



Evidence2Success Action Plan

Providence, Rhode Island 2015–18

A partnership with the Annie E. Casey Foundation



“I joined Evidence2Success and the Children and Youth Cabinet because it promised three things. First, it promised the right people: community, systems like DCYF, the Department of Health and Housing, schools and families. Second, it promised to use data in choosing the efforts to tackle AND to make solutions sustainable. Third, it promised to put our money where our mouth is. That promise—the right people, evidence-based solutions and resources (otherwise known as time, talent and treasure)—they’re delivering on it. I’m promising to remain at the table to improve youth outcomes because of it.”

—Resident of South Providence

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Executive Summary

In 2012, key leaders in Providence signed on to a promising initiative to bolster the well-being of the city's children and youth: Evidence2Success, a prevention-based framework designed by the Annie E. Casey Foundation to help public systems work together more effectively to improve the well-being of children in disadvantaged communities. This initiative is an exciting opportunity for Rhode Island to stem the demand for high-cost services such as special education, residential placements and incarceration and redirect funding into cost-effective prevention programs for a greater return on investment.

In Evidence2Success, teams of stakeholders—with community members as full partners—analyze high-quality local data and apply their respective experience and expertise as they identify needs of children in their communities to be prioritized for action. They then select appropriate programs that, through rigorous studies, are proven to be effective in addressing the priorities.

Evidence2Success is powered by the Citywide Workgroup of the Providence Children and Youth Cabinet (CYC), which is composed of public and private organizations including the Providence Public School Department (PPSD); the Department of Children, Youth and Families (DCYF); and the Rhode Island Department of Health. Evidence2Success aligns closely with the CYC's goals, mission and philosophy of supporting children from cradle to career. For this reason, Providence signed on to be the pilot site. The Evidence2Success Citywide Workgroup began by focusing on the communities of Upper and Lower South Providence/Elmwood and West End.

Evidence2Success addresses outcomes as well as risk and protective factors. Outcomes are measures that indicate positive, healthy youth development. Risk factors are scientifically validated characteristics that increase the likelihood of negative outcomes. Protective factors shield children from risk. As a prevention framework, Evidence2Success helps communities identify underlying predictors of the most widespread problems of children and youth and address those predictors as early as possible, before problems become entrenched. This work happens at the community level, using a public health approach.

This document is Providence's action plan. It reviews progress to date and the programs selected to address the priorities, and then outlines plans to implement the selected programs.

The Citywide Workgroup has identified the following priority outcomes based on the Youth Experience Survey, a survey of Providence students:

- Chronic absenteeism
- Suspension
- Anxiety, depression
- Emotional regulation
- Delinquency

The priority risk and protective factors (the predictors) are:

- Family management problems
- Early initiation of antisocial behavior
- Community disorganization
- Low commitment to school
- Few opportunities for community prosocial involvement

The depressed protective factor is:

- Opportunities for community prosocial involvement

The proven programs selected to address these priorities are:

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Positive Action
- Incredible Years—Parent and Teacher Versions
- Nurse-Family Partnership (NFP)
- Familias Unidas
- Functional Family Therapy (FFT)

This portfolio of programs covers the full range of children's ages (0–18) and several types of prevention. Implementation of CBITS, Positive Action and Incredible Years has already begun.

For FY 2015, PPSD, DCYF and the Rhode Island Department of Health have allocated funding for initial program implementation, to be expanded over the next two years.

For FY 2016 and 2017, the Evidence2Success Finance Subcommittee has calculated the funding necessary to expand the programs to reach a targeted number of children and families in need of these services. The Finance Subcommittee proposes that the CYC meet the demand for expansion through a variety of sources, including public and private grants, state and local allocations, maximization of federal dollars, public/private partnerships, Medicaid and partner agency allocations. Total projected costs are \$1 million for FY 2016 and \$1.5 million for FY 2017.

Providence is poised to harness the synergy between Evidence2Success and the CYC. This partnership is an opportunity to increase the city's capacity for using data and implementing evidence-based programs to improve outcomes for our children and youth.

Introduction

Every investment in children is, of course, an investment in the future. But not all investments yield the same returns. Nor do families, communities, schools, public systems and elected officials necessarily agree on investments in children's services. The Annie E. Casey Foundation developed Evidence2Success as a framework for achieving consensus on local needs and priorities in urban communities to guide investment in prevention and early intervention. Evidence2Success emphasizes proven programs for prevention and early intervention, which tend to be more cost effective than later, more intensive interventions. In particular, Evidence2Success aims to prevent problem behaviors that often lead to intensive, high-cost services such as special education, residential placements and incarceration.

The cost of treatment is a concern in every state. But children's well-being is an even greater concern. Children in our nation's urban centers are not faring well. Poverty and the slow pace of the economic recovery take their toll on children's healthy development in many ways: on family life, on school achievement and attendance, on physical health, on preparedness for the workforce. The result: too many young people are missing opportunities for positive development and instead end up in the child welfare system, in the juvenile justice system or dropping out of school. Too many young people are involved in gangs or committing violent acts. Too many young people are exposed to multiple risks.

Child welfare, juvenile justice and other public systems provide critical supports for some high-risk children and families. But there is little data to document the effectiveness of placing children and youth in costly residential placements. Expensive forms of care do not necessarily lead to better outcomes. See, for example, Table 1 below, which shows the costs of several types of residential placements for Rhode Island youth in out-of-home care in the child welfare system.

Table 1: FY 12 Placement Costs for Rhode Island Youth Prior to Entering the Family Care Network (n=766)

Placement Type	Total Cost	Total Placement Episodes	Average Days/Placement Episode	Average Cost/Year	Average Cost/Day
High-End Residential Treatment	\$9,534,179	151	208	\$110,799	\$304
Group Homes	\$16,054,615	426	152	\$90,498	\$248
Semi-Independent Living	\$2,058,251	69	136	\$80,058	\$219

Placement Type	Total Cost	Total Placement Episodes	Average Days/Placement Episode	Average Cost/Year	Average Cost/Day
Emergency Shelter	\$1,554,273	177	42	\$76,285	\$209
Residential Treatment	\$1,773,864	82	114	\$69,262	\$190
Independent Living	\$566,818	19	156	\$69,800	\$191
Treatment Foster Care	\$7,945,424	394	197	\$37,363	\$102
Relative and Non-Relative Foster Care	\$185,259	113	104	\$5,784	\$16

Rhode Island has high rates of congregate care relative to other states.¹ Consider the average cost per day of these treatments (in the right-hand column). Small numbers of youth facing serious emotional, behavioral challenges may require these intensive and costly levels of care. But too often, intensive residential placements become widely used due to a lack of other options. Rhode Island has struggled with implementing reforms to address this problem. Evidence2Success provides important tools that promote evidence-based alternatives to residential settings and brings partners together to implement upstream supports that reduce the need for intensive services.

Public system leaders in Providence elected to sign on as the pilot site because the framework aligned with their vision for children and their commitment to community partnership, the use of data and standards for proof and accountability. The framework's logic model is shown in Figure 1 below. Evidence2Success begins with an assessment of children's needs along with the establishment of a partnership between community and system stakeholders. The partnership goes on to examine data on key developmental outcomes and their underlying causes (risk and protective factors), prioritize findings, select targets for prevention and early intervention and collaborate on funding. Providence is currently entering phase 5. This action plan, the end result of the preceding phases, will be used to guide program implementation and expansion over the next few years.

¹ Annie E. Casey Foundation. (2011, May). *KIDS COUNT Data Snapshot on Foster Care Placement*. Baltimore, MD: Author. Retrieved from www.aecf.org/m/resourcedoc/AECF-DataSnapshotOnFosterCarePlacement-2011.pdf

Overview of the Evidence2Success Prevention Framework

The Evidence2Success framework differs from other approaches to child and family services. First is its emphasis on sustainability. Redirection of funding from intensive services into prevention, done in modest annual increments, is an investment strategy that can yield a significant benefit-cost ratio. A study on a related framework in Washington State yielded a benefit-cost ratio of \$8.22 per dollar invested in prevention over a five-year period.²

Second, the reliance on **data and proven programs** is another unique feature of this framework:

- **Data from local youth.** Evidence2Success relies on data from the Youth Experience Survey (YES) for priority setting. The YES assesses outcomes and risk and protective factors to support a city's priorities for action and establish a baseline. It is recommended that it be readministered every three years to evaluate the benefits of investments in the priority risk and protective factors and well-being outcomes. Additionally, Evidence2Success offers the Childhood Experience Survey, which assesses a similar set of developmentally appropriate outcomes and risk and protective factors for children from birth through age 6.
- **Proven programs in the Blueprints database.** Evidence2Success is committed to implementing programs that are proven effective and shown to be a likely bet for going to scale. For this reason, the Providence CYC selected programs from the Blueprints for Healthy Youth Development database (**blueprintsprograms.com**). The Blueprints database has rigorous standards for proven programs, which can be expected to achieve the desired results when implemented with fidelity to their designers' specifications. The impact and implementation requirements of the selected programs are explained in detail in the database.

Third, Evidence2Success requires an initial neighborhood focus and a **partnership** between public school systems and child- and family-serving agencies, private social service agencies and residents. This partnership supports sustainability, harnessing the long-term commitment of neighborhood partners to the place where they live, worship and work.

² Kuklinski, M.R., Fagan, A.A., Hawkins, J.D., Briney, J.S., & Catalano, R.F. (2015). Benefit-cost analysis of a randomized evaluation of Communities That Care: Monetizing intervention effects on the initiation of delinquency and substance use through grade 12. *Journal of Experimental Criminology*, Advance online publication. doi: [10.1007/s11292-014-9226-3](https://doi.org/10.1007/s11292-014-9226-3).

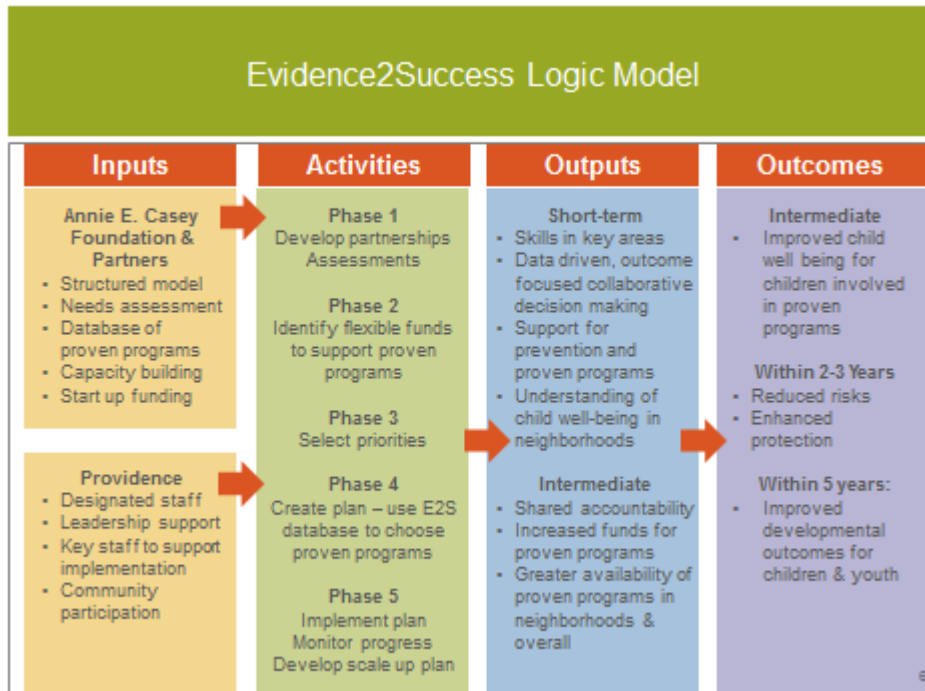


Figure 1: The Evidence2Success Logic Model³

Core Strategies

Four core strategies guide all activities within the framework. These are shown in Table 2.

Table 2: The Four Core Strategies

The Core Strategies of Evidence2Success	
Work Together	Create a shared vision through partnership
Proven Means Possible	Use the best information to choose programs that work
Invest Smarter for Greater Returns	Maximize investments by changing how programs are funded
Create Lasting Change	Build capacity to work in new ways to get results

The Providence Children and Youth Cabinet as the Home of the Effort

The CYC is a cradle-to-career network formed under a collective impact framework to help Providence and Rhode Island's public and private agencies work in a more integrated way. Cross-system planning is

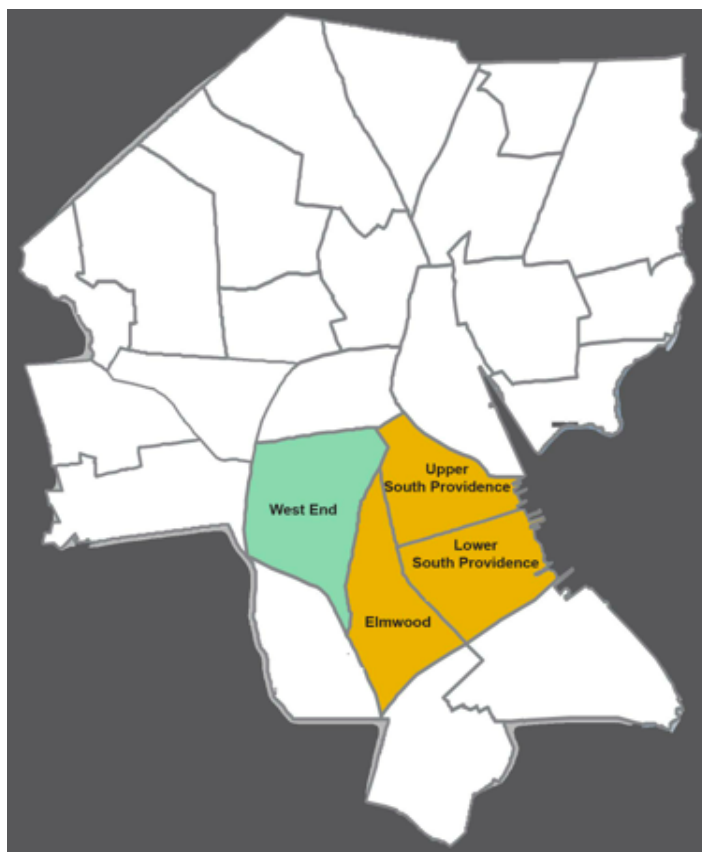
³ The Evidence2Success logic model has been revised since the Providence work began. For information on the current framework, visit www.aecf.org.

part of the **work together** core strategy of Evidence2Success. A collaborative capable of large-scale approaches frequently requires a backbone agency to serve as the centralized base of operations. In this respect, CYC is well positioned to convene or facilitate as well as to compete for dollars earmarked for cross-system efforts.

Taken as a whole, the Evidence2Success core strategies add up to a paradigm shift. Providence chose to participate because such a shift was already underway, and the core strategies offered a framework and concrete roadmap to outcomes. The emphasis on partnering with the community complements the CYC's social ecology model, which calls for addressing environmental factors (including family, peer and school influences) as well as community factors. It also reflects Providence's recent successes with place-based initiatives.

Building Community Partnerships: Evidence2Success Neighborhood Selection

To select the neighborhoods for Evidence2Success, the CYC's Citywide Workgroup reviewed data and met with leaders from the communities under consideration. These leaders provided valuable insight about their communities' needs and strengths and how Evidence2Success could support ongoing improvement efforts. They provided information about how each community's identity and priorities aligned with Evidence2Success. Both communities (Upper and Lower South Providence/Elmwood and West End) went through a six-point inquiry as part of the selection process:



1. Population size. Evidence2Success neighborhoods in Providence were chosen to have populations of 10,000–30,000 to ensure that the neighborhood is home to enough families with children to have a meaningful impact.

2. Significant population under age 18. The Evidence2Success strategies and tools are designed to focus on improving outcomes for children and youth from birth to age 18, which means the approach is better suited to neighborhoods with large numbers of children and youth.

3. Economic insecurity. Measurements include median household income; percentage of households living below the poverty level; percentage of households receiving public assistance; and percentage of children receiving free or reduced-price lunch.

4. Existing indicators of problems in health and well-being. This criterion points toward health and well-being problems already existing in the neighborhood, such as crime, teen birth, low

academic performance (achievement on standardized tests), low birth weight, high infant mortality, attendance problems, high school dropout rates and percentage of adults who did not graduate from high school.

5. Public system utilization. The percentage of children, youth and families from the selected neighborhoods who are involved with foster care provides a sense of the public system resources dedicated to serving these communities.

6. Racial or ethnic distribution of the population. Information about race enhances understanding about the composition and diversity of the city's communities. This information may be used to monitor disproportionality and disparity among different populations.

To meet the population requirements during the selection process, three neighborhoods—Upper and Lower South Providence and Elmwood—were asked if they would be willing to work together. That cluster of neighborhoods became one of the community partnerships (the other being the West End neighborhood).

Convening Providence Partners

Convening cross-sector partners in networks with clearly defined forms, functions, charges and deliverables is a hallmark of the Evidence2Success initiative. While some groups convene on an ad hoc basis, the following teams meet monthly or quarterly and play critical advisory, information or problem-solving roles around key activities within the initiative.

- Leadership Team: The Evidence2Success Leadership Team is composed of system leaders and executives. The charge of the Leadership Team is to sustain the system-level collaborative nature of the work, perform problem solving at the initiative level and ensure that the operations of Evidence2Success remain aligned with the overall strategic vision.
- Finance Subcommittee: The Evidence2Success Finance Subcommittee is a cross-sector team with representatives from state- and city-level institutions as well as local philanthropy. The charge of the subcommittee is to prioritize funding strategies and support the delivery of the outcomes outlined in the finance work plan.
- Citywide Workgroup: The Evidence2Success Citywide Workgroup membership includes cross-sector representation from across Providence. This is the team that looks at programs and outcomes at the highest level: how much, how well and what is different as a result of the programs.
- Community Partnership Table: The Evidence2Success Community Partnership Table is made up of residents and service providers from the implementation neighborhoods. The charge of the Table is to engage local expertise and resident voices in all facets of the initiative.
- Implementation Teams: Each evidence-based program being implemented through Evidence2Success has its own Implementation Team. These teams are made up of community residents, representatives of program funders and, of course, those directly implementing the program. Implementation Teams monitor fidelity of implementation and track incremental and end-of-program outcomes. These teams will be charged with planning and acting as problem solvers and stewards of programmatic sustainability.

Interim Results

The primary aim of Evidence2Success is improvement in child and youth well-being. It typically takes three to five years after a suite of proven prevention programs is effectively implemented to “move the needle” on the priority youth outcomes, risks and protective factors measured by the Youth Experience Survey. Essential to improving youth well-being is sufficient saturation of programming.

Shorter-term indicators of success can be identified that support the achievement of this longer-term goal. One example relates to the increased capacity among key partners to use data for joint decision making and for holding each other accountable. Advocating for investments in proven programs and

“Data sharing has changed for the better. For high school students it will make it a lot easier for community-based organizations to prove what they are doing does or does not work.”

- Evaluation comment from Wave 2 Interviews, spring 2014

prevention and working together toward that end are other early indicators of systems changes already experienced in Providence. Such changes demonstrate that the underlying Evidence2Success philosophy is becoming embedded in the Providence Children and Youth Cabinet’s network of children’s services.

Several specific examples of structural change in Providence are early indicators of success. The Evidence2Success Community Partnership Table is an example of engaging with and benefiting from authentic community voices in the prevention decision-making process. Public systems in Providence have been looking for ways to amplify community

voices and incorporate their expertise, and the Community Partnership Table is a catalyst for that input. Another early indicator of change is that these same public systems have already begun to reallocate funding toward prevention and early intervention programs in the Evidence2Success portfolio of programs chosen by Providence stakeholders. These public systems have planned and worked together closely to fund the pilot implementation of the first three evidence-based programs in West End and South Providence/Elmwood.

Pace of scale and results are poised to increase exponentially because the Rhode Island Department of Health recently awarded a Health Equity Zone (HEZ) grant to the Providence Children and Youth Cabinet. The CYC HEZ proposal was a partnership between six Evidence2Success institutions and organizations. The grant will scale evidence-based programs in South Providence/Elmwood and West End. Additionally, the HEZ funding will build key infrastructure that will ensure effective implementation long after the award has expired. We believe this work in Providence anticipates a major shift in children’s services across the United States toward prevention, proven programming and partnership among service silos.

How Evidence2Success Addresses Providence’s Immediate Needs

Shrinking budgets, the skyrocketing cost of care and services for children and youth, and elevated risk factors are not unique to the city of Providence. What is unique to Providence is the opportunity to solve these budget shortfalls and skyrocketing costs using the Providence Children and Youth Cabinet. The key functions and roles played by the CYC, in conjunction with the well-considered design of the Evidence2Success initiative, have established the critical initial traction leading to the successful

installation of the first suite of proven programs. The nexus of need, resource scarcity and key infrastructure has created the opportunity for early success.

A Data Portrait of Providence Children and Youth

In spring 2012, more than 5,000 youth in grades 6, 8, 10 and 12 in the Providence Public School Department completed the Evidence2Success Youth Experience Survey. Youth provided important data about specific outcomes as well as risk and protective factors in their day-to-day lives that predict positive and negative outcomes. More than 85 percent of eligible students completed the survey, which provided key baseline assessment data. Outcomes are shown in Figure 2 below. Risk factors are shown in Figure 3. Protective factors are shown in Figure 4. These are for the citywide sample. The same data for the two initial implementation communities, South Providence/Elmwood and West End, are provided in the Appendix. Where available, data from a national, state or other large-scale survey are shown as comparison points for the Providence data on outcomes and risk and protective factors. Although it is often helpful to compare local and national results, national data are not available for every behavior or factor.

Evidence2Success Outcomes, PPSD Middle and High School Students, 2012

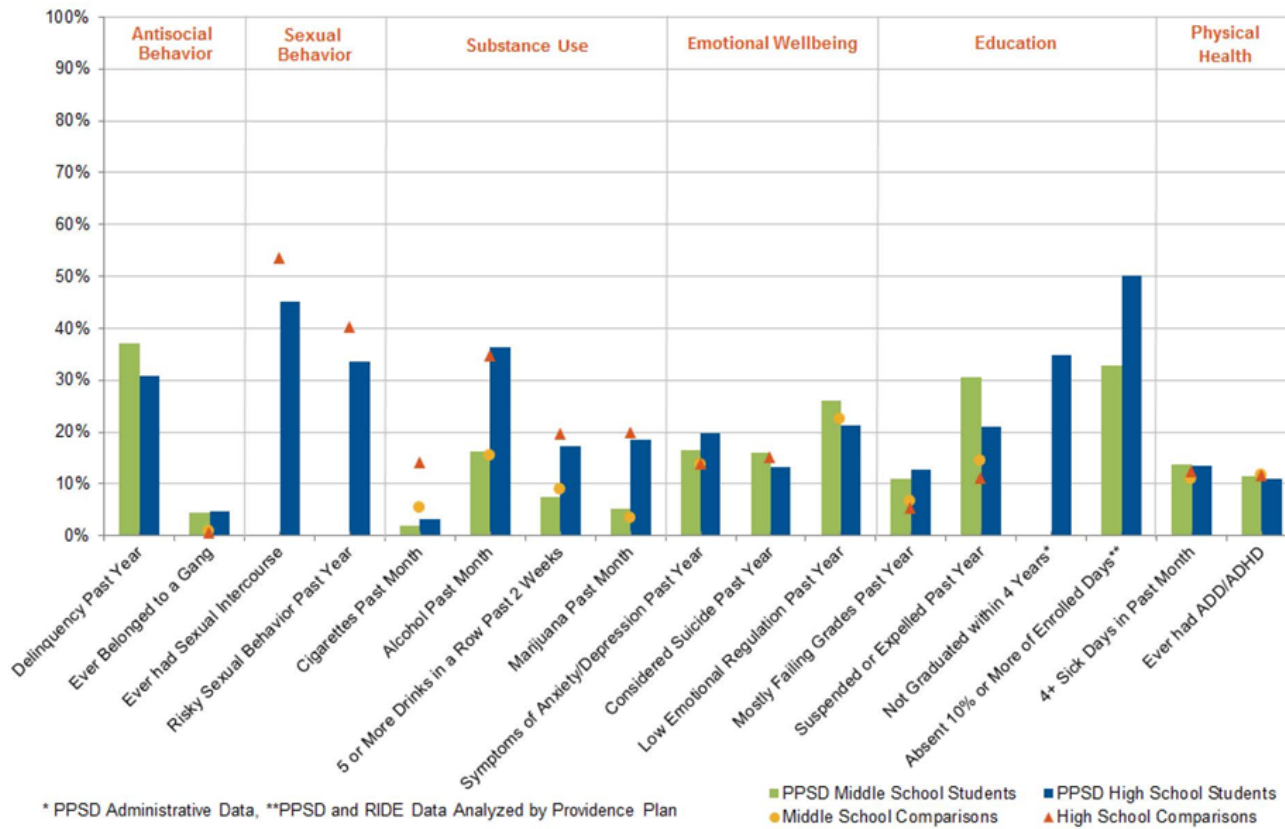


Figure 2: YES Outcomes for Middle and High School Compared with National Data

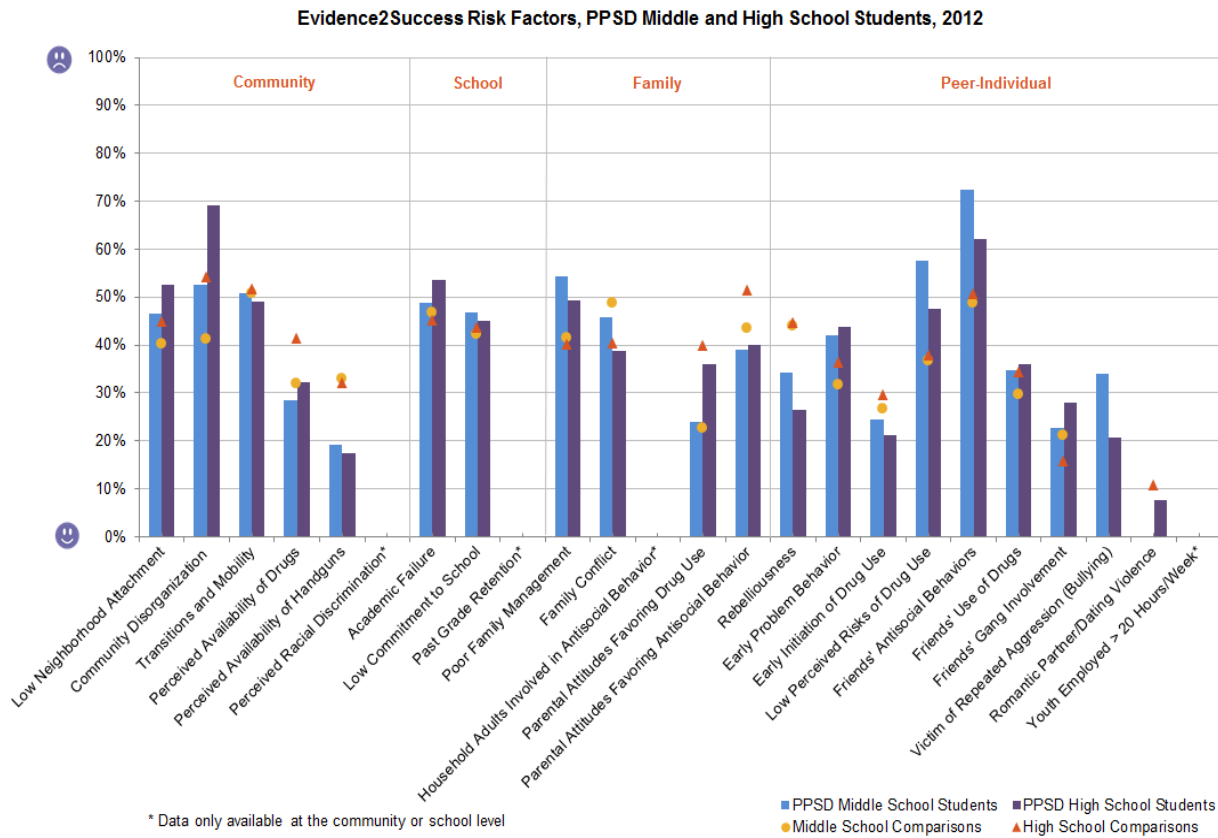


Figure 3: YES Risk Factors for Middle and High School Compared with National Data

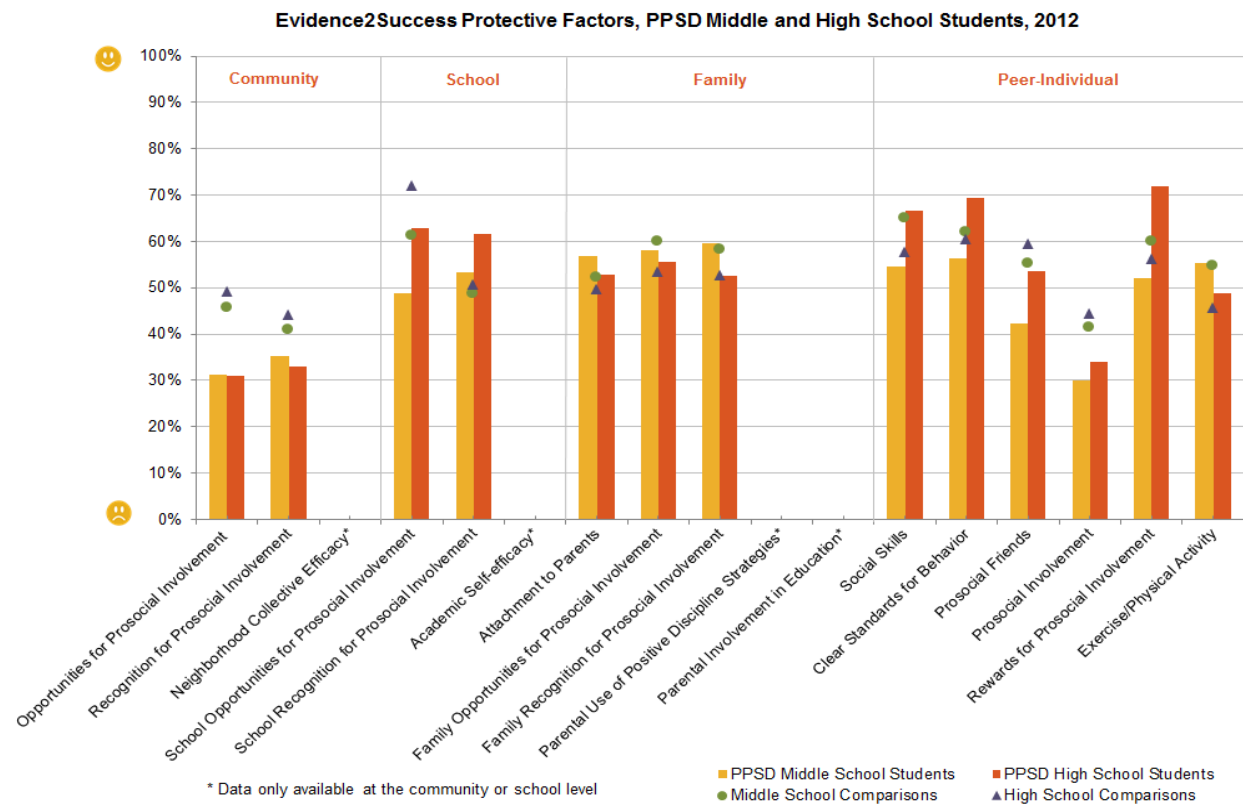


Figure 4: YES Protective Factors for Middle and High School Compared with National Data

At a meeting in September 2013, the Citywide Workgroup, including members of the Community Partnership Table, used the YES data and the charts reproduced in the Appendix to agree on priority outcomes for Providence, as well as risk factors to be targeted in the participating communities of South Providence/Elmwood and West End. Table 3 below shows the priority outcomes and risk and protective factors selected at this meeting. The table also shows the percentage of middle school and high school students who reported these outcomes or who are at risk due to elevated risk factors or depressed protective factors. Reduction goals are shown as well.

Table 3: Providence Priorities Based on 2012 YES Data

		MIDDLE SCHOOL INCIDENCE	HIGH SCHOOL INCIDENCE	REDUCTION GOALS
OUTCOMES	EDUCATION			
	Chronic Absenteeism	32%	50%	< 50% all grades
	Suspension	21%	31%	
	EMOTIONAL WELL-BEING			
	Low Emotional Regulation	25%	21%	< 5% 6 th and 8 th grades
	Anxiety/Depression	17%	20%	< 10% 6 th grade < 7% 8 th grade
	BEHAVIOR			
	Delinquency (self-reported antisocial behavior)	38%	31%	< 35% all grades
ELEVATED RISK FACTORS	Family Management Problems			
	Early Initiation of Antisocial Behavior			
	Community Disorganization			
	Low Commitment to School			
DEPRESSED PROTECTIVE FACTOR	Opportunities for Prosocial Involvement in the Community			

The big picture shows far too many students missing school due to absence or suspension, reflected by low commitment to school. Delinquency is high and tends to start early. Family management problems, community disorganization and lack of opportunities for prosocial involvement mean that little support is available to youth.

These results, while not exceptional by national standards, are still cause for concern. Selecting priorities was not just a matter of numbers: the expertise of both communities and systems was brought to bear on identifying those factors most in need of attention, or those for which prevention efforts would yield the greatest impact.

In addition to YES, from May to October 2013, parents of children age 0–8 in the two implementation communities, South Providence/Elmwood and West End, were surveyed with the Childhood Experience Survey (ChES). The format for administration of the ChES involves in-home interviews with the parents

of children age 0-8 who live in the communities. The results of the ChES survey yielded substantially similar results for both neighborhoods, as shown in Table 4 below.

Table 4: 2013 Providence ChES Data (for Children Age 0–8)

ChES Results (for Children Age 0–8) in:		
	South Providence/ Elmwood	West End
Elevated Outcomes	Peer problems	Peer problems
	Conduct problems	Developmental concerns
	Developmental concerns	Conduct problems
Elevated Risk Factors	Community disorganization (+60%)	Unplanned pregnancy (50%)
	Unplanned pregnancy (just under 50%)	Community disorganization (50%)
	Teen mother (+45%)	Teen mother (just under 50%)
	Also: parent mental health problems, times moved homes	Family conflict
Depressed Protective Factors	Time read to child	Time read to child
	Breastfeeding at least 3 months	Parent involvement in informal learning
	Also: parent social support, parent involvement in informal learning	Breastfeeding at least 3 months
Elevated Protective Factors	Parents check homework (over 90%)	Parents check homework (90%)
	Parent recognition for positive behavior (over 75%)	Parent recognition for positive behavior (over 70%)

The data paint a picture of communities where parents want their children to succeed and take pains to check homework and make sure that positive behavior is recognized. But even as early as elementary school, students fall prey to attendance problems and delinquency, and emotional well-being is

threatened. The communities themselves present serious risk to students due to widespread lack of commitment to school and family management problems. For children of all ages, community disorganization poses a serious threat to stability and young people's attachment and bonding to adults in their neighborhood.

Disparities Underscore the Problems of Urban Youth

Disparities exist in all American cities. Research tells us that growing up in the poorest neighborhoods, where there are often high levels of risk and low levels of protection, decreases a child's chances of success when compared to their peers. People of color are disproportionately represented in America's poorest neighborhoods, have disproportionate access to high-quality education and resources, and are incarcerated at a much higher rate than their peers in more economically stable neighborhoods. Evidence2Success seeks to address these disparities, first by making data and information public and accessible and facilitating conversations about the disparities. Making data accessible and convening and facilitating the equity conversation function as a risk-reduction strategy. In addition to elevating protective risk factors, the universal implementation of evidence-based programs reduces some of the key factors that lead to population-level risks facing neighborhoods in urban core areas.

About the Programs Selected for Implementation

After community and system stakeholders identified the priorities shown in Table 3, the Community Partnership Table and Citywide Workgroup chose a portfolio of proven programs using the search tools on the Blueprints database (www.blueprintsprograms.com) to address priorities. The programs that were chosen are described in Table 5 below. These programs have been proven effective when implemented according to their originators' specifications. Evidence2Success includes substantial technical assistance to sites to ensure effective implementation of these programs and to maximize positive youth outcomes. Each program also has training requirements by the program developer/purveyor. Financing each program includes funding the required initial training and ongoing program-fidelity monitoring. More specifics will be contained in a detailed implementation plan, which is currently being drafted.

Table 5: Evidence-Based Programs Selected to Address Providence Priorities

Program	Description	Selected to Address These Priority Outcomes	Or These Risk Factors
The Incredible Years—Teacher and Parent Versions	<p>Teacher version: A teacher classroom management program that provides teachers with classroom management strategies (positive and proactive teaching techniques, positive teacher-student relationships and supportive teacher-parent relationships) to manage difficult and inappropriate child behavior problems, while promoting social, emotional and academic competence.</p> <p>Parent version: A group-based parenting program that strengthens parent competencies to promote young children’s social, emotional and academic competence and prevent the development of conduct problems, delivered in weekly group sessions for 3-5 months.</p>	<p><i>Priority Outcomes:</i> Emotional Regulation; Depression</p> <p><i>Related Outcomes:</i> Antisocial/Aggressive Behavior; Conduct Problems; Externalizing; Internalizing; Positive Prosocial Behavior</p>	<p><i>Priority Risks:</i> Early Initiation of Antisocial Behavior; Poor Family Management;</p> <p><i>Related Risks:</i> Hyperactivity; Family History of Problem Behavior; Neglectful Parenting; Parent Stress; Violent Discipline</p>
Positive Action	A school-based social emotional learning program for students in elementary and middle schools to increase positive behavior, reduce negative behavior and improve social and emotional learning and school climate. The classroom-based curriculum teaches understanding and management of self and how to interact with others through positive behavior, with school climate programs used to reinforce the classroom concepts school-wide.	<p><i>Priority Outcomes:</i> Anxiety and Depression; Delinquency; Low Emotional Regulation; Truancy</p> <p><i>Related Outcomes:</i> Academic Performance; Alcohol; Conduct Problems; Criminal Behavior; Illicit Drug Use; Physical Health and Well-Being; Sexual Risk Behaviors; Bullying; Violence and Violent Victimization</p>	<p><i>Priority Risks:</i> Early Initiation of Antisocial Behavior; Low Commitment to School</p> <p><i>Related Risks:</i> Antisocial/Aggressive Behavior; Bullies Others; Physical Violence; Rebelliousness; Victim of Bullying; Peer Interaction with Antisocial Peers</p>
Cognitive Behavioral Intervention for Trauma in	A 10-session group intervention provided by mental health professionals to reduce children's post-traumatic stress disorder (PTSD), depression and anxiety resulting from	<p><i>Priority Outcomes:</i> Anxiety and Depression; Post-Traumatic Stress Disorder (PTSD)</p>	<p><i>Related Risks:</i> Family Conflict and Violence</p>

Schools	exposure to violence. Also included are 1–3 individual child sessions, 2 optional parent sessions and a teacher educational session.		
Familias Unidas	A family-based intervention to promote protection against, and reduce risk for, behavior problems, illicit drug use, cigarette use and unsafe sexual behavior in Hispanic youth and adolescents.	<i>Related Outcomes:</i> Externalizing; Illicit Drug Use; Sexual Risk Behaviors	<i>Priority Risks:</i> Early Initiation of Antisocial Behavior; Poor Family Management
Nurse-Family Partnership (NFP)	A nurse home visiting program for first-time pregnant mothers that sends nurses to work one-on-one with the pregnant women to improve prenatal and child-rearing practices through the child's second birthday.	<i>Priority Outcome:</i> Delinquency <i>Related Outcomes:</i> Child Maltreatment; Criminal Behavior; Early Cognitive Development; Internalizing; Mental Health-Other; Physical Health and Well-Being; Preschool Communication and Language Development; Reciprocal Parent-Child Warmth	<i>Priority Risk:</i> Poor Family Management <i>Related Risks:</i> Family Conflict and Violence; Family History of Problem Behavior; Neglectful Parenting; Parent History of Mental Health Difficulties; Violent Discipline
Functional Family Therapy (FFT)	A short-term family therapy intervention and juvenile diversion program helping at-risk children and delinquent youth to overcome adolescent behavior problems, conduct disorder, substance abuse and delinquency. Therapists work with families to assess family behaviors that maintain delinquent behavior, modify dysfunctional family communication, train family members to negotiate effectively, set clear rules about privileges and responsibilities, and generalize changes to community contexts and relationships.	<i>Priority Outcome:</i> Delinquency <i>Related Outcomes:</i> Criminal Behavior; Illicit Drug Use	<i>Priority Risk:</i> Poor Family Management; Early Initiation of Antisocial Behavior <i>Related Risks:</i> Aggressive Behavior; Early Initiation of Drug Use; Rebelliousness; Interaction with Antisocial Peers; Family Conflict

A Note on Community Disorganization

Each of the selected programs addresses one or more priority youth outcomes. It should be noted, however, that only two programs in the Blueprints database address the risk factor of community disorganization. Evidence2Success in Providence describes community disorganization this way:

Higher rates of drug problems, delinquency, violence and drug trafficking occur where people have little attachment to the community. Vandalism rates are high when there is low surveillance of public places. These conditions are not limited to low-income neighborhoods—they can also be found in more well-to-do neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their communities. If the majority of service providers (such as teachers, police and human and social services personnel) live outside the community, residents' sense of commitment will be lower. Lower rates of voter turnout and parent involvement in school also reflect attitudes about community attachment. Neighborhood disorganization makes it more difficult for schools, churches and families to promote positive social values and norms.

The Evidence2Success Community Partnership Table has identified community disorganization as a top strategic priority in their work. They are currently entering into a formal planning process to define the coordination of multiple strategies that address the disaggregated risk factors that make up community disorganization.

The Role of Prevention in This Portfolio

This portfolio of programs covers a wide range of ages, starting with newborn infants and their parents, and also reflects a range of prevention types: universal, selective and indicated. A **universal** prevention strategy is one that is open to everyone in the community on a continuous basis—for example, a school-based program that reaches all students in a particular age range. A **selective** prevention strategy focuses on groups of people selected based on risk or condition—for example, a home visiting program for first-time pregnant mothers. An **indicated** prevention strategy focuses on populations already showing some early symptoms of problem behavior—for example, an in-home family therapy program for families experiencing delinquent youth behavior. These types of prevention strategies provide a set of approaches that can help keep kids on appropriate developmental paths. They can also help those who are teetering on the edge to stay out of the deep end. The question is how to provide appropriate support in the most cost-effective way possible. Universal prevention raises average outcomes for all children and tends to stop problems before they occur, but some children and families need a greater amount of support. This range is shown in Table 6 below for the portfolio of the six evidence-based programs selected by Providence.

Table 6: Providence's Programs by Age and Type of Prevention

Age	Birth–2	3–5	5–11	12–14	14–18
Universal Prevention (All youth served)		Incredible Years parent and teacher modules (for children age 3–4)	Positive Action (for children age 5–14)		
Selective Prevention (Those with risk served)	Nurse-Family Partnership			Familias Unidas (for Latino youth age 12–14)	
Indicated Prevention (Youth with a certain problem served)				Cognitive Behavioral Intervention for Trauma in Schools (for youth age 12–14) Functional Family Therapy (for youth age 12–18)	

After the initial program selection meeting, workgroup members examined data from the Childhood Experience Survey in a subsequent meeting and concluded that the original mapping of programs to priorities remained appropriate. Hence, no changes were made to the portfolio of six proven programs.

A Cross-Systems Financing Plan

The legislative mandates and funding of most public agencies are focused on narrowly defined problems or outcome areas. Moreover, with the exception of public health, the Evidence2Success partner agencies find it challenging to allocate staff resources or dollars toward prevention. Fortunately, Evidence2Success includes a financing component that helps multiple partners bring together their categorical resources to support more preventive and comprehensive services. The financing work is documented fully in the Providence Evidence2Success Financing Plan.

The financing work began with the formation of a Finance Subcommittee of the Citywide Workgroup to identify the scale of programming to be implemented over the next three years and to identify and plan for the financing strategies needed to implement the programs.

The Evidence2Success Citywide Workgroup selected three of the chosen programs for short-term implementation, beginning in late 2014 in the two participating communities, Upper and Lower South Providence/Elmwood and West End. The three programs for short-term implementation were:

- Incredible Years (parent and teacher versions)
- Positive Action
- CBITS

The implementation of Positive Action, Incredible Years and CBITS is already underway in the two pilot neighborhoods. Three more programs are slated for implementation in the same neighborhoods beginning in fall 2015:

- NFP
- Familias Unidas
- FFT

For each program, the Finance Subcommittee then developed three-year scale goals (FY 2015–2017). The scale goals were set based on the type of prevention and the number of children and families eligible for the programs in the two neighborhoods, as shown in Table 7 below.

Table 7: Criteria for Setting Community Scale Goals

Type of Prevention Program	Scale Goal by FY 2017
Universal	Serve at least 90% of the target population
Selective	Serve at least 20% of the target population
Indicated	Serve at least 20% of the target population

The total estimated cost for the portfolio of programs is \$236,000 in FY 2015, growing to \$1.3 million in FY 2017. The year-by-year progression is shown in Table 8 below.

Table 8: Providence Evidence2Success Scale and Budget Estimates

Program	FY 15		FY 16		FY 17	
	# Served	Cost	# Served	Cost	# Served	Cost
CBITS (Indicated Prevention)	40	\$32,825	160	\$100,098	280	\$166,930
Positive Action (Universal Prevention)	2,141	\$96,044	3,348	\$64,336	4,765	\$83,413
Incredible Years–Parent (Selective Prevention)	45	\$54,442	90	\$93,826	135	\$123,768
Incredible Years–Teacher Management	458	\$53,130	808	\$45,018	1,158	\$45,018
Nurse-Family Partnership (Selective Prevention)	Not prioritized by E2S for FY 15 but Health Department already funding NFP. Estimate of 35 enrolled in neighborhoods at cost of \$227,500		22	\$171,198	44	\$286,596
Familias Unidas (Selected Prevention)	0	0	165	\$262,800	330	\$505,200
Functional Family Therapy (Indicated Prevention)	0	0	33	\$92,400	33	\$92,400
TOTAL	2,684	\$236,441	4,626	\$829,676	6,745	\$1,303,325
Note: Numbers served do not represent an unduplicated count as individual children, youth and families could be served by more than one program.						

Program	FY 15		FY 16		FY 17	
	# Served	Cost	# Served	Cost	# Served	Cost
* Functional Family Therapy scale and cost estimates are preliminary estimates based on a scale goal of serving 20% of the estimated number of youth in congregate care in the selected neighborhoods and national data on cost per youth. These numbers need to be refined with input from DCYF.						

The financing plan includes not just program costs but also Evidence2Success infrastructure—for example, cross-sector planning and coordination; data collection and analysis; collaborative financing planning; and communications. These are supported by funding from the Annie E. Casey Foundation in FY 2015⁴ but will require additional funding, estimated at \$170,000 in FY 2016 and \$200,000 in FY 2017. Thus, the total budget for FY 2016 will be \$1 million. For FY 2017, it will be \$1.5 million.

Key Financing Strategies

The Finance Subcommittee was charged with identifying a set of strategies that could generate the funding needed for implementing and scaling up the chosen programs. Because the FY 2015 implementation targets came so soon after program selection, it was unrealistic to adopt the full array of financing strategies in the time available. As a start-up approach, the Evidence2Success Leadership Team identified resources from their own budgets for 2015 implementation, demonstrating their strong commitment to the collaborative work of the initiative. For Incredible Years, Rhode Island Department of Health prioritized the Evidence2Success communities in their existing Incredible Years grants. PPSD supported training and implementation for Positive Action in four elementary schools and one middle school in the Evidence2Success communities. DCYF committed to fund CBITS in one middle school. These commitments are shown in Table 9 below.

Table 9: Funding Commitments for Proven Program Implementation in 2015

Program	Schools and Grades	Committed Funds
Incredible Years	9 public pre-K centers in South Providence and West End	\$107,572 RIDH
Parent Version		
Teacher Version		
Positive Action	Elementary: Sackett, Woods/Young, Fogarty, Bailey, grades 3, 4 and 5 Middle: Roger Williams, grade 7	\$96,044 PPSD
CBITS	Middle: Roger Williams	\$32,825 DCYF
	TOTAL	\$236,441

⁴ Starting with its 2015 selection of new communities, the Casey Foundation will require communities to provide a local site coordinator and commit at least \$150,000 toward evidence-based programs upon selection. The \$150,000 is to be matched in the first year by the Foundation, which also provides substantial tools and technical assistance for Evidence2Success.

Thereafter, the Finance Subcommittee focused on financing strategies for FY 2016, FY 2017 and beyond. They reviewed a variety of strategies, including successful approaches other states took to scale evidence-based programs and infrastructure. The goal was to move from complete reliance on Evidence2Success system partners to a diverse base of public and private resources by FY 2017. The strategies they considered included:

- Public and private grants
- State allocation
- Redirection of federal dollars
- Public-private partnerships
- Medicaid dollars
- Evidence2Success partner allocations

These strategies and their potential are described in the financing plan. The goals, by year, are given in Table 10 below.

Table 10: Financing Strategies to Support Evidence2Success Program Implementation

FINANCING STRATEGIES	FY 2015	FY 2016 GOALS	FY 2017 GOALS
PUBLIC & PRIVATE GRANTS	0%	30% (\$300,000)	25% (\$375,000)
STATE AND LOCAL ALLOCATIONS	0%	0%	10% (\$150,000)
MAXIMIZING FEDERAL DOLLARS (PERFORMANCE PARTNERSHIP PILOT)	0%	30% (\$300,000)	20% (\$300,000)
PUBLIC/PRIVATE PARTNERSHIPS	0%	0%	10% (\$150,000)
MEDICAID ENTITLEMENT DOLLARS	0%	5% (\$50,000)	5% (\$75,000)
E2S PARTNER AGENCY ALLOCATIONS	100% (\$236,000)	35% (\$350,000)	30% (\$450,000)
TOTAL	\$236,000	\$1,000,000	\$1,500,000

The Providence Financing Plan also contains a work plan for moving this work forward.

Future Financing Considerations

A major goal of our finance work is sustainability. Reinvestment and creative financing are two metrics for gauging success. One tenet of Evidence2Success is reinvesting savings from cuts made to services that are no longer needed, or are ineffective, into proven prevention programs.

Funding naturally follows priority youth outcomes. We are witnessing a shift in grant making, both locally and nationally, toward approaches that address prevention and recognize the interrelated and complex challenges child- and family-serving systems are trying to address. Through Evidence2Success

and other initiatives, the Children and Youth Cabinet has positioned itself to compete for these dollars. The goal is to secure financing for the planned program implementations over the next two years while preparing to scale up the Evidence2Success approach into new communities throughout the city.

Rolling Out Selected Evidence-Based Programs

As noted earlier, the first three of six proven programs are in the process of launching: Incredible Years, Positive Action and CBITS. Implementation science describes the following stages: exploration, installation, initial implementation, full implementation and scale.

To help navigate these stages of implementation, the Evidence2Success Citywide Workgroup and its community partners, along with program funders and providers, jointly formed Implementation Teams. The Implementation Teams are responsible for monitoring the fidelity of implementation and the tracking of incremental and end-of-program outcomes.

As mentioned earlier, YES is readministered every three years. Data from this survey will show whether the action plan's portfolio of programs is having the desired effect in meeting the goals shown in Table 3 above: Providence Priorities Based on 2012 YES Data. Based on those data and program monitoring data, the workgroup can assess progress and decide how well the programs are working, making course corrections if appropriate.

On the Immediate Horizon

As the organizations behind Evidence2Success consider the next two years and envision what success looks like for the youth of Providence, several areas of focus emerge:

- Increase committed stakeholders from sectors not well represented in the current workgroup (e.g., business people, members of local faith communities)
- Sustain existing Implementation Teams for current programs and launch Implementation Teams for the three programs identified in suite two.
- Advance an Evidence2Success workforce development strategy that assesses, trains and supports neighborhood service providers to build their capacity to compete for program implementation contracts.
- Empower residents to continue to take ownership of community data and share program results with their neighborhoods.

Implementation Teams meet on a monthly basis and are part of the Evidence2Success Continuous Quality Improvement (CQI) framework. The teams' work will answer the following questions: **How much?** (How many children and youth?); **How well?** (Are the programs being implemented well according to specifications?); and **What is different?** (What are the program outcomes?). Each Implementation Team has representation from key sectors that span the Evidence2Success initiative: institutional partners, funders, practitioners, purveyors and neighborhood residents (ideally consumers or parents of consumers of the programs). A highly engaged Implementation Team is a sustainable response to the immediate need for increased cross-sector involvement.

The other principal need on the horizon involves creating innovative, sustainable funding mechanisms:

- Secure venture capital investment
- Secure a seamless pipeline for Evidence2Success evidence-based program Medicaid reimbursements
- Realign public system funding for greater impact
- Deploy creative finance strategies such as social impact bonds and opportunity compacts to fund evidence-based programs long term

Policymakers have a strong incentive for learning about these programs and the Evidence2Success framework. Strong legislative support is as vital to success as community involvement, strong data and collaborating systems.

Conclusion: Think Big, Start Small, Scale Fast!

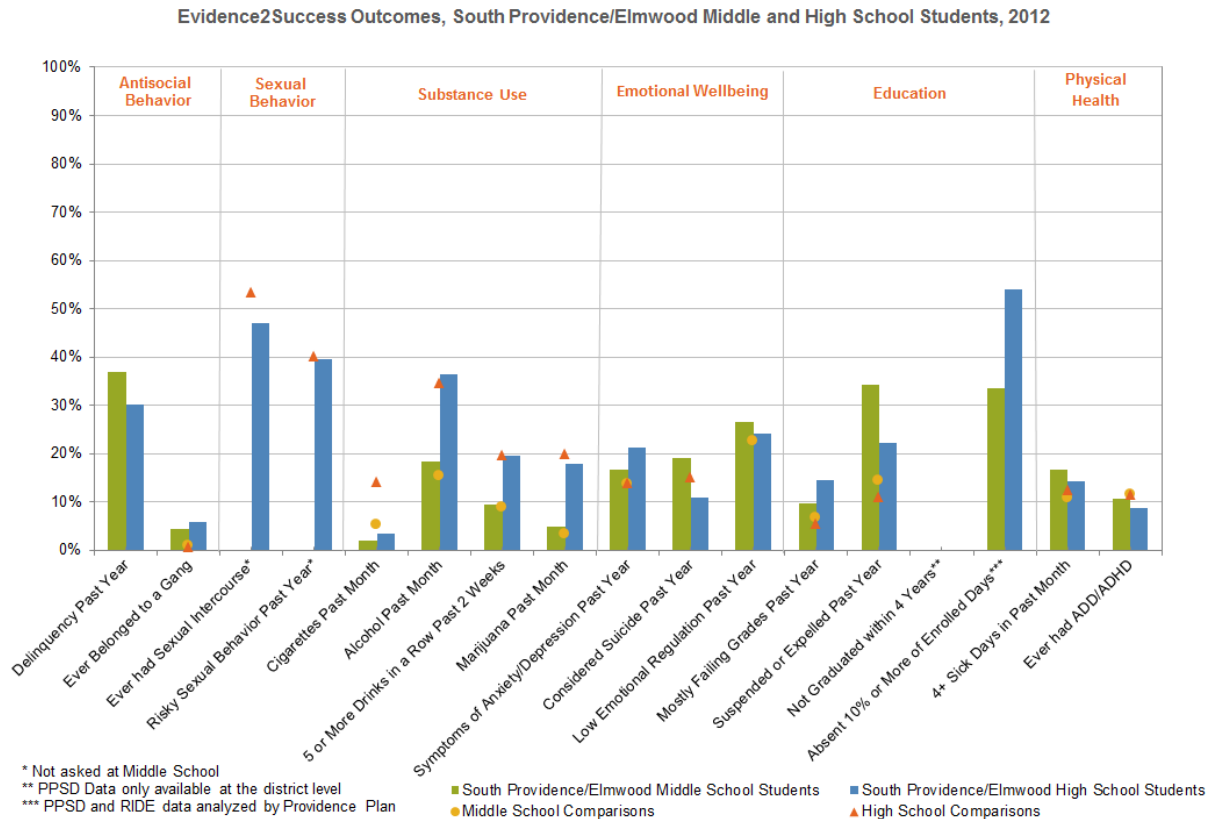
“The need to improve results for our students is of great importance, and the momentum for implementing systemic changes is significant. We’re going to have an impact.”

*- Rebecca Boxx
Providence Children and Youth
Cabinet*

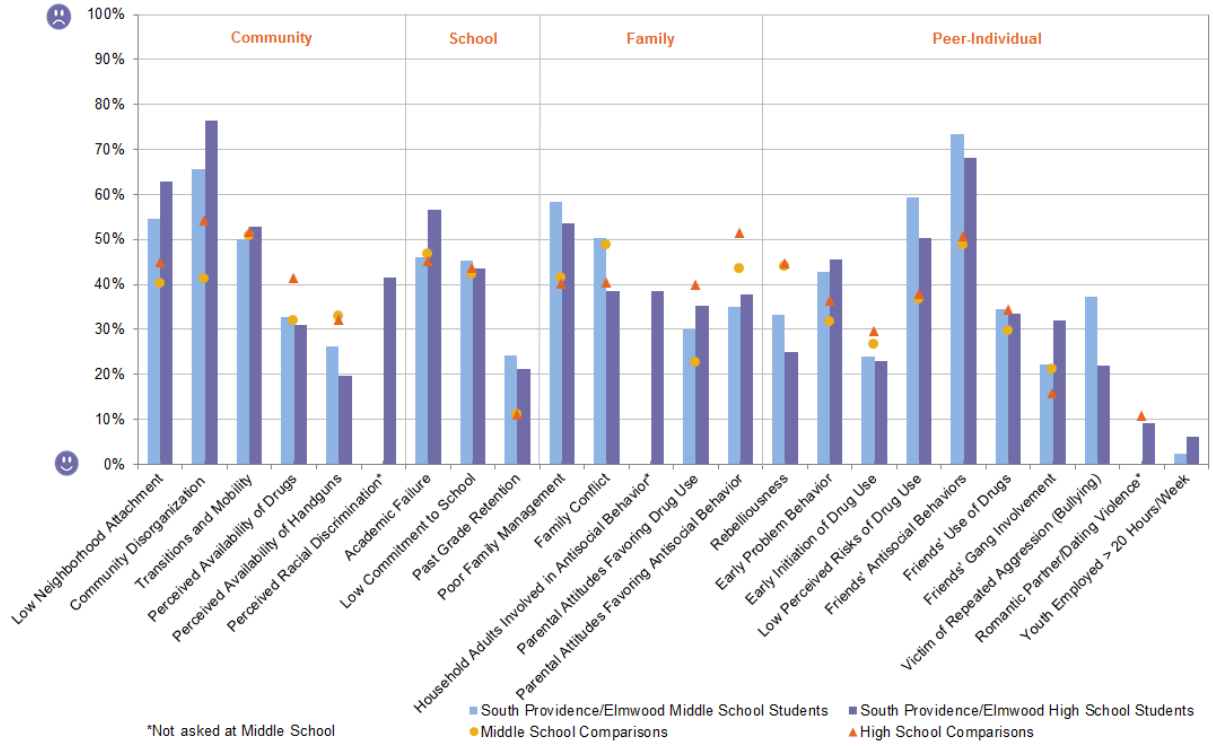
Providence is well on the way to improving outcomes for children and youth. A three-year action plan to deliver six proven programs in two neighborhoods is in place. Three of these programs are currently operating, and the other three will begin in the fall of 2015. The goal is to expand these six programs to additional neighborhoods, while simultaneously realizing economies of scale. The Youth Experience Survey will be readministered in spring of 2016 and every three years afterwards to see if this initiative is moving the needle on improving population-level outcomes for the children and youth of Providence.

Evidence-based programs, when conscientiously implemented, have enormous potential to improve youth outcomes, alleviate risk and strengthen protection. Evidence2Success ensures that these programs are chosen judiciously and that their full potential is unleashed in the service of Providence’s children, youth and families.

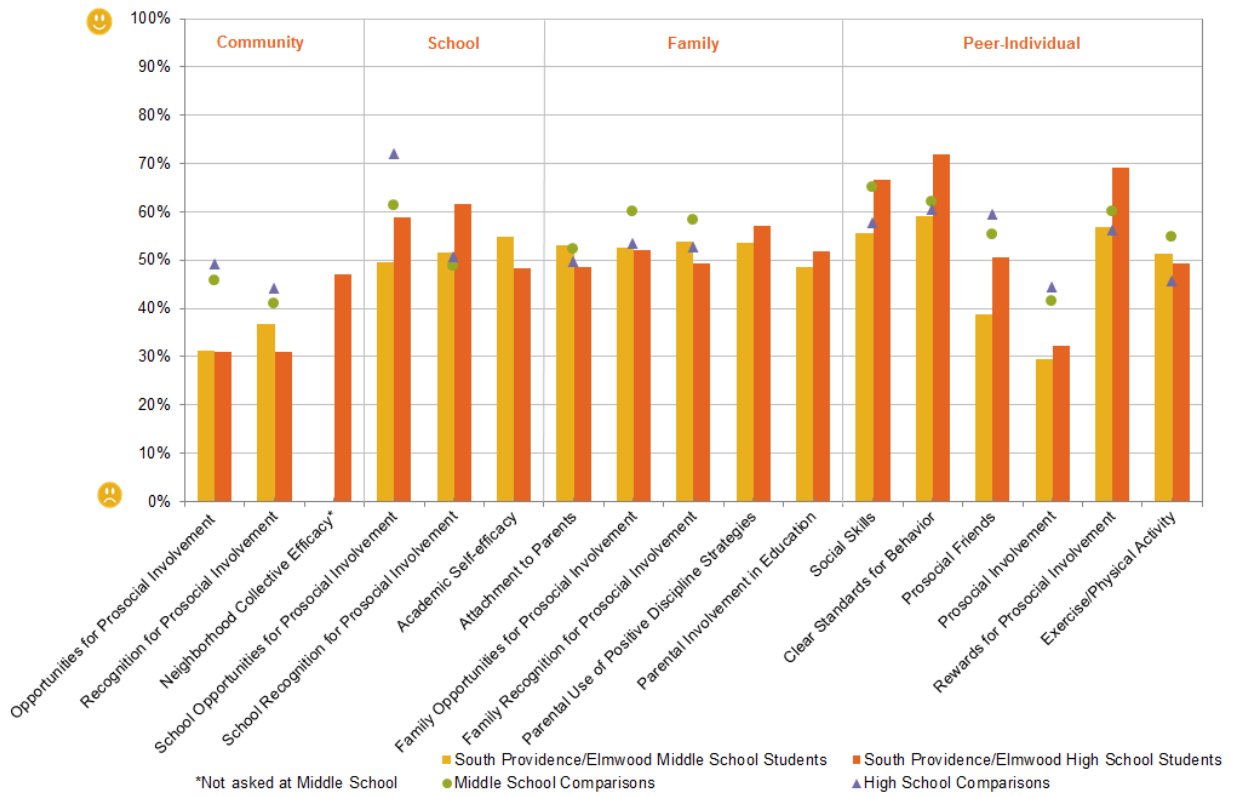
Appendix: Neighborhood Data for the Initial Implementation Communities—Upper and Lower South Providence/Elmwood and West End



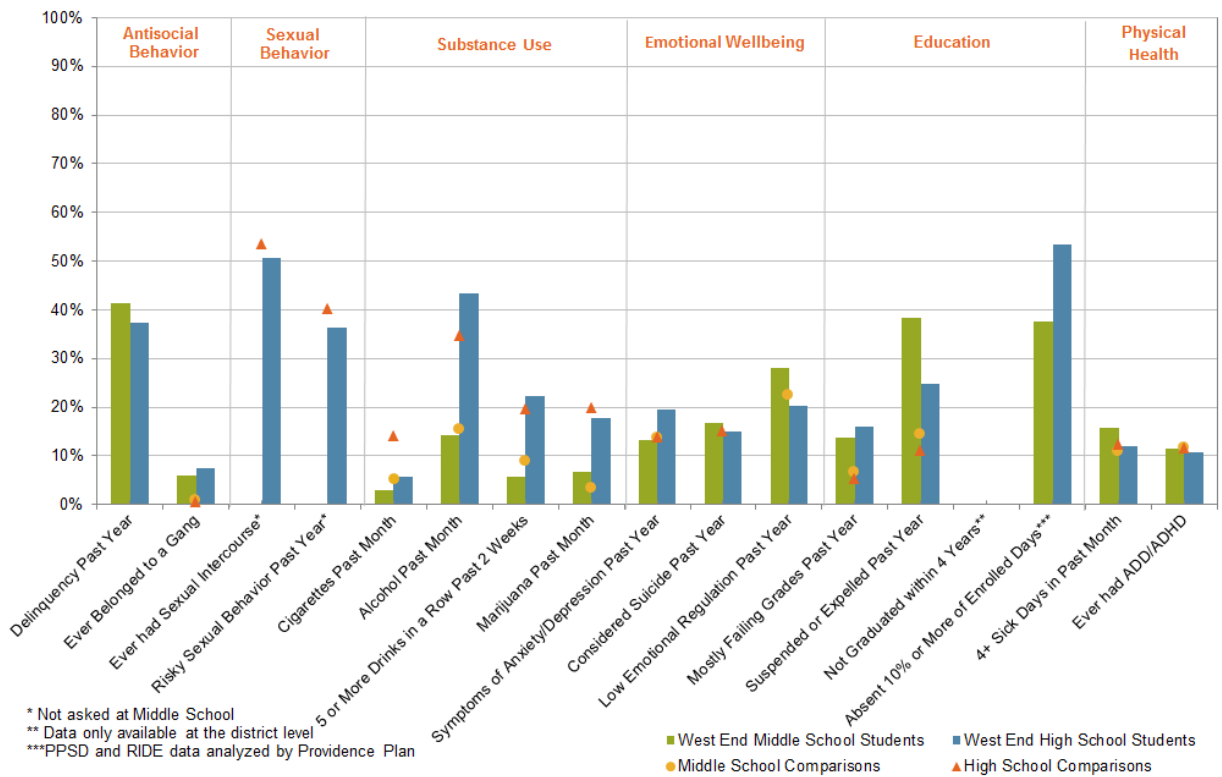
Evidence2Success Risk Factors, South Providence/Elmwood Middle and High School Students, 2012



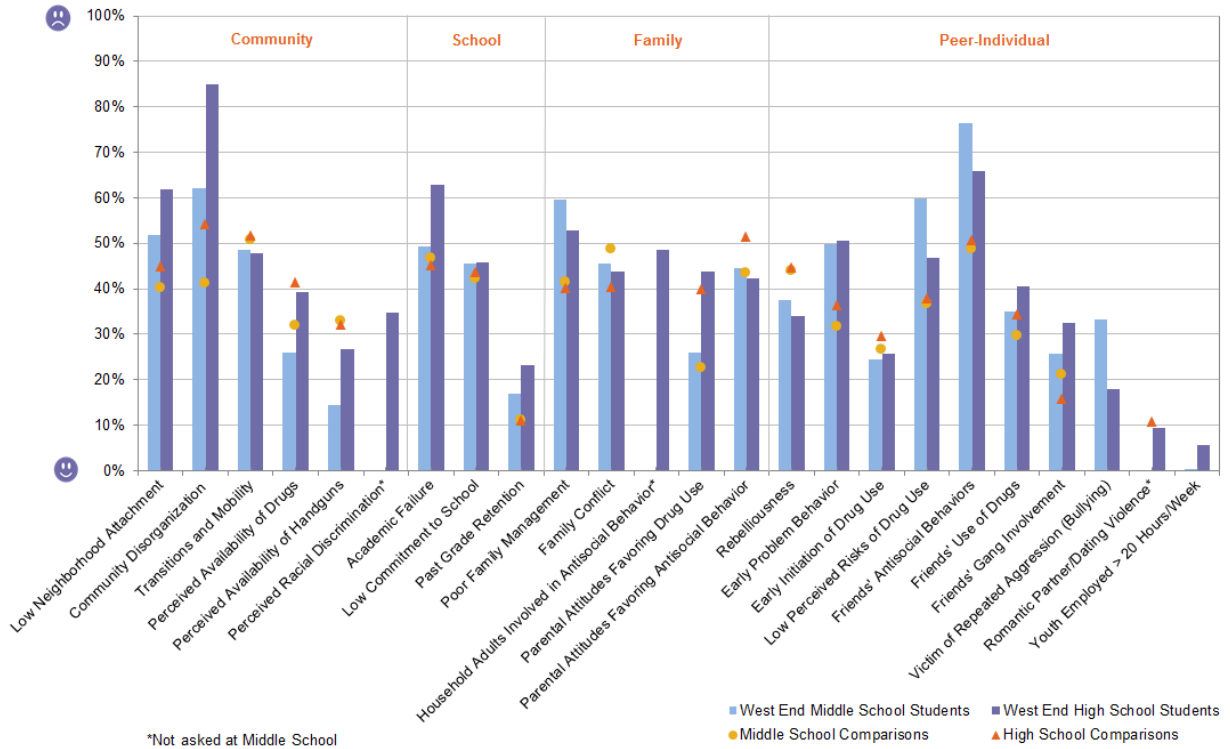
Evidence2Success Protective Factors, South Providence/Elmwood Middle and High School Students, 2012



Evidence2Success Outcomes, West End Middle and High School Students, 2012



Evidence2Success Risk Factors, West End Middle and High School Students, 2012



Evidence2Success Protective Factors, West End Middle and High School Students, 2012

