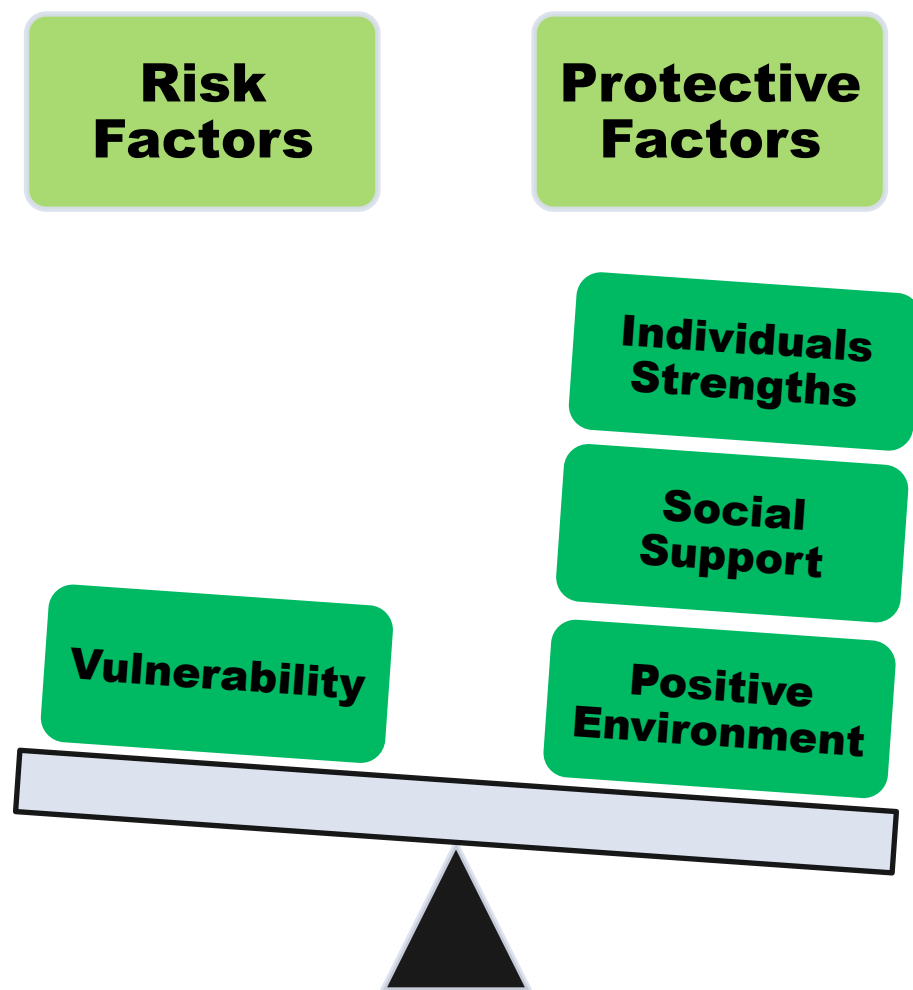
- High intelligence
- Resilient temperament
- Competencies and skills

⚙ In social domains of family, school, peer group and neighborhood

- Prosocial opportunities
- Reinforcement for prosocial Involvement
- Bonding (connectedness, attachment)
- Clear and healthy standards for behavior



Interaction of risk and protection: Foundations of resilience

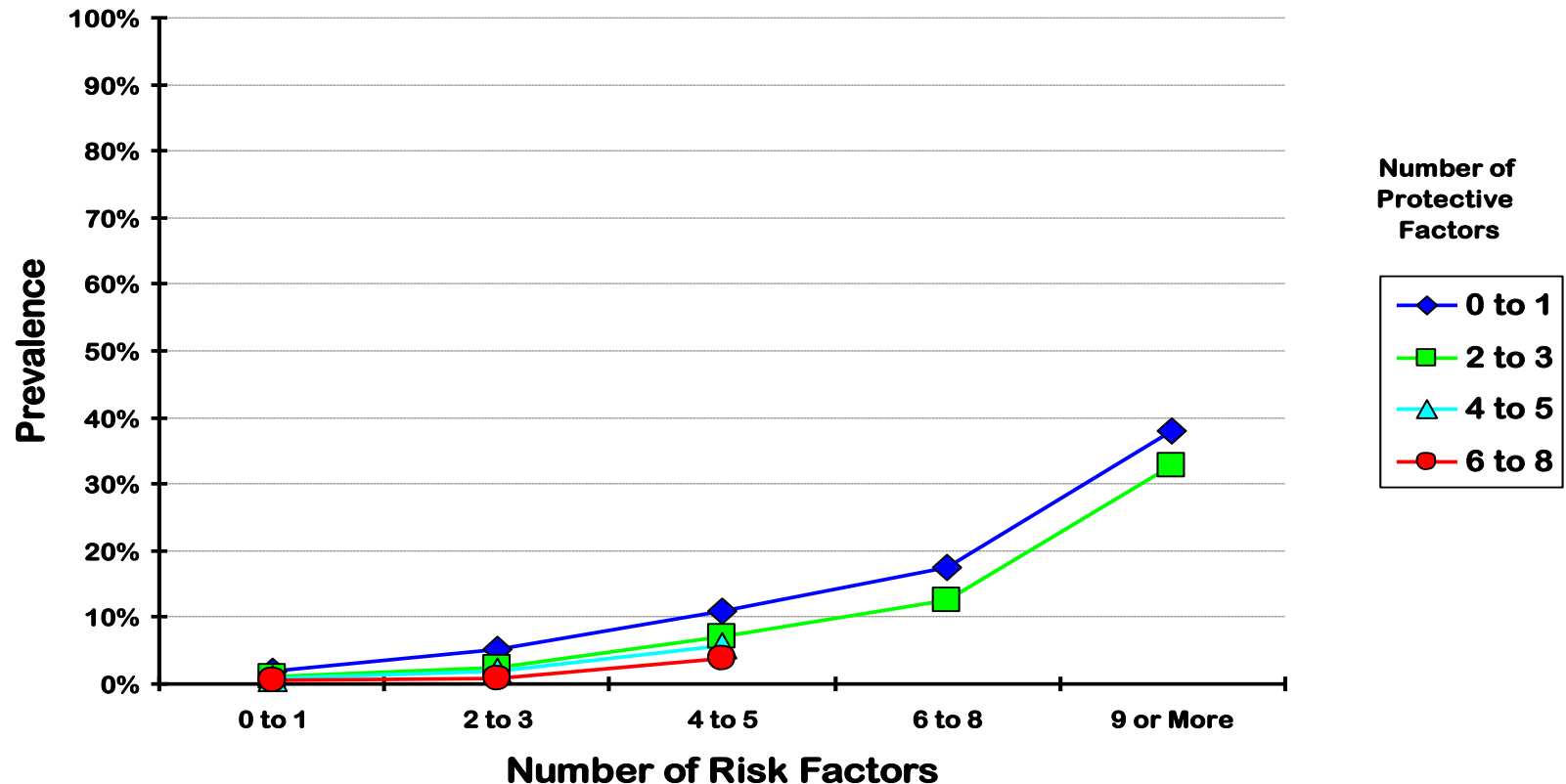


Risk factors exist in different contexts:

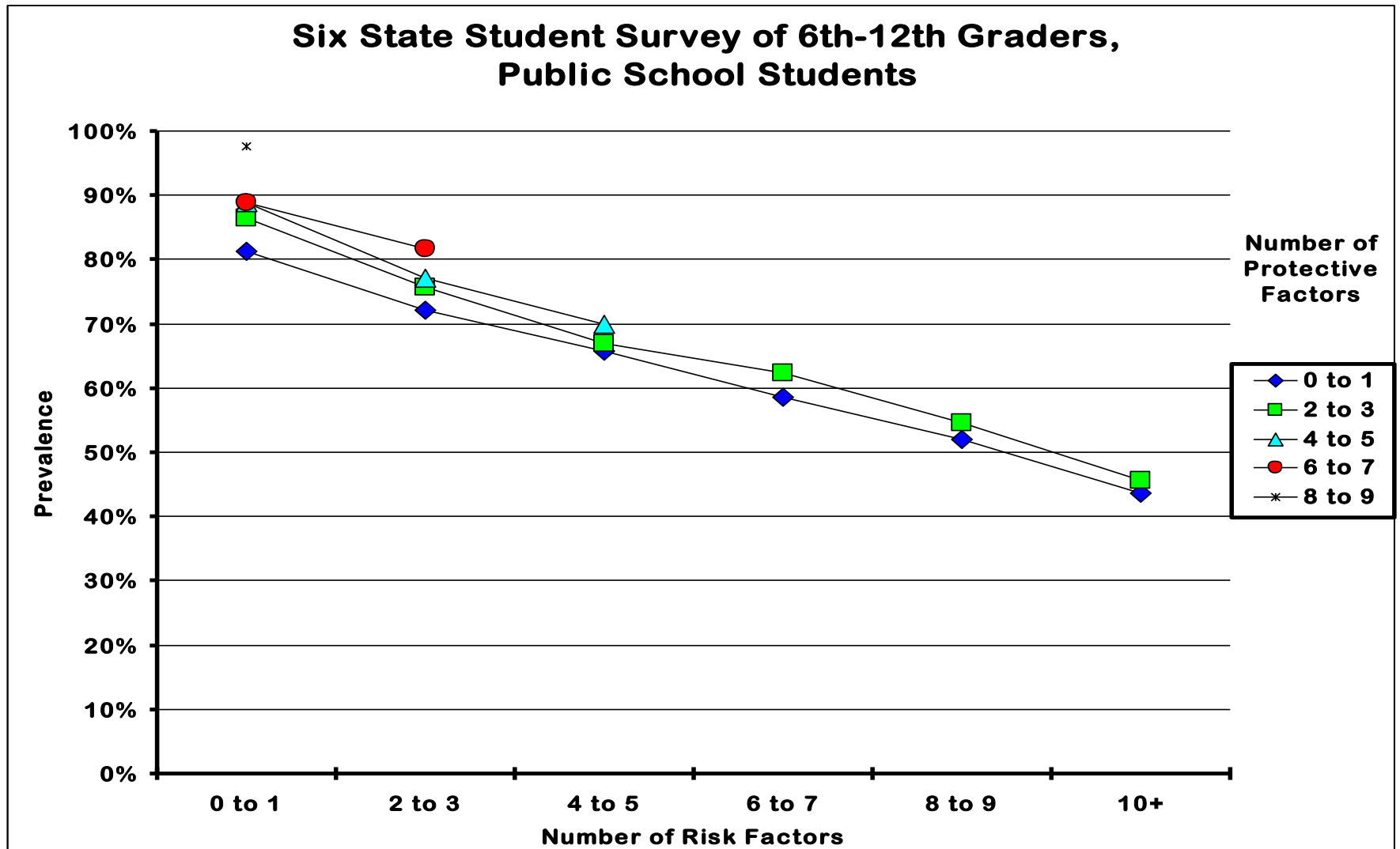
Risk Factors		Depression & Anxiety							Violence	
Community		School Drop-Out							Teen Pregnancy	
Individual/Peer		Delinquency							Substance Abuse	
Early and Persistent	Availability of Drugs	✓							✓	
	Availability of Firearms		✓						✓	
	Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓						✓	
	Media Portrayals of Violence								✓	
	Transitions and Mobility	✓	✓					✓		
	Low Neighborhood Attachment and Community Disorganization	✓	✓						✓	
	Extreme Economic Deprivation	✓	✓	✓	✓	✓	✓	✓		
Constitutional Factors		✓	✓					✓	✓	

Prevalence of illicit drug use by exposure to risk and protective factors (Past 30 days)

**Six State Student Survey of 6th - 12th Graders,
Public School Students**

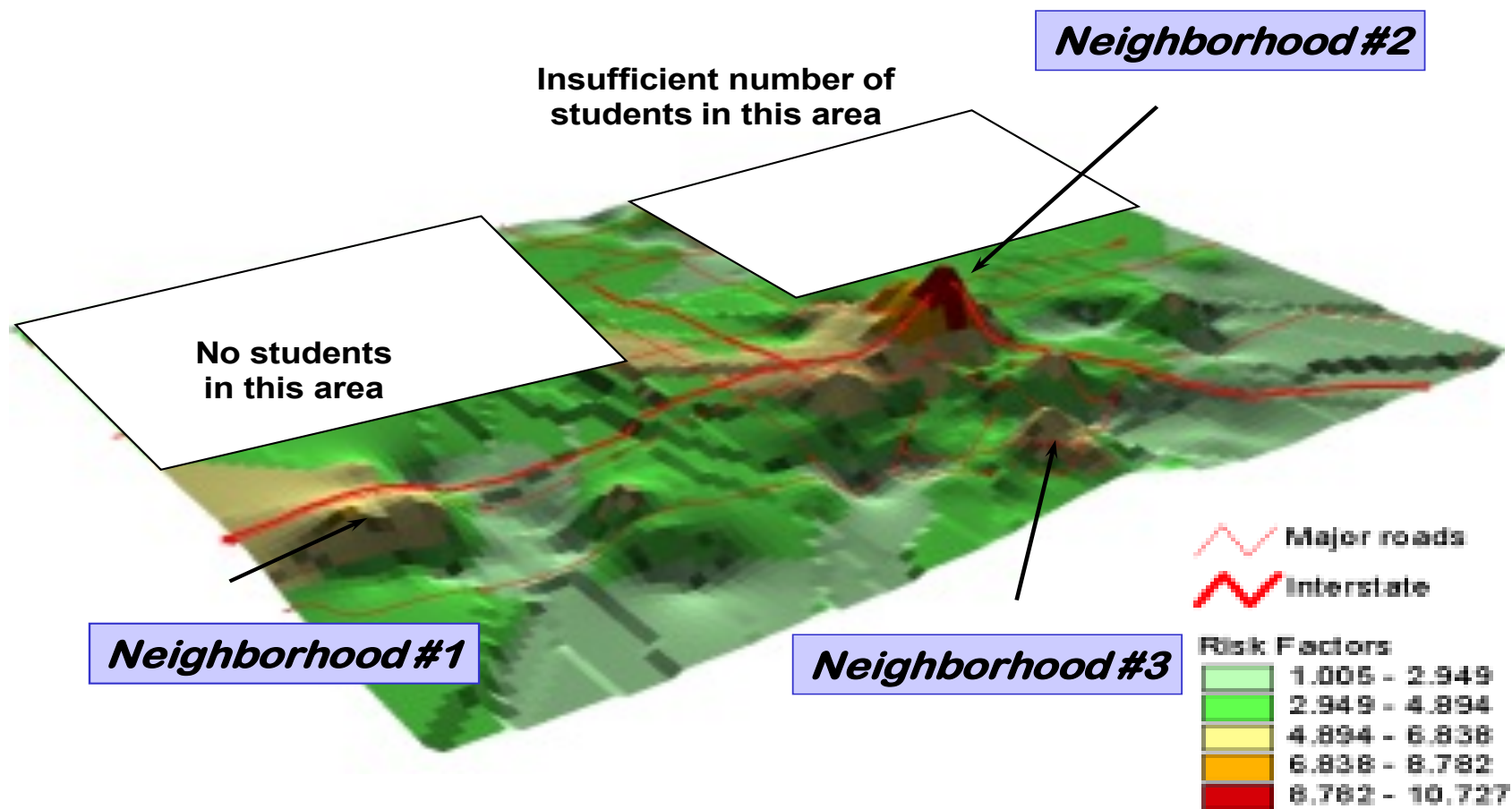


Prevalence of academic success by number of risk and protective factors



Why a place-based approach?

Communities vary in exposure to risk and protection



Science-guided practice

- ☀ Malleable risk and protective factors identified through longitudinal studies should be targeted by preventive interventions



Advances in prevention science...by the numbers

9 delinquency prevention trials prior to 1980

0 were found to be effective

12 areas of effective prevention

56 evidence-based programs



Costs versus benefits

Summary of Benefits and Costs (2003 Dollars)

Program	Benefits	Costs	B - C
Early Childhood Education	\$17,202	\$7,301	\$9,901
Nurse Family Partnership	\$26,298	\$9,118	\$17,180
Life Skills Training	\$746	\$29	\$717
Seattle Social Dev. Project	\$14,246	\$4,590	\$9,837
Guiding Good Choices	\$7,605	\$687	\$6,918
D.A.R.E.	\$0	\$99	-\$99
Intensive Juv. Supervision	\$0	1,482	-\$1,482



Effective prevention-requirements

Evaluation Quality

- At least one randomized controlled trial OR a quasi-experimental trial without design flaws

Impact

- Significant impact on adolescent problem behavior
- Absence of undesired effects

Intervention Specificity

- Population of focus is clearly defined
- Risk and protective factors that program seeks to change are identifiable

Implementation Tools

- Manuals and training materials are available
- Financial and human resources required are specified



But...

- ⚙️ Prevention approaches that do not work or have not been evaluated are more widely used than those shown to be effective



The challenge

To increase the use of evidence based prevention programs...

...while recognizing that communities are different from one another and need to decide locally what programs they use.



What has **NOT** worked in community-based preventive trials?

Providing resources to support community coalitions without a structure or process

Sources of failure

- clearly defined goals based in data, with high-quality data sources to monitor progress;
- use of tested and effective programs, with attention to monitoring of implementation quality and fidelity;
- evaluation of impacts on outcomes meaningful to the community



Why don't communities see greater success in prevention?

- ✿ Chasing money rather than outcomes
- ✿ No single guiding philosophy (many separate but disconnected efforts)
- ✿ Little accountability
- ✿ The lack of good data to drive decision-making and resource allocation
- ✿ Reliance on untested (or ineffective) programs
- ✿ Poor implementation quality
- ✿ Inability to sustain programs

Bumbarger, B. and Perkins, D. (2008). After Randomized Trials: Issues related to dissemination of evidence-based interventions. *Journal of Children's Services*, 3(2), 53-61.

Bumbarger, B., Perkins, D., and Greenberg, M. (2009). Taking Effective Prevention to Scale. In B. Doll, W. Pfohl, & J. Yoon (Eds.) *Handbook of Youth Prevention Science*. New York: Routledge.



Communities That Care:

A tested and effective system for community-wide prevention

- ☀ CTC is a *proven* method for mobilizing communities to prevent underage drinking, tobacco use, and delinquent behavior, including violence
- ☀ CTC has been tested in a randomized controlled trial involving 12 pairs of matched communities across 7 states from Maine to Washington
- ☀ CTC's effects have been independently replicated in a statewide test in Pennsylvania



The Communities That Care operating system



CTC effects on behavior problem initiation

In a panel of 4407 youth followed from grade 5, by grade 8 youth in CTC communities were:

- ➡ 33% less likely to start Smoking
- ➡ 32% less likely to start Drinking
- ➡ 25% less likely to start engaging in Delinquent Behavior

...than those from control communities.



A future guided by prevention science

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- ⚙ **Community owned and operated**
- ⚙ **Data Driven:** Ongoing monitoring of risk and protective factors
- ⚙ **Evidence Based:** adoption of effective programs
 - Evaluations of unproven programs are required and supported.
- ⚙ **Outcome Focused:** reductions in community levels of adolescent risk taking behavior



About Evidence2Success

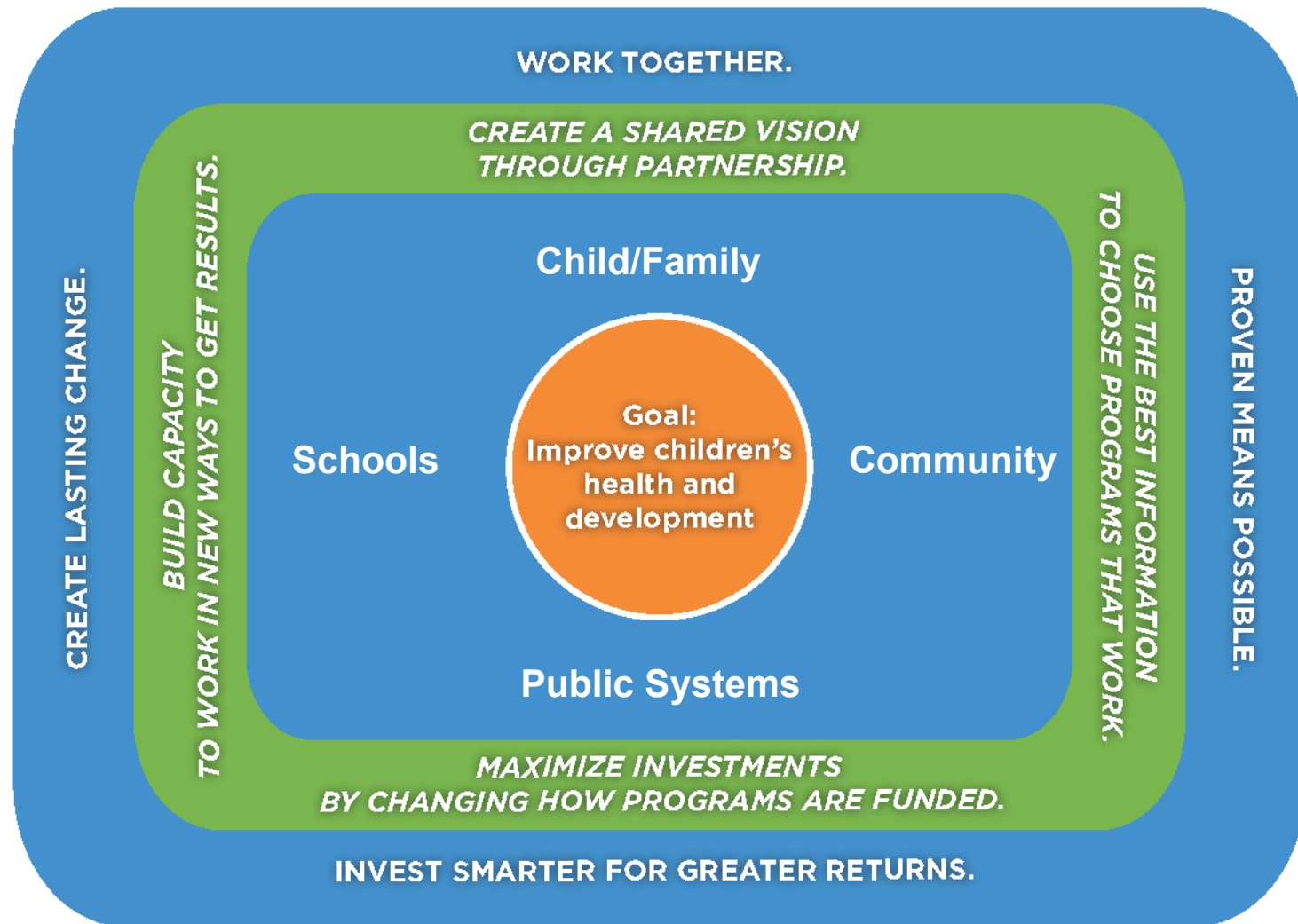


A Vision for *Evidence2Success*

- ☀ Improve outcomes for all children by improving risk and protection at the community level
 - **Change relationships** among public systems, schools, communities, and families by creating effective partnerships
 - **Use the best available data** on children's strengths and needs to **choose proven programs** that have been shown to produce better child well-being outcomes
 - Invest in a portfolio of proven programs that **reaches every eligible child**
 - Redirect a percentage of spending from costly treatment to **prevention** and **early intervention** over time
 - Build capacity to **change policy and practice** and to implement proven programs according to guidelines



The four core strategies of *Evidence2Success*



Setting priorities for children's health and development



What will survey information help you to achieve?

- ⚙️ Understand need profile of youth involved with, and at-risk of involvement with, or not known to your agency
- ⚙️ Collaborate to set priorities
- ⚙️ Target programming to address critical influences on youth well-being, more effectively serve youth and families to get better outcomes
- ⚙️ Identify opportunities to partner with schools to ensure that children and youth achieve educational milestones
- ⚙️ Direct resources to address priorities

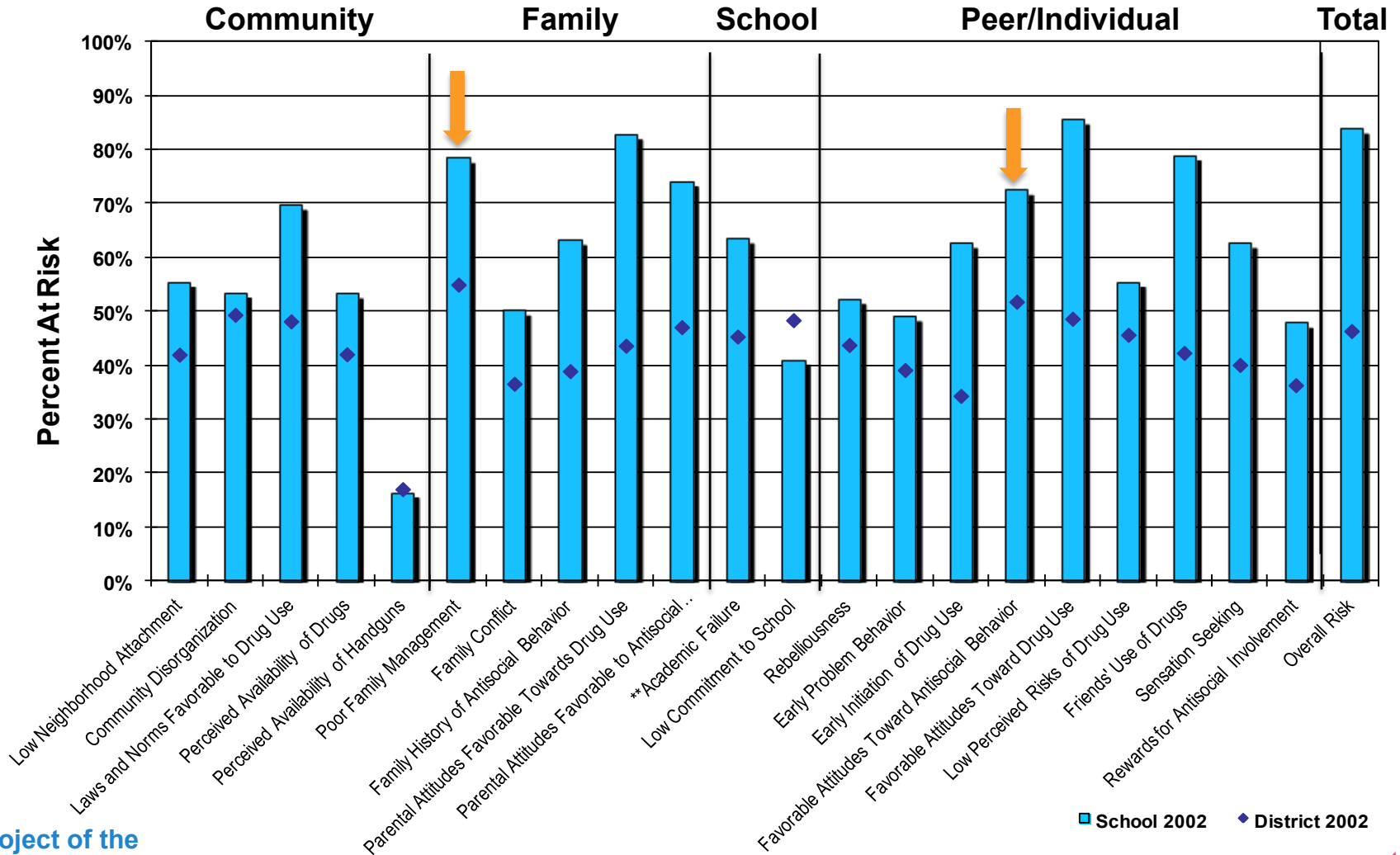


Child well-being requires a “big picture” view

	Education and Skills Attainment	Positive Relationships	Emotional Well-Being	Positive Behavior	Physical Health
Prenatal-Early Childhood 0-4 years	<ul style="list-style-type: none"> •Ready for school 	<ul style="list-style-type: none"> •Positive relationship with positive parent(s), peers 	<ul style="list-style-type: none"> •Free from depression & anxiety 	<ul style="list-style-type: none"> •Pro-social behavior •Absence of anti-social behavior 	<ul style="list-style-type: none"> •A healthy gestation and birth •Free from chronic health conditions and developmental delays
Middle Childhood 5-11 years	<ul style="list-style-type: none"> •Adequate academic performance 	<ul style="list-style-type: none"> •Positive relationships with parent(s), pro-social adults, positive peers 	<ul style="list-style-type: none"> •Self-regulation •Free from depression & anxiety •Free from suicidal ideation 	<ul style="list-style-type: none"> •Pro-social behavior •Absence of anti-social behavior, crime, and violence •Has not tried/does not use illicit substances •No risky sexual behavior 	<ul style="list-style-type: none"> •Free from chronic health conditions •Obesity
Adolescence 11-18 years	<ul style="list-style-type: none"> •Adequate academic performance •Graduation from high school 	Same as above	Same as above	Same as above <ul style="list-style-type: none"> •Absence of teen/unintended pregnancy 	Same as above

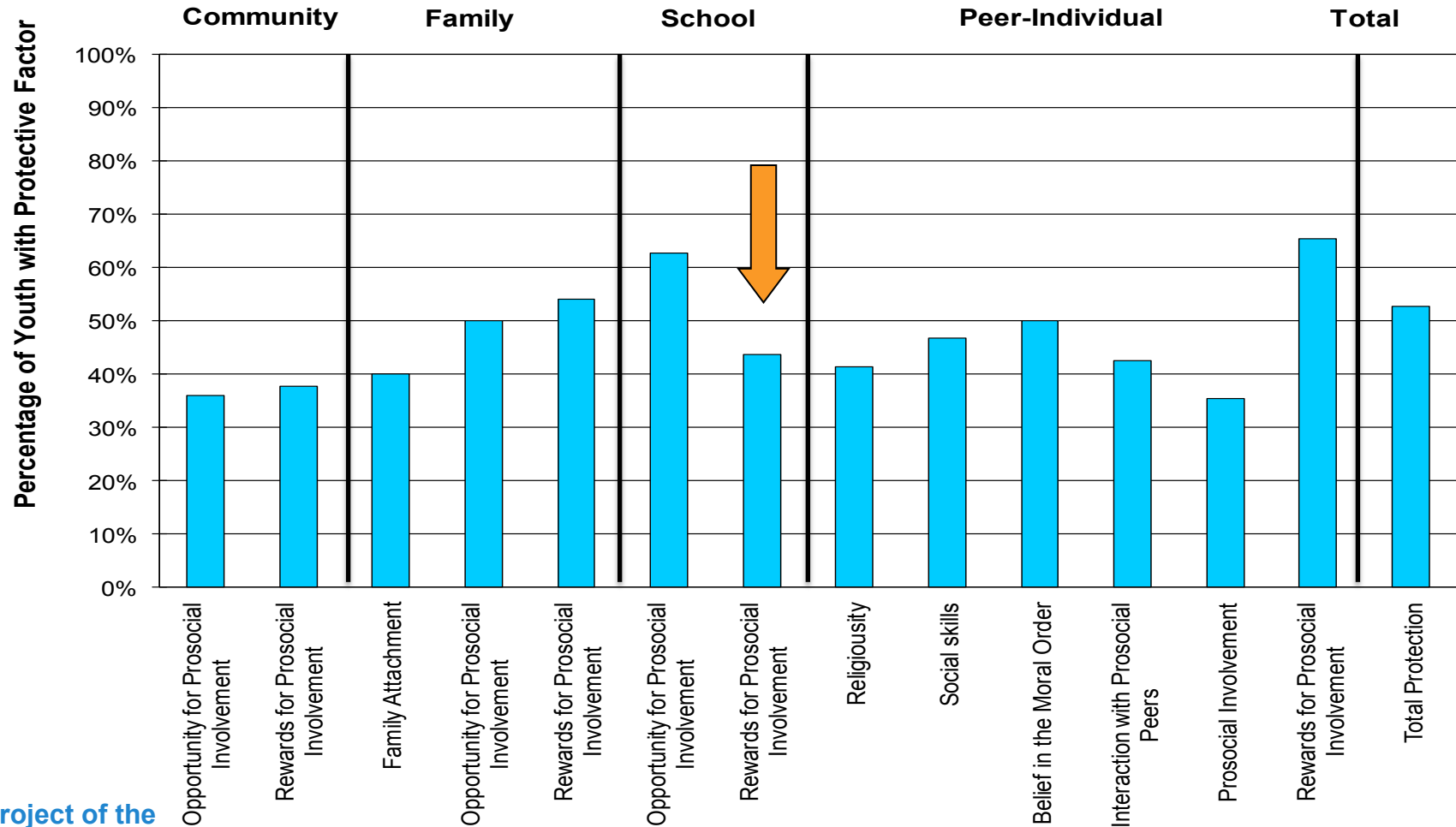
Surveys pinpoint negative influences that put children at risk...

Sample Risk Factor Profile



...and the positive influences that protect children

Sample Protective Factor Profile



Several data collection strategies add up to valuable information on youth well-being

Evidence2Success data collection methods

- ☀ Children citywide and in *Evidence2Success* neighborhoods
 - ☀ Survey parents of children 0-8 years old
 - ☀ Survey youth in 5th through 12th grade
- ☀ Children involved with child welfare and/ or juvenile justice
 - ☀ Survey children and families (sample by types of services they are receiving)

What you will learn about youth well-being

- ☀ How do children involved in public systems compare to youth in *Evidence2Success* neighborhoods?
- ☀ How do children involved with public systems compare to youth citywide?
- ☀ How do the needs of children receiving certain types of services differ?
- ☀ Are children involved with public systems and youth in *Evidence2Success* neighborhoods getting services that match their needs?

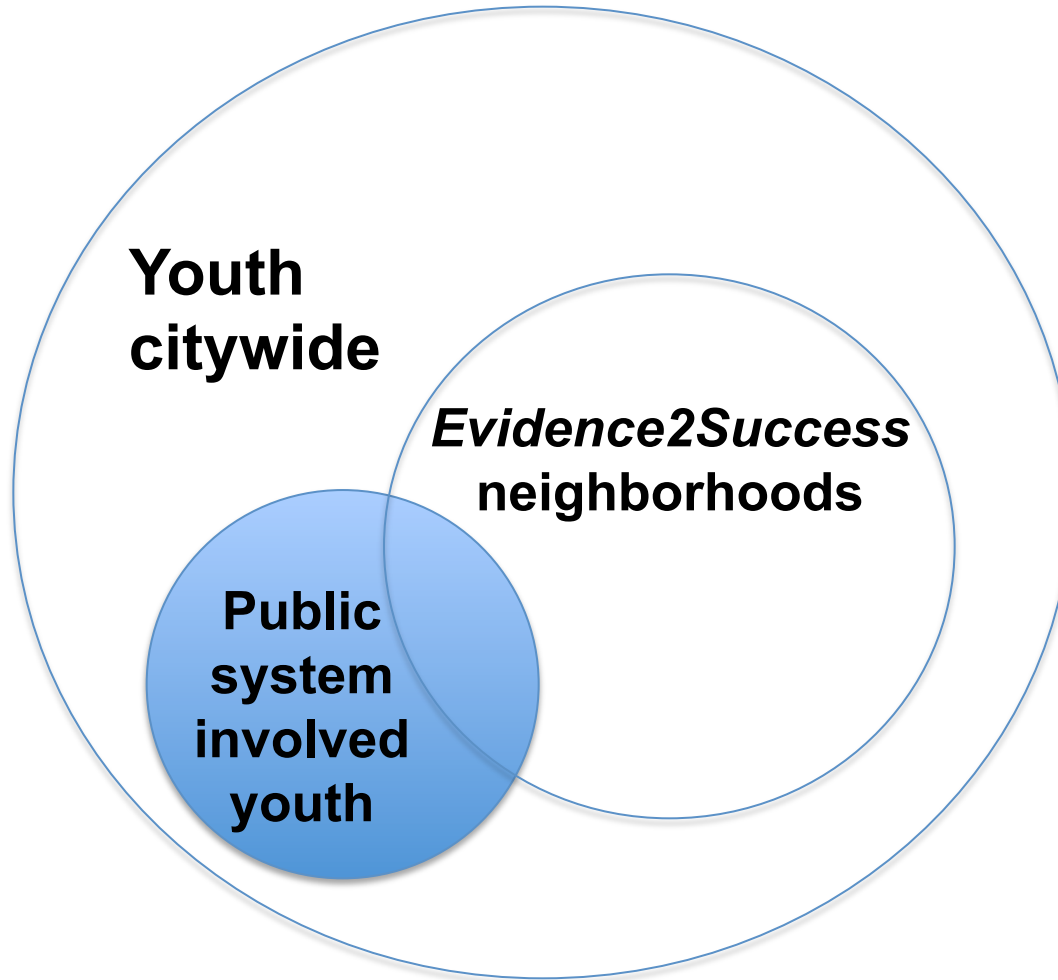


Steps to conduct the survey in a public system and obtain a snapshot of well-being and need

1. Meet with staff to understand how youth move through your system
2. Collect administrative data to inform sampling
3. Determine sampling approach
4. Identify best way to have children and families complete the survey
5. Train staff to work with children and families to complete the survey
6. Collect the data!
7. Statistically weight the data as necessary based on length of stay (and other variables if necessary)



***Evidence2Success* partnership brings data together to provide a whole picture of need**



Selecting programs to meet children's needs



What benefits do proven programs offer?

- ⚙️ Stronger and more consistent positive outcomes for children and youth
- ⚙️ Strong ethical argument – avoid potential harmful effects
- ⚙️ Potential cost savings to taxpayers and society
- ⚙️ Improve child well-being at a population level



What is a proven program?

Evaluation Quality

- One randomized controlled trial OR two quasi-experimental evaluations without design flaws
- One year post-implementation follow-up

Impact

- Positive impact on child well-being outcomes (education, behavior, emotional well-being, positive relationships, physical health)
- Absence of any negative effects

Intervention Specificity

- Population of focus is clearly defined
- Risk and protective factors that program seeks to change are identifiable

Implementation Readiness

- Training materials are available
- Information on the financial and human resources required



A database links children's strengths and needs to specific proven programs

Universal Prevention

Elevated Risk Factors

Poor Family Management
Low Commitment to School
Rebelliousness
Favorable Attitudes Towards Antisocial Behavior
Low Perceived Risk of Drug Use

Proven Programs*

Positive Action

Olweus Bullying Prevention Program

Coping Power Program

Guiding Good Choices

Functional Family Therapy

Multi-Systemic Therapy

* Random assignment evaluation or multiple comparison group evaluations

Targeted Treatment



Financing strategies and structures



Consider the impact of “The Great Recession” 2007-2011



- \$510.5 billion in budget gaps closed by states
- Most state and education budgets smaller today than 2008
- 293,000 school jobs lost

- 8.9 million more in poverty
- Unemployment from 4.6 to 9.6 percent
- Public school enrollments increasing



Three ways *Evidence2Success* supports smarter investments



Sustainable financing: Key questions

1. What are your financing goals?
2. What financial resources do you need to implement your goals?
3. What resources do you have?
4. What financing strategies will you design and implement in support of your goals?
5. What financing structures will you design and implement in support of your goals?



Case Study: Maryland Financing

WHAT WAS

- Delinquent youth in group homes
- \$52,256 per youth in-state
- \$100,000 out-of-state
- Poor outcomes



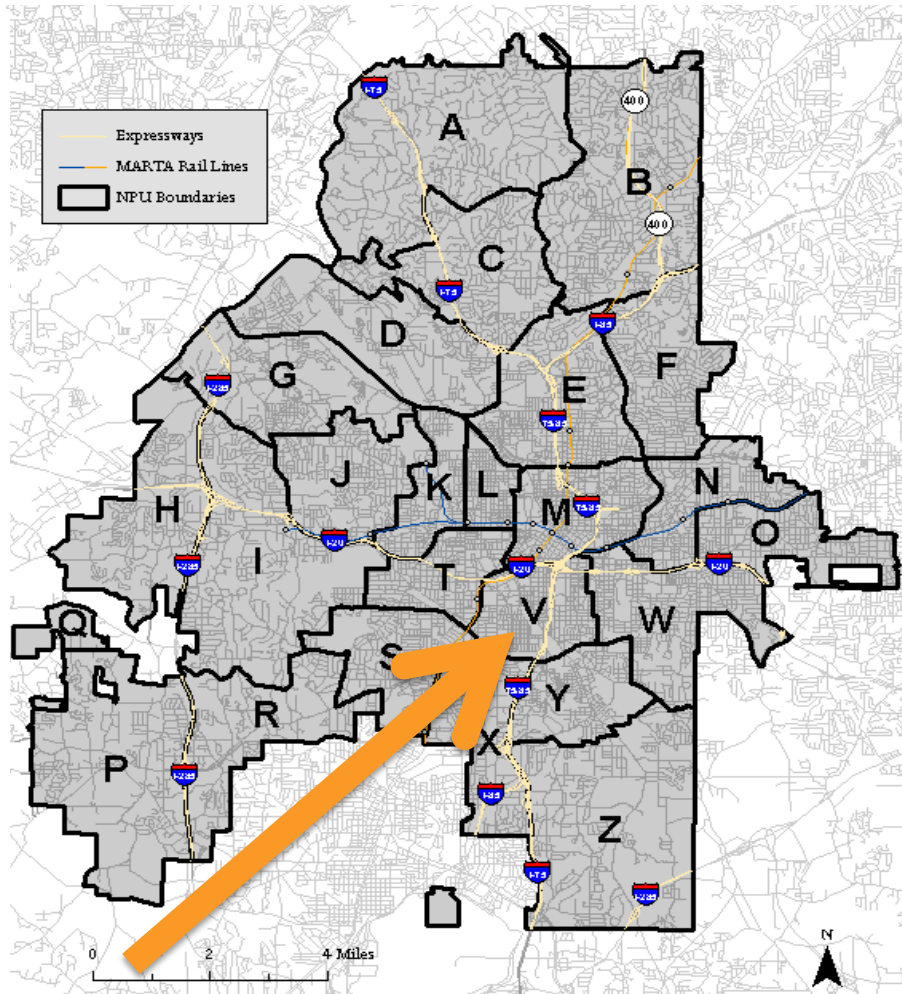
- Public-private partnership with the Casey Foundation
- Reinvestment compact: Maryland committed to reinvest savings
- Savings sustain intervention

BETTER USE

- Multisystemic therapy (MST) in the community
- \$9,000 per youth
- Better outcomes
- \$\$ saved used to expand MST and invest in prevention



Case Study: City of Atlanta Neighborhood Planning Units (NPUs)

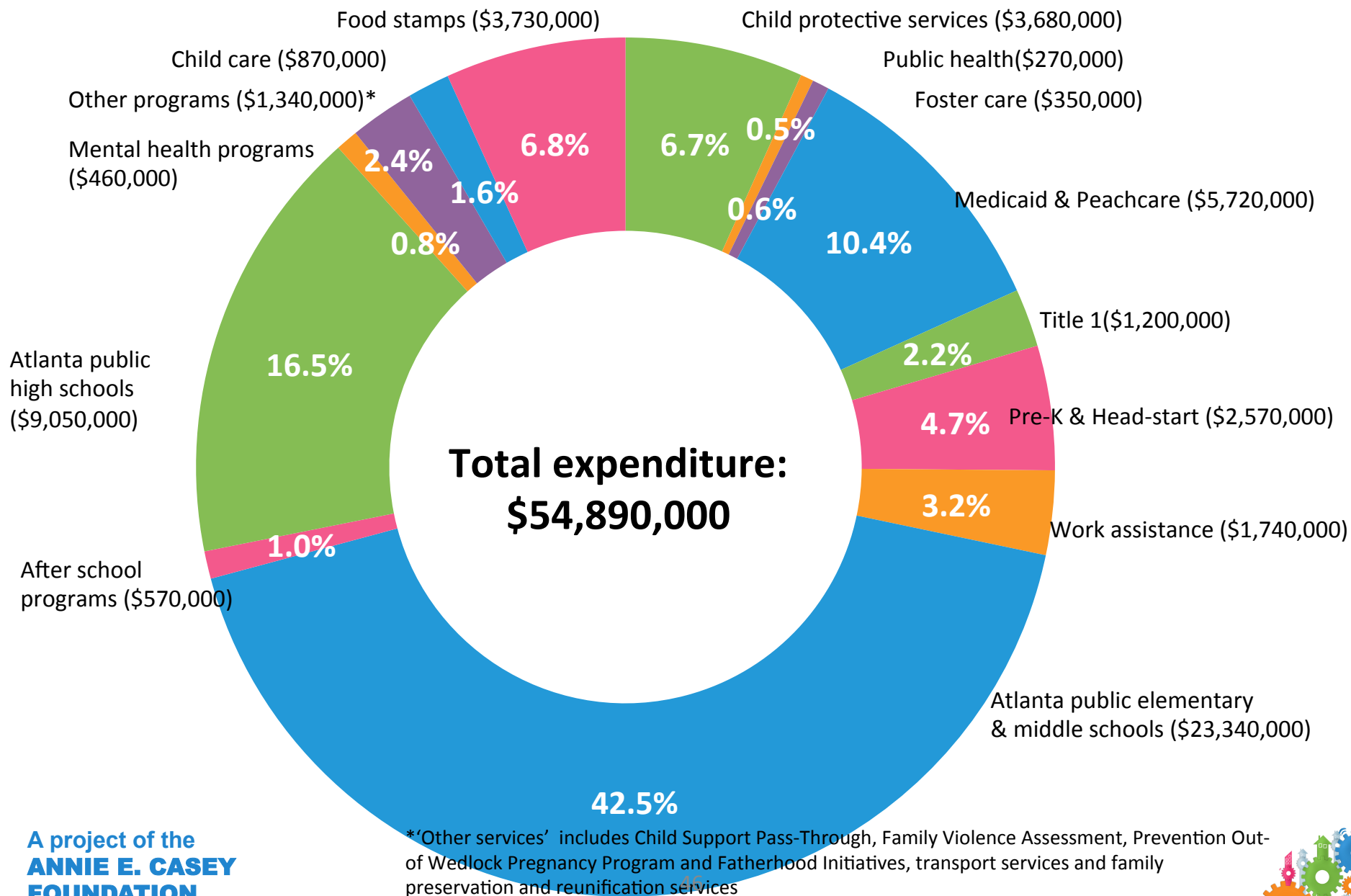


NPU-V:

- ☀ Annie E. Casey Foundation Civic Site
- ☀ Total population: 15,500
Child population 4,100
- ☀ 35% of households have at least one child
- ☀ 59% of children are in poverty
- ☀ Diversity:
 - 92% African American
 - 2% Hispanic/Latino
 - 3% Caucasian



NPU-V Services: Total expenditure on children, young people, and families with children (excluding juvenile justice)

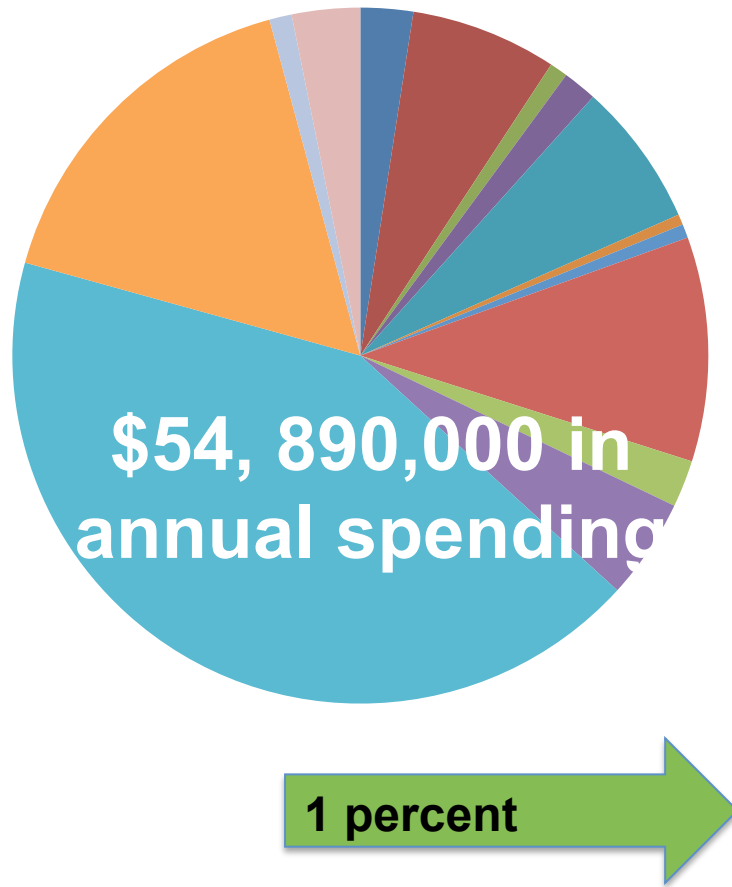


Deploying resources to achieve greater returns for children, systems, and schools

Age Group	# Youth	Target Group and Outcomes	Program	Unit Cost	Total Investment (per year)	Return on Investment (per dollar spent)
2-4 years	864	All children at risk of behavior problems c. 30% = 250 Improved behavior, academics, delinquency	Incredible Years BASIC	\$2,022 Aiming to serve 25% of target group (N=63)	\$127,386	\$4.20
5-10 years	1,360	ALL Improved behavior, academics, emotional regulation	Promoting Alternative Thinking Strategies	\$112 Aiming to serve 100% of target group (N=1360)	\$50,773 (for 3 years)	\$13.04
10-14 years	840	ALL Reduced substance abuse, violence, risky driving	Life Skills Training	\$34 Aiming to serve 50% of target group (N=420)	\$14,280	\$42.13
10-16 years	1,400	Young people at risk of detention = 100 Reduced substance abuse, recidivism, improved mental health	Functional Family Therapy (FFT)	\$3,190 Aiming to serve 90% of target group (N=90)	\$287,100	\$11.86
14-19 years	650	Pregnant girls and young women = 25 Improved prenatal health. Fewer childhood injuries, improved school readiness	Nurse Family Partnership (NFP)	\$9,42 Aiming to serve 88% of target group (N=22)	\$103,631 (for 2 years)	\$3.23



How do you invest smarter for greater returns?



Program	Total Investment (per year)
Incredible Years BASIC	\$127,386
Promoting Alternative Thinking Strategies	\$50,773 (for 3 years)
Life Skills Training	\$14,280
Functional Family Therapy (FFT)	\$287,100
Nurse Family Partnership (NFP)	\$103,631 (for 2 years)
Total Shift in Spending	\$583,170



Question and answer

