Pediatric Round Table

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Interventions for Children Exposed to Violence

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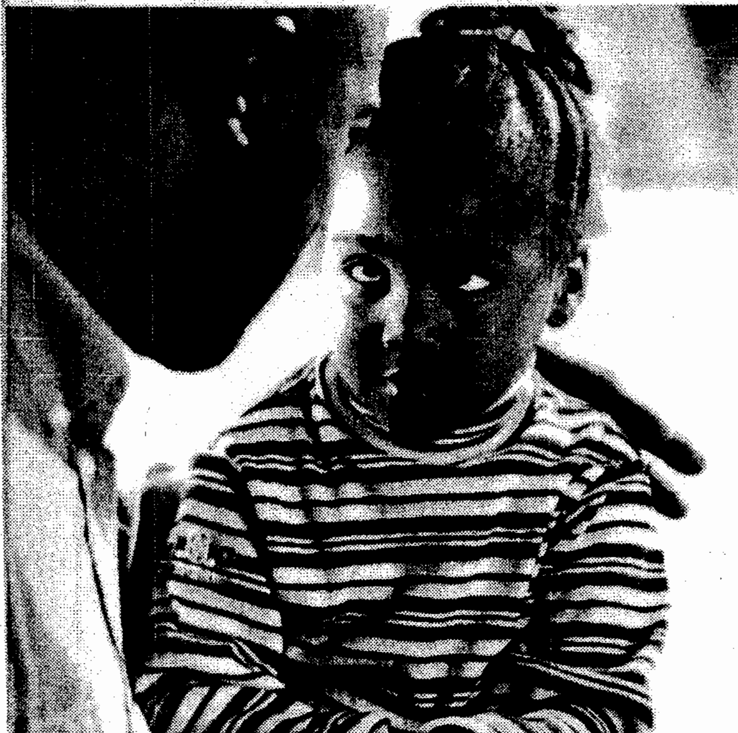

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The Second Mouse's Agenda: A Comprehensive Model for Preventing and Reducing Violence in the Lives of School-Age Children

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Introduction and Overview

The Partnership for Results (the "Partnership") is a not-for-profit agency formed in 1999 to administer a Safe Schools/Healthy Students (SS/HS) grant from the US Department of Education (USDOE), the US Department of Health and Human Services and the US Department of Justice (USDOJ). Its principal mission has been to develop a model for implementing evidence-based programs (EBPs) to accomplish the following:

- reduce juvenile violence and destructive risk taking
- prevent and reduce the exposure of children and youth to violence
- mitigate academic underachievement and failure

The Partnership has concentrated its efforts on Auburn, NY, a small city of approximately 30,000 residents, and several nearby communities in rural Cayuga County, NY. These communities exhibit many of the signs of distress that afflict other regions of the United States that are losing their industrial base and are in economic decline, including high levels of physically aggressive behavior and substance abuse among youth, and high rates of domestic violence.

As with any ambitious service delivery initiative, the Partnership has had to overcome several impediments, primarily agency territoriality, implementer resistance to change and the common tendency of high-quality programs to regress to a predictable mean. Part of the agenda developed by the Partnership is to establish an effective, durable and replicable structure for overcoming these impediments. In addition, the Partnership has worked to address the following 2 significant and still unresolved questions in the field of prevention and early intervention for at-risk children and families:

- What results can be gained by implementing a *continuum* of proven programs?
- What mechanisms must be implemented to overcome the obstacles to interagency collaboration?

Although concerns about program efficacy and accountability have created heightened interest in EBPs, little is known about the consequences of introducing them simultaneously across all of the service systems that care for children — education, health care, mental health care, substance abuse, child welfare, family court and law enforcement. In fact, it is quite rare for communities to implement more than a handful of EBPs in their repertoire of prevention and early intervention programs. This reluctance is the result of several factors, including the following:

- the extent to which categorical funding streams are linked to discrete service modalities
- the continuing elaboration of the regulatory framework for mandated services and procedural requirements
- a disinclination on the part of public authorities to invest in prevention during times of economic retrenchment
- the reluctance of organizational decision makers to encumber their agencies with the administrative and fiscal burdens associated with implementing EBPs

Given these barriers, it is evident why few communities have implemented a broad spectrum of EBPs along the proven principles of public health programming. To do so would entail developing a continuum of prevention and early intervention programs that operate, to the maximum extent possible, in natural settings, such as day care centers, schools and households, and that serve, across a broad range of needs, children of all ages and their families.

The development of such a continuum of services certainly has its proponents among many policy makers and researchers. There is good reason to believe that such an approach could have a substantial, positive effect on the social, emotional and academic development of children throughout the community. Indeed, it is quite possible that the cumulative outcome of these coexisting programs might exceed the sum of the impact of each individual program.[1,2] However, in the absence of concrete guidance from research and practice,

when the Partnership began its activities in 1999, it was still unknown whether the simultaneous implementation of many EBPs could occur while consistently meeting or exceeding the results predicted by the validating research for each program.

Educational, human services and law enforcement agencies have generally acknowledged the need to act collaboratively when providing services for at-risk children and their families, but they have typically failed to do so on any kind of ongoing basis. To a large extent, this failure is due to structural problems: Each part of the service delivery system, both public and private, operates in a discrete, single-discipline "silo." Categorical funding streams from the federal and state governments are linked to programmatic and reporting requirements that tend to channel clients through system-specific, single-discipline assessments and treatments. The capacity to exchange client information across disciplines is limited by a complex web of critically important state and federal laws and regulations intended to protect confidentiality.

In most communities, moreover, the service delivery system is created in an ad hoc and piecemeal manner. It is the product of stakeholders competing for narrowly defined vested interests and responding to intermittent crises. In the absence of an interagency framework that allows for coördination, at-risk children and their families are compelled to navigate a fragmented system, accessing services by cycling through various entry points — from family court to social service agencies to the special education system. As a result, diagnoses are narrowly framed, interventions tend to be discontinuous and services offered are often incomplete.

This state of affairs — the absence of *substantive* interagency collaboration — certainly prevailed in Cayuga County when the Partnership initiated its activities. At least in theory, a resolution of this problem could be achieved if public agencies jointly developed a structure of interorganizational coordination; one that involved, at a minimum, the following elements[3-7]:

- multisystem service planning and service delivery
- flexibility in allocating funds
- a system for sharing information that protects clients' privacy and rights

What is not clear in the burgeoning literature on local governance is how to turn theory into practice.

The Partnership Model: Offering a Continuum of Services

There is considerable evidence that the model developed by the Partnership, described in the following pages, overcomes the common obstacles to system reform. It also implements a continuum of evidence-based interventions that coexist well and are supported effectively by substantive interagency collaboration. Using a variety of blended funding techniques, all of the initiatives developed by the Partnership have been sustained by public agencies for a significant period of time beyond the end of the initial 3 years of funding under the SS/HS award, many of them indefinitely. This is a clear indication that the project has been accepted by the community, in general, and by public agencies, in particular, as a legitimate approach for reducing violence and substance abuse, and for improving the quality and reach of services for children and their families.

The Partnership developed a systematic approach to comprehensive assessment and service integration that has been adopted by public and private human services agencies, as well as by school districts and law enforcement agencies in Cayuga County. Independent evaluators have found that the continuum of EBPs set in motion by the Partnership were implemented rapidly, reaching their eligible populations effectively and operating with high degrees of fidelity to the program's models and principles.[8,9] These programs are producing results that consistently meet or exceed those predicted by research, as reported by the Partnership,[10] the Children's Institute (Rochester, NY, unpublished data, 2002, 2003), the National Center for Children, Families and Communities (Boulder, Colo, unpublished data, March 2003) and by the Every Person Influences Children (EPIC) National Center for Parenting and Character Education (Buffalo, NY, unpublished data, 2002).

The Partnership model and its programs address many of the external and internal factors that interfere with positive social, emotional and academic child development, including community and school violence, problems in the home, racial and ethnic conflicts, substance abuse, poverty, poor health and disabilities. Independent analyses of archival data and survey data indicate that the following changes have taken place in the target area focused on by the Partnership — Auburn, NY, and surrounding Cayuga County:

- Students are more likely to perceive schools as "safe places."[11]
- Substance abuse rates are declining.[11]

- Standardized test scores, at least in the elementary schools, are increasing.[11]
- In-school violence rates are falling dramatically.[10*]
- Juvenile arrest rates are declining[12†] and delinquency levels are dropping (Cayuga County [NY] Attorney's Office, unpublished data, 1999–2003).[‡]

The approach that the Partnership took to accomplish these results is perhaps best characterized by a bit of folk wisdom: "The early bird may get the worm, *but the second mouse gets the cheese.*" The agenda of the Partnership belongs to that careful, observant and living rodent, adopting only those practices, programs and organizational principles that, to the fullest extent possible, are already borne out by experience. Part of the strategy of the Partnership entails the use of a very restrictive definition of EBPs[13] — as noted in legislation proposed in New York State to replicate the Partnership model — that insists on high-quality, independent evaluations and evidence of prior successful replication in a similar community. With these goals in mind, the Partnership adopted the following definition of EBPs with an eye toward maximizing successful replication: "[An EBP is] a program whose evaluation, which has been completed by an independent agency with demonstrated expertise in evaluation, yields statistically significant data demonstrating the program's effectiveness in accomplishing its intended purposes, and which has been replicated in another community with an effectiveness that is comparable to that indicated in the evaluation."[13]

Whenever possible, the Partnership also gives priority to EBPs developed and operating in New York State. Such programs perform well within the state's regulatory structure and, when they are school-based, are more likely to

*MAGI Educational Services, the independent evaluator of the Partnership, compared the average number of serious, school-based incidents of physical aggression for the 2 years prior to Partnership initiation of program activities in the city of Auburn, NY (1999 and 2000), with the number of incidents during the first 2 years of program activities and found that there was a significant reduction in violence over time: 54% in the 5 elementary schools, 83% in the 2 middle schools and 31% in the city's high school. In addition, there was a 96% reduction in school bomb threats and a 68% decline in urgent calls to the police made by the schools.

†The most recent county-level data published by the New York State Council on Children and Families indicates that, from 1999 to 2001, there was a 48% decline in the arrests of youth ages 13 years to 15 years in Cayuga County, NY.

‡Comparing the 2 years prior to program implementation (1999 and 2000) with the first 3 years of Partnership program activities (2001 to 2003), there was a 20% decline in the number of petitions before the family court for juvenile delinquency and a 32% decline in the number of charged juvenile delinquency offenses.

conform to its learning standards. In addition, proximity of the parent agency to the project assures more timely access to vital technical assistance, which, among other matters, helps assure fidelity to the EBP model.

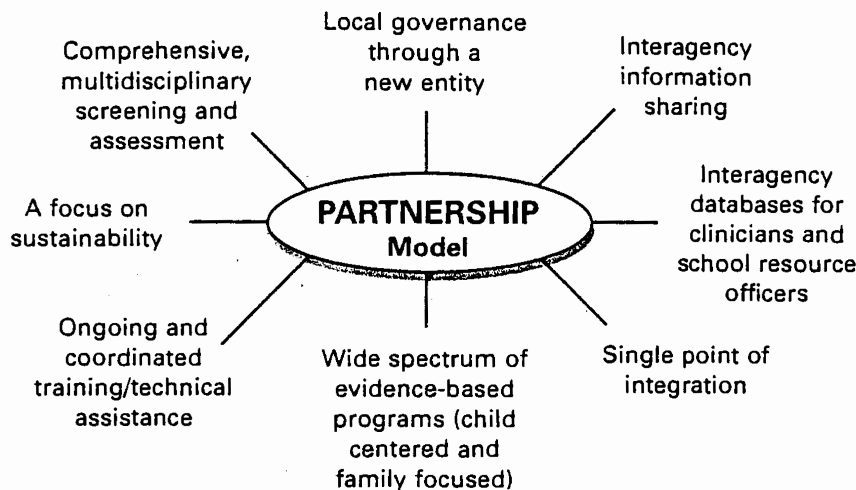
The organizational structure and guiding principles of the Partnership, however, cannot be gleaned merely from historical experience. Its agenda — the "second mouse's" — is a deliberate exercise in applying social science and political science to practical service by adopting procedures that are well grounded in research and implemented only after thorough review by practitioners. In particular, the Partnership embraces clearly delineated lessons emerging from research in a wide range of fields, including the following:

- the critical role an active system of local governance and collaborative decision making among public institutions plays in integrating, improving and sustaining service[2-7]
- the impact of a "systems-of-care" approach to the delivery of human services[14-18]
- the understanding that violent, truant and other destructive risk-taking behaviors have complex etiologies that require comprehensive strategies in order to be reduced substantially[19-22]
- the relative efficacy and cost-efficiency of preventive and early intervention programs[23-29]
- the role that fidelity to EBP practices and procedures plays in engendering positive program outcomes[30-36]
- the use of management information systems to improve the quality of strategic planning, interagency service delivery and program accountability[37-39]

An Overview of the Partnership Model

The Partnership model, as depicted in Figure 1, integrates 8 governing principles, the first of which is the development of a comprehensive and multidisciplinary screening and assessment process.[40] (Note: Fig 1 and the other figures noted in this chapter belong to and are copyrighted by the Partnership for Results, Inc., and can be found at various links on its Web site: http://www.partnershipforresults.org/.) As a growing body of research indicates, children confronting multiple risks are more likely than other youth to engage in violence, struggle in school and participate in a wide range of

Fig 1. The 8 governing principles of the Partnership model.[40]



destructive risk-taking behaviors, including truancy, delinquency, substance abuse and gang participation[41-44]: For example, a 1999 study of juvenile delinquents placed in detention facilities in New York State found that more than 95% faced 4 or more significant personal and environmental risk factors.[45] Services for this population, once they have become habitual offenders, are proving ineffective: 75% are rearrested within 36 months of release, and the majority of these arrests are for violent felony offenses.[45] Interventions with multiply at-risk children that occur at earlier stages of the onset of destructive risk-taking behavior are demonstrably more effective and cost-efficient than are the more intensive, restrictive alternatives.[46,47]

The Assessment Process

To provide intervention services in an integrated and timely manner, it is essential that certain conditions be met. An assessment process should comprehensively identify those risks most clearly related to the development of violent and destructive risk-taking behaviors. Such an assessment should also serve to improve the ability of qualified professionals to diagnose problems and strengths accurately in an interdisciplinary manner.

In 2000 and 2001, the Partnership convened an interdisciplinary expert panel of clinicians and psychometricians to identify effective instruments for the assessment of possibly at-risk adolescents. A review of more than 80 age-appropriate and validated instruments revealed that there is a paucity of sufficiently comprehensive interdisciplinary tools that address risk. Remarkably, few of the instruments reviewed were attuned to the early onset of problems, and efforts to combine instruments would have resulted in measurement tools that were unduly intrusive or exigent for clients. As a result, the expert panel, supported by a team of evaluators, developed a 2-tiered assessment process. The first stage of this interdisciplinary assessment process is the "Observation Checklist,"[48] 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 and externalizing behaviors. Completed by classroom teachers, the Observation Checklist serves the dual role of educating school personnel and ensuring early and narrowly targeted referrals of multiply at-risk adolescents for intensive assessment.

The Adolescent Well-Being Assessment Tool, or Well-BAT as it is commonly known, is the instrument used in the second stage of the interdisciplinary screening and assessment process. (An excerpt of the Well-BAT, including the roster of advisors involved in its development, is available at http://www.partnershipforresults.org/pdfs/Well-Being_Assessment_Excer.pdf.[48]) Completed by a mental health clinician, with parental or caretaker consent, the Well-BAT provides a systematic overview of the early onset of problems associated with mental illness, substance abuse, exposure to violence and learning disabilities across the principal contexts — individual, family, school and community — of the youth being assessed. The 37 rubrics that comprise the Well-BAT are completed using multiple sources of information: interviews with teachers, youth and family members; clinical observations; and a wide array of collateral information derived from such sources as school records, child welfare investigations, prior mental health and substance abuse assessments and medical reports. Several of the rubrics are scored with the aid of 2 standardized self-report measurement instruments: the Personal Experience Screening Questionnaire,[49,50] which is structured to identify substance abuse short of dependence, and the Youth-Pediatric Symptom Checklist,[51] which assesses the severity of internalizing and externalizing problems. Independent evaluations of the Well-BAT indicate that it meets a high standard of

discriminant validity, contrasting groups validity and overall reliability.[48] These reports also concluded that the Well-BAT provides high levels of internal consistency, stability over time and interrater reliability.

When completed, the Well-BAT provides a foundation for the development of comprehensive integrated service plans, particularly for the child or adolescent who can benefit from early preventive and intervention services, both therapeutic and nontherapeutic in nature. The Well-BAT is an instrument that permits clinicians, who have appropriate and ongoing training, to extend their observations beyond their usual discipline-specific parameters. To use the Well-BAT successfully, however, the following systems must first be in place:

- a method to gather collateral information used in the Well-BAT that incorporates legal protections safeguarding confidentiality
- a process for addressing concerns among law enforcement, education, mental health and other agencies that the information they generate will not be used inappropriately or misunderstood when shared
- a system for maximizing accountability regarding use of the Well-BAT, the development of comprehensive service plans and the routine review of outcomes

Moreover, successful use of the Well-BAT requires a sustained effort at agency coordination, so that clinicians working in a broad range of environments — from schools to foster care — can receive training and ongoing technical assistance in the use of the instrument. In other words, as practiced by the Partnership, comprehensive assessments presume a change in local governance.

A Change in Local Governance

Both the Articles of Incorporation and the Memorandum of Understanding (MOU) drawn up by the Partnership in 2000 expressed a commitment to accomplish the following:

- promote comprehensive, interagency service planning
- facilitate the implementation, to the maximum extent possible, of a continuum of outcome-based EBPs
- collectively sustain effective programs

The Partnership operates as a quasi-governmental entity. Its Board of Directors is comprised of public agency leaders from city and county governments in the areas of education, law enforcement and human services. Current board members include the superintendents of the Auburn Enlarged City School District and the Cayuga-Onondaga Board of Cooperative Educational Services, a judge of the Auburn City Court, the Chief of Police of the City of Auburn, a representative of the Cayuga County Attorney's Office (which serves as the presentment agency for delinquency petitions) and the commissioners of the Cayuga County mental health, social services and health departments.

Very early in the life of the Partnership, board members made a distinct transition from perceiving the Partnership as yet another coalition having grand designs but promising few accomplishments to understanding it to be an agency that required their very active participation and collaboration.[10] This was due partly to the fact that the founding corporate documents included a clearly articulated process of system reform linked to measurable goals and objectives, rather than the vague mission statement common to these kinds of documents. In addition, because the directors of the Partnership are members of a board rather than a coalition or working group, they have a collective fiduciary responsibility to ensure that the corporate funds of the Partnership are expended in keeping with the agency's mission. This requirement encouraged a high level of involvement, even if it was rooted initially in a history of interagency territoriality and related concerns about gaining access to newly available federal funds.

Early successes reinforced active participation by agency leaders in this new form of local governance. Many EBPs, if implemented properly and rapidly, result in substantial short-term positive behavioral and economic benefits, such as gains in basic educational skills and shorter stays in high-cost restrictive programs. Two examples of such early success for the Partnership were Opportunity for Academic Success in School (OASIS) and Intensive Supervision Conditional Discharge (ISCD). OASIS is an intensive, summer, educational-enrichment program for younger children (those entering grades 1 through 4) that is validated by the New York State Sharing Success Program.[52] In each of the early years of implementation (2000–2003), Partnership analyses of OASIS pre- and posttesting data indicated average gains of at least 29% in math skills and 30% in English language skills among participants. ISCD is a therapeutic, community-based alternative to incarceration for adjudicated delinquents.[53-55] Using practices and procedures articulated by the juvenile intensive supervision model, ISCD clinicians and

case managers were able to maintain program compliance for more than 75% of participants, with less than 35% of participants rearrested 1 year after program completion — a rate far below that of youth placed in detention facilities.[45]

In addition, the 3-year federal grant for the SS/HS initiative, which was awarded to the Auburn Enlarged City School District in late 1999, provided the Partnership with the financial resources to employ a central staff to support program development. This staff possessed expertise in the development of training curricula, child and family law, information technology and program funding. As a freestanding, quasi-governmental agency, the Partnership also has the flexibility to assemble a specialized team of independent contractors who can provide targeted technical assistance services in areas such as psychometrics and assessment instrument development, database programming and specialized training in evaluation and therapeutic techniques. In sum, the Partnership promotes affiliation and, ultimately, greater collaboration by externalizing the costs of systems change. It does so by alleviating the burdens of implementation, which include negotiating with the parent agencies for EBPs, training implementers and collecting and analyzing data that are critical to maintaining fidelity to program models.

Within 1 year of its establishment, the Partnership became a legitimate form of local governance for public agencies in Cayuga County that have responsibilities for the welfare of children and families. Policy making regarding the interconnected issues of violence, destructive risk taking and academic achievement moved from a single-agency, system-specific orientation to one of multisystem planning and coordination. The emphases on meeting state and federal requirements and program standards expanded to an even 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 resulted in the development of many new revenue sharing and flexible funding arrangements.

A critical component of the emerging role of the Partnership as a legitimate entity of local governance was that it became the locus of service integration for children with multiple problems and their families. Public agencies rely on Partnership staff to provide training and ongoing technical assistance for the Well-BAT to clinicians working in educational, child welfare, mental health, substance abuse and juvenile justice settings. A team of attorneys

from the Partnership and the public sector developed an MOU to encourage the routine provision of client-specific information required for comprehensive assessment and integrated service planning. Following a review of the legal, procedural and practical barriers limiting information sharing, the Partnership developed a Waiver of Confidentiality and Consent-to-Treatment for parents that protects clients' rights and encourages parents to participate in the assessment and treatment process. Presently incorporated into the interagency MOU, the following are the conditions of the Waiver:

- It is revocable at any time.
- It expires on a specific date.
- It is written in clear, accessible language.
- It permits the signatory to limit the range of information provided.
- It affirms the rights of parents and clients to have a deliberative voice in developing the treatment plan.
- It guarantees that any information will be used *only* for the purposes of assessment and treatment.
- It states that the information will not be redisclosed without obtaining subsequent permission and, in that circumstance, will be used only for the purposes of treatment and service planning.

Clinicians are obligated legally to present the Waiver to parents in person, providing an opportunity for clinicians to explain the advantages of parental involvement in a comprehensive assessment and service integration model. This face-to-face technique for collecting data from the Well-BAT has proved noncontroversial: In fact, Partnership records indicate that fewer than 1% of parents refused to participate among the more than 355 referrals made for comprehensive assessment from October 2000 through December 2003 in Cayuga County.

The public agencies also designated the Partnership as the sole repository for the multidisciplinary database. The prohibition on redisclosure without parental permission, the limitation that the data collected be used only for assessment and treatment and the location of the data in a secure, neutral site help address the concerns of families, clients and public agencies that the information collected might be used inappropriately. The security of the data is reinforced by policies that limit access to clients' data *only* to their clinicians and supervisors, a Partnership resource coordinator (who assists the clinical

staff with developing integrated service plans) and a data manager who plays a critical role in maintaining the high quality of program delivery. In sum, the Partnership has become a single point of service integration for multiply at-risk children and their families.

Building a Data Management System

Given the volume of information collected by the Partnership — from referrals, assessments, family demographics and educational and treatment histories to service plans and outcome data — it was clear from the outset that a high-quality and dependable data management system was needed. Without such a system, it would be difficult for clinicians to maintain program integrity and accountability, particularly when working with complex cases. Under the model of service integration established by the Partnership, clinicians performing assessments using the Well-BAT function both as counselors and case managers who help assure that an intervention is truly comprehensive. They do so by routinely identifying additional, complementary therapeutic and nontherapeutic services for clients and their families. Using only paper files, clinicians would be unable to link accurate, synchronous views of clients' strengths and weaknesses with optimal treatment plans — and therefore the process of tracking counseling, case management and outcome data would become unduly burdensome.

Over a period of 2 years, the Partnership developed and refined an interagency database known as CHARI — Children At-Risk Interagency database. Used by clinicians, CHARI is a repository for all pertinent client data that is updated continuously. With menus that can be drawn down easily, and with logic checks, internal clocks and systematic reminders for required data updates, CHARI improves the consistency, accuracy and timeliness of client information. Beyond facilitating service integration, CHARI also functions as a single point of accountability, permitting program administrators and clinical supervisors, with the support of a data manager, to accomplish the following tasks:

- ensure that programmatic milestones are met
- monitor assessment and data collection practices
- supervise the formulation and implementation of treatment plans
- discern patterns in the efficacy of services

Interviews with clinicians and supervisory staff indicate that CHARI, in conjunction with the Well-BAT, helps improve the results of preventive and early treatment interventions in complex cases by minimizing service redundancies, preventing the phenomenon of clients cycling through the system repeatedly and improving service continuity and the coordination of service delivery. (This is anecdotal evidence based on interviews and focus groups conducted by the independent evaluator of the Partnership, which has been reported to the Executive Director of the Partnership.) Evaluators of the Partnership have not yet measured the extent to which CHARI and Well-BAT improve outcomes. Given the unique configuration of the Partnership model and the extent of change wrought in the service delivery system, a before-and-after comparison may prove to be a problematic exercise. However, one indication of the positive impact of CHARI and Well-BAT is evident in the school-based Partnership counseling program — the Mobile Outreach Services Team (MOST). In a review of MOST, an independent evaluator concluded that its "...comprehensive approach to assessment, individual program design and service delivery [resulted, for cases open at least 180 days, in] nearly two-thirds of treatment goals [having] been judged as making progress, with one in five goals having been achieved."[10]

Partnership EBPs: Selection and Efficacy

The Partnership implemented a broad spectrum of EBPs, creating a continuum of prevention and early intervention programs that operates in natural settings and serves a broad range of needs for children of all ages. Following a comprehensive review of the strengths and weaknesses of the human service, educational and law enforcement systems, the Partnership staff selected appropriate EBPs, which they accomplished in consultation with Partnership board members and representatives of parent groups, community-based organizations and other constituencies. Beyond the intrinsic efficacy of a particular EBP and the extent to which it addressed an unmet need in the community, the selection criteria for the programs included the following:

- the sustainability of the EBP, either through expanding staff capacity or by accessing recurring funding streams
- the degree to which the program complemented existing initiatives

- for school-based programs, the extent to which the EBPs conformed to New York State learning standards and were perceived as minimally intrusive by teachers, particularly those preparing students for testing

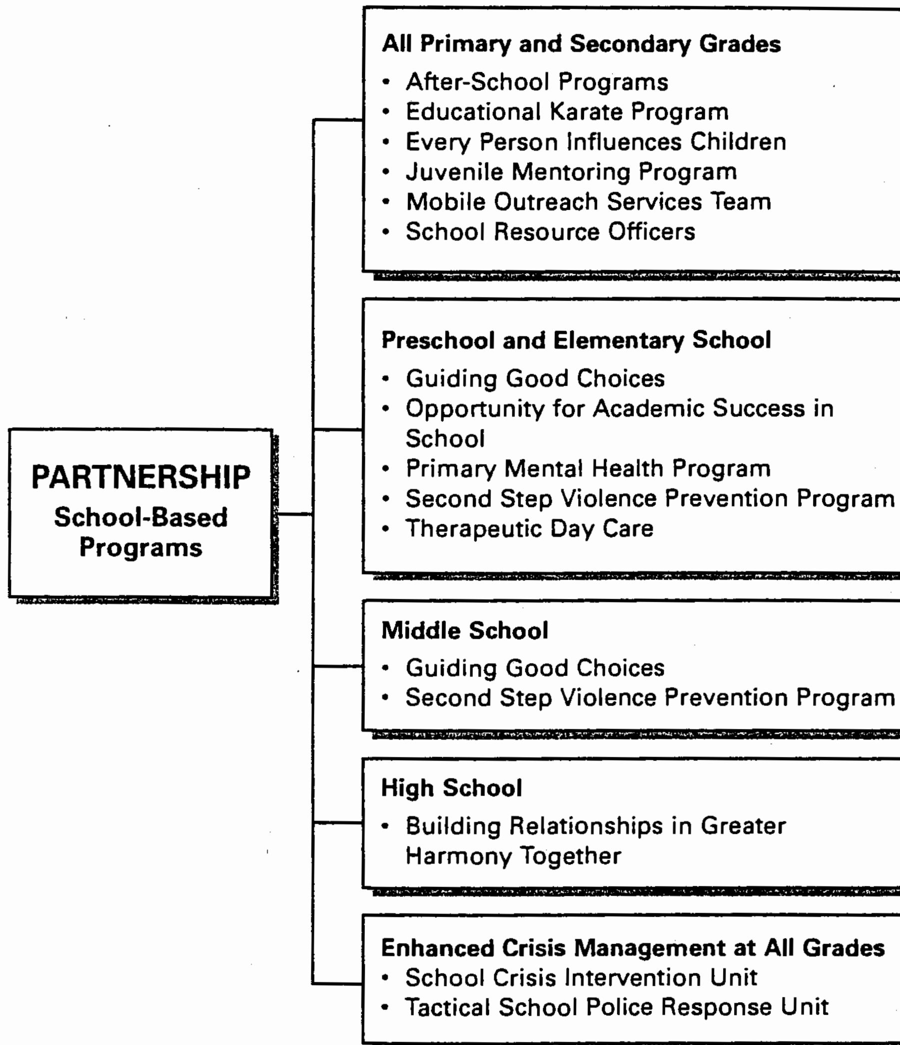
In-depth descriptions of the programs implemented, along with their validation materials, are available at the Partnership Web site — http://www.partnershipforresults.org/programs.

The continuum of EBPs functions in the following areas:

- school-based violence prevention curricula — Second Step, Educational Karate, Building Relationships in Greater Harmony Together
- school-based, community-oriented policing and law-related education — School Resource Officers
- educational enrichment — after-school programs, OASIS, vocational education
- home visitation by nurses — Nurse-Family Partnership
- parenting skills — EPIC, Guiding Good Choices (GGC)
- child care and school-based assessment and counseling — Therapeutic Day Care, MOST
- preventive mental health services — Primary Mental Health Program
- family therapy and related initiatives — Functional Family Therapy, Family Group Conferencing (FGC), Multisystemic Intensive Foster Care
- therapeutic alternatives to incarceration — ISCD

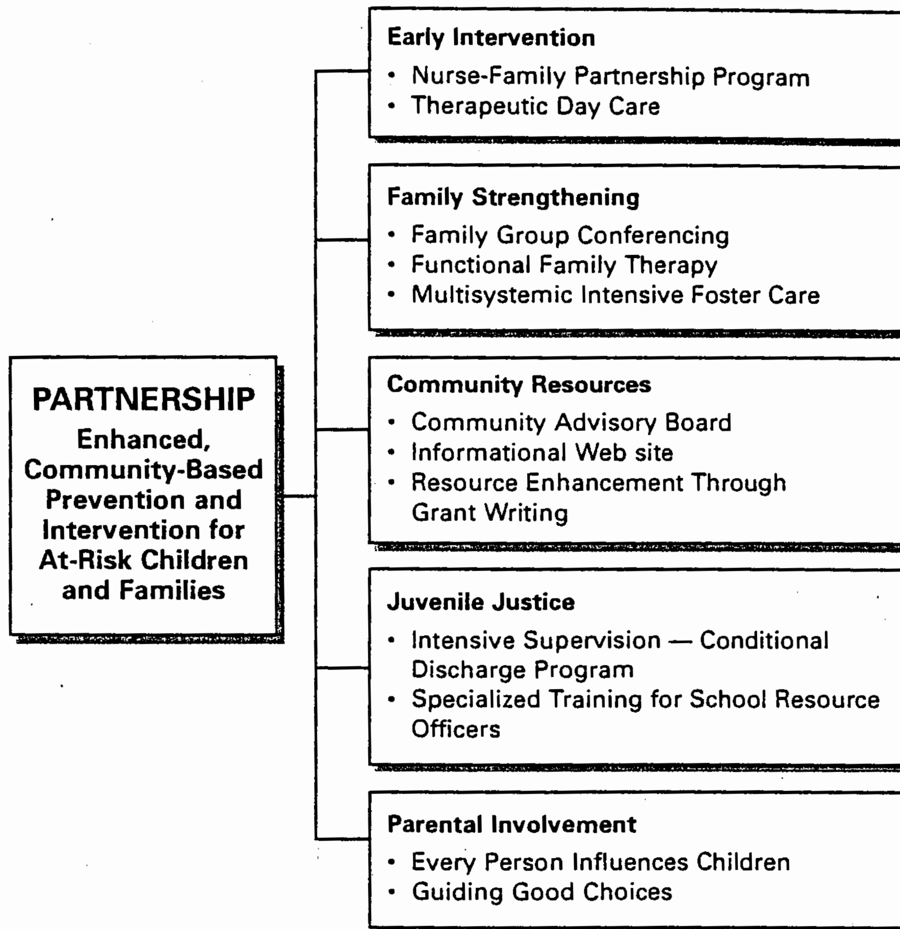
All of the EBPs were implemented in less than 1 year, except for one; the newly initiated parenting skills and substance abuse prevention program (GGC). Today, all of these programs are operating at capacity *and* with a high degree of fidelity to their program models and principles. As noted previously, these programs are producing results that consistently meet or exceed those predicted by research, with the expected outcome that levels of violence, substance abuse and delinquency are dropping significantly.[8-12] An effective and simultaneous implementation of such a broad spectrum of programs is the product of a system of local governance truly committed to implementing a comprehensive, integrated service delivery system.

Fig 2. The Partnership: school-based programs.[56]



From the outset, the public agencies ensured that staff members involved in EBPs were available for training programs. These training sessions were organized on a recurring basis, providing opportunities for the Partnership to address barriers to implementation as they arose. Given their collective commitment to performance-based programming and their Board of Directors

Fig 3. The Partnership: community-based programs.[57]



fiduciary responsibilities, directors of public agencies have taken great pains to ensure that the programs of the Partnership maintain their fidelity to EBP practices and principles. They do so by frequently providing the Partnership with data about the programs, as well as opportunities to survey those staff members who are involved with the implementation of the programs. With this information, the Partnership is able to prevent program "slippage," or the steady regression to the mean of local practices prior to implementation of the EBPs.

It has become evident that one aspect of fidelity to an EBP — providing the service to those children and families who can benefit most from the program — will likely result in high levels of program efficacy. The Partnership model has maximized the accuracy of client-program linkage in several ways, including the following:

- Staff members who are implementing the programs are involved in training sessions for programs other than their own, thereby increasing their knowledge of the eligibility criteria for other programs.
- The comprehensive assessment and service integration system implemented by the Partnership is designed to achieve precise referrals for clients who have complex problems.
- The sheer number of EBPs "on the ground" in Cayuga County promotes specialization: Therefore, programs are not pressured, as they so often are, to stretch the boundaries of client eligibility.

Program efficacy is also a function of staff commitment to the EBP. As an agency of governance, the Partnership, at the board level, has been particularly effective in formulating solutions to the obstacles to implementation that are so often encountered. These solutions include, but are by no means limited to, restructuring agency referral protocols, developing workable mechanisms for consulting the staff about program improvements and motivating recalcitrant supervisors. The motivation level of EBP implementers is affected by a program's potential for ***sustainability***. It is not uncommon, and certainly not unjustifiable, for service providers to view grant-driven demonstration programs as transient in nature. In Cayuga County, by contrast, it has been rare for Partnership programs to sit on the cusp of losing their funding. Indeed, all of the implemented initiatives were sustained for several years beyond the SS/HS funding — and many will be sustained indefinitely.

Sustaining Partnership Programs

For the Partnership, sustainability is principally a matter of program design, persistent advocacy and fundraising, coupled with the capacity and willingness of participating public agencies to interweave — or "braid" — their funding streams. Selecting an EBP for implementation takes into account, among other criteria, whether the EBP can be financed by a recurring

funding stream or by a strategic expansion of staff capacity. On occasion, an EBP is a potential alternative to an ongoing program whose results are perceived by public agencies as disappointing. In such instances, one strategy is to pilot a limited implementation for purposes of comparison, creating the opportunity to demonstrate the advantages of the EBP to staff and administrators and preparing the way for a funded program transformation without staff displacement. This occurred in the case of OASIS, a validated summer educational enrichment program that was piloted with 30 students, which is now the Auburn Enlarged City School District's elementary summer program, funded principally through Title I — a federal program that provides funding for academic programs that target socially and economically disadvantaged students.

If implemented effectively, certain EBPs provide both a therapeutic impact and a significant economic benefit for the locality, which can prove to be critical criteria for identifying an applicable and ongoing revenue source to assure sustainability. This is certainly the case for secondary prevention programs that address the needs of children who are delinquent and at risk of placement in juvenile detention or who are abused or neglected and at risk of placement in foster care or in a residential treatment center. The Partnership has implemented 3 such programs — FGC and 2 multisystemic programs — and all are being sustained with county expenditures that are being matched by an ongoing state preventive-services funding stream. For all 3 programs, the transition to this blended funding stream occurred while the community was in the midst of serious economic retrenchment. Despite these circumstances, public agency directors on the board of the Partnership were successful in persuading legislators to appropriate the county's share of funding for these programs by demonstrating that the program's effectiveness was accompanied by significant short-term savings. An independent cost-benefit analysis demonstrated, for example, that the ISCD program for adjudicated delinquents saved the county more than $214,000 in placement costs annually (Fagliarone Group CPAs, Auburn, NY, unpublished data, July 2003).

Sustaining curricular initiatives, such as Second Step (the violence prevention program), can be a relatively straightforward matter. Once the program is implemented successfully, the Partnership combines turnkey training of motivated staff members on each school campus with dedicated support for ongoing training opportunities provided by the school district. For many

programs, however, achieving sustainability involves a more complex strategy, with the public agencies blending grants and other short-term revenues with longer-term funding streams. The following provide several examples:

- MOST, a school-based assessment, counseling and service integration program implemented by the Partnership, which is funded principally with a combination of Medicaid reimbursements, a formula-driven state mental health allocation made to the county (known as Community Reinvestment) and a portion of a 5-year grant from the USDOJ
- management and continuing development of the CHARI database, which is supported by proceeds from a Partnership campaign of social entrepreneurship and by portions of several grants involving programs that utilize CHARI
- Partnership after-school programs, which serve the multiple purposes of educational enrichment and the prevention of violence and substance abuse, while providing opportunities for counseling in a natural setting, all of which are supported by blending recurring funds from the New York State Education Department (through the Extended School Day/Violence Prevention Program), the US Department of Agriculture (through the Child and Adult Care Food Program), The After-School Corporation (a NY-based foundation that is a national leader in moving after-school programs to use proven practices and procedures; see http://www.tascorp.org/) and the USDOE (through Title I), as well as by multiyear grants

These flexible funding strategies demonstrate the ongoing commitment of this quasi-governmental agency to maintaining a comprehensive local approach to prevention and early intervention.

Conclusion

The Partnership for Results has succeeded in developing a comprehensive, integrated system of services for at-risk children and their families by following a deliberate, experience-driven agenda that is similar to that of the "second mouse." It has brought social science and political science into the world of service delivery. By implementing a continuum of EBPs that maintain a high level of fidelity to their program models, this intervention produces results that consistently meet or exceed those predicted by research. The challenges of interagency information sharing, service planning and resource

allocation have been addressed effectively and locally by a quasi-governmental entity. At least in one community — Cayuga County, NY — the Partnership model appears to be overcoming the obstacles that often stand in the way of delivering services that promote the positive social, emotional and academic development of at-risk children.

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