Advancing Evidence-based Policy & Programs in Pennsylvania

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Children’s Committee of the Pennsylvania Community Providers Association
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Today’s Goals

• Describe history of Pennsylvania’s strategy

• Describe the infrastructure in place to support research-based prevention in PA
  • EPISCenter & Qii

• Present one illustration of our impact
  • Outcomes for youth & families
  • Cost-savings for PA tax payers

• Discuss how we can work together!
Strides in Prevention Science
What’s the Difference?

Programs can be placed along a continuum of “proof” of effectiveness

Promising Approaches
“We really think this will work… but we need time to prove it”

Evidence-based
“This program has been rigorously evaluated and shown to work”

Best Practices
“We’ve done it and we like it”

Research-based
“This program is based on sound theory informed by research”

How confident are we that this program is a good use of our resources AND improves outcomes?
...and miles to go before we sleep

- EBPs still represent the minority of prevention programs
- Research has shown that many (most?) aren’t being implemented with fidelity
- There is tension between advocates of strict fidelity and those who encourage local adaptation
- Very few programs measure or monitor implementation fidelity/quality or outcomes on participants
- Sustainability remains a challenge
- Lack of efficiency/coordination among prevention service systems
History of Research-Based Prevention in PA

- **1994**: Key state leaders introduce Communities that Care (CTC)
  - Spearheaded by Pennsylvania Commission on Crime & Delinquency (PCCD) and Juvenile Court Judges’ Commission

- **1994-2002**: Initiation of CTC funding by PCCD
  - 16 cycles of CTC model introduced in ~120 communities

- **1998**: Initiation of Evidence-based Program Initiative by PCCD
  - 10 cycles of EBPs funded over 13 years, resulting in ~200 EBPs

- **1998**: Process Study of CTC conducted by Prevention Research Center
  - Resulted in creation of statewide TA infrastructure to support CTC
  - Formalized connection between CTC and EBP Initiative

- **2008**: Resource Center for Evidence-Based Prevention and Intervention Programs and Practices created
  - Multi-agency Steering Committee Representing Justice, Welfare, Education, and Health
The EPICenter is a project of the Prevention Research Center, College of Health and Human Development, Penn State University, and is funded by the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Public Welfare as a component of the Resource Center for Evidence-Based Prevention and Intervention Programs and Practices.

A unique partnership between policymakers, researchers, and communities to bring science to bear on issues of public health and public safety.
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The Case for Two Prongs

**Evidence-based Programs**
- Theoretically-based
- Scientifically-proven
- Sponsored lists
  - E.g., Blueprints
- Funding requirements

**Practiced-based Evidence**
- Not an evidence-based program for all problems
- Many programs already being implemented
- Local expertise/fit
Prong #1: The EPISC Center

Evidence-based Prevention and Intervention Support Center

www.episcenter.psu.edu

Supporting the proliferation, high quality implementation, and long-term sustainability of proven-effective delinquency prevention programs.
The Pennsylvania EBP Initiative*

*programs funded under the EBP initiative 1998-2008
The Menu of EBPs*

- School-based
  - Life Skills Training (LST)
  - Olweus Bullying Prevention Program (OBPP)
  - Promoting Alternative Thinking Strategies (PATHS)
  - Project Towards No Drug Abuse (Project TND)
- Community/Mentoring
  - Big Brothers Big Sisters of America (BBBS)
- Family Prevention
  - Incredible Years (IYS)
  - Strengthening Families Program 10-14 (SFP)
- Family Treatment
  - Functional Family Therapy (FFT)
  - Multisystemic Therapy (MST)
  - Multidimensional Treatment Foster Care (MTFC)

*As of 11-11-10
EPISC Center:  
*Supporting Evidence-based Programs*

1) Outreach & advocacy regarding the value and impact of EBPs

- Oct. 2010: Joint PCCD/DPW/OCYF/OMHSAS meeting on MST, FFT, and MTFC
- Feb. 2011: Senate Judiciary Committee Hearing
- Mar. 2011: Mark Lipsey seminar on evidence from meta-analysis
EPISCenter: 
Supporting Evidence-based Programs

2) Provide TA to communities to improve implementation quality, promote collection & use of program impact data, foster proactive sustainability planning

- Support & resources related to:
  - Programs’ logic models
  - Program start-up, common challenges
  - Communicating effectively with stakeholders
  - Data collection & reporting
  - Sustainability planning

Check out our online resources at www.episcenter.psu.edu and email episcenter@psu.edu to sign up for our listserv!
3) Develop resources, provide training opportunities, and facilitate peer networking to disseminate current prevention research science.

- Manualize implementation within PA context
- Program-specific networking meetings
- Create economies of scale & learning communities
- Develop in-state capacity

Check out our online resources at [www.episcenter.psu.edu](http://www.episcenter.psu.edu) and email [episcenter@psu.edu](mailto:episcenter@psu.edu) to sign up for our listserv!
EPISCcenter: 
**Supporting Evidence-based Programs**

4) Conduct original research to inform more effective support and implementation of prevention practices and the successful dissemination of EBPs

- Conduct research on correlates of fidelity and sustainability under natural conditions
- Study adaptation to inform TA
- Develop and test new models of training, coaching, adaptation, and dissemination

Check out our online resources at [www.episcenter.psu.edu](http://www.episcenter.psu.edu) and email episcenter@psu.edu to sign up for our listserv!
Prong #2: The Qii

Quality Improvement Initiative

www.paqii.org

Providing community organizations with guidance and support to improve the quality of local delinquency prevention programs already being implemented and widely used in the community.
What is Qii?

- Opportunity for juvenile justice providers to gain guidance & support in...
  - Defining,
  - Improving, and
  - Communicating about their program

- Commitment to ongoing assessment & data-driven decision-making

- Guided quality improvement process to move routine practice into line with “what works”

*The goal is not perfect practice, but better practice.*
Qii’s Five Priorities
Qii Opportunities

Qii provides an opportunity for:

- Assessing quality of programs
- Improving quality
- Stakeholders recognition
- Assessing impact on clients

Qii does NOT provide an opportunity for:

- Engaging in evaluation or research study
- Accreditation
- Additional funding
- Make profit
PA Approach:
One illustration of our impact

A unique partnership between policymakers, researchers, and communities to bring science to bear on issues of public health and public safety.
Evidence of our impact...

These reports can be downloaded for free at [http://prevention.psu.edu/pubs/Research_Reports.html](http://prevention.psu.edu/pubs/Research_Reports.html)
The Menu of EBPs*

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*As of 11-11-10
Number of Counties with FFT, MST and/or MTFC
2010 Outcomes

- Collected by the EPISCenter from all FFT, MST, and MTFC providers at four time points (end of each quarter in 2010)

- Measures of...
  - Numbers & characteristics of youth served
  - Success rates
  - Behavioral outcomes for discharged youth
FFT Data Highlights, 2010

- 1,661 youth served in 2010
  - 53% referred by JPO; 28% CYS, 19% other
  - 11% would have been placed out of home otherwise
  - 68% successfully discharged
  - 5% placed out-of-home

\(a, b\)

\(a\) Of youth who had an opportunity for the full course of treatment (i.e., were not administratively discharged)

\(b\) “Success” is defined differently for each program, based on the clinical model
FFT Data Highlights, 2010

FFT Behavioral Outcomes at Discharge (n=1175)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percent of Discharged Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>No new criminal charges during tx</td>
<td>95%</td>
</tr>
<tr>
<td>Remained drug-free*</td>
<td>73%</td>
</tr>
<tr>
<td>Improved school attendance*</td>
<td>60%</td>
</tr>
<tr>
<td>Improved school performance*</td>
<td>60%</td>
</tr>
<tr>
<td>Parents/caregivers exhibited desired change</td>
<td>80%</td>
</tr>
<tr>
<td>Parents/caregivers improved parenting skills</td>
<td>71%</td>
</tr>
</tbody>
</table>

*Of youth who presented with this problem at enrollment
MST Data Highlights, 2010

• 2,397 youth served in 2010
  • 46% referred by JPO; 43% CYS, 11% other
  • 67% would have been placed out-of-home otherwise
• 81% successfully discharged a
• 12% placed out-of-home a

a Of youth who had an opportunity for the full course of treatment (i.e., were not administratively discharged)
MST Data Highlights, 2010

MST Behavioral Outcomes at Discharge (n=1822)

Percent of Discharged Youth (Successful and Unsuccessful)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No new criminal charges during tx</td>
<td>87%</td>
</tr>
<tr>
<td>Remained drug-free*</td>
<td>79%</td>
</tr>
<tr>
<td>Improved school attendance*</td>
<td>79%</td>
</tr>
<tr>
<td>Improved school performance*</td>
<td>80%</td>
</tr>
<tr>
<td>Improved family functioning</td>
<td>74%</td>
</tr>
</tbody>
</table>

*Of youth who presented with this problem at enrollment
MTFC Data Highlights, 2010

- 54 youth served in 2010
  - 60% referred by CYS; 40% by JPO
  - 76% were at imminent risk of being placed in a more restrictive setting
  - 68% successfully discharged \(^a\)
  - 13% placed in residential facilities \(^a\)

\(^a\) Of youth who had an opportunity for the full course of treatment (i.e., were not administratively discharged)
MTFC Data Highlights

MTFC Behavioral Outcomes at Discharge (n = 34)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percent of Discharged Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>No new criminal offenses during tx</td>
<td>97%</td>
</tr>
<tr>
<td>Decreased antisocial behavior</td>
<td>71%</td>
</tr>
<tr>
<td>Improved overall behavior</td>
<td>68%</td>
</tr>
<tr>
<td>Remained drug-free*</td>
<td>100%</td>
</tr>
<tr>
<td>Improved school attendance*</td>
<td>71%</td>
</tr>
<tr>
<td>Improved school performance*</td>
<td>73%</td>
</tr>
</tbody>
</table>

*Of youth who presented with this problem at enrollment
Impact on Placement Rates

In Pennsylvania, approximately 40% of youth ages 10-17 who are in care are in a restrictive placement (residential or group home).

Percent of Youth In Care, ages 10-17, In a Restrictive Placement on March 31

- Red line: Counties without program (n=10)
- Green line: Counties that initiated program in '07, '08, or '09 (n=10)
Placement-Related Savings

• 2010 Pennsylvania savings related to placement costs: **$4.5M**

• Conservative estimate based on 3,345 youth enrolled in FFT, MST or MTFC in 2010
### 2010 Pennsylvania Cost Savings

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<tbody>
<tr>
<td>FFT</td>
<td>$32,707</td>
<td>1,175</td>
<td>$38,430,725</td>
</tr>
<tr>
<td>MST</td>
<td>$16,716</td>
<td>1,822</td>
<td>$30,456,552</td>
</tr>
<tr>
<td>MTFC</td>
<td>$79,331</td>
<td>34</td>
<td>$2,697,254</td>
</tr>
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*Total Potential Economic Benefit of FFT, MST, and MTFC in PA = $50.9M*  
*if you only include youth successfully discharged*
One piece to the puzzle...

- These programs are saving PA communities money

- As a whole, counties implementing FFT, MST, and/or MTFC are seeing a decrease in placement rates

- We are demonstrating strong outcomes in Pennsylvania
The Bottom Line...

*Pennsylvania continues its commitment to advancing evidence-based programs and practices and has developed a strong infrastructure to support research-based prevention.*

**We’re committed to support your efforts:**
- To prevention delinquency and dependency
- To reduce costly, out-of-home placements
- To improve outcomes for PA youth and their families
So, how can we work together to pursue our common goals?
Thank You!

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