



# **National Evaluation of the Title V Community Prevention Grants Program**

**OJJDP Report**

**OJJDP**

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# Foreword

Recognizing that community-based programs and local involvement are critical components of delinquency prevention efforts, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides communities with funding and a guiding framework for developing and implementing comprehensive juvenile delinquency prevention plans. For more than a decade, OJJDP's Title V Community Prevention Grants Program has helped communities prevent delinquency and improve the lives of youth and their families.

The Community Prevention Grants Program features a risk- and protection-focused approach, communitywide interventions, and local flexibility—all of which make Title V a distinctive initiative, capable of establishing communities with strong and healthy families and fewer youth entering the juvenile justice system. To date, more than 1,500 communities have received Title V grants to launch efforts to reduce the risk factors associated with juvenile delinquency and enhance the protective factors that support healthy personal and social development.

Since 1998, OJJDP has conducted a national evaluation of the Community Prevention Grants Program to examine the viability and effectiveness of the Title V delinquency prevention model.

The national evaluation described in this Report provides a framework for understanding both the process and progress of the Title V Program. As one of the nation's first comprehensive, community-based prevention initiatives, Title V offers a unique opportunity for OJJDP and others in the field of delinquency prevention to observe communities nationwide as they attempt to translate theory into practice. Findings from the national evaluation help OJJDP refine the Title V model and add to the growing body of knowledge on effective delinquency prevention strategies.

With each passing year, the Title V Community Prevention Grants Program continues to evolve. The national evaluation plays an important role in guiding that evolution. It also reflects OJJDP's ongoing commitment to using evaluation feedback in planning how to best help communities develop and implement initiatives that prevent delinquency.

Citizens across America have been working with the Title V Community Prevention Grants Program to prevent and reduce delinquency within their communities. OJJDP looks forward to building on the Program's momentum and continuing to prepare the nation's youth for healthy and productive futures.

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# Executive Summary

Congress established Incentive Grants for Local Delinquency Prevention Programs in Subchapter V of its 1992 reauthorization of the Juvenile Justice and Delinquency Prevention Act of 1974. The Title V Community Prevention Grants Program, as it is now known,<sup>1</sup> provides communities with funding and a guiding framework for developing and implementing comprehensive juvenile delinquency prevention plans. Title V supports the development and implementation of risk- and protection-focused prevention strategies that meet the unique circumstances and risk conditions of local communities nationwide.

As outlined in the Program Guideline (*Federal Register*, Vol. 59, No. 146), the Community Prevention Grants Program provides funding to participating states and territories, which then make subgrants to qualified units of local government. To help communities plan and implement risk- and protection-focused prevention programs, grant funds are supplemented with extensive training and technical assistance.

Since 1998, the Office of Juvenile Justice and Delinquency Prevention, through a contract with Caliber Associates, has conducted a long-term national evaluation of the Community Prevention Grants Program in six participating states. Based on input from national experts in designing and conducting evaluations of comprehensive program initiatives, the evaluation tests the key assumptions on which the program model rests.

This report presents the experiences of 11 communities that implemented the basic principles of the Community Prevention Grants Program. Specifically, the report examines how the Program affected these communities, including the benefits they received and the challenges they encountered. The report also analyzes efforts by the national evaluation team to design and implement a national assessment that balances the information needs of the federal government with the evaluation capacity of local Title V communities.

This evaluation report is divided into eight chapters. Chapter 1 introduces the Community Prevention Grants Program model and the national evaluation, including the evaluation's methodology and challenges, the sample of participating states and communities, and evaluation activities, such as data collection. Chapters 2 through 7 present individual case studies, organized by state and community. The report concludes with a chapter on lessons learned and recommendations for evaluations of initiatives similar to the Community Prevention Grants Program.

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<sup>1</sup> In this Report, the Title V Community Prevention Grants Program is referred to as “the Community Prevention Grants Program,” “Title V,” and “the Program.”

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# Chapter 1: Introduction

This chapter presents an overview of the Community Prevention Grants Program model. Also discussed are the implementation and design of the national evaluation.

## Community Prevention Grants Program Model

The Community Prevention Grants Program is a federal grants program that funds collaborative, community-based delinquency prevention efforts guided by six underlying principles: comprehensive and multidisciplinary approaches, research foundation for planning, local control and decisionmaking, leveraging of resources and systems, evaluation to monitor success, and a long-term perspective. In the Community Prevention Grants Program, these fundamental principles combine to form a strategic approach to reducing juvenile delinquency. They also provide a sound framework for the program's practical application.

The key features of the Community Prevention Grants Program—specifically, its risk- and protection-focused approach, research-based planning, communitywide interventions, and local flexibility—make it a distinctive initiative. The program is intended to help communities support strong and healthy families and, ultimately, to result in fewer youth in the juvenile justice system.

Established by Congress in the 1992 reauthorization of the Juvenile Justice and Delinquency Prevention Act of 1974 (subsequently, the Act), the Community Prevention Grants Program is a comprehensive, nationwide approach to reducing juvenile delinquency and related adolescent problem behaviors. It is based on a risk- and protection-focused model of prevention that asserts that, in order to reduce juvenile delinquency, communities must reduce the risk factors identified as predictors of adolescent problem behaviors. The model also asserts that communities must enhance known protective factors (e.g., social bonding, healthy beliefs and clear standards for behavior, and opportunities to contribute to the community) that provide buffers against risk factors (Hawkins and Weis, 1985). The Community Prevention Grants Program is unique in that it supports the development and implementation of risk- and protection-focused prevention strategies that meet the discrete circumstances and risk conditions of local communities throughout the nation.

The Community Prevention Grants Program's structure is designed to provide communities with a guiding framework for building healthy communities in an objective, systematic, and comprehensive manner. As outlined in the Program Guideline (*Federal Register*, Vol. 59, No. 146), Title V awards funding to participating states and territories, which then make subgrants to qualified units of local government for delinquency prevention programming. The 50 states, the District of Columbia, and the U.S. territories (subsequently, the states) are eligible to apply for program funds, provided they have both a state agency designated by the Chief Executive under Section 299 (c) of the Act and a State Advisory Group (SAG). State awards are based on a formula determined by the state's population of youth below the maximum age limit for original juvenile court delinquency jurisdiction. With approval from the SAG, each state agency awards subgrants to units of local government (e.g., communities) through a competitive process.

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To be eligible to apply for a subgrant from the state, a community must first:

- ❖ Receive SAG certification of compliance with the Act’s core protections established under the Title II, Part B, Formula Grants Program.
- ❖ Convene or designate a local prevention policy board, comprising 15 to 21 individuals representing a balance of public agencies, nonprofit organizations, private business and industry, and youth and parents.
- ❖ Submit a 3-year delinquency prevention plan describing the prevalence of identified community risk and protective factors and how they will be addressed.
- ❖ Provide a 50-cents-on-the-dollar match, either in cash or in kind, of the subgrant award amount.

SAGs are authorized to establish additional eligibility criteria for subgrant awards on the basis of need or other program-related criteria.

Since 1994, federal resources provided through the Community Prevention Grants Program have helped more than 1,200 communities in 49 states and territories implement this model of juvenile delinquency prevention, reduce risk factors for youth, and enhance protective factors.

## Underlying Principles

The Community Prevention Grants Program provides states and communities with both funding and the guiding framework for reducing risk factors, enhancing protective factors, and decreasing the occurrence of juvenile problem behaviors. Specifically, the program integrates the following six principles to form a comprehensive and strategic approach to reducing juvenile delinquency:

- ❖ **Comprehensive and multidisciplinary approaches.** The Community Prevention Grants Program requires communities to either designate or form a multidisciplinary prevention policy board that includes representatives from across the community (e.g., representatives from human services agencies, education, justice, law enforcement, public and mental health agencies, local government, religious institutions, and private industry). The program also promotes comprehensive risk reduction through the implementation of research-based prevention programs and services that address multiple risk factors.
- ❖ **Research foundation for planning.** The Community Prevention Grants Program requires each potential grantee community to conduct a thorough, data-driven assessment of its local community to identify risk and protective factors, existing resources, and gaps in services for youth and families. Communities use their findings to select proven or promising research-based prevention strategies to implement as part of their local Title V initiative.
- ❖ **Local control and decisionmaking.** The Community Prevention Grants Program allows each state to establish its own process for determining the number and amount of grant awards to individual communities. In addition, each local community that receives Title V funds is allowed flexibility in

planning, developing, and implementing a comprehensive delinquency prevention plan that best meets its unique risk- and protection-focused profile.

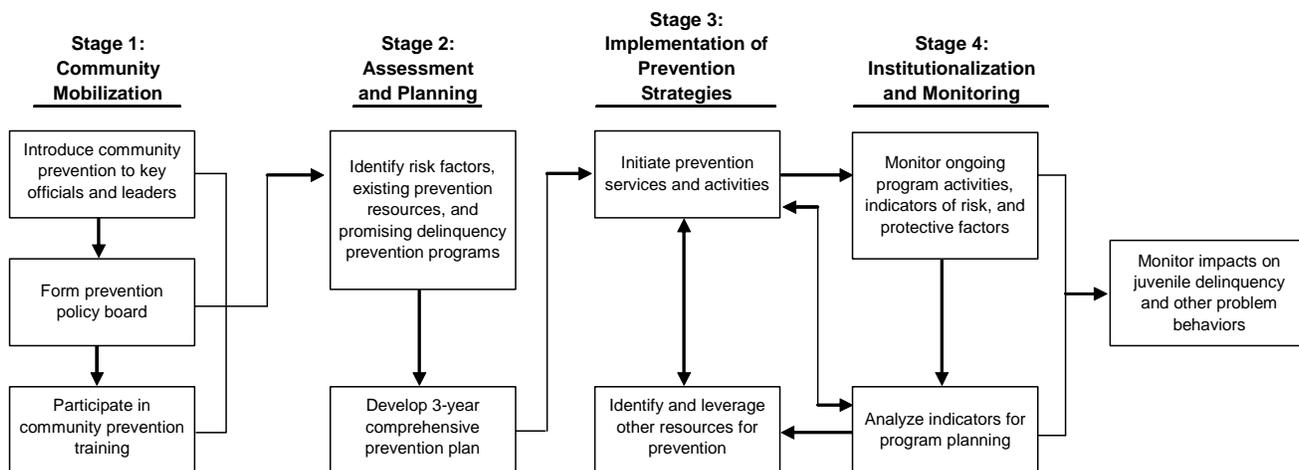
- ❖ **Leveraging of resources and systems.** The Community Prevention Grants Program requires local grantees to secure a 50-percent match of resources if a match is not provided by the state. This requirement provides the incentive communities need to secure additional, much-needed local resources. As “seed” money, the awards made by the Community Prevention Grants Program are intended to provide communities with a financial base for prevention efforts, one that communities can eventually sustain on their own.
- ❖ **Evaluation to monitor program success.** The Community Prevention Grants Program supports communities in conducting evaluation activities. Evaluation activities allow local stakeholders to assess progress, refine the community’s prevention strategies over time, and optimize effectiveness.
- ❖ **Long-term perspective.** The Community Prevention Grants Program does not propose quick-fix solutions to longstanding juvenile problem behaviors. Instead, the program’s structure and guidelines help communities think about the long term. The 3-year delinquency prevention plan—a trademark of the Community Prevention Grants Program—is intended to move communities away from historical “hit-and-miss” approaches to problem solving and toward long-term strategic community planning and change.

These program principles are intended to guide collaborative, community-based prevention efforts.

## Implementation

To help communities make the transition from theory to action, the Community Prevention Grants Program is built on four key implementation stages—community mobilization, assessment and planning, implementation of prevention strategies, and institutionalization and monitoring—with each stage following and building on the previous one (figure 1.1).

**Figure 1.1: Implementation Stages of the Title V Community Prevention Grants Program**



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At each successive stage, communities acquire skills and achieve certain goals that are designed ultimately to strengthen their capacity to implement and sustain comprehensive delinquency prevention strategies. The specific activities and goals of each stage are as follows:

- ❖ **Community mobilization.** This stage has two phases. In the first phase, key community leaders are convened to participate in community team training. Bringing these leaders together gains local support for a comprehensive, community-based prevention strategy by introducing them to the principles and benefits of risk- and protection-focused delinquency prevention and long-term prevention planning. In the second phase, the community’s prevention policy board—designated by the local leaders—attends a 3-day workshop. The community data collection training is designed to teach community members how to conduct a community risk and resource assessment that includes data collection and analysis.
- ❖ **Assessment and planning.** This stage has two key components. First, applying skills learned during the community data collection training workshop, members of the prevention policy board conduct a risk and resource assessment in their community to identify local risk and protective factors, existing prevention program resources, and resource gaps. Next, using the results of this assessment, board members work together to develop a comprehensive, 3-year delinquency prevention plan that outlines the community’s risk- and protection-factor profile and identifies the research-based strategies the community will implement to reduce risk factors and strengthen protective factors. The plan also specifies how the community will obtain and coordinate existing and future financial and program resources. To help communities choose effective and research-based prevention strategies, board members attend a community delinquency prevention plan development training session. This training familiarizes communities with a wide variety of programs and strategies that have demonstrated effectiveness in reducing risk factors and enhancing protective factors. Once the 3-year plan is completed, it will serve as the community’s application to the state for a Community Prevention Grant Program subgrant award.
- ❖ **Implementation of prevention strategies.** After receiving a subgrant award, communities are ready to implement their delinquency prevention plans. Because each community assessment yields different needs and resources, the type, scope, and combination of programs and services implemented varies from community to community. For example, one community’s risk and resource assessment may indicate the need for new afterschool recreation services and youth leadership development activities, while another community may find a need to improve the coordination of its existing resources to serve a target population more effectively. In line with its guiding principles, the Community Prevention Grants Program does not emphasize the implementation of new services. Instead, it first encourages the integration and coordination of existing services and prevention efforts and then, when necessary, the implementation of new, promising, and effective programs and services.
- ❖ **Institutionalization and monitoring.** Once prevention programs, resources, and data collection systems are in place and operating, communities are required to monitor program activities to track progress toward chosen goals and objectives. Communities must have an evaluation plan that includes methods for ongoing assessment of program activities and outcomes and for periodic reevaluation of risk and protective factors.

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Together, the six underlying principles and the four implementation stages give rise to a dynamic, national prevention initiative, one that does not restrict participating communities to a prescribed intervention, but rather provides a guiding framework and the tools communities need to plan and implement risk- and protection-focused prevention strategies. As a result, the more than 1,400 communities that have received Title V funds in the last 9 years are implementing prevention strategies that share a number of common characteristics, but also vary greatly in the characteristics, magnitude, scope, and intensity of their interventions.

Understanding and implementing the Title V model have proved challenging for many communities. Title V represents the first time some communities have engaged in a structured, data-driven planning process, which can pose a challenge even for communities that have previously engaged in a similar process. To help communities implement the Title V model effectively, OJJDP incorporates training and technical assistance, described in detail in the following section, into the program model.

## **Training and Technical Assistance**

The Title V model assumes that communities receiving substantial training and technical assistance will implement more effective, comprehensive prevention planning processes than those that receive less support. To facilitate ongoing support to communities for implementing the Title V program model effectively, OJJDP has offered training and technical assistance to states and communities across the country since 1994, the first year Title V funds became available. This training and technical assistance includes pre-award assistance to help potential Title V grantees develop the knowledge and skills necessary to negotiate each stage of the comprehensive, risk- and protection-focused planning process successfully.

Additional, individualized training and technical assistance became available to communities in 1998. OJJDP supports two training and technical assistance vehicles specific to the Community Prevention Grants Program: the Title V Training Curriculum and individualized technical assistance provided under a broad-based technical assistance contract offered in coordination with OJJDP state representatives.

### **Title V Training Curriculum**

Though training and technical assistance have always been an integral part of the Title V initiative, the training model and training provider have changed over the course of the Program. From 1994 through 2000, trainers from Developmental Research and Programs, Inc., of Seattle, WA, delivered a training curriculum called *Communities That Care*. Grounded in 30 years of research, the curriculum was designed to provide communities with the skills necessary to progress successfully through the four implementation stages of the Title V model. Although communities were not required to apply the *Communities That Care* approach, the strategy was well suited to implementation of the Title V model. Many communities adopted it, including communities in Pennsylvania, Michigan, and Hawaii, three of the national evaluation states.

The training provided by Developmental Research and Programs was initially conducted in two phases. The first session, key leader orientation, was a 1-day workshop for the major policymakers, business leaders, and high-level agency executives in communities interested in applying for Title V funds. The primary purposes of the workshop were to familiarize the community's leadership with the theoretical

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basis of risk-focused prevention and to secure the commitment of community leadership to a long-term, comprehensive, risk-focused prevention strategy. The second session, risk and resource assessment training, was a 3-day, hands-on workshop for local prevention policy board members and staff who were to be involved in the development of the local delinquency prevention plans. This training taught communities how to apply the research framework of risk and protective factors to the assessment of community risks and resources.

In 1999, OJJDP made a third session, promising approaches, available to the states to help communities improve the match between prevention approaches and their unique community risk- and protective-factor profile. During this session, which was also part of the Communities That Care curriculum, community teams learned about prevention programs and system change strategies that had demonstrated effectiveness in reducing risk factors. They also learned how to assess the suitability of these programs and strategies for their communities and to create action plans for enhancing existing resources and implementing new programs.

In April 2000, OJJDP awarded a contract to a new Title V training and technical assistance provider, Developmental Services Group, Inc. Whereas the initial Title V training curriculum had been based primarily on a risk-focused approach to delinquency prevention, the new training curriculum, developed with input from state juvenile justice specialists and Title V prevention coordinators, was intended to present a more integrated, balanced approach to prevention planning and implementation by combining risk- and protection-focused prevention.

Between April and July 2000, OJJDP and Developmental Services Group conducted four regional focus groups with more than 30 juvenile justice specialists and state Title V coordinators to gain insight into the effectiveness and applicability of past training sessions. The key recommendations were that the training curriculum be made more flexible, so it could meet specific needs of participating communities, and that the training help community members engage in the Title V process more effectively. As a result, the curriculum's first training session was shortened and, rather than being taught at a regional level, was brought to each individual community.

Focus group participants also made other suggestions. First was that the training curriculum include a variety of risk- and protection-focused models, including models based on resiliency and assets. In response, the new training curriculum includes asset and resiliency prevention models in addition to the risk- and protection-focused approach. Participants also suggested that community members could benefit from a tool to assist with the sometimes daunting task of collecting data for the risk and resource assessment. In response, an easy-to-use *Community Data Collection Manual* was developed. Finally, participants suggested that more examples of successful, research-based prevention strategies be provided. To accommodate this request, Developmental Services Group developed a science-based Model Programs Guide that presents program, evaluation, and contact information about more than 250 programs that meet selection criteria for effectiveness.

On the basis of these recommendations, a new training curriculum was made available to communities in 2001. It includes three training sessions for communities interested in applying for Title V funds:

- ❖ The first session, community team orientation, is conducted in each community interested in applying for Title V funds. The goal of this half-day training is to bring together key local leaders

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and all members of the prevention policy board and give them an overview of the Title V model and its components, focusing on topics such as community mobilization, team building, and collection of data on state and local risk and protective factors.

- ❖ The second session, community data collection and analysis, is a 2-day training designed to help participants review, analyze, interpret, prioritize, and present their collected risk- and protective-factor data. Community members also learn how to assess their resources, identify gaps in their resources, and craft a community profile and an assessment report, which form the basis of their Title V delinquency prevention plan.
- ❖ The third training session, community plan and program development, centers on the development of the 3-year comprehensive delinquency prevention plan. The 1-day training accommodates multiple teams of six to eight participants who represent critical sectors of their communities. It focuses specifically on developing a community plan, including selecting research-based effective and promising prevention strategies, assessing the suitability of programs for the community, developing measurable goals and objectives, and developing a timetable for implementation.

Of the 11 communities that participated in the national evaluation, 8 had at least one person who was associated with the initiative attend training. The two Nebraska communities were not represented in training sessions, and one of the Virginia communities, having been trained in a similar community planning model under a different initiative, opted not to have a representative attend the Title V training. The Hawaii community sent two individuals to the training, the project coordinator and a prevention policy board member, but only after the grant had been awarded. Most frequently, those attending training were project directors or coordinators, and, in communities where more than one individual attended, board members were generally in attendance. Communities who participated in training were represented at the key leader orientation, the risk and resource assessment, or both.<sup>1</sup> The details regarding training participation and its effect on communities' ability to implement the Title V model effectively are presented in the case study presentations (see chapters 2–7).

Developmental Services Group also provides individualized training to meet states' and communities' specific needs. For example, when a state or community has specific technical assistance needs, or if the series of three training sessions does not fit a state's particular funding cycle, customized training and technical assistance are offered.

OJJDP also provides other technical assistance to states and communities on an as-needed basis. Title V subgrantees can access training in a variety of interest areas and technical topics through their OJJDP state representative. Technical assistance activities under Title V include strengthening a community's conceptual understanding of risk- and protection-focused prevention and teaching communities how to maintain and build on existing collaborative relationships.

### **Training Challenges**

Although the effect that training has had on Title V grantees has not been evaluated empirically, anecdotal reports gathered from state juvenile justice specialists, Title V coordinators, and local

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<sup>1</sup> The national evaluation communities attended training during the period of time when Developmental Research and Programs, Inc., was the training contractor for OJJDP.

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community members indicate that training has been effective in teaching community members the skills necessary to effectively understand and implement the Title V model. Despite the reported value of training, however, some issues pose a challenge to state representatives and community members alike. The following paragraphs describe these challenges, and chapters 2 through 7, the case study presentations, explore the implications these challenges have for the national evaluation communities.

### *Logistics at the State Level*

For training to be effective, it must be offered during times that maximize participation (e.g., not in the summer months or during major holiday seasons) and that coincide with states' funding cycles. Unfortunately, in some states the training is offered months before the initiation of the state Title V request for proposals. By the time the request for proposals is announced, community members have forgotten what they learned in training or must scramble to pull together materials they have not thought about for months. In other states, training is not offered each year, even though a Title V request for proposals is announced annually. As a result, grantees who apply for funds during the years when training is not offered must negotiate the Title V planning process without the benefit of training. Also, some Title V grantees attend training after being awarded a grant, though the training information is of particular value during the planning phase of the initiative, when assessment activities are undertaken and the 3-year plan is developed.

In addition to the problems with timing, the logistics of training can be overwhelming to a sometimes already overburdened juvenile justice specialist or Title V coordinator. Selecting dates, finding a convenient location, distributing announcements, handling questions and registrations, and coordinating each aspect of the training with the training provider can be very labor intensive, and add to the burden of a staff that may already be overseeing several grant programs and also conducting their usual administrative duties.

### *Mandated Attendance*

States mandating participation in training as a pre-requisite for submitting a Title V grant application is another factor that affects whether understanding and implementing the Title V model pose a challenge to state representatives and communities. The national evaluation team found that states that mandate training are more committed to making sure it is available to all potential grantees, and that they offer at least one full training curriculum each year. Of the six states participating in the Title V national evaluation, only two—Pennsylvania and Vermont—require participation in training as a prerequisite for submitting an application. Although the other national evaluation states encourage participation, they permit communities to submit a Title V grant application without having attended training. Applicants can generally expect to receive a Title V subgrant as long as their proposals meet the criteria and sufficient funds are available. However, communities that do not receive training are often less familiar with the Title V model and are more likely to have difficulty implementing it.

### *Attendance at Training*

Who attends training is important, as is the consistency in attendance across the three training sessions. Because each training session builds on concepts taught in the previous session, having at least some of the same individuals attend all three sessions is important. Because training is offered before grants are

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awarded, however, the individuals who attend the training sessions, such as key community leaders and prevention policy board members, are sometimes not the same individuals who are involved in the initiative's later stages, such as implementation and monitoring. When they are not, a disconnect in information often exists between the individuals who planned the initiative and those who implement it, and the implementers are sometimes distanced from the goals and objectives of the overall initiative. The national evaluation team found that some program staff who were implementing prevention strategies were not even aware they were part of a larger initiative. Pennsylvania is the only state in the national evaluation that requires all communities to have at least one person attend all three training sessions.

### *Staff and Prevention Policy Board Turnover*

Because they typically involve key community and agency leaders, who tend to be very busy and even over-committed, local prevention policy boards sometimes experience turnover. Also, many of the national evaluation communities encountered turnover among project directors and coordinators. When these are the same individuals who attended training or have become familiar with the Title V initiative, their departure can create information gaps that challenge the capacity of the board or project director to implement and monitor the Title V model effectively over time. Turnover not only challenges the cohesiveness of a group, it also shifts the knowledge base of the effort.

### **Training Processes**

Despite the challenges described above, by providing states and communities the training resources necessary to develop and implement comprehensive, collaborative prevention efforts to reduce juvenile delinquency and related problem behaviors, OJJDP has helped states and communities learn and apply new and effective methods for creating and sustaining positive community change. Across the country, training and technical assistance have helped thousands of communities, including some of the national evaluation communities. More than 1,400 communities have received Title V funds and are implementing local delinquency prevention strategies. These communities share a number of characteristics, but they also vary greatly in the magnitude, scope, and intensity of their initiatives. The effectiveness with which training and technical assistance are able to help different types of communities gives Title V grantees the flexibility they need to address their unique risk- and protective-factor profiles.

## **National Evaluation of the Community Prevention Grants Program**

The key features of the Community Prevention Grants Program—its risk- and protection-focused approach, communitywide interventions, and local flexibility—make it a distinctive initiative aimed at establishing communities with strong and healthy families and fewer youth entering the juvenile justice system. Implementing Title V on a large scale has created a significant opportunity to evaluate the program's effectiveness in reducing juvenile crime, delinquency, and other adolescent problem behaviors.

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However, many key features of the program (i.e., its comprehensiveness, locally determined prevention components, and dynamic planning and programming) and differences among communities also pose special challenges for Title V model evaluation, at both the local and national levels. The implementation of the national evaluation design and the modifications required so that local subgrantees could participate fully in the evaluation process are described below.

## National Evaluation Design

Traditional experimental and quasi-experimental evaluation methodologies rely on the ability to isolate recipients of a well-specified treatment, or intervention, and compare their outcomes to an equivalent group that did not receive the treatment or intervention. In a comprehensive, community-based initiative like the Community Prevention Grants Program, however, varying members of a community are targeted for an overlapping array of prevention strategies and activities that are assumed to be interdependent and only yield the desired end result collectively over an extended period of time. The difficulties of evaluating such initiatives have received concentrated attention in recent years. In their 1995 publication *New Approaches to Evaluating Community Initiatives*, Connell et al. identify six attributes of comprehensive community-based initiatives that make them challenging to evaluate. These attributes also characterize the Community Prevention Grants Program evaluation:

- ❖ **Horizontal complexity.** Interventions cut across multiple agencies, programs, and practices.
- ❖ **Vertical complexity.** A range of prevention strategies and activities involving multiple target groups (individual, family, school, peer groups, communities) is implemented and intended to be synergistic.
- ❖ **Contextual issues.** Local political, economic, and social context variables are expected to have major effects on desired outcomes.
- ❖ **Flexible and evolving prevention strategies, activities, and programs.** Prevention strategies, activities, and programs are not pre-specified; they are designed to be flexible to fit each community's unique risk- and protective-factor profile and to respond over time to changes in community risk and protective factors, resources, and program effectiveness.
- ❖ **Broad range of outcomes.** Although delinquency prevention is always the desired long-range outcome, short-term and intermediate outcomes include a wide range of risk and protective factors for specific prevention strategies, activities, and programs.
- ❖ **Absence of comparison or control groups.** Appropriate within-community control groups are extremely difficult to identify because all residents are targeted. In addition, finding adequate comparison communities is highly problematic because of a host of factors, ranging from in/out migration and spillover effects to the uncontrollability of contextual effects and the difficulty in measuring the degree to which similar strategies, activities, and programs may be occurring in comparison sites.

The grant award procedures in the states that receive Title V funds do not lend themselves to the random assignment of communities to program or control conditions. The selection of a matched community

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comparison group required by a quasi-experimental design would dictate matching communities on characteristics relevant to the Community Prevention Grants Program outcomes. This process would be extremely complex because of the number of relevant identified characteristics that would be matched and the potential for omitting important but unidentified characteristics.

On the other hand, the Title V program offers several evaluation advantages. First, where the initiative has been attempted, a large number of communities are funded each year and across years. In 2002, the number of Title V communities nationwide was estimated at more than 1,400. Thus, at any given time, numerous opportunities exist to assess how well the Title V model holds up in practice. There is also the potential to create a large-enough sample to use communities as the unit of analysis. In addition, the Title V model provides a common conceptual framework for assessing implementation and outcomes, and thus facilitates the development of common measures across sites. Finally, the Title V program is meant to offer considerable support for data collection and other activities directed toward evaluation. By definition, the Title V approach requires communities to collect and analyze data on risk and protective factors and to use the data to select relevant interventions. It also encourages the use of program effectiveness data to select or modify interventions. In addition, at the time the initial design was conceived, many states were using funds or helping communities find outside resources to build evaluation capacity at the local level. In many states, however, Title V grantees were not aware that these resources were available and therefore did not take advantage of them. In some cases, state representatives were just beginning to understand the kinds of training issues emerging with implementation of the Title V model, including the ongoing analysis of risk factor data, and so were not able to respond proactively to local evaluation issues. In fact, little or no evaluation capacity existed at the local level, and, in most cases, communities were not fully engaged in tracking risk factors or program outcomes.

## **Initial Design**

Developed and approved by OJJDP in 1997, the initial evaluation design was based on input from leading experts in the design and conduct of evaluations of comprehensive program initiatives. Focused on capturing information that would be helpful in testing and refining the Title V model, the evaluation was designed to use as much of the data available nationally as possible, but to control expense by minimizing the level of data collection required. To facilitate the conceptualization of the small, incremental links between Title V activities and outcomes, the collection of qualitative data at a relatively small number of sites was proposed. Quantitative methods were proposed to test key links for a larger number of sites.

The national evaluation of the Community Prevention Grants Program was intended to examine the comprehensive, locally defined, risk- and protection-focused model's viability and effectiveness in preventing juvenile delinquency. Very broadly, the design was developed to address the following research questions:

- ❖ What is the impact of the Community Prevention Grants Program on risk factors, protective factors, and juvenile problem behavior?
- ❖ What factors and activities lead to the effective implementation of the Community Prevention Grants Program model and to positive program outcomes?

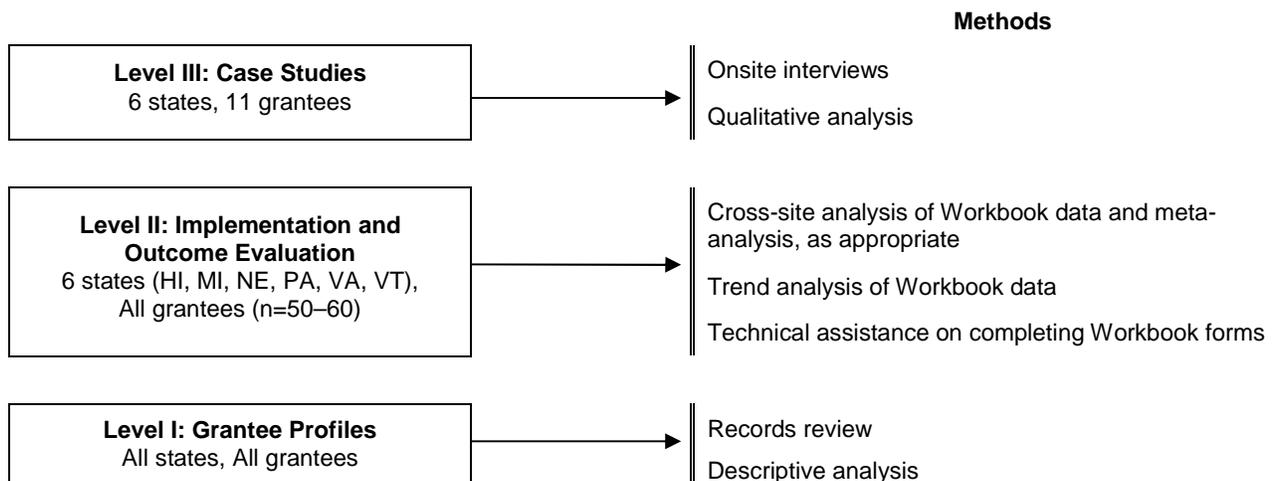
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As originally conceptualized, the evaluation consisted of three interrelated levels:

- ❖ **Level I.** A basic profile of Community Prevention Grants Program communities in the participating states and territories (e.g., number and amount of awards, participation in training and technical assistance). This information provides a general description of Community Prevention Grants Program funds and activities nationwide. The sample at Level I comprises all grantees in all states.
- ❖ **Level II.** An assessment of planning, implementation, and outcome characteristics in all or most of the participating Community Prevention Grants Program communities in six states, performed using data from the Title V Community Self-Evaluation Workbook. These data are used to analyze community-provided impact and outcome information and to provide general implementation information, such as selected prevention strategies and program activity dosage. The proposed sample at Level II was approximately 60 Title V communities across the 6 states.
- ❖ **Level III.** An assessment of the efficacy of the Title V model through intensive case studies of the implementation processes and the links between activities and outcomes in 12 communities (2 in each of the 6 Level II states).<sup>2</sup>

Using a mixed-method design that included descriptive (Level I), non-experimental (Level II), and case study approaches (Level III), the three-level evaluation design was intended to move from broad descriptions of the Title V program in every community to increasingly detailed investigations of program implementation and outcomes (figure 1.2). The approach was also intended to build the capacity of the sites, especially at Level III, to conduct their own evaluations.

**Figure 1.2: Initial National Evaluation Design**



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<sup>2</sup> Twelve sites were initially selected, but one of the Hawaii sites dropped out of the study early in the implementation process. A strained relationship between the site and the unit of local government, concern about the burden of data collection, and the limited resources available to the site, including financial and manpower, finally proved too much for the site, and it withdrew from the evaluation. Given the issues that had already compromised the evaluation and delayed its implementation, it was decided that the evaluation would continue with 11 sites (see sidebar 1.1).

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Overall, the initial evaluation design was intended to result in:

- ❖ An ongoing description and characterization of the Community Prevention Grants Program subgrantees in all participating states and territories.
- ❖ An assessment of the extent to which communities were able to implement risk-focused prevention, including an understanding of what planning processes were undertaken by each community, which risk factors were addressed, what prevention strategies were carried out, what target populations were served, and the magnitude and intensity of services provided, in addition to the impact of the Community Prevention Grants Program on hypothesized outcomes.
- ❖ An increased understanding of the processes involved in the effective implementation of the Community Prevention Grants Program model and a test of the theoretical causal links between the risk-focused prevention model and its impacts.

## Site Selection

Six states were recommended for inclusion in the Level II and III evaluations. The number of states selected to participate in the national evaluation, and hence the number of subgrantees examined, was initially intended to strike a balance between cost and scientific rigor. To capture the variation in levels of implementation and the associated variation in outcomes, and to increase the generalizability of this assessment to all Title V communities, all subgrants in each selected state would be examined. The choice of design required that the number of states be limited. Examining more states by restricting the Level II evaluation to exemplary communities or to communities that had large grants would not have captured adequately the diversity in the quality of implementation at the community level. By examining this diversity, and by including communities that had been successful in implementing the Title V model, the evaluation team would have an opportunity to gather information about the factors that contributed to or impeded successful implementation.

On the basis of information from state juvenile justice specialists and the U.S. General Accounting Office survey conducted in 1995 and 1996, most of the states could be grouped into two categories: those that contributed additional funding in support of the Community Prevention Grants Program and those that did not. At the time, it was thought that the contribution of state money to develop long-term, sustainable, local delinquency prevention efforts indicated a high level of commitment by the states to the Title V approach. These funds were expected to improve the quality of local implementation and

### Sites Participating in the National Evaluation of the Community Prevention Grants Program

#### Hawaii

City and County of Honolulu (Kaneohe community)

#### Michigan

City of Holland (West Ottawa County)

City of Novi

#### Nebraska

City of Norfolk

City of Valentine

#### Pennsylvania

Northampton County (city of Easton)

Fayette County (city of Uniontown)

#### Vermont

Town of Middlebury

Town of Windsor

#### Virginia

Hanover County

Waynesboro and city of Staunton

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outcomes by providing additional support for planning and training at the local level. By stratifying the sample of states, the evaluation would be better able to assess the effect of the state context on local implementation experiences and outcomes. For the sample selection process, contributing additional funds was defined as a state's providing a monetary supplement to the Community Prevention Grants Program from its general fund, Title II funds, or other federal block grant funds.

After stratification, five criteria were used to reduce the states included in the Level II and III evaluations to a core group:

- ❖ Current or planned use of the *Title V Community Self-Evaluation Workbook*.
- ❖ Availability of good-quality data on risk factors and juvenile problem behaviors at the state and local levels.
- ❖ Allocation of state funds for evaluation.
- ❖ Commitment to the Community Prevention Grants Program model.
- ❖ High participation levels in training and technical assistance.

From the core group, the recommended states were selected in consultation with OJJDP's State Relations and Assistance Division on the basis of reporting history and willingness to participate in the evaluation. The six recommended states were Michigan, Nebraska, Pennsylvania, Ohio, Vermont, and Washington. Because of their participation in other national evaluations occurring at the same time as the Title V evaluation, Ohio and Washington were removed from the list at the request of state representatives and replaced by Hawaii and Virginia.

The number of states selected was to strike a balance between methodological rigor and funding realism. Studying grantees in all participating states and territories would have been prohibitively expensive. The sample of six states was thought to moderate the cost of the evaluation, while maintaining adequate statistical power and including levels of variation in implementation and outcome factors sufficient to investigate the research questions fully.

The Title V national evaluation presented a unique situation for states and communities in that they were not given additional resources for participation. However, they would receive a benefit in the form of additional evaluation training and technical assistance. Early on in the selection process, finding states that met all five of the participation criteria was difficult. Few states were actively using the *Workbook* or had good-quality data on risk factors and juvenile problem behaviors. In addition, at the time, no states had set aside money for evaluation for Title V subgrantees. As a result, the federal stakeholders and the national evaluation team began to consider states less on the basis of their ability to meet the criteria and more on their willingness to participate. Given that the data collection would be somewhat labor intensive for local community members, having participants who were committed to the evaluation for reasons other than financial incentives was important.

The evaluation team tried to ensure that the six states met the criteria, at least minimally, but it did not always have control over which states were chosen. The lack of adherence to the five criteria in

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choosing the national evaluation sample ultimately played a role in compromising the initial evaluation design, especially for Level II. It also influenced the modifications that were eventually required.

## Modified Evaluation Design

In early 1998, before the national evaluation design was fully implemented, the evaluation team conducted evaluability assessments in each of the six states. An evaluability assessment is a pre-evaluation analysis that helps ensure that an evaluation will be technically feasible and capable of answering the research questions that are important to decisionmakers. Evaluation staff performed several assessment tasks, including, in some instances, visiting a state and its Title V communities to assess the sites' capacity to participate in Level II of the national evaluation. This assessment was very important because it looked at implementation and outcomes on the basis of common measures across sites (i.e., those collected using the *Workbook*). Specifically, these assessments were conducted to determine the extent to which state and community staff could participate fully in data collection activities and included measuring the availability and quality of existing state and local data.

The evaluability assessments were not encouraging. Despite attempts that had been made to ensure that the sample was appropriate to the national evaluation design and activities, several issues emerged from the evaluability assessment findings that pointed to the contrary:

- ❖ **Unfamiliarity with the Title V prevention model.** Many community members representing local Title V initiatives across the selected states had not participated in Title V training and so were unfamiliar with the Title V prevention model.
- ❖ **Unfamiliarity with the *Workbook*.** Most community members and several state staff were unaware of the existence of the *Title V Community Self-Evaluation Workbook*, the primary data collection tool for the Level II evaluation. In addition, communities that were somewhat familiar with the *Workbook* were not using it to collect data.
- ❖ **Lack of local evaluation and data collection plans.** Almost none of the communities had local evaluation plans. They were not tracking risk-factor data or program-specific process or outcome data and had no plans to do so. Some communities were collecting limited process data, for example, documenting the numbers of children served by prevention programs.
- ❖ **Limited reporting.** For all of the states except one, the only required reporting mechanisms for grantees were quarterly and final progress reports that were limited in content. The quality of these reports varied significantly across states.

These findings suggested that, in its initial design, Level II could not be fully implemented in the states chosen for participation. Before modifying the design or the sample, both of which had taken months to finalize and would require additional months to modify, OJJDP program staff, in consultation with the evaluation team, turned their attention to the issue of training and technical assistance. The question became: “Given enough training and technical assistance, could these communities collect and report data, as required by the national evaluation?”

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To answer this question and identify potential areas for training and technical assistance, the national evaluation team, in consultation with OJJDP program staff, contacted the juvenile justice specialists in each of the six selected states. The goal was to assess fully the availability, quality, and content of existing data in each state, including:

- ❖ The type of information Title V grantees were required to submit to the state on a regular basis (i.e., descriptive, quantitative, or qualitative data, or some combination of the three).
- ❖ The quality of the information the Title V grantees had been submitting to date.
- ❖ The evaluation challenges with which grantees were struggling the most.
- ❖ The willingness of state juvenile justice specialist to help communities collect and submit data for the national evaluation.

Findings from these discussions were not encouraging. With regard to reporting, in all six states grantees were required to submit quarterly and final reports only. Grantees were held accountable for submitting the reports, but not for the information included in them, which most often was limited to descriptive and budgetary information. In addition, in five of the six states, the consensus regarding the reports was that:

- ❖ The content and quality of the information were not comprehensive (e.g., the information did not cover planning, implementation, and evaluation activities) and it rarely included process or outcome data.
- ❖ The information was rarely consistent across grantees, and frequently did not include data about activities that were presented in the 3-year delinquency prevention plan.
- ❖ The information was often unclear and difficult to understand, and, as initiatives progressed and prevention activities evolved away from original plans, it became increasingly difficult to use progress reports to monitor activities funded under Title V.

The six juvenile justice specialists agreed that grantees did not understand evaluation, specifically, they thought that the Title V grantees did not comprehend the distinction between tracking risk factors over time (impact data) and reporting short- and intermediate-term program outcomes (outcome data), an important distinction in the Title V program model. In addition, many of the communities were not implementing initiatives on a scale large enough to affect risk factors. For example, some of the communities were implementing programs serving less than 100 children or families per year. Such numbers are large enough to show small changes in the children and families participating in the prevention strategies, but they are not large enough to impact risk-factor data (e.g., the number of juvenile arrests for substance use or the rates of child abuse and neglect).

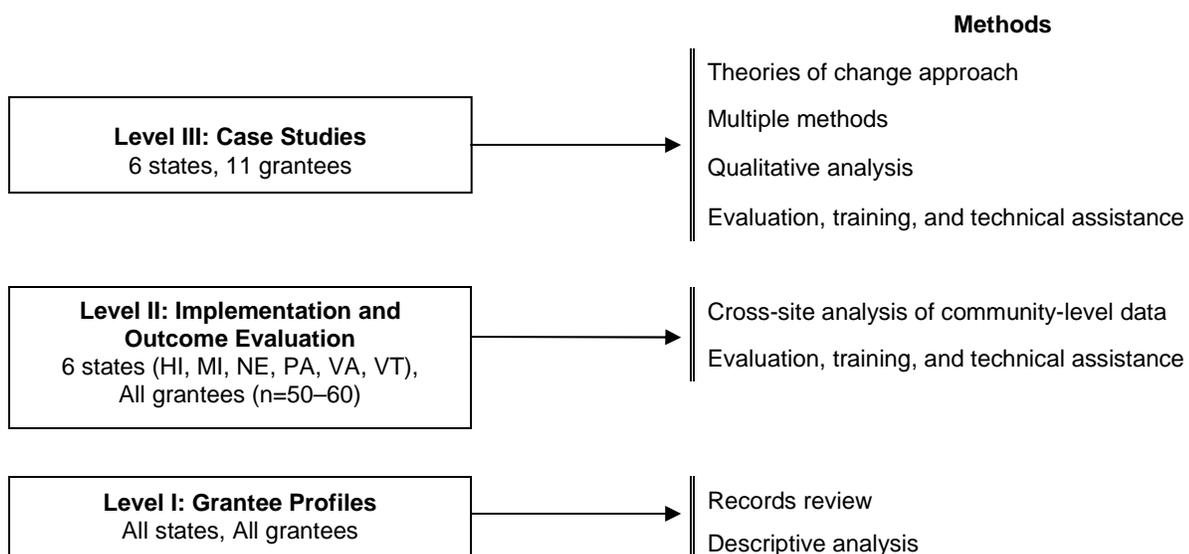
Several of the juvenile justice specialists admitted that they too were challenged by evaluation, especially by the distinction between risk-factor tracking and program evaluation. As a result, they were unsure how to help the local grantees collect data, despite their willingness to do so. In the end, it was clear that, for Level II to be implemented, frequent, intense, and ongoing training and technical

assistance activities would have to take place in each state. Training and technical assistance had been built into the program from the beginning, but not to the extent required to bring the states and approximately 60 communities to the point of participating fully in data collection activities.

In response to the findings that emerged from the discussions with the juvenile justice specialists, the national evaluation team considered developing a training and technical assistance curriculum that would give sufficient attention to evaluation capacity at the local level. It was determined that more than 26 onsite regional training sessions would be necessary to reach the 60 or so grantees in the six states, the sample originally proposed for Level II. In addition, to continue to build evaluation skills and help grantees apply them, followup sessions would be necessary in most of the participating communities. Finally, it would take at least a year to implement the plan fully, but this would delay the national evaluation even further. In the end, OJJDP program staff determined that the resources to finance such an intensive plan were unavailable and that they did not want to wait an additional year before implementing the national evaluation. It was decided that, rather than develop a training and technical assistance curriculum to support the implementation of Level II as it was originally designed, the national evaluation team would modify the initial Level II design.

By the time Level II was to be modified, the six selected states had established relationships with the national evaluation team and, to some extent, had already subscribed to the idea of participating in the national evaluation. As a result, it was decided that the original sample would remain the same. Because Level II was the only component of the initial design that could not be implemented, the team focused its efforts on re-conceptualizing Level II while retaining Levels I and III as originally designed. Eventually, a decision was made to collapse Levels II and III into a multiple-case study design to be implemented with the 11 Level III communities only. Thus, each Level III community became the subject of an individual case study design, with the study as a whole using a multiple-case design. The original data collection activities would remain the same but would be implemented with the smaller sample. The revised plan is illustrated in figure 1.3.

**Figure 1.3: Modified National Evaluation Design**



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The revised plan was acceptable for several reasons. First, the multiple-case study design still allowed the team the opportunity to examine the factors and activities leading to effective implementation of the program model and to positive program outcomes, one of the primary goals of the national evaluation. Second, by having 11 cases in the design, the team could pursue different patterns of replication of the model. The findings from the evaluability assessments suggested that Title V sites possessed characteristics that were both similar and considerably different in relation to the Title V model. In allowing the team to examine both the similarities and the differences, the multiple-case study design would help identify both the conditions under which communities could plan and implement the Title V model effectively and the factors that facilitated or impeded the communities' ability to do so. Finally, the revised plan still allowed the team opportunities to collect process, outcome, and impact data, but for a smaller sample.

Valid reasons existed for accepting the revised design, but several methodological issues were also related to the change. With more than 1,500 Title V communities nationwide, generalizing the findings from the 11 case studies to the larger population would be difficult. Case studies are not expected to generate findings that can be generalized to a large population, however. Rather, they are used to understand the unique experiences of one or several cases in relation to a variable of interest such as the Title V model.

The revised design also posed issues for statistical power, especially in relation to the initial proposal for the Level II design, in which implementation and outcome characteristics were to be examined in approximately 60 communities across the 6 states. The inclusion of all the Title V communities in the six states was designed to capture the variation in levels of implementation and the associated variation in outcomes, and to increase the generalizability of the assessment to all Title V communities. Reducing the sample to 11 cases would not permit this level of assessment.

On the positive side, however, the 11 case studies provided the team with ample opportunities to study processes and outcomes within sites, leading to greater robustness in conclusions. In addition, with Level III intact, the team could still focus on gaining a thorough understanding of the Title V implementation process in the 11 communities, helping to refine the Title V model and assess how different types of communities can best create the conditions necessary for more effective prevention planning and programming. Finally, working with a smaller sample gave the team the opportunity to work closely with the community members at the 11 sites, potentially helping influence the quality and type of data that could be collected.

## **Selection of Case Study Communities**

Once the team had modified the Level II design, it selected the case study sites. With input from OJJDP program staff and the state juvenile justice specialists, along with discussions with representatives from potential communities to determine their willingness and capacity to participate, the team selected two communities from each state. Thus, the team could test the assumptions underlying the Title V model while holding one important contextual condition (the state) constant.

In addition to allowing the national evaluation team to collect process and outcome data at the sites, case studies would allow the team to test the program model under varying contextual conditions by comparing communities across states. Case studies would also permit the collection of rich, detailed

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information on the implementation of the initiative, including the processes most needed to develop and carry out an effective, comprehensive prevention model.

Besides input from key federal and state stakeholders and the communities themselves, several other criteria were considered in choosing the potential case study sites. One consideration was the relative level of funding for the initiative in each community. Having participating communities that had sufficient resources to implement an initiative large enough to make a difference and to collect data over time was important. To the extent possible, choosing communities that had participated in Title V training was desirable because the evaluation was designed to assess the effect of training and technical assistance activities on the ability to develop and implement effective prevention initiatives. To be sure that communities had comprehensive plans that included the various components of the Title V model, the evaluation team reviewed the plans of all proposed communities before making a final decision. Finally, the communities had to have demonstrated some initial success in implementing their comprehensive plans, as reported by community representatives and supported by the juvenile justice specialist and OJJDP program staff.

Although the team tried to ensure that the proposed communities met the criteria, at least minimally, it did not always have control over which communities were ultimately chosen. State-level factors often influenced which communities were chosen, regardless of if or to what extent they met the criteria for participation. In Vermont, for example, two Title V communities are funded every 3 years, limiting the pool of potential sites and eliminating the possibility of using the criteria for site selection. In addition, Juvenile Justice Specialists often wanted some part in choosing which sites were selected, if only to ensure that those selected were having some success in implementing the model. In the end, the communities selected varied significantly in relation to the level to which they met the criteria. In some cases, communities had been through training, and in others they had not. Some communities were receiving as much as \$150,000 over 3 years, whereas others were receiving less than one-fourth that amount. Interestingly, the variation proved to be an advantage, as it provided naturally occurring comparison groups, allowing the team to identify factors associated with both successful and unsuccessful implementation of the Title V model. For example, the team found that communities that did not receive training had more difficulty implementing the model than did those that did. Similarly, communities that had a thorough comprehensive plan had the most success in implementation. These issues and others are discussed in detail for each site in the case study presentations, which are found in chapters 2 through 7.

## **Implementing the National Evaluation Design**

Originally scheduled for early 1998, the first phase of the national evaluation was delayed by almost a year because of issues associated with the initial design and its subsequent modifications. The state selection process caused some delays as state representatives (e.g., agency staff and juvenile justice specialists) worked with federal program staff to determine what would be required if their state agreed to participate, and if and how they could support local communities to facilitate their full participation in data collection activities.

In late 1998, the national evaluation team began to work directly with four communities in Michigan and Pennsylvania. Approximately 6 months later, the communities from Vermont and Nebraska were on board and ready to begin working with the team to build local evaluation capacity and start data

collection activities. Finally, in late 1999, after Hawaii and Virginia were added to the evaluation, two communities from each of those two states were chosen for participation.

By late 1999, 11 of the proposed sites were actively engaged in national evaluation activities; however, the one site that was not, one of the Hawaii sites, terminated its participation in late 1999). In general, the staggered start dates for the sites were the result of several factors, including the states' Title V funding cycles (some communities were funded earlier than others) and the time required to recruit sites for participation. Recruiting frequently required that a member of the national evaluation team conduct a site visit to establish contact with community members, introduce the national evaluation, give community members the opportunity to ask questions, and talk with them in general terms about the nature and extent of their participation. The sites and their funding schedules are presented in table 1.1.

**Table 1.1: Title V National Evaluation Community Funding Timeline**

State	ULG (Target Area)	Funding Years					
		1997	1998	1999	2000	2001	2002
<b>Hawaii</b>	City and county of Honolulu (Kaneohe community)		June	x	September		
<b>Michigan</b>	West Ottawa County (city of Holland)		April	x	x	x	
	City of Novi		June	x	x	June	
	Madison County (city of Norfolk)		July	x	New grant	x	x
	Cherry County (city of Valentine)			August	x	x	x
<b>Pennsylvania</b>	Northampton County (city of Easton)	December	x	x	December		
	Fayette County (city of Uniontown)		January	x	January		
<b>Vermont</b>	Town of Middlebury		July	x	July		
	Town of Windsor		July	x	July		
<b>Virginia</b>	Hanover County (same)			July	x	x	July
	City of Waynesboro (city of Waynesboro and city of Staunton)			July	x	x	July

**Note:** Nebraska communities are guaranteed funding for only 1 year at a time, so start and stop dates cannot be anticipated. Grants are awarded competitively each year.

In the first year, national evaluation activities focused primarily on building relationships and developing the community members' capacity to engage fully in data collection activities. In the early phases of implementation, the evaluation team visited each community approximately every 6 months, sometimes more frequently if necessary. In general, these visits were used to present an overview of the national evaluation design; foster a shared understanding of goals, objectives, and outcomes of the evaluation; and lay the groundwork for collaboration by the evaluation team and key stakeholders at the state and local levels. More specifically, early activities included:

- ❖ Establishing collaborative working relationships at the state and community levels through frequent and ongoing contact with state staff, state-level evaluators, and community members.

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- ❖ Building the “state context” (e.g., state support for prevention programs, levels of funding, and availability of community technical assistance and training) through interviews with State Advisory Group members, juvenile justice specialists, and other key state-level stakeholders.
  - ❖ Assessing the community by reviewing relevant materials, such as grant applications and program plans; interviewing key players, including prevention policy board members, project directors, and program staff; and appraising existing evaluation capacity and future evaluation support needs.
  - ❖ Building state and local evaluation capacity by conducting technical assistance and training workshops on collecting national evaluation data, the *Title V Community Self-Evaluation Workbook*, and other state-specified evaluation topics.
  - ❖ Developing tools for data collection and management, including a data collection guide, interview protocols, and databases relevant to evaluation data.

All these activities were conducted during the first year. In the second and later years, national evaluation activities were balanced among data collection activities, evaluation training and technical assistance activities, ongoing assessment of the community, and continued collaboration by the members of the national evaluation team with stakeholders at the state and local levels. To support the communities throughout the evaluation process, evaluation team members had frequent and ongoing communication with site representatives by telephone and e-mail, and in person during site visits. Because of their frequency and intensity, these contacts were instrumental in building positive and lasting relationships between community and national evaluation team members and helped facilitate capacity building, especially in relation to evaluation. Data collection varied across sites in terms of quality and quantity, but the commitment to participating did not. Regardless of the challenges they faced, all 11 communities remained fully committed to providing the data they could, and to participating in activities to increase their evaluation capacity to the best of their ability. However, data collection remained a challenge throughout the evaluation.

Because the evaluation capacity of the sites was limited throughout the national evaluation, the collection of data varied across sites in terms of quality and quantity, and they were submitted sporadically. Despite the commitment of the communities and the evaluation team’s efforts, timely data collection and submission activities were an issue throughout the evaluation. In addition, because participation was voluntary and sites were not receiving additional resources to participate in the evaluation, the communities had no external incentive for engaging in timely data collection and submission, and the team did not have the authority to impose consequences on sites that did not fulfill data collection requirements.

To encourage participation to the fullest extent possible, the team adopted a participatory, or collaborative, approach to the evaluation early on in the implementation process:

One of the negative connotations associated with evaluation is that it is done to people. Participatory evaluation involves working with people. Instead of being research subjects, the people in the research settings (e.g., the community members) become co-researchers. The process is facilitated by the researcher or evaluator, but is controlled by the people in the community. (Patton, 2002:183)

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This type of approach shifts the framework of the evaluation. Instead of presenting the national evaluation as something being done to the sites, the team presented it as something the sites and the team would do together. This approach is less intimidating than more traditional evaluation approaches and generates much more buy-in from program personnel and other key stakeholders. This leads to more complete and accurate data collection; more clarity about program goals, objectives, and strategies; and increased likelihood that evaluation results will be used to improve current or future programs.

The basic principles of a participatory approach are presented in sidebar 1.2. They were used to guide the following evaluation activities:

- ❖ Identifying and planning the evaluation with key decisionmakers and stakeholders who will use the evaluation information or be affected by it.
- ❖ Using logic models and other tools jointly to map out the key elements of the program, the expected outcomes, and the theory underlying the initiative as a foundation for the evaluation.<sup>3</sup>
- ❖ Involving stakeholders in the identification and design of local data collection instruments, collection plans, and reporting formats.
- ❖ Developing the community's capacity to collect and interpret data by conducting training sessions and hands-on workshops.
- ❖ Discussing evaluation findings regularly with stakeholders to identify problems, modify plans, and determine how to use evaluation findings to strengthen programs and policies.

During the evaluation, these activities most frequently took place during site visits, which were also used as opportunities for conducting interviews, gathering relevant data, and observing program activities. These visits helped build local evaluation capacity while strengthening the relationships between the national evaluation team and community members. Site visits are discussed in greater detail below.

In addition to securing buy-in and increasing the quantity and quality of data, participatory approaches often have an impact beyond the findings or report that may be generated from the evaluation. Participants are exposed to and acquire skills such as conceptualizing an evaluation plan and data collection, analysis, and interpretation.

#### Principles of a Participatory Approach to Evaluation

- ◆ The community knows best. The evaluator facilitates and supports the activities of the local program and evaluation.
- ◆ The community is responsible for the evaluation, exercises self-determination and autonomy, and monitors its own progress.
- ◆ The evaluation is a collaborative effort between the evaluator and the community.
- ◆ The intended users of the evaluation results (the community) are directly involved in the evaluation.
- ◆ Evaluation information is used primarily for program improvement and decisionmaking.
- ◆ The evaluation recognizes the uniqueness of the community and its local context (e.g., social, political, economic, and cultural characteristics).

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<sup>3</sup> Logic models are useful because, as graphic representations of programs, they identify and lay out clearly the relationships among program conditions, activities, outcomes, and impacts.

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To promote data collection, the national evaluation team first worked very closely with community members to develop logic models of the local initiatives. The logic models were then used to plan and implement a local evaluation or, in most cases, a local data collection plan. Most communities reported that working with logic models was helpful to them when thinking about and managing their local data collection plan.

The national evaluation team worked with community members to develop data collection plans that met the information needs at the local level but also resulted in the collection of data that the national evaluation team could use in the national evaluation. Participation in data collection for the national evaluation was moderate at best, but, without the participatory approach it used, the team feels confident that the data collection would have been compromised even further.

To enhance the participatory, and collaborative, nature of the evaluation, the team was structured to encourage relationship building. Each site was assigned two national team members who worked with the community throughout the evaluation. These relationships provided communities with the support they needed to participate in data collection activities as fully as possible.

## Data Collection

To address research questions, the evaluation team developed a comprehensive, multimethod data collection plan for each community. The plan was designed to examine the four key stages of program implementation: planning, implementation, outcome characteristics, and the efficacy of the program model. The data collection plan included qualitative and quantitative data sources, as illustrated in sidebar 1.3. Together, these data provide a framework for understanding both the process and the progress of the Title V initiative in each community.

Data were collected over a 4-year period, during the 3 years the communities were receiving Title V funds and then for 1 year after funding had ended. The quantitative data were collected quarterly for only the first 3 years of the evaluation. The interviews for qualitative data were conducted three times per year for 3 years. Interviews were conducted on site visits, and by telephone at the end of each funding year. In the fourth year of the evaluation, interviews were conducted with project directors and

### Data Collection

#### Qualitative Data Sources

- ◆ Ongoing individual interviews with prevention policy board (PPB) members, community coordinators, and other project staff in the early stages of the initiative.
- ◆ Annual end-of-year process interviews with community coordinators, project directors, and some PPB members.
- ◆ One-time individual end-of-grant interviews with project coordinators or directors and PPB members.
- ◆ Meeting minutes.

**Quantitative Data Sources** (data collected quarterly via data collection forms)

#### *The Initiative*

- ◆ Grant and funding information.
- ◆ Target community description.

#### *Background*

- ◆ Past and present
- ◆ Training and other planning activities.

#### *Organizational Structure and PPB*

- ◆ PPB roster.
- ◆ PPB member information.
- ◆ Diagrams of PPB.
- ◆ PPB meetings.

#### *Vision*

- ◆ Vision beyond Title V.

#### *Budget Information*

#### *Programs and Projects*

- ◆ Service delivery program description, implementation, and process and outcome assessment.
- ◆ Systems change project description, implementation, and process and outcome assessment.
- ◆ Special event project description, implementation, and process and outcome assessment.
- ◆ Community coordinator project description, implementation, and process and outcome assessment.

#### *Lessons Learned*

#### *Risk Factor Tracking*

- ◆ Tracking risk factors and indicators.

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coordinators and, in some cases, prevention policy board members at 3, 6, and 12 months following the termination of the Title V grant.

## Site Visits

Visits to each site were made at least twice per year by two members of the evaluation team. Several sites required more frequent visits because of technical assistance needs. The purposes of the site visits were to conduct interviews, collect and review documents and records, and observe key events (e.g., prevention policy board meetings, significant prevention activities). Before each site visit, the team contacted the project director or coordinator to discuss the nature and extent of the visit and to identify the board members, project staff, local stakeholders, and members of the community who would participate in the interviews. In collaboration with local stakeholders, the team identified a core group of individuals at each site who would be interviewed during each site visit. Generally, this group comprised three to five individuals, mostly prevention policy board members, who were actively involved with the initiative and had been for its duration. Program staff were also interviewed periodically regarding program implementation, including the number of children or families being served, the types of activities taking place, and their assessment of program effectiveness.

In addition to this core group, other individuals were frequently identified to participate in interviews because of their unique perspective, experience, or knowledge of the community. For example, to understand the context for prevention at the local level, in some communities, team members interviewed the state's attorney or other high-level officials regarding their perspective on juvenile delinquency prevention. Similarly, the team might meet with the chief of police or, as was the case in one community, with the local pastor. These individuals were interviewed because they had information about the community that was interesting or important to the local initiative. Generally, because these individuals were not involved directly with the local Title V initiative, they were interviewed only once or twice.

In addition to ongoing interviews, the team conducted end-of-year interviews with local Title V project directors and coordinators. The purpose of the interviews was to assess progress to date; identify challenges to the implementation process, review evaluation activities and plans, and identify future goals, objectives, and challenges. In sites with a particularly involved or knowledgeable board member, that individual might also participate in these interviews. The end-of-year interviews provided the team with a process reflection on each site's Title V experiences.

## Submission of Quantitative Data

The national evaluation team requested quantitative data on a quarterly basis, although such data were generally received less frequently. The *Title V Community Self-Evaluation Workbook* was intended to serve as one of the primary data collection tools for process and outcome data. Because many of the national evaluation communities were unfamiliar with the *Workbook*, and the team could not mandate its use, the national evaluation team developed a tool specifically for the national evaluation communities. Based on the design and structure of the *Workbook*, the *Title V Evaluation Data Collection Guide* was designed to provide detailed instructions on the data collection process for the national evaluation, including timetables for submitting data and other helpful resources. It also includes data collection forms for use in gathering and submitting local data to the national evaluation team and examples of the

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types of data required by the national evaluation. The *Guide* was made available to communities electronically so they could submit their local data via e-mail.

In addition to data collection tools, the team developed data tracking forms for each community to use to track the data they had submitted and identify data that were still needed. The team sent these forms to communities approximately every 3 to 6 months in an attempt to remind them that the data were due. The *Guide* and the data tracking forms were helpful, but data collection remained a challenge throughout the evaluation.

Despite the best of efforts of the evaluation team, local evaluation plans and data collection posed a significant challenge throughout the national evaluation. Factors related to this issue included the need to train staff to collect data, local priorities that often did not include evaluation, and the lack of financial resources for data collection and analysis. These problems are discussed in detail in the case study presentations (chapters 2–7) and again in chapter 8.

Despite the challenges, however, the national evaluation yielded some very interesting findings that can help other Title V communities and OJJDP understand how the Title V model can be applied successfully at the local level (see chapter 8).

## Conclusion

Though initially conceptualized as a project designed to assess the process and impact of the Title V Community Prevention Grants Program, the national evaluation of the program also provided opportunities for learning.

First and foremost, the evaluation provided opportunities to learn about how communities plan and implement local delinquency prevention initiatives. The recorded experiences of the national evaluation communities, presented in chapters 2 through 7, describe in detail how each community negotiated the four implementation stages of the Title V model, including the factors that facilitated and hindered success. These experiences add to the general knowledge about what works in community prevention planning, and also provide information about how different communities embrace the same model and adapt it to their unique circumstances.

Second, the national evaluation provided opportunities, somewhat unanticipated, to learn about evaluation. These opportunities were certainly related to evaluation at the local level, but also to evaluation and related issues at the federal and state levels. For example, before the national evaluation, how much evaluation capacity existed at the state level was not clear. During the evaluation, the team learned that evaluation capacity was limited at the state level and that this limitation often compromised capacity at the local level.

These challenges forced the team, in collaboration with its OJJDP partners, to examine carefully the factors contributing to these challenges and to find ways to resolve them. Progress was made on a number of levels. For example, on the basis of input from the national evaluation team's experiences with state-level staff, OJJDP included, in its regional training meetings in the summer of 2000, sessions on how to write a comprehensive Title V request for proposals, including sections on conducting an evaluation, building state capacity to support local Title V prevention efforts, and enhancing the ability

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of juvenile justice specialists and other state-level staff to support local Title V communities in developing and implementing local evaluation plans.

Finally, the national evaluation provided opportunities to learn firsthand about the challenges of evaluating comprehensive, community-based initiatives like Title V. In addition, as the evaluation progressed, so did other national evaluations of comprehensive, community-based initiatives, such as the Drug-Free Communities Support Program and the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders. In combination, these national evaluation team experiences can help inform future national evaluations of programs like Title V by identifying what works in terms of methodology, design, and data collection activities, and how best to support communities to participate fully in large evaluation projects.

The remaining chapters of this Report present the experiences of the 11 national evaluation communities and lessons learned from the evaluation. Chapters 2 through 7 present in detail each community's Title V experiences and the state context in which the program operates. The discussion of each community's experiences analyzes the extent to which it was successful in implementing the model and the factors that contributed to its success. Chapter 8 summarizes the lessons learned from the national evaluation. Together, these chapters provide an indepth look at the process by which these 11 communities came to understand and implement the Title V program model, the federal- and state-level factors that both facilitated and hindered their progress, and the lessons that were learned by all throughout the process.

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## Chapter 2: Hawaii

The case study of Title V in Hawaii, which focuses on the national evaluation community of Kaneohe, demonstrates that despite the challenges of implementing the Title V model as designed, stakeholders were able to plan, implement, and sustain the Title V prevention activities within their unique community setting. Even though all of the stages of the model were not implemented fully, or implemented as designed, the essence of the Title V model was achieved in Kaneohe.

The first section of this case study presents and discusses state support for Title V from 1997 to 2000. The next section presents and discusses the Title V initiative in Kaneohe from 1997 to 2000. The final section presents concluding remarks on Title V in Hawaii.

This summary is based on three primary data sources that were gathered throughout Kaneohe's participation in the national evaluation: stakeholder interviews, in person and via telephone; a review of Hawaii's Title V documentation, including the request for proposals and the community grant applications; a review of Kaneohe's Title V documentation, including the grant applications, quarterly progress reports, and prevention policy board meeting minutes; and a review of the federal Title V guidelines and documentation. In addition, the case study report includes the evaluation team's interpretation of the case study data that represents Caliber's experience of working with all 11 national evaluation communities during the multiyear implementation of the evaluation.

### State Support for Title V

Hawaii was eligible to receive \$100,000 in Title V funds annually from 1997 through 2000, the minimum federal support provided under the Title V program. This level of funding was based on the size of Hawaii's juvenile population, which determines the amount of Title V funds available. Given its limited resources, the Hawaii Office of Youth Services, the state agency in Hawaii that implements Title V, chose to support three or fewer communities with 3 years of sizable grant awards, rather than supporting a larger number of subgrantees with smaller grant awards. Since the beginning of Title V in 1994, Hawaii has funded seven Title V communities. The implementation of Title V at the state level and the prevention activities in Kaneohe may have changed since the writing of this case study.

### Hawaii's Granting Process

The Department of Human Services, Office of Youth Services, administers the Title V program in Hawaii. To prevent delinquency and reduce recidivism through prevention, rehabilitation, and treatment services, Hawaii's Office of Youth Services develops and provides a continuum of services for youth at risk. When the office's administrative staff, including Hawaii's juvenile justice specialist and juvenile justice program assistant, determine that enough federal resources are available to fund Title V subgrantees for a full 3-year period, the office releases a Title V request for proposal.

Once the deadline for submitting proposals has passed, all Title V applications are forwarded to the State Advisory Group (SAG) Title V review committee, whose members are designated by the SAG prevention committee. The Title V review committee can include SAG members, Office of Youth

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Services staff, and other citizens. In consultation with the Office of Youth Services, the committee reviews the applications and makes funding recommendations to the office's administrative staff. The Office of Youth Services makes the final award decisions. In 1999, the state juvenile justice specialist developed and implemented a Title V application rating system to help the Title V review committee rate grant applications objectively and systematically on the basis of the federal Title V program guidelines and state prevention priorities.

## **Training and Technical Assistance**

Hawaii has provided federally funded Title V training to support the efforts of its applicants. During the period under study, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) had contracted with Developmental Research and Programs, Inc., to provide Title V training. These trainings were based on the Communities That Care curriculum and consisted of three sessions: key leader orientation, risk and resource assessment, and promising approaches. Interested parties in Hawaii were encouraged to participate in the three sessions before they submitted a grant application. Grantees were not required to attend training before applying for Title V funds.

## **Evaluation**

In 1997, which is the year Hawaii's national evaluation case study community applied for a Title V grant, the Title V application packet required applicants to include with their application a description of their proposed evaluation process. Applicants' evaluation plans were required to include steps to:

- ❖ Monitor program performance against stated targets and milestones.
- ❖ Measure program outcomes.
- ❖ Track changes in risk-factor indicators.

No supplemental evaluation support was provided to Title V communities by the state of Hawaii.

## **Other State Factors**

Title V represents one of the first collaborative efforts in Hawaii between state and local governments in the area of juvenile delinquency prevention. In Hawaii, the state maintains most of the responsibility for human services, including most publicly funded youth services programs. For example, the state government has responsibility for the administration of the public school system.

One impact of this structure of human services administration is that the state Office of Youth Services did not have an established, collaborative relationship with local governments that would facilitate its support of communities implementing the Title V initiative. In addition, because of the state's statutory responsibilities, the Office of Youth Services was required to enter into contractual sub-recipient agreements with units of local government in order to disburse the Title V funds.

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## Interpretation

Overall, Hawaii tried to implement the Title V model with fidelity. Hawaii's Title V request for proposals provided prospective applicants with a broad outline of the Title V process. However, it contained few details and provided little guidance on the nuances of the model. In an effort to provide more structured guidance to potential grantees, the Title V request for proposals was revised in 1999. Because the national evaluation team's Title V experience in Hawaii was limited to its involvement with Kaneohe, the extent to which the revised application was effective in giving more structured guidance to potential grantees is not known. In addition, because of their involvement in the Title V national evaluation, state and local government personnel placed a strong emphasis on requiring the Title V communities to follow the Title V guidelines as closely as possible and monitoring their efforts closely. This strict monitoring of compliance with Title V guidelines often overshadowed state and local government efforts to support the Title V grantees' ability to meet the needs of youth in their communities.

In Hawaii, no strong state structure existed to support the Title V communities in their community mobilization processes. A number of factors contributed to the state's lack of support for this phase of the Title V model. First, as mentioned previously, there had been few prior state-local juvenile justice collaborative efforts in Hawaii. Also, earlier community-based prevention efforts had not formalized the process of community mobilization in a manner similar to that required by the Title V initiative. As a result, community-based prevention groups in Hawaii had formed primarily because they had a common interest in addressing youth needs, not to develop a formal organization with the goal of pursuing grant funding.

When the state of Hawaii began to offer Title V funds, existing community-based prevention groups that focused on youth issues were often approached by units of local governments to apply for funding. While building on the strengths of the existing collaborative groups, the state and/or local governments often encouraged the community-based prevention groups to conform to the Title V guidelines for a prevention policy board (e.g., 15 to 21 members of the community that represent a balance of public agencies, nonprofit organizations, private businesses and industries, at-risk youth, and parents), even when a new structure or membership might not benefit the group's functioning.

OJJDP-sponsored Title V training was offered by the state approximately every 3 years, just before each Title V funding cycle. Though OJJDP makes training available to all states, it is up to the state to determine when the training occurs and, when it does, how it is structured. Communities that were unable to attend the training as scheduled either did not receive training or, in some cases, were given training after their Title V implementation process had begun. According to some community representatives, receiving training postgrant was not particularly helpful and, in some cases, derailed existing efforts as grantees worked to integrate what they learned in training into their prevention efforts. For example, some grantees reported having to go back and conduct a community assessment while midway through their implementation process.

The state's guidance for initial assessment and planning was conveyed primarily through the Title V training. Because Title V training guides community stakeholders through the process of assessing the community's risk and protective factors, the state did not provide much additional guidance on this process in the Title V application packet. Nevertheless, communities that submitted a strong assessment

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of risk and protective factors were given priority consideration for funding in the 1997 request for proposals. Thus, communities that had local planning expertise or access to existing risk and protective factor data were often more successful in competing for Title V funds than communities that had no prior experience or expertise in this area.

State requirements and guidance regarding implementation of prevention strategies were also limited. In 1997, there was no requirement that applicants for Title V funds implement a promising or science-based prevention program. In addition, the state of Hawaii did not offer promising approaches training that year. The review criteria for the 1997 Title V grant application required only that the proposed service delivery methods be appropriate to meet stated objectives or outcomes.

The state of Hawaii requested that Title V applicants include an evaluation plan for tracking risk factors and prevention strategy outcomes, but it gave little support to Title V communities to carry out this complex and often unfamiliar task. Participation in the Title V national evaluation did, however, increase the attention of state, local, and Title V program staff to evaluation issues. Resource constraints, a lack of evaluation expertise, and other implementation priorities limited the state's ability to support Title V communities adequately in evaluation activities. Although evaluation was not a priority, state and local government personnel monitored closely the Title V grantees' adherence to the Title V guidelines. In addition, formal subrecipient agreements were executed between the state and the unit of local government and then between the unit of local government and the grantee. Though this process was unique to Hawaii's governmental structure, the strict financial monitoring that was part of this contractual relationship created tension between the unit of local government and the grantees that, over time, became a significant barrier to collaboration.

In relation to institutionalization, state-level stakeholders in Hawaii believed that 3 years of Title V funding could support a community in building a prevention initiative that would be a viable candidate for continued funding from other public and private sources. This belief was based on recognition that the Title V funds allowed the state to support grassroots groups that often had worked for some time to address community concerns with limited resources. The 1997 request for proposals asked applicants to include a strategy that "transfers ownership of the activities to the community for continued implementation" following the conclusion of the grant. In 2000, three of Hawaii's Title V grantees were able to secure continuation funding to sustain many of the activities that were initiated with Title V grants.

## **Summary**

Although Hawaii was able to provide only limited support to Title V communities, and in spite of its unique legislative constraints, the state did attempt to follow the Title V model. It also required the Title V communities to complete all the stages of the model and implement their strategies in accordance with the Title V guidelines. The level of accountability for the implementation of Title V by the communities was heightened by the formal subrecipient agreements that were executed among all parties (the state, the unit of local government, and the Title V fiscal agent). These formal contracts hindered implementation of the Title V model. This factor, as well as the limited collaboration between the state and local governments in administering Title V, was a significant impediment to the success of several early Title V communities in Hawaii.

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## Honolulu (Kaneohe)

This case study documents the Title V process in Kaneohe from its initial planning in 1997 through the end of its Title V funding in September 2000. Despite many challenges (e.g., lack of communitywide training, limited support from key stakeholders, and abbreviated timelines), the Title V initiative in Kaneohe was successful in the planning, implementation, and institutionalization of the activities of the Castle Wellness Center.

This presentation begins with a brief community description and discussion of the role of Title V in Kaneohe. It continues with discussions of the five stages of the Title V model as implemented in Kaneohe: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. It concludes with the evaluation team’s interpretation of the data, including an analysis of the extent to which the community implemented the Title V model.

### Brief Community Description

Kaneohe is located in the city and county of Honolulu on the eastern coast of the island of Oahu along Highway 830 near Kaneohe Bay and Mokuoloe Island. *The Revised Neighborhood Plan of the City and County of Honolulu: 1986* designates Kaneohe as 1 of 35 “neighborhoods.”

Calendar year 2000 census data for Honolulu County estimate the total population at 881,295. The population is quite diverse: 46 percent are of Asian descent, 21.3 percent are white, 8.9 percent are Native Hawaiian and Other Pacific Islanders, and 19.9 percent report two or more races.

According to a recent School Status and Improvement Report for J.B. Castle High School (Castle High School) in Kaneohe, 10.7 percent of children (ages 3–19) in the “school community” live below the poverty level. Castle High School serves an ethnically diverse community of about 50,000 people and enrolls more than 2,000 students in grades 9–12.

#### Honolulu (Kaneohe)

**Funding period:** June 1998–September 2000

**Amount of Title V funding:** \$118,147

**Unit of local government:** The city and county of Honolulu

**Lead agency:** Castle Medical Center

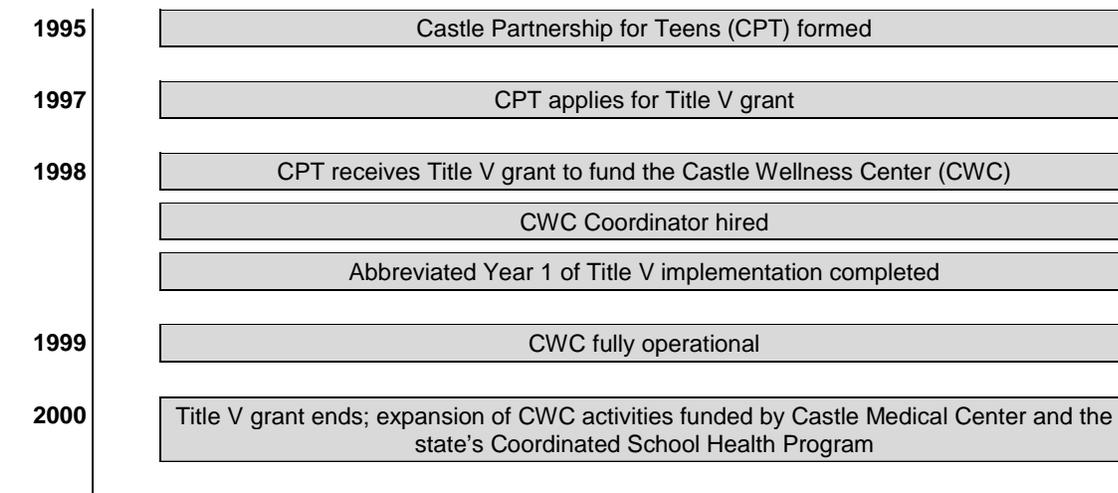
### Title V in Kaneohe

Before the Title V initiative, Castle High School was supported by at least two collaborative groups: the School-Community Based Management Team, a state-mandated community collaborative designed to address a variety of school issues, and the Castle Partnership for Teens, a local group of school and community stakeholders formed to address health and wellness issues for students. The Castle Partnership for Teens became the prevention policy board for Kaneohe’s Title V initiative.

The Title V initiative was focused on the “community” of Castle High School. Title V funds were used to establish the Castle Wellness Center, which coordinates community-based health and wellness

services to students. The Castle Partnership for Teens had been working on prevention issues for several years, and its receipt of a Title V grant allowed it to formalize, focus its efforts, and hire a full-time project coordinator. Figure 2.1 is a timeline of Title V in Kaneohe.

**Figure 2.1: Kaneohe Timeline for the Title V Initiative**



## Community Mobilization and Collaboration

The Title V process of community mobilization and collaboration includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training.

### Introducing Community Prevention to Key Leaders

In April 1995, Castle High School and Castle Medical Center, a full-service hospital on Oahu, formed a new alliance named the Castle Partnership for Teens to implement strategies to reduce Castle High School's rate of teen pregnancy, which in the mid-1990s was one of the highest in the state. The partnership recruited membership from community-based health and human services agencies, including the Hawaii Department of Health—Health Services Branch, the Queen Lili'uokalani Children's Center, the Kaneohe Community Family Center, and the Hawaii Counseling and Education Center.

With the assistance of a group facilitator provided by Castle Medical Center, members of the partnership developed health-based programming priorities and recruited additional service providers in the area to join their efforts. Initially, this group brought a series of speakers to Castle High School to address health topics. In subsequent years, the partnership sponsored a successful Community Wellness Fair, held on the high school campus.

After working for several years on reducing teen pregnancy, the Castle Partnership for Teens began to focus more broadly on adolescent wellness, as noted by one member of the partnership:

we knew that to really address teen pregnancy, we wanted to ... focus in [on] all of the life skills, because ... we needed our kids healthy, with good self-esteem and feeling

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good enough about themselves that they could say no to any pressure, whether it was gangs, violence, sex, drugs, whatever.

As its focus expanded, the partnership was able to pursue more opportunities for funding for prevention activities. For example, it received a grant from the Hawaii Department of Health for the Healthy Mothers, Healthy Babies project and funds from the Community Sexual Assault block grant for student forums. It also received a small grant through collaboration with the American Association of University Women to produce a sexual assault prevention/awareness video. The partnership was working on these small, grant-funded projects when it was invited to apply for a Title V grant. According to one member, “we were collecting these little grants, that’s when Title V came along and became the big piece of our puzzle.”

In 1997, when the city and county of Honolulu’s original applicant for the Title V funds dropped out of the application process very close to the application due date, the Castle Partnership for Teens was contacted about applying for the funds. After reviewing the application package, the partnership believed that the Title V grant would support the implementation and coordination of health and wellness services for Castle High School students and decided to apply for the funding.

### **Prevention Policy Board**

The Castle Partnership for Teens served as the prevention policy board for the Kaneohe Title V initiative. After the Title V grant was awarded, the partnership was renamed the Castle Wellness Center Leadership Team.

In 1997, the Castle Partnership for Teens was co-chaired by the Castle High School principal and a program director of Castle Medical Center, two key stakeholders who had founded the group. The group’s structure also included three committees: the Wellness Clinic Committee, the Ho’ihi Integration Committee, and the Community Relations Committee. Despite its formal structure, the partnership was an informal volunteer group and, prior to receiving the Title V grant, did not have a paid coordinator.

The mission of the Castle Partnership for Teens was to develop community awareness through education, media, and other avenues and, in collaboration with other community agencies, groups, schools, and businesses, to reduce teen pregnancy. The group included representation from the American Association of University Women, Castle High School, the K.E.Y. Project, the Hawaii Department of Health, Castle Medical Center, the Kaneohe Community Family Center, the Quenn Lili’nokalani Children’s Center, the Hawaii Counseling and Education Center, the city and county of Honolulu Parks and Recreation Department, local television station KITV, and Castle High School parents and students. In addition, city council and state representatives’ staff members often attended partnership meetings.

During the 3 years of implementation of the Title V initiative (26 months of funding), the membership of the Castle Wellness Center Leadership Team fluctuated as agency representatives changed and new organizations and members were recruited to participate. Most notably, shortly after the Title V grant award, the Castle High School principal, a program director of Castle Medical Center, and a key representative from the Kaneohe Community Family Center resigned from their organizations and also left the team. In an attempt to fill the resulting void, the leadership team formed an executive committee

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consisting of one representative from the Castle High School Administration, the Castle Medical Center, Castle High School parents, service providers, and Castle High School faculty/staff; the Castle Wellness Center coordinator; and two Castle High School students. Before the formation of the executive committee, decisions had been made by a consensus of the entire leadership team, and the team found that getting consistent input from members who did not regularly attend meetings was difficult. During the final year of the Title V initiative, the leadership team held a retreat to refocus on its mission.

The Castle Wellness Center coordinator reported that a lot of effort was needed to keep the leadership team operating over the 3-year period of the grant. She reported that “it is an ever-dwindling group.” She felt that the core group on the board was always supportive. The challenge was to gather the entire team for meetings. The coordinator felt that since her primary responsibility was implementing the Title V programs she would have preferred to have another person coordinate the team, but that role was also assigned to her.

### **Community Prevention Training**

Before they were approached about applying for the Title V funds, several members of the Castle Partnership for Teens attended the federally sponsored risk and resource assessment training provided by Developmental Research and Programs, Inc. After the partnership decided to apply for the Title V grant, however, the members who had attended the training were not involved in writing the Title V grant application. In addition, no members attended the other two Title V training sessions before writing the Title V grant application. According to the year 1 final program report, members of the Kaneohe community attended the risk and resource assessment training; however, they were not active participants in the Castle Partnership for Teens, and no transfer of knowledge occurred.

Since the state of Hawaii only offers Title V training in years prior to the release of a Title V grant application, Title V training was not held in the state again until 1999. At that time, several members of the Castle Wellness Center Leadership Team, including the coordinator, did attend the risk and resource assessment training, even though by that time they were in the second year of Title V implementation.

The coordinator noted that going to Title V training after the fact was difficult because the center’s projects were already planned and therefore the training information was not as helpful as it would have been during the grant planning process. Original members of the leadership team also were frustrated by the lack of timely training on the Title V process:

not having had the training and realizing that even a lot of our data collection was really being done under the wire and we realized the process was obviously a process that should have taken months and we were doing it in weeks. So, I don’t think we ever quite fully got that part...the risk factors and all of that.

### **Factors That Influenced Community Mobilization and Collaboration**

Beginning in the spring of 1995, the leadership of Castle High School and Castle Medical Center led community mobilization and collaboration efforts on prevention issues in Kaneohe. The original collaboration benefited from its member organizations’ contributions of in-kind time and their

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experience in delivering services to youth. Several factors contributed to Kaneohe’s success in preparing for the Title V initiative, including the following:

- ❖ **History of successful collaboration.** When it applied for the Title V grant, the Castle Partnership for Teens had existed for more than 2 years, so its members had had time to develop strong professional and personal relationships. Also, previous success implementing grant programs, including the Hawaii Department of Health’s Healthy Mothers/Healthy Babies grant, gave the group confidence “to move to the next level of group organization” by applying for the Title V funds.
- ❖ **Understanding of the community issues.** Even though key leaders did not receive timely Title V training, through their ongoing work in the school community, and because of their professional expertise, they understood how to raise awareness about the health and wellness needs of Castle High School students.

## **Initial Assessment and Planning**

Title V’s initial assessment and planning process includes identifying risk factors, resources, and prevention programs and developing a 3-year comprehensive prevention plan. This section describes the process of initial assessment and planning for the Title V initiative in Kaneohe during 1997 and 1998. It also discusses the factors that influenced Kaneohe’s initial assessment and planning process.

### **Identifying Risk Factors, Resources, and Prevention Programs**

The Castle Partnership for Teens was provided with manuals from the federally funded Communities That Care training curriculum to guide it through the process of identifying risk factors, resources, and prevention programs. The partnership based its initial application on existing data sources provided by Castle High School and other partner agencies. It used these data to compile statistics on youth risk behaviors at Castle High School for pregnancy/sexual behavior, drug and alcohol use, violence and antisocial behavior, and sexual assault and harassment.

After describing the negative health and wellness statistics for students at Castle High School, the Title V grant application included a plan to implement a new initiative at Castle High School, the Castle Wellness Center. The center was designed “to provide prevention and early intervention services that will develop resiliency and positive decision-making skills in our teens in order to reduce ...high-risk behaviors.” With the leadership of a full-time project director, the center would:

- ❖ Provide support groups for students.
- ❖ Partner with the support services offered on campus by school staff and community agencies.
- ❖ Bring in community agencies to fill service gaps.
- ❖ Provide basic health services, such as testing for tuberculosis, vision testing, and the physical examinations required for students to participate in sports.
- ❖ Coordinate community service opportunities for students.

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The center's plan did not include promising or science-based prevention or early intervention strategies. It did, however, include several common youth development strategies, such as providing youth with supportive listening from adults and peers and linking youth to community service opportunities.

The SAG Title V Review Committee found that the Title V grant application submitted by the Castle Partnership for Teens did not use a risk-focused prevention model in the collection or presentation of data and therefore returned the application for revisions. The revised Title V grant application submitted by the partnership in January 1998 contained youth and community data from a number of sources, including the Comprehensive Student Alienation Program, the School Status and Improvement Plan, the School to Work Strategic Plan, the Castle High School Sexual Harassment Survey, and the 1996–97 Castle High School Peer Education Program Student Needs Survey. The data assessment was presented in such a way that it identified the need for Castle High School to focus on student wellness efforts, including schoolwide and classroom prevention strategies involving students, staff, parents, and members of the community.

The revised Title V grant application also linked the formation of the Castle Wellness Center to the reduction of five risk factors identified in the Title V training materials:

- ❖ Family management problems.
- ❖ Early and persistent antisocial behavior.
- ❖ Lack of commitment to school.
- ❖ Friends who engage in problem behaviors.
- ❖ Alienation and rebelliousness.

The revised grant application did not list any protective factors for enhancement by the Title V initiative and did not revise the plan for the center.

Once the Title V Review Committee accepted the revised Title V application, the Office of Youth Services advised the partnership to reduce the number of risk factors to be addressed by the project to three:

- ❖ Lack of commitment to school.
- ❖ Friends who engage in problem behaviors.
- ❖ Alienation and rebelliousness.

The Office of Youth Services believed that reducing the number of risk factors from five to three might help the partnership focus its implementation efforts.

### **Developing a Comprehensive Prevention Plan**

In addition to the assessment of risk and protective factors, the initial Title V grant application included the formation of the Castle Wellness Center as the prevention strategy to be implemented with the Title V funds. This prevention strategy served as Kaneohe's Comprehensive Prevention Plan. It described the consensus-building, community collaboration, service development, program development, and evaluation activities that, over the next 3 years, would create a separate, self-contained Castle Wellness Center on the high school campus. The progress of the project was to be monitored through a 360-

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degree evaluation process that would include students, parents, schools, and the Castle Partnership for Teens.

Under the umbrella of the Castle Wellness Center, five strategies were established to address the risk factors identified for students at Castle High School:

- ❖ Provide awareness sessions and information to students, families, and staff to address risk factors, skills, and opportunities.
- ❖ Coordinate and increase support services for students, staff, and families.
- ❖ Support the development of protective factors (skills, opportunities, recognition) associated with existing curricular, co-curricular, and extra-curricular programs on campus.
- ❖ Support the development of community service and service learning opportunities.
- ❖ Coordinate and support future projects that will continue to address risk factors.

According to the Title V grant application, achieving each of these objectives would reduce risk factor indicators by 10 percent per year.

Three primary process and outcome measures were established to monitor Title V activities over time and to meet reporting requirements to the unit of local government. These measures are presented in sidebar 2.1.

### **Factors That Influenced Initial Assessment and Planning**

According to several key stakeholders in the Castle Partnership for Teens, the process of assessment and planning for the Title V initiative in Kaneohe was frustrating. It was mainly hindered by the following two factors:

- ❖ **Abbreviated timeline.** The period of time between when the partnership was asked to apply for the Title V funds and the due date for submission was short. For this reason, the partnership did not collect any new data for the assessment. Rather, it relied on previous needs assessment data that were not collected using a risk- and protective-factors model.

### **Process and Outcome Measures**

**Percentage of students receiving services through the Castle Wellness Center network who improve personal functioning in at least one identified problem area, comparing the quarter before services with the quarter at discharge—**

- ◆ Attendance: Decrease absences from nine or more to five or fewer per quarter.
- ◆ Academics: Improve grade point average (GPA) by 0.5, or maintain 2.0 GPA.
- ◆ Behavioral: Decrease number of disciplinary referrals by 25 percent, or maintain zero referrals.

Method of measurement: Comparison of records on attendance, academics, and behavior before and after services.

**Percentage of agencies and Castle High School programs coordinating services to Castle High School students—**

- ◆ Percentage participating in the Castle Student Assistance Network referral system.
- ◆ Percentage attending at least one meeting sponsored by the Wellness Center per month.
- ◆ Percentage-sharing data.

Method of measurement: Signed memorandum of agreement that includes, but is not limited to, the above.

- ❖ **Lack of Title V training.** The members of the partnership who attended the federally sponsored Communities That Care risk and resource assessment training did not participate in writing the Title V application. Also, the techniques and strategies required to accomplish this task were not conveyed to the members who did write the grant application.

## Implementation of Prevention Strategies

The Title V process of identifying and implementing prevention strategies includes the launch of services and activities and the identification and leveraging of other resources. The implementation phase of Kaneohe’s Title V initiative had the following key components:

- ❖ Kaneohe received Title V funds from June 1998 through September 2000 (i.e., 26[28?] months).
- ❖ Kaneohe received \$118,147 in total Title V funding, with a 50-percent match in local in-kind and monetary contributions from the partnership’s member organizations, other volunteers, and Castle High School.
- ❖ The City and County of Honolulu served as the unit of local government and Castle Medical Center served as the fiscal agent.

Kaneohe’s Title V funds were used primarily to support one full-time Castle Wellness Center coordinator, who implemented and managed various prevention strategies, which are summarized in table 2.1.

**Table 2.1: Prevention Strategies Implemented by the Kaneohe Title V Initiative**

Risk Factor To Be Addressed	Prevention Strategy Implemented	Implementation Period (in Years)
<b>Lack of commitment to school</b>	Castle Wellness Center (CWC) coordinator	1–3
	Castle student assistance network referral system/review team	2
<b>Alienation and rebelliousness</b>	CWC coordinator	1–3
	Student support groups	2–3
<b>Friends who engage in problem behaviors</b>	CWC coordinator	1–3
	Special health and wellness events: Sexual assault prevention video	1–3
	Special health and wellness events: Teen Wellness Directory	1–3
	Special health and wellness events: Reduced-price athletic physicals	2–3

### Year 1

The process of finalizing the Title V contract between Hawaii’s Office of Youth Services and the city and county of Honolulu and the subrecipient agreement between the city and county of Honolulu and Castle Medical Center delayed implementation in year 1. The fiscal management was difficult, and unclear lines of communication and authority between the City and County of Honolulu and the state of

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Hawaii compounded the problem. Ultimately, the city representatives asserted their role as the contractor and funder of the project. Until this role was clarified, some members of the Castle Wellness Center Leadership Team believed that their contractual obligations were to the Office of Youth Services. Because of these management issues, the center's program activities did not begin until September 1998, rather than in the spring of the 1997–98 school year as originally planned.

In the abbreviated first year of implementation, the center's coordinator worked closely with the leadership team to begin consensus building, community collaboration, and program development activities to create a system that would assess and meet the needs of Castle High School students through a collaborative network of service providers. Specific activities of the coordinator included:

- ❖ Conducting in-service training for Castle High School staff on the center's planned services and the new Castle Student Assistance Network Referral System.
- ❖ Conducting in-service training for Castle High School students on the center's planned services.
- ❖ Conducting parent forums on the center's planned services.
- ❖ Producing and distributing a handbook for parents that provided information on the center and the agencies and programs involved.

Two activities planned for implementation in year 1 were not completed because of a delay in Castle Medical Center's receiving a signed contract and official notice to proceed:

- ❖ Implementing new support groups to address youth risk factors.
- ❖ Formalizing the relationships and responsibilities of partnering agencies and Castle High School programs through new memorandums of agreement.

## **Year 2**

In year 2 (November 1998 through September 1999), the Castle Wellness Center became fully operational, offering both a systems change project (the Castle Student Assistance Network Referral System) and several service delivery programs (student support groups and special health and wellness events). In addition to the youth-focused activities, several events to “establish the [center's] identity” were held, including an open house, faculty in-service presentations, parent orientations, and contacts with service provider agencies. The center's activities were locally developed projects designed to meet the health and wellness needs of Castle High School students. The activities included common prevention and early intervention strategies, but they were not developed using a risk- and protection-focused model of delinquency prevention, nor were they science-based approaches. Brief descriptions of the prevention activities implemented in year 2 are provided below.

### *Castle Student Assistance Network Referral System and Review Team*

Prior to receiving the Title V grant, the Castle Wellness Center Leadership Team wanted to revive the Castle Student Assistance Network program that had previously operated at Castle High School.

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According to program documentation: “The CSAN Referral System is a way of identifying students in need, linking them with appropriate support services, and documenting the process. The CSAN Review Team, made up of representatives from the CSAN providers group (Castle High School Counseling, Teen C.A.R.E., CWC, K.E.Y. Project, Castle High School Individual Education Plan teachers, Castle High School Administration, Ho’omaka Hou, and QLCC), is scheduled to meet weekly or as needed to review CSAN referrals and determine appropriate assessment of providers.

In year 2, the Castle Student Assistance Network Referral System processed 141 nonduplicated student referrals for academic services, career services, and personal counseling; health resources information and referral to medical services; mediation and peer listening; and individual and family psychosocial services. To avoid duplication and to match students to services, the Castle Wellness Center coordinator worked on the development of a confidential, centralized database to track and monitor students who participate in services.

### *Student Support Groups*

During the 1998–99 school year, 6 support groups were established, in which 45 students participated. The topics of the support groups were:

- ❖ Anger management (two sessions held).
- ❖ Smoking cessation.
- ❖ Grief and loss.
- ❖ Trust and sharing.

School staff and community agency professionals with training in small group facilitation led these groups. The student support groups did not provide therapy, but rather a time and place for students to share their thoughts and concerns in a caring and safe environment. Support groups met one class period per week for approximately 8 weeks. It was anticipated that helping students cope better with their challenges would give them a better chance to achieve academically.

### *Special Health and Wellness Events*

The center’s third significant prevention strategy was to offer health and wellness activities and events for students at Castle High School. The special projects and events that took place in year 2 included:

- ❖ **Publishing a Teen Wellness Directory in student, staff, and parent planners/calendars.** The purpose of the directory was to provide the Castle High School community with access to information about community resources for increased wellness.
- ❖ **Producing a 13-minute educational video and companion resource manual about sexual assault.** The purpose of the video and resource manual, both titled *When the Sun Stops Rising: Three Stories About Sexual Assault*, were to increase students’ knowledge about sexual assault and to foster supportive attitudes towards victims.
- ❖ **Providing outreach and educational materials for forums and a youth festival booth.** The purpose of the outreach was to help students identify areas for health improvement.

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- ❖ **Conducting an Athletic Physicals Day.** The primary purpose of this first-time event was to offer, at a convenient location and at a reduced cost, or free for those in need, the physical examinations necessary to meet state of Hawaii Department of Education requirements for student participation in athletics.

Because several agency representatives on the Castle Wellness Center Leadership Team were also members of the Castle Student Assistance Network Review Team, led student support groups, or assisted with the special events, members of the leadership team were involved in the implementation of many of the projects and programs offered in year 2 of Kaneohe's Title V initiative.

### **Year 3**

In year 3 (October 1999 through September 2000), the Castle Wellness Center continued to implement several projects and programs focused on student health and wellness. Its year 3 activities were directed toward meeting the health and wellness needs of Castle High School students and stabilizing program operations as the center planned for its ongoing sustainability. The prevention activities implemented in year 3 are as follows.

#### *Castle Student Assistance Network Referral System and Review Team*

In year 3, the Castle Student Assistance Network Referral System processed 101 nonduplicated student referrals for services continued from year 2, including academic, career, and personal counseling; health resources information and referral to medical services; mediation and peer listening; and individual and family psychosocial services.

Two factors influenced the implementation of the Castle Student Assistance Network Referral System in year 3. First, the Comprehensive Student Support System was established at Castle High School during the 1999–2000 school year. This state of Hawaii Department of Education initiative required schools to create a system to provide and monitor support services to special education students, as needed. Thus, as the Castle Student Assistance Network Referral System was being revived at Castle High School, the need arose to align it with the new Comprehensive Student Support System process. Second, the review team recognized that, in year 2, some students were being referred for services without having a true need. In year 3, implementation of the referral system also demonstrated some weaknesses in Castle High School's existing support services. As a result of the review team's increased attention to student needs, other support staff, such as the high school counselors, became more involved with student referrals. Many teachers (a primary source of referrals) began going directly to the counselors with student concerns, instead of to the review team. For this reason, during year 3, rather than having regularly scheduled meetings, the review team only met when there was a critical mass of referrals to be reviewed.

#### *Student Support Groups*

Providing and facilitating student support groups were key activities during year 3. During the 1999–2000 school year, 5 support groups were established, in which 45 students participated. The support group topics were:

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- ❖ Anger management.
  - ❖ Smoking cessation.
  - ❖ Teen stress (two sessions held).
  - ❖ Mana Wahine (girls-only group).

### *Special Health and Wellness Events*

The Castle Wellness Center conducted several health and wellness activities and events for students at Castle High School in year 3; these included:

- ❖ Updating the Teen Wellness Directory, which had been published during the previous 2 years.
- ❖ Inviting guest speakers to address health and wellness issues in 10 health and peer education classes.
- ❖ Completing computerized teen wellness screenings with 60 students.

Members of the center's leadership team were involved in the implementation of many of the projects and programs offered during year 3 of the Title V initiative.

### **Identifying and Leveraging Other Resources for Prevention**

Before receiving the Title V grant, the Castle Partnership for Teens had received small grants to implement health and wellness activities for students. To support special initiatives for students, the Castle Wellness Center continued to apply for small grants throughout the 3 years of Title V funding. The other grants for prevention it received included:

- ❖ **A \$1,500 grant from the state of Hawaii's Healthy Mothers/Healthy Babies program.** These funds were used to support leadership team meetings and to purchase materials for the center.
- ❖ **Two \$2,500 grants from the Department of Health to develop programming in sexual assault prevention.** These funds were used to produce the video and resource manual, *When the Sun Stops Rising: Three Stories About Sexual Assault*. The video aired frequently on the local Oleo Community Television stations and was shown at the Mayor's Youth Festival.
- ❖ **A \$3,000 award from the Public School of Hawaii Foundation Good Ideas Grant.** These funds were used to create a wellness walking path and gardens.

### **Factors That Influenced Implementation of Prevention Strategies**

Two factors contributed to the community's success in implementation. The Castle Wellness Center Leadership Team, who led the effort, overcame significant implementation challenges. These included a lack of clear understanding of the Title V model, lack of clear lines of communication and authority between the Hawaii Office of Youth Services and the city and county of Honolulu concerning the Title V initiative, and start-up delays. The center's coordinator played a key role in the implementation's success by overcoming the significant challenges described above and by coordinating the leadership team.

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Several factors hindered implementation:

- ❖ **Start-up delay.** The abbreviated first year of implementation made it difficult to accomplish the planned goals and objectives.
- ❖ **Loss of key leaders.** Shortly after receipt of the Title V grant, the Castle High School principal, a program director of Castle Medical Center, and a key representative of the Kaneohe Community Family Center, all leaders in the original formation of the Castle Partnership for Teens, left their positions. Their leaving left a void in the center’s leadership team.
- ❖ **Lack of clear communication.** Because of the large number of agencies and people involved in the Title V initiative, communication among the Hawaii Office of Youth Services, the city and county of Honolulu, Castle Medical Center, and members of the Castle Partnership for Teens was often fragmented and unclear.
- ❖ **Ambitious program goals.** The original grant application included numerous goals throughout the 3-year time period, which required working with several bureaucratic systems (e.g., school administration and agency providers). Sufficient time may not have been allowed to establish new projects requiring collaboration among stakeholders.
- ❖ **Changing state and local requirements.** The institution of the Comprehensive Student Support System process statewide and changes in the role of the Castle High School Guidance Department resulted in the replacement or modification of the planned activities of the Castle Student Assistance Network Referral System and Review Team.

## Monitoring and Evaluation

The monitoring and evaluation stage of the Title V model theoretically should include conducting program evaluations of each prevention strategy, evaluating the Title V initiative as a whole, and reassessing community indicators. This section describes the monitoring and evaluation of the Title V initiative in Kaneohe from 1998 through 2000. It also discusses the factors that influenced that process.

### Monitoring and Evaluating Program Activities

For the Title V initiative in Kaneohe, formal methods of program monitoring and evaluation were not fully implemented. An evaluation plan had been included in the Title V grant application but the Castle Wellness Center coordinator had difficulty implementing the evaluation strategies because they were time consuming, relied on organizations and individuals to share data, and did not provide meaningful information about the center’s program outcomes.

As part of the Title V national evaluation, and as an incentive to participate, Title V communities were offered evaluation technical assistance. In Kaneohe, two evaluation technical assistance sessions were conducted. The sessions focused on helping the center’s coordinator identify appropriate indicators of effectiveness that could be linked to program activities and the development of a project logic model. Although helpful, the technical assistance was too limited to help the coordinator and the center’s leadership team implement a sound evaluation; additional support and sessions would have been helpful.

The leadership team did not have any program evaluation training or in-house expertise. Team members were more involved in the Title V planning and implementation activities. The coordinator tried to recruit someone with strong evaluation skills to join the team because the leadership team recognized that a strong program evaluation would be needed when seeking continuation funding after the conclusion of the Title V grant. Despite the coordinator’s efforts to find a community member who had the skills to lead the program evaluation, “[it] has often gone by the wayside.”

For the Title V initiative’s final report, the city and county of Honolulu required a report on the center’s progress in achieving its planned program outcomes, which is summarized in table 2.2.

**Table 2.2: Progress on Title V Initiative Objectives**

Objective	Outcome
<p>Percentage of students receiving services through the Wellness Center network who will improve personal functioning in at least one identified problem area, comparing quarter before services with quarter at discharge:</p> <ul style="list-style-type: none"> <li>• Attendance: Decrease absences from nine or more to five or fewer per quarter.</li> <li>• Academics: Improve GPA by 0.5, or maintain 2.0 GPA.</li> <li>• Behavioral: Decrease number of disciplinary referrals by 25 percent, or maintain zero referrals.</li> </ul>	<p>Reporting a single percentage is difficult because variation exists across the three variables. Only one student was suspended. Out of 17 students, 9 (53 percent) improved their GPA by 0.5 or maintained 2.0. Attendance data show that 6 of the 17 students (35 percent) improved or maintained 5 or fewer absences. Given the extremely small sample, these findings may not be statistically significant.</p>
<p>Percentage of agencies and Castle High School programs coordinating services to Castle High School students by—</p> <ul style="list-style-type: none"> <li>• Participating in the CSAN referral system.</li> <li>• Attending at least one meeting sponsored by the Castle Wellness Center per month.</li> <li>• Sharing data.</li> </ul>	<p>Although determining a single percentage is difficult, eight programs participated in the CSAN referral system, as evidenced by the data they provided for the annual CSAN report and the cancellation of the monthly meeting, which was deemed no longer necessary.</p>
<p>Percent of agencies and school programs reporting satisfaction</p>	<p>Ninety-three percent were satisfied. Castle High School parents, staff and faculty, community agency partners, and a selection of the 350 students who directly participated in CWC activities and events provided responses to the CWC 1999–2000 satisfaction survey.</p>

Note: Reported in September 2000.

The coordinator was not able to collect the data needed to measure progress on the initial objectives established for the Title V initiative. As the Title V plan was being implemented, it became clear that the planned objectives and measurement strategies did not represent the achievements of the Title V initiative accurately. To finish the grant work, receive final payment, and to indicate recognition of the importance of evaluation, however, the coordinator did attempt to collect some data on the objectives retrospectively. The percentages that were reported were calculated on a small sample size and did not represent a statistically significant change in student behaviors or stakeholder satisfaction. According to the coordinator, providing students a positive connection to adults, student groups and activities, and health information may be the center’s true outcome.

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## Ongoing Assessment

The coordinator made no attempts to gather risk- or protective-factor indicator data for use in ongoing program planning or to evaluate the initiative's impact on juvenile delinquency. The ongoing assessment of indicator data was not part of the center's program plans.

## Factors That Influenced Monitoring and Evaluation

The Castle Wellness Center coordinator conducted the limited evaluation and monitoring of the Title V initiative in Kaneohe. The original evaluation plan was designed to monitor the progress of the project through a process that included feedback from students, parents, school, and the Castle Partnership for Teens. Although the coordinator assumed this plan would provide the data necessary to assess program outcomes, in reality the information requested was process data. Despite several attempts in year 2 to collect feedback from the stakeholders, the coordinator experienced only limited success. In the end, the amount and type of data collected were insufficient to perform any tests of statistical significance. The requirement for the Kaneohe Title V initiative to report quarterly to the city and county of Honolulu on its program activities resulted in the collection of some process and output data over the implementation period, but program outcome data were not collected systematically.

Two primary factors hindered evaluation. The first was a lack of training and expertise in program evaluation. The center's leadership team and coordinator had expertise in program planning and implementation, but the in-house evaluation expertise needed to direct this effort did not exist. Also, the majority of time spent by the coordinator during the first 2 years of implementation was directed toward setting up systems and structures to operate the center. In year 3, the coordinator's time often was occupied pursuing continuation funding. Evaluation was never a priority.

## Institutionalization

The Title V process of institutionalizing prevention strategies includes sustaining key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies. Following the conclusion of the Title V funding in September 2000, the activities of the Castle Wellness Center were continued because Castle Medical Center picked up funding for the wellness center's coordinator position. According to the coordinator, the Castle Medical Center was very supportive and saw continuing support for the project as a good strategy for getting more involved in the community's public schools. In addition, since the 2000–01 school year, Castle High School has received funding from the Hawaii Department of Education Coordinated School Health Program (which is funded in part through the state's tobacco settlement). These funding streams permitted the expansion of program activities beyond Castle High School students.

At the conclusion of the Title V initiative, the Castle Wellness Center Leadership Team ended regular meetings and, according to the center's coordinator, is no longer functioning. Nevertheless, a number of agencies continued to collaborate to provide services through the center, including the American Cancer Society, American Heart Association, American Lung Association, Anorexia and Bulimia Center of Hawaii, Castle Medical Center, Domestic Violence Clearinghouse and Hotline, Hawaii Department of Education, Hawaii Department of Health, Ho'omaka Hou Program, Kaiser Permanente, Kalihi Palama Health Center, Kaneohe Community Family Center, Ke Ola Mamo-Native Hawaiian Health Care,

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K.E.Y. Project, Ohana Medical Group, P.A.R.E.N.T.S., Peer Education Program, Queen Lili’uokalani Children’s Center, Sex Abuse Treatment Center, Teen C.A.R.E. of Hina Mauka, and Teen Intervention Program. According to the coordinator, the Title V initiative helped to mobilize the partners to become engaged in prevention programming and to raise awareness of health issues at Castle High School.

The implementation of prevention strategies through the Castle Wellness Center has increased since the conclusion of the Title V initiative, with the addition of the state-funded Coordinated School Health Program. This program funds another staff person to work collaboratively with the wellness center’s coordinator on health and wellness issues. The center now provides services to Castle High School and its nine feeder (elementary and middle) schools, known as the Castle complex. This expansion has helped the center become a hub for health and wellness programs and policy development. With the increased funding, the center now funds a wellness leader in each of the nine schools.

The Castle Wellness Center now uses the U.S. Department of Health and Human Services Centers for Disease Control’s model for school health. The model helped the center identify its three priorities: physical education, nutrition services, and tobacco-use prevention. The center also continues to focus on other teen health issues, such as sexual health, drug and alcohol use, and safe driving. According to its Web site, the center’s services include:

- ❖ Health education.
- ❖ Nutritional services.
- ❖ Healthy school environment.
- ❖ Health services.
- ❖ Physical education.
- ❖ Health promotion for school staff.
- ❖ Parent and community partnerships.
- ❖ Psychosocial support services.

Castle Wellness Center also provides wellness resources (directories, pamphlets, books, videos); individual wellness screening, education, and guidance; tobacco education and smoking cessation services; speakers; special events; and advocacy to promote wellness.

Though, in general, the Title V initiative did not contribute to improvements in program evaluation capacity, there was community interest in documenting needs and targeting strategies to meet prioritized needs. As a result, the community participated in two activities occurring after the end of the Title V grant:

- ❖ **Conducting a community needs assessment.** In conjunction with the Kaneohe Family Center and the Queen Lili’uokalani Children’s Center, the Castle Wellness Center received a small planning grant to conduct a needs assessment and develop an action plan for the Castle complex.
- ❖ **Developing a school health index.** The Castle Wellness Center contributed to the development of a school health index, which provides a framework for developing policies and identifying areas to strengthen.

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The center's prevention strategies, a primary component of the Title V initiative in Kaneohe, were institutionalized by the end of the funding period. Other components of the Title V model—community mobilization, and monitoring and evaluation—no longer formally exist. Several factors contributed to the community's success in institutionalization:

- ❖ **Dedication to prevention efforts.** Despite a lack of training and orientation in the Title V model of delinquency prevention, the center's leadership team and coordinator kept projects moving and made midcourse changes when necessary so that the center was a viable project for the Castle Medical Center and the state of Hawaii to fund when the Title V funding ended.
- ❖ **Capitalizing on success.** Although no evaluation data were available to document the center's positive outcomes, anecdotal data on success and buy-in from key stakeholders (e.g., Castle High School and Castle Medical Center) did exist. When funding opportunities like the Coordinated School Health Program were available, the center was a prime candidate for funding based on its perceived successes and its operational capacity.

## Interpretation

The Title V initiative in Kaneohe supported the successful planning, implementation, and institutionalization of the activities of the Castle Wellness Center. Despite the challenges to the Title V initiative in Kaneohe (e.g., lack of communitywide training, limited support from key stakeholders, and abbreviated timelines), the stakeholders completed all of the phases of the Title V model. The case study of Kaneohe provides a good example of (1) defining "community" as a youth population and not a geographical area and (2) leveraging the skills of grassroots organizations in implementing an initiative such as Title V.

The development of the Castle Wellness Center, which was the primary focus of Kaneohe's Title V initiative, contributed to a number of positive accomplishments. These included:

- ❖ **Addressing student concerns.** The Castle Wellness Center allowed Castle High School students to address proactively issues and concerns about their own health behaviors and attitudes.
- ❖ **Developing support for prevention activities.** The Castle Wellness Center provided a structure for the school- and community-based health and wellness organizations to collaborate on prevention activities.
- ❖ **Providing opportunities for additional resources.** The Castle Wellness Center helped formalize prevention strategies that enabled the center to apply for additional grants and funding after the conclusion of the Title V grant.

Although the center did not conduct a formal evaluation of its activities, some anecdotal evidence suggests that its activities had an impact on the lives of individual students who used the services (e.g., smoking cessation or health referrals).

Even with the lack of evaluation data, the center was able to institutionalize and expand many of its prevention strategies at the end of the Title V initiative through its existing partnerships. Since the

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conclusion of the Title V grant, ongoing funding has been supplied through two primary sources: the state Coordinated School Health Program and Castle Medical Center.

## **Summary**

The Title V initiative was not easy for the Kaneohe community to implement. Kaneohe struggled with several phases of the model until it moved into the implementation phase, where its strengths in community collaboration and service delivery were true assets. Despite initial difficulties, positive results (e.g., providing health and wellness services for youth and solidifying school-community partnerships) were noted anecdotally, but not empirically, from the implementation of the Title V initiative in this community.

## **Title V in Hawaii: Concluding Remarks**

In Hawaii, Title V represented one of the first opportunities for the state and local governments to work collaboratively with communities on the issue of delinquency prevention. As noted previously, juvenile justice and youth programming activities in Hawaii are primarily a state-level activity. So the contractual protocols and working relationships that were needed to implement Title V in Kaneohe were not preexisting. In addition, the lack of a shared understanding and training about the Title V process often led to misunderstandings about the goals and plans for prevention activities.

However, one key aspect of Hawaii's Title V implementation was its ability to utilize the capacity of local community groups to formally participate in delinquency prevention activities. Whereas community groups, such as the Castle Partnership for Teens in Kaneohe, had been informally involved in providing services to youth at Castle High School, through Title V the state was able to provide funding and support to formalize and expand these services. Although Kaneohe faced some difficulty completing parts of the Title V process, such as the initial assessment and evaluation of program activities, it had a number of successes in formalizing the implementation of its prevention strategies and institutionalizing its activities at the completion of the Title V funding.

The case study of Hawaii and Kaneohe demonstrates that despite the unique challenges of implementing the Title V model—limited prior experience in state-local partnerships for delinquency prevention, lack of communitywide training, limited support from key stakeholders, and abbreviated timelines—the stakeholders were able to implement prevention strategies based on local needs and sustain the activities after the conclusion of funding. Even though all stages of the model may not have been implemented fully, or as designed, the essence of the Title V model was achieved in Kaneohe, Hawaii.

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## Chapter 3: Michigan

The case study of Title V in Michigan, which focuses on the national evaluation communities of Holland/West Ottawa and Novi, demonstrates the successes that can be achieved in implementing the Title V model. Strong state- and local-level support, community collaboration, and fidelity to the Title V model were key factors in planning, implementing, and sustaining the Title V prevention activities within these two Michigan communities.

The first section of this case study presents and discusses state support for Title V from 1997 to 2002. The next sections present and discuss the Title V initiatives in Holland/West Ottawa County and the City of Novi (Novi) from 1997 to 2002. The final section presents concluding remarks on Title V in Michigan.

This presentation is based on four primary data sources in each community throughout its participation in the national evaluation: stakeholder interviews, in person and via telephone; a review of Michigan's Title V documentation, including the request for proposals and the community grant applications; a review of Holland/West Ottawa County's and Novi's Title V documentation, including the grant applications, quarterly progress reports, and prevention policy board meeting minutes; and a review of the federal Title V guidelines and documentation. In addition, the case study report includes the evaluation team's interpretation of the case study data that represents Caliber's experience of working with all 11 national evaluation communities during the multiyear implementation of the evaluation.

### State Support for Title V

Michigan has been eligible to receive Title V funds in the range of \$450,000–\$1,380,000 from 1998 through 2002. The level of funding is based on the size of Michigan's juvenile population, a factor that determines the amount of Title V funds available to each state. The Family Independence Agency, the state agency in Michigan that implements Title V, chooses to support rounds of communities with sizable grant awards. On average, these awards range from \$12,000 to \$283,000. Since the beginning of Title V in 1994, Michigan has funded 34 Title V communities.

Michigan's Title V initiative is based on the Communities That Care curriculum for juvenile delinquency prevention efforts. Title V is generally viewed as the funding mechanism for implementing Communities That Care principles and strategies in communities across the state. Since the state and communities identify their work as Communities That Care rather than Title V, "CTC" or "Title V/CTC" will be used in this chapter when referring to the state and community initiatives.

### Michigan's Granting Process

The Michigan Family Independence Agency, Child and Family Services Administration, Office of Juvenile Justice, is the state agency responsible for coordinating Title V grant activities in Michigan. According to its mission statement, the agency "helps to improve the quality of life in Michigan by protecting children and vulnerable adults, delivering juvenile justice services, and providing support to strengthen families and individuals striving for independence."

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Title V funding rounds are determined by the state juvenile justice specialist and the Michigan State Advisory Group (SAG), in consultation with Family Independence Agency administrative staff. For each funding round, the state juvenile justice specialist sends to all eligible units of local government a request for proposals that invites interested parties to submit an application and outlines for them the federal and state-specific Title V requirements. Communities are also apprised of upcoming Title V training sessions and are encouraged to participate.

The SAG reviews the Title V subgrant applications, and the funding decisions are made. Grants are awarded on a 12-month fiscal cycle. Title V communities are guaranteed 4 years of funding (3 years under Title V and one under Title II) as long as they meet quarterly and annual evaluation and monitoring requirements. In an attempt to encourage communities to explore additional financial resources in the early phases of their Title V funding, Michigan has a stepdown funding policy, whereby communities receive funds each year at a rate that is reduced from that of the previous year. Under this policy, Title V subgrantees receive 100 percent of awarded Title V funds during years 1 and 2, 50 percent of the original Title V award during year 3, and Title II funds valued at 25 percent of the original Title V award in year 4.

At the request of the Michigan SAG, the Family Independence Agency also sets aside state and federal funds to support communities in completing the Title V planning phase. All communities that meet state-determined pre-grant requirements are eligible to receive a planning grant. From 1998 through 2000, the agency offered communities planning grants ranging from \$5,000 to \$15,000.

## **Training and Technical Assistance**

Because Michigan makes the federally sponsored Title V training available to all its potential applicants, interested parties are encouraged to participate in the Title V training series before submitting a grant application. In 1996–97, when Holland/West Ottawa and Novi received Title V training, OJJDP’s Title V training contractor was Developmental Research and Programs, Inc., the group responsible for developing the Communities That Care training curriculum, which was used nationwide to train potential Title V grantees until 2000, when OJJDP hired a new training and technical assistance provider and implemented a new training curriculum. The Title V trainings were based on the Communities That Care curriculum and consisted of three sessions: key leader orientation, risk and resource assessment, and promising approaches.

Michigan also funds a technical assistance contract to the Michigan Public Health Institute to standardize quarterly data collection for each of the Title V sites. This standardization helped provide a very clear record of Title V activities in the community, including some of the unintended outcomes.

## **Evaluation**

In 1997 (the year the Title V national evaluation case study communities applied for Title V grants), the Title V request for proposals, which included modified instructions and forms from the *Title V Community Self-Evaluation Workbook*, required grantees to list project-specific goals, objectives, activities, outcomes, and outcome measures. It also required communities to submit risk factor and indicator data for several periods, so a baseline could be established for tracking these data throughout the Title V initiative.

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Through the state's technical assistance contract, Title V communities received frequent and ongoing evaluation technical assistance and training, including quarterly regional meetings and annual conferences. This training resulted in increased availability and accuracy of community-level data.

## Other State Factors

As mentioned above, Michigan allocated non-Title V funds for Title V community planning grants of up to \$15,000 and provided evaluation technical assistance and training to support communities in the planning and implementation of Title V. To assist its Title V communities, the state of Michigan also integrated the *Title V Community Self-Evaluation Workbook* into Title V grant applications and quarterly reporting formats. Finally, the state of Michigan allocated a portion of its Title II funds to provide 25-percent funding to its Title V grantees in their fourth year of implementation.

## Interpretation

Michigan's Title V request for proposals was based on the *Title V Community Self-Evaluation Workbook* and provided clear expectations about how to mobilize, assess, plan, implement, monitor, evaluate, and institutionalize the Title V initiative. Beginning with the detailed Title V grant application, the state of Michigan helped communities document their Title V process, providing them with a historical record they could use to publicize the initiative and to report data to state and community stakeholders. The state's strong support of the Title V model (e.g., providing planning grants, offering all three Title V training components, funding a training and technical assistance provider, and providing financial support for a fourth year of implementation) helped communities understand and buy into the Title V model in all its phases.

In Michigan, the strong state structure supported the Title V communities in the community mobilization process through a number of factors. First, key leader orientation training was provided to all community groups interested in pursuing Title V funding. Also, the Title V request for proposals asked communities to describe clearly how collaboration and coordination among different community groups had been achieved in the past and how key leaders and prevention policy board members were brought together to conduct policy planning for youth issues.

The state of Michigan also provided its Title V communities with strong support throughout the process of assessment and planning. First, as mentioned previously, Michigan sponsored all three components of the Title V training to assist communities through this difficult and often time-consuming task. Second, the Title V request for proposals provided clear forms and instructions for presenting priority risk factor data and program plans. The state further supported the ongoing updating of this initial data collection by providing similar forms for communities to use in their quarterly and annual reporting.

To support program implementation efforts, in 1997 the state of Michigan offered the federally sponsored promising approaches training to potential Title V communities. There was no requirement that applicants for the Title V funds implement a promising or science-based program, however. In fact, the review criteria for the 1997 Title V grant application required only that the proposed service delivery programs and systems change projects have the ultimate goals of reducing delinquency and improving the overall quality of life in the community.

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Michigan also provided its Title V communities with strong support throughout the process of monitoring and evaluation. First, the Title V request for proposals provided clear forms and instructions for presenting program goals, objectives, and outcomes. It also included some guidance to communities about how to conduct simple outcome evaluations of their programs and projects. Second, the state's annual reporting forms provided a method to track risk factor and juvenile problem behavior indicators, in both table and graph form. In addition, the state funded a training and technical assistance provider who helped communities complete their quarterly reports and report outcome data.

Finally, Michigan provided its Title V communities with strong support throughout the process of institutionalization. One contributing factor was that staff at the state and local levels had positive models because several initial Title V communities in Michigan had been very successful in implementing and institutionalizing their Title V initiatives. Another factor was the large Title V grants that the state was able to provide. Many communities were able to implement large, communitywide programs that attracted attention from the media and from key individual stakeholders and organizations (e.g., school districts and county agencies) that were willing to provide ongoing funding at the conclusion of the Title V funding.

## **Summary**

Overall, Michigan's support of the Title V model was very strong. The state dedicated significant resources to support the Title V communities. This support is evident in the successful implementation experiences of the two communities that participated in the Title V national evaluation. Case studies of the Holland/West Ottawa County Title V initiative and the Novi Title V initiative are presented in the remainder of this chapter.

## **Holland/West Ottawa County**

This case study documents the Title V process in Holland/West Ottawa County from the county's initial planning for the Title V initiative in 1996 through the program end in September 2002. As the following sections describe, the Title V initiative in Holland/West Ottawa County achieved success in each stage of the Title V model, particularly in terms of planning, implementing, and sustaining prevention activities. As originally planned, the Holland/West Ottawa prevention policy board was disbanded at the conclusion of the Title V funding.

This case study presentation begins with a brief community description and discussion of the role of Title V in Holland/West Ottawa County. It continues with presentations and discussions of the five stages of the Title V model as implemented in Holland/West Ottawa County: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. This section concludes with the evaluation team's interpretation of the data.

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## Brief Community Description

Ottawa County is located in the southwestern section of Michigan's lower peninsula, bordered on one side by Lake Michigan. Calendar year 2000 census data estimated the population of the county at 243,571 residents.

Ottawa County is more than 90 percent white. Overall area demographics do not reflect the large concentration of immigrant households in the target area, however, which are largely Hispanic (7.0 percent of Ottawa County's population), but also Southeast Asian (2.1 percent). Median household income in the county was reported as \$52,347, almost \$10,000 higher than the median household income in Michigan.

<p style="text-align: center;"><b>Holland/West Ottawa County</b></p> <p><b>Funding period:</b> January 1998–June 2001 <b>Amount of Title V funding:</b> \$545,355 <b>Unit of local government:</b> Ottawa County <b>Implementing agency:</b> Ottawa Area Intermediate School District</p>
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The planned target community of the Title V initiative is an area of approximately 1 square mile encompassing the central core of the City of Holland plus adjacent neighborhoods in Ottawa County, the same area targeted by the community's earlier Office of Justice Programs' Weed & Seed strategy. Several of the Title V prevention activities, however, were targeted countywide.

## Title V in Holland/West Ottawa

In Holland/West Ottawa, the Title V initiative was a broad-based delinquency prevention initiative, with some direct services strategies focused on targeted community groups and some systems change projects focused countywide. Title V activities filled several service gaps in the community and played a major role in institutionalizing new prevention strategies in the community.

Ottawa County has a strong history of residents working together to address problems and issues of concern to the community. For the last 20 years, Holland/Ottawa County has implemented a number of collaborative activities to support youth and family development. These activities include:

- ❖ **The Challenge of Children:** a tri-county initiative focusing on parents and children growing together. Since 1980, area human services agencies coordinate an annual free conference offering a keynote speaker and up to 75 workshops related to life skills and relationship building. The conference now attracts approximately 1,500 participants.
- ❖ **Community-Family Council:** a group of parents, siblings, professionals, and community advocates dedicated to supporting families of persons who have developmental disabilities.
- ❖ **Coordinated Community Planning for Prevention Services:** an activity established in 1987 to promote collaborative relationships among county human services providers, and interagency systems focused planning and implementation of prevention services.
- ❖ **Coordinating Network for Pregnancy and Parenting Support Services:** a network established in 1984 to help coordinate support services for teenage and other high-risk pregnancies and parents.

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This network recently combined forces with the newly formed Teen Pregnancy Forum, a multiagency advocacy council working to address teenage pregnancy prevention and parenting.

The strong history and success of collaborative activities to support youth and families was an identifiable strength in Holland/West Ottawa County's Title V initiative.

In 1992, the city of Holland experienced its first gang-related homicide. As a result, the community focused with new urgency on the problem of juvenile delinquency, particularly on the alarming increase in area youth involved in gang activity. The community response to three gang stabbings in only a few months was immediate, intense, and across the board. Following a public outcry, the city of Holland convened a Youth and Family Task Force representing a cross-section of the community, which met for the next year to develop a comprehensive strategy.

In October 1994, the Macatawa Area, encompassing a targeted square-mile Holland City neighborhood and an area of comparable size in Holland Township, was selected as a Weed & Seed demonstration site. Operation Weed & Seed is a multiagency strategy that "weeds out" violent crime, gang activity, drug use, and drug trafficking in targeted neighborhoods and then "seeds" the target area by restoring these neighborhoods through social and economic revitalization.

One result of the participation in Weed & Seed was the opportunity to receive training in the Communities That Care curriculum, developed by Developmental Research and Programs, Inc. The training began in November 1995, when the concept was presented at a meeting of more than 40 key community leaders. Meeting attendees quickly recognized this approach to prevention planning (e.g., data-driven, risk-focused), with its emphasis on long-term prevention, as the next logical step after Weed & Seed's crime-reduction programs, which aimed to eliminate gang activity by addressing the underlying issues.

Several members of the prevention policy board noted that although the Weed & Seed initiative was viewed in the community as having mixed results, one positive outgrowth from that initiative was the opportunity to receive training. It was the training curriculum and its approach to prevention planning that allowed organizations within the community such as the public schools to share data and recognize the common issues affecting youth in the community. In addition, during the time that the training was being offered (over 16 months), the state of Michigan began planning for a new round of Title V funding that would be available to communities that met certain eligibility requirements. These would include completion of the federally sponsored Title V training curriculum (which, at the time, was the Communities That Care curriculum) and developing a 3-year comprehensive delinquency prevention plan.

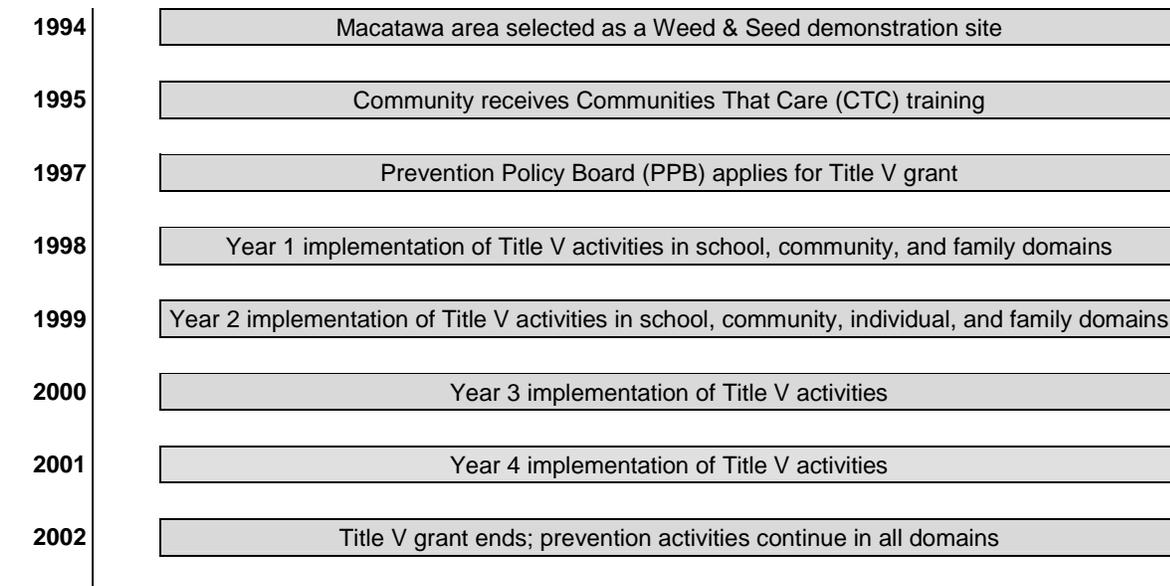
The Weed & Seed program provided a structure and funding to address delinquency prevention issues in the community. Interview data suggest, however, that one result was "too much weeding and not enough seeding." No real emphasis was given to, or funding available for, prevention projects. The stakeholders involved in Weed & Seed who were more interested in prevention efforts believed that the Title V initiative offered a good structure that could be used to plan and implement the prevention strategies that were needed, and should build on the collaboration of the Weed & Seed initiative. According to Holland/West Ottawa County's initial Title V grant application,

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The Weed & Seed initiative has been highly successful, with its communitywide collaborative nature credited with much of its success. Its multijurisdictional scope has also been key, preventing problems uprooted from one area from taking hold a few miles down the road. The Title V initiative builds on this successful collaboration.

Holland/West Ottawa County's Title V timeline is illustrated in figure 3.1.

**Figure 3.1: Holland/West Ottawa County Timeline for the Title V Initiative**



## Community Mobilization and Collaboration

Title V's community mobilization and collaboration process includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training. This section describes the process of community mobilization and collaboration for the Title V initiative in Holland/West Ottawa County from 1995 through 2002. It also discusses factors that influenced Holland/West Ottawa's mobilization and collaboration efforts.

### Introducing Community Prevention to Key Leaders

With the October 1994 award of a Weed & Seed demonstration grant to the Macatawa area, community leaders became engaged in a process of assessment and planning in the areas of juvenile delinquency and youth development. Their decision to pursue funding for prevention efforts through the Title V initiative did not occur, however, until the state Juvenile Justice Unit released the grant announcement in 1997. The Title V initiative seemed like a good opportunity for the community, since it had already begun the planning process.

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## Prevention Policy Board

In November 1997, at the conclusion of the Communities That Care training and on receipt of the Title V application from the state of Michigan, an executive committee was formed, a chairperson was elected, and work began on a vision and the Title V plan. The role of the Holland/West Ottawa Communities That Care prevention policy board was to be responsible for oversight and policy determination to ensure proper implementation of the prevention planning process, including the ongoing development and implementation of the programs and projects identified to address each of three priority risk factors (family conflict, favorable attitudes toward problem behaviors, and early initiation of problem behaviors). The board's executive committee consisted of a chair, a vice chair, and chairs of the four domain groups: family, school, individual/peer, and community. Each domain group's chair led a workgroup of interested volunteers.

The prevention policy board was representative of the Holland/West Ottawa County community. In accordance with Title V requirements (and as emphasized in the training), the Holland/West Ottawa community's board had fewer than 21 members—10 members represented public agencies and 8 represented private, nonprofit organizations. The public agencies included the Ottawa County Juvenile Court, Holland Public Schools, West Ottawa Public Schools, Ottawa County Sheriff's Department, Holland Police Department, Ottawa County Health Department, Ottawa Area Intermediate School District, and the City of Holland. The private, nonprofit organizations included Child and Family Services of Western Michigan, Inc., the Boys & Girls Club of Greater Holland, Center for Women in Transition, Greater Holland United Way, and Evangelical Lutheran Church of America. The board did not include citizen representatives or youth members.

The Holland/West Ottawa prevention policy board oversaw the implementation of the Title V initiative. The board was made up of a chair, a vice chair, a past chair, the chairs of each domain workgroup, and one representative from both the Ottawa Area Intermediate School District and the Family Court. Annual elections for the board's officer positions were held each January. The board met monthly to review the progress of the prevention activities, identify additional resources that could support any additional needs of the committees, and work on the evaluation and institutionalization of the programs within the community. Beginning in the spring of 1998, the board was staffed by the project coordinator, who helped facilitate meetings by sending reminders and taking and distributing meeting minutes.

The board's roles and responsibilities were formalized in 1999, when it drafted a set of guiding policies and procedures. The board maintained its formal structure and membership throughout its 5 years of existence (1997–2002). Interview data indicate that the board always planned to institutionalize the Title V projects and programs within existing organizations in the community and, therefore, had no long-term plans to institutionalize itself once the Title V initiative was completed. According to one key stakeholder,

I think it was the four individual domains that really were the leadership. The Board really just kind of made sure that things were happening and as they said they were going to happen . . . I think that the impetus for the programming and for all of the things that got done . . . the detail stuff really went to the domains.

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## Community Prevention Training

As part of the earlier Weed & Seed initiative, three Communities That Care trainings—key leader orientation, risk and resource assessment and promising approaches—were conducted in Holland/West Ottawa over a 16-month period beginning in November 1995. According to the initial grant application,

With training spread out over several months, the newly designated prevention policy board was able to stay pure to the process, focusing its mission on ways to make a difference in the lives of children and their families. It was not until the State Juvenile Grant Unit published notification of the availability of the Title V grant in 1996 that funding was sought. By that time, the [Communities That Care] initiative was well underway, and the [board] had broken into four domains (community, individual, family, and school) to refine approaches that would address chosen risk factors.

The members of the board who did not participate in the initial training felt its impact; they felt the training helped start a new dialogue in the community regarding youth issues and prevention planning.

## Factors That Influenced Community Mobilization and Collaboration

Community mobilization on prevention issues in Holland/West Ottawa County was spurred by a tragic incident in the community that resulted in its selection as a Weed & Seed demonstration site. The Weed & Seed project had several positive impacts in the community, including the opportunity for community members to participate in training and the formation of the Communities That Care prevention policy board, which developed the Title V grant application in 1997.

Several factors contributed to the success of the community mobilization process in Holland/West Ottawa County:

- ❖ **Strong history of successful collaborative efforts.** For more than 20 years, the Holland/West Ottawa area had a number of successful collaborations. In fact, the Title V initiative grew out of a prior collaborative effort that implemented the Weed & Seed initiative.
- ❖ **Thorough training process.** Over a 16-month period, training was offered to the community at a pace that allowed key leaders to understand the basic tenets of risk-focused, comprehensive prevention planning and to apply it accurately.
- ❖ **Wide community participation.** The initial training was offered to a cross-section of approximately 50 to 70 community members who were interested in learning the process. The training exposed a significant number of community members to risk-focused, comprehensive prevention planning and prevention strategies.

## Initial Assessment and Planning

Assessment and planning include conducting a community needs assessment and developing a 3-year comprehensive prevention plan. In Holland/West Ottawa County, the Title V assessment and planning process took place from 1996 through 1997.

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## Identifying Risk Factors, Resources, and Prevention Programs

In accordance with their training, the Holland/West Ottawa key leaders followed the risk and resource assessment process very closely. They collected primary data on all of the 19 risk factors identified in the Communities That Care training materials. The key leaders received guidance from training consultants, but they collected and analyzed their own community data for the risk and resource assessment process. Program documentation states, in part, that “[a Communities That Care consultant] indicated that she had never seen another project organize the data piece as well as this project had done.” Following the analysis of all of the data, the prevention policy board identified family conflict, favorable attitudes toward problem behaviors, and early initiation of problem behaviors as the three priority risk factors for the community.

In the beginning, the initiative focused on the community, school, and family domains. At some point in the planning process, the individual domain was added and combined with the family domain. In year 2 of the Title V initiative, the prevention policy board and the project coordinator made efforts to secure funding for some limited data collection and analysis activities in the Individual domain.

Using the information provided in the Promising Approaches training, the board selected research-based strategies for the family domain (marriage preparation) and the school domain (home-school liaisons). While the Title V risk and resource assessment process was being conducted, the Ottawa County Human Services Coordinating Council was planning the implementation of a social marketing campaign with a locally developed plan (Attitudes Matter) to change community attitudes toward underage drinking. As a result, the Title V subcommittee handling the community domain merged with a subcommittee of the Ottawa County Human Services Coordinating Council to implement Attitudes Matter as part of the Title V initiative.

## Developing a Comprehensive Prevention Plan

According to the initial grant application, “It was not until the Juvenile Justice Grant Unit published notification of the availability of Title V moneys that funding was sought. By that June, the initiative was well underway, and the [board] had broken into four different domains—community, individual, family, and school—to refine approaches that would address chosen risk factors.” Between March and August 1997, the Title V comprehensive plan and budgets were created, and the initial grant application was submitted.

The Title V comprehensive prevention plan initially included three primary strategies:

- ❖ **Building Healthy Families:** a multifaceted project that seeks to lay the foundation for family stability by promoting healthy relationships free from domestic violence. The project included prevention strategies targeted to three windows of opportunity in the lives of individuals when domestic violence efforts are most effective: during periods of relationship development (premarital); during the teen years, when models for relationship behavior are learned; and during the prenatal period, when parents-to-be are receptive to information on how to avoid conditioning their future children to violence.

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- ❖ **Raising Healthy Children:** a comprehensive program that targets children in the early elementary years with strategies that foster academic success and commitment, teach positive social and behavioral skills, and improve family support and management skills.
  - ❖ **Collaborative Primary Prevention Pilot Project:** a communitywide pilot marketing effort aimed at delivering the strong and consistent message that parental attitudes toward alcohol consumption play a major role in influencing children’s decision to drink.

The Title V plan also included a full-time project coordinator and a part-time administrative assistant to support project implementation and the activities of the Holland/West Ottawa prevention policy board.

The Title V comprehensive prevention plan had two primary strengths. First, the programs and strategies it contained were well developed and ready for implementation. Second, the organizations and key leaders who would participate in implementing Title V prevention strategies (e.g., schools, social services providers, and the religious community) had been involved in the planning process and had helped develop or identify programs they knew they could implement within their organizations.

### **Factors That Influenced Initial Assessment and Planning**

The chairperson of the prevention policy board led the assessment and planning for the Title V initiative in Holland/West Ottawa County. With assistance from Communities That Care trainers, the chairperson directed a large group of interested stakeholders through the data collection and analysis process. The chairperson kept the process true to what had been learned in the risk and resource assessment component of the training. The result was the development of a 3-year plan for the Title V initiative that included clear goals, objectives, and programs in three domains. Two factors contributed to the community’s success in assessment and planning:

- ❖ **Leadership.** The community leaders who would later lead the initiative were able to collect, analyze, and communicate the assessment findings.
- ❖ **Planning process.** The thorough planning process allowed members of the community to identify the risk factors for youth in the community that could be addressed with the Title V initiative.

One factor hindered the community’s efforts in assessment and planning: short timelines. The amount of time the community had to develop a 3-year plan and grant application for the Title V funds was short. As a result, the development of plans for the individual/peer domain was overlooked, and that domain was not included in the delinquency prevention plan.

### **Implementation of Prevention Strategies**

The implementation of Title V prevention efforts includes initiating prevention services and activities and identifying and leveraging other resources for prevention. The implementation phase in Holland/West Ottawa County had the following key components:

- ❖ Holland/West Ottawa County operated its Title V initiative for a total of 51 months, from July 1998 through September 2002.
- ❖ Holland/West Ottawa County received approximately \$500,000 in total funding (in the Title V communities' fourth year of funding, they received their funding from Michigan's Title II grant), with a 50-percent match in local in-kind and monetary contributions by community organizations represented on the Holland/West Ottawa prevention policy board, including the Ottawa Area Intermediate School District and the Ottawa County Service Providers Network.
- ❖ Ottawa County served as the unit of local government, and the Ottawa Area Intermediate School District served as the fiscal agent.

The Title V funds were used to support a full-time project coordinator and to implement comprehensive strategies that were developed in the four domains identified in the Communities That Care training materials. In some cases, multiple strategies were developed for a single domain.

In the beginning, the individual domain was considered a part of the family domain; the plan did not contain strategies to address specific risk factors in the individual domain. In the second year, the individual domain was split off from the family domain, and funding was secured for some limited data collection and analysis activities in the individual domain. Subsequently, two strategies were implemented to address risk factors in this domain.

Over the 4 years of Title V implementation, seven separate prevention strategies were implemented in collaboration with other community organizations. A summary of the prevention strategies implemented by the Holland/West Ottawa County Title V initiative from 1998 to 2002 is presented in table 3.1.

**Table 3.1: Prevention Strategies Implemented by the Holland/West Ottawa Title V Initiative**

Domain	Holland/West Ottawa Subcommittee	Prevention Strategy Implemented	Implementation Period (in Years)
School	Raising Healthy Children	Home School Liaisons	1–3
Community	Attitudes Matter	Attitudes Matter . . . Parents, Alcohol and Youth	1–4
Family	Building Healthy Marriages	Marriage Preparation	1–4
	Building Healthy Families	In Touch With Teens	2
	Building Healthy Families	A Better Chance at Parenting	3–4
Individual	Growing Up Healthy	Youth Leadership	2–4
		Girls on the Run and Girls on Track	3–4

### Raising Healthy Children

Based on Developmental Research and Programs, Inc.'s Seattle Project, Raising Healthy Children is a comprehensive program that addresses the early initiation of problem behaviors risk factor. It targets children in the early elementary years with strategies that foster academic success and commitment, teach positive social and behavioral skills, and improve family support and management skills. This program was implemented at two elementary schools: Longfellow Elementary in the Holland Public

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School District and Pine Creek Elementary in the West Ottawa Public School District. Resources were provided for staff in-service and parent workshops, but the majority of the resources were allocated to provide for a full-time home-school liaison in each school. The home-school liaison was responsible for developing programs to support the at-risk youth and families served by the school.

At Pine Creek Elementary School, some resources had been allocated for youth who needed to develop social skills, but none were allocated to develop stronger links to parents in the community. For this reason, the home-school liaison at Pine Creek Elementary School spent time making home visits, assisting parents who may have a language barrier (primarily Spanish) with school communications, and implementing student support activities. Some of the activities included:

- ❖ Teaching 6-week social skills training classes, using the curriculum *Getting Along and You Can Choose*.
- ❖ Providing multicultural training to new staff.
- ❖ Making home visits and telephone calls, and conducting school meetings with parents.
- ❖ Organizing a school picnic and special family nights.
- ❖ Supporting afterschool programming, including the Homework Club, Chess Club, Boy Scouts, Girl Scouts, Funny Olympics, and Nutrition Club.
- ❖ Providing resources to parents and the school, including staffing the parent resource room and recruiting additional volunteers and resources to help the school.

In contrast, Longfellow Elementary School already had a strong link to parents in the community but lacked the resources of a dedicated staff person to work with youth on social skills development. Therefore, the home-school liaison at Longfellow Elementary worked with individual youth and small groups of students on social skills, service projects, and conflict resolution activities. The other activities included:

- ❖ Teaching 8-week social skills training classes, which included completion of a community service project.
- ❖ Providing professional staff training on conflict management.
- ❖ Conducting outreach to at-risk families through the Families and Schools Together Program and Standstar (a parent enrichment program).
- ❖ Planning for a prekindergarten program.
- ❖ Facilitating additional outreach to families through telephone calls, school meetings, and home visits.

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The Title V funding supported the two home-school liaison projects for 3 years. With the reduction of Title V funding in the fourth year of the initiative, funds were no longer available to support the home-school liaison positions; therefore, faculty, staff, and volunteers at the participating elementary schools took on the implementation of many of the prevention strategies developed during the course of this project.

### **Attitudes Matter**

The Title V community domain subcommittee collaborated with the Ottawa County Service Providers Network and the Strong Families Safe Children initiative to conduct a highly successful community awareness campaign, “Attitudes Matter . . . Parents, Alcohol, and Youth,” which is intended to send the strong, consistent message that parental attitudes toward alcohol consumption play a major role in influencing children’s decision about drinking. As a systems change project, Attitudes Matter addressed two risk factors—favorable parental attitudes and involvement in problem behaviors—through several separate media campaigns between 1998 and 2002. The media campaigns included billboards, community forums, and an organized prevention message from county social services providers. In 1998, the 2-month Attitudes Matter campaign made more than 1 million outreach contacts in Ottawa County.

After the initial campaign, the Attitudes Matter committee received \$70,000 to hire a social marketing consultant to provide training and additional guidance to the campaign. The committee then secured \$18,500 to conduct a telephone survey of Ottawa County parents and a write-in survey of teachers and others who influence youth. As a result of the consultant’s recommendations, the committee decided to expand Attitudes Matter to a year-round campaign and pursue additional resources. The additional resources provided to the campaign by the Ottawa County Service Providers Network, the Strong Families Safe Children initiative, and the Ottawa County Health Department, in the second year of the campaign, made it possible to reduce required Title V funding from approximately 100 percent of the cost of the campaign to just 30 percent.

In subsequent years, the campaign grew to include representatives from several community coalitions in the county. For instance, the Attitudes Matter committee collaborated with the local faith community to stage a Christian rock concert, “Above the Influence,” in August 2002. During the concert, the performers periodically stopped the concert to give the Attitudes Matter message. The prevention campaign also took on a broader perspective by focusing on developing the social norm that “underage drinking is not acceptable in Ottawa County.”

### **Building Healthy Families/Building Healthy Marriages**

The Building Healthy Families committee focuses on reducing domestic violence rates by implementing prevention strategies targeted at three key life stages: dating/forming relationships, premarital, and prenatal. The committee started by bringing community leaders together to set a standard for and support the implementation of a communitywide program of premarital counseling and the development of a community marriage statement. It evolved into a large, active committee consisting of local clergy, counselors, and social services professionals. In the spring of 1999, a county community marriage statement signing ceremony was held, at which 210 community leaders, including 107 people who would legally perform weddings in Ottawa County, publicly signed the statement that contained an

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agreed-upon set of guidelines for premarital preparation and community support for marriage. The committee was unable to make the community marriage statement recommendation for premarital counseling mandatory because they felt uncomfortable requiring couples to participate in premarital counseling, even though four local judges signed the statement.

The Building Healthy Families committee held two training sessions in the Prepare/Enrich premarital counseling program for area clergy and counselors. In the first year, 40 people were trained to use the program with engaged couples. This training was supported in part by a \$2,500 grant for supplies from the Holland/Zeeland Community Foundation.

In year 2, the original Building Healthy Families committee established itself as an independent coalition, was renamed Building Healthy Marriages, and drew up separate bylaws and its own organizational structure. The Title V initiative continued to provide minimal fiscal and administrative support to the effort during the transition and served as a partner in the coalition, which was led by a home economist from the Michigan State University Extension and a local clergy member.

Following the institutionalization of the Building Healthy Marriages coalition, in March 2000 the Building Healthy Families committee was reconstituted to focus on the issue of healthy teen dating relationships. This strategy was designed to also address the risk factor family conflict by reducing the domestic violence indicator. The goal of the committee was to identify and train instructors in a curriculum that could be taught in local schools and youth services organizations. The re-formed committee included local educators and representatives from social services agencies, churches, and community organizations. After reviewing several curriculums, the committee agreed to focus on the Michigan Model for Comprehensive School Health Education, which teaches problem solving and conflict resolution and includes two violence prevention modules for middle and high school students. Students also are taught communications skills, personal safety, and sensitivity to others. Not only does the Michigan Model target appropriate skills for teens, but many schools and organizations in the Holland/West Ottawa area were familiar with the curriculum, and in many school districts it had already been approved for use.

In collaboration with the Ottawa Area Intermediate School District, the Building Healthy Families committee held a training on the components of the Michigan Model for Comprehensive School Health Education that address teen dating relationships. The training was offered to area educators and others who wanted to teach the curriculum. In Spring 2000, 18 people were trained. The committee discussed the next steps for the program, including hiring a consultant to design a stand-alone lesson on healthy teen dating and creating a videotaped lesson for new instructors. The committee did not pursue any of these strategies, however.

In the third year, Building Healthy Marriages continued its training and community awareness activities by, for example, translating its brochures and materials into Spanish and developing a Web site. Building Healthy Families completed its third planned strategy to address the risk factor family conflict by offering parenting classes. The class, "A Better Chance at Parenting," provides parents who have a history of domestic abuse and violence with the education (via workshops) and resources they need to be better parents. The workshops are a collaborative project with Holland Community Hospital Foundation and the Child and Family Services of Western Michigan, Inc., and provide information about child development, healthy self-image, discipline, attachment theory, anger management, and parenting styles.

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## Growing Up Healthy

The peer/individual domain did not have any programming initiatives originally funded by Title V funds. Because the community found the Title V planning process, particularly the risk and resource assessment, a sound and effective way to identify needs, however, the Holland/West Ottawa prevention policy board took on the additional tasks of completing an inventory of community risks found in the peer/individual domain and looking at gaps that may exist in services. Its goals included identifying strategies to increase coordination among youth services providers and opportunities for meaningful involvement by youth.

In the second year of the Title V initiative, the Holland/West Ottawa project coordinator was awarded two grants to help support activities associated with the peer/individual domain. The first grant was used to hire a part-time staff person to develop a youth outreach plan. In developing the plan, staff met with local community groups that needed youth involvement. They also met with groups of local youth to assess their interests, concerns, and needs. In addition, a barrier survey was conducted to see what, if any, barriers might exist that prevent youth from experiencing meaningful involvement in the community. Staff also researched other successful models of youth involvement. Through youth input, the committee determined that youth would like to be involved in organization/agency decisions that affect them in their community, and it identified specific barriers that prevent youth involvement. An outreach plan was developed to help area organizations/agencies engage youth to serve as advocates for themselves and the community.

The second grant was used to fund an areawide positive youth development conference, “It’s Your Turn Behind the Wheel: A Youth-Driven Conference To Build Our Community.” Held in November 1999, this forum allowed approximately 150 youth to share ideas on how to improve the community.

On the basis of these initial findings in 2001, the peer/individual workgroup (renamed Growing Up Healthy) developed a strategic plan that had three areas of focus:

- ❖ Support youth leadership development with a fall conference.
- ❖ Increase awareness of volunteer opportunities for teens through a Web page sponsored by the local United Way.
- ❖ Support Girls on the Run, an afterschool program and running event.

This strategic plan guided the activities of the Growing Up Healthy committee in the final 2 years of the grant. A key component of the plan was the support of an annual community-sponsored youth conference, “Leadership as a Lifestyle.” The conference was designed to encourage youth to develop lifelong habits of giving and serving in the community by providing basic leadership training. Approximately 40 youth attend the annual conferences to gain skills, and they continue to be mentored by a member of the Growing Up Healthy committee in applying their leadership skills through community service.

The other large initiative of this committee and the entire Holland/West Ottawa prevention policy board was the sponsorship of Girls on the Run, an experiential learning program for third through sixth grade

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girls that combines training for a 3.1-mile running event with self-esteem enhancement and uplifting workouts. Funded by a \$4,000 grant from Strong Families/Safe Children, 20 coaches were trained to lead 17 Girls on the Run programs at 11 local elementary schools and the Greater Holland Boys & Girls Club. A total of 391 third, fourth, and fifth grade girls were enrolled, and 364 girls ran in the event.

In the second year of the program, more than 1,500 girls participated in the event, and Girls on the Run continued to receive strong community support. Grant funding from Weed & Seed, Strong Families/Safe Children, Holland Community Hospital Foundation, Holland Community Education, and local civic organizations provided almost all of the program support. Girls on the Run also received volunteer support from the Ottawa Area Intermediate School District, Ottawa County Family Court probation officers, Ottawa County Health Department, local police officers, Holland Hospital, Hope College students, and local citizens. Gazelle Sports and New Balance Athletic Shoes, Inc., also supported the program by providing all participants with a new pair of New Balance running shoes at wholesale cost.

### **Identifying and Leveraging Other Resources for Prevention**

In each of its domains, the Holland/West Ottawa prevention policy board was strategically able to identify and leverage community resources to support its prevention strategies. Throughout the implementation of the Title V prevention strategies, local community and religious organizations (e.g., Strong Families/Safe Children and Weed & Seed), charitable foundations (e.g., Holland/Zeeland Community Foundation and Holland Community Hospital Foundation), and local government organizations (e.g., the Ottawa County Health Department) contributed additional in-kind and financial resources for the implementation of Title V programs and projects. For example, more than \$32,000 was raised from 10 different organizations and from T-shirt sales and registration fees to fund the initial Girls on the Run program.

### **Factors That Influenced the Implementation of Prevention Strategies**

Four committees that collaborated with other community organizations and leaders directed the implementation of the Title V initiative prevention strategies in Holland/West Ottawa. The project coordinator provided administrative support, while the prevention policy board provided additional guidance and support to the overall initiative. As noted above, seven separate prevention programs and strategies were implemented successfully during the 4-year Title V funding period (3 years with Title V funds and 1 year with Title II funds).

Several factors contributed to the community's success in implementation:

- ❖ **Strong planning process.** The success of the implementation was a direct result of the strong plan developed for the Title V initiative. Also, the Holland/West Ottawa prevention policy board and the project coordinator were able to implement the plan as designed.
- ❖ **Implementing appropriate prevention strategies.** The prevention strategies that were implemented were selected on the basis of a comprehensive assessment of the identified community risk factors. Since these strategies really met the community's needs, they helped to gain widespread buy-in.

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- ❖ **Allowing success to occur.** When a prevention strategy took hold in the community, the Holland/West Ottawa prevention policy board and the project coordinator were able to relinquish control of the project and allow it to expand and become bigger than originally planned.
  - ❖ **Building on early success.** Once some of the Title V prevention strategies (e.g., Attitudes Matter) had early success, the initiative and future projects had more credibility in the community.

Some factors hindered implementation. The ambitiousness of some plans is a salient example. As part of the Building Healthy Families project, three distinct strategies (marriage preparation, healthy teen dating, and parenting classes) were planned within a 4-year period. All were implemented, but the committee experienced some difficulties because of committee member burnout, the time needed to transition from project to project, and the need to recruit new stakeholders to support each of the different strategies.

## Monitoring and Evaluation

The monitoring and evaluation stage of the Title V model theoretically should include several activities, including conducting program evaluations of each prevention strategy, evaluating the Title V initiative as a whole, and reassessing community indicators. This section describes the process of monitoring and evaluating the Title V initiative in Holland/West Ottawa County from 1998 through 2002 and presents factors that influenced the monitoring and evaluation process.

### Monitoring and Evaluating Program Activities

Each domain in the Title V initiative had an evaluation component that was directed by the project coordinator. A strong program evaluation component, primarily in the form of survey instruments (e.g., the Communities That Care youth survey and the Search Institute survey), was a priority for both the prevention policy board and the project coordinator, who were committed to assessing the activities in each domain that were ultimately to affect the goals of the entire initiative. Outcome evaluation of many of the Holland/West Ottawa activities was difficult, however, because the systems change projects are aimed at long-term, communitywide knowledge, attitude, and behavioral changes that often are challenging to measure. To assist its evaluation efforts, the Holland/West Ottawa Title V initiative accessed expert resources such as hiring a social marketing consultant to provide advice on the expansion and evaluation of Attitudes Matter. Progress was made on the evaluation, and critical process and short-term outcomes have been reported. Linking the activities to long-term community-level behavior changes, however, has not been accomplished to date.

As part of the Title V national evaluation, Title V communities were offered evaluation technical assistance as an incentive to participate. In Holland/West Ottawa, Caliber Associates conducted several evaluation technical assistance sessions. This assistance included helping the project coordinator and key members of the prevention policy board to think about evaluation strategies and the development of a project logic model. In August 2002, Caliber helped Holland/West Ottawa develop materials for a daylong meeting entitled “Assessing and Celebrating Holland/West Ottawa Communities That Care.” The purpose of the meeting was to develop some lessons learned from the Title V initiative by board members and key leaders who had been involved in the process.

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### *Raising Healthy Children*

The Pine Creek Elementary home-school liaison conducted surveys of the social skills development program, the Homework Club, parent workshops, and staff training. Because the surveys were often conducted with small numbers of participants (e.g., 11 participants in the social skills development program) and for programs that had not been operating for the entire school year (e.g., a 6-week social skills program), it was difficult to use the survey results to measure program effectiveness.

### *Attitudes Matter*

Several evaluation strategies were used for the Attitudes Matter campaign, including the Communities That Care neighborhood survey, a survey of the Ottawa County Service Providers Network, and a telephone survey of parents. The Holland/West Ottawa prevention policy board conducted its first neighborhood survey during August and September 1998. This survey provided baseline data for several programs and will be conducted during each year of the program to track changes. The initial neighborhood survey contained several questions about the Attitudes Matter social marketing campaign. The majority of parents surveyed agreed with statements supporting the goals of the initiative that encouraged parents to talk to their children about alcohol use. From the neighborhood survey, the majority of parents responded that they agree or strongly agree with the following statements:

- ❖ It is against my values to allow my children under the age of 21 to drink alcohol (72 percent).
- ❖ I clearly communicate my values about alcohol to my children (93 percent).
- ❖ My use/non-use of alcohol affects my children's use/non-use of alcohol (86 percent).

A survey of the Ottawa County Service Providers Network, the Title V initiative's partner in the Attitudes Matter campaign, showed that 94 percent of selected agencies participated in the campaign. The survey also found that 26 percent of the Service Providers Network agencies participated in social marketing training sponsored by the Creating Healthy Communities committee.

In October 1999, an extensive baseline telephone survey of 431 Ottawa County parents' attitudes toward alcohol was conducted. A followup survey was conducted in May 2000, after the conclusion of an Attitudes Matter media campaign. Responses to some of the questions on the followup survey included:

- ❖ Twenty percent of the respondents had heard of the Attitudes Matter campaign in May.
- ❖ Forty-six percent of the respondents indicated they had discussed alcohol use with their child since the campaign began.

### *Building Healthy Families*

The 1998 neighborhood survey also provided some baseline data on marriage preparation issues. Eighty-five percent of respondents believed that mandating marriage preparation before couples were married in Ottawa County was somewhat or very desirable. When the survey was repeated in 1999, approximately 90 percent of the respondents believed that marriage preparation (but not mandatory marriage preparation) was somewhat or very desirable.

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Building Healthy Families contracted with a Michigan State University doctoral student to provide additional data on the types of couples who have taken the marriage preparations classes and the Prepare/Enrich Inventory sponsored by Building Healthy Families.

### *Growing Up Healthy*

The Growing Up Healthy committee conducted a series of teen focus groups from May through July 1999 to get data on youth opinions in the community. The results of these focus groups were summarized in two reports, *Assessment of Risk Factors of Youth in the Holland/Zeeland Area* and *Youth as Advocate Outreach Plan*. Eighty-nine students from the Holland/Zeeland area identified several barriers to teen involvement, including lack of time, interest, or transportation; language differences; lack of recognition or compensation; and need for childcare. They also suggested the following solutions:

- ❖ Recognizing positive youth impact in the media/community.
- ❖ Providing safe, age-appropriate activities and meeting places.
- ❖ Intergenerational events.
- ❖ Youth leadership training.

### **Ongoing Assessment**

At the end of years 1 and 2, the Holland/West Ottawa project coordinator collected updated statistics on the indicators of the Title V initiative's three prioritized risk factors: family conflict, favorable attitudes toward problem behaviors, and early initiation of problem behaviors. Updated statistics on the indicators of juvenile problem behaviors were also collected. These indicators were not formally re-assessed in year 3 or 4.

For each risk factor and for several juvenile problem behaviors, the project coordinator was able to chart up to 4 years of indicator data (2 years of data reported in the initial grant application and 2 years of updated data) using data collection forms modeled on those developed for the Title V Community Self-Evaluation Workbook. The majority of the data remained fairly stable over the 4-year period, although there were some small fluctuations. No tests of statistical significance were reported on the annual variations.

### *Family Conflict*

The indicators for the family conflict risk factor were the number of domestic violence cases and the number of service units provided by domestic violence prevention and treatment agencies (e.g., crisis calls, nights in a shelter). These indicators were updated on the basis of data from the local prosecutor's office and the local women's shelter. Analysis of the data on the family conflict indicators showed that there was a decrease in the reported number of domestic violence acts in the county from 1998 to 1999.

### *Favorable Attitudes Toward Problem Behaviors*

The indicators for the favorable attitudes toward problem behaviors risk factor were perceived parental disapproval of substance abuse and adult drunk driving and drug arrests. These indicators were updated

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on the basis of data from local surveys (e.g., Attitudes Matter, the Communities That Care neighborhood survey, and the Search Institute survey). Analysis of the data on the favorable attitudes toward problem behaviors indicators showed that the percentage of parents who indicated “It is against my values to allow my children under the age of 21 to drink alcohol” rose from 72 percent to 89 percent. The adult drunk driving and drug arrests indicator had some variation from year to year.

### *Early Initiation of Problem Behaviors*

The indicators for the early initiation of problem behaviors risk factor were juvenile arrests, juvenile arrests for alcohol and other drug possession, and juvenile arrests for alcohol. These indicators were updated on the basis of data from the local family courts. Analysis of the data on the early initiation of problem behaviors indicators showed that juvenile alcohol-related arrests rose between 1998 and 2000.

### *Juvenile Problem Behaviors*

Finally, several indicators for juvenile problem behaviors were updated based on data from the local health department and public schools. These indicators were teen pregnancies, clients in treatment centers, and number of school disciplinary actions regarding alcohol, tobacco, and other drugs. Analysis of the data on the juvenile problem behaviors indicators showed that the number of clients in treatment increased between 1997 and 1999, but the number of school disciplinary actions related to alcohol and other drugs decreased by 52 percent. The other indicators had some variation from year to year.

## **Factors That Influenced Monitoring and Evaluation**

Evaluation and monitoring of the Title V initiative programs and projects were the responsibility of each domain committee, supported and guided by the project coordinator and the Holland/West Ottawa prevention policy board. A 1-day working session to develop lessons learned and anecdotal outcomes of the initiative was conducted, but an evaluation of the entire Title V initiative was neither planned nor conducted. Two factors hindered the community’s success in evaluation: a lack of evaluation skills and training, and the priority given to program implementation. In particular, Holland/West Ottawa planned and implemented an ambitious number of prevention programs and strategies that required an enormous amount of time on the part of volunteer committee members, paid program staff, and the project coordinator.

## **Institutionalization**

The process of institutionalizing Title V includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies. When the Title V funding ended in September 2002, organizations in the Holland/West Ottawa Community institutionalized the majority of the family, community, and peer/individual domain prevention strategies.

As noted, the length of the training and planning process in Holland/West Ottawa was beneficial because it allowed the prevention policy board to develop a clear plan for the Title V initiative that kept it on track during the 4 years of implementation. That plan had no intention to continue the board at the conclusion of the Title V funding. Except for a brief period in 1999–2000, when the board explored the

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possibilities of continuing to work as a collaborative body, the plan was always to “sunset” the board once all of the Title V programs and projects were transitioned to other organizations in the community.

Beginning in year 2 of the Title V initiative, two projects, Attitudes Matter and the community marriage initiative, were in the process of being transitioned to organizations in the community that would continue sponsoring these Title V projects. By the end of the Title V funding, staff members or volunteers at other community organizations were continuing to implement portions of many of the other Title V prevention strategies. The process of institutionalizing each prevention strategy follows:

- ❖ **Raising Healthy Children.** Neither the Holland Public School District nor the West Ottawa Public Schools were able to financially support the home-school liaison positions at the conclusion of Title V. Despite attempts by members of the prevention policy board and the Raising Healthy Children committee to secure funds to retain the Home School Liaison positions, ultimately, continuation funds were not secured. At Longfellow Elementary School, the principal reported that the Title V initiative gave the school the opportunity to test social development programming. Now Longfellow’s classroom teachers are incorporating more social skills activities into their lessons. For example, one teacher now runs the parenting group that was started by the home-school liaison and another teacher now teaches the social skills lessons. Thus, individual teachers have picked up pieces of the Raising Healthy Children project.
- ❖ **Attitudes Matter.** In 2000, the Ottawa County government approved spending \$76,632 per year for 3 years to support the Attitudes Matter campaign. The funds were allocated from the Ottawa County Health Department general funds. An Ottawa County Health Department staff person was designated to work on the project half-time.
- ❖ **Building Healthy Families.** Building Healthy Families evolved into Building Healthy Marriages, with a strong group of stakeholders, support from area churches, separate bylaws, and its own organizational structure. By the end of year 2, 75 people had been trained in the Prepare/Enrich curriculum in Ottawa County through Building Healthy Families.
- ❖ **Growing Up Healthy.** Girls on the Run was institutionalized in year 4 by the Center for Women in Transition, a local organization with a mission to provide services and programs in domestic violence prevention, education, and intervention. The center, which was instrumental in much of the early planning and implementation of the Title V initiative, received a \$25,000 grant from the Nokemus Foundation to hire a Girls on the Run program coordinator. In addition, it was anticipated that the City of Holland would take over the Youth Leadership Conference as an annual event.

The Title V initiative had little impact on the level of program monitoring or evaluation conducted in Holland/West Ottawa. The prevention policy board tried to implement the evaluation strategies as planned in the initial Title V grant application, but in years 3 and 4 of the initiative, those tasks became more difficult to implement because several of the prevention strategies had been institutionalized within community organizations, the evaluation strategies were time consuming, and the initial evaluation strategies proved insufficient for documenting the actual program outcomes.

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Neither the community mobilization stage nor the monitoring and evaluation stage of Title V was institutionalized in Holland/West Ottawa. The majority of the prevention strategies were institutionalized, however, and had strong community support. The Title V initiative was a source of seed money for Holland/West Ottawa County to use in implementing several locally developed prevention strategies based on an analysis of the priority risk factors. According to one key stakeholder, “. . . we just see when we’re done, it’s probably not just a few programs that have been institutionalized, but hopefully some new . . . networks, footsteps left.”

Several factors contributed to the community’s success in institutionalization:

- ❖ **Initial buy-in to the Title V initiative.** Many of the local organizations that were approached, or that volunteered to institutionalize the Title V prevention strategies, had been stakeholders in the Title V initiative since the planning or early implementation phase.
- ❖ **Prevention strategies that met community needs.** Local organizations were willing to institutionalize programs that were already well accepted and meeting the needs for community prevention.
- ❖ **A resource-rich community.** In Holland/West Ottawa, local organizations could appropriate funds and staff to continue the operation of the prevention strategies once they were turned over from Title V.

## Interpretation

The Holland/West Ottawa Title V initiative is an excellent example of the successful implementation of the Title V model. The community stayed true to the Title V model from planning through institutionalization. Holland/West Ottawa is a very good example particularly of the spin-off successes that are possible when the Title V model is followed. In the end, several community organizations were engaged in continuing the delinquency prevention strategies initiated with Title V funding.

The fact that the community took 16 months to complete the Communities That Care training series is often mentioned as a key factor in its development of a 3-year plan that identifies risks and resources for youth in the community and proposes projects to address the priority risk factors. As some members of the prevention policy board have said, the process of reviewing the data made the priority risk factors that needed to be addressed very clear, and, as a result, reaching consensus became very easy.

Once the priority risk factors were identified and agreed on, the community selected strategies in three domain areas that would address the risk factors. The community focused on long-term prevention strategies to address the risk factors. It chose to promote marriage preparation programs in an attempt to decrease domestic violence rates in the county, to promote social skills development for elementary school youth in an attempt to decrease juvenile problem behaviors, and to promote parental responsibility for discussing alcohol and drug use in an attempt to decrease substance abuse rates.

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Several key factors supported the success of the Holland/West Ottawa Title V initiative:

- ❖ **Strong funding.** The state of Michigan was able to provide Holland/West Ottawa with a substantial grant (approximately \$300,000 per year, including the matching resources) to provide partial funding to three projects and to fund a full-time coordinator.
- ❖ **The community's previous experience with the Weed & Seed initiative.** Weed & Seed brought together many of the same key leaders who would eventually plan the Title V initiative. It was through the Weed & Seed initiative that the community of Holland was offered the opportunity to participate in the Communities That Care training. Only toward the end of the planning process did the community become aware of the potential for state funding through the Title V initiative.
- ❖ **A strong, religiously based ethic of volunteerism and service.** The Title V initiative benefited from numerous volunteers' participation on the prevention policy board and its committees, and from other support of and participation in Title V-sponsored events in the community.
- ❖ **The Ottawa Area Intermediate School District.** The local school district was able to assist the initiative by providing not only in-kind office space and administrative support, but also communications and transportation. In addition, Title V's location at the school district's offices helped lend the initiative credibility.

## Summary

The Holland/West Ottawa County Title V initiative was able to implement and smoothly transition through each phase of the Title V model, accomplishing many of its initial goals. Although the structure of the Title V initiative no longer exists in the community, several significant impacts of the initiative, in terms of collaboration and prevention programming, do remain.

## Novi

This case study documents the Title V process in Novi from its initial planning for the Title V initiative in 1997 through the end of its Title V initiative in September 2002. The Title V initiative in Novi achieved success in each stage of the Title V model, particularly in terms of planning, implementing, and sustaining the prevention activities. As originally planned, the Novi Communities That Care Coalition also continued as an active volunteer group at the conclusion of the Title V funding.

This case study presentation begins with a brief community description and discussion of the role of Title V in Novi. It continues with presentations and discussions of the five stages of the Title V model as implemented in Novi: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. This section concludes with the evaluation team's interpretation of the data.

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## Brief Community Description

The 1998 population of Novi was approximately 45,000. According to the Novi Chamber of Commerce Web site, Novi's population, which grew by 32.3 percent from 1990 to 2000, is testament to the fact that "Novi is the fastest growing city in the state of Michigan." Families and individuals are

moving to Novi in record numbers. The median household income in Novi is among the highest in metropolitan Detroit—above \$60,000 in some Novi zip code areas.

### Novi

**Funding period:** January 1998–June 2001

**Amount of Title V funding:** \$661,971

**Unit of local government:** City of Novi

**Implementing agencies:** Novi Parks and Recreation, Novi Public Schools, and the Novi Police Department

## Title V in Novi

Before the Title V initiative in Novi, some parents and local business leaders had been concerned about youth drug and alcohol use but had been unable to form a local coalition to raise community awareness of the issue. Nevertheless, several community organizations (including the Novi Police Department, Novi Community Schools, Providence Hospital Medical Center, Novi Youth Assistance, and Novi Parks and Recreation) began to increase their prevention activities to create a comprehensive network of prevention programs throughout the community.

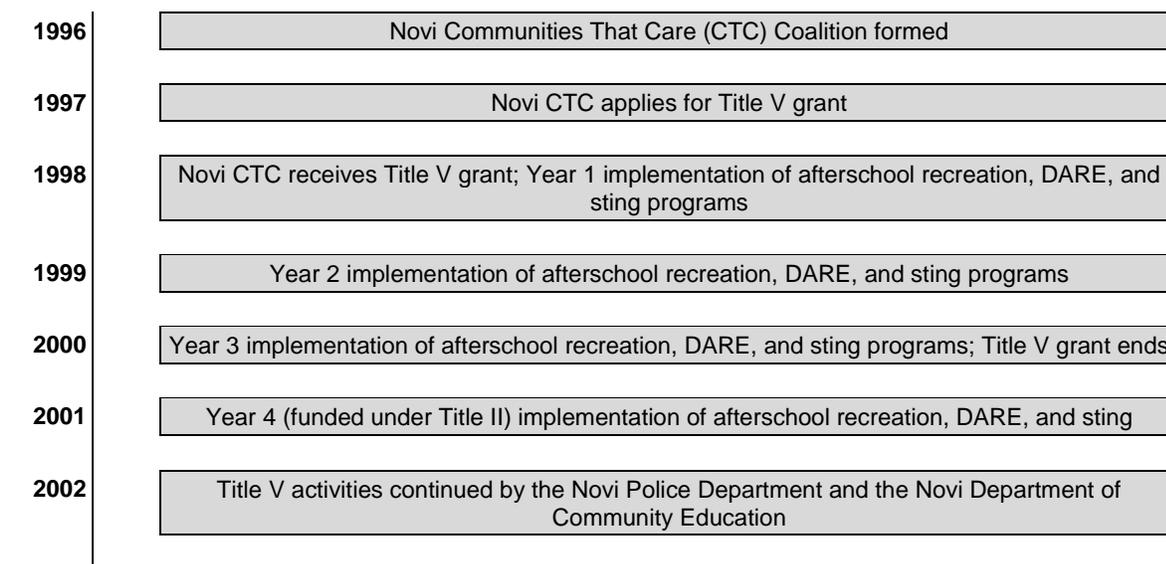
Following a Parent-Teacher Organization meeting with the local superintendent of schools and the chief of police to address concerns about negative behaviors at the high school (e.g., increased reports of youth smoking), local stakeholders began to look into resources to address these issues. The chief of police identified the Title V initiative as a potential source of funding:

[The Parent-Teacher] organization expressed some concerns about all the youth problems . . . beyond just smoking. And I suggested that perchance we should attend an informational meeting about the Title V grant that was taking place in a couple weeks in Lansing . . . and I went over to that and sat in on it. We got a lot of information. We brought it back to the community, discussed it in rather general terms around in the community. It seemed to have some very favorable support in that regard.

With the advent of the Title V initiative in Novi, the community was able to establish a coalition, the Novi Communities That Care Coalition, whose mission was to decrease the number of youth deemed to be at risk and to provide opportunities for youth to be contributing and respected community leaders.

In Novi, the Title V initiative was focused on the implementation of two strategies to provide direct services to youth: an afterschool recreation program and the expansion of the D.A.R.E. program in the middle and high schools. The initiative also implemented a systems change project to increase the monitoring of local alcohol sales to Novi's underage youth through a sting initiative. As a result of Title V, the community formed a coalition, not only to monitor Title V activities, but also to initiate and support several other prevention activities. Novi's Title V timeline is illustrated in figure 3.2.

**Figure 3.2: NOVI Timeline for the Title V Initiative**



Note: In line with Title V regulations, Michigan provides Title V grantees with no more than 36 months of Title V funding. To support communities in their ongoing prevention efforts, however, Michigan encourages grantees to apply for Title II funds once they are no longer eligible to receive Title V funds.

## Community Mobilization and Collaboration

The process of community mobilization and collaboration for the Title V initiative is expected to include the following tasks: introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training. This section describes the process of community mobilization for the Title V initiative in Novi from 1996 to 2002 and discusses factors that influenced mobilization and collaboration in Novi.

### Introducing Community Prevention to Key Leaders

The identification of the Title V grant in 1996 as a potential funding source to address youth prevention issues in Novi was one of the first formal introductions of community prevention to key officials and leaders. When the police chief and the other stakeholders presented the information about the Title V initiative to the community, everybody wanted to be involved: homeowners, business leaders, schools, and city officials. According to the police chief, “[It was] very warmly received I thought. Everybody wanted us to proceed with it, so we did. As a result, of course, we put together the organization and started that process of making [an] application for the grant.”

### Prevention Policy Board

The Novi Communities That Care Coalition was formed in 1996 during the process of writing the initial Title V grant application. The data collection and analysis process facilitated the community’s buy-in for the Title V prevention strategies. According to one key stakeholder, “The data really showed that there was a need for these strategies. After seeing the data, community members were willing to do more.”

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Several key leaders saw the development of the coalition for the Title V initiative as an opportunity to form a permanent coalition to address prevention issues in the community.

The coalition's mission was to decrease the number of youth deemed to be at risk and to provide opportunities for them to be contributing and respected community leaders. When it was initially formed, the coalition included representation from local organizations such as the Providence Medical Center, Novi City Council, Novi Police, Probate Court, Novi Chamber of Commerce, Novi Youth Assistance, senior citizens, state representatives, parents, Novi Homeowners Association, Novi Parks and Recreation, Novi News, Novi public schools, youth, and the ministers' association. The coalition primarily served in advisory and advocacy roles for the Title V prevention strategies. The actual implementation of the strategies was led by local government agencies (i.e., the Novi Police Department and the Novi Parks and Recreation Department).

The coalition is an informal, volunteer board. Initially, committees were formed to evaluate and support each of the prevention strategies; however, the committee structure was not sustained. The coalition benefited from the participation of one of the key leaders of the initiative who initially coordinated it as a volunteer, but in subsequent years became the executive director of the coalition, receiving a salary from a small annual grant from the county government.

Following the initial planning year, which required frequent and intense meetings, the lack of clear responsibilities for the coalition made it difficult to recruit and retain members throughout the 4 years of implementation. According to the coalition's executive director, however, support for the coalition's mission and activities always existed in the community, even when there were not many active members.

In years 2 and 3, the coalition started new initiatives to support substance abuse prevention programs in the community through collaborations with:

- ❖ The Chamber of Commerce, to bring in a speaker on the topic of substance abuse in the workplace for community businesses owners.
- ❖ Novi High School, to discuss parenting issues.
- ❖ Novi Youth Assistance, to make a drunk driving video to be shown to all middle school and high school students and to religious and other youth groups in the community.
- ❖ Common Ground (a treatment and crisis center in Oakland County), to provide parenting classes to parents of children referred to Novi Youth Assistance or who attend alternative education classes.

The coalition also became a nonprofit organization to facilitate future fundraising following the conclusion of the Title V funding.

### **Community Prevention Training**

In preparation for submitting the Title V grant application, key community stakeholders participated in the federally sponsored Title V training in 1996. These trainings, which were conducted using the

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Communities That Care training curriculum, were seen as a key factor in community members' understanding of the processes and in the successes they achieved.

### **Factors That Influenced Community Mobilization and Collaboration**

Community mobilization and collaboration on prevention issues in Novi was spurred by the availability of Title V funding to address issues that were of concern, but previously unaddressed, in the community. After the initial raising of awareness and action by community leaders, several factors contributed to the success of the community mobilization:

- ❖ **Leadership of key stakeholders.** The leaders of the Title V initiative in Novi were able to articulate the model and the benefits of implementing prevention strategies to other community members. They were also able to persuade the unit of local government to support the initiative with little orientation to the process or the plan.
- ❖ **Community readiness.** Although Novi had not attempted a community prevention initiative before, the strategy made sense to key leaders in the community, and they enthusiastically supported trying that approach.

### **Initial Assessment and Planning**

The initial assessment and planning process for the Title V initiative is expected to include identifying risk factors, resources, and prevention programs and developing a 3-year comprehensive prevention plan. This section describes the process of initial assessment and planning for the Title V initiative in Novi from 1996 to 1997 and discusses the factors that influenced it.

#### **Identifying Risk Factors, Resources, and Prevention Programs**

To begin identifying risk factors, resources, and prevention programs, activities seen as the building blocks of the Title V grant application, stakeholders attended the federally sponsored Title V training. The stakeholders then returned to their community to lead the Novi Communities That Care Coalition in conducting a risk assessment. The coalition received a \$5,000 planning grant from the state of Michigan to support the planning process. Between May and July 1997, members of the coalition collected data in each of the four domains, as identified in the training materials. In addition, the Communities That Care youth survey was administered to 372 students (6th, 8th, 10th, and 12th graders) in the Novi public schools. The survey measured youth substance use and each risk and protective factor construct.

The survey findings revealed that Novi students were slightly higher than the six-state comparison group in alcohol use, especially in the 8th and 12th grades. Analysis of the survey data pointed to the need to implement prevention programming in school- or community-based programs that address social norms regarding the use of alcohol, tobacco, and other drugs and that stress school achievement and involvement. It also indicated that Novi should implement a program to improve the social skills of youth as a method for reducing substance use. Survey data were combined with the data collected by members of the coalition to prioritize the domain risk factors into the following:

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- ❖ Favorable attitudes toward problem behaviors.
  - ❖ Availability of drugs.
  - ❖ Friends who engage in problem behaviors.

Prevention strategies were designed to reduce these risk factors.

### **Developing a Comprehensive Prevention Plan**

Key stakeholders in Novi attended the Title V training in 1996 in preparation for submitting a Title V grant application. Although the training helped them to understand the key components of the Title V model, after completing the training the coalition leaders did not realize that the Title V application (their comprehensive plan) had to be submitted by the unit of local government. This oversight resulted in delays and affected the relationships among some stakeholders.

The police department originally submitted the Title V grant application because it had the authority to submit grants to other state offices for funding. This application was returned to the community so it could be submitted under the auspices of the City of Novi. Although one Novi city councilperson had been involved in the planning for the Title V initiative, the entire city council was required to approve the grant application before it could be re-submitted. Key Title V stakeholders had to brief the entire city council quickly on the planned Title V initiative. The city council decided to support the Title V grant application, but some tension remained between the city council and the stakeholders who planned the Title V initiative because the city council was asked to accept fiduciary responsibility for a project it did not plan.

The initial Title V grant application, which served as the comprehensive prevention plan for Novi, included the assessment of risk and protective factors and the identification of the prevention strategies to be implemented with the Title V funds. The plan included three primary prevention strategies: adding the D.A.R.E. (Drug Awareness Resistance Education) program to the 8th and 10th grade health curriculum, creating community-based afterschool recreation programs, and operating a substance availability control program.

According to one key stakeholder:

Some of the data that we collected gave us an indication that the bulk of substance abuse was taking place in the home during the hours when kids were unattended. And so that was the basis in fact for starting the afterschool recreation program and focusing on that as one of the big components [so as] to try and provide the kids some place where they would be supervised that's not conducive to substance abuse.

The D.A.R.E. program was selected to address the risk factor of favorable attitudes toward problem behaviors. By incorporating D.A.R.E into the 8th and 10th grade curriculum, the coalition anticipated that youth would increase their social skills and increase awareness in the community regarding the identified risk factors. Although previous evaluations of D.A.R.E.'s effectiveness had been mixed, evaluation results at that time pointed to expanding the curriculum from a single year of implementation to a multiyear strategy of teaching drug prevention strategies to youth.

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The afterschool recreation program was selected to address the risk factors of availability of drugs and friends who engage in the problem behavior. By creating a safe, supportive environment accessible to all Novi students in fifth to eighth grades, the afterschool recreation program encouraged the development of a positive peer group and social skills. The program also included recreation with structured support services such as tutoring, mentoring, counseling referrals, and peer mediation. This program was the only prevention strategy to be funded by the Novi Title V initiative; the other two strategies were operated with in-kind funds from the Novi Police Department. The afterschool recreation program was not research-based. Nevertheless, it did include several commonly used youth development strategies, including supervised recreational activities, tutoring, and mentoring.

The substance availability control program was designed to address the risk factor of favorable attitudes toward the problem behavior. To ensure compliance with liquor laws, the program used underage decoys who tried to buy alcohol. The substance availability control program was not a research-based program.

### **Factors That Influenced Initial Assessment and Planning**

According to key stakeholders, the assessment and planning process contributed to the ultimate success of the Title V initiative in Novi. Two factors especially influenced that success:

- ❖ **The state planning grant.** The funding from the state allowed the community to implement the Communities That Care youth survey, which reinforced the findings of the local data collection efforts.
- ❖ **Leadership of key stakeholders.** The community benefited from the leadership of key leaders (e.g., the local police chief and the school superintendent) in engaging other leaders. It also benefited from having a volunteer coordinator to lead the assessment and planning process.

### **Implementation of Prevention Strategies**

The implementation of prevention strategies for the Title V initiative includes the following two tasks: initiating prevention services and activities and identifying and leveraging other resources for prevention. Novi implemented its Title V prevention strategies from 1998 to 2002.

The implementation stage in Novi had the following key components:

- ❖ Novi received Title V funds from July 1998 through June 2001 and Title II funds for an additional 12 months (for a total of 48 months of funding).
- ❖ Novi received approximately \$500,000 in total funding, including a 50-percent match in local in-kind and monetary contributions by community organizations represented on the coalition, including the Novi Police Department and the Novi public schools.
- ❖ The city of Novi served as the unit of local government, and Novi Parks and Recreation served as the fiscal agent.

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The Title V funds were used primarily to fund the afterschool recreation program provided by the Novi Parks and Recreation Department. The other prevention strategies included in the Title V initiative, D.A.R.E. and substance availability control, were provided in kind by the Novi Police Department. Each program operated during all 4 years of the Title V initiative, from 1998 through 2002.

Once the coalition received notice to proceed with the Title V initiative, the lead agency on the administration of the afterschool recreation program was transferred from the Novi Police Department, as planned in the Title V grant application, to the Novi Parks and Recreation Department. This transfer of responsibility was based on the concern that some members of the Novi city council had that an afterschool recreation program would work better under the supervision of the Novi Parks and Recreation Department.

## **Afterschool Recreation Program**

### *Year 1 Implementation*

The afterschool recreation program offered free, structured and unstructured, recreational activities at three different sites in the community: the Soccer Zone, the Novi Township Hall, and the Novi Ice Arena. The program also offered professional tutoring services and social skills training to Novi youth between the ages of 10 and 14 years. It included a Teen Mentoring Volunteer Program for 14- and 15-year-old students. This represented an effort to involve some older teens in the program, giving them hands-on work experience and providing earning incentives (e.g., refreshments, gift certificates to restaurants and stores). The program's open enrollment structure allowed students to choose the days when they participated and the activities that interested them. The program was offered each day from 2:30 p.m. to 6:00 p.m. on regular school days, and from 12 noon to 6 p.m. on half-days of school. The Novi afterschool recreation program began on October 26, 1998, and continued through the end of the school year on June 10, 1999. During its first year, 478 students registered, far exceeding the original goal of 100 students.

According to key stakeholders, the main obstacle during the first year of implementation of the afterschool program was the lengthy process of hiring a program director. As noted above, the entire project was transferred from the Novi Police Department to the Novi Parks and Recreation Department, which delayed the hiring process. Once the program director was hired, it took 2 more months to hire additional staff, purchase equipment, solidify sites, and publicize the program.

### *Year 2 Implementation*

In year 2, the afterschool recreation program operated for the entire school year. It operated the same program components as in year 1, with the exception that the formal implementation of a social skills curriculum was not completed because of an emergency leave of absence on the part of the program director. The tutoring program was extremely successful, however. Along with the tutor, several high school students tutored middle school students throughout the entire year. A total of 926 participants registered, and there were 12,385 duplicated units of service, or almost twice the number of units as provided during year 1. According to key stakeholders, the main obstacle was the inability to locate an alternative afterschool program site at the new Novi Middle School. Because of construction delays at

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the school and the program director's leave of absence, the move to the new site was postponed until year 3.

### *Year 3 Implementation*

In year 3, the afterschool recreation program operated for the entire year. It operated the same as in the first 2 years, with three significant program changes. First, the initial program director resigned and was replaced by another member of the afterschool program staff. Second, the program had to close one location (the old township hall) because of safety concerns, but was able to open an additional site in the cafeteria and the gymnasium at the new Novi Middle School. Third, because of the reduction of the Title V grant in year 3, instead of a professional adult tutor, high school volunteers and afterschool program staff conducted the homework assistance activities. By the end of the year, 1,128 participants were registered, and there were 11,375 duplicated units of service, slightly lower than in year 2.

### *Year 4 Implementation*

In year 4, to provide the same afterschool recreation program activities at the same sites with reduced Title V funding, the program implemented a fee of \$140 per youth for the entire school year. Financial assistance was available to youth through donations from community organizations such as the Novi Youth Assistance. Stakeholders felt that the institution of this fee contributed to reducing the number of youth registered in the program from 1,128 to 158. As a result, the afterschool recreation program closed three sites; only one site, the Novi Ice Arena, remained open. The program activities remained similar to those offered in years 1 through 3, with an emphasis on recreation and homework assistance. The largest obstacles to program implementation were related to the reduced funding and to the fact that it was unknown whether funding would be available to continue the program in future years.

### **D.A.R.E.**

The Title V initiative supported the Novi Police Department in expanding its D.A.R.E. program to serve not only sixth graders, but also eighth and ninth graders. In the fall of 1998, the D.A.R.E. program was taught for the first time at Novi High School and Novi Middle School. The target population comprised approximately 1,000 students ages 13 through 16 years living in the Novi Community School District. At the high school, D.A.R.E. was taught to ninth graders for 7 weeks as part of the health curriculum; D.A.R.E. homework and test scores were included as part of the students' grade. In the middle school, because of schedule limitations, D.A.R.E. was an elective course for eighth graders.

During the first year, 453 ninth graders completed the D.A.R.E. curriculum, and 193 eighth graders (approximately 50 percent of eighth graders) received D.A.R.E. training. In year 2 (1999–2000), 389 ninth graders and 243 eighth graders completed D.A.R.E. In year 3 (2000–2001), 425 ninth graders and 164 eighth graders completed D.A.R.E. In year 4, implementation of D.A.R.E. continued as it had in previous years. At the conclusion of the Title V initiative, the Novi Police Department decided to continue the program at the middle and high schools.

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## Substance Availability Control

The Title V initiative supported the Novi Police Department's institution of a program to ensure compliance with liquor laws by using underage decoys. Decoy operations involved having underage persons, under the surveillance of Novi police officers, try to buy alcohol. Enforcement action was taken against persons selling alcohol to the decoys and against the license holder as well. Every liquor control commission license holder in Novi was targeted. According to one key stakeholder:

We have not received the criticism that some other communities have received for the sting program . . . been very successful in that regard. Last time we did it, absolutely nobody sold to our youth, which is quite exceptional, probably won't hold true every time but that was quite exceptional.

Stings were performed one to two times per year during the 4 years of the Title V initiative. A summary of the associated activities is presented below:

- ❖ In March 1998, 57 vendors in the city of Novi were checked to see if they would sell alcohol to minors. Nine were cited for selling to a minor; 12 establishments were not checked because they were closed for the season or for remodeling. The Novi Police Department sent letters to the vendors who passed the sting operation, commending them for complying with the law.
- ❖ In February 1999, 62 vendors in the city of Novi were included in a sting. All of the vendors refused to sell to a minor who tried to buy alcohol.
- ❖ In November 1999, 65 vendors in the city of Novi were included in a sting. Only one vendor was cited for selling to a minor. The Novi Police Department sent letters to those who passed the sting operation, commending them for complying with the law.
- ❖ In June 2000, 66 vendors in the city of Novi were included in a sting. One vendor was not in compliance when a minor tried to buy alcohol.

In the spring of 2000, a Vendor Appreciation Luncheon was held for all vendors who passed the sting operations. More than 120 Novi residents, including local judges, the police chief, the mayor, the liquor control commissioner, council members, and many others attended to congratulate those who were present to receive their awards. This event was supported by the coalition member agencies, including Providence Hospital, Novi Police Department, and Novi Youth Assistance.

In the final years of the Title V initiative, stings continued, with only a small number of vendors not in compliance. Novi also took steps to conduct a tobacco sting at least once a year.

## Identifying and Leveraging Other Resources for Prevention

Once funds to implement the Title V initiative were secured, the Novi Communities That Care Coalition began to focus on identifying other resources for prevention and to support the continuation of the Title V program activities. The coalition became a 501(c)(3) organization to facilitate the solicitation and receipt of funds to support its prevention activities. Over the 4 years of the Title V initiative, the

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coalition applied for small grants and conducted local fundraisers to support substance abuse prevention education and activities. The funding it received included:

- ❖ Annual funding of approximately \$13,000 from the Oakland County Substance Abuse Office to support the executive director in overseeing the Title V grant process and maintaining the coalition.
- ❖ \$5,000 from the Bauervic-Paisley Foundation to help offset the reduction in Title V grant funding.

In addition, the coalition benefited from local fundraisers such as a golf outing and a charity hockey event.

### **Factors That Influenced the Implementation of Prevention Strategies**

According to one stakeholder, the prevention strategies and activities were supported by leadership in key organizations in Novi:

The [Novi] police provided the officers necessary to expand the D.A.R.E. program into the middle and high school. There was leadership from the schools to provide transportation to the afterschool programs. The schools really came to bat in Novi.

Two factors especially contributed to the community's success in implementing its prevention strategies:

- ❖ **Organizational support.** City agencies such as the Novi Parks and Recreation Department, the Novi Police Department, and the Novi public schools supported the implementation of prevention strategies that fit with their other organizational activities.
- ❖ **Flexibility in implementation.** Particularly with the afterschool recreation program, program staff were able to adjust the program design in response to changes in staff, funding, and participation levels to continue operation.

## **Monitoring and Evaluation**

The Title V monitoring and evaluation process includes reassessing community indicators, and conducting an evaluation of both the strategies and the whole initiative. This section describes the process of monitoring and evaluating the Title V initiative in Novi from 1998 to 2002. It also discusses factors that influenced Novi's monitoring and evaluation efforts.

### **Monitoring and Evaluating Program Activities**

After attempting to evaluate specific components of the afterschool program in year 1 (e.g., tutoring and social skills development), the coalition found that the process was time consuming for staff and required intensive data collection from students in order to demonstrate statistically significant results. The coalition had also implemented the pre- and posttest components of D.A.R.E., but had difficulty interpreting the results to demonstrate an increase in student knowledge. As a result, the coalition decided to look at findings from the Western Michigan Drug Survey and implement the Communities

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That Care youth survey every other year to assess the initiative’s impact on risk factors related to youth substance use and delinquency.

### **Ongoing Assessment**

The coalition relies on the results of the Western Michigan Drug Survey and the Communities That Care youth survey to demonstrate the impact of efforts to change community social norms concerning the use of drugs and alcohol by Novi youth. Since 1997, these surveys have documented improvements in youth attitudes and behaviors about the use of drugs and alcohol, but how these results are linked to the activities of the Novi Community That Care Coalition is not clear, since the surveys do not include questions about specific prevention programs and projects.

### **Factors That Influenced Monitoring and Evaluation**

The coalition was not able to implement its program evaluation as planned because of the resignation of the initial afterschool program director, who had strong program evaluation skills. However, the coalition uses findings from the Western Michigan Drug Survey, which is implemented every other year, and from the Communities That Care youth survey to assess the overall impact of its initiative on risk factors related to youth substance use and delinquency.

### **Institutionalization**

The process of institutionalizing Title V includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies. Novi’s efforts to institutionalize its community mobilization and collaboration efforts, its prevention strategies, and its monitoring and evaluation work and the factors that influenced its institutionalization efforts are described below.

At the conclusion of Title V, the Novi Communities That Care Coalition, which was formed to apply for the Title V funding, continued as a small group of dedicated citizens and organizations interested in raising awareness and supporting community education and activities to promote substance abuse prevention.

The prevention strategies initiated through the Title V initiative have continued since the end of the Title V funding. When the Novi Parks and Recreation Department decided not to provide continuation funding for the afterschool program, the Novi Community Education Department took over implementation of the program. Although the program had a slightly different structure once it was institutionalized by the Novi Community Education Department (e.g., new staff and a new curriculum), it still provided recreational and academic afterschool activities to middle school youth. The Novi Police Department offered the middle and high school D.A.R.E. programs and the substance availability control during the Title V initiative without any financial support. Both were institutionalized within the Novi Police Department following the conclusion of the grant.

Community assessments are continuing under the leadership of the coalition. Members led the effort to implement the Communities That Care youth survey in the local high school twice over a 4-year period.

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The coalition also took the lead in publicizing and educating key stakeholders in the community about the results of the Communities That Care and Western Michigan Drug surveys to raise awareness.

In Novi, the coalition, prevention strategies, and the strategy of monitoring youth attitudes and behaviors on substance use were all institutionalized at the conclusion of the Title V initiative. The coalition had struggled to maintain an active membership during the Title V initiative. In years 3 and 4, however, the coalition spent more time identifying and supporting new and existing prevention strategies, often targeted to parents and businesses, and this approach helped it attract new community support. The afterschool recreation program, although smaller than it had been in previous years, was recognized as a key prevention strategy by the local school system that chose to institutionalize it. The coalition's ability to publicize to key leaders in the community the results of annual surveys of youth attitudes and behaviors related to substance use helped institutionalize the monitoring process.

## **Interpretation**

The Novi Title V initiative is an excellent example of the successful implementation of the Title V model. The benefits that implementing the Title V initiative offered the community included the formation of the Novi Communities That Care Coalition, which was instrumental in supporting prevention education and activities; implementing new youth programs, including an afterschool recreation program that served a significant number of middle school students by providing recreational, educational, and social skills development activities; and carrying out a strategy for ongoing monitoring of youth attitudes and behaviors on substance use. The coalition and its executive director are good examples of how strong leadership, vision, and advocacy are key elements of a successful Title V initiative.

The Title V training was recognized as an important step in informing and mobilizing key leaders and community members to try a community-based prevention strategy to address concerns about youth substance use. The initiative benefited from state and local support and resources, and from the leadership of community leaders. However, due to a misunderstanding of the application process, the relationship between the coalition and the city council was somewhat strained. The coalition leaders who prepared the grant application had not understood that it had to be submitted by the unit of local government—the City Council. The coalition tried to educate the city council about the Title V initiative, but the council's support remained limited to its fiduciary responsibilities.

In conducting the needs assessment, reviewing the data collected by coalition members and the Communities That Care youth survey helped verify the need to implement new school- and community-based prevention strategies and to educate community leaders about the issues. Once the priority risk factors were identified, the community selected prevention strategies that targeted the middle school population, while also trying to influence community norms about substance use. The prevention strategies were implemented by professional staff members at the Novi Parks and Recreation Department and the Novi Police Department. These individuals were able to implement the planned programs while remaining flexible and modifying the programs as necessary because of changes in funding, staffing, and participation. The administrative capacities of these organizations were very beneficial in program implementation.

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Although the Novi Title V initiative was not able to implement the evaluation strategies proposed in the initial Title V grant application, it was able to institute a strategy for communitywide monitoring of youth attitudes and behaviors on substance use. A strong program evaluation would have facilitated documentation of the outcomes of the specific Title V prevention strategies, but no evaluation expertise existed in the program staff or the coalition. Anecdotally, it was reported that the Title V prevention strategies probably had a significant impact on the lives of individual youth who used the services (e.g., homework assistance or drug education), but individual youth followup data were not collected.

## **Summary**

Key stakeholders feel this has been a learning experience in collaborative community planning and implementation. They found that monitoring the Title V initiative may not be a large enough incentive to sustain a community board long term. Despite Novi's initial difficulties, however, this community was ultimately successful with its Title V initiative. As a result of the initiative, the community has a coalition and new strategies for monitoring substance abuse issues among community youth. It also has new, ongoing prevention programs to benefit the youth of the community.

## **Title V in Michigan: Concluding Remarks**

In Michigan, the Family Independence Agency and its SAG dedicated significant resources to support the Title V communities in addressing delinquency prevention. This support (e.g., planning grants, technical assistance, and high funding levels) was a significant factor in the successful implementation of the Title V initiatives in both Holland/West Ottawa and Novi.

One key aspect of Michigan's Title V implementation was its ability to engage influential stakeholders in local communities to participate and lead the delinquency prevention activities. Although some of these leaders (e.g., police chiefs and juvenile services staff) had previously been engaged in implementing juvenile justice grants, many of the key stakeholders who participated in both the Holland/West Ottawa and Novi Title V initiatives (e.g., religious leaders, local hospitals, and the public schools) had less experience with these types of initiatives before their involvement with Title V. These new stakeholders in delinquency prevention planning, implementation, and sustainability were instrumental in leveraging additional resources and supporting the success of the Title V prevention efforts.

Michigan demonstrates that long-term support and commitment to prevention efforts at the state and local levels, strong community collaboration, and fidelity to the Title V model can be key factors in the ultimate success of community prevention programs.

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# Chapter 4: Nebraska

The case study of Title V in Nebraska, which focuses on the national evaluation communities of Norfolk and Valentine, demonstrates that implementing the Title V model as designed creates an opportunity for change in comprehensive delinquency prevention planning. When implemented without training and technical assistance, however, it is difficult for communities to move through the four stages without significant challenge. The Title V national evaluation communities in Nebraska, while able to implement new programs, struggled to implement the Title V model and, in both cases, were unable to do so.

The first section of this case study discusses state support for Title V from 1997 to 2002. The next sections discuss the Title V initiatives in Norfolk and Valentine from 1997 to 2002. The final section presents concluding remarks on Title V in Nebraska.

This summary is based on four primary data sources in each community during its participation in the national evaluation: stakeholder interviews, in person and via telephone; a review of Nebraska's Title V documentation, including the state request for proposals for available funds and the Norfolk and Valentine grant applications; a review of Title V documentation in Norfolk and Valentine, including the grant applications, quarterly progress reports, and prevention policy board meeting minutes; and a review of the federal Title V guidelines and documentation. In addition, the report includes the evaluation team's interpretation of the case study data that represent Caliber's experience in working with all 11 national evaluation communities during the multiyear implementation of the evaluation.

## State Support for Title V

Since the initial availability of Title V funds in 1994, Nebraska has been eligible to receive funds ranging from \$78,000 to \$237,000 per year, based on the size of its juvenile population. The Nebraska Crime Commission was the implementing state agency in Nebraska and chose to support rounds of communities with grant awards that ranged from \$520 to \$50,000. Since the beginning of Title V, Nebraska has funded 18 Title V communities.

## Nebraska's Granting Process

The Nebraska Crime Commission administers Nebraska's Title V funds. An umbrella agency for several criminal and juvenile justice programs in the state, the Crime Commission has a 19-member board of directors and is responsible for coordinating and monitoring juvenile justice program development and overseeing compliance with federal statutes related to receipt of Juvenile Justice and Delinquency Prevention Act of 1974 funds. The Crime Commission also is responsible for coordinating and providing training and technical assistance to communities that seek and receive Crime Commission funding. As posted on its Web site, the Crime Commission's mission is to:

provide comprehensive planning and coordination of activities leading to the improvement of criminal and juvenile administration among state and local agencies. The Crime Commission's array of programs and functions reflects its historical transition in

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mission from that of distributing federal grant funds to a service and regulatory agency, responsible for the overall improvement of Nebraska's criminal and juvenile justice systems.

The Crime Commission announces annually the availability of federal and state funds through an application kit titled "Juvenile Services Grant Funds." Title V funds are specifically identified within this package. In addition to Title V funds, Juvenile Services Grant Funds include state set-asides, Juvenile Justice and Delinquency Prevention Title II funds, and general state prevention funds. To improve and streamline the grant application process, the Crime Commission's Grants Division developed one application package for federal- and state-supported juvenile justice funds.

The State Advisory Group (SAG), one of seven Crime Commission advisory groups, is the Nebraska Coalition for Juvenile Justice. The coalition makes recommendations on juvenile justice matters to the Crime Commission and is responsible for providing annual reports on federal- and state-supported activities to the Governor and the legislature. The coalition determines annually the criteria for the distribution of Title V funds.

The Crime Commission's Juvenile Justice Grants Division distributes an annual announcement of available funds that include a preview of requirements, deadlines, and restrictions on use of funds. Units of local government are required to request pre-application certification of compliance with the mandates of the Juvenile Justice and Delinquency Prevention Act of 1974. Once a community receives confirmation of compliance from the Crime Commission, it is eligible to submit an application for Title V funds. A subcommittee of the Nebraska Coalition for Juvenile Justice reviews grant applications and then passes funding recommendations to the full coalition. The coalition then makes its recommendations to the Crime Commission for final award approvals.

State application guidelines note that, although all programs that have a prevention focus are eligible to apply for Title V funding, priority funding consideration is given to programs that focus on the critical areas identified by the Crime Commission. The areas changed yearly until 2002, since which time they have remained relatively stable. For example, the 1998 application kit gave priority to Title V applicants who demonstrated ability in planning for service and agency coordination and collaboration, including the collocation of services; developing and utilizing innovative ways to involve the private non-profit and business sectors in delinquency prevention activities; and developing or enhancing a statewide subsidy program to local governments that is dedicated to early intervention and delinquency prevention.

Grants are awarded on a 12-month fiscal cycle. The Crime Commission intends for subgrantees to be funded for a full 3 years as long as they continue to meet quarterly and annual state-funding evaluation and monitoring requirements, including submission of implementation plans and budget reports. According to state staff and local Title V subgrantees, however, continuation funding is not guaranteed and, in fact, sometimes has been denied from year to year despite concerted efforts to meet state-funding evaluation and monitoring guidelines. In addition, to be eligible for continuation funding, each year Title V subgrantees are required to submit a full application, including an updated 3 year plan, and go through the full review process. Current and past subgrantees report frustration with this process.

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## Training and Technical Assistance

To help Title V communities implement the risk- and protection-focused delinquency prevention model, the Crime Commission, in the years 1994 through 1995, facilitated a locally developed training curriculum titled *Partners in Planning*. This curriculum was rooted in the basic principles of the Title V model (i.e., community mobilization, risk and resource assessment, and research-based prevention strategies) but was thought to reflect Nebraska’s demographic makeup and prevention context more accurately than the federally sponsored Title V curriculum. The Crime Commission offered two *Partners in Planning* training sessions, the last one in 1995.

The 1998 application kit indicated that training and technical assistance were mandatory for new applicants. It stated that “newly certified applicants are required to identify key community leaders who will participate in any proposed program or serve on the prevention policy board, and such persons must receive technical assistance/training from Juvenile Justice Division staff.”

The Crime Commission did not offer federally sponsored Title V training. It did, however, provide grant management training to all recipients of Juvenile Services Grant Funds (all federal and Nebraska state-funded programs). The training was designed to communicate information about state reporting expectations only. In conversations with the national evaluation team, the Crime Commission indicated that, when requested, training and technical assistance were made available to grantees. It was the experience of the national evaluation team, however, that grantees did not know that training was available to them. Although the Office of Juvenile Justice and Delinquency Prevention made training available to all states, it was up to the state to determine when the training occurred and how it was structured. It was not the responsibility of the grantee to recognize the need for and request training.

## Evaluation

The Crime Commission’s application kit outlined the following requirements for the comprehensive 3-year plan:

- ❖ A prioritized strategy, including goals, measurable objectives and activities, and a timetable to mobilize the community to assume responsibility for delinquency prevention and to coordinate services.
- ❖ A description of how the prevention policy board will develop and approve the plan and make recommendations to the local applicant to distribute funds to accomplish goals and evaluation programs.
- ❖ A plan to collect data, measure performance, and evaluate goals.

Although the third bullet point above could be construed as a requirement for an evaluation plan, it was not indicated as such. In addition, no guidance beyond this statement was given regarding how communities were to proceed with planning and implementing an evaluation of their efforts and by what criteria their plans would be reviewed.

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## Other State Factors

As early as the summer of 1999, with the support of the Nebraska Crime Commission, the Nebraska Coalition for Juvenile Justice began conducting public forums across the state. The purpose of these meetings was to provide the Crime Commission with an opportunity to gather input and assist with prioritization as the coalition developed its own 3-year plan.

In 1999, with a new juvenile justice specialist on board, Nebraska reported in conversations with the national evaluation team that the Juvenile Services Grant Division and the juvenile justice specialist were paying more attention to how it administered Title V funds through a more critical review of applications and more frequent communications with applicants and subgrantees. The division reported that it recognized inconsistencies in the enforcement of Title V regulations and that applications did not consistently represent the Title V model. This increased attention and level of commitment to Title V resulted in the termination of some grants that were not meeting Title V requirements and the acceptance of new applications that adhered to the requirements. The division and the juvenile justice specialist subsequently offered to work with “denied” communities to get them to a point of readiness for future applications.

The juvenile justice specialist position was filled consistently in 1999 for the first time in 5 years. Before 1999, the position was not always filled promptly, resulting in long periods when the position remained unfilled. This lack of continuity created a challenge in that no one staff member could thoroughly understand, implement, and support the Nebraska Title V subgrantees. The Crime Commission began to see stability with the arrival of the new juvenile justice specialist in 1999.

## Interpretation

From 1998 until 2002, Nebraska’s support of the Title V model was insufficient. In general, prevention was not a priority for the Crime Commission; state officials were more focused on other juvenile justice issues such as corrections. The state did not commit adequate resources (e.g., people, money, or state funding) to the Title V communities to help them be successful. In addition, the state did not provide training for potential Title V grantees and its application kit did not adequately address Title V requirements as presented in the federal regulations.

In early 1999, with the assistance of the new juvenile justice specialist, the national evaluation team brought Nebraska’s challenges with Title V to the attention of the OJJDP Title V Program Manager who, in turn, brought these issues to the attention of Nebraska’s OJJDP State Relations and Assistance Division (SRAD) representative.<sup>1</sup> In addition to several conversations between the new juvenile justice specialist and the national evaluation team, the SRAD representative conducted a site visit to Nebraska to determine how OJJDP could best support the state to get back on track with its Title V initiative. According to interviews with the Crime Commission and agency staff, the relationship with OJJDP was not strong. (Given the turnover and redirection of Title V, this support would have been optimal had it existed for the Crime Commission and staff; however, ultimately it was lacking.) As a result, the

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<sup>1</sup> State Relations and Assistance Division (SRAD) staff provided funds to help state and local governments achieve the system improvement goals of the JJDP Act. SRAD also supported and coordinated communities’ efforts to identify and respond to their most critical juvenile justice and delinquency prevention needs. Each state had a SRAD representative.

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juvenile justice specialist implemented several activities to build capacity for Title V in Nebraska. First, Title V applications more carefully were reviewed for evidence of compliance with Title V regulations. The juvenile justice specialist also began visiting Title V sites more often than had been done before, and was more responsive to inquiries from the Title V sites regarding expectations and reporting guidelines. The sections that follow present the phases of Title V planning and implementation in relation to the state support of Title V during the national evaluation.

## Summary

A variety of state factors hindered the success of Nebraska's Title V grantees. First and foremost was the lack of training that had implications for mobilization and community assessment. Although Nebraska indicated in its application kit that training was required of the prevention policy board in applicant communities, training was not made available for Title V applicants. Without community training, the many requirements and expectations associated with mobilization and the need for a prevention policy board as a resource and critical component of the model were not communicated to the applicants. Without training, the community may have been unaware of benefits it would reap from assiduous implementation of the community mobilization stage of the Title V model. The expectations for community mobilization presented in the application kit were insufficient; the training required to fully explain and provide guidance on these expectations was not provided.

With regard to community assessments, although the request for proposals clearly indicated that a comprehensive assessment was required, the state's guidance was limited to the criteria in the application kit, as presented above. Although the request for proposals stated that applicants were required to "conduct an assessment, provide a list of risk and protective factors and an explanation of the process used in identifying these risk factors, and provide a summary of major risk and protective factors and the baseline data that correspond to them," there was no information regarding the criteria the state would be using to assess the extent to which communities met the requirements. In addition, no guidance was given on how to complete these activities.

The Nebraska Coalition for Juvenile Justice's implementation requirements called for applicants to provide "specific strategies for service and agency coordination, including co-location of services at sites readily accessible to children and families in need." The application kit indicated that the Title V process included selecting strategies that would "address risk factors through the enhancement of protective factors." It did not require that programs be research based. In addition, without training to help interpret how to complete this activity, most grantees fell short of selecting strategies that were directly tied to risk or protective factors.

Nebraska's support for evaluation and institutionalization was insufficient. Evaluation requirements were limited to "providing a monitoring plan for collecting data and measuring objectives." Nebraska did not require that the goals and objectives be linked to the prioritized needs and the selected strategies. Nebraska's application kit addressed institutionalization only to the extent that it requested applicants to have a plan for continuation of the project without the assistance of Title V funding after 3 years. Nebraska did not ask applicants to outline strategies for sustaining the initiatives. Nebraska's lack of support for the Title V model affected communities' implementation. The following sections describe and analyze the Title V initiatives undertaken in the national evaluation communities of Norfolk and Valentine, Nebraska.

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## Madison County (Norfolk)

This case study documents the Title V process in Norfolk, from its initial planning for the Title V initiative in 1996 through the end of its first Title V initiative in 2002. As the following sections describe, the Title V initiative in Norfolk experienced challenges in all phases of the Title V model, although it was successful in implementing a program of valuable services for youth.

The presentation begins with a brief community description and discussion of the role of Title V in Norfolk. It continues with discussions of the five stages of the Title V model as implemented in Norfolk: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. It concludes with the evaluation team's interpretation of the data.

### Madison County (Norfolk)

**Funding period:** 1998–2002

**Amount of Title V funding:** \$140,631

**Unit of local government:** Madison County, county commissioners

**Lead agency:** Wesley Center, Inc.

## Brief Community Description

The Title V community in Madison County, Nebraska, is the city of Norfolk, located 2 hours north of Lincoln. It is the largest community in the northeast section of the state and is the major retail trade center. According to the grant application, it is also the industrial center of northeast Nebraska and supports major industries in farm products, livestock, petroleum products, motor vehicle and automotive equipment, drugs and chemicals, electrical equipment and hardware, meat packing, agriculture, and metals. It is a major distribution center for perishable and nonperishable goods.

According to the U.S. Census Bureau, in 2000 Norfolk had a population of 23,516, with approximately 7,217 youth ages 0 to 19 (31.6 percent of the population) residing within the city limits. There were 6,537 youth over the age of 3 in school, and 41.2 percent of them were in elementary school (grades 1 through 8). The median household income was \$34,609. According to the 2000 U.S. Census, Norfolk was primarily white (91.4 percent); 3.2 percent of its population was black or African American, Native Hawaiian, or Pacific Islander; and 6.4 percent was “some other race” or a combination of two or more races.

## Title V in Norfolk

Since the early 1990s, Norfolk has implemented several prevention programs with the support of its schools and community-based organizations. Historically, these programs focused on parenting issues, teen pregnancy, family management, high-risk families, and child abuse and neglect. Norfolk has been committed to interagency coordination and engaging the community. In 1988, Madison County organized a team of Norfolk professionals, civic leaders, and citizens as the Family Action Community Team. The team was a broadly representative, community-based organization that developed programming, projects, and support for the families in Madison County. With its diverse representation and the involvement of key community stakeholders, the team was critical in supporting initiatives and

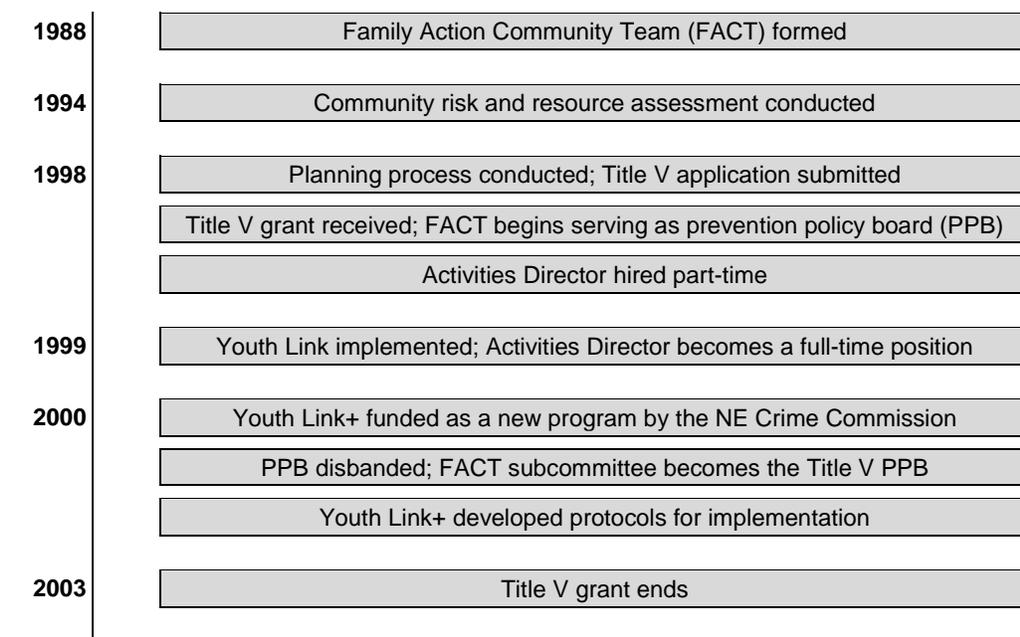
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programs throughout Madison County and the northeast region (Region IV) of the state. The team also was responsible for developing a comprehensive juvenile justice plan.

More than a dozen other collaborative efforts were described briefly in Norfolk’s grant application. These efforts focused on issues such as mentoring, faith, education, recreation, health and human services, social services, substance abuse, parent aide programming, and the arts.

A timeline of Norfolk’s Title V initiative is presented in figure 4.1.

**Figure 4.1: Norfolk Timeline for the Title V Initiative**



## Community Mobilization and Collaboration

The process of community mobilization and collaboration included introducing community prevention to key leaders, forming a policy board, and participating in training. This section describes community mobilization in support of Norfolk’s Title V initiative from 1998 through 2002 and the factors that affected it.

In 1988, a decade before Title V came to Norfolk, Madison County organized a Family Action Community Team dedicated to interagency coordination, active community involvement, and fostering a healthy and productive environment for children. The Family Action Community Team also worked “to strengthen, support, and be an advocate for the family.” In the fall of 1994, the team conducted a community assessment. The data collected helped the team prioritize its immediate strategies, called the Parent Connection Program. Parent Connection, the first major outcome of the community assessment, gave the team its initial momentum, and it felt prepared to address community-level concerns. This momentum existed when Norfolk became aware of the Title V grant application announcement in 1999.

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Norfolk viewed Title V as an opportunity to support the community in a way that previously had not been possible.

### **Introducing Community Prevention to Key Leaders**

The initial community assessment and structure of the Family Action Community Team provided the foundation upon which the Title V grant was pursued and the prevention policy board established.

### **Prevention Policy Board**

The development of a prevention policy board specific to Title V evolved from the team's planning structure, membership, and connection with the community. The Title V planning and grant-writing team consisted primarily of board members from the Family Action Community Team. This group proposed that, when the Title V grant was awarded, a Title V prevention policy board be established and include the following representation:

- ❖ Five members of the Family Action Community Team who are heads of organizations, high-level senior managers, or holders of policy-level positions.
- ❖ One fiscal agent.
- ❖ One Madison County representative (county commissioner/county attorney).
- ❖ Two business representatives (owners, chief executive officers, or senior-level managers).
- ❖ Three youth representatives reflecting the diversity of the community.
- ❖ Three parent representatives reflecting the diversity of the community.

As part of this mobilization effort, members of the Title V planning team recruited individuals to fill the above categories who were willing to commit to the Title V project. It was conveyed to them, and stated in the grant application, that the prevention policy board would:

serve as a governing board for the program. This includes but is not limited to: advisory capacity to provide direction of programming and activities; review of all mini-grant applications and monthly budgetary expenditures; and support of the prevention strategies as outlined in the proposal.

The board's responsibilities were as follows:

- ❖ Meet the needs of youth in the Norfolk area.
- ❖ Set policies to guide the project and the coordinators' activities.
- ❖ Write, maintain, and update a strategic plan outlining the long-range goals for the growth and development of prevention for youth.

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- ❖ Ensure that finances were adequate and that money was spent responsibly.
  - ❖ Support the coordinator.
  - ❖ Participate in board and committee meetings.

The intent was to provide continuity and, upon award of a Title V grant, to include community sectors and organizations that might not have been represented on the planning and grant-writing team.

After the Title V grant was awarded, prevention policy board members were selected from the Family Action Community Team board and the community. Therefore, many individuals recruited to serve on the prevention policy board were not part of the Title V planning process. As a result, from the beginning it was difficult for the board to provide leadership and direction to Norfolk's Title V initiative. Since 1998, the board has lacked a solid structure and, partly because of a lack of training, does not demonstrate a thorough understanding of the Title V initiative.

In the second year of the initiative, the prevention policy board disbanded, and the Family Action Community Team began serving as the prevention policy board for the Title V initiative. This change was proposed for several reasons, including poor attendance at board meetings. Because many of the board members were also members of the Family Action Community Team, it was believed that combining the meetings would reduce the burden on volunteers. In fall 2000, this change was made, and a subcommittee of the Family Action Community Team became the prevention policy board for the Title V initiative.

### **Community Prevention Training**

Nebraska's Title V training was known as Partners in Planning. According to the program documentation, this training had not been conducted since the mid-1990s. Members of the Norfolk prevention policy board had not participated in training activities related to Title V. Caliber Associates conducted training on evaluation and the *Title V Community Self-Evaluation Workbook* in Norfolk in July 1999. The youth activities coordinator, the youth activities project director, the project director, and another board member, along with representatives from other, earlier-round Title V communities, attended.

### **Community-Identified Factors That Influenced Community Mobilization and Collaboration**

Norfolk's efforts to mobilize the community were not consistent with the Title V model. A planning group came together to look at the data collected for a previous community needs assessment. This group indicated in the grant application that the prevention policy board would be identified subsequent to a successful planning process. The board did not participate in training, and attendance at and involvement in the meetings were poor. Interviews with board members indicated that many of the individuals on the prevention policy board already served on several other boards, including the Family Action Community Team. This created a burden on these members.

Another challenge to community mobilization was that key players were not involved. Interviews indicated that prevention policy board members felt they were "missing the power people. We're

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missing the leaders and the shakers that really make decisions and can say ‘police chief, this is going to happen. You’re going to do it. Now, get in there and work with them.’” Also missing were representatives from the city and county governments. Government representatives were involved early in the process, but their participation was to meet the grant application’s requirement that funds go to a unit of local government. In interviews, board members reported that:

We need some bucks, we need some buildings, we need some bodies from City Council, from the Mayor and the City Administrator and from the County Commissioners. The County Commissioners and the County Office, because it’s somewhat removed, have been involved through the County attorney... A little more power at the top that says we not only support this, but we’re going to help make sure that it continues and that it becomes reality.

Insufficient guidance and understatement of the roles and responsibilities of the prevention policy board were other challenges to mobilization. Members of the board reported that:

We [need] to do more than just be a sounding board for the activities director. And that’s really about all we did last year. She’d come in and tell us about her programs and we’d say, ‘you know, that sounds great. You know, keep it up.’ But we realized we needed to be doing more than that and in order to do that, we needed the right people and resources and folks in the community.

Board members reported, “They had not really been given a whole lot of direction as far as what the activities director wanted from them.” The activities director had never attended Title V training, however, and might not have had sufficient resources to support the board in this process. Members report that training would have been helpful: “I think that training would have been great. I just sort of volunteered for this board not realizing how much more there was to it than sort of just being a sounding board.”

## **Initial Assessment and Planning**

Title V’s initial assessment and planning stage includes identifying risk factors, resources, and prevention programs and developing a 3-year comprehensive prevention plan. The assessment and planning for the Title V initiative in Norfolk took place from 1998 to 2002. Data were not available on the community-identified factors influencing the assessment process. The assessment preceded the Title V initiative, and the individuals who reviewed the data and compiled the information to be included in the grant application were not involved with the prevention policy board once the Title V funds were awarded.

### **Identifying Risk Factors, Resources, and Prevention Programs**

In January 1998, the Family Action Community Team completed the Comprehensive Community Plan for Children, Youth, and Families in Madison County (made possible by the Nebraska Commission for the Protection of Children). This preexisting risk assessment was used as the assessment for the Title V grant application. In the application, Madison County identified the top 10 priority needs for both adults

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and youth, based on needs assessments and interviews with citizens to identify the “most pressing issues facing the community,” as the following:

- ❖ More youth activities.
- ❖ Bigger/better mall.
- ❖ More sports programs.
- ❖ More police to enforce the law.
- ❖ Later curfew.
- ❖ More jobs for teens, tied to shorter school days.
- ❖ More/better food places.
- ❖ Drug prevention, tied to crime.
- ❖ Lower driving age, tied to drive-in theatre.
- ❖ School bus system, tied to more schools.

The assessment also documented that the following factors appeared to be contributing to youth problem behaviors:

- ❖ Changing demographics of a community experiencing social and ethnic change.
- ❖ Economic growth factors, with a limited workforce available.
- ❖ Shortages in affordable housing.
- ❖ Increase in single-parent families.
- ❖ Increase in youth access to drugs and alcohol.

### **Developing a Comprehensive Prevention Plan**

The Comprehensive Community Plan for Children, Youth, and Families, which was submitted with Norfolk’s Title V grant application as its risk and resource assessment, was completed before the community applied for the Title V grant. Members of the Family Action Community Team who participated in the development of the Comprehensive Community Plan also participated in the planning for Title V.

The Comprehensive Community Plan reviewed community-identified concerns for adults and youth. Youth activities were the most frequently reported need. With the exception of the Youth Task Force, the priorities identified in the Comprehensive Community Plan (24-hour intake and assessment, alternative education, expansion of prevention efforts, resource listing, and youth staff-secure program) do not correspond to the strategy selected for implementation with Title V funds.

The Comprehensive Community Plan submitted with the Title V grant application included the assessment data. It did not, however, link the data to the prevention strategies that Norfolk selected. The strategies selected for implementation were discussed briefly in the grant application. They were not research-based.

### **Implementation of Prevention Strategies**

Implementation of prevention efforts involves prevention strategies and identifying and leveraging community resources. This section describes the implementation of prevention strategies and activities

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that took place as part of the Title V initiative in Norfolk from 1998 to 2002 and also discusses community-identified factors influencing Norfolk’s implementation efforts.

To address the needs of local youth, Norfolk hired an activities coordinator (i.e., project coordinator) to develop, manage, and maintain activities for youth. The role of the activities coordinator was to increase youth participation in existing activities and, to the extent necessary, remove barriers to participation (e.g., cost, transportation, lack of awareness of program, lack of feeling of acceptance into program). Two years into implementation, Norfolk submitted a new Title V application, under a new request for proposals, to the Crime Commission to modify the Youth Link program that had been proposed as part of the initial Title V initiative. The new program, Youth Link+, was approved in 2000 as a new Title V program. Youth Link consisted of monthly, one-time events for youth. Youth Link+ focused on service learning activities for high-risk youth. It continued the Youth Link program coordination but had a second component that focused on individualized outreach efforts.

### **Youth Link**

Members of the prevention policy board reported a concerted effort was made to ensure that all activities, existing and new, were accessible, and to minimize obstacles of transportation, food, or equipment that had previously prevented some youth from participating. Beyond coordination of activities for youth, the activities coordinator worked with area educational, social, and law enforcement agencies to support parent and family educational components to foster healthy life choices by youth.

The activities coordinator was responsible for monthly activity updates to the prevention policy board. The board in turn provided guidance, review, and the support necessary for the coordinator to complete the goals outlined for the project. The Norfolk grant application indicated that “this approach [proposal] maximizes the potential of the resources that already exist in the community for youth. It reduces the potential for duplication, thereby creating efficiency within the structure and hopefully diverting resources into new areas of activity development for youth.”

A Youth Advisory Council was established to assist in planning programs and activities for youth. The 15-member council had an advisory capacity and was representative of the ethnic, racial, and cultural mix of the community. Representatives for the council were sought from students in grades 7 to 12 from each school in the community. The council was very active in planning events, publicity, and fundraising.

In the original Title V grant application submitted in 1997, the Youth Link program was created to serve 2,000 youth in the Norfolk area. The position of the activities coordinator was multipurpose: to work with the existing youth activities and to increase participation where possible. Although the Crime Commission did not deny or reject funding to applicants, it required some applicants, including Norfolk, to resubmit applications with a revised budget or scope of work. In Norfolk’s revised grant application, the total Title V project costs were reduced from \$69,901 to \$22,429. In one major revision, the activities coordinator position was changed from full-time at \$25,400 per year to part-time at \$14,942 per year. Another revision was that the Title V initiative was no longer to be housed in and directed by the Norfolk Public Schools; leadership of the initiative was transferred to the Wesley Center, a local nonprofit agency.

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Program implementation began as planned in 1998. However, with the reduction in hours, the coordinator focused primarily on sponsoring events for youth rather than serving as a resource to link youth to programs and reduce barriers to participation. Youth activities were held in the community during the first 2 years of program operation, but there was no ability to determine the activities' impact on youth.

### **Youth Link+**

In August 2000, Norfolk's Title V initiative prevention strategy changed from Youth Link to Youth Link+ and the activities coordinator position transitioned from part-time to full-time. Youth Link+ had two components. It focused on activity planning, development, and implementation, with the support of community youth. It also conducted individualized outreach efforts targeted at high-risk youth, with the intention of connecting them to supports in the community to ultimately build youth assets. These efforts included an asset assessment of the youth before and after they participated in Youth Link+. The Crime Commission funded Youth Link+ as a new program and, as a result, Norfolk received 5 years of Title V funding to support its strategies.

Youth Link+ was based on the Search Institute's 40 Developmental Assets model. Norfolk Public Schools, the Department of Health and Human Service, the state Probation Office, and concerned adults referred youth to Youth Link+. Referral forms were used to determine each youth's current assets and which youth were at greatest risk. Youth who were more at risk had priority for entering the program. The revised grant application indicates that, 2 years into the process, Norfolk felt that, although providing one-time events to the youth in the community was helpful, a more comprehensive and coordinated approach was needed.

Youth Link+ began accepting referrals on September 1, 2000, and the program anticipated accepting up to five referrals per month. That September, 11 referrals were received. Youth Link+ accepted all 11 youth into the program and the youth activities coordinator met with them individually and as a group. All of the youth became involved in service learning such as helping children in daycare make fall decorations, handing out fliers for the Nebraska AIDS Project fundraiser, making Halloween decorations for a local nursing home, and adopting a block downtown to keep clean.

### **Identifying and Leveraging Other Resources for Prevention**

The youth activities coordinator was constantly searching for resources to support the Title V prevention strategies, usually through fundraising events in the community to support Youth Link+. No plan existed for leveraging additional resources other than on an as-needed basis.

### **Community-Identified Factors That Influenced the Implementation of Prevention Strategies**

The ideas behind the prevention strategies in Norfolk were not consistent with the Title V model. The strategies were not research-based and did not include plans for implementation. Norfolk chose to support a new program (Youth Link+) with a low level of start-up funds. Members of the prevention policy board report that the size of the grant award was insufficient, making implementation of a significant activity difficult: "\$17,000 (approximate year 1 award) in [a] budget is pretty minor, and how can you even justify devoting a whole lot of time to that small a piece of your total pie?"

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A key facilitating factor for a program is having one person responsible for overseeing implementation and reporting: “Youth Link+ is probably one thing that has been maintained throughout the period of time because you have someone paid to direct it and that’s key. You can’t do it by just everybody volunteering and creating by committee. The collaboration has to be there ... But you’ve also got to pay somebody to run it.”

Another key facilitating factor was the activities coordinator’s commitment to the work. Board members reported that the coordinator demonstrated excellent commitment to the activities and to the youth. This created momentum for the expansion from Youth Link to Youth Link+ and the subsequent modification of this position from part- to full-time.

## **Monitoring and Evaluation**

The monitoring and evaluation stage of the Title V model theoretically should include several activities such as conducting program evaluations of each prevention strategy, evaluating the Title V initiative as a whole, and reassessing community indicators. No ongoing assessment of community indicators for the Title V initiative in Norfolk from 1999 to 2002 was conducted, and no data were available to capture community-identified factors influencing evaluation and monitoring efforts.

Although the Youth Link program did identify outcome-oriented goals and objectives, no evaluation plan assessed if the program was appropriately linked to them. In addition, the community did not collect process or outcome data and did not track risk factors. The youth activities coordinator did monitor program implementation (in terms of numbers of youth served and number of activities conducted), and provided brief descriptions of events for each activity.

For Youth Link+, the youth activities coordinator and the prevention policy board revised the program goals and objectives to reflect the new emphasis on increasing the number of protective factors for youth. For example, a plan had been developed to track the number of individual youth protective factors at the time of intake and the number of protective factors after 6 and 12 months of participation; however, this method was unlikely to provide much meaningful data. In addition, the number of participants that were expelled, suspended, or receiving school disciplinary action were to be tracked. Staff had begun to develop forms to capture these data, but no data were available during the national evaluation.

## **Institutionalization**

The Title V process of institutionalizing prevention efforts includes sustaining key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies. Norfolk received additional Title V funding from the Nebraska Crime Commission to fund the Youth Link+ program as a new program in Norfolk. However, the Title V initiative was completed in June 2003 and there was no plan for institutionalization at last report.

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## Interpretation

Examining Norfolk's approaches to implementing the Title V model reveals a number of challenges, but the community's second Title V initiative displays some successes based on lessons learned from the first initiative.

During the initial planning period, Norfolk used preexisting data for the risk assessment. Members from an existing collaborative in the community committed resources to completing the assessment and submitting the grant application to the state. Some members of this grant-writing team remained involved in the initiative as part of the prevention policy board. However, as it had proposed, Norfolk identified the majority of the board members after the grant award, which was not consistent with the intention of the Title V model, and resulted in a lack of continuity.

The focus of the grant application was general implementation of activities for youth, coordinated by an activities director hired with the Title V funds. The plan was insufficient as either a 3-year plan or one that could inform program planning throughout the life of the grant. The strategies selected were not specifically linked to risk factors or program outcomes and no plan was in place for institutionalization.

The primary strength of the initiative was the commitment of the activities coordinator, the key staff person whose efforts enabled Norfolk to implement a number of its planned youth activities.

Norfolk revised its original Title V initiative from Youth Link, which consisted of monthly one-time events for youth, to Youth Link+, which focused on service learning activities for high-risk youth. This change, which was encouraged by the state juvenile justice specialist, allowed Norfolk to apply for Title V funds as a new project. As a result, instead of being in its third year of Title V funding, Youth Link+ was considered by the state of Nebraska as a first-year Title V project.

Some of the challenges of Youth Link+ are similar to those experienced in the first initiative: how the program activities were specifically linked to building assets or reducing risk behaviors in high-risk youth was not clear and it was also unclear how the project was linked to the Comprehensive Community Plan developed by Family Action Community Team in 1998. However, this second initiative experienced some successes not seen in the first initiative. It received more support in the community and the prevention strategies were more focused. In addition, attendance at prevention policy board meetings was more regular, which may have been because members were encouraged to participate more in the program referral process.

The juvenile justice specialist was involved with Norfolk's Title V re-application process, which was consistent with the office's attempt to monitor Title V strategies in the state more strictly. The juvenile justice specialist provided technical assistance on site and via telephone to help the community submit a successful and acceptable application. It was at this time that the juvenile justice specialist received Title V training for the first time. Having this training earlier would have been more beneficial.

## Summary

The most significant challenge to the community was the lack of training and support for Title V grantees. Title V training, guidance, and support from the juvenile justice specialist would have

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provided community members with a better understanding of the title V model, including the role of the prevention policy board. Training also might have assisted communities in developing 3-year plans that could support program implementation, monitoring, evaluation, and institutionalization. Finally, selected strategies might have been more closely connected to risk and protective factors and evaluation capacity enhancement. As is evident in such states as Michigan and Pennsylvania, which is presented in the next chapter, training does make a difference in how successful communities are in their Title V efforts.

## Valentine

This case study documents the Title V process in Valentine from its initial planning in 1997 through the end of its Title V initiative in 2002. The Title V initiative in Valentine demonstrated some successes with early phases of the model (such as community mobilization and assessment), but challenges in implementation and evaluation resulted in the demise of the initiative at the end of the Title V grant period.

This case study begins with a brief community description and discussion of the role of Title V in Valentine. It continues with discussions of the five stages of the Title V model as implemented in Valentine: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. It concludes with the evaluation team's interpretation of the data.

<p style="text-align: center;"><b>Valentine</b></p> <p><b>Funding period:</b> 1999–2002 <b>Amount of Title V funding:</b> \$71,665 <b>Unit of local government:</b> City of Valentine <b>Lead agency:</b> City of Valentine</p>
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### Brief Community Description

Valentine is located in north central Nebraska, in the heart of the Sandhills. It serves as a commercial center for the Rosebud Sioux Reservation, located only 9 miles away in Todd County, South Dakota. The economy of the area is based primarily on agriculture and ranching, although the tourism industry is growing.

In 2000, Valentine had a population of 2,820 people; 28 percent of the population was under the age of 19. In Valentine, 92.2 percent of the residents were white, 5.8 percent were Native American, and 2 percent were other races. According to the grant application, Valentine served a much larger population than the communities that were within the city limits. It served as the commercial center for much of Cherry County, an area of 6,048 square miles with a population of 6,148 (29.1 percent were under 19 years old), according to the 2000 census. The median household income was \$27,359.

At the time of the Title V application, opportunities for recreation both within and outside the community were severely limited. Valentine had only one movie theater and no place for minors to go to listen to music or see any of the performing arts. There were no skating rinks, arcades, or game rooms. When teens wanted to go out, there were few places for them to go unless a school-sponsored activity happened to be taking place. Many other small towns had limited recreation activities but were located geographically closer to a larger community where activities were available. Valentine teenagers, on the other hand, had to travel in excess of 120 miles one way to gain access to the types of facilities that teens from other communities take for granted.

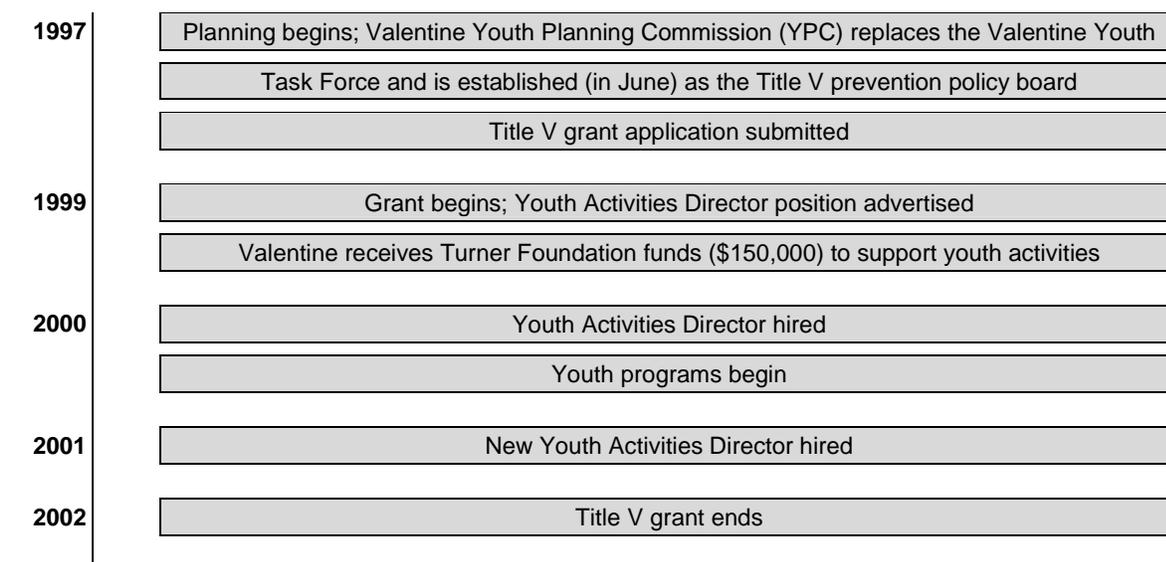
Another geographic factor that affected Valentine youth, as reported by members of the community, was the proximity to the Rosebud Sioux Reservation. Valentine experienced spillover effects from the reservation and the surrounding area. It consistently ranked as one of the 10 poorest counties in the nation—reflected in high unemployment rates and in skyrocketing rates of alcoholism, drug abuse, teen pregnancy, and teen suicide. Community members reported that the recklessness and low self-esteem that resulted from this culture of poverty had spillover effects for all Cherry County youth including Valentine youth. Recent years showed an increase in the number of Native American youth entering the Valentine community as transfer students because Valentine is a business and recreational area.

## Title V in Valentine

Valentine had experience with youth activities; however, before Title V, it did not have a strong history of comprehensive community efforts. According to interviews with community members, prevention activities and community coalitions were led, for the most part, by a core group of individuals who were responsible for leading most of the initiatives in Valentine and the surrounding area for the last several years. In 1997, the Cherry County Attorney gathered individuals representing city and county law enforcement, K-12 administration, the local Office of Health and Human Services, the North Central Quad Counties Domestic Violence Office, local radio and print media, the Valentine Chamber of Commerce, the Cherry County Commission, the city of Valentine, and the Valentine Parent-Teachers Association to discuss the formation of a task force for youth-related problems in the area and to seek a cooperative effort in finding solutions. The Valentine Youth Planning Commission eventually replaced this task force. Other collaborative efforts that served Valentine were the Cherry County Child Abuse and Neglect Investigation and Treatment Team and the Valentine Parent-Teachers Association.

In 1997, the Youth Planning Commission was established to serve as an advisory council to the community and submit an application for Title V funds. The Nebraska Crime Commission requested that Valentine revise the budget component of the application and resubmit before final approval and award. A timeline of the Title V initiative in Valentine is presented in figure 4.2.

**Figure 4.2: Valentine Timeline for the Title V Initiative**



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## **Community Mobilization and Collaboration**

Community mobilization includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training. This section describes the process of community mobilization for the Title V initiative in Valentine from 1997 to 2001 and discusses community-identified factors that influenced it.

### **Introducing Community Prevention to Key Leaders**

In early 1997, a task force in Valentine began addressing some of the concerns affecting the community and area youth. Core members of this task force had already been focusing on youth problem behavior. With the announcement of Title V funds, known in Valentine as Crime Commission or Juvenile Justice Funds, the task force realized that Title V's community-based delinquency prevention focus was a good fit with the work that Valentine had just begun.

### **Prevention Policy Board**

Valentine's Youth Planning Commission, the prevention policy board in Valentine, was established in June 1997 by the city council. With the advisement of the city of Valentine, the Youth Planning Commission was created to coordinate local and state efforts in the best interests of the area's youth.

The commission's primary purpose was to respond to an increase in negative juvenile behavior by coming together with the community to find alternative activities for youth. Membership included leaders of organizations, business owners, policymaking officials, and individuals concerned about the future of Valentine area youth, and represented a cross section of the community. The common goal of commission members was to provide better lives for youth and others in Valentine.

During the planning phase, members of the planning commission met with and received support from individuals and community organizations who supported positive programming for youth. The commission discussed the community's needs and possible program solutions, completed a preliminary budget, and submitted it to the city council for approval.

The planning commission also was responsible for identifying members of the community it believed should be involved in ongoing planning and identifying supplemental funds to support the implementation and sustainability of programs. It reviewed and submitted quarterly meeting minutes and activity reports to the city council for approval.

During the first year of implementation, the Youth Planning Commission met regularly as it reviewed applications for the youth activities director position, the selected Title V strategy in Valentine. Once this individual was hired, commission meetings often included a report from the youth activities director. The planning commission served in an advisory capacity to the youth activities director and periodically connected the youth activities director with members of the community who supported youth activities.

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## **Community Prevention Training**

According to the program documentation, members of the Valentine community did not receive Title V training. The national evaluation team conducted a training on evaluation and the *Title V Community Self-Evaluation Workbook* in July 1999 in Valentine. Several members of the Youth Planning Commission attended, but the youth activities director had not been hired at that time and no commitment was made to use the *Workbook* to document the initiative.

Over time, there were two youth activities directors and both received grants management training from the state Juvenile Justice Grants Office, but neither received any formal training related to the Title V initiative.

## **Community-Identified Factors That Influenced Community Mobilization and Collaboration**

Valentine's efforts to mobilize its community resembled those of the Title V model. The Youth Planning Commission was formed before Title V funds were announced but members report that active membership was low, and commission members did not receive Title V training. One commission member reported feeling that broad representation on the board and community buy-in were lacking:

The city is not going to provide all the money for this because it's an easy solution to your problem and then the only buy-in you've got is the city government. You don't have community buy-in at all...So, I'm not totally convinced that the community's buy-in is there yet...they can't have it just by city government or they couldn't have it just through the school system. They need to have a cross-representation of the community in order to make this thing successful.

The membership of the Youth Planning Commission was large on paper but only a small number of members were active: "Yeah, there's probably 20 or 30 that are on paper; there's probably six or eight of them that are active." One additional challenge was the lack of experience with programs of the magnitude of Title V: "I think right now the group is inexperienced in terms of dealing with programs of this scope."

The facilitating factor for mobilization and collaboration in Valentine was the focus of the initiative: "The positive thing is the group that's formed does have an interest in seeing kids succeed and providing activities for kids and providing things for youth in the community."

Faced with these challenges, though, Valentine's mobilization was limited to the active commission members who ultimately were not representative of the entire community. Mobilization and collaboration were limited.

## **Initial Assessment and Planning**

Assessment and planning include conducting a community needs assessment and developing a 3-year comprehensive prevention plan. The process of assessment and planning for the Title V initiative in Valentine from 1997 to 2001 and the community-identified factors that influenced the process are discussed below.

## Identifying Risk Factors, Resources, and Prevention Programs

On the basis of existing surveys (Nebraska Family Survey of West Central Nebraska, 1996; Kids Count in Nebraska, 1993; Cherry County School Survey, 1994; and Valentine Middle and High School Youth Survey, 1997), town hall meetings, law enforcement statistics, and input from concerned citizens, but not on the basis of a comprehensive risk and resource assessment, the Youth Planning Commission determined that the priority risk factor for youth in the community was a lack of age-appropriate activities for youth outside the school setting. The commission reported that the lack of activities led some Valentine area youth to turn to vandalism, drugs, alcohol, and other juvenile problem behaviors.

Dating back to 1997, several meetings, workshops, and seminars sponsored by various Valentine organizations reflected the community's commitment to adopting a comprehensive delinquency prevention plan. During the Title V data collection period (leading up to June 1997), process surveys of middle and high school youth, results of town hall meetings, and input from concerned citizens were collected to assess risk and protective factors present in the community. The core group of planning commission members compiled the risk assessment data for inclusion in the grant application. This process identified the risk and protective factors listed in table 4.1 as being present at the time.

**Table 4.1: Risk and Protective Factors in Valentine, 1997**

Risk Factors	Protective Factors
A lack of age-appropriate activities for youth outside the school.	Churches with youth groups (10).
An increase in first-time juvenile offenders, especially in the areas of alcohol, drug use, and vandalism.	Numerous 4-H groups (4 clubs with 120 members in 1997).
The number of area youth who have lost respect for authority; an increase in the juvenile crime rate.	The Valentine Police Department helps youth increase self-esteem and gain respect for authority by assisting and interacting with youth through programs such as GREAT and Toys for Tots, and through its sponsorship of the Teen Halloween Dance.
A shift away from traditional values toward less family involvement.	School activities providing positive interaction with peers and adult role models.
Youth are perceived as being highly influenced by negative peer behavior.	Girl and Boy Scout troops.
Little opportunity for area youth to attend age-appropriate activities in nearby communities (due to Valentine's geographic isolation).	
The lack of positive and culturally diverse support systems to accommodate the cultural diversity of youth.	
An increase in child, spousal, alcohol, and drug abuse.	
Strict labor laws that limit employment opportunities for younger teens.	
A high rate of homelessness resulting from Valentine's transient population.	
Limited resources in early child care, especially for parents who are employed part-time.	
A high percentage of children and families living in poverty.	

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The grant application indicated that the activities offered were not always well coordinated or well advertised, leading to very little participation by area youth. In addition, the Youth Planning Commission reported that the age appropriateness of the activities offered did not always correspond with the age group for which a need existed. Of the approximately 1,250 youth in the area, only about 25 percent participated in current activities, including school-sponsored events.

### **Developing a Comprehensive Prevention Plan**

A member of the Youth Planning Commission wrote the Title V grant application. This individual had been involved in data collection and had written grant applications for Valentine in the past. During the planning phase, the core team primarily was responsible for coordinating the data and reviewing the grant application.

In the grant application, Valentine included a timeline for the first year showing risk and protective factors and the community resources that would contribute to implementation of the Title V initiative. This submission constituted the comprehensive plan for Valentine, which centered on the implementation of additional activities, including some for youth not participating in existing programs; the organization of a marketing approach for youth programming; and, with the assistance of teens in the community, the development of a teen center. These activities were the responsibility of the youth activities director. The Youth Planning Commission's role was to assist the city manager by serving as an advisory board for the youth activities director, who reported to the commission quarterly.

### **Community-Identified Factors That Influenced Initial Assessment and Planning**

Valentine's assessment and planning process was consistent with the Title V model, but it was not comprehensive. Valentine gathered and reported data on its community risks; however, its strategies were not research-based. In addition, the protective factors included in the grant application were community-defined, as opposed to research-supported. No comprehensive list of existing resources was provided.

The primary facilitating factor was the commitment of the Youth Planning Commission's core management team to assessment, planning, and using available resources. The primary challenges to the process were inexperience with a program and planning process of this scope and the lack of resources to get the job done.

### **Implementation of Prevention Strategies**

Implementation of prevention strategies involves prevention services and activities and identifying and leveraging other resources. This section describes Valentine's Title V initiative implementation process from 1998 through 2001 and also discusses community-identified factors that influenced it.

The youth activities director organized and coordinated the implementation of youth activities approved by the Youth Planning Commission. In addition, the youth activities director assessed community and business donations, and the appropriate use of these funds. The youth activities director reported to the city manager and followed policy decided by the planning commission.

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In January 2000, the youth activities director began work in Valentine. During the first few months, the director surveyed local youth and planned and implemented several activities in the community, including soccer and gymnastics. The implementation process also was intended to develop a data collection tool to learn how many youth were being reached efficiently and on an ongoing basis. The youth activities director intermittently worked on the planning and implementation of a youth center, the 4-to-6 Club, and other youth activities in the community. In addition, he was responsible for program fundraising, marketing, and recruitment. Adult volunteer participation was significant, but it was noted that volunteer and parent relations were often a problem. Because all youth activities had been operated on a volunteer basis in the past, several members of the community had difficulty adapting to the new policies and procedures established by the youth activities director, who was a new resident in the city.

The first year was spent primarily assessing youth utilization of programs and identifying programs that could either be expanded or added to meet a few immediate needs of the youth. In the second year, the youth activities director was charged with increasing the variety of programming and the volunteer database. The third year had been designed to maintain and possibly increase the programs identified in the previous 2 years. The community also planned to secure more support for a teen center with additional monies during the third year. In years one and two, the youth activities director mobilized individuals involved with the programs to learn more about what they were doing and to organize a core team of volunteers, increasing the number of positive role models in Valentine and rebuilding respect between youth and adults in the community.

### **Identifying and Leveraging Other Resources for Prevention**

In 1999, the Youth Planning Commission received a 3-year grant from the Turner Foundation for \$150,000 (\$50,000 each year for 3 years). The funds were distributed through a youth board of the commission to support local activities specifically targeted to middle and high school youth. In the first round of local grant distribution, the youth activities director applied for and received a grant to support the spring soccer program. The planning commission also allocated \$3,000 of Turner Foundation funds to match the Title V grant. Interviews with the commission members who applied for the funding revealed that the work in support of the Title V grant application played a significant role in qualifying for the Turner Foundation money.

### **Factors That Influenced the Implementation of Prevention Strategies**

Several issues hindered the implementation of the Title V initiative in Valentine, including the challenge of hiring a youth activities director. The Youth Planning Commission advertised the position on multiple occasions and received few responses. Interviews with commission members indicated that the process took longer than had been anticipated. Another challenge was the fact that the youth activities director's roles, relationships, and responsibilities and the commission's expectations were undefined. For example, the youth activities director had daily contact with the Valentine city manager and less frequent contact with the planning commission. The leaders of the commission reported feeling that some of the youth activities director's activities were influenced more by the city manager than by the commission, the representative community body. An example of the lack of clarity regarding what the commission expected of the youth activities director was that, on some occasions, the activities director led commission meetings, while at other times the director was "an agenda item" at the meetings.

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## Monitoring and Evaluation

Title V monitoring and evaluation should include an evaluation of prevention strategies and the initiative as a whole, and a reassessment of community indicators. In Valentine, from 1999 to 2002, no ongoing assessment of community indicators was conducted and no data were available that captured the community perceptions of factors that influenced the ability to evaluate and monitor.

The Youth Planning Commission was not involved in the evaluation of Valentine's programs nor is there a record of the commission's supporting the youth activities director in this process. The grant application did not include a plan for monitoring or evaluation. In the absence of a plan, the structure was insufficient to support the collection and analysis of data other than participant involvement in activities. Valentine did not demonstrate strong evaluation capacity and did not have a relationship with a university or organization that would have been able to provide evaluation services. Valentine did not have the supports in place to evaluate the impact of the Title V initiative on juvenile delinquency in Valentine or the surrounding areas. No attempts were made to gather risk- or protective-factor indicator data for use in ongoing prevention planning.

## Institutionalization

The process of institutionalizing prevention efforts includes meeting goals and objectives and obtaining continuation funding for successful programs and strategies. This section describes the process of institutionalizing the Title V initiative in Valentine from 1997 to 2001 and presents community-identified factors that influenced it.

The Youth Planning Commission continued to operate in Valentine after the end of the initial Title V grant, supporting youth-related programming in the community. There had not been strong support for assessment or planning in Valentine which limited the city's ability to make data-based decisions. The Title V initiative in Valentine was not institutionalized, but components of the initiative continued beyond Title V. The planning commission continued to serve in a capacity-building role and the youth activities director remained an employee of the city. However, no evaluation activities were launched to inform ongoing planning.

The primary challenge to institutionalization was the lack of strong relationships and partnerships in the community. Without such support, the city never truly committed to the initiative. This situation has been a challenge in the past in Valentine: "I've seen that happen before and so through the whole process I caution[ed] them that they needed the buy-in, they need the investment by the community."

## Interpretation

A slow grant startup period (e.g., a delay in gaining the Title V funds from the state and a lengthy youth activities director hiring process) significantly delayed the Title V program activities in year 1 and the planning for year 2. A youth activities director was hired in January 2000 and began new recreational activities for youth, such as soccer and gymnastics. Then a new youth activities director was hired during the last year of the initiative. There is no clear link, however, between the youth activities and a delinquency prevention plan for several reasons: the Youth Planning Commission's lack of Title V

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training, the activities director's lack of clear responsibilities for the role, and a lack of accountability to the state juvenile justice grants manager.

During mobilization and implementation, the Youth Planning Commission was less involved in the conceptualization of the initiative and more involved in the day-to-day management of program implementation. In the planning phase, the commission's purpose was to submit a successful application. In the implementation phase, the commission became more of a sounding board for the youth activities director's program updates. The role, responsibilities, and expectations of the commission were never clear due to lack of training in the Title V model. Without a clear understanding of the roles, responsibilities, and relationships of the commission and the youth activities director, Valentine had insufficient support to mobilize fully in support of Title V.

Valentine's assessment and planning activities were partially consistent with the model. Valentine conducted a data-driven risk assessment although it was neither comprehensive nor based on the prioritization of risk factors. The grant application was not comprehensive and the 3-year plan was inadequate (only 1 year of planning was included in the grant application). The lack of a true delinquency prevention plan affected program implementation in Valentine.

Valentine did not implement the Title V model as intended. Valentine used its Title V funds to hire a youth activities director who operated independently, without any direct links to delinquency prevention or the reduction of risk factors. The role of the Youth Planning Commission was undefined in the operations of the Title V initiative, and the commission was not involved in program evaluation or sustainability efforts. In addition, the youth activities director and the commission struggled with Title V recordkeeping and reporting, which related to the struggles Valentine had with monitoring and evaluation.

The youth activities director and members of the planning commission did not have experience or training in program evaluation and demonstrated little interest in the evaluation of the Title V initiative. The data collected and submitted were mainly program implementation summaries as recordkeeping and reporting were not a priority of the Title V initiative in Valentine. Insufficient reporting and evaluation presented challenges to sustainability of the Title V model.

Institutionalization of Title V in Valentine was problematic, and the community ultimately was unsuccessful. Without training and a clear understanding of the Title V process, Valentine was not positioned to implement the model as intended. Nonetheless, the services for youth were valuable and members of the community report with confidence that the Title V grant was key to receiving the Turner Foundation money.

## **Summary**

Valentine experienced many challenges implementing the Title V model. In general, key community members did not have an understanding of the model. Despite this, the initiative launched valuable youth programs and was credited with assisting the community in its application for other funds.

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## **Title V in Nebraska: Concluding Remarks**

The challenges experienced by Nebraska's Title V communities were related to the lack of training and technical assistance available at the state and local levels. At the time of the national evaluation, Nebraska did not have the capacity to help communities mobilize, assess, plan, implement, and institutionalize Title V. The Nebraska Crime Commission recognized early that, historically, prevention strategies had not been a priority within the state. Without the supports that often come with priority programming (e.g., ongoing training, technical assistance, feedback from and communication with state and local agencies), communities are likely to struggle and be unable to implement the Title V model as designed. Although the communities encountered challenges, commitment to juvenile delinquency prevention and a willingness and interest at the local level positioned Norfolk and Valentine to implement programs that previously were absent in the communities. These communities benefited from Title V, although not as the model had been designed.

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## Chapter 5: Pennsylvania

The case study of Title V in Pennsylvania, which focuses on the national evaluation communities of Fayette and Northampton Counties, presents both successes and challenges in the implementation of the Title V model. Strong state- and local-level support, community collaboration, and commitment to the Title V model were key factors in success, although difficulties in planning and evaluation resulted in significant challenges.

The first section of this case study presents and discusses state support for Title V from 1998 to 2002. The next sections present and discuss the Title V initiatives in Fayette and Northampton Counties from 1998 to 2002. The last section presents concluding remarks on Title V in Pennsylvania.

This presentation is based on four primary data sources from each community throughout its participation in the national evaluation: stakeholder interviews, in person and via telephone; a review of Pennsylvania's Title V documentation, including the request for proposals and the community grant applications; a review of Fayette's and Northampton's Title V documentation, including the grant applications, quarterly progress reports, and prevention policy board meeting minutes; and a review of the federal Title V guidelines and documentation. In addition, the case study includes the evaluation team's interpretation of the case study data that represents Caliber's experience of working with all 11 national evaluation communities during the multiyear implementation of the evaluation.

### State Support for Title V

Based on Pennsylvania's juvenile population, a factor that determines the amount of Title V funds allocated to each state, Pennsylvania has been eligible to receive funds ranging from \$538,000 to \$1,523,000 each year. The Pennsylvania Commission on Crime and Delinquency, the implementing state agency in Pennsylvania, chooses to support communities with sizable grant awards; these awards have ranged from \$5,927 to \$95,850. From the beginning of Title V in 1994 through 2002, Pennsylvania funded 91 Title V communities.

Pennsylvania's Title V initiative is based on the Communities That Care curriculum for juvenile delinquency prevention efforts. Title V is generally viewed as the funding mechanism for implementing Communities That Care principles and strategies in communities across the state. Since the state and the communities identify their work as Communities That Care rather than Title V, "CTC" or "Title V/CTC" will be used in this chapter when referring to the state and community initiatives.

The Pennsylvania Commission on Crime and Delinquency has provided strong support for Title V/CTC efforts in Pennsylvania through its use of state funds for planning grants, training, technical assistance, and access to data for use in assessments. The agency also has demonstrated commitment to Title V and CTC principles evidenced by its requirements for community members' participation in training, submission of comprehensive assessments and delinquency prevention plans, and other key components of Title V and Communities That Care. The primary challenge for the commission has been in the area of evaluation. The successes achieved by Title V/CTC communities in their implementation and outcomes closely aligns with these strengths and challenges.

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The two Pennsylvania communities selected to participate in the Title V national evaluation were Uniontown in Fayette County and Easton in Northampton County. These communities each received a planning grant and 3 years of funding. They each implemented broad-based delinquency prevention initiatives centered on a project director or community mobilizer who coordinated all aspects of the community's efforts, including management of the prevention policy board, assessment and planning, implementation of specific strategies, support and coordination of existing strategies, and evaluation. These communities had varied levels of success in their efforts, but generally understood and were committed to the Communities That Care principles.

## **Pennsylvania's Granting Process**

The Pennsylvania Commission on Crime and Delinquency is the state agency responsible for coordinating Title V grant activities in the state. The commission, a body of the Governor's Executive Office, serves as "a catalyst for the prevention and reduction of crime and delinquency . . . and . . . strives to effect improvements in the criminal and juvenile justice systems."

Each fiscal year, the commission sends to all eligible units of local government a letter of invitation to participate, pre-grant, in a series of three training sessions. These sessions are based on the Communities That Care curriculum for delinquency prevention planning and include key leader orientation, risk and resource assessment, and promising approaches. To be selected for participation in the trainings, the commission requires interested communities to submit a letter committing themselves to:

- ❖ Send five appropriate community representatives to each of three training sessions.
- ❖ Complete a risk and resource assessment.
- ❖ Develop a comprehensive 3-year delinquency prevention plan within 3 months of completing the training.

An interdepartmental team reviews applications to participate in pre-grant training and selects those that meet the internal "readiness" criteria. Once they are selected, the commission requires those communities to send representatives to all three training sessions. At the end of the training series, communities have 45 days to complete and submit 3-year comprehensive community-based delinquency prevention plans—their Title V grant applications.

All Title V applications are reviewed by both staff from the Pennsylvania Commission on Crime and Delinquency and members of the Prevention Subcommittee of the Juvenile Advisory Committee, which serves as the Pennsylvania State Advisory Group. Commission staff and Prevention Subcommittee members present their recommendations to the full Juvenile Advisory Committee, which then votes whether or not to fund the application. Representatives from the applicant community are invited to attend the meeting at which their application will be discussed.

Grants are awarded on a 12-month fiscal cycle, though Title V communities are guaranteed 3 full years of funding as long as they meet quarterly and annual state evaluation and monitoring requirements, including implementation and budget reports.

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## Training and Technical Assistance

Pennsylvania's Title V grant activities are based on the Communities That Care risk and protective factor approach to delinquency prevention. The Pennsylvania Commission on Crime and Delinquency requires that key community members participate in the three-stage Communities That Care training series—key leader orientation, risk and resource assessment, and promising approaches—before they submit a grant application and that they integrate the basic Communities That Care principles into their grant applications. To provide continuity, at least one person attending each session must be the same person. These trainings are also available to prevention policy board staff and members who join in the process during a community's implementation phase.

When the Office of Juvenile Justice and Delinquency Prevention transferred the Title V training contract from Developmental Research and Programs, Inc., which provided the Communities That Care trainings, to Developmental Services Group in July 2000, the Pennsylvania Commission on Crime and Delinquency decided to remain committed to the Communities That Care model and began using state funds to continue providing the trainings to its Title V applicants.

In addition to funding training, the commission uses its own funds to contract with Shippensburg University's Center for Juvenile Justice Training and Research to provide planning, implementation, and evaluation technical assistance and training. The center also facilitates opportunities for networking among Pennsylvania's Title V/CTC communities. Technical assistance is available at numerous points:

- ❖ Communities that have submitted applications to participate in the pre-grant trainings and have been deemed “not ready” (e.g., they may not have the people or resources in place to follow through on the commitment to attend training or conduct a risk and resource assessment) can receive technical assistance to enable them to begin this process.
- ❖ Communities that have begun the training sessions and are struggling to develop their comprehensive plans can receive technical assistance to accomplish this.
- ❖ Communities that have received funding can receive technical assistance related to implementation of prevention strategies.

In past years, the technical assistance and networking opportunities were conducted on a statewide level. In 2000, the number of communities had grown to the point that statewide conferences were unwieldy. Consequently, five regions were formed within the state, and the center is responsible for coordinating these regional networking efforts and providing technical assistance to each region. New full-time technical assistance providers were hired so technical assistance could be provided on an individual basis to communities within each region.

## Evaluation

Pennsylvania's Title V request for proposals requires applicants to present project objectives, strategies intended to accomplish those objectives, and expected results or impacts. Quarterly reports are designed for applicants to indicate expected and actual measurements for each “anticipated impact.” Little guidance or instruction is provided beyond this.

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To assist Title V and non-Title V communities in completing requisite needs assessment and evaluation activities, the Pennsylvania Commission on Crime and Delinquency supports the following two activities:

- ❖ ***Electronic Juvenile Justice Data Book***: an electronic source of county and state data covering a variety of areas related to children, youth, and families. The *Data Book* is funded with state and federal sources and is available to assist communities in conducting data-driven risk and resource assessments and local program evaluation.
- ❖ **State-sponsored, state-level evaluation**: an evaluation conducted by Pennsylvania State University to document and assess the Communities That Care process in Title V communities across the state.

## Other State Factors

The Pennsylvania Commission on Crime and Delinquency sets aside state funds specifically to support the Title V planning efforts of communities. All communities that have completed the first training session are eligible to receive a one-time planning grant. Between 1994 and 1999, planning grants ranged from \$15,000 to \$25,000. In 2000, Pennsylvania began offering new Title V communities \$50,000 planning grants. These grants are provided so communities can hire a mobilizer to coordinate the development of the community's 3-year plan during the planning phase and to coordinate Title V-funded delinquency prevention activities during the implementation phase. This continuity is meant to streamline the planning and implementation processes for communities and reduce time needed for startup.

## Interpretation

Overall, Pennsylvania's support of the Title V model is quite strong, as evidenced by its commitment of significant state resources to the Title V efforts and the conformance of its request for proposals and training guidance to Title V principles; however, it has been challenged in some areas.

The Pennsylvania Commission on Crime and Delinquency's requirement that teams from interested communities attend all three training sessions before submitting their Title V grant application is fully consistent with the Title V model's proposition that training may impact future phases of community prevention planning. Participation in the training ensures that all communities receive consistent information and guidance. State support for training is complemented by its support for technical assistance, which is made available to those who need help in any phase of the process. Furthermore, the state planning grants enable communities to hire community mobilizers who can guide the efforts of the prevention policy board in the mobilization, planning, and implementation stages.

The commission's request for proposals and training materials provide clear and thorough guidance in some areas, but are less thorough in others. For example, the request for proposals is very clear about the requirements for a prevention policy board's composition and its role in planning for Title V, but it is not as clear about the expectations for the board's role in the implementation and institutionalization phases of the initiative. The request for proposals and training materials also provide useful guidance for assessment and planning activities (such as explaining how to collect indicator data for risk factors), and the state's sponsorship of the *Electronic Juvenile Justice Data Book* is further evidence of its support for

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these efforts; however, the materials are lacking in some areas. For example, the request for proposals does not clearly state that program goals and objectives must be realistic and measurable, and communities without much experience in evaluation may struggle with this. In addition, it does not provide sufficient guidance or requirements for the collection of data-based protective factors, although a definition of protective factors is offered and the training provides some guidance in collection of these data.

The commission's requirements regarding implementation include applicants' participation in the promising approaches training (which provides information about research-based strategies), but the commission does not require applicants to select such strategies for their Title V initiatives. It does, however, state that strategies must be designed to impact priority risk factors: "Specific projects proposed in the delinquency prevention plans must be designed to reduce the impact of delinquency risk factors identified by applicants via the risk factor assessment process."

Two of the weakest areas of Pennsylvania's support for Title V are evaluation and institutionalization. According to commission staff, program evaluation was not a state priority until 1998. The commission recognizes that evaluation is a challenge and was considering the addition of an evaluation component to the three-session Communities That Care training series. The request for proposals addresses the issue of institutionalization only to the extent that it requests applicants to discuss their plans for continuation funding beyond the Title V grant period. The commission does not request information beyond this nor provide guidance in strategies to sustain the initiatives.

## Summary

Overall, Pennsylvania's support of the Title V model is very strong. However, its commitment is more to the Communities That Care approach specifically than to the Title V model, although the two are very similar. The state has dedicated numerous resources to the communities to assist them in being successful, and this support is evident in the implementation experiences of the communities that participated in the Title V national evaluation. A description of two communities' Title V initiatives follows.

## Fayette County (Uniontown)

This case study documents the Title V process in Uniontown, Fayette County, from its initial planning for the Title V initiative in 1996 through its end in 2000. Key community members were committed to the Title V principles (although they identified with Communities That Care more than with Title V), and achieved most of their success in the community mobilization and assessment phases. Challenges in planning, implementation, and evaluation, however, resulted in the initiative's termination at the end of the Title V grant period.

This case study presentation begins with a brief community description and discussion of the role of Title V in Fayette County. It continues with presentations and discussions of the five stages of the Title V model as implemented in Fayette County: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. It concludes with the evaluation team's interpretation of the data.

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## Brief Community Description

Fayette County lies in the southwest corner of Pennsylvania. The Title V target community is the Uniontown Area School District, which consists of the city of Uniontown and adjacent mountain and valley areas. Community members

describe the area as having all facets of socioeconomic conditions, from very rural poor families to very wealthy ones. They also talk about the lack of employment opportunities in the area, which is traced to the decline of coal mines in the early 1950s.

In 2000, Uniontown had a population of 12,422 people, and Fayette County had a population of 148,644 people. In Uniontown, 84 percent of the residents are Caucasian, 14 percent are African American, and 2 percent are other races. The median age of Uniontown residents is 41 years; 21 percent are children. The median household income in Uniontown is \$19,477, significantly below Fayette County's median household income of \$27,451 and even further below Pennsylvania's median of \$40,106. Twenty-two percent of Uniontown families live below the poverty line.

## Title V in Fayette County

In the grant application and in interviews with prevention policy board members, it was reported that Fayette County agencies had a history of strong collaboration due to necessity. Fayette County is a small community without many resources, and service providers had realized some time ago that no one could stand alone. Two examples of collaborative efforts in Fayette County that were in place at the start of the Title V initiative are:

- ❖ **Family Services System Reform Collaborative Board:** a strong collaborative effort addressing social services delivery system reform.
- ❖ **Human Services Council:** a coalition representing more than 50 health and human services agencies in the county. Its mission is “to improve the quality and delivery of health, human, and education services in Fayette County; mobilizing community resources through partnerships with business, government, religious and community organizations.”

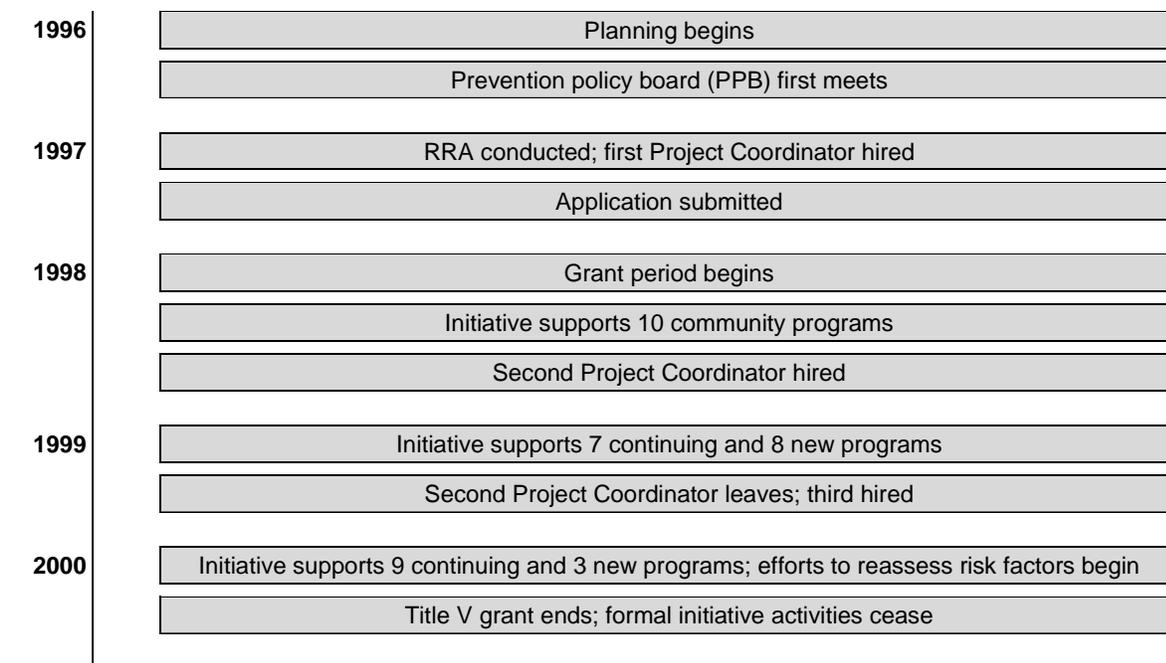
More than a dozen other collaborative efforts are briefly described in the grant application. These groups focus on issues such as crime, childcare, teen health, and spiritual/religious needs. Fayette County also seems to have a number of prevention programs addressing issues such as teen pregnancy and substance abuse. In addition, they have a number of “general” programs that may impact juvenile problem behaviors, including Boy Scouts, recreational activities, and job shadowing. Fayette County receives Safe and Drug-Free Schools funds.

Fayette County's Title V initiative is based on the Communities That Care risk and protective factor curriculum for delinquency prevention, as this is the curriculum the state has been promoting for some time. Leaders in Fayette County identify their initiative as “CTC,” and recognize Title V only as the funding source supporting implementation of Communities That Care principles and strategies. For this reason, Fayette County's Title V efforts will be referred to as “CTC” or “Title V/CTC” in this chapter.

Fayette County (Uniontown)
<b>Funding period:</b> January 1998–December 2000
<b>Amount of Title V funding:</b> \$168,000
<b>Unit of local government:</b> Fayette County Office of the Commissioners
<b>Lead agency:</b> Fayette County Office of Human Services

Title V, or rather CTC, was the impetus for the community’s delinquency prevention strategy described here. A timeline of Fayette County’s Title V/CTC initiative is presented in figure 5.1.

**Figure 5.1: Fayette County Timeline for the Title V Initiative**



## Community Mobilization and Collaboration

The process of community mobilization includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training. A description of the process of community mobilization for the Title V/CTC initiative in Fayette County from 1996 through 2000 follows.

### Introducing Community Prevention to Key Leaders

Planning for the Title V/CTC initiative began in 1996 when the Fayette County Planning Office initiated the process of preparing for an application for Title V funds. A decision was made that the Title V/CTC initiative would form its own board rather than join with an existing board so the group could more closely align itself with the expectations for a community delinquency prevention planning group.

### Prevention Policy Board

The prevention policy board, known as the CTC Prevention Council, began meeting in March 1997 to prepare for receipt of the Title V grant. A project coordinator was hired with a \$25,000 state planning grant to facilitate the planning process. The coordinator, who worked for the planning office, worked closely with the Director of the Fayette County Office of Human Services in coordinating the early stages of the council and planning for the initiative. Council members were recruited from local public

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and private human services agencies, schools, the faith community, juvenile services, other collaborative boards, and the community at large.

During the planning phase, key community leaders and members of the CTC Prevention Council attended the three-stage Title V/CTC training series to prepare for their Title V initiative. In the early months, the council discussed the functions of the board and its relationship with the Family Services Systems Reform Board. The council decided to remain separate, but connected to, the board so the council could focus solely on Title V/CTC. Members of the council also assisted in conducting the risk and resource assessment, creating a vision for the community, and planning for Title V/CTC activities. The CTC Prevention Council’s vision for the community read “We vision Fayette County as a community with adults who have integrity, who are healthy, who possess necessary skills, who are motivated and who are resilient.”

To organize its efforts, the CTC Prevention Council formed committees focusing on each of the three priority risk factors it had identified in the needs assessment—friends engaging in problem behavior, low neighborhood attachment and community disorganization, and family management problems/family conflict. Council members chaired these committees. The council itself was co-chaired by the project coordinator and one of the agency representatives. This structure remained intact throughout the Title V grant period.

The project coordinator was the staff person for the council, coordinating meetings, guiding the process, and carrying out the council’s recommendations. Council members assisted in setting objectives regarding reducing risk factors. During the implementation phase, the council and its committees met regularly to provide guidance and oversight for the Title V/CTC initiative.

At the end of the Title V grant period, Fayette County had 29 active members on the CTC Prevention Council, many of whom had been active from the beginning. An emphasis of the Fayette County CTC initiative had been to encourage involvement of community members; five of the 29 active members were community representatives. The council’s project coordinator went to some lengths to encourage community participation, such as scheduling meetings at times and places that were convenient for the members of the community. According to the coordinator,

It’s important to have folks on there [the CTC Prevention Council] that are from the community and have ties only to the community, not necessarily a certain agency . . . . I think it’s necessary to begin to effect changes in norms and values in the community. This process can’t be effective if the people living in the community don’t work with it.

Stakeholders viewed the council as key to “spreading the [Communities That Care] message” throughout the community and human services delivery system. By engaging council members in the process and training them in the Communities That Care curriculum, it was hoped that they would carry their knowledge and enthusiasm back to their communities and agencies, serving as spokespeople for the initiative.

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## **Community Prevention Training**

Teams of council members participated in the three-stage Title V/CTC training required by the state during the planning process. The team sent to the Key Leader Orientation included two county commissioners, the director of the Fayette County Drug and Alcohol Commission, and the editor of the local newspaper. Project staff and council members who became active during the grant also participated in training. At the end of the first year (December 1998), 11 council members attended a local training entitled “CTC Risk and Protective Factor Focused Prevention.” Some council members also attended the risk and resource assessment training in February 2000.

Many people involved in the project felt that the Title V/CTC trainings were an important part of the process and wished they were more available at a local level to educate staff in local agencies with whom the council members were trying to work. Some people also expressed a desire for other trainings addressing such issues as strategic planning, grant writing, and group dynamics.

## **Factors That Influenced Community Mobilization and Collaboration**

Fayette County’s efforts to mobilize its community were consistent with the Title V model. It successfully formed and sustained a communitywide prevention board and had particular success recruiting community members. CTC Prevention Council members did participate in training, and the council remained active in the Title V initiative throughout the grant period.

Council members noted a number of factors that facilitated the community mobilization process. These included a history of collaboration in the community, efforts made to recruit community members, and having council members who were committed to the model. Another facilitating factor was the complementary skills of the co-chairs: one was seen as skilled in visioning and the other in organizing and followthrough.

Although Fayette County experienced success in its community mobilization efforts, it acknowledged some challenges in the process. One challenge was turnover in council membership, but this was felt to be a normal part of group process. Turf issues were identified as another challenge. While a history of collaboration was noted as a facilitating factor, some members felt competitiveness among agencies was still a problem. One stakeholder stated the challenge in this way:

Possibly agencies [are] viewing CTC as another program as opposed to a process or a way of thinking . . . . Now there might be another agency out there or program out there that is vying for those funds. Sometimes [this] could be seen as a turf issue . . . so it’s been incumbent on me to make them understand that this is not a program; it’s a process. It’s a way of thinking and a way of doing business.

Another challenging factor that was identified relates to efforts to engage community members.

When someone from the community who has no agency affiliation, maybe a parent, enters into a room full of folks from agencies, they feel some sort of intimidation. . . . Maybe they feel like they are, their information is less important than what the people from the agencies can give. And that’s been a barrier for me to overcome, to make them

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understand that their information and feedback is just as important as anything I can get from an agency. That's kind of why we brought the "We're Putting the Pieces Together" and "You Are a Piece of Fayette County." And we can't put that puzzle together unless we have every last piece.

In spite of these challenges, Fayette County's community mobilization and collaboration efforts were quite successful during their Title V grant period.

## **Initial Assessment and Planning**

The assessment and planning phase includes conducting a community needs assessment and developing a comprehensive 3-year delinquency prevention plan. This section describes the assessment and planning activities for the Title V/CTC initiative in Fayette County in 1997.

### **Identifying Risk Factors, Resources, and Prevention Programs**

The County's Planning Department conducted the Fayette County Communities That Care risk assessment in 1997. The CTC project coordinator led this effort and council members assisted in reviewing the data and selecting the priority risk factors.

Fayette County's risk assessment included archived data from many local human service agencies, census data, and other data from federal and state reports. In addition, graduate students at a local university conducted a survey of local youth. Indicators were gathered for all 19 risk factors identified in the Communities That Care curriculum. No data were gathered for protective factors, nor was a list of existing resources included in the assessment.

Based on the data from the risk assessment, three risk factors were selected as priorities to be addressed:

- ❖ **Family management problems/family conflict:** an increase in reported child abuse from 1994 to 1996; an increase in children living outside the family from 1994–95 to 1995–96; an increase in the divorce rate from 1991 to 1994; and an increase in domestic violence reports from 1991–92 to 1992–93.
- ❖ **Low neighborhood attachment and community disorganization:** a decrease in the voting population from 1988 to 1996 and a higher rental vacancy rate than neighboring Schuylkill County.
- ❖ **Friends engaging in problem behavior:** an increase in the number of adolescents in the juvenile system from 1994 to 1996; an increase in adolescent pregnancies from 1994 to 1995; a significantly higher rate of youth with sexually transmitted diseases than neighboring Schuylkill County; and an increase in adolescents in treatment from 1990–91 to 1992–93.

### **Developing a Comprehensive Prevention Plan**

Fayette County's Title V application, which served as its comprehensive prevention plan, was based on the data gathered in the risk assessment. The CTC project coordinator and the Fayette County Office of

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Human Services director worked together on the application and presented it to the CTC Prevention Council for approval. The application was submitted in the fall of 1997.

The Fayette County Title V application presents an “overall prevention plan strategy” to accomplish three goals:

- ❖ To increase family and community prosocial bonding and encourage healthy beliefs and clear standards of behavior while decreasing the incidence of community risk factors that may lead to adolescent problem behaviors.
- ❖ To implement the social development strategy as outlined in the Communities That Care curriculum for juvenile delinquency prevention.
- ❖ To identify additional funding/program resources.

The application also states:

The overall goal of this project is to increase community mobilization to reduce the risk factors of family management problems/family conflict, low community attachment and neighborhood disorganization, and friends engaging in problem behavior. We intend to increase the number of community-based organizations, to increase the membership of existing community-based organizations and to create communitywide norms and values against problem behaviors . . . . It is our intent to hire a full-time project coordinator . . . dedicated to help the CTC Council . . . to design, coordinate, implement and evaluate the mobilization effort as outlined in our CTC promising approach strategy.

In addition to the overall goals, the application details a fairly elaborate plan to address the three priority risk factors. Although not explicitly stated as such, the overall strategy of community mobilization and many of the specific activities described below seem to be based on promising approaches as described in the Communities That Care training manual of the same name. For each risk factor, the following were identified: strategies; target population; protective factors to be addressed; overall goal to be achieved; long, medium, and immediate outcomes; objectives; activities; timelines; agencies responsible; resources needed; and expected impacts. Summaries of the plans to address each of the priority risk factors are given below.

#### *Family Management Problems/Family Conflict*

Strategies planned to address the risk factor of family management problems/family conflict involved media campaigns and community mobilization. The target population was parents of children from birth to 18 years. The goal was “to increase the ability of families to competently manage daily, individual and family stress.” Fifteen activities aimed at accomplishing three objectives were identified. Some of the activities were:

- ❖ Work with early childhood education providers in the development of standards for positive behavior.

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- ❖ Work with the Uniontown Area School District to reinforce standards for positive behavior and increase parental involvement with the schools.
  - ❖ Coordinate a long-term multimedia campaign to reinforce good parenting techniques and positive conflict resolution.

Some of the expected effects were 100 preschool and school-age children impacted by prevention activities; students' grades improve and school dropout rate decreases; parents report increased confidence in school situation; and 65 percent of the initiative's activities covered by local news media.

#### *Low Neighborhood Attachment and Community Disorganization*

The strategies planned to address the risk factor of low neighborhood attachment and community disorganization involved media mobilization and asset mapping. The target population was the community living within the Uniontown Area School District. The goal was "to promote community bonding and recognition of community resources." Twenty-four activities aimed at accomplishing four objectives were identified. Some of these planned activities were:

- ❖ Develop a comprehensive media campaign to support the Communities That Care approach.
- ❖ Educate and mobilize local communications media.
- ❖ Produce a communitywide Geographic Information Systems (GIS) asset map.
- ❖ Implement two recognition events per year to highlight outstanding efforts that support children and families in Fayette County.

Two of the expected impacts were a GIS planning map created and available for use in the county by 1999 and increased use of county resources/increased agency interaction with grassroots organizations.

#### *Friends Engaging in Problem Behavior*

Strategies to address the risk factor of friends engaging in problem behavior involved peacemaking and conflict resolution training and community opportunities. The target population was preschool and school-age children and youth. The goal was "to increase prosocial behaviors and attitudes in children and adolescents." Thirteen activities aimed at accomplishing two objectives were identified. Some of the planned activities were:

- ❖ Work with the Uniontown Area School District so every school will offer coordinated instruction in positive pro-social skills for children and parents.
- ❖ Work with the schools and community to offer unstructured opportunities for youth to practice the skills they have learned.

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Some of the expected effects were students in the district will receive some formal prosocial skills education at least once per year; and the district will hold at least two events per year that employ student peer mediation and conflict resolution skills.

### **Factors That Influenced Initial Assessment and Planning**

Fayette County's assessment and planning process was mostly consistent with the Title V model. They gathered and reported objective data on their community risks, prioritized their risk factors, and made plans to address them. Some areas, though, were not addressed or addressed only partially. For example, most of the strategies selected were not research-based. In addition, no data were gathered to document protective factors, but the plan did identify protective factors that strategies were intended to address. Finally, no comprehensive listing of existing resources was provided.

Community stakeholders identified the primary facilitating factor in this process as the assistance of the graduate students from the local university. The primary challenging factor identified was the inconsistency in how data were reported across agencies. Stakeholders felt that this problem likely emanated from the state level where each department requests data in different ways.

### **Implementation of Prevention Strategies**

The implementation of prevention strategies includes initiating prevention services and activities and identifying and leveraging other resources for prevention. The remainder of this section describes the implementation process for the Title V/CTC initiative in Fayette County from 1998 through 2000.

Fayette County was awarded a 3-year Title V grant from January 1998 through December 2000. It was awarded \$168,000 in grant funds, which was matched by \$138,329 in local contributions for a total budget of \$306,329. The Fayette County Office of the Commissioners was the official applicant and the Fayette County Office of Human Services was the lead agency. In Fayette County, the initiative funded by Title V was identified as the Communities That Care initiative. It did not identify with the term "Title V."

Implementation of this initiative centered around the project coordinator. The first project coordinator, who had worked for the planning office, left the position in November 1997 shortly after the grant application had been submitted. At this time, the director of the Fayette County Office of Human Services, who had worked closely with the coordinator, assumed lead efforts and supervised the subsequent coordinators. A second coordinator was hired and held the position from April 1998 to February 1999. A third coordinator was hired at that time and held the position for the remainder of the grant period, through December 2000.

Implementation of Fayette County's Title V/CTC initiative was loosely related to the plans discussed in the grant application. As stated in the plan, the coordinators attempted to mobilize community members and implement some of the identified strategies, but many of the strategies were not implemented while other, new opportunities were embraced.

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## *Activities*

One project coordinator described the initiative as an effort to incorporate Communities That Care concepts throughout the human services agencies and communities in Fayette County. The coordinator engaged in many activities to accomplish this, including board management, promoting collaboration, coordinating programs, program-related activities, public relations, and evaluation. Most of these activities were carried out with the advice and assistance of members of the CTC Prevention Council. Below is a summary of each of these activities.

### *Board Management*

For the CTC Prevention Council, the project coordinator recruited members, convened and facilitated meetings, prepared agendas and meeting minutes, and communicated with members between meetings. The coordinator occasionally attended committee meetings, but was not responsible for managing them. The coordinator often led the council meetings, providing updates to council members on initiative activities.

### *Promoting Collaboration*

Promoting collaboration among agencies was seen as a central responsibility of the project coordinator. Human services agency representatives often called the coordinator when they were considering starting a new program, and the coordinator shared her knowledge of existing resources and needs that might affect that agency's course of action. To keep updated on knowledge and current relationships, the coordinator was active in a number of collaborative efforts. These included the Human Services Council, of which the coordinator was chair of the Community Outreach Committee and a member of the Special Activities and Research and Development Committees, and the Community Health Improvement Partnership, of which the coordinator was a member of the board and the Perinatal Task Force. Other boards of which the coordinator was a member included the Fayette County Partnership for Housing and Homelessness, the Child Care Planning Committee, the Family Services System Reform Collaborative Board, the Fayette County Children's Trust, and the Safe Kids Coalition. All of the projects supported by the Title V/CTC initiative were based on collaborative efforts.

### *Program Coordination*

A large part of the coordinators' efforts in this area centered around mapping the county's resources using GIS software. A survey had been designed and much information had been gathered about agency services. This information was shared with others, but they were never able to get the resources needed to develop GIS maps of these services. The coordinator also assisted in a resource assessment conducted by the Human Service Council and the Workforce Improvement Board.

### *Program Activities*

The project coordinators assisted with at least 22 programs and projects, some of which were connected to strategies identified in the plan, and some of which were not. The project coordinator's rationale for involvement in these activities included opportunities to educate groups and agencies about Communities That Care principles and social development strategy, to promote collaboration among

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groups and agencies, and to promote healthy behaviors in the community. Project coordinators helped plan, develop, and implement various program activities, including:

- ❖ Designing and carrying out recognition events for community members and groups who had promoted community attachment or clear and acceptable standards of behavior and had demonstrated extraordinary commitment to their communities.
- ❖ Coordinating Family Fun Fests in which the coordinator collaborated with numerous agencies to obtain resources and staff support for communitywide, 1-day events designed to provide fun activities for children and families, and offer educational materials about important issues and services.
- ❖ Planning events for Red Ribbon Celebration weeks (a substance abuse prevention campaign) and sponsoring a Communities That Care booth during the Red Ribbon parade. The Red Ribbon celebrations were the result of collaboration among Title V/CTC, the Fayette County Drug and Alcohol Commission, the Boy Scouts of America, the Uniontown Mall, Students Against Drunk Driving, and others.
- ❖ Designing and coordinating Project Brotherhood, which sponsored field trips for groups of low-income children from the East End Community Center to the Bruderhof (a local religious organization located on a farm) for cultural enrichment activities. This project was the result of collaboration among CTC, the East End United Community Center, and the New Meadow Run Bruderhof.
- ❖ Assisting the East End Community Center in establishing a neighborhood association.
- ❖ Working with the Crime Victims Center and the Family Services Systems Reform Collaborative Board to develop videos with positive parenting messages.
- ❖ Purchasing uniforms for a local Boy Scout troop which consisted of low-income neighborhood children.

### *Public Relations*

The project coordinator assisted with a media campaign to promote Communities That Care and a “healthy decisions” message. The coordinator created and distributed brochures at numerous community events. The coordinator also conducted numerous speaking engagements about Communities That Care to community groups and assisted with publicizing many of the Title V/CTC-related projects, such as the Family Fun Fests and the Red Ribbon Celebrations.

### *Evaluation*

The project coordinator assisted with designing and carrying out evaluation plans for a number of projects, including the Family Fun Fests, the Fayette County Drug and Alcohol Commission’s afterschool programs, and the Wesley Church Health Center. The coordinator also led the CTC Prevention Council’s efforts to establish “outcome statements” for reducing juvenile problem behaviors.

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As is evident, the Title V/CTC initiative became a part of many local prevention efforts, some of which were not identified in the original plan. One project coordinator wanted to help where possible with initiatives that served youth and families in Fayette County and did not limit Title V/CTC's involvement to programs that addressed the identified risk factors. Not all efforts were successful, though. For example, two of the originally planned strategies were not accomplished. Efforts to conduct GIS mapping of needs, assets, and programs suffered from a lack of resources to train staff in using the software, and efforts to work with the schools to implement a character education campaign met with a lack of interest from the schools.

A priority for one project coordinator was infusing Title V/CTC principles throughout Fayette County human services agencies. The coordinator wanted the agencies to buy into the concepts and incorporate them into their planning and programming. "The more education that we can do around the social development strategy and getting agencies or community organizations to structure their programming around protective factors, the more success we're going to have."

### **Identifying and Leveraging Other Resources for Prevention**

Matching funds for the Title V grant were provided primarily by the lead agency, the Fayette County Office of Human Services. Other sources of matching funds for programs include the Family Services System Reform Collaborative Board, the Head Start state collaborative project, the Uniontown Area School District, and volunteers.

### **Factors Influencing Implementation of Prevention Strategies**

Although the ideas behind Fayette County's Title V/CTC strategies were consistent with the Title V model, their implementation did not fulfill all expectations. Fayette County chose to support and strengthen existing agencies' prevention efforts and infuse the Title V/CTC ideals into them. While there was some success with these efforts, there was not as much as had been hoped for. Stakeholders mentioned a number of factors that facilitated their efforts:

- ❖ One was the training and technical assistance provided by the state. The initiative benefited from having training available during the implementation phase for the project coordinators as they came on board. Training for the council members helped them understand the model and be supportive of the CTC coordinator's efforts.
- ❖ Another facilitating factor was the existence of numerous other collaborative groups, which enabled the project coordinator to more easily learn about existing services and discover opportunities for further collaboration.
- ❖ A third facilitating factor was that the project coordinator was housed in the Office of Human Services which was seen as a neutral agency. In addition, the Office of Human Services was able to provide needed support such as office space and administrative assistance to the project coordinator and Title V/CTC.

A number of challenging factors were discussed by project coordinators and Council members. One was the desire to "be all things to all people" and the difficulty in staying focused. A second was continuing

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competition among some groups—a lack of cooperation in planning for community services and setting outcomes. Finally, a third challenge was the need for extensive “groundwork” to be laid for agencies to really understand and embrace the Title V/CTC model. Stakeholders felt that the model is somewhat complex. One stakeholder felt that early efforts did not adequately emphasize Communities That Care and the social development strategy as tools that agencies could use; progress was hampered by the time and effort needed to do this late in the grant period.

## **Monitoring and Evaluation**

Monitoring and evaluation activities include conducting an evaluation of prevention strategies and the whole initiative and reassessing community indicators. These activities for the Title V/CTC initiative in Fayette County from 1998 through 2000 are described below. There were no data discussing community members’ perspectives of factors influencing their evaluation and monitoring activities.

Although the project coordinator expressed strong commitment to evaluation, few of the Title V/CTC programs were evaluated, and no systematic evaluation of the entire initiative was conducted. The CTC Prevention Council was minimally involved in evaluation activities.

### **Monitoring and Evaluating Program Activities**

The primary focus of Fayette County’s Title V/CTC initiative was system-level change such as greater use of Communities That Care principles in program planning. No systematic evaluation of these efforts was conducted. The quarterly reports submitted to the state primarily presented information about various programs the initiative was supporting. Few program evaluations were attempted; those that were consisted primarily of process data. For example, a survey was conducted of Family Fun Fest participants that asked them to rate various aspects of the event such as location, hours, and activities. All areas were rated “very good.”

### **Ongoing Assessment**

In February 2000 (during the third year of implementation), the project coordinator began the process of updating the community’s risk assessment with the assistance of CTC Prevention Council members, but this was not completed. The coordinator led the council members in efforts to set outcome statements related to the five juvenile problem behaviors (as identified in the Communities That Care curriculum)—substance abuse, violence, teen pregnancy, delinquency, and school dropout. They wished to reduce the indicators of these problem behaviors by 25 percent by the year 2015. Meeting minutes indicate that discussions were held about gathering indicator data to set baseline measurements, but there is no evidence that this occurred before the end of the grant period.

### **Community-Reported Impacts**

Although no systematic evaluation of Fayette County’s Title V/CTC initiative was conducted locally, interviews with stakeholders provide some evidence of its perceived accomplishments. Some stakeholders felt that the community mobilization process resulted in more community members and agencies embracing Communities That Care principles and encouraging others to do so. One stakeholder also mentioned that the risk assessment and comprehensive plan served some valuable purposes: The

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assessment provided stakeholders with objective data about what the problems were, and this enabled them to prioritize the problems. In turn, they were able to focus efforts on plans to address those problems and use the data to justify grant requests. Another stakeholder mentioned, though, that the data have not been used as widely by area agencies in program planning efforts as had been hoped.

One stakeholder mentioned that having a coordinator allowed for more far-reaching impacts than operating a single program would have because the coordinator was successful in incorporating Communities That Care principles into many different segments of the community. For example, the East End Community Center began focusing on protective factors in its work with children and the Crime Victims Center began focusing more on evaluation in its program planning efforts. Another stakeholder mentioned that the initiative helped reduce duplication of services. Finally, a third stakeholder was seeing much more collaboration among agencies as a result of this initiative; agencies are working together to meet common needs. One person mentioned that the most important change seen as a result of Title V/CTC is “. . . recognition that there is a method to approaching social problems . . . . We see our various social service agencies, our community groups, adopting the strategy as a means to an end. There’s a method. It’s not a haphazard approach.”

## **Institutionalization**

Institutionalization of prevention efforts includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies beyond the Title V grant. Fayette County’s experiences with institutionalization during 2001, the first year after the termination of their Title V grant, is described below.

Although the Fayette County Title V/CTC initiative did not continue in a formal way beyond the grant period, efforts continue to infuse the Communities That Care principles into existing agencies and programs.

The CTC Prevention Council did not continue to meet beyond the Title V grant period. There had been plans for the group to continue functioning and to be involved in communitywide needs assessment and planning. There also had been discussions of the group joining with other community boards, but neither of these occurred. Stakeholders attributed the demise of the council to the loss of the project coordinator: the position was not continued due to a lack of funding.

One stakeholder believed council members would join other community boards and represent the Communities That Care perspective in those groups. The stakeholder stated, “I think we’re going to see a natural kind of evolution there. You know, these folks have come together. They’ve learned all these strategies. They see it working. And then they in turn are going to take the message to the various groups that they have membership in.”

The plan for continuing the program coordinator’s position involved soliciting contracts with local agencies to have the coordinator written into grant applications as a project evaluator and/or planning consultant. By the end of the Title V grant period, at least one agency, the Crime Victims Center, had written Communities That Care into some grant applications to consult on program evaluation, and discussions had been held with other agencies.

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When the Title V grant ended, the Title V/CTC project coordinator was hired to work for the Office of Human Services in another capacity (the office had employed her as the CTC coordinator). Although both the coordinator and the Office of Human Services director (who had been involved with Title V from the beginning) were committed to the Title V/CTC model, insufficient funds were available to continue the work of the initiative, and the former project coordinator became subsumed with her new job responsibilities.

Although no longer the project coordinator, the person formerly holding this position has attempted to continue some of the work begun during the Title V grant period. She has continued to participate in numerous community coalition meetings such as the Children’s Health Initiative Partnership, Human Services Council, and Family Services System Reform Collaborative Board (which has maintained a board seat for Title V/CTC); and she interjects Communities That Care ideals into her contributions to these groups. She also began work with Fayette County Children’s Partnership to assist in using Communities That Care principles in its community grant-making efforts.

Of the projects supported or sponsored by Title V/CTC, few have continued. Two that have continued are the Project Brotherhood program and other East End United Community Center projects. Big Brothers Big Sisters, which the Title V/CTC coordinator helped introduce to Fayette County, began serving youth in the county; the local chapter partnered with the nearby Westmoreland County chapter to do this.

The former Title V/CTC coordinator reported that a number of agencies are now using the components of the Communities That Care curriculum in their regular programming efforts. These include the Crime Victims Center, the Drug and Alcohol Commission, the East End United Community Center, the Juvenile Probation Office, the Healthy Start Program, and the Office of Human Services. Use of the Communities That Care curriculum may include using a community board to help design or oversee the programs, gathering data and identifying risk factors, targeting programs to identified needs, identifying outcomes, and conducting program evaluations.

No specific assessment or evaluation activities have continued beyond the Title V grant period. Stakeholders had hoped to have the CTC Prevention Council update the risk assessment for use in grant opportunities and also had discussed approaching the Family Services System Reform Collaborative Board about purchasing the Communities That Care survey, but none of these activities have occurred.

Although the Title V initiative itself has not continued, the commitment of one of the former project coordinators has kept the ideals of the model flowing among community agencies, and a number of agencies continue to use strategies they learned during the grant period. The former coordinator has become a central person in Fayette County’s social services system and continues to educate and encourage others to use Communities That Care principles in their planning and program efforts. The coordinator stated that “my full belief in the process has made me want to do it on a volunteer basis until we can build it to the point where it can sustain a staff.” However, even with this level of commitment, it appears that only a few notable activities have continued.

Clearly, the most significant challenge to institutionalizing the initiative was the lack of continuation funding that resulted in the loss of the coordinator’s position. As much of the initiative was based on this person’s work, it is not surprising that other aspects of the initiative were unable to continue without the

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support and guidance of a central person. For example, stakeholders clearly stated that loss of the CTC Prevention Council was due to the loss of the project coordinator who coordinated and facilitated the council's work.

The former project coordinator stated that two reasons for the lack of success in institutionalizing the initiative were turnover in the coordinator's position and a lack of planning.

Institutionalizing this process, in my mind, should have started from year one . . . . I really wish I had had the full 3 years not to have to worry about finding alternative funding and finding a way to institutionalize it. Because I think if it had been done differently from the beginning, that would have taken care of itself . . . by the time I got the training and had a full view of what it was I needed to do or what this community needed me to do, the time was up.

## **Interpretation**

Examining Fayette County's approaches to implementing the Title V/CTC initiative reveals both successes and challenges, and the factors influencing each. Overall, the project coordinators, who were the key staff of the initiative, displayed considerable commitment to the model and were key factors in the successes the initiative did experience. However, the coordinators experienced significant challenges in almost all phases of the initiative and ultimately were not able to institutionalize it the way they had hoped.

During the grant period, one of the areas of greatest success for the Title V initiative involved community mobilization. A representative, community-based prevention board was formed and sustained. Significant efforts were made to include community members, and these efforts proved successful. The CTC Prevention Council remained active during the initiative, providing input and support for the project coordinator's activities. Council members also carried the "message" back to their own agencies and communities. But the council relied heavily on the project coordinator, and it did not continue beyond the grant period without a coordinator to guide it.

The initiative's assessment and planning activities were mostly consistent with the Title V model. The council conducted a data-based comprehensive risk assessment and developed a plan to address the priority risk factors. The risk assessment was commendable in that it contained objective data for indicators on all 19 risk factors as identified in the Communities That Care curriculum. A significant challenge, though, was that the plan was too ambitious. Among the three priority risk factors, there were nine objectives and 52 proposed activities. In addition, most of the strategies selected were not based on promising programs; they were uniquely designed strategies that would require significant efforts to refine and implement. In reviewing the plan, it seems impossible for a community to have implemented it as stated with the resources that were available.

In fact, the focus of implementation seemed to be quite different from the plan laid out in the grant application. Although some efforts were made to implement many of the planned strategies, the project coordinators also directed much of their attention on diffusing the Communities That Care principles and social development strategy throughout local human services agencies and community groups.

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While this is admirable, it was not approached in an organized fashion and was, therefore, challenging to document, evaluate, and sustain.

In the end, there were some successes in diffusing Communities That Care principles throughout the community. Interviews with stakeholders indicate that some agencies embraced concepts such as targeting programs to protective factors and evaluating program effectiveness. But it also seems that time ran out for this community, and without the project coordinator to guide the efforts, it is not known how firmly or how widespread these concepts were embedded.

One factor hindering the efforts to diffuse the model was the turnover in project coordinators. Perhaps if one person had held the position from beginning to end, these efforts would have resulted in more success. Another hindering factor may have been a lack of focus. One project coordinator supported many programs serving youth and families in the county that seemed to be worthwhile without regard to their anticipated impact on the priority risk factors. This resulted in a fragmented approach to service delivery that ultimately bore little resemblance to the original plan.

The fragmented approach also proved challenging to evaluate. Although the former project coordinator expresses strong commitment to evaluation, few attempts were made to evaluate Title V/CTC-supported programs and none of the overall initiative. As a result, it is unknown if these programs may actually have had meaningful outcomes; nor is it known how successful the project coordinator's efforts were to diffuse Communities That Care principles and the social development strategy among community agencies.

Two factors emerge as influencing the lack of success in evaluation. Although the former project coordinator believes strongly in evaluation, she may lack the necessary knowledge and skills to implement such activities may have been lacking. In addition, it appears the state was not requiring evaluation as the project was continued for its full 3 years without reporting meaningful evaluation results.

Another major challenge for Fayette County's Title V/CTC initiative was institutionalization, which was ultimately unsuccessful, for the most part. The primary factor appears to be the loss of the project coordinator position on which the initiative was based. Without this foundation, almost none of the key activities continued.

## **Summary**

Although the Fayette County Title V/CTC initiative experienced a number of significant challenges, it had true commitment to and passion for the Communities That Care principles of effective delinquency prevention approaches. It wanted to ingrain the Communities That Care concepts communitywide and achieve lasting change in the community's delinquency prevention planning efforts. Many of Fayette County's successes were in the community mobilization and assessment activities, both of which conformed to the Title V model. However, an overly ambitious plan, unfocused implementation, and lack of meaningful evaluation resulted in the end of the initiative when Title V funds ran out. Although the prevention policy board and the initiative are no longer active, some evidence exists that the Communities That Care concepts have been adopted by some area agencies, and therein lies some promise of achieving a lasting impact.

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## Northampton County (Easton)

This case study documents the Title V initiative in Easton, Northampton County, from its initial planning in 1996 through the end of its Title V initiative in 2001. The Title V initiative in Northampton County achieved success in each stage of the Title V model, particularly in terms of assessment, planning, and implementation.

### Northampton County (Easton)

**Funding period:** February 1998–January 2001

**Amount of Title V funding:** \$179,365

**Unit of local government:** City of Easton

**Lead agency:** ProJeCt of Easton

The presentation begins with a brief community description and discussion of the role of Title V in Northampton County. It continues with presentations and discussions of the five stages of the Title V model as implemented in Northampton County: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. It concludes with the evaluation team's interpretation of the data.

### Brief Community Description

The city of Easton, in Northampton County, lies 90 minutes north of Philadelphia in the Lehigh Valley. Easton is home to Lafayette College and Binney and Smith, the makers of Crayola products.

In 2000, Easton had a total population of 26,263 residents, approximately the same number as in 1990. The racial breakdown of city residents indicates that 78 percent are Caucasian, 13 percent are African American, and 9 percent are other races. These figures represent a 9-percent reduction in the proportion that are Caucasian and a corresponding increase in the proportion that are minorities from the 1990 census data. The median age of Easton residents is 32; 23 percent of the population are children. The median household income is \$33,162; this is lower than the median household income for Northampton County (\$45,234) and the state of Pennsylvania (\$40,106). Eighteen percent of families with children live in poverty.

Interviews with community members provided insight into their perspective of the Easton community. Easton's proximity to New York City and Philadelphia was seen as a strength in terms of employment and cultural and educational opportunities, but its location between the two cities also is seen as contributing to Easton's drug problems. Other reported problems include shootings, teen pregnancy, illiteracy, truancy, poor parenting, and not enough quality childcare. However, people felt that Easton residents care about and look out for each other; the Block Watch program, for example, is strong. One resident said that a strength of Easton is that it is a small, enclosed community that can't grow because of geographical boundaries; this helps Easton to remain a manageable size.

### Title V in Northampton County

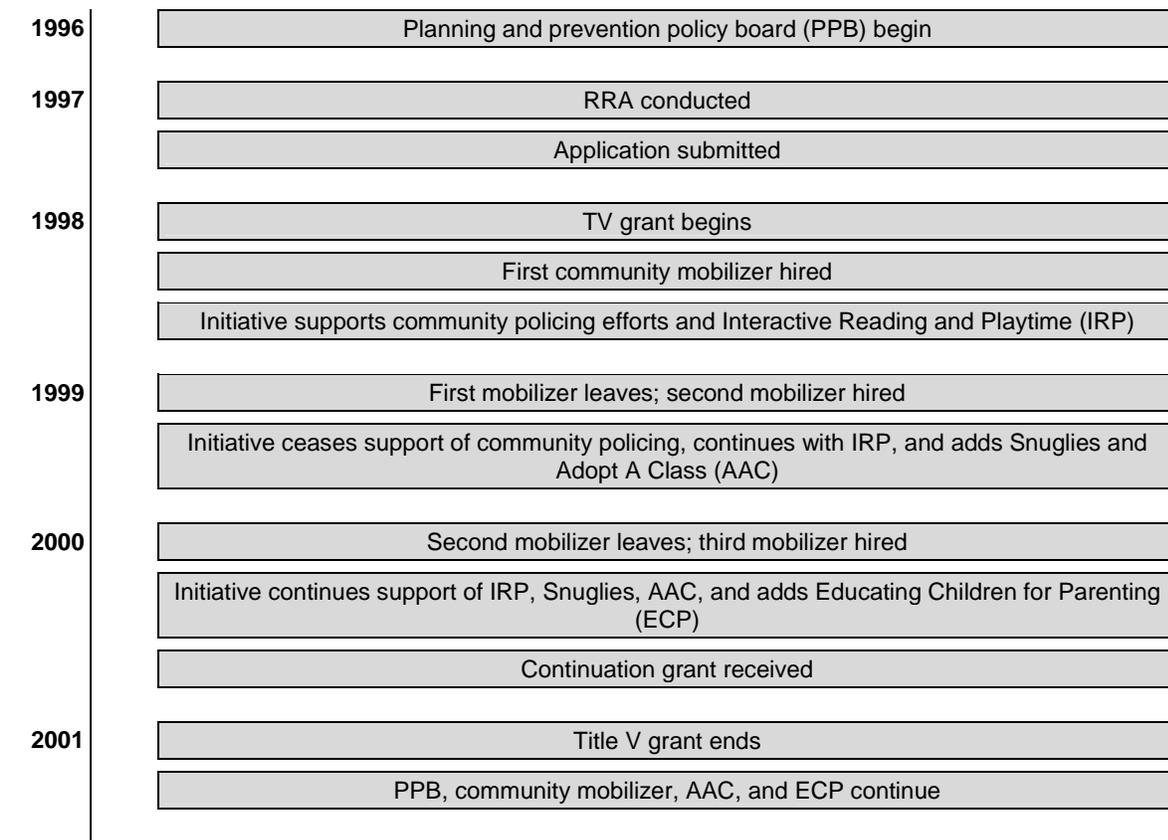
Easton had had many years of experience with prevention programming and collaboration before the introduction of Title V. Its grant application lists almost 80 prevention programs addressing issues such as substance abuse, delinquency, and teen pregnancy. In addition, nine collaborative groups were active

at the time of their Title V grant application, focusing on issues such as empowering children, empowering neighborhoods, and preventing substance abuse and teen pregnancy.

In spite of the number of active collaborative groups, interviews with prevention policy board members revealed that many felt Easton human services agencies had a history of competition rather than collaboration. Many spoke of long-standing “turf battles” among agencies that prevented any real progress toward collaborative ventures.

Northampton County’s Title V initiative is based on the Communities That Care approach to delinquency prevention, as this is the strategy that the state has been promoting for some time. Leaders in Easton identify their initiative as “CTC,” and only recognize Title V as the funding source supporting implementation of Communities That Care principles and strategies. For this reason, Easton’s Title V efforts will be referred to as “CTC” or “Title V/CTC.” Title V, or rather Communities That Care, was the impetus for the community’s delinquency prevention strategy. A timeline of Northampton County’s Title V initiative is presented in figure 5.2.

**Figure 5.2: Northampton County Timeline for the Title V Initiative**



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## Community Mobilization and Collaboration

The process of community mobilization includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training. The process of community mobilization for the Title V/CTC initiative in Northampton County from 1996 through 2000 is described below.

### Introducing Community Prevention to Key Leaders

A number of community collaborative groups existed in Easton at the time it learned about the Title V opportunity. One of these groups was the Pro-Kids Alliance of Easton, an informal group of children's service agencies sponsored by the wife of the Lafayette College president. The director of the ProJeCt of Easton, a member of the Pro-Kids Alliance, introduced the Title V opportunity to the group in mid-1996 and solicited support. From this effort arose Easton's Title V initiative.

### Prevention Policy Board

In Easton, the prevention policy board is known as the Northampton County Communities That Care Prevention Board. The board came into existence in 1996 in order to undertake the Title V process. Key community leaders and prevention board members attended the three-stage Title V/CTC training series to prepare for the Title V initiative. A community mobilizer manages the board. This person is responsible for convening meetings, setting agendas, taking and distributing minutes, and maintaining contact with members between meetings. The overall structure and functions of the Title V/CTC prevention board are as follows:

- ❖ **The key leaders group.** This group consists of six members identified as leaders in the community, such as the school superintendent, the county executive, and a state representative. Although they do not meet regularly, these members are called on as needed.
- ❖ **The executive committee.** This group is composed of selected members of the prevention board, including all committee chairs. It provides overall policy guidance for the Communities That Care process, reviews and approves the initiative's budgets and quarterly reports, and sets agendas for prevention board meetings.
- ❖ **The prevention board.** This board consists of approximately 25 to 30 members, primarily public and private nonprofit service agency representatives. Other collaborative groups, the faith community, the police department, juvenile probation, the hospital, a local college, and youth are also represented. The board oversees all of the Title V/CTC programs, reviewing the program activities and offering suggestions. At the end of the third year, there were 29 active prevention board members; more than half of them had been involved in the board for the full 3 years.
- ❖ **Program committees.** Committees were formed for each program implemented. Each committee chair participates in the larger prevention board and the executive committee. In general, the committees propose ideas and provide guidance for program activities, and the community mobilizer coordinates the actual work.

The prevention board maintained the same structure and functions throughout the Title V grant period.

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## **Community Prevention Training**

In November 1996, a team of five key community leaders went to the Key Leader Orientation in Harrisburg, Pennsylvania. Teams of people were also sent to Risk and Resource Assessment and Promising Approaches trainings. Staff in the community mobilizer position have attended all three trainings as well. They have also participated in a series of trainings entitled “Training the Trainer,” a series of community organizer trainings, and a Search Institute training on the 40 assets.

## **Factors That Influenced Mobilization and Collaboration**

Overall, prevention policy board members felt that Title V/CTC has been the first truly successful collaborative group in Easton. This group has sustained itself and seems to have achieved lasting, positive relationships among agencies whose staff participate. Although some members struggled to identify why this effort has succeeded when others have failed, others offered some insight.

Some stakeholders mentioned that a facilitating factor may have been the early training received by key community leaders that provided step-by-step guidance in how to conduct such an effort. Others discussed the timing as another facilitating factor. Before the onset of Title V/CTC, a local hospital had tried to convene a community collaborative group that was unsuccessful. Some members felt that people had been frustrated by this and were determined to do it right this time. Another factor identified as critical to the board’s success was the community mobilizer position. One stakeholder stated, “As far as having a mobilizer position, I think it’s been the very pin to holding the whole effort together . . . . I don’t think the board could have stayed together without a central person.” Finally, another facilitating factor may have been the structure of the group; having regular meetings with agendas and minutes provided a “sense of order” and continuity.

The primary challenging factor identified was the demand on board members’ time. One member stated “It’s hard for them to justify spending their time doing this when they have their own agencies to run, understandably so.” Although the board has continued its functions throughout the Title V grant period, there have been periods of more and periods of less momentum.

## **Initial Assessment and Planning**

The assessment and planning phase includes conducting a community needs assessment and developing a comprehensive 3-year delinquency prevention plan. The assessment and planning activities for the Title V/CTC initiative in Northampton County during the planning phase in 1996 and 1997 are described below.

Planning for Title V and Communities That Care began in the late summer of 1996. Community teams attended the series of required trainings in late 1996 and early 1997. There they received information and manuals about the Communities That Care process. A planning grant of \$25,000 was requested and received for February through June of 1997. Meeting minutes from the planning period indicate that the prevention board focused on expanding the membership of the group, conducting a risk and resource assessment, and selecting strategies to implement.

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Board members conducted the initial assessment and wrote the comprehensive plan—the Title V grant application—in 1997. They gathered data from child services agencies and incorporated data from the Easton Youth Survey to measure all 19 risk factors identified in the Title V model. Using these data, they selected a number of strategies to address unmet needs. The director of the ProJeCt of Easton, a local nonprofit human services agency, took the lead in the planning/grant writing process.

### **Identifying Risk Factors, Resources, and Prevention Programs**

Based on data gathered during the assessment process, four risk factors were identified: availability of drugs, extreme economic deprivation, early initiation of problem behaviors, and family management problems. Two of these were selected as priority risk factors for the Title V initiative: early initiation of problem behaviors and family management problems.

Two of the indicators discussed in the risk and resource assessment for early initiation of problem behaviors were:

- ❖ The school dropout rate was 3.8 percent in the 1994–95 school year; this was the 13th highest rate out of 501 school districts in Pennsylvania.
- ❖ Seventeen youth ages 10–14 were arrested for violence and 4 for alcohol or other drug crimes in 1992.

The indicators discussed in the risk and resource assessment for family management problems included:

- ❖ A 13-percent increase in the number of out-of-home placements from 1990 through 1995.
- ❖ A total of 154 runaways in 1996.

In addition to identifying the priority risk factors using objective data, the board also listed existing programs addressing the issues and identified gaps in services based on geographical location of the services, demographics of the targeted populations, and the targeted domains (community, family, school, and individual/peer).

### **Developing a Comprehensive Prevention Plan**

Easton’s Title V grant application served as its comprehensive prevention plan. The application proposed to hire a director to oversee the prevention efforts. Based on the data from the needs and resource assessment, strategies were then selected to address the unmet needs.

The strategies identified in the Title V grant application to address the risk factor of early initiation of problem behaviors were:

- ❖ **Peer tutoring**, for which the initiative intended to employ “America Reads” and expand existing peer tutoring opportunities to make the service available to all students in the Easton Area School District. This strategy is based on a promising approach.

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- ❖ **Adopt A Class**, in which the services would be targeted to all fifth graders in the Easton Area School District. These services included wraparound services, involving students in tobacco compliance checks being conducted by the Coalition for a Smoke Free Valley, and other strategies to be developed. This strategy is loosely based on a promising approach.
  - ❖ **Opportunities for policymaking and monitoring**, which included developing a community awareness campaign to promote alternatives to child abuse, establishing “drug free” playground zones, and maintaining block watch groups.

The objectives for these strategies were to decrease early use of alcohol, tobacco, and other drugs; decrease the rate of early sexual activity; decrease the rate of early school dropout; and decrease the number of arrests of juveniles related to alcohol, other drugs, and violence.

The strategies selected to address the risk factor of family management problems were:

- ❖ **Snugglies**, which involves giving all mothers of newborns in the Easton area a softcloth baby carrier to enhance bonding between mother and child (a Promising Approach).
- ❖ **Teen parenting classes**, to teach parenting skills to adolescent parents.
- ❖ **Interactive Reading and Playtime**, which encourages parents to read and play with their children (based on a promising approach).
- ❖ **Educating Children for Parenting**, which teaches “young children the skills needed to be caring individuals and nurturing adults.”

The objectives for these strategies were to decrease the rate of child abuse and neglect; decrease the number of children living outside their families; and decrease the number of runaways.

### **Factors That Influenced Assessment and Planning**

Overall, the Easton Title V/CTC initiative’s assessment and planning process was consistent with the Title V model. The initiative conducted a data-based needs assessment and listed existing resources available to meet identified needs. This information led to identification of priority risk factors that were not being adequately addressed, and selected strategies to address those factors.

A key facilitating factor was the participation of board members in gathering, analyzing, and reporting data. A key challenging factor was a lack of cooperation from some agencies in providing necessary data. One board member spoke about agency staffs’ fear of publicizing data that might be viewed negatively. That member also mentioned that before strong relationships had been developed among agencies, some agency staffs did not put forth much effort to assist in the data collection process. As the prevention board’s reputation grew, and as trust developed among the agencies, these factors have been minimized.

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## Implementation of Prevention Efforts

The implementation of prevention efforts includes initiating prevention services and activities and identifying and leveraging other resources for prevention. The remainder of this section describes the implementation process for the Title V/CTC initiative in Northampton County from 1998 through 2000.

The city of Easton was the official Title V applicant, and the lead agency was the ProJeCt of Easton (whose director led the planning efforts), a local nonprofit human services agency. Northampton County was awarded a 3-year Title V grant for the period February 1998–January 2001 in the amount of \$168,000. This was matched by \$100,545 in local funds for a total budget of \$268,545. In Northampton County, the initiative funded by Title V was identified as the Communities That Care initiative. The initiative did not identify with the term “Title V.”

The Northampton County Title V/CTC initiative is summarized in project documents as follows:

Title V Juvenile Delinquency Prevention Funds through the Pennsylvania Commission on Crime and Delinquency will support a full-time project director who is responsible for the organizing efforts of the prevention board. It is anticipated that the organizing efforts will lead to a more effective use of current local resources and will be able to attract and effectively utilize additional funding. Also, this position will provide outcome-based evaluations for current drug, alcohol and delinquency prevention efforts.

This approach seems to be based on the community mobilization strategy described in Communities That Care’s promising approaches training manual, although this is not explicitly stated in project documents.

The project director, known in Easton as the community mobilizer, coordinated the implementation of the entire Title V initiative. The prevention board was also integrally involved in this phase. Program committees provided both guidance and assistance to the designated programs, while the full prevention board provided general oversight for all programs. The following sections describe the activities of the community mobilizer and the prevention strategies that were implemented.

### Community Mobilizer

The Northampton County Title V/CTC initiative centered around the position of the community mobilizer. This position carried out functions related to:

- ❖ **Board management**, including recruiting members, preparing agendas and meeting minutes, and facilitating meetings.
- ❖ **Program collaboration**, including representing Title V/CTC on other community coalitions.
- ❖ **Program coordination**, including sharing Title V/CTC risk and resource assessment data with other agencies to facilitate better program planning.

- ❖ **Program activities**, including overseeing all Title V/CTC programs and assisting with various program tasks.
- ❖ **Public relations**, including writing press releases and creating brochures.
- ❖ **Evaluation**, including gathering data and consulting with the evaluation contractors.

The first community mobilizer worked in the position from March 1998 (one month after the award) through March 1999 and remained a member of the prevention board afterward. The second worked in the position from March 1999 to April 2000, remained as a member of the prevention board, and has returned periodically to work part-time on the Adopt A Class project. The third community mobilizer (formerly a Title V program staff member) took the position in May 2000 and has remained since then.

### Prevention Strategies

The Northampton County community proposed to implement a number of prevention strategies to address identified risk factors. Not all planned activities were implemented, and one activity that had not been originally planned was implemented. An implementation timeline and descriptions of their programs are presented in figure 5.3.

**Figure 5.3: Implementation Timeline for Title V Programs in Northampton County**

Programs	Year 1	Year 2	Year 3
Community policing (other/unplanned)	→		
Interactive Reading and Playtime			→
Snuglies		— — — —	→
Adopt A Class			→
Educating Children for Parenting			→

#### *Interactive Reading and Playtime*

Interactive Reading and Playtime included two components: communitywide, 1-day events and Project L.E.A.P. Services began within a few months of receiving the grant award and were generally implemented as planned.

Three communitywide, 1-day events were held between June 1998 and March 2000. These events were implemented with the cooperation of many agencies and businesses that donated staff time, money, materials, and gifts. The events were free to area residents and focused on providing interactive activities for parents and children. Each event served between 100 and 150 participants, for a total of 300 to 450 participants. Project L.E.A.P., which stands for Literacy Embraced Actively by Preschoolers, comprised two three-event series held between the fall of 1998 and the summer of 2000. These events were targeted toward children in local daycare centers, primarily those that serve lower income residents. Books were given to the children, and fun activities were provided. Each event served between 25 and 45 preschoolers, for a total of 150 to 270 participants.

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### *Snuglies*

Two community clinics began distributing Snugli baby carriers to mothers of newborns in early 1999, 1 year after receipt of the grant. That spring, the manufacturer recalled the product due to a defect. New Snuglies were received, and distribution began again near the end of 1999. Approximately 140 Snuglies were distributed altogether.

### *Adopt A Class*

Adopt A Class is the largest of the Title V/CTC programs in Easton. It did not begin providing services, though, until the fall of 1999, more than a year and a half after the award was received. The program provided services to almost all fifth graders in one of the public middle schools during the 1999–2000 school year, and has continued providing services to this Class of 2007. The intent is to follow through with them through graduation from high school.

The largest component of Adopt A Class has been group mentoring for all students in the Class of 2007 for one class period per week. Volunteer mentors are recruited from community businesses, churches, social services agencies, and the general population. The Lehigh Valley Coalition for Children developed the Adopt A Class mentoring curriculum based on the Search Institute's Developmental Assets. During the first year of the program (the second year of the Title V grant), approximately 450 students in 25 classrooms were served. This model continued in the second year when the students were in sixth grade.

### *Peer Tutoring*

In 1999, it was reported that Peer Tutoring, rather than being a separate program, would be considered a component of Adopt A Class. This did not occur during the Title V grant period, but occurred later. No mention has been made of involving the students in tobacco compliance checks as indicated in the grant application.

### *Educating Children for Parenting*

Educating Children for Parenting is a pre-designed curriculum that involves teaching young students about child development to encourage them to grow up to be nurturing adults. Parents with infants are recruited as volunteers to visit classrooms once per month to talk about the development of their infants and the care required to raise them appropriately. Classroom teachers also incorporate these issues into other classroom activities. The curriculum was first used in one elementary school in the third year of the Title V grant, serving approximately 180 children in 10 kindergarten and first grade classrooms.

### *Other Strategies*

Although not mentioned in the grant application, community policing was discussed in quarterly reports as a Title V/CTC activity during the first year of the grant period. The community mobilizer sat on a board meant to coordinate and publicize community policing efforts and helped organize and host a community forum to discuss this issue in early 1999. After that, however, no further mention was made.

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Interviews indicate that the city mayor took this project under his auspices and no longer requested involvement from others.

Although Teen Parenting and Opportunities for Policymaking had been identified as strategies in the grant application, no activities occurred in these areas during the project's first year. Early in 1999, the timelines were revised to indicate that those activities would begin in the spring of that year, but nothing more happened. In the fall of 1999, the prevention board recommended postponing Teen Parenting indefinitely due to the demands of the work on the existing initiatives. Also in the fall of 1999, the committee chair of the Interactive Reading and Playtime program indicated that beginning some of the opportunities for policymaking activities during the third year had been considered; however, no activities occurred.

### **Identifying and Leveraging Other Resources for Prevention**

Matching funds for Title V came from a variety of agencies, including the ProJeCt of Easton, Northampton County Children and Youth Services, Northampton County Drug and Alcohol Services, the Coalition for a Smoke-Free Valley, and the Easton Area School District. In addition, a Pennsylvania Commission on Crime and Delinquency grant was obtained to hire a mentor coordinator for Adopt A Class, and another commission grant under the Blueprints for Violence Prevention funded a life skills training program, which complements the Adopt A Class services, at the middle school.

### **Factors That Influenced Implementation of Prevention Strategies**

Northampton County's experience with implementing strategies was fairly consistent with the Title V model. Although some strategies were research-based and some were not, all selected strategies were designed to meet unique needs as identified in the assessment. They implemented a combination of a system-level strategy (the community mobilizer) with direct programs to address both the coordination of services and to provide needed services. The following information discusses the factors that facilitated and hindered the community mobilizer's efforts and the initiative prevention strategies.

Universally, stakeholders mentioned the community mobilizer position as a primary factor in the successful implementation of the programs. "None of this would have happened if we hadn't had a community mobilizer."

One community mobilizer stated that key facilitating factors were the support of the lead agency and the prevention board's executive committee. "The administrative agency and the leadership here and the support and flexibility here to accommodate what I need, for me, has been the best factor to getting my job done."

One factor mentioned by board members that may have affected the efforts of the community mobilizer was the turnover in this position. They stated that some disruptions in work flow occurred, but otherwise the transitions were actually quite smooth. The fact that former community mobilizers have remained involved in the project has provided continuity and is seen as a testament to the dedication people feel to the Communities That Care process.

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One challenging factor mentioned by some staff and prevention board members was the idea that the scope of proposed activities was too ambitious. Not all of the proposed activities were implemented, and many felt that to be successful, the resources of the initiative should be focused on a few of the most promising strategies. In addition to all of the planned activities, one community mobilizer said she was also presented with opportunities for other interesting projects: “. . . there’s so much fun stuff happening and I’d say ‘Yeah, I’d love to do that.’ And then . . . I’ve got to keep coming back to the focus . . . And saying ‘Now, what are the prioritized things I want to do?’”

Factors identified as facilitating the success of the programs included adequate funding and community support, the latter of which was identified as particularly meaningful. Adopt A Class (and, to a lesser extent, Interactive Reading and Playtime and Educating Children for Parenting) relied heavily on volunteers and collaboration among agencies. These efforts resulted in widespread support for the programs.

The support of the school administration was mentioned as a particularly important factor in the success of Adopt A Class and Educating Children for Parenting—two school-based programs. Speaking about Adopt A Class, one key stakeholder stated:

the positive involvement of the school district from day one . . . From the top down, the superintendent, the director of pupil services, building-level principals, guidance departments—all at the table. That kind of commitment to staff time for this project has been unheard of. Years ago, . . . the school district’s philosophy was “We’re here to educate the students. You social service types are over here to do your work” . . . So we’ve seen a complete turn about with that.

Challenging factors related to program implementation included mobilizing community support and logistics. Although they were ultimately quite successful in recruiting the necessary community volunteers and agency collaborators for the programs, community mobilizers stated that this effort initially required significant time and effort. In addition, coordinating the logistics for all of the programs proved challenging—scheduling meetings and events, obtaining needed resources and staff support, marketing the programs, and other logistical issues proved to be very complex tasks.

## **Monitoring and Evaluation**

Monitoring and evaluation activities include conducting an evaluation of prevention strategies and of the whole initiative, and reassessing community indicators. The processes for the Title V/CTC initiative in Northampton County from 1998 through 2000 are described below.

The Easton Title V/CTC prevention board, lead agency, and community mobilizers were very supportive of evaluation efforts. Using matching funds from the Title V lead agency, the Easton Title V/CTC initiative contracted with two local evaluators in October 1998. The evaluation activities focused on the specific programs being implemented rather than on the entire process. The evaluators worked with the prevention board and the community mobilizer to develop program evaluation plans and instruments and did some analysis of survey results.

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## Monitoring and Evaluating Program Activities

Overall, attempts at program evaluation involved setting objectives and gathering and analyzing data. A description of the evaluation efforts for the programs implemented as part of the Title V/CTC initiative follows.

### *Interactive Reading and Playtime*

No evaluations were conducted on the communitywide 1-day events, but process evaluations were conducted for the Project L.E.A.P. activities. These surveys found that all children who were given a book liked the book, read the book with their parents, and would like to read the book again.

### *Snuglies*

Five goals had been set for the Snugli program. These goals were evaluated using postcard surveys delivered to the participants. Data were collected during three quarters (January–March 1999, April–June 1999, and January–March 2000). Four of the five goals were generally achieved. The results were as follows:

- ❖ **Goal:** 90 percent of infants in the program will not visit the hospital emergency room.  
**Result:** Between 60 and 77 percent of the infants did not visit the emergency room.
- ❖ **Goal:** 95 percent of infants in the program will not be admitted to the hospital.  
**Result:** Between 94 and 100 percent were not admitted.
- ❖ **Goal:** 95 percent of infants in the program will have appropriate height, weight, and head circumference measures.  
**Result:** Between 93 and 100 percent had appropriate measures.
- ❖ **Goal:** 80 percent of infants in the program will have appropriate Early & Periodic Screening, Diagnosis & Treatment (EPSDT) exams.  
**Result:** Between 87 and 100 percent had appropriate exams.
- ❖ **Goal:** 80 percent of infants in the program will have appropriate immunizations.  
**Result:** Between 83 and 100 percent had appropriate immunizations.

Additional questions were asked during the last quarter of measurement. In this survey, 82 percent of mothers reported they felt closer to their newborn due to the Snugli use, and 50 percent of mothers with more than one child reported that they felt a difference in the level of closeness to the baby due to Snugli use.

### *Adopt A Class*

Most evaluation resources were dedicated to the Adopt A Class program. The prevention board set desired outcomes for Adopt A Class in May 1999. There were 15 goals in all, including decreased suspension, expulsion, and dropout rates; decreased alcohol, tobacco, and other drug use; decreased teen

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pregnancy and juvenile violence; increased youth asset counts; increased student achievement scores; increased levels of extracurricular and community activities; increased attendance rates; and increased parental involvement in the children's education.

In January 2001, near the end of the Title V grant period, a number of data collection activities were conducted that provided some evidence of the Adopt A Class program's success. These included implementation of the Pennsylvania Youth Survey and data from schools' grade, attendance, and volunteer activity records. Results included:

- ❖ Adopt A Class participants, during their fifth and sixth grade years, had fewer absences and higher GPAs compared to students in the same grade who did not participate in the program.
- ❖ Adopt A Class participants, during their sixth grade year, had higher GPAs than students from the previous sixth grade year, but they had more absences than the previous sixth grade students.
- ❖ Students who had participated in Adopt A Class for 2 years scored better on three measures of community involvement compared with students who had participated in the program for 1 year: a higher proportion of 2-year participants were doing volunteer work in the community, participating in community activities, and participating in sports activities.
- ❖ The Class of 2007 (which is served by Adopt A Class) scored lower on seven measures of antisocial activity in the Easton Youth Survey compared with the Class of 2006. These measures were the proportion of students who had attacked someone with intent to harm them, had been drunk or high at school, sold drugs, used marijuana, used tobacco, used alcohol, and been suspended from school.

In addition to these results, the math and reading scores from the Pennsylvania System of School Assessment test for the Class of 2007 were the highest in the past 5 years, and the participating middle school received a monetary award from the state for significantly increased attendance rates for the Class of 2007. Although these two accomplishments cannot be directly linked to the Adopt A Class program, they are notable achievements that may be related.

### *Educating Children for Parenting*

No outcomes were set for this program during the Title V grant period. The long-term objectives are to decrease violence and increase sensitivity among youth.

### **Ongoing Assessment**

In 2000, the community mobilizer gathered data to update the community needs and resources assessment for use in a continuation grant application. This was a considerable effort for one person, but it has provided the community with more current data regarding the needs of its youth. The findings from this effort resulted in the same priority risk factors being selected as were identified in the 1997 assessment, namely family management problems and early initiation of problem behaviors. The rationale for these selections is stated in the continuation grant application:

As CTC training sessions and personal experience make us aware, risk factors are not easily addressed in a few years. The process of identifying, addressing and reducing risk

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factors—while improving protection factors—can be a long-term one. With this in mind, and with the risk and resource data presented herein, the community has identified the same risk factors as it did in its 1997 assessment.

In addition to this effort, data gathered from the Pennsylvania Youth Survey have provided the Easton Title V/CTC initiative with valuable information for use in ongoing program planning.

### **Community-Reported Impacts**

Although no local evaluation of the entire Title V/CTC evaluation was conducted, interviews with stakeholders revealed their perspectives about the initiative’s impact on the community. Almost all prevention board members that were interviewed said the most exciting aspect of the initiative has been the success in achieving true collaboration, in contrast to earlier, failed attempts. They talked about how board members have set aside their turf issues and have truly acted as a collective body to address the common concerns and issues of Communities That Care. Members said agency staff are more likely to consult with one another when developing new programs. One board member stated “the singular best thing that having a prevention board did for Easton was to eliminate the sense of isolation that the individual member agencies would have had . . . . Definitely now there is a sense that the community has to do it all together or none of it is going to work.”

Stakeholders also reported higher levels of collaboration among agencies (especially the schools) and community members, primarily due to the involvement of community volunteers in the Adopt A Class and Educating Children for Parenting programs. They felt that Communities That Care was key to encouraging the school system’s commitment to community involvement. One stakeholder stated the new spirit of collaboration this way:

I really strongly think that Communities That Care has changed this community in the way people work together . . . . “Let’s help each other.” I think the mentality has changed. Which is big. I think that’s really, really big. And that’s the single biggest thing I think Communities That Care has done, is really the way people work together here.

Members who attended Title V/CTC trainings felt they were very helpful not only in teaching participants about the Title V model, but in encouraging commitment to it. One member stated “The board members . . . who went to any of those trainings or got involved in that early process understand what we’re about a lot more and are more likely to be involved. So those trainings are important.”

Some stakeholders also discussed the impact of the assessment activities. They stated that more agencies are now using data to target programs to identified needs. For example, the YMCA reviewed data from Title V/CTC’s needs assessment and determined that youth leadership activities were needed to address gaps in services. A number of stakeholders mentioned that staff in local agencies are increasingly aware of the value of needs assessments and are requesting the data gathered by the prevention board. One person stated:

Several times people have called us for [the data] because they’re beginning to understand that . . . assessing the problems within your community and then addressing those is the way that is going to be most effective . . . . People use it. People ask for it a

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lot . . . . They're using it for grant applications . . . . And people want to share their own now.

One prevention board member reported that data gathered through the board were a facilitating factor in the successful citywide Weed & Seed grant application, some funds of which are supporting continuation of Title V strategies.

### **Factors That Influenced Evaluation and Monitoring**

The Easton Title V/CTC staff and board members have expressed considerable interest in conducting meaningful program evaluations. They have made attempts to do so, but have struggled. One community mobilizer stated that, in retrospect, one thing that should have been done differently is to have stronger program evaluation strategies from the beginning—it has been difficult to document program achievements without strong evaluations from the start: “A lot of concern about evaluation, actually. That was a big one. We were having trouble deciding proper evaluation for a lot of our programs . . . . We wish we could do better.”

The local evaluators were helpful in accomplishing the program evaluation activities. Their assistance was sought in planning for program evaluations, designing survey instruments, and gathering and analyzing data.

One of the key factors facilitating the reassessment of communitywide risk factors was the strengthening of cooperation among agencies and the relationship between the prevention board and local agencies. The community mobilizer who completed the updated needs and resource assessment spoke of how easy it was for her to obtain data in comparison to the difficulties the earlier effort had posed:

when I called the chief of police and left a message on his machine saying “Could you please get these and give me a call back and tell me what officer to speak with?” . . . . he had it for me within two days. I spoke to the woman who did the original risk and resource assessment. She said it took her five months to get the information from the police. They didn't know us . . . . Now they have it ready . . . . So I had several instances like that where people understood why we wanted the data now, and they didn't think it was so much of a hassle to find it for us.

### **Institutionalization**

Institutionalization of prevention efforts includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies beyond the Title V grant. Northampton County's experiences with institutionalization during 2001, the first year after the termination of their Title V grant, are described below.

#### **Status of Institutionalization**

The Title V/CTC initiative has continued in Northampton County with funding from two grants: a 2-year grant from the Pennsylvania Commission on Crime and Delinquency through the Governor's Partnership for Children and a 3-year grant from the Weed & Seed initiative. These grants fund the community mobilizer position, the Adopt A Class program, and Educating Children for Parenting.

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The prevention board, as it continues beyond the Title V grant, is embarking on a strategic planning process to focus its efforts. It is becoming more structured and is developing bylaws to govern itself. In addition, the prevention board committees are being restructured to address each of the four domains: community, school, family, and individual/peer.

In general, board members felt that the process was firmly grounded and would continue to play an integral role in the community's prevention efforts. One key community member stated, "From every sense I have from watching them in action, I don't see any signs of cracks. I see them still working together in the next year, 2 years, 3 years, whatever."

As noted, the community mobilizer position, the Adopt A Class program, and the Educating Children for Parenting program have continued beyond the Title V grant period with two additional grants. The community mobilizer position continues to function in much the same way it did during the Title V grant period—managing the prevention board, overseeing the programs, facilitating evaluation efforts, and reaching out to the community. The two continuation programs were selected based on their support in the community and their perceived potential for success. The prevention board elected not to seek funding to continue the other programs because it was unsure those programs were effective. It also believed that resources were better spent focusing on fewer programs. The two programs that were chosen have continued at the same level of implementation, and both have the potential for expansion as new funds are sought.

Evaluation of the Adopt A Class program is expected to continue with data gathered from school records and periodic youth surveys. With a grant from the Pugh Trust Fund, the Educating Children for Parenting program may be a pilot site for evaluation through the Educating Children for Parenting national organization.

Communitywide needs assessments continue with assistance from Lafayette College, a local university. The prevention board and a professor at the college have entered into an agreement through which students will gather and analyze data as part of their educational activities, and the prevention board will assist with this process and with reporting the data. In addition, the school district is now paying for and administering the youth survey, which also provides critical data for the assessment. All of these activities are coordinated by the community mobilizer.

### **Factors That Influenced Institutionalization**

Overall, Easton has successfully institutionalized its Title V/CTC initiative. One key factor in this success is the collaboration among agencies. Stakeholders have said that agencies are more interested in working together and are more supportive of one another. This has impacted institutionalization of all of the phases. For example:

- ❖ The prevention board is continuing with commitment from many local agency staff.
- ❖ The assessment and planning activities are continuing with assistance from a local university.
- ❖ The implementation strategies are continuing with support from the schools, the original Title V lead agency, and members of the prevention board.

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- ❖ Evaluation activities are continuing with more efficiency due to cooperation from local agencies in gathering data.

Another key to institutionalization is the community mobilizer position. This person is responsible for coordinating all activities, which many feel would not continue without this central person.

Funding has been identified as both a challenging and a facilitating factor. Considerable time and energy have been required to prepare grant applications to fund continuation, but the success of those applications has resulted in two primary continuation grants that are key to institutionalization.

## **Interpretation**

Examining Easton's approaches to implementing the Title V model reveals that they were successful overall. Easton has displayed commitment to comprehensive delinquency prevention planning and services and has modified its approaches as needed. It has demonstrated successes in all phases of the model. The challenges were primarily in the areas of implementation and evaluation.

Easton's commitment to delinquency prevention planning is firmly rooted in the Communities That Care approach. Easton identified the Title V initiative as its Communities That Care initiative. This is not surprising in that the state of Pennsylvania's support is fully based on the Communities That Care training curriculum.

The process of community mobilization conducted by the Easton Title V/CTC initiative closely aligns with the Title V model. It successfully recruited key community leaders, human services agency staff, and others to participate in the initiative, and have continued the mobilization process by modifying the activities of the board as the initiative evolved. Members felt that this board and this process of planning and coordinating prevention activities had gained solid footing in the community and would continue to be an integral part of Easton's delinquency prevention efforts.

Of all the factors facilitating the success of the prevention board mentioned by community stakeholders, the one that stands out is the role of the community mobilizer. This position has been crucial in maintaining the board as an active, engaged group. Underlying this factor, though, are others that seem to have also been instrumental. The mobilizer's efforts may have been facilitated by the early training provided to board members—it provided guidance in how to engage in community planning activities. Although not all members participated in training, there seems to have been a "culture" among the group that involved commitment to the process. Another factor that may have been influential is the ongoing role of the board in program implementation. Board members had ongoing responsibilities to guide and oversee the strategies and that may have provided them with a sense of purpose and involvement.

The board experienced periods of both activity and inactivity; however, it has been able to rekindle interest and momentum to continue its work. The board has been involved in the Title V initiative since its inception, including assessment, planning, implementation, evaluation, and institutionalization. There seems to be enough commitment to this process to overcome challenges and continue these efforts for the foreseeable future.

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The Easton community seems to have been quite successful in its assessment and planning activities. Its initial needs assessment was objective and thorough. The initial plan (the Title V grant application) was solidly based on the priority risk factors and included a number of strategies for promising approaches. Easton also updated its community needs assessment 3 years after the first one was completed for the Title V grant.

Factors that may have influenced its success in this area include its commitment to data-based assessment and community planning, and the relationships built among agencies through the prevention board. The prevention board, Title V lead agency, and community mobilizers seem to understand the value of documenting needs using objective data, and they have dedicated the necessary resources to do so. This commitment may have begun with the initial training sessions and the community's subsequent dedication to the Communities That Care approach. Updating the necessary data was made easier by the relationships developed among local agencies through their participation in the Title V/CTC initiative. This experience is consistent with the Title V model's assumption that mobilizing community members to gain "buy-in" for the process will facilitate planning efforts. Agency staffs initially had little to do with one another and were reluctant to share their data. After working together for a time on common issues (through the prevention board), and coming to understand the value of assessment and to trust the people leading the assessment efforts to use the data responsibly, agency staffs willingly shared their information.

The Easton Title V initiative enjoyed some successes and challenges with its implementation strategies. The employment of a community mobilizer to coordinate the work of the board and oversee the programs proved to be very successful. Interviews with board members and community mobilizers have indicated that this position has been critical to the success of the initiative. Without it, many do not feel that the work would have been accomplished to the degree that it was. It is interesting to note that the state recognized the value of the community mobilizer position and began directing its planning grants to this strategy.

One of the primary challenges related to the implementation strategies was the number and complexity of programs initially planned. The Title V application identified seven strategies. Only one was begun in the first year (Interactive Reading and Playtime); two in the second year (Adopt A Class and Snugglies), and one in the third year (Educating Children for Parenting). Two strategies were never implemented (Teen Parenting and Opportunities for Policymaking and Monitoring), and one was somewhat incorporated into another (Peer Tutoring became a part of Adopt A Class in the year after the Title V grant period ended). The result is that the initiative had much less time than 3 years to establish its programs, refine its implementation designs, and measure success before it had to start seeking additional funding. In retrospect, stakeholders felt that they should not have attempted to implement so many programs because they were not able to devote the needed resources and efforts toward any one of them.

In spite of this challenge, two of the programs have gained strong footing—Adopt A Class and Educating Children for Parenting. Both are school-based programs, and strong relationships with the schools have repeatedly been mentioned as a strength of the initiative. Both also involve recruitment of volunteers from the community, which has helped them gain community support. The Title V/CTC prevention board is committed to these two programs and is willing to focus its efforts on facilitating their success.

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The evaluation component of the Title V model posed some of the greatest challenges for the Easton initiative. Challenges included the following:

- ❖ The lack of an evaluation plan for Educating Children for Parenting and the Interactive Reading and Playtime communitywide events.
- ❖ The lack of meaningful outcomes for the Interactive Reading and Playtime Project L.E.A.P. activities.
- ❖ Difficulties in measuring outcomes for Snuglies.
- ❖ Difficulties in establishing realistic, measurable outcomes for all programs.

One factor underlying these challenges may be a lack of resources due to the implementation of too many programs. Because the initiative had so many programs, it was difficult to provide resources to evaluate all of them. Evaluation efforts were primarily focused on the Adopt A Class program, which is the only one to produce meaningful, fairly reliable outcomes.

The primary challenges in evaluating the Adopt A Class program seem to be the high number and ambitiousness of the goals. Fifteen goals were identified, covering a wide range of expected behavior changes. Obtaining all the necessary data has been difficult, and linking the program activities to observed changes has been challenging.

Although the Easton initiative struggled with program evaluation, it seems to have had success in monitoring risk factors and delinquent behaviors on a larger scale. The efforts of the community mobilizer, the school's commitment to conducting the youth survey, and local agencies' willingness to share data all contributed to Easton's ability to update data on its risk factor indicators. A commitment to data-based needs and resource assessment is also a core factor.

The Easton Title V/CTC initiative has been successfully institutionalized, although it continues to be funded with time-limited grant funds. The prevention board continues and is evolving to meet newly identified needs. The assessment and planning (and evaluation) activities have been strengthened by a collaborative relationship with a local university. And its implementation efforts have been streamlined to focus on the community mobilizer and two promising programs. These processes seem to be firmly ingrained as Easton's delinquency prevention approach; the only apparent threat seems to be a possible loss of funding. It appears that the community's commitment to the process would withstand even a loss of funding.

## **Summary**

Overall, Easton has achieved many successes with its Title V/CTC initiative. The community mobilizers, Title V lead agency director, and prevention board members seem to truly understand and have commitment to the Communities That Care principles. The successes they have experienced are encouraging and are an important factor in motivating them to continue their efforts.

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## Title V in Pennsylvania: Concluding Remarks

Overall, the national evaluation of Pennsylvania's experience implementing the Title V Community Prevention Grants program revealed many areas of strength, as well as some areas for improvement. The two communities participating in the national evaluation, Fayette and Northampton Counties, provided valuable information about community-level implementation of Title V.

To truly understand Pennsylvania's experience with Title V, it must be noted that Pennsylvania has remained committed to the Communities That Care curriculum for delinquency prevention strategies in spite of the federal Title V program's switch to a different curriculum. In Pennsylvania, Title V is a means to fund Communities That Care initiatives in the local communities.

In general, Pennsylvania's Title V request for proposals, required training curriculum, and available training and technical assistance provide strong foundations for communities' implementation of Title V/CTC initiatives. They set forth clear expectations and provide the necessary guidance for community members to learn about and implement the key principles of effective community-based delinquency prevention strategies. Both of the participating communities displayed evidence of their understanding of, and commitment to, these principles. Although the communities had different levels of success in some areas, stakeholders truly believed in the Title V/CTC ideals. Two common areas of success between the two communities are:

- ❖ Mobilizing local agency staff and community members to participate in a prevention policy board, incorporate Communities That Care principles into program planning, and get involved in local prevention activities.
- ❖ Conducting thorough, objective, data-based risk assessments to document needs and identify priority risk factors.

Both communities' initiatives centered on a coordinator who provided overall guidance and structure. This approach was recognized by the state as influencing success, and the state began formally supporting it through the use of planning grants to hire a coordinator during the planning phase who could continue into the implementation phase.

Although the two communities had varied levels of success in many areas, these variations seemed to largely rest on one key difference: the extent to which they focused or did not focus their efforts on a few targeted strategies. The community that narrowed its focus was more successful in implementation, evaluation, and institutionalization, whereas the community that did not was much less successful in these areas. Targeting efforts to fewer strategies enabled the more successful community to better define its initiative, evaluate and identify its successes, and justify the need for continued funding. The state may wish to strengthen its monitoring and feedback to communities to assist them in devising realistic plans that target their limited resources in a way that maximizes their opportunities for success.

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## Chapter 6: Vermont

The case study of Title V in Vermont, which focuses on the national evaluation communities of Middlebury-Bristol and Windsor, demonstrates that implementing the Title V model as designed is truly a community-driven process. Stakeholders were able to plan, implement, and sustain the Title V prevention activities within their unique community settings, even when faced with intermittent challenges. Even though all of the stages were not implemented fully or as designed, the essence of the Title V model was achieved in both Title V communities.

The first section of this case study discusses state support for Title V from 1998 to 2001. The second and third sections discuss the Title V initiatives in Middlebury-Bristol and Windsor, respectively, from 1998 to 2001. The last section presents concluding remarks on Title V in Vermont.

Four primary data sources that were used for each community during their participation in the national evaluation: stakeholder interviews, in person and via telephone; a review of Vermont's Title V documentation, including the state request for proposals and the Middlebury-Bristol and Windsor grant applications; a review of Title V documentation in Middlebury-Bristol and Windsor, including the grant applications, quarterly progress reports, and prevention policy board meeting minutes; and a review of the federal Title V guidelines and documentation. In addition, the evaluation team's interpretation of the case study data represent Caliber's experience in working with all 11 national evaluation communities during the multiyear implementation of the evaluation.

### State Support for Title V

Vermont was eligible to receive \$100,000 in Title V funds annually, the minimum federal support under Title V. This level of funding was based on the size of Vermont's juvenile population. Given these limited resources, the Agency of Human Services, the implementing state agency in Vermont, chose to support two communities with grant awards rather than support a larger number of subgrantees with smaller grant awards. Since the beginning of Title V in 1994, Vermont has funded nine Title V communities. These awards ranged from \$4,000 to \$75,000. To this end, the Agency of Human Services committed a total of \$150,000 to each Vermont Title V community, to be distributed over a 3-year period. Vermont funded two communities every 3 years.

This section presents a case study of state support for the Title V initiative in Vermont from 1998 until 2001. Since the writing of this case study, implementation of Title V at the state level and the prevention activities in Middlebury-Bristol and Windsor may have changed.

### Vermont's Granting Process

The Agency of Human Services administered the Title V grant activities in Vermont. Title V in Vermont was referred to as Building Caring Communities. The goal was "to improve the health and well-being of Vermonters and promote their ability to meet their basic needs." The Agency of Human Services helped Vermonters achieve this goal through activities designed to enhance service delivery

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and promote collaboration and coordination among agencies working across the state to achieve positive outcomes for children, youth, and families.

The Agency of Human Services administrative staff, including Vermont’s juvenile justice specialist, announced every 3 years the availability of Title V funds to be competitively awarded to two communities in the state. The state juvenile justice specialist invited all eligible units of local government to attend the federally sponsored Communities That Care key leader orientation training on a “first come, first served, space available” basis. At the training, attendees were introduced to some of the basic principles of the Title V model, including planning and implementing a community-based, comprehensive, 3-year juvenile delinquency prevention plan. Following the training, community leaders were asked to submit to the Agency of Human Services a letter of intent to apply for Title V funds. From the letters, several communities were selected to participate in the Risk and Resource Assessment training session and, subsequently, develop and submit a comprehensive 3-year delinquency prevention plan as their application for Title V funding. Once applications were submitted, the Agency for Human Services and Vermont’s State Advisory Group (SAG), known as the Child and Family Council for Prevention Programs, selected those jurisdictions that best met the state’s selection criteria for the Title V awards.

The Vermont request for proposals provided a comprehensive outline of the program goals, objectives, requirements, budget summary, and criteria for priority consideration, and a summary of the application process and deadlines. The request for proposals was comprehensive and clear about the expectations for the application, listing the review criteria and proposals that were given priority consideration. The request for proposals also listed examples of programs that were considered appropriate for funding (i.e., recreation services, tutoring and remedial education, assistance in the development of work awareness skills, child and adolescent health and mental health services, alcohol and substance abuse prevention services, leadership development activities, cognitive skills training, positive youth development activities, and asset building strategies for youth).

The Child and Family Council for Prevention Programs reviewed the proposals against the criteria provided in the request for proposals and identified strengths, weaknesses, and areas for clarification in each application. These reviews supplied the grant review committee the necessary information to discuss questions such as the applicant community’s “ability to implement plan” and “the impact on community: will it reduce delinquency and youth violence?” If a component needed clarification, additional information from the applicant often determined final award.

Grants were awarded on a 12-month fiscal cycle. Title V communities, however, were guaranteed 3 years of funding as long as they met quarterly and annual state funding evaluation and monitoring requirements, including implementation and budget reports.

## **Training and Technical Assistance**

Vermont has provided the federally funded Title V training to support the efforts of its applicants. During the period the national evaluation communities were applying for funding, Developmental Research and Programs, Inc., was the federal contractor. Its trainings were based on the Communities That Care curriculum and consisted of three sessions: key leader orientation, risk and resource assessment, and promising approaches. Prior to submitting a grant application, interested parties were

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required to participate in the key leader orientation and risk and resource assessment training sessions. To date, Vermont has offered two key leader orientation and two risk and resource assessment training sessions.

In addition to Title V training, Vermont showed a strong commitment to state-specific prevention training and technical assistance. Although the Agency of Human Services supported Title V communities in integrating the risk and protective factors of delinquency prevention principles into their plans, subgrantees were encouraged to focus prevention activities on family-centered resources, programs, and services, and were required to tie those activities to state-specific service delivery and systems-level outcomes (or long-term impacts). Sidebar 6.1, Vermont State Team Outcomes for Families, Children, and Individuals, lists the state-level prevention priorities for Vermont grantees. The Agency of Human Services offered training opportunities throughout the year to help communities meet these priorities.

### **Vermont State Team Outcomes for Families, Children, and Individuals**

1. Families, youth, and individuals are engaged in and contribute to their community's decisions and activities.
2. Pregnant women and newborns thrive.
3. Infants and children thrive.
4. Children are ready for school.
5. Children succeed in school.
6. Children live in stable, supported families.
7. Youth choose healthy behaviors.
8. Youth transition to adulthood successfully.
9. Elders and people with disabilities live with dignity and independence in settings they prefer.
10. Families and individuals live in safe and supportive communities.

## **Evaluation**

Although Vermont's Title V request for proposals did not specifically require an evaluation plan, it did require that "[the] project design is sound and meets the goals and objectives of the program. The design includes quantitative measures which will reflect the achievement level of the project goals and objectives." It also required that the 3-year plan include goals, objectives, and a description of how the prevention policy board would make recommendations for the distribution of funds and evaluation of funded activities. Finally, the request for proposals required that applicants include a plan for data collection for the measurement of performance and outcome of project activities.

Quarterly reports were designed so grantees could indicate unduplicated counts of individuals served, in addition to a cumulative number since the beginning of the grant. The grantee was also expected to discuss evaluation activities in the quarterly report, including collection of baseline data, although no clear guidelines regarding what activities were expected or on what activities baseline data should be collected were given.

To assist Title V communities in completing the requisite prevention needs assessment and evaluation, and to support other state-funded communities in the application process, Vermont published a number of documents that provide public and mental health, education, economic, crime and corrections, and public safety outcome and indicator data. These publications included Community Profiles, with data collected at the school district and county levels; The Social Well-being of Vermonters: A Report on Outcomes for Vermont Citizens, which compared Vermont state-level trend data to similar national-level data; and the biannual report on youth risk behavior data for each Vermont community.

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Program evaluation had been a state agency priority since 1994, as expressed by the juvenile justice specialist in a number of conversations. The Agency of Human Services, the state juvenile justice specialist, and the Vermont Child and Family Council for Prevention Programs recognized both the value and the challenge of evaluation at the local level. As a result, Vermont has supported a number of activities designed to build local evaluation capacity including:

- ❖ **State support for the *Title V Community Self-Evaluation Workbook*.** Vermont Title V subgrantees were strongly encouraged to use the workbook forms to document prevention activities and outcomes for state quarterly and annual reports. This expectation was conveyed in the funding contract letter.
- ❖ **State support for OJJDP’s Title V national evaluation.** Through frequent communication with both the national evaluation team and the participating communities, Vermont’s juvenile justice specialist continued to advocate for OJJDP’s national evaluation through the implementation of Title V in both communities.

## Other State Factors

Vermont had a strong history of support for child- and family-focused initiatives. In 1999, Vermont developed *A Guide to State, Regional, and Community Partnerships With Vermont’s Children, Families, and Individuals*. This guide presented Vermont’s framework for collaboration, which operated via two main vehicles: the state team for children, families, and individuals and the 12 regional (statewide) partnerships. Members of these organizations “served as catalysts for improving the design, implementation, and evaluation of systems and policies which supported Vermont’s children, families, and individuals” (the Guide, 1999).

Representatives from Vermont’s state agencies of human services and education, regional partnerships, and the state team for children, families, and individuals worked together, independent of Title V, to help “express their vision for Vermont’s children, youth, families, communities, and the role of state government in fostering the development of Vermont’s young people, empowering families, and strengthening the capacity of communities” (the Guide). This work was intended to streamline efforts throughout the state to achieve a common web of core themes or outcomes. The outcomes, presented in the sidebar, were identified for use by all grantees to measure achievement of their vision.

The state team was made up of state agency division directors (serving children, families, and youth), state-level coordinators of interagency teams, directors of major service and advocacy organizations, representatives from higher education institutions, parents, and the coordinators for the 12 regional partnerships. The state team supports the regional partnerships as they work for change in child and family systems.

The 12 regional partnerships, determined geographically, bridged the regional (local) planning and implementation to the state. Members within partnerships included “consumers, citizens, family members, nonprofit and state providers of health, education, and human services, economic development representatives, and business leaders” (the Guide).

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Together, the state team and the regional partnerships assisted the Title V communities by supporting services, influencing funding, establishing methods for accountability for overall improvements, supporting new ways of doing business, considering the community holistically, and linking services within regions. To assist communities in planning, Vermont committed to conduct research on effective and promising programs with the intention of sharing results with Vermont’s communities. Publications with results from this work, as well as other research, were posted on the Agency of Human Services Web page.

## **Interpretation**

The strength of Vermont’s support for the Title V model was evidenced by the commitment of state resources (e.g., for training, technical assistance, and data and resource sharing). In addition, given the level of funding received, Vermont’s Agency of Human Services committed to funding fewer communities because the resulting higher funding levels for each community were thought to provide the necessary financial incentive and resources to fully implement the Title V model. This reliable source of prevention funding appeared to have aided the communities in planning and reporting.

Vermont’s support for community mobilization was very strong. The requirement that teams from interested communities attend key leader orientation training and, subsequently, risk and resource assessment training was consistent with the Title V model’s proposition that training may affect future phases of community prevention planning. Participation in the training ensured that all communities received consistent information and guidance. In addition, the juvenile justice specialist contacted each applicant to discuss any technical assistance needs or concerns following the training.

The request for proposals clearly conveyed an expectation that the prevention policy board was to be diverse and representative of the community, and that one local agency or entity was responsible for supporting the board. It requested that the applicant demonstrate “how the local [prevention policy board will] make recommendations to the responsible local agency for distribution of funds and evaluation of funded activities . . . .” It also indicated that the prevention policy board must determine and approve the prioritized risk factors identified in the community assessment. Although the request for proposals articulated the role of the prevention policy board in planning, it did not clearly describe expectations for the board’s role in the implementation or institutionalization phases of the initiative—critical information for board members.

The Agency of Human Services offered communities numerous means of assistance for the assessment phase of the Title V model. It required that community representatives attend the key leader orientation and risk and resource assessment trainings so applicants would receive information and guidance on how to conduct risk and resource assessment. The juvenile justice specialist offered technical assistance 2 months after the training but before the due date of the application and maintained frequent contact with the communities. In addition to the community profile, youth risk behavior survey, and the social indicators data, the agency made a variety of other data available to the communities to guide their assessment.

The request for proposals was clear in conveying the agency’s expectations for assessment and planning, but lacked detail in some areas. For example, no specifics about how communities should meet these expectations were given, which was problematic for most applicants, as this was their first experience

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with such requirements (e.g., a comprehensive, data-driven risk and resource assessment). Also unclear was how much information applicants should include in the 3-year grant application. The request for proposals clearly specified that applicants must include “an assessment of the prevalence of specific, identified delinquency risk factors in the community, including the establishment of baseline data . . . resulting in a prioritized list of risk factors to be addressed.” Applicants also were required to identify protective factors in the community and, as part of the resource assessment, identify the available resources “and promising approaches, with a description of how they address identified risk factors, plus an assessment of gaps in needed resources and a description of how to address them.” Although these criteria were clearly presented in the request for proposals, they were not detailed in the review criteria. Consequently, applications could fall short of meeting all criteria unless the reviewers assessed each detail of the application with every component of the request for proposals in mind. The requirement for “a thorough and comprehensive assessment of risk and protective factors and resources that included baseline outcomes measures” was inadequate and more detail was needed.

Regarding implementation, the request for proposals did not clearly explain that prevention strategies had to be research-based so applicants had flexibility for selecting resources and promising approaches to address risk factors. Several prevention programs (recreation services, tutoring and remedial education, assistance in the development of work awareness skills, child and adolescent health and mental health services, leadership development activities, asset building strategies for youth, etc.) were identified as possible prevention activities eligible for funding but because the request for proposals did not require that programs be research-based, these programs did not necessarily conform to the Title V model.

The request for proposals required that applicants provide “a strategy, including goals, objectives, and a timetable, for mobilizing the community to assume responsibility for delinquency prevention. This should include ways of involving the nonprofit and business sectors in delinquency prevention activities.” The Vermont Agency of Human Services allowed flexibility in the selection of strategies; however, it expected applicants to demonstrate a plan that these events would take place. It also was interested in gaining community support to assume responsibility for delinquency prevention. However, what a reasonable or measurable plan of events would include (for example, benchmarks or how to incorporate information along the way) was not clear.

According to the juvenile justice specialist, communities in Vermont tended to “avoid evaluation, as it was really scary to them.” The Agency of Human Services had been committed to evaluation since the late 1990s and training and evaluation data were made available to the communities. The challenge was that the level of the data required did not match the level at which the programs were being implemented. For example, evaluation in the community is often specific to programs and limited to attendance and process evaluation; data made available were often at the town or school supervisory union level.

By spring 2000, the Agency of Human Services offered voluntary logic model training to help communities better link their prevention strategies to risk factors and state outcomes. Such trainings are necessary to augment the guidance provided in the Title V request for proposals, which does not contain sufficient detail to guide communities with little evaluation experience in developing meaningful, realistic evaluation plans. For example, the request for proposals required that the goals and objectives be measurable and realistic, but the guidance on how to accomplish this was insufficient. As the request

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for proposals did not establish the connection to evaluation (for example, referencing or listing instruments or measures that could be used), the applicants were not required to be explicit in linking their programs to outcomes.

Another challenge that faced the Vermont communities was that the commitment by the state to address the state outcomes took precedence over measuring risk factor data during the course of the Title V initiative. The applicants were not discouraged from gathering the risk and protective factor data; however, it was required that they report on state-level outcomes, at a minimum. No formal mapping of the risk factors to the state outcomes existed, so the grantees attempted to do this on their own.

Vermont's Title V request for proposals addressed institutionalization only to the extent of leveraging additional resources and inviting community agencies and organizations to get involved in the initiative. It did not distinguish this process from securing additional funding or making a plan for sustainability of the initiative once the funding ended.

## Summary

In general, Vermont's support for Title V was very strong. The technical assistance and training provided by the state to the communities was part of a free-flowing exchange of information and helped to clarify state expectations.

Given limited grant resources (\$100,000 in Title V funding per year, the minimum federal allocation), Vermont's Agency of Human Services chose to support two communities with grant awards, rather than support a large number of subgrantees with smaller awards. Based on a conversation with the Vermont juvenile justice specialist at the time, the agency hoped that higher funding levels would provide the necessary financial incentive and resources to assist communities to fully implement the Title V model. It also expected that the focus on support for these two communities (as opposed to funding several communities at lower levels) would provide them with consistent technical support from the state.

Over the last few years (1998–2000) the juvenile justice specialist and the Agency of Human Services have placed a growing emphasis on evaluation. The juvenile justice specialist was an avid supporter of Title V, interacted closely with the sites, and, when necessary, sent quarterly reports back to the communities requiring clarifications or additional evaluation data. The juvenile justice specialist also was committed to a strong application process and, through the last year of the national evaluation, worked to streamline the application process for all Title V request for proposals, while not jeopardizing the integrity of any one initiative. Toward the end of the Title V initiative, Vermont was focused most on streamlining the grant application process to strengthen community planning and address the 10 Vermont state outcomes. Although the Title V requirements served as the baseline in many pieces of the new application, the application was subsequently presented as “an application for system improvement programs”—one that would focus on more sustainable systems-level improvement and enhancement.

Overall, the level of detail included in the review criteria did not match that in the broader request for proposals. Unless a close review of the request for proposals in relation to the applications was conducted, simply basing the review on the specific criteria might lead to gaps in information about the local plans. Vermont's support for the Title V initiative is evident in the communities' implementation

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experiences. A description and analysis of the Title V initiatives in Middlebury-Bristol and Windsor follows.

## **Middlebury-Bristol: Addison Northeast and Central Communities That Care**

This case study documents the Title V initiative in the towns of Middlebury and Bristol from initial planning in 1997 through the end of the Title V initiative in 2002. The Title V initiative in Middlebury and Bristol achieved success in each stage of the model, particularly in planning, implementing, and sustaining prevention activities.

This presentation begins with a brief community description and discussion of the role of Title V in Middlebury-Bristol. It continues with discussions of the five stages of the Title V model as implemented in Middlebury-Bristol: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. This section concludes with the evaluation team's interpretation of the data.

### **Brief Community Description**

The Addison Northeast and Central Supervisory Unions were the catchment area for the Title V grant. Specifically, the towns of Middlebury and Bristol within Addison Northeast and Central were the focus of the Title V initiative in central Vermont. Middlebury and Bristol, in the two largest supervisory unions within Addison County, lie approximately 15 miles apart. Addison County was mostly rural with large areas of sparsely populated and remote mountainous terrain. Despite the challenges of geography and its small population, Addison County had traditionally been an independent, creative, grassroots community that works together with its families, agencies, and businesses.

In 2000, Addison County had a population of 35,974 (U.S. Census data). In the county, 96.9 percent of the residents were Caucasian, less than 1 percent were African American or American Indian, and 2 percent were other races. Thirty percent of Addison County residents were children (ages 19 and under). The median household income was \$43,142, slightly above both the state (\$40,856) and national (\$41,994) median household incomes. Five percent of Addison County families lived below the poverty line.

### **Title V in Middlebury-Bristol**

The grant application and interviews with members of the prevention policy board (also known as the Communities That Care Coalition in the Middlebury-Bristol initiative) reported that the Middlebury and Bristol communities had a “well-deserved reputation for their ability to initiate and sustain creative pioneering community services for children and families.” This history of child- and family-focused initiatives dated to the late 1970s, with the creation of the Children's Task Force to identify and address gaps in children's services through a collaborative approach in Addison County. In 1995, seeking to improve these services through better coordination and planning, Addison County applied to the Annie E. Casey Foundation, through the Vermont Agency of Human Services, for a grant. This award led to

the establishment of People of Addison County Together (PACT), formerly known as the Children’s Task Force. PACT, one of the 12 regional partnerships in Vermont, was well-known for its commitment to providing for the needs of the community and particularly for addressing youth needs. Between the development of PACT and the application for Title V funds, the partnership’s focus evolved from being child and family focused to include the entire community. As mentioned in the grant application, PACT’s purpose was to “facilitate collaborative efforts toward achieving a high quality of life for citizens of Addison County through better coordination of services, more access to information, and accountability.”

**Middlebury-Bristol**

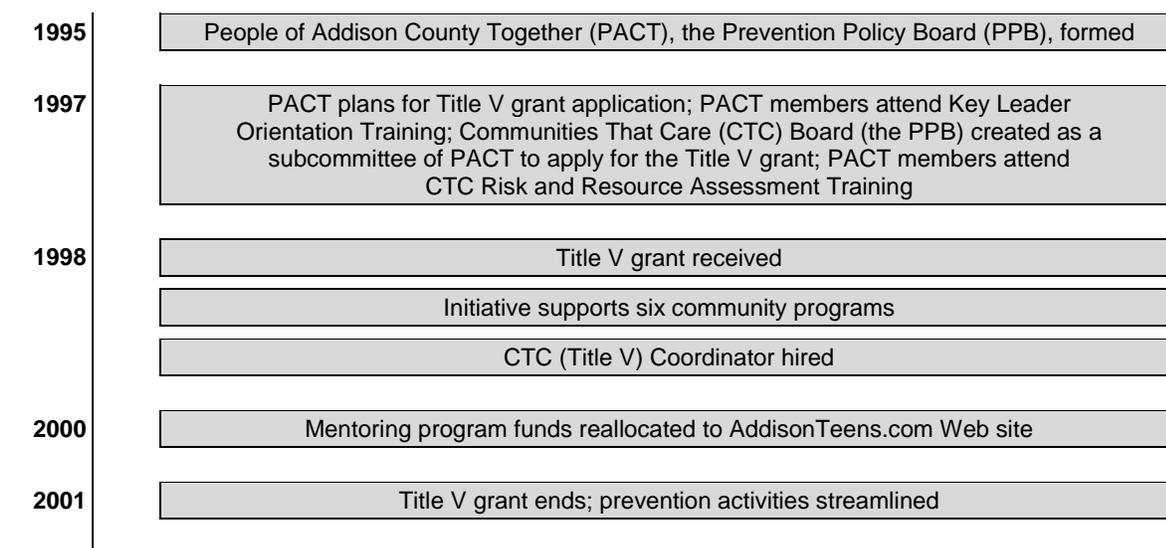
**Funding period:** 1998–2002  
**Amount of Title V funding:** \$150,000  
**Unit of local government:** Town of Middlebury  
**Lead agency:** People of Addison County Together (PACT)

More than a dozen other Addison County partnerships and task forces were briefly described in the grant application. These groups focused on resources in the community that addressed violence and substance abuse. The towns of Middlebury and Bristol had a number of prevention programs addressing issues such as childcare and teen pregnancy.

Community members in both Middlebury and Bristol had been very responsive to the needs of youth and families in the community. In addition to local government and agency support, they received support from the University of Vermont Extension Programs, Middlebury College, the state regional partnership, and PACT.

Although Addison County had a history of collaboration, the county began focusing efforts on adolescent delinquent behaviors only in 1997. The evolution of PACT from the Children’s Task Force occurred just months before the initial planning activities for the Title V grant application. That grant would allow the communities to concentrate on adolescent delinquent behaviors. A timeline for the Title V initiative in Middlebury-Bristol is presented in figure 6.1.

**Figure 6.1: Middlebury and Bristol Timeline for the Title V Initiative**



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## **Community Mobilization and Collaboration**

Community mobilization included introducing community prevention to key leaders, forming and maintaining a prevention policy board, and participating in prevention training. This section describes the process of community mobilization for the Title V initiative in Middlebury and Bristol from 1997 to 2001 and discusses community identified factors that influenced it.

### **Introducing Community Prevention to Key Leaders**

In June 1997, PACT first received information on the availability of Title V funds and invited interested community members and agencies to participate in the development of the “Caring Communities” (Title V) grant proposal. Members from the community attended a daylong information session and subsequently committed to apply. After determining that the proposal would include towns within both Addison Central and Northeast Supervisory Unions, the town manager from Middlebury committed to be the fiscal agent. The PACT coordinator at the time took responsibility for overseeing the administration of the grant. Key stakeholders described the decision of the supervisory unions within Addison County to apply jointly as a significant factor in their ultimately receiving the Title V grant, known in Middlebury-Bristol as the Communities That Care grant.

### **Prevention Policy Board**

The prevention policy board, known in Middlebury-Bristol as the Communities That Care board, was created specifically in response to the Title V announcement and was a subcommittee of PACT. The board came about after the 3-day Communities That Care curriculum training in October 1997. Key leaders identified board members in both Middlebury and Bristol in equal numbers and, representing a more diverse group of people, from the community. According to interviews with early members of the board, many of these individuals had worked together before the Title V initiative. Members of the board wrote the proposal and worked closely with the PACT coordinator to plan and implement the initiative upon successful award. The PACT coordinator had been identified as the board facilitator and received a small stipend from the Title V funds. The pre-existing relationships PACT had established both supported and were consistent with those of the Communities That Care board.

The Communities That Care board only had seven active members, representing the six service delivery providers receiving funds from the Title V grant. Members of the board, who represented both towns, included civic leaders, directors from community and grassroots organizations, police officers, school officials, community members, and students. Board meetings were held quarterly and were a venue for information exchange on program development. The board also had a steering committee, comprising three members from the PACT board who served in an advisory capacity when decisions were not made by the Communities That Care board.

During the planning phase, the Communities That Care board met regularly to conduct risk and resource assessment. These findings informed the community more thoroughly about its needs and facilitated selection of strategies and development of the 3-year plan. The community assessment process is presented in more detail in the section on initial assessment and planning (see below).

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During the implementation phase, the Communities That Care board met quarterly to report on the progress of programs and to share information (e.g., available resources such as space for events, or barriers to implementation such as transportation).

Throughout most of the Title V initiative, board members remained involved. The board had little turnover, with an average of seven members supporting the initiative consistently. Efforts were made to involve others from the community but these were often short lived. The PACT coordinator encouraged participation to ensure other voices were represented, if only by their participating in a forum. Members of the board reported in interviews that they felt confident the board would continue to meet following the Title V grant, if not formally, then informally. “It [would] be good to keep the system [CTC board and prevention programming] alive and to continue to meet past the life of CTC money.” They reported that the information exchange and program development were assets and built on good interpersonal relationships.

### **Community Prevention Training**

Key leaders from Bristol and Middlebury attended the key leader orientation and risk and resource assessment training in October 1997, and those who remained involved through the grant development shared training information with others as they conducted specific application tasks. Aside from the federally sponsored CTC training in the fall of 1997, there is no evidence of CTC board members participating in other relevant training except for periodic state team trainings.

### **Community-Identified Factors That Influenced Mobilization and Collaboration**

Communities That Care board members and the PACT coordinator noted a number of factors that facilitated the formation and sustainability of the board, including consistent attendance at board meetings and a strong commitment by members to the planned project. The PACT coordinator reported, “It has been really helpful to meet regularly. In the case of CTC, they meet quarterly. This brought people together. They really want to maintain the projects. All of the members are in it together. There’s a definite sense of investment.” Another positive factor was having resources to launch activities. As one stakeholder mentioned:

And all these things I think are a result of us having some capital (juvenile justice funding) to start things up. And then once people . . . and the partnerships, and collaborations come in because people see what [the CTC grant] is doing.

Board members in Middlebury and Bristol did not articulate challenges to community mobilization.

### **Initial Assessment and Planning**

Title V assessment and planning included conducting a community needs assessment and developing a 3-year comprehensive prevention plan. This section describes the process of assessment and planning for the Title V initiative in Middlebury and Bristol from 1997 to 2001 and outlines the community-identified factors that influenced it.

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## **Identifying Risk Factors, Resources, and Prevention Programs**

The Middlebury-Bristol risk and resource assessment considered archived data from area school reports; state-supported community profile and youth risk behavior survey data; Parks, Arts, and Recreation Department data; and a juvenile delinquency study conducted for the Addison County State Attorney's Office. Community forums also were held to further explore available resources, help inform the resource assessment, and identify programs that might be a good match to the initiative.

Key leaders from the two communities divided into four groups representing the four domains discussed in the key leader training: community, family, school, and individual/peer. The groups reviewed data from several sources and determined that substance abuse and violence were the priority adolescent problem behaviors to be addressed. Subsequently, the Addison County Alcohol and Drug Abuse Task Force, the Addison Central Supervisory Union Community Prevention Partnership, the Office of Alcohol and Drug Abuse Programs, and the Addison Northeast Supervisory Union sponsored community forums to review the information gathered for community prevention planning. The key leaders then reviewed additional material from both Middlebury and Bristol to complete the risk analysis that identified four priority risk factors as target areas for prevention-based initiatives: community laws and norms favorable towards drug use and violence (community), family management problems (family), friends who engage in the problem behavior (peers), and favorable attitudes toward the problem behavior (individual).

Through the community forums, leaders identified resources for youth and families. The original resources list included 23 projects and the team selected 8 projects to include in the grant application. The selection was based on match to the target populations, geographic areas served, dollars per person served, and long-term outcomes. Key leaders also identified potential funders and, when more than one agency proposed similar programs, they suggested collaboration to reduce duplication. Proposals were extended to the eight agencies for inclusion in the initiative. Representatives of agencies that were already members of the Communities That Care board included Addison County Parent/Child Center, Addison County Women in Crisis, Bristol Parks and Recreation, Bristol Police Department, Bristol Recreation Club, Middlebury Parks and Recreation, MUHS/CSAC Prevention Project, and Middlebury Studio Arts Center—Art for Youth.

The key leaders and the CTC board compiled the results of the risk and resource assessment and submitted it along with the grant application on behalf of Addison County Northeast and Central, the towns of Middlebury and Bristol.

## **Developing a Comprehensive Prevention Plan**

The Addison Northeast and Central Communities That Care (Middlebury-Bristol) prevention plan included the process for planning and identifying risk factors and resources. Based on the results of the risk and resource assessment, eight community agencies were invited to apply for funds and to be part of the Title V/Communities That Care initiative upon award from the state. As described in the grant application, these agencies were selected based on “meet[ing] the identified needs of keeping youth in the communities safe and productive, while making the best use of resources available without duplicating efforts.”

The individuals who conducted the risk and resource assessment also developed the prevention plan. Some of these individuals remained actively involved in the initiative for its duration, however, others were unable to do so due to other commitments.

The comprehensive plan included a matrix (table 6.1) that linked the agency responsible for program implementation to one or more of the risk factors identified. The plan did not identify the specific components or objectives of each program that would address these risk factors.

**Table 6.1: Organization/Agency and Risk Factor Matrix**

Organization/Agency	Risk Factors			
	Community Law and Norms	Family Management	Friends Who Engage	Favorable Attitudes
Addison County Parent Child Center	✓	✓	✓	✓
Addison County Women in Crisis	✓	✓		✓
Bristol Parks and Recreation	✓	✓	✓	✓
Bristol Police Department	✓	✓	✓	✓
Bristol Recreation Department			✓	✓
Middlebury Union High School/Prevention		✓	✓	✓
Middlebury Parks and Recreation	✓		✓	✓
Middlebury Studio Art Center	✓	✓	✓	✓

Brief summaries of the programs implemented in Middlebury and Bristol are listed below. The grant application team identified these programs as promising approaches; however, neither evidence of the efficacy of the programs nor a research-based component was provided. Based on a series of discussions about the efficient and effective use of resources for each of these providers, the number of service providers was narrowed to six who sponsored the following activities:

- ❖ Youth and parent support groups provided opportunities to address communication, self-esteem, anger management, and problem solving (sponsored by Addison County Parent/Child Center).
- ❖ Child advocacy public events, youth activities, and student workshops (sponsored by Addison County Women in Crisis).
- ❖ A youth center, art studio, tracking club, and teen dances (sponsored by Bristol Parks and Recreation).
- ❖ Teen dances and a skate park (sponsored by Middlebury Parks and Recreation).
- ❖ Arts for Youth (sponsored by the Middlebury Studio Art Center).
- ❖ Web site for teens in Addison County ([www.AddisonTeens.com](http://www.AddisonTeens.com)) (sponsored by the Middlebury Union High School).

In total, the planning process in Addison Northeast and Central lasted just under 1 year. According to interviews and the grant application, many of the members involved in planning continued throughout

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the initiative, participating in risk and resource assessment, grant writing, and implementation. Six of the individuals involved were directly responsible for implementing the programs at their agencies.

### **Community-Identified Factors That Influenced Assessment and Planning**

The primary facilitating factor was the use of existing data (state-sponsored community files, YRBS, and Supervisory Union data). The primary challenging factor identified was the level of data available to the community, specific to the community, to link indicators to programs.

## **Implementation of Prevention Strategies**

Implementation of prevention strategies included initiating services and activities and identifying and leveraging other resources. This section describes the implementation stage of the Title V initiative in Middlebury and Bristol from 1998 to 2001 and discusses community-identified factors that influenced the Middlebury and Bristol implementation efforts.

In Middlebury and Bristol, Title V funds were used to support coordination of components of the five implementation strategies. The initial PACT coordinator attended the risk and resource assessment training and participated in the grant writing; however, he left shortly after the Title V grant was awarded and the new PACT coordinator began in June 1999, 1 year into implementation.

The Addison Northeast and Central Communities That Care initiative was awarded a 3-year Title V grant for the period July 1998 to June 2001; it received \$150,000 in grant funds from the Agency of Human Services, which were matched by \$88,140 in local in-kind contributions for a total budget of \$238,140. The Town of Middlebury was the official fiscal applicant and the PACT coordinator was responsible for oversight and implementation.

In the Addison Northeast and Central Communities That Care initiative, the coordination of youth activities in Middlebury and Bristol was the central focus. The adolescents in these two communities often attended events in both places. An underlying goal of this initiative was to coordinate programs between locations so events and efforts were not unnecessarily duplicated.

The Title V initiative was designed to address gaps in youth programming, identify areas for sharing resources, and increase the ability of both communities to serve more youth and families. The PACT coordinator received 3–6 percent of the grant value (i.e., \$3,000–\$6,000) for salary each year, and was responsible for the oversight and coordination of the Title V initiative. The initiative's coordination and programming strategies are discussed in more detail below.

### **Coordination**

The PACT coordinator was responsible for the oversight and coordination of the Title V initiative. The remaining part of the coordinator's time was dedicated to fulfilling PACT (regional partnership) job requirements. To this end, the coordinator facilitated quarterly meetings of the Communities That Care board where the members/service providers reported on the progress of their programs and exchanged information.

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Specifically, the PACT coordinator was responsible for sharing and maximizing resources and identifying successful projects to be implemented in other areas. When combined with program implementation, the PACT coordinator was expected to be responsible for managing the prevention plan, which was targeted to reducing the number of youth reporting substance abuse, increasing the number of healthy relationships between youth and adults, and reducing duplication of services/increasing resource sharing. The coordinator was responsible for writing and submitting the quarterly reports to the Vermont Agency of Human Services, which involved compiling information regarding program implementation that had been shared by the lead agencies at the quarterly meetings.

## **Programming**

The Addison Northeast and Central Communities That Care initiative proposed to implement a number of prevention strategies. Six of the original eight programs proposed in the application were implemented over the first one and one half years of the grant. Midway through year 2, five programs were being implemented with Title V funds and programs were the focus of the programming for Middlebury and Bristol described below.

### *Addison County Parent/Child Center*

The Title V funds allowed the Addison County Parent/Child Center to organize new and expanded youth groups and parent groups.

The youth groups were designed for sixth to eighth graders in both Middlebury and Bristol. Data from the risk assessment demonstrated that early interventions were needed with this age group on issues related to alcohol, drug use, and pregnancy. Although the center had worked with this age group in the past to address different issues, this would be the first program targeted at these issues that incorporated communication, self-esteem, anger management, and problem solving.

The parent groups were support groups targeted at parents of adolescents. Before Title V, many concerns had been brought to the attention of the center regarding the best ways to communicate with teens and to support them in decisionmaking. Adolescents reported feeling that they could not discuss issues of sexuality with their parents because they were ill-prepared, embarrassed, or unwilling to discuss the topics. These issues led to the development of the parent groups.

### *Addison County Women in Crisis*

Addison County Women in Crisis conducted trainings and programs to increase the assessment and awareness of domestic and sexual violence throughout the county. The trainings were developed to convey the impact of domestic violence and to demonstrate publicly that domestic violence is not acceptable. The group also presented school-based and summer programs for youth and initiated public awareness campaigns. Specific activities included support groups, holiday presentations, workshops, and information dissemination.

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### *Bristol Parks and Recreation Department*

Beginning in the first year of implementation, the Bristol Parks and Recreation Department and the Town of Middlebury Parks and Recreation Department coordinated dances and other activities at the youth centers in Middlebury and Bristol on alternating weekends. During the second year, the Bristol Community Art Center in the Grist Mill opened and the Bristol Parks and Recreation Department coordinated an open art studio modeled on components of the Middlebury Studio Arts Center.

Community youth dances held in Bristol, chaperoned by parents, a coordinator, and the Bristol Police Department, were intended to provide a positive drug-free environment and positive activity for area youth. Dances were held on Friday evenings, alternating location between Middlebury and Bristol.

The Bristol Parks and Recreation Department worked closely with Bristol Expanding the Caring Community, a University of Vermont Extension-sponsored program, to establish a community base to support alternative afterschool opportunities, based on input from the community, students, and stakeholder organizations. A skate park was developed to provide youth with a place to skateboard that would not interfere with business and pedestrian traffic in town. The skate park, which operated during the summer, was cited as a positive change in the proposal: “From a community perspective, downtown merchants were appreciative of skateboarders not interfering with shoppers.” Finally, the Studio Art Center was developed to provide a learning environment for youth in the community to interact with adult mentors. The average attendance was between 10 and 12 youth per week and activities included Saturday Art Project Workshops (for children 8 and older), Open Studio (for adolescents and young adults), and exhibitions of youth art (a culmination of the art developed by all youth).

One significant implementation change occurred in January 2000 when funds allocated to a Middlebury Union Middle School mentoring program were reallocated to fund the AddisonTeens.com Web site, to increase the amount allocated to PACT, and to Middlebury Parks and Recreation to support the teen dances. The reallocation of funds was based on the middle school’s inability to recruit mentors and establish a viable mentoring program. The CTC steering committee and the state juvenile justice specialist supported the decision.

Aside from programs implemented by the Addison County Parent/Child Center, all activities were enhancements to existing programs within the community organizations. Interviews with board members indicate that the Title V funding was critical in allowing these programs to reach greater numbers of youth, to reach them in more ways, and to leverage additional funds. One Communities That Care board member reports: “And a lot has happened because of the boost that this grant has given us so far as some money. You know, we’ve been able to do the dances, you know we do a dance here every other week. We’re averaging 70 kids per dance . . . and this is all partly because we had some money that gave us a little bit of a boost, and then we’re finding other money.”

The primary activities of the board during the implementation phase included information sharing and program development. Board members also were responsible for program implementation on behalf of their organizations. The quarterly board meetings provided an opportunity for members to share information and financial and in-kind resources. The PACT coordinator reported that, “Collaboration is really happening—because of the quarterly meetings, MPAR has been able to link with the ACP/PCC to use their vans for transportation to and from events . . . .” Members could also discuss challenges to

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implementation. Each member had to report on implementation, including numbers of youth served each quarter. If issues arose, the board meeting was an arena to discuss them. The board was not focused on issues related to sustainability until late in the third year. When grant opportunities were identified by one of the members, the information was brought to the group and the members would decide together if the opportunity should be pursued. Interviews indicated that members felt like a team and that they would be better positioned to apply for additional funds when doing so in collaboration.

### **Identifying and Leveraging Other Resources for Prevention**

Matching funds for the Title V grant were provided by the organizations and agencies that both made up the Communities That Care board and were implementing the prevention strategies. The matches were provided as in-kind donations and ranged from \$1,000 to \$5,000 per year by organization. The grant application demonstrates that in-kind donations were relative in size to the amount of funding the organization received from the federal award. The donations fell into the following categories: salaries, travel, office, facility, equipment, and other and indirect, not specified.

### **Community-Identified Factors That Influenced the Implementation of Prevention Strategies**

Although the ideas behind the Middlebury-Bristol strategies were consistent with the Title V model, their implementation did not fulfill all expectations. Middlebury and Bristol chose to support and strengthen program coordination and delivery. These efforts produced successes and also several challenges.

A number of factors facilitated the initiative's efforts, including the support of the steering committee. Having an executive committee to resolve issues when the board otherwise could not come to an agreement was both efficient and maintained good relationships. Another facilitating factor was the willingness of individuals to support the programs, as ongoing support contributed to the programs' progress. Finally, the administrative support provided by the AmeriCorps VISTA volunteers was also helpful.

The PACT coordinator and Communities That Care board members also noted a number of challenging factors, including delays in payment to the community from the state agency. This was a lengthy process and at times created tension around implementation when funds had not yet been distributed. Although ultimately resolved by the state, it remained a point of contention for the coordinator. Another challenge was transportation. The grant had been designed to coordinate activities between the two towns; however, methods for transporting youth had not been figured into the plan. Ultimately, the Addison County Parent/Child Center was able to share some of its transportation resources to address this issue.

## **Monitoring and Evaluation**

The monitoring and evaluation stage of the Title V model theoretically should include conducting program evaluations of each prevention strategy, evaluating the Title V initiative as a whole, and reassessing community indicators. This section describes the monitoring and evaluation stage of the Title V initiative in Middlebury and Bristol from 1998 to 2001. Data regarding community members' perceptions of factors influencing their ability to evaluate and monitor their initiative were not available.

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## Monitoring and Evaluating Program Activities

Although the PACT coordinator recognized that evaluation was important and essential to plans for sustainability, none of the programs was systematically evaluated. Although board members reported on participation rates, which were reported to the coordinator and included in the quarterly report, and shared anecdotal information on the significance of the program to town youth, this information was seldom recorded or shared with the community. One board member reported:

The skate park supervisor noticed that the behavior of the youth in the skate park is better than the kids in the streets. They're developing solid friendships and ownership and pride in the park. The downtown merchants are happier. Since the skate park has been operating, the number of complaints from merchants have been significantly reduced.

With the exception of providing some input into the quarterly reports, the board members were not involved in any other form of monitoring or evaluation of either the programs or the initiative.

No records were kept of evaluation training for the Addison Northeast and Central Title V/CTC initiative, and the initiative lacked support for program evaluation. The funds given to the organizations and agencies were limited to, and specifically used for, program implementation. The grant application includes goals and objectives; however, the board members did not measure these across time, nor did members demonstrate interest in conducting an evaluation.

As required by the Vermont Agency of Human Services, each grantee was required to submit objectives with their quarterly report. The PACT coordinator reported on program activities as they related to the objectives developed specifically in response to the quarterly report requirements. In most cases, these included participation rates and program implementation information. The objectives included in the quarterly reports were not included in the grant application, but were submitted for the first time when the second PACT coordinator came on board in the summer of 1997. These objectives are not linked to the risk factors identified in the Community Mobilization and Collaboration section of this chapter.

The community attempted to use the *Title V Community Self-Evaluation Workbook* but after reviewing the workbook a few times, the coalition decided there were only a few select questions that they found helpful for monitoring their progress. Each program captured implementation data such as levels of participation; however, they did not measure outcomes.

In 1999, the national evaluation team provided technical assistance to the Communities That Care coalition, specifically on measuring program goals and objectives. Although the site reported this assistance was helpful, the PACT coordinator subsequently reported that “the [Communities That Care] board is still using their old objectives but they have a clearer understanding of what the objectives should be, by when, and how to think about measuring them.”

## Ongoing Assessment

Based on state requirements, all grantees had to address one or more state outcomes in their plans. The Towns of Bristol and Middlebury identified the outcome “youth choose healthy behaviors”; however, no

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evidence exists that this outcome was specifically measured at any point during the implementation of the Title V initiative.

## **Institutionalization**

The process of institutionalizing Title V includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies. This section describes the process of institutionalizing the Title V initiative in Middlebury and Bristol from 1998 to 2001 and discusses community-identified factors that influenced it.

### **Status of Institutionalization**

Components of the Title V programs continued in Middlebury and Bristol after Title V funding ended. In each case, the program existed before initial Title V funding and interview data indicate that Title V funding gave the programs an additional boost to leverage small amounts of community support, sufficient to sustain programming.

The Communities That Care board met a few times following the end of the Title V grant, however, the board did not function as a decisionmaking group after Title V. In general, members reported in conversations that the relationships were strong throughout the initiative and that several informal but critical relationships were indirectly responsible for the continued growth of the programs. Relationships and communication among the members remained strong, as did information sharing, following the Title V grant period.

The board did not continue to conduct community assessments for ongoing program planning, although the state continues to update the community profile data and supports ongoing implementation of the Youth Risk Behavior Survey in communities throughout the state.

The PACT coordinator returned to the sole function of regional partnership coordinator that preceded Title V and was supported by pre-existing local funds. Of the programs supported with Title V funds, all continued at some level. In each of these cases, the structure for the programs pre-existed the grant but Title V resources created an opportunity for program enhancements.

The PACT coordinator was supported by an AmeriCorps VISTA worker who was tasked with exploring opportunities for sustainability and supplemental funding for the projects and activities supported by the Title V grant. These efforts were not fruitful. It was anticipated that several of the programs could be sustained with minimal funding from the agencies originally funding them, which is what happened (for example, the Addison County Parent/Child Center continued to exist, as did the support groups for adults and youth, but not at the same level of intensity).

Neither evaluation activities nor analysis to assess the impact of Title V programming continued after the Title V grant ended.

### **Community-Identified Factors That Influenced Institutionalization**

Although the Title V initiative itself has not continued, the commitment of the board members to programming and information and resource sharing has remained strong. The PACT coordinator went

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on to assist a neighboring town in applying for Title V funds, based on her experience in Middlebury and Bristol.

Very little information discussing the community's plan for institutionalization is available. In most instances, institutionalization was replaced by conversations of leveraging additional resources.

## Interpretation

Examining Middlebury's and Bristol's approach to implementing the Title V model reveals both successes and challenges and the factors influencing each. Overall, the PACT coordinator displayed considerable commitment to the initiative, but did not have comprehensive or practical knowledge of the Title V model. The first PACT coordinator attended the training; however, the transition to the second coordinator did not provide a transfer of model knowledge. The community was not able to institutionalize the entire initiative as the model had intended.

Addison Northeast's and Central's efforts to mobilize their community were parallel to, but not completely consistent with, the Title V model. They successfully formed and sustained a prevention policy board that remained active in the Title V initiative throughout the grant period. The board, however, was not broad-based, but instead was comprised of service delivery providers with membership limited to representatives of agencies and organizations actually receiving Title V funds for program implementation. The board served more as an advisor to specific programs as opposed to the overall initiative. This ultimately limited the board in that it was unable to incorporate members of the community with a more extensive budget or members who were not being served who might have otherwise been able to contribute to sustainability.

Addison Northeast's and Central's assessment process was mostly consistent with the Title V model. They gathered archived data and conducted community forums to inform the process. They prioritized the data, identified four risk factors as the focus of their plan, and used a similar process to identify existing community resources, which became the basis for prevention strategies. In Middlebury and Bristol, the risks and resources were assessed concurrently and independently. The board prioritized risk factors at the same time as programming. On most occasions, one or more risk factors could be linked to the program; however, the identification of risk factors and indicator data did not drive the selection of programs.

The Addison Northeast and Central Communities That Care board reported success with collaboration and information and resource sharing. Based on the experience of the PACT coordinator, the Bristol and Middlebury communities worked well together in an ongoing manner and relationships seemed to have developed naturally, not requiring much facilitation from the coordinator. Members reported that these meetings were helpful in the facilitation of program development and implementation.

One of the major challenges for Bristol and Middlebury was evaluation. The Bristol and Middlebury grant application lacked an evaluation plan and stakeholders lacked evaluation knowledge and capacity. The community attempted to use the *Title V Community Self-Evaluation Workbook*; however, after reviewing the workbook a few times, the coalition decided only a few questions were helpful for monitoring their progress. Each program was capturing implementation data such as levels of participation; however, the programs did not measure their outcomes.

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The Communities That Care coalition submitted quarterly information about its objectives to the Vermont Agency of Human Services, but how the objectives were expected to be measured, or by whom, is unclear. The coalition seemed to have a better understanding over time, based on site visit observations, of what the objectives should be and how and when they should be measured. Still, the coalition did not demonstrate significant interest in changing either the objectives or the level of attention paid to them. The community lacked sufficient knowledge and skills to implement evaluation activities.

Institutionalization was another challenge, and Bristol and Middlebury were ultimately unsuccessful. The major barrier to successful institutionalization was most likely the lack of a plan. Although programs did not need large amounts of money to sustain them beyond Title V, none were institutionalized into existing structures within the community. Instead, Bristol and Middlebury supported ongoing programming by identifying additional local, state, and federal grants.

## **Summary**

Facilitated by the PACT coordinator, the communities of Bristol and Middlebury worked extremely well together and saw significant change in the response to their programs. Programs were well received by the youth and the communities, but lack of a detailed, realistic, and measurable comprehensive prevention plan was problematic. Ultimately, the towns of Middlebury and Bristol benefited from Title V but in a very specific programmatic way. Lasting effects of Title V would be difficult to measure; however, as interviews revealed, Title V served as a springboard which several board members felt was all that was needed.

Based on document review and interviews, the integration of the Title V model into the community did not appear to be a priority. Instead, the priority was to provide youth with alternate activities to delinquency so it will be difficult to know the effect Title V had on these communities.

Evaluation of this site was difficult because of the limited amount of data, either from the program or the Communities That Care coalition. In addition, while Title V funds have been used to increase the number of youth activities in Middlebury and Bristol, how these activities were linked to delinquency prevention and the reduction of risk factors was not clear.

## **The Town of Windsor**

This case study documents the Title V initiative in the town of Windsor from its initial planning in 1997 through its end in 2001. The Title V initiative in Windsor achieved success in each of its stages, particularly in the areas of community mobilization, assessment and planning, and sustaining prevention activities.

This case study begins with a brief community description and discussion of the role of Title V in Windsor and continues with discussions of the five stages of the Title V model as implemented in Windsor: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. This section concludes with the evaluation team's interpretation of the data.

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## Brief Community Description

The town of Windsor, the “birthplace of Vermont,” is located in southern Windsor County, with Springfield and Windham counties to the south, Rutland County to the west, and the Connecticut River to the east. The Title V target community was the town of Windsor.

In 2000, Windsor had a population of 3,956 (U.S. Census data). A population decline until the early 1990s was accompanied by declines in wages and employment that, until very recently, reflected a local economy in freefall. Windsor lost 928 manufacturing jobs between 1980 and 1990, a 78-percent decrease in manufacturing employment. Real wages declined in that period, reflecting a shift to service sector jobs.

In Windsor, 97.7 percent of the residents were Caucasian and less than 2 percent were American Indian, Alaskan Native, Asian, or other races. U.S. 2000 census figures for the town show 433 of its 946 families have children under the age of 18. In addition, of the families with one or more children 18 years old or younger, 185 were headed by a single mother.

### Title V in Windsor

In the grant application and in interviews with key leaders, it was reported that Windsor was a poor town composed of fragmented families who did not communicate. The youth reported a lack of adult role models, a high rate of child abuse, and prevalent domestic violence. Children performed poorly in school, lacked positive personal identities, viewed suicide as an option, and began using alcohol and drugs at an early age.

Interviews also documented that Windsor had a history of collaboration among human service providers in the community prior to the Title V initiative; however, many came to the community from other places, as opposed to the resources being rooted in the community. Examples of collaboration efforts in place at the start of the Title V initiative include:

<b>Windsor</b>
<b>Funding period:</b> 1998–2001
<b>Amount of Title V funding:</b> \$150,000
<b>Unit of local government:</b> Town of Windsor
<b>Lead agency:</b> Mt. Ascutney Hospital

- ❖ **Windsor Health Care Assessment.** The Windsor Health Care Assessment combined the resources of the public schools with the community hospital to assess various aspects of community life that affect student health and assist institutions in responding to problems.
- ❖ **The Windsor Network.** A collaborative effort to create a positive and healthy sense of community by building on the strengths of individuals and families, the Windsor Network was formed in the spring of 1995 by agencies, professionals, and community members to coordinate and enhance educational services for life skills, parenting, health, child care, transportation, literacy, and recreation.
- ❖ **Windsor Community Health Initiative.** The Windsor Community Health Initiative was created “to improve the health status of the community, using a collaborative, communitywide and interagency approach, which involves strategic planning, health education, and service-wide delivery, emphasizing disease prevention and wellness promotion.”

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- ❖ **Town of Windsor Friends of Recreation.** This group was created to identify and secure a facility for the Department of Recreation’s expanding programs and to provide ongoing fundraising and volunteer assistance.
  - ❖ **Armory Square Advisory Committee.** This committee secured a federal grant to assist in drug prevention through a comprehensive approach that involves a resident coordinator, increased security, and the assistance of the advisory committee to review activity and progress and monitor the effectiveness of the program in the Armory Square apartment complex.

Despite these previous coalitions of human services groups, interviews with community members indicated that, on a broader level, Windsor had infrastructure and connectivity problems. Although the services existed, having resources available in town and getting children and families to them were a challenge. Key stakeholders noted that planning and writing the Title V grant advanced the process of building the community infrastructure. Originally, they thought that the infrastructure would develop as a result of the Building Caring Communities process, sometime during implementation. Key stakeholders report, however, that the infrastructure developed much earlier than had been expected, during the early stages of planning, and was directly related to the efforts of the Building Caring Communities as guided by the Title V process. Key stakeholders also report that several other factors related to the Title V model contributed substantially to the development of their infrastructure. These include the emphasis on a research-based process, state-supported training and technical assistance, having to conduct a data-driven needs assessment and develop a 3-year plan, and the community’s readiness to implement this type of process.

The town of Windsor was an industrial hub even before the American Revolution and by the end of the Civil War, Windsor was one of the leading manufacturing centers in New England. In 1915, the superintendent of the Windsor Manufacturing Company, Frank Cone, founded the machine tool company that became Cone-Blanchard, one of Windsor’s largest employers. Goodyear Tire and Rubber Company came to Windsor in 1936 and the company stayed until the 1980s. Community members talked about the town’s state of economic depression following the exodus of the main industry and according to the Windsor Town Plan, things have changed significantly since the Goodyear Company left:

The changes in manufacturing process; the evolution of Route 5 from the main route to Canada to a secondary route to Interstate 91; the rise of commuters to the Upper Connecticut River Valley; and the shifting of retail shopping centers to New Hampshire towns nearby are all factors which have changed Windsor’s character in the last decade of the 20th century.

The primary employers in the community were service industries, manufacturing, wholesale/retail trade, and construction. An indication of the community’s poverty was the fact that the town elementary school, Windsor State Street School, was fully qualified for Title V assistance. This was one demonstration site where 53 percent of the school children come from families with incomes 110 percent below the poverty level, compared to 1994 state data, when 13 percent of the state’s children were living in poverty.

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Interviews with community members indicated there was a need for services and Windsor's Title V initiative was rooted in the risk and protective factor model of delinquency prevention and supported by the Communities That Care curriculum. Title V was the impetus for the community's delinquency prevention strategy described in the following sections.

## **Community Mobilization and Collaboration**

The Title V community mobilization and collaboration stage includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training. This section describes the process of community mobilization for the Title V initiative in the town of Windsor from 1997 to 2001 and discusses community-identified factors that influenced it.

### **Introducing Community Prevention to Key Leaders**

A number of collaborative groups existed in Windsor at the time of the Title V announcement, including the Windsor Community Health Initiative, an interagency team committed to improving the health of the community through planning, education, service delivery, and prevention. In May 1997, with the announcement of available Building Caring Communities funds, the name for Title V in Vermont, members of the Windsor Community Health Initiative (with the support of Mt. Ascutney Hospital and Health Center) mobilized. Interviews indicate there was some hesitation by the community to support the hospital as the lead in this strategy, as they historically were the lead agency, but over time, these concerns dwindled. Community members attended trainings and committed significant time to planning which lasted approximately 10 months.

### **Prevention Policy Board**

The Building Caring Communities team, the prevention policy board in Windsor, was an offshoot of the Windsor Community Health Initiative. In May 1997, the town select board chair approached the initiative's members with the prospect of the Building Caring Communities grant.

The Building Caring Communities team identified a small group of representatives to attend the key leader orientation and risk and resource assessment trainings in June and October 1998. During the time between the trainings, the town organized a delinquency prevention advisory group with representatives from the select board and schools, and with the state representative co-chairing the group.

Approximately 70 people were invited to participate in planning and in July 1998, 45 of them attended a meeting and decided to apply for Building Caring Communities funds. This group included law enforcement, recreation, health and human services providers, and Windsor citizens.

The Building Caring Communities team was responsible for meeting the requirements of the application process, gathering risk and resource assessment data, assessing and recruiting appropriate team membership, developing a vision, and completing the 3-year prevention plan (which also served as the grant application).

The Windsor Community Health Initiative coordinator facilitated the planning meetings and was responsible for taking meeting minutes, reporting decisions, and disseminating information. The board's membership represented various segments of the community, including recreation, faith, health and human services, town leadership, parent/child centers, substance abuse prevention, senior citizens, and

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the Chamber of Commerce. The Building Caring Communities team did not have a formal structure at first, but once data collection for the community assessment began, the team assembled into groups by domain (community, school, family, and individual/peer), as prescribed in the risk and resource assessment training, to assist in structuring data collection and analysis. This information was then shared with the grant-writing consultant who shared drafts of the proposal with the board for feedback and modification.

After the Title V award and prior to the implementation phase, the Building Caring Communities team became the Windsor Area Community Partnership. As reported in a letter between the town and the state, this name change and modified organization indicated the community commitment to the long-term health of Windsor and was in response to the need for clarification on how the partnership related to existing collaborative efforts. Representatives from several other community collaboratives had been involved at some level in planning and it was agreed among these organizations that the partnership would bring all the “fragments of the community together at the table and group them into function groups.” As one community document states, “the [Building Caring Communities] grant is the awakening of a new interest and enthusiasm in the residents for helping the community create the infrastructure and resources it needs, and its desperate need for community partnership as a vehicle for the progress.”

The Windsor Area Community Partnership had various seats reserved for various sectors from the community (i.e., school, health department, hospital, health education, police, human services, teen programs, recreation department, town government, senior citizens services, service organizations, early childhood/parenting/family services, mental health, substance abuse prevention and treatment services, and chamber of commerce). Meetings were facilitated by the Building Caring Communities coordinator, formerly the Windsor Community Health Initiative coordinator. As expected, the Windsor Area Community Partnership coordinated, planned, developed, funded, and administered prevention resources for the benefit of all the people living in the catchment area of Windsor High School. The partnership met monthly with generally consistent attendance. A letter from the Vermont Agency of Human Services indicates that the site reported the “impetus for the formation of this communitywide partnership occurred because of the Title V grant.”

The goal for the partnership was for it to become a visioning and planning group to improve the quality of life for all its residents. The plan was for the partnership to be “establish[ed] as an efficient and effective [prevention policy board] for Windsor. The group will shepherd the [Building Caring Communities] work as well as asset building, resiliency promotion, substance abuse and violence reduction, and prevention activities.” Specifically, in the first year of implementation, the partnership hired a coordinator, and initiated plans to develop a family support team, a family resource center, and a network of providers who would coordinate services (known as the Patch).

### **Community Prevention Training**

Representatives of the Building Caring Communities grant working team participated in training supported by the state of Vermont Agency of Human Services. In June 1997, members attended key leader orientation training and in October they attended risk and resource assessment training, both provided by Developmental Research and Programs, Inc., under contract with OJJDP. The trained representatives subsequently trained other team members and led a comprehensive community

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assessment process. Meeting minutes show that the data assessment would serve as “a way to educate the community and to conduct a community dialogue on how to develop an effective long-term prevention strategy that would succeed at keeping kids safe and improving the life of the community.” There was no evidence that members of Windsor Area Community Partnership received additional training.

### **Community-Identified Factors That Influenced Community Mobilization and Collaboration**

Windsor’s efforts to mobilize the community were consistent with the Title V model. They successfully formed and sustained a communitywide prevention policy board and had particular success in recruiting other collaborations in the community to become a part of the partnership. Members of the Windsor Area Community Partnership participated in training and remained active in Building Caring Communities grant writing. Many members remained involved throughout the initiative or elected representatives from within their organizations to attend on their behalf.

A key facilitating factor for successful mobilization was the Building Caring Communities team’s ability to “see that the community could work in a highly coordinated way at addressing its various needs through a responsive, continuing, and consistent communitywide organization that could function beyond the lives of individual grants.”

One challenge to mobilization was the complexity of the project and the community’s level of understanding about it. In response, the initiative tried to build relationships, answer questions from the community, and enhance awareness of the project. The Building Caring Communities coordinator reported:

The [community] thought the idea was simple originally but then learned it was really complex. People didn’t have a literacy of the project, so it took a while to catch on. It only came together when the directors came together face-to-face with someone who knew the initiative inside and out, when their questions were answered on the spot. There’s lots of personality types and learning styles and that took a while to get to. [The partnership] learned that literacy and shared assumptions are not enough. Direct personal intervention with immediate explanation is required to bring about a degree of understanding across a range of project literacy. Any coordinator that has that ability to make rounds and make the case for the initiative is an invaluable part of the process. It has been difficult for them to piece it together.

The Windsor Area Community Partnership became recognized as a group that could produce positive change. As one board member noted, the partnership “has been noticed as a dynamic group that has been making progress. They collaborate and make things happen.”

On occasion, the partnership indicated that some members were missing from the team (business, schools); however, representatives from these groups eventually joined and the impact of their initial absence was negligible.

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## Initial Assessment and Planning

The Title V initial assessment and planning stage includes conducting a community needs assessment and developing a comprehensive 3-year delinquency prevention plan. This section describes the assessment and planning stage of the Title V initiative in Windsor in 1997 and 1998 and discusses community-identified factors that influenced it.

### Identifying Risk Factors, Resources, and Prevention Programs

In August 1997, 3 months before to the risk and resource assessment training, the Building Caring Communities team began the assessment and planning process, identifying 23 service gaps in the community. These were grouped into 6 focus areas based on the team member's collective experiences. The team selected the top three issues and programs that fit in the community and also simultaneously addressed the prioritized issues.

After the Windsor representatives attended the risk and resource assessment training, they returned to the community ready to conduct a formal assessment. With some work underway already, the Building Caring Communities team divided into four work groups, with each group responsible for data collection on risk factors for each of the four domains: school, community, family, and individual/peer. Each group followed a prescribed data-gathering plan that included researching all 19 risk factors identified in the training and collecting data from available federal, state, and local sources. Once the data were compiled, groups produced graphic representations of their findings. A professor from Dartmouth College, who had previously worked with the Windsor Community Health Initiative, committed to analyzing the final data sets and to developing an overall presentation for the proposal. The following data sources were used in the assessment:

- ❖ 1997 Vermont Youth Risk Behavior Study.
- ❖ 1997 Community Profile: Windsor Southeast Supervisory Union.
- ❖ 1996 Search Institute Resiliency Survey of Profiles of Student Life in Windsor.
- ❖ 1996 Vermont Crime Report.
- ❖ 1996 U.S. Crime Report.
- ❖ 1996 Windsor Police Department Statistics.
- ❖ 1993, 1994, 1995 Michigan Risk Surveys (administered in the schools).
- ❖ Information from the Title I Report, Windsor School Department.

The Building Caring Communities team conducted a comprehensive assessment of protective factors. The grant application identified the ability to address the social and health problems within the community by forming community partnerships as an asset. Data from the needs assessment agreed with the earlier community assessment. The team agreed that “the kinds of youth problems and risky behaviors affecting young people in Windsor could best be addressed by creating community-based resources to help all the families in the community.”

The Building Caring Communities team was assisted in grant writing by a development consultant who attended a majority of the planning meetings and was responsible for pulling together the assessment data and the other application requirements. The team supervised the grant writing, reviewed multiple drafts of the proposal, and provided feedback.

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The grantwriting team created subcommittees to identify risk factor data; however, the data were not prioritized. The team determined that the goal of this project was to build the infrastructure within Windsor that would, over time, create the resources, assets, and culture to effect behavior change for the long-term and to realize the following outcomes:

- ❖ Children live in stable, supported families.
- ❖ Youth choose healthy behaviors.
- ❖ Families and individuals have a safe and supportive community in which to live.

The team decided that it would be important to include in their proposal the select state indicators for healthy communities. These indicators were used as a resource by the state to gauge the implementation of its current strategic policy and, therefore, should be built into the grant application design.

### **Developing a Comprehensive Prevention Plan**

After a careful study of the youth risk factors of the community, the Building Caring Communities grant writing committee adopted a plan to fund a community coordinator, assisted by a part-time development consultant, to create an intergenerational community and family resource center. This process included the advice of the professional human and educational services providers of the Windsor Network Family Support Team Task Force. The center was intended to house the Patch of human services coming into the community from distant central offices, to coordinate their activities by collocating and networking them, and to field from their core group a proactive family support team of professional experts to assist all of the families and individuals in the community who desired to consult with them. The Patch reflects the commitment and capacity of service providers to meet the needs of the community.

According to meeting minutes and interview notes, the grant writer attended a majority of the meetings. The Windsor Community Health Initiative coordinator was responsible for facilitating meetings throughout the planning process and was a critical link between the data gathering efforts of the Building Caring Communities team and the final proposal. The team did not prioritize risk factors from the community assessment, but they linked the risk factors to the proposed strategies and program goals and objectives (discussed in more detail in the section on monitoring and evaluation, see below).

The Building Caring Communities team concluded that the way to achieve the goal of building infrastructure within the community was to create a Family Resource Center in Windsor that would maximize and build on current assets and resources in terms of individuals, families, agencies, collective expertise, energy, and genuine caring. The Windsor grant application did not provide evidence that this strategy was research-based.

In addition to the physical development of the Family Resource Center, Windsor wanted to develop an interagency family support team. The team, a subset of the Family Resource Center, would coordinate service delivery, develop family support plans, and evaluate and track outcomes. Although the development of the family resource center and family support team were pursued differently, several key stakeholders noted that obtaining the building kept people involved in the process and strengthened the organization of the Patch and the family support team. These two strategies were supported by the community coordinator who was responsible for the activities proposed in the application. The grant

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application did not provide evidence that the family support team or the community coordinator responsibilities were research-based.

The grant application presented the strategies identified by the Building Caring Communities team and included the following goals for the initiative:

- ❖ Create an interagency family support team to work collaboratively and systematically on prevention. The team would coordinate service delivery, develop family support plans, and evaluate and track the effectiveness of outcomes.
- ❖ Increase access and coordination of services to strengthen families by identification, purchase/rental, and renovation of space to house and support activities and programs.
- ❖ Strengthen families by increasing the resiliency assets in the community.
- ❖ Reduce substance abuse.
- ❖ Reduce the incidence of violence.

By the end of the planning period, which lasted approximately 10 months, the town of Windsor had negotiated two phases of the Title V model. Three months later, the town learned it had been awarded the Title V grant.

### **Community-Identified Factors That Influenced Initial Assessment and Planning**

The town of Windsor's assessment and planning was consistent with the Title V model. Windsor conducted a data-driven needs assessment and listed resources in the community available to address needs. This information was used to prioritize programming. The risk factors informed strategy selection that ultimately was designed to address three state outcomes.

A key facilitating factor in leveraging support for the family support team and the family resource center was the commitment by agencies to have representatives participate and support the process.

### **Implementation of Prevention Strategies**

The implementation of prevention strategies includes initiating services and activities and identifying and leveraging other resources. This section describes the implementation stage of the Title V initiative in the Town of Windsor from 1998 to 2001 and discusses factors that influenced implementation.

The Town of Windsor was the official Title V applicant and the lead agency was Mt. Ascutney Hospital and Health Center. Windsor was awarded a 3-year Title V grant of \$150,000 for the period of July 1998 through June 2001. In Windsor, the initiative funded by Title V was identified as Building Caring Communities.

The Town of Windsor initiative supported the development of a family resource center (Windsor Connection–All Aboard!) and family support team, under the management of the community

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coordinator. Interviews indicate these strategies were selected to address the absence of services and community supports within Windsor.

### **The Windsor Connection—All Aboard! Family Resource Center**

As part of the plan for the Building Caring Communities project, a physical site was deemed necessary to facilitate the collocation of out-of-town, state, and private human services agencies and to accommodate a broad range of community intergenerational groups, meetings, and activities. A local facility was sought that could provide the minimum 5,000 square feet of space necessary for offices, conference rooms, group meeting areas, classrooms, and broadcasting space for the various needs of the community. After two failed attempts to locate the center in the vacant former Windsor High School, the Windsor Area Community Partnership searched for an alternative site. The partnership identified an abandoned industrial building, the historic Wallace and Gregbuilding on Railroad Avenue, located close to the central downtown area of Windsor, as a qualified site that could meet the space requirements of the project and be easily accessible to community members. In year 2 of the initiative, the partnership, in cooperation with the town of Windsor and the owners of the building, wrote a successful application to the Vermont Community Development Program to obtain \$375,000 to rehabilitate the building. Construction was underway at the end of the initiative. The resource center was in the final phase of construction in January 2003 with plans to open in February.

### **Windsor Patch Network/Family Support Team**

The Windsor Patch Network is a group of professional human services, healthcare, and educational providers from town and state governments and private nonprofit agencies dedicated to serving the Windsor area community. As part of the plan for the development of the collocation of services and capacity, Windsor also worked to create a subset of the Patch known as the family support team. The Patch provided the structure and support (for example, the agreements between the agencies and the community). Efforts to develop the Patch occurred just prior to the Title V award and became part of the Building Caring Communities effort once the Patch and family support team connection was made. The family support team provided actual service delivery and was composed of a coordinator, a community nurse, an early childhood/parenting/family services specialist, a “Reach Up” services specialist, a community action outreach worker, an educator, a community mental health specialist, and a substance abuse prevention counselor who specialized in teen issues. Some of this work built on planning begun by the Windsor Network, which eventually became integrated with the Windsor Area Community Partnership. The eight core team members were to be connected to the other members of the Windsor Patch (additional human and social service providers) and to call upon them to offer specific assistance to families or individuals as indicated by the family support team. The family support team met weekly or biweekly as needed, and the Patch met at least quarterly for business and information exchange. As noted by the Windsor Area Community Partnership in its final report: “outcomes of the utilization efficiency and effectiveness of the proactive model will be studied over time.” This strategy was not identified as research-based.

The family support team was a voluntary resource for families and individuals who wanted support and consultation regarding prevention and health. The team met with families, brainstorming about possible solutions to their problems. If the family desired, a member of the team who was best suited to their situation coordinated service delivery.

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## Community Coordinator

The community coordinator was the focal point of the Windsor Building Caring Communities initiative. With the support of the Windsor Area Community Partnership, this person was responsible for developing the infrastructure for visioning, long-range planning, grant writing, and management for sustainability. The Windsor community coordinator had previously been the Windsor Community Health Initiative coordinator and had served in a similar capacity. The coordinator was responsible for managing the development of the family resource center and these other tasks:

- ❖ **Board management**, such as recruiting members, reporting on the decisions and the progress of the initiative at meetings, and relationship-building.
- ❖ **Program collaboration**, such as organizing the family support team and Patch with local service providers, participating in the state regional partnership process, and representing the partnership on other community coalitions.
- ❖ **Program coordination**, such as information-sharing sessions for better program planning.
- ❖ **Program activities**, such as helping to develop the family support team and assisting with various program tasks.
- ❖ **Public relations**, such as preparing and disseminating brochures and newspaper articles and organizing events.

## Identifying and Leveraging Other Resources for Prevention

The Windsor Area Community Partnership was unable to receive grants directly; however, two organizations represented on the board were qualified to do so (Mt. Ascutney Hospital and Health Unlimited). Since the formation of the partnership, Windsor received back-to-back New Directions grants, a state Community Development Block Grant, and a Drug-Free Community Support Grant. These funds assisted development in all of the Windsor Towns. The partnership, through its eligible members, has applied for state and federal funds (e.g., tobacco grant and the Rivers of Learning grant). Currently, along with the Building Caring Communities grant project, the partnership administers the New Directions Substance Abuse Elimination Grant, the 21st Century Rivers of Learning Afterschool Program Grant, and the Tobacco Elimination Grant, which provide various community programs and services. The partnership also received funding for the Windsor In-Your-Face Gorilla Theater Troupe to continue bringing prevention-oriented performances to the schools. These additional resources were intended to support the broader efforts of the partnership and, on several occasions, supported the Building Caring Communities initiative directly.

## Community-Identified Factors That Influenced the Implementation of Prevention Strategies

Windsor's experience with implementing strategies was fairly consistent with the Title V model. While none of the strategies was research-based, all were designed to meet the unique needs identified in the assessment at the local and state levels. Windsor implemented a combination of a system-level strategy

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(community coordinator) with programs (Patch family support team) to address the coordination, collocation, and provision of needed services.

One key factor that facilitated implementation was that the community coordinator was a dedicated position in the development and implementation of the Building Caring Communities and Windsor Area Community Partnership plan. Stakeholders reported that having one person oversee and coordinate planning and implementation created more continuity and comprehensiveness. Another key factor was the support of the town leaders who were educated about prevention and, “spoke on its [BCC’s] support and the tides changed.”

One challenge that resurfaced was addressing the community’s lack of knowledge of the plan. Another challenge was the process involved to identify a location for the resource center. Although this issue was resolved, community uneasiness with the process made it difficult. Time also presented a challenge as substantial time is required to implement an initiative like this and, “this type of initiative is doable but it takes time . . . five to seven years.”

## **Monitoring and Evaluation**

The monitoring and evaluation stage of the Title V model should include conducting program evaluations of each prevention strategy, evaluating the Title V initiative as a whole, and reassessing community indicators. This section describes the monitoring and evaluation stage of the Title V initiative in the Town of Windsor from 1998 to 2001. Data presenting community members’ perceptions of factors influencing their ability to evaluate and monitor their initiative were not available.

The Building Caring Communities team was supported by a Dartmouth College professor who had been working on the evaluation of the Windsor Community Health Initiative. This support consisted primarily in assessing existing data for the grant application and consulting on other issues throughout the life of the grant. This individual was not contracted as the local evaluator for Windsor; however, interviews indicate that her expertise, history with the community, and contributions to the process were valuable.

Overall, attempts at monitoring and evaluation in Windsor involved setting goals and objectives and gathering process data. Based on the grant application, Windsor seemed knowledgeable of “measurable objectives” and other evaluation-related concepts; however, an evaluation plan for this initiative was never developed. The project did not measure the outcomes listed in the grant application, which included strengthening families by increasing the resiliency assets in the community, reducing substance abuse, and reducing violence. Because the Windsor Title V project was focused on process and increasing community capacity, a process evaluation would be informative; however, without an outcome evaluation, determining the effect of the initiative on the community was difficult. The community coordinator stated in the final report documents, “[Windsor] outreach and prevention are stronger than ever . . . .”

Data were not gathered for use in ongoing program planning but Windsor did conduct subsequent assessments of the risk factors in the community. However, the catchment area for which these data were gathered is larger than the scope of the Building Caring Communities initiative. The work of the Windsor Area Community Partnership should be recognized as contributing to the community’s capacity to measure change for the long term.

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## **Institutionalization**

The process of institutionalizing Title V includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies. This section describes the process of institutionalizing the Title V initiative prevention strategies in the Town of Windsor from 1998 to 2002.

Following the Title V grant period, an evaluation of a different initiative in Windsor reported that the inhabitants believed the town was coming back from economic and social distress: “BCC offered the best hope [of completing the systemic reform that the Windsor Community Health Initiative started].” Interviews with residents indicated that they welcomed the prospect of putting their industrial past behind them, being a bedroom community for those who work elsewhere in the Upper Valley, and becoming a draw for tourists.

The Windsor Area Community Partnership continued to serve as the umbrella agency for community mobilization on issues affecting Windsor, continuing to pursue additional funding to address community needs and providing “a place where people can come together and build a community ethos of cooperation.”

The partnership met and was a strong agent of change in the community, serving as a true collaborative within which community needs are identified and matched with funding possibilities. As a result of the partnership structure provided by the Title V initiative, including a full-time coordinator and a community risk and resource assessment, the community has initiated several spinoff programs. The partnership has really become a “communication vehicle” in Windsor.

In addition to the sustainability of the partnership, the town of Windsor received funds for rehabilitating the WAG building into a family resource center. The family support team explored incorporation into a child protection team by the Vermont Department of Social and Rehabilitative Services. This would have guaranteed its long-term sustainability and increased its ability to serve a greater number of families in the Windsor area. It was uncertain at the time of this report if the child protection team institutionalized the family support team. The community coordinator functioned in many of the same roles as before, but was more engaged in program coordination. The partnership actively pursued supplemental grant opportunities during and through the end of the Title V initiative.

The 2001 report of the Windsor Area Community Partnership indicated plans to measure outcomes and document issues involving strategies implemented under partnership. The most recent community assessment was conducted in 2001. These occur every two years, and it is anticipated that the data analysis will continue. A critical factor supporting this is the availability of state-supported community profiles, the youth risk behavior surveys, and the School Supervisory Union data collections.

## **Interpretation**

An examination of Windsor’s approaches to implementing the Title V model reveal that overall these approaches were successful. Windsor was committed to comprehensive delinquency prevention planning and services and demonstrated success in all phases of the model. Their challenges were primarily in implementation and evaluation.

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It was interesting to note Windsor's commitment to increase the community's knowledge about delinquency prevention planning. The community coordinator reported that the literacy of the community "is extremely important in support of the success of these projects." It is clear by the accomplishments in Windsor that literacy about delinquency prevention planning was accomplished and that the strategies will continue to experience success.

The process of community mobilization conducted by the Windsor Building Caring Communities/Windsor Area Community Partnership initiative was closely aligned with the Title V model. They successfully recruited key community leaders, human services agency staff, and others to participate in the initiative, and continued mobilization by modifying the activities of the board as the initiative evolved. Members felt that this board and its planning and coordination of prevention activities had gained solid footing and would continue to be an integral part of Windsor's long-term infrastructure for addressing the well-being of the community.

The community coordinator was essential to the success of this initiative as this position seems to have been crucial to the maintenance of the board as an active, engaged group. This individual was committed to building the capacity of the community to sustain delinquency prevention, health, and economic efforts into the future. Members of the Windsor Area Community Partnership reflected buy-in at multiple levels and were deeply involved in the ongoing planning and development of the partnership and its strategies, which might have given them a sense of investment in the future of the initiative.

The partnership did experience some turnover. It is important to note that turnover in each case was related to relocation of the individual or organization involved. Since the board has been involved in the Title V initiative since its inception, including assessment, planning, implementation, evaluation, and institutionalization, there was enough commitment to this that the partnership overcome challenges and continue these efforts for the foreseeable future.

Windsor also was successful in assessment and planning activities. The initial needs assessment was thorough and informative, although subsequent assessments were used more informally to determine the broader impact of implemented programs. The initial grant application was based on a combination of prioritized needs (risk assessment data), and goals and objectives (state and program-specific outcomes). It was clear that the community continued to use the 3-year plan and grant application to guide activities.

Windsor experienced many successes and challenges with the implementation of its strategies, the most significant challenge being the lack of an established infrastructure in the community. The original Building Caring Communities team anticipated that this would be accomplished following the establishment of the resource center and the family support team Patch. The mobilization process in itself, however, was critical to creating an infrastructure that would last.

Windsor seemed knowledgeable of "measurable objectives" and other evaluation-related concepts; however, an evaluation plan was never developed for this initiative. Although some process evaluation data are available, the project did not measure the outcomes listed in the grant application, which included strengthening families by increasing the resiliency assets in the community, reducing substance abuse, and reducing violence. However, it took longer than anticipated to implement prevention strategies and outcomes were not measurable during the life of the Title V grant. However, the future evaluation of partnership-initiated programs is promising because the strategies are capable of being

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measured, the stakeholders have become increasingly committed to evaluation, and program staff have begun developing evaluation tools.

The Windsor initiative successfully institutionalized and, although it continues with time-limited funds, the Windsor Area Community Partnership is evolving to meet new community needs. The community might strengthen its assessment and evaluation efforts by collaborating with a local university or institution. Implementation efforts continue, and the sites were serving clients as recently as January 2003. The Title V process is clearly integrated in the Town of Windsor and is not affiliated with an individual but is instilled in the community.

## **Summary**

Overall, Windsor had success with its Title V initiative as the community coordinator, the Title V lead agency, and the members of the Windsor Area Community Partnership understood and committed to the Title V model. The success is encouraging and outweighs the challenges to be faced as the community looks to the future.

## **Title V in Vermont: Concluding Remarks**

In Vermont, Title V represented an opportunity for the state and local governments to work collaboratively to address delinquency prevention issues. The Vermont Agency of Human Services provided strong support for Title V. The juvenile justice specialist was knowledgeable and supportive of the model and its evaluation at the state and community levels. The agency was advanced in supporting the communities with available data and was both responsive and proactive regarding technical assistance needs. Although the communities encountered challenges, support at the state level and willingness and interest at the local level positioned Middlebury-Bristol, Windsor, and the Vermont Agency of Human Services to experience many successes.

One key aspect of Vermont's Title V implementation was its ability to help communities use the processes of mobilization, assessment and planning, and implementation to build the foundation for institutionalization. While Middlebury-Bristol and Windsor faced difficulties in completing components of the Title V process, such as evaluation of their delinquency prevention strategies, these communities had a number of successes in formalizing data-driven decisionmaking, conducting comprehensive community-based planning, and institutionalizing components of the plans at the completion of Title V funding.

The case study of Vermont Title V communities Middlebury-Bristol and Windsor demonstrates that despite challenges to implementation of the Title V model, stakeholders were successful in launching and institutionalizing delinquency prevention strategies. Even though all stages of the model may not have been implemented fully or as designed, the essence of the Title V model was achieved in these communities.

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## Chapter 7: Virginia

The case study of Title V in Virginia, which focuses on the national evaluation communities of Hanover and Waynesboro/Staunton, demonstrates the many successes that can be achieved and some of the challenges associated with implementing the Title V model. Both communities had been engaging in community-based prevention planning for some time, and Title V fit within their existing structures.

The first section of this case study report presents and discusses state support for Title V from 1998 to 2002. The second and third sections present and discuss the Title V initiatives in Hanover and Waynesboro/Staunton from 1997 to 2002. The final section presents concluding remarks on Title V in Virginia.

This presentation is based on four primary data sources that were gathered during the national evaluation: stakeholder interviews, in person and via telephone; a review of Virginia's Title V documentation, including the FY 1999 request for proposals; a review of Hanover's and Waynesboro/Staunton's Title V documentation, including the grant applications, quarterly progress reports and prevention policy board meeting minutes; and a review of the federal Title V guidelines and documentation. In addition, the case study report includes the evaluation team's interpretation of the case study data that represents Caliber's experience of working with all 11 national evaluation communities during the multiyear implementation of the evaluation.

### State Support for Title V

Virginia has been eligible to receive funds ranging from \$296,000 to \$964,000 each year. This level of funding is based on the size of its juvenile population. The Department of Criminal Justice Services, the implementing state agency in Virginia, has supported communities with grant awards ranging from \$9,000 to \$131,550. From the beginning of Title V in 1994 through 2002, Virginia funded 45 Title V communities.

The Department of Criminal Justice Services has provided solid support for the Title V model in Virginia. A cornerstone of Virginia's implementation strategy is the coordination of Title V with other prevention efforts to discourage fragmentation and duplication of efforts at the local level. This department has monitored its strategies and has adjusted them over time in efforts to improve outcomes.

The two Virginia communities selected to participate in the Title V national evaluation are Hanover County and the cities of Waynesboro and Staunton (hereafter Waynesboro/Staunton). Each community received 3 years of Title V funding, which each used to implement a single program. Both communities already had components of the Title V model in place, such as a community prevention board, needs assessment, and comprehensive delinquency prevention plan. Both communities were quite successful in their efforts and have institutionalized their processes and programs.

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## Virginia's Granting Process

The Virginia Department of Criminal Justice Services is the state agency responsible for coordinating Title V grant activities in Virginia. The department falls within the Secretariat of Public Safety and is charged with planning and carrying out programs and initiatives to improve the functioning and effectiveness of Virginia's criminal justice system as a whole.

The Department of Criminal Justice Services has a stated commitment to collaboration and helps communities coordinate Title V program requirements with other local prevention efforts. It does this in two ways: by helping communities develop one community prevention board to plan and oversee all local prevention efforts and by supporting communities in conducting a comprehensive community assessment to meet the funding requirements of a variety of federal- and state-sponsored prevention initiatives.

Before 2000, Virginia's State Advisory Group (SAG) set forth state-level priority areas for Title V applicants each year. Applicants were then requested to propose strategies that addressed one of the priority areas. Strategies could be replications of promising approaches or innovative programs. Beginning in 2000, however, Virginia changed this process. The SAG no longer sets statewide priority areas. Instead, each applicant is asked to identify its priority needs on the basis of a local needs assessment. In addition, strategies selected to address applicants' priority needs must now be replications of promising approaches. The rationale for these changes is twofold: the state truly wants to focus on local priority needs, and it wants to capitalize on the extensive research about "what works" in prevention by having communities replicate promising approaches.

The criminal justice department's prevention specialist, in consultation with the state juvenile justice specialist, sends eligible units of local government and local offices of state agencies an invitation to submit a letter of intent to participate in the Title V program. The SAG reviews submitted letters and sends eligible applicants a request for proposal that reflects both Title V and Title II funding guidelines and requirements, and a notice of upcoming training sessions. (Title II funds comprehensive, community-based services for adjudicated youth.) In 2000, to increase applicants' ability to screen themselves and determine their readiness to apply for Title V funds (e.g., their ability to mobilize a community prevention board and conduct a risk and resource assessment), the department added some forms from the *Title V Self-Evaluation Community Workbook* to the application package.

Once the deadline for submitting proposals has passed, the prevention subcommittee of the SAG reviews all new and continuation Title V grant applications and makes funding recommendations to the full SAG. The SAG then reviews the recommendations and makes final funding decisions which it passes on to the Criminal Justice Services Board. The board then notifies communities of their grant award status.

To be eligible for continuation funds, Title V subgrantees must empirically demonstrate at least 75-percent achievement of the goals and objectives outlined in their comprehensive plans. Continuation communities also must update their prevention plans (to reflect past and future goals, objectives, and activities) and modify their evaluation plans accordingly. Most communities are able to fulfill the requirements necessary for continuation funding for the 2 years for which they are eligible (for a full 3 years of Title V support). In 1999, because of past years' overwhelming demand for Title V funds,

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Virginia's Department of Criminal Justice Services capped Title V funding at \$65,000 per community per year.

## **Training and Technical Assistance**

Virginia has provided the federally funded Title V training to support the efforts of its applicants. Developmental Research and Programs, Inc. was the federal contractor until June 2000. Its trainings were based on the Communities That Care curriculum and consisted of three sessions: key leader orientation, risk and resource assessment, and promising approaches. Since 2000, Developmental Services Group, Inc., has been the federal contractor providing Title V training. These trainings also consist of three sessions: community team orientation, community data collection and analysis, and plan and program development.

Participation in training by potential applicants is optional. In the early years, communities were allowed to select among the three training sessions, but in 1999 the state began to require that applicants desiring training attend all three sessions. This change was made in an effort to encourage coordination and to provide training continuity at the local level. Virginia also offers optional evaluation training and technical assistance to Title V applicants and existing Title V communities.

## **Evaluation**

The Virginia Title V request for proposals includes expectations for program evaluation but does not require applicants to track risk or protective factors or juvenile problem behaviors. The expectations for program evaluation provide little guidance about exactly what is expected from or how to conduct such activities. For example, the request for proposals requires applicants to describe their evaluation plans, but does not define expectations for realistic or measurable program outcomes or provide descriptions of evaluation methods.

To support communities in their evaluation efforts, staff from the Department of Criminal Justice Services offer individualized technical assistance to communities that request it. Individualized assistance is delivered both by department staff and by consultants who provide evaluation-specific training to Title V subgrantees.

## **Other State Factors**

A number of significant prevention activities occurred in Virginia during its participation in the Title V national evaluation. In July 2000, the Governor's Office of Substance Abuse Prevention was established. This office coordinates all substance abuse prevention efforts for youth across the state, and its creation raised the visibility of prevention efforts at the state level. Also in 2000, Virginia passed legislation that re-emphasized prevention as a focus for the state's local Offices on Youth. In previous years, the Department of Juvenile Justice, which oversees these offices, had shifted away from a focus on planning and prevention, and the legislature wanted to shift the focus back. These events indicated strong state support for prevention. In 2002, however, the legislature eliminated state funding for the Offices on Youth because of the state budget deficit. Some offices have continued to operate with financial support

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from their local governments and other sources, but others have been eliminated. These budget cuts may significantly reduce the communities' ability to provide delinquency prevention programming.

## Interpretation

Virginia's support of the Title V model has both strengths and weaknesses that may impact the model's implementation and the likelihood that positive results will be documented at the local level. The state's support of coordinated community prevention boards encourages communities to integrate efforts related to Title V with existing prevention efforts, rather than create new community prevention boards. This is consistent with the Title V model's emphasis on communitywide coordination of all prevention efforts.

One challenge associated with Virginia's support of the Title V model relates to state requirements for training. Because the state does not require training, communities that choose not to receive training may lack useful information about the model's intent and needed guidance in how to implement it. However, the state's decision to require communities receiving training to attend all three sessions may improve this scenario for communities that do opt to receive training. Another challenge relates to state guidance regarding the role of the prevention policy boards. The request for proposals does not clearly explain the state's expectations for the prevention policy board's role in implementation or institutionalization, two key phases of the Title V model that board members are expected to influence through their support, input, and resources. This lack of guidance from the state may result in wide variation in the role the boards play in local Title V efforts.

Consistent with the Title V model's emphasis, the state encourages communities to coordinate their Title V needs assessment activities with existing efforts. Virginia's Title V request for proposals does not provide much information about what is expected in the needs assessment, however, and communities may therefore submit assessments that provide less information than is desirable. For example, the request for proposals provides definitions of risk and protective factors, but it does not provide guidance regarding the indicators to use in identifying these factors, nor on how to collect data and document the data collection process. Communities that choose to participate in training receive more guidance in these areas, but those that do not may use or conduct needs assessments that are not as valid and reliable as may be desired.

The state's request for proposals conveys some level of expectation that each community's plan include overall goals and objectives, and that the proposed strategies be designed to fill gaps in the community's resources and to address selected priority risk factors. The request for proposals provides little guidance, however, about how to develop goals, objectives, and strategies. For example, there are no expectations that the goals and objectives be realistic and measurable. Communities that choose to participate in training or request technical assistance receive more guidance in these areas, but those that do not may have difficulty developing a feasible comprehensive plan if they have little experience in such activities.

The state's decision to require communities to use promising approaches is expected to result in more effective programs. The state's earlier choice to allow communities to implement unique programs offered room for innovation, but challenges in evaluation made it difficult to determine programs' effectiveness.

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Staff at the state office acknowledge that they have struggled to help communities evaluate their Title V programs and overall initiatives. They offer individualized technical assistance regarding evaluation, which is beneficial to those that request it. They also have explored various other options, including the possibility of requiring communities to track specified indicators for each risk factor and requiring the use of certain *Title V Community Self-Evaluation Workbook* forms, but the state has chosen not to implement these requirements. Virginia’s request for proposals does not provide much detail about the state’s expectations for program evaluation. Strengthening these expectations in the request for proposals may be helpful, but communities may still struggle to implement effective evaluations because of a lack of experience and resources (e.g., staff knowledgeable about evaluation or funds to use to contract with evaluators).

Virginia’s Title V request for proposals says little about institutionalizing Title V efforts beyond the grant period. It is clear that the Title V funds are time limited, but there is little state guidance in how to build on the strategies (e.g., by building support among prevention policy board members and by using evaluation data to “sell” a strategy’s success to potential funders). Because of this lack of guidance, it is possible that many communities may not address institutionalization adequately and may lose momentum after Title V funds expire, even if they have implemented successful strategies.

## Summary

In general, Virginia provides significant support for the Title V model. However, many details of the state’s expectations are not part of the request for proposals, but instead are available through optional training that not all communities receive. The state’s continuing emphasis on coordinating community efforts and requiring use of promising approaches bodes well. Strengthening the state’s expectations and guidance in the request for proposals related to the role of the prevention policy board, needs assessments, evaluation, and institutionalization may communicate these more consistently, and may improve communities’ abilities to implement and institutionalize their Title V initiatives more successfully. Virginia’s willingness to modify its approach based on “lessons learned” has resulted in improvements to the process and suggests that the state will have continuing success in the future. State support for Title V has an impact on how communities implement the Title V model. The following sections describe and analyze the Title V initiatives in Hanover County and Waynesboro/Staunton, VA.

## Hanover County

This case study documents the Title V process in Hanover County from its initial planning in 1998 through the end of its Title V funding in June 2002. Hanover County successfully planned, implemented, and sustained its Title V funded prevention program, the Boys to Men program, and its community prevention board, the I CARE Youth Development Council.

This case study presentation begins with a brief community description and discussion of the role of Title V in Hanover County. It continues with presentations and discussions of the five stages of the Title V model as implemented in Hanover: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. This section concludes with the evaluation team’s interpretation of the data.

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## Brief Community Description

Hanover County is located in Central Virginia and is part of the greater Richmond metropolitan area. It is a rapidly suburbanizing county of 473 square miles, although it still has some rural communities. Ashland is the one incorporated town in the county. Hanover County has two interstate highways, I 95 and I 295, which are among the busiest in the eastern United States.

According to 2000 U.S. Census data, Hanover County has a population of approximately 86,000 people and is considered one of the fastest-growing counties in Virginia. Youth under the age of 19 make up about 29 percent of the population. Even though the median income of the county is \$59,223, approximately 7 percent of families have an annual income of less than \$15,000.

Eighty-nine percent of the county's residents are white, and 11 percent are non white. The nonwhite population is growing more diverse in that there are increasing numbers of African Americans, Asians, Native Americans, and Hispanics.

Major industries in Hanover County include Paramount's Kings Dominion theme park, Bear Island Paper Company, Richfood, AMF Bowling and AMF Reese world headquarters, and Tyson's Foods. A full 88 percent of Hanover County residents are employed outside the county, making it a bedroom community and increasing its need for afterschool programming and child care.

### Title V in Hanover County

Community collaboration in Hanover County, particularly in the area of prevention, was strengthened in the late 1990s with the arrival

of the first coordinator of prevention services and community education at the Hanover County Community Services Board. The collaborative prevention board in Hanover County, the Hanover County Substance Abuse Prevention Committee, which the coordinator of prevention services and community education helped to organize, built upon pre-existing good relationships among local organizations, such as the public schools and law enforcement.

Several important events led the Hanover County community to pursue Title V funding. In the late 1990s, six young people between the ages of 15 and 22 died of heroin overdoses in the county in a period of 22 months, revealing an upsetting trend in this middle-class bedroom community. In response, key leaders in Hanover County, including the Sheriff, the Director of the Hanover County Community Services Board, and the Superintendent of Schools, spearheaded the development of the Hanover Forum on Drugs and Alcohol.

Held in February 1998, the forum attracted more than 200 residents from across the county. According to its final report, "The forum was a collaborative effort of citizens, county government, social services, law enforcement, educators, and the business community to provide an opportunity to brainstorm about the causes of illegal drug and alcohol use, and to develop solutions." According to the Sheriff, "We decided perhaps the answer was in the community, and we certainly didn't have it. And so the idea of the drug forum was born out of that concern and need to get information as to what's going on."

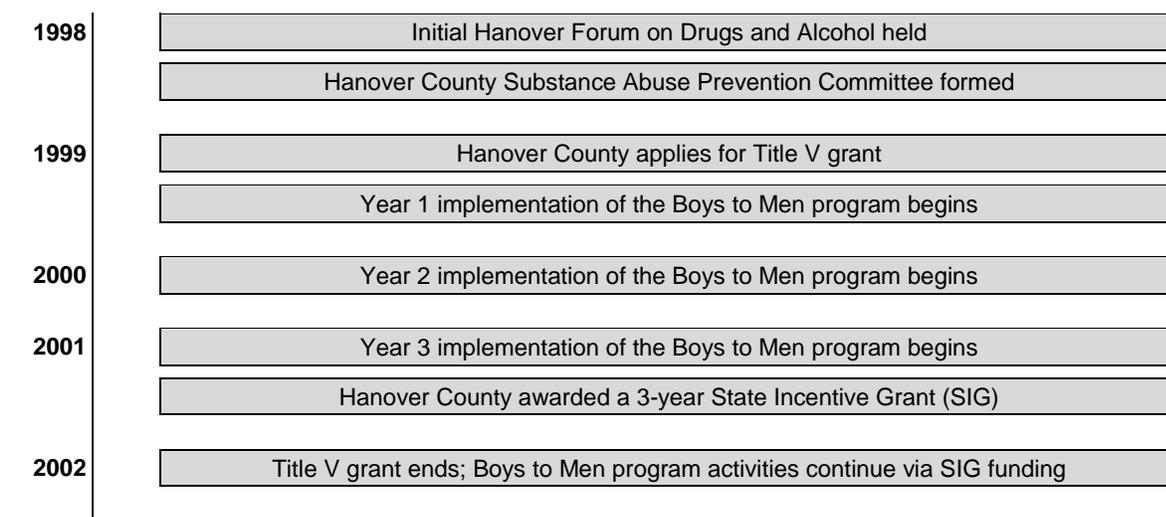
Hanover County
<b>Funding period:</b> July 1999–June 2002
<b>Amount of Title V funding:</b> \$132,253
<b>Unit of local government:</b> Hanover County
<b>Lead agency:</b> Hanover County Community Services Board

Following the Hanover Forum on Drugs and Alcohol, group discussions and the analysis of followup focus group data resulted in the formation of three subcommittees to develop strategies toward solutions with regard to law enforcement and punishment issues, treatment and intervention options, and comprehensive prevention strategies. The subcommittee on comprehensive prevention strategies identified several risk factors for youth in the community related to drug and alcohol use and presented them to the community at the second Hanover Forum on Drugs and Alcohol, held in October 1998. The subcommittee continued its work following the second forum and ultimately became an ongoing community group, the Hanover County Substance Abuse Prevention Committee.

With the development of the Hanover County Substance Abuse Prevention Committee in 1998, Hanover County became eligible to apply for several sources of funding available to Virginia communities for use in implementing community-based prevention strategies, including the Governor’s Discretionary Funds for Safe & Drug Free Schools; funds from the Department of Mental Health, Mental Retardation, and Substance Abuse; and Title V initiative funds.

Title V filled a small gap for services in Hanover County. The program that Hanover County implemented with Title V funds served up to 30 boys per year. This small pilot program allowed the county to try different prevention curricula and program designs for afterschool programming for middle school youth that ultimately strengthened the proposal it made to the state for the state incentive grant. The Title V grant was a source of funding that allowed the county and the Increased Community Awareness Requires Everyone (I CARE) Youth Development Council to gain experience in implementing community-based youth development programs, which was a relatively new development in the county. Hanover County’s Title V timeline is illustrated in figure 7.1.

**Figure 7.1: Hanover County Timeline for the Title V initiative**



## Community Mobilization and Collaboration

The Title V community mobilization and collaboration process includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training.

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This section describes the process of community mobilization for the Title V initiative in Hanover County from 1997 through 2002 and discusses factors that influenced it.

### **Introducing Community Prevention to Key Officials and Leaders**

Beginning in 1997, key leaders were mobilized to address issues of substance abuse prevention in Hanover County, particularly among youth. Stakeholders report that before the Hanover Forum on Drugs and Alcohol, community members had little awareness of the need for community prevention programming. Several local needs assessments (e.g., the Family Preservation and Support Needs Assessment in 1995 and the Hanover Child Protection Team Needs Assessment in 1998) had demonstrated the need for prevention programs for the middle school age group, but data from the assessment had not been widely shared with key leaders and the community. It took the Hanover Forum on Drugs and Alcohol in 1998 to begin to mobilize the community on this issue.

### **Prevention Policy Board**

In Hanover County, the Hanover County Substance Abuse Prevention Committee (subsequently renamed the Hanover County Planning Council), which began as a result of the initial Hanover Forum on Drugs and Alcohol, served as the prevention policy board for the county's Title V initiative. The committee was formed prior to the Title V initiative to continue planning and implementing strategies that arose from the county's drug forums. Since its inception, the committee has conducted prevention planning and implementation activities, but it has never received formal community prevention training.

#### *Forming the Prevention Policy Board*

In 1999, once the committee had finished its work associated with the Drug Forums, it changed its name to the Hanover County Prevention Planning Council. As it developed into an ongoing community group, rather than an ad-hoc subcommittee, the council formed five subcommittees: community, school, family, youth/individual, and T.E.E.N.S (a youth council).

As the Hanover County Prevention Planning Council became more formalized, a Prevention Advisory Council was also formed in Hanover County. The Prevention Advisory Council included professionals in the prevention field who lived in Hanover County and other key stakeholders. It included the prevention coordinator for Henrico County, the prevention coordinator for Goodland/Powhattan, the director of Communities in Schools, a representative of the Hanover Business Council, the editor of the Herald Progress, and the chair of the Hanover County School Board. The role of the advisory council was to meet once a year to review the activities of the planning council, offer suggestions, and locate resources to assist the planning council in implementing programs.

Planning council membership was representative of many segments of the community and maintained a balance of agency professionals, community citizens, and youth. When originally formed, it consisted of approximately 21 members representing organizations such as the Hanover County Community Services Board, Hanover County Public Schools, Hanover Parks and Recreation, Hanover Sheriff's Department, Hanover Health Department, and the Girl Scouts of America. It also included local business owners, parents, and students. Since its inception, the Hanover County Prevention Planning Council has been

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chaired by the coordinator of prevention services and community education, with other employees of the community services board and community volunteers leading the council's subcommittees.

The planning council originally met monthly to discuss community prevention strategies (e.g., information and resource sharing, planning and coordination, promotion of prevention efforts) and new programs or grant opportunities to fund prevention programming, and to develop and approve the community services board's annual prevention plan. In addition, I CARE (Increased Community Awareness Requires Everyone), an initiative of the planning council's community subcommittee, was a major effort to raise community awareness of prevention issues. The planning council was a grassroots organization actively supporting many locally developed prevention activities.

#### *Prevention Policy Board Continuation Activities*

From its initial role as a subcommittee of the Hanover Forum on Drugs and Alcohol, the Hanover County Prevention Planning Council took on a number of roles in the county: prevention policy board for the Title V initiative, advisory board for the community services board, and developers of a community awareness campaign named I CARE. The I CARE campaign, initiated in 2001, was designed to establish clear community norms that promote a substance-abuse-free message through organized, community-based prevention strategies. A secondary goal of the initiative was to create an environment in which parents send a clear substance-abuse-free message through their attitudes and behaviors. The campaign included the distribution of bumper stickers, pamphlets, window patches, and a monthly column in the *Hanover Herald Progress* and the *Mechanicsville Local* that provided parents with an opportunity to write in and ask questions. The Hanover planning council also supported other local prevention initiatives, such as the development of local teen centers, Safe Night USA, and a Youth Issues Forum.

Since its formation in 1998, the Hanover County Prevention Planning Council maintained an active membership, with representatives from local government agencies, nonprofit organizations, and local citizens. Over the 3 years of the Title V initiative, the council averaged 27 members (although not all members regularly attended meetings). There was turnover in membership, but at least seven members remained on the council during the 3-year period when the county had Title V funds. The planning council also had strong ties to influential organizations such as the County Sheriff's Department, the school administration, the local business council, and local media. It also benefited from the personal commitment of several citizen volunteers.

A major change in the planning council occurred when the coordinator of prevention services and community education resigned in Fall 2000. As a result of the resignation, the council lacked leadership for several months until a new coordinator was hired. In an effort by the new coordinator to revitalize the council and refocus its efforts, the council changed its name to the I CARE Youth Development Council in 2001. In summer 2001, the council also developed a new mission: "To promote resiliency and healthy choices among Hanover youth and their families in an effort to reduce alcohol, tobacco, and other drug use and related problem behaviors." The council was further re-energized and refocused on prevention efforts in the community through the development of an application for a Virginia State Incentive Grant.

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## Community Prevention Training

Title V training is designed to enhance the abilities of participating communities to plan, develop, and implement risk- and protection-focused delinquency prevention strategies. The Hanover County Prevention Planning Council did not receive Title V training because there is no requirement in Virginia for a community to attend training before applying for a Title V grant.

The county's coordinator of prevention services and community education had attended all three components of the Communities That Care training while in a previous job. She used her knowledge of the Communities That Care process to guide the planning council through the process of conducting a community needs assessment to guide its efforts and to fulfill the state requirements for the community services board to submit an annual prevention plan. The planning council had been able to produce an annual prevention plan since FY 1998–99, but its chairperson cited the lack of training in community-based prevention planning as a real obstacle to this process.

## Factors That Influenced Community Mobilization and Collaboration

Community mobilization and collaboration on prevention issues in Hanover County were spurred by several tragic incidents and subsequent community action to address them. This community response had several positive impacts, one of which was the development of the Hanover County Prevention Planning Council (formerly the Hanover County Substance Abuse Prevention Council). Several other factors contributed to Hanover County's success in the process of community mobilization:

- ❖ **Personal commitment to the community prevention efforts.** The coordinator of prevention services and community education and several citizen members were committed to sustaining the activities of the Hanover County Prevention Planning Council.
- ❖ **Community awareness of prevention issues.** The Hanover County Forum on Drugs and Alcohol, coverage of issues by local media, and opportunities to participate in organized groups were helpful in educating not only key leaders, but also county residents, about community-based prevention.

Several factors hindered community mobilization:

- ❖ **Lack of influence.** The Hanover County Prevention Planning Council was primarily a grassroots community organization that did not include the influential leaders of the Hanover County Forum on Drugs who could make policy or funding decisions.
- ❖ **Lack of training.** The members of the Hanover County Prevention Planning Council never received formal training in planning or implementing community prevention strategies.

## Initial Assessment and Planning

The Title V initial assessment and planning process is expected to include the identification of risk factors, resources, and prevention programs and the development of a 3-year comprehensive prevention plan. This section describes the process of initial assessment and planning for the Title V initiative in Hanover County from 1998 to 2002 and discusses factors that influenced it.

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## Identifying Risk Factors, Resources, and Prevention Programs

When the Hanover County coordinator of prevention services and community education received the 1998 Title V application from the Virginia Department of Criminal Justice Services, she brought that experience to the attention of the Hanover County Substance Abuse Prevention Council. She believed that the support of this community-based prevention planning council was a key component required for Hanover County to pursue the Title V funds. To address one priority issue identified by the council's needs assessment, the coordinator proposed the submission of an application to implement a new leadership development program for young men. The program, called Boys to Men, would provide afterschool services to middle school boys identified as being at risk for developing adolescent problem behaviors. With the support of the council, the coordinator of prevention services and community education wrote the Title V grant, which included letters of support from several local organizations, including the Hanover County Substance Abuse Prevention Council, the Hanover County community services board, and the public schools.

For the Title V application, two existing community needs assessments—the Family Preservation and Support Needs Assessment (1995) and the Hanover Child Protection Team Needs Assessment (1998)—were cited as the primary data sources. These needs assessments revealed three priority problem areas: substance abuse, family management problems, and a lack of afterschool activities for youth. The 1998 needs assessment in particular identified a need for afterschool programming to curtail the rise in juvenile delinquency, substance abuse, and teen pregnancy in Hanover County.

The Hanover County Prevention Planning Council also completed a needs assessment in 1998 to help guide its efforts and to support the development of the community services board annual prevention plan/report. The data from this needs assessment were not used as a basis for the Title V grant application, but they identified three risk factors that supported the development of the Boys to Men program:

- ❖ Alienation and rebelliousness.
- ❖ Friends who engage in problem behaviors.
- ❖ Early initiation of problem behaviors.

The needs assessment also identified a number of protective factors, including:

- ❖ Public schools with excellent academic programs, opportunities for involvement in extracurricular activities, and healthy beliefs and clear standards for behavior.
- ❖ Resident and business community involvement in resource development for youth programs.

Hanover County's Title V grant application included a plan to implement a new prevention strategy, the Boys to Men program. The program met the need for afterschool prevention programming that had been identified through the planning council's 1998 needs assessment.

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## **Developing a Comprehensive Prevention Plan**

As part of its Title V grant application, Hanover County submitted a copy of the community services board FY 1998–99 prevention plan/report. The primary purpose of this plan was to fulfill of the Department of Mental Health and Mental Retardation and the requirements of the Hanover County Forum on Drugs and Alcohol. The community services board prevention plan/report, “. . . included communitywide goals, objectives, and activities mutually developed by a group composed of more than 50 percent non-[board] members.” The Hanover County coordinator of prevention services and community education developed the plan on the basis of the needs assessment data collected by the Hanover County Substance Abuse Prevention Council.

The FY 1998–99 prevention plan/report was still in its developmental stages when the Title V grant application was submitted, but it included a number of new and continuing strategies for addressing youth risk factors in the community. These strategies included:

- ❖ New student support groups.
- ❖ Premarital communication and conflict resolution classes.
- ❖ Family Fun Days.
- ❖ Parent hotline.
- ❖ Public awareness campaign on substance abuse.
- ❖ Youth community center.
- ❖ Leadership development programs.
- ❖ Healthy life skills programming in the elementary and middle schools.
- ❖ Monitoring local liquor establishments for ID infractions.

The only strategy in the plan to be funded by the Title V grant, a life-skills program for boys, led to the development of the Boys to Men program. The goal of the Boys to Men program was to decrease intakes involving delinquency by Hanover County youth ages 15 to 17 through prevention programming. The program had six initial objectives related to knowledge, attitude, and behavior changes of the participating youth. These objectives were increased knowledge of conflict resolution and substance abuse, increased involvement in school and community activities, positive adjustments at home, and a heightened sense of self.

Although Boys to Men is not a research-based program, it does respond to the Communities That Care strategy that recommends increasing protective factors for participating youth by “establishing healthy behaviors through positive opportunities, skills, and recognition at home, school, and in the community; bonding with adults in these areas; and the establishment of clear standards and healthy beliefs.” To accomplish this, the Boys to Men program incorporated research-based program components, including the Life Stuff and Creative Conflict Resolution curriculum with recognized youth development strategies such as tutoring, recreational opportunities, and mentoring.

## **Factors That Influenced Initial Assessment and Planning**

The coordinator of prevention services and community education led the assessment and planning for the Title V initiative in Hanover County, with assistance in data collection from the Hanover County Substance Abuse Prevention Council. Although these efforts were completed primarily in response to

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other planning mandates (i.e., the Hanover County Forum on Drugs and Alcohol and the state Department of Mental Health and Mental Retardation), they were also accepted by the state Department of Criminal Justice Services in the application for the Title V grant. Several factors contributed to the community's success in the assessment and planning process:

- ❖ **Availability of prior needs assessment data.** These data provided credibility to the findings and to the risk and protective factors identified through the limited needs assessment completed by the Hanover County Substance Abuse Prevention Council.
- ❖ **Leadership of the coordinator of prevention services and community education.** The coordinator directed the Hanover County Substance Abuse Prevention Council through the needs assessment process and was able to synthesize its efforts into a plan that served several needs in the community, including fulfilling the requirements for the Title V grant application.

Several factors also hindered the assessment and planning process:

- ❖ **Lack of prior experience.** The Hanover County Substance Abuse Prevention Council had been in existence for less than 1 year when it was tasked with contributing to the development of a community needs assessment and prevention plan.
- ❖ **Lack of clear planning guidance.** The Department of Mental Health and Mental Retardation template for a community prevention plan only required communities to provide short descriptions of goals, objectives, risk indicators, protective indicators, strategies, domains, persons or groups responsible, evaluation, timeline, and program number. Very little in the way of narrative explanations or program rationales was required.
- ❖ **Lack of training.** The members of the Hanover County Substance Abuse Prevention Council never received formal training on conducting a community needs assessment or developing a comprehensive community plan.

## Implementation of Prevention Strategies

The implementation of prevention strategies includes initiating prevention services and activities and identifying and leveraging other resources for prevention. Hanover County received \$132,253 in total Title V funding from June 1999 through June 2002, with a 50-percent match in local in-kind and monetary contributions from the community services board, local middle schools, and discretionary state resources. Hanover County served as the unit of local government and the Hanover County community services board served as the fiscal agent.

The Title V funds were used primarily to support one full-time prevention specialist and one part-time prevention aide hired by the community services board to implement the Boys to Men program. Additional Title V funds were used for equipment and supplies.

The Boys to Men program is designed to develop life and leadership skills in participants through identified curriculums, alternative activities, and community service. This program was the only one implemented with Title V funds in Hanover County during the 3-year Title V funding period.

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### *Year 1 Implementation*

In an attempt to remain a prevention program and not a program for youth who require a more intense intervention, the Boys to Men Program established clear recruitment guidelines to serve youth who are alienated and isolated from their peers and youth considered to be at high risk because of exposure to substance abuse and violence, but who are not already experimenting or exhibiting other risk-related behaviors. The eligibility requirements specified that youth cannot have behaviors or cognitive impairments that prevent them from participating in structured and unstructured group settings, activities, and curriculum processing. Program recruitment began in December 1999 with 30 referrals. After informational sessions held at two Hanover County middle schools for parents and potential participants, the implementation of Boys to Men started in January 2000 with an initial enrollment of 15 youth.

Boys to Men was offered for 2 ½ hours, 2 days a week at Stonewall Jackson Middle School and Liberty Middle School. Special alternative activities were offered on Fridays and the weekends. The early implementation of Boys to Men was hindered by a hiring delay, the process of setting up program guidelines, and difficulties recruiting appropriate youth.

### *Year 2 Implementation*

In the second year of implementation, approximately 18 youth were enrolled in Boys to Men. The program was offered 4 days a week at a single location, and this arrangement helped strengthen the program and youth bonding. The project goals remained the same as in year 1, but a different prevention-based curriculum was used and a parents' component, Parents Night Out, was added. Modeled after the research-based Families and Schools Together (FAST) program, the boys, staff, and volunteers prepared a meal for the boys' parents one Friday night a month. They ate as a group, and after dinner the boys went on a field trip while the parents stayed for a parenting education session on various topics. The goal of the Parents Night Out component was to increase the positive interactions between parents and their children. In 2000, a Boys to Men summer program was established. The summer program focused on rites-of-passage programming and community service.

### *Year 3 Implementation*

In the third year of implementation, a third middle school, Chickahominy Middle School, asked to participate in the Boys to Men program. The program components remained the same as in previous years. In the third year, the program reached its capacity of 30 boys and had to institute a waiting list. In the program planning for year 3, eight program objectives were established. These objectives included some revisions of the original six objectives. The year 3 objectives are presented in sidebar 7.1.

#### **Year 3 Boys to Men Program Objectives**

1. The level of competence, as reported by parents and teachers of Boys to Men program participants and as evidenced by a statistically significant increase in individual scores on the Behavior Emotional Rating Scale (BERS), will increase after 1 year of participation in the afterschool program.
2. Middle school students participating in the Boys to Men program will develop an understanding of the nature and causes of violence and healthy responses to conflict as measured by 90-percent mastery of the knowledge, skills, and attitudes pre- and posttests on the Responding in Peaceful and Positive Ways (R.I.P.P.) curriculum.

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The I CARE Youth Development Council was not actively involved in the implementation of the Boys to Men program, although the coordinator of prevention services and community education occasionally provided updates to the council or solicited support for program activities, when needed. At least one member of the I CARE Youth Development Council reported that, if the Boys to Men program were being started in 2002 rather than in 1999, the council had evolved to the point where it could be more involved and supportive in program development, since it is now more aware of research-based strategies and state and community resources for prevention.

### **Identifying and Leveraging Other Resources for Prevention**

As required by the Title V model, the Hanover County Title V initiative received matching resources of approximately \$20,000 per year. The matching resources were in the form of university and community volunteers from Virginia Commonwealth University and J. Sarget Reynolds Community College, and in-kind support (supplies, computers, and mileage) from the Hanover County community services board and two middle schools, Liberty Middle School and Stonewall Jackson Middle School. At Liberty, the program also collaborated with the local Boys & Girls Club afterschool program on programs and activities.

Several of Hanover County’s prevention efforts, including Boys to Men, received financial support from the local business community. Local groups such as the Friends of Hanover, the Elks Lodge, the Hanover Moose Lodge, and the Ruritan Clubs have been key supporters in the county’s prevention programming through their in-kind and financial contributions. According to the initial Title V grant application, “Once needs are identified, Hanover County residents and the business community are known to take an active involvement in resources development.”

### **Factors That Influenced Implementation**

Implementation of the Title V initiative prevention strategies in Hanover County was led by staff of the community services board (i.e., the coordinator of prevention services and education, the prevention specialist, and the prevention aide). Two factors contributed to the community’s success in implementation:

### **Year 3 Boys to Men Program Objectives** (continued)

3. Middle school students participating in the Boys to Men program will increase by 50 percent their opportunities for involvement in positive community activities, as measured by participation data and satisfaction surveys gathered before and after program participation.
4. Middle school students participating in the Boys to Men program will increase by 20 percent their use of peer refusal skills and ATOD knowledge, as measured by curriculum knowledge, skills, and attitude scales and self-reflection reports.
5. Middle school students participating in Boys to Men will demonstrate a positive involvement in the school, as evidenced by a 50-percent reduction in participant referrals to school administration, measured before and after each semester.
6. Middle school students participating in the Boys to Men program will demonstrate an increased commitment to school, as evidenced by maintenance of a 90-percent attendance rate and a minimum grade point average of 2.0 during the school year.
7. Middle school students participating in the Boys to Men program will report an increased sense of resiliency and overall well-being, as evidenced on the Hanover Resiliency Scale after 1 year of participation in the program.
8. Eighty-five percent of student participants, parents, and key school personnel will express overall satisfaction with the Boys to Men program, as evidenced by an average score of 4 or above on the Prevention Services Satisfaction Survey administered at the end of each semester and following the summer program.

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- ❖ **Leadership of the coordinator of prevention services and education.** The original coordinator was essential to program startup, since it was her vision that guided program development. Her successor also made significant contributions to program implementation by focusing on the evaluation and data collection components that would help establish the program’s sustainability beyond the Title V grant.
  - ❖ **Staff dedication.** The original grant application included numerous planned components (e.g., the Life Stuff curriculum) that ultimately were not a good fit with the needs and skills of the participating youth. The prevention specialist and aide were able to adapt the program to meet the needs of participating youth, however, by incorporating other components such as a summer program and community service.

Several factors hindered implementation. Program startup was delayed because of delays in hiring staff. Once the Title V grant approval had been received, it was necessary to gain the approval of the Hanover County Board of Supervisors before the program staff could be hired. After the positions were approved, the prevention specialist position needed to be advertised twice. Overall, the hiring process took 2 months longer than originally planned. In addition to these delays, changes in program components presented challenges. At the end of year 2, program staff still had not identified a substance abuse prevention curriculum that met the needs of highly active middle schoolers with limited reading levels. Administrative staffing transitions also adversely affected program development.

## Monitoring and Evaluation

The monitoring and evaluation stage of the Title V model theoretically should include several activities, including conducting program evaluations of each prevention strategy, evaluating the Title V initiative as a whole, and reassessing community indicators. This section describes the process of evaluation of the Title V initiative in Hanover County from 1999 to 2002 and discusses factors that influenced it.

Because of the state of Virginia’s emphasis on increasing the evaluation of community services board programs, the evaluation of the Boys to Men program was always a concern of the coordinator of prevention services and community education and the Boys to Men program staff. As part of the Title V national evaluation, Title V communities were offered evaluation technical assistance as an incentive for participation. In Hanover County, several sessions were conducted, particularly during the first 2 years of the Title V initiative. This assistance included helping the Boys to Men program staff focus on developing short-term, intermediate, and long-term outcomes; discussing the proposed evaluation tools; and developing a project logic model. According to the second Title V grant application, “Caliber Associates has been providing technical assistance as it relates to evaluation. This has been an asset to our program development and community-based planning council and its infrastructure, for they provided many [recommendations] for process evaluation as well as a framework to look at our outcome and impact evaluation methods. The process evaluation has been an ongoing portion of the program infrastructure.”

The ICARE Youth Development Council was not involved in the evaluation of the Boys to Men program, nor did it evaluate any of its other prevention strategies. The ICARE Youth Development Council did not have any training in evaluation and was more involved in planning and implementation activities.

## Monitoring and Evaluating Program Activities

When the Boys to Men program was designed, the plan was to evaluate the program using two instruments being introduced by the state of Virginia for use by programs sponsored by the community services board: the Behavioral and Emotional Rating Scale and the Knowledge, Attitude, and Behavior Instrument. Hanover County planned to implement the pre- and posttest components of several curriculums, including Drug Free 2, Life Stuff, and Creative Conflict Resolution. The county also planned to gather data from program attendance sheets and school guidance departments to evaluate the progress of program participants. The collection of program satisfaction data from teachers and parents was to be the final evaluation component.

At the end of year 1, process data were collected on program attendance and the length of time spent on different program components, including curriculum-based support group, educational programs, and alternative activities. No data were collected or reported on program outcomes, however, because the program only operated from January to June in year 1.

At the end of year 2, progress toward the year 1 program outcomes was reported. Some outcome data were available, but changes in curriculums resulted in many outcomes not being measurable at this time (see table 7.1).

**Table 7.1: Progress on Boys to Men Program Objectives, Year 2**

Objective	Outcome
Young men participating in the Boys to Men program will develop a shared understanding of the nature and causes of conflict, possible responses to conflict, and the potential benefits of such responses, as measured by 90-percent mastery of the knowledge, skills, and attitudes tests on the Life Stuff curriculum.	Students addressed issues related to conflict through daily group discussion, individual conferences with staff, and self-reflection journals. The Life Stuff curriculum was not implemented as planned because it did not meet the developmental needs of the middle school students. A replacement curriculum, the Responding in Peaceful and Positive Ways program, will be implemented in Year 3.
Opportunities for involvement in positive community activities shall increase by 50 percent for young men participating in the Boys to Men program, as measured by data gathered before and after participation.	Program participants completed a number of community service events, including landscaping at the Day Health and Rehabilitation Building, recording anti-violence messages for local radio, and sponsoring a safe and drug-free talent show.
Young men participating in the Boys to Men program will become more knowledgeable about substance abuse and its impact, and they will demonstrate constructive refusal skills in their prevention of substance abuse, as measured by 90-percent mastery of the Drug Free 2 knowledge, skills, and attitude test.	Activities from the Drug Free 2 curriculum were used to supplement Prime For Life, which addresses substance abuse prevention issues. Drug Free 2 posttest results were not reported.
Boys to Men participants shall demonstrate a greater level of involvement in the school setting, as measured by a 40-percent decrease in school-related behavior complaints.	Teacher and guidance staff feedback indicate that program participants maintained a positive level of school involvement. Participants exceeded the target of a 40-percent decrease in disciplinary incidents.
Boys to Men participants shall demonstrate a positive adjustment in the home, as measured by pre- and posttest interview data gathered from parents and guardians.	Through reflective writing exercises, program staff monitor overall adjustment to home situations. Individual followup sessions and group discussions about getting along with parents are integrated into weekly meetings, as needed.
Boys to Men participants shall have a heightened sense of self and increase their internal locus of control by 25 percent, as measured by the KAB—Knowledge, Attitude and Behavioral—inventory.	Because of difficulty administering and analyzing KAB, the tool will not be used. Progress toward this objective shall be monitored through reflective writing exercises combined with self-assessment surveys.

The Boys to Men program also reported process data on the program components, including length of sessions, participation rates, and topics covered.

For year 3, the overall goal—to decrease intakes involving delinquency by Hanover County youth ages 15 through 17 through prevention programming—remained the same, but the objectives were refined to reflect a higher level of specificity and were clearly linked to measurement with an identified evaluation instrument. The program curriculums and specific objectives reflected a new emphasis on resiliency and skill application through structured activities. The program’s substance abuse prevention curriculum was changed from Life Stuff 2 to SMART Moves. Program staff also reported progress on the year 2 objectives (see table 7.2).

**Table 7.2: Progress on Boys to Men Program Objectives, Year 3**

Objective	Outcome
The level of social competence, as reported by parents and teachers of Boys to Men program participants, will increase as evidenced by a statistically significant increase in individual scores on the Social Skills Rating System (SSRS) after one year of participation in the afterschool program.	As new youth have enrolled, the survey has been incorporated into the registration packet, but posttest data are unavailable from the evaluator.
Middle school students participating in the Boys to Men program will develop critical skills for avoiding alcohol, tobacco, and other drugs, and for avoiding premature sexual involvement, as measured by 90-percent mastery of the knowledge, skills, and attitudes pre- and posttests on the SMART moves curriculum.	Surveys indicate an increase in awareness of healthy decisionmaking skills and attitudes in 70 percent of the participants.
Middle school students participating in the Boys to Men program will increase their opportunities for involvement in positive community activities by 50 percent, as measured by satisfaction surveys administered before and after program participation.	All youth increased or maintained their level of community involvement, as estimated by a self-report interview.
Middle school students participating in the Boys to Men program will increase use of peer refusal skills and ATOD knowledge by 20 percent, as measured before and after the curriculum knowledge, skills, and attitude measurements and self-reflection reports.	Surveys indicate an increase in awareness of healthy decisionmaking skills and attitudes in 70 percent of the participants.
Middle school students participating in the Boys to Men program will demonstrate a more positive involvement in the school setting, as measured by a 50-percent decrease in participant referrals to school administration, as measured before and after each semester.	No participant referrals were reported to school administration during the fourth quarter.
Middle school students participating in the Boys to Men program will demonstrate an increased commitment to school, as evidenced by maintenance of a 90-percent attendance rate and a minimum grade point average of 2.0 during the school year.	To date, all participants, with the exception of one, have maintained a 2.0 grade point average and a 90-percent attendance rate through the school year.
Middle school students participating in the Boys to Men program will report an increased sense of resiliency and overall well-being, as evidenced on the Hanover Resiliency Scale before and after 1 year of participation in the program.	This objective was modified in an effort to avoid duplicating the SSRS, which also focuses on resiliency.
Eighty-five percent of student participants, parents, and key school personnel will express an overall satisfaction with the Boys to Men program, as evidenced by an average score of four or above on the Prevention Services Satisfaction Survey administered at the end of each semester and following the summer program.	The survey revealed that 90 percent of student participants and key school personnel were satisfied with the Boys to Men program.

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## Ongoing Assessment

As part of the Title V initiative, Hanover County did not reassess the risk factor indicators identified through the initial needs assessment. However, an extensive community needs assessment, *Community Trends 2001*, was developed by Hanover County for its State Incentive Grant application in 2001. According to Hanover County's application, *Community Trends 2001* examined indicator data initially collected in 1998 to determine the priority risk factors for the county. This analysis revealed the following priority risk factors: availability of drugs, community laws and norms favorable toward drug use, transition and mobility, family management problems, family conflict, early initiation of problem behavior, and low commitment to school. In addition, the County Sheriff's Department also documented an escalation in juvenile problem behaviors, including:

- ❖ A 50-percent increase in arrests for possession of tobacco products from 1998 through 2000.
- ❖ A 50-percent increase in arrests for the sale and distribution of marijuana from 1998 through 2000.
- ❖ An increase in arrests for possession of marijuana from 43 in 1998 to 78 in 2000.

The data analyzed in *Community Trends 2001* were not parallel to the community indicators assessed for the Title V grant. Of the priority risk factors identified in this needs assessment, only early initiation of problem behavior had been identified in previous needs assessments conducted in the mid-1990s. Recent risk factor indicator data revealed that from 1998 to 2000 juvenile arrests for possession of marijuana, possession of tobacco products, and unlawful purchase/possession of alcohol continued to increase.

## Factors That Influenced Monitoring and Evaluation

With guidance from the coordinator of prevention services and education, Boys to Men program staff led evaluation and monitoring of the program in Hanover County. The original evaluation plans were modified throughout the 3-year period as program components changed and youth assessment tools were re-evaluated. An evaluation of the entire Title V initiative was neither planned nor conducted.

Several factors made positive contributions to Hanover County's attempts to evaluate its prevention activities, including an organizational awareness of evaluation. In the late 1990s, state agencies in Virginia were increasingly being asked to collect and report data on program effectiveness.

Several factors hindered monitoring and evaluation:

- ❖ **Inappropriate youth assessment tools.** In the two instruments selected to comply with the state Department of Mental Health, Mental Retardation, and Substance Abuse Services' Prevention Performance Outcome Measurement System for the evaluation of programs for school-age youth, the Boys to Men program staff faced a barrier in the clarification and interpretation of the data and required technical assistance from the department. They noted in the year 2 grant application that they should have selected an instrument that was more user-friendly.
- ❖ **Lack of training and expertise in program evaluation.** There was no in-house expertise in program evaluation, particularly of a new program with several different youth development components.

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- ❖ **Changes to program design.** Each time the Boys to Men curriculums were changed, or the program design changed, the ability to evaluate program outcomes accurately was affected.

## **Institutionalization**

The process of institutionalizing prevention efforts includes sustaining key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies. This section describes the process of institutionalizing of the Title V initiative in Hanover County from 1999 to 2002 and discusses the county's institutionalization efforts.

According to the coordinator of prevention services and community education, the I CARE Youth Development Council, which started as an outgrowth of the Hanover County Forum on Drugs and Alcohol, matured during the period that it served as the prevention policy board for the Title V grant. According to one stakeholder, “[the Council evolved] from a concept to a real coalition.” Following the conclusion of Title V funding, the I CARE Youth Development Council continued to be an active organization in Hanover County. By 2002, the council had created a strong infrastructure and was prepared to pursue additional funding, such as the State Incentive Grant that it received in 2001.

The most significant ripple effect of Title V in Hanover County occurred in 2001, when the county was awarded a 3-year Virginia State Incentive Grant. The goal of the State Incentive Grant program is “the implementation of a network of neighborhood-based prevention programs for youth and their families that promote resiliency, healthy choices, and the reduction of youth alcohol, tobacco, and other drug use.” One of the key strategies in this grant was the implementation of afterschool programming for middle school youth. The Boys to Men program was included as an ongoing prevention strategy that would be funded by the State Incentive Grant.

According to the Hanover County coordinator of prevention services and community education, although the first three years of the Boys to Men program may have affected relatively few boys, it contributed to positive systematic changes in the county. It helped build new relationships among the community services board, schools, parks and recreation, and other stakeholders who now collaborate on the State Incentive Grants programs and other youth development programs (e.g., the Boys & Girls Club). Boys to Men also laid the foundation for using science-based programs and collecting data on youth and measuring results; it was the template for afterschool programs being implemented with the State Incentive Grant.

The Title V initiative had little impact on the level of communitywide monitoring and evaluation of prevention programs. However, ongoing data assessment is being conducted through the State Incentive Grant.

Two primary components of the Title V initiative in Hanover County, the prevention policy board (the I CARE Youth Development Council) and the prevention strategy (Boys to Men), were institutionalized by the end of the funding period. Even though the I CARE Youth Development Council was not actively involved in the planning or implementation of the Boys to Men program, its connection to the program, primarily through the coordinator of prevention services and community education, helped to establish new relationships with other county organizations. The Title V initiative was also a source of seed

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money for Hanover County to use in developing a prevention program based on the needs identified in the county prevention plan. The Title V funding allowed the county to experiment with program design and strengthen the program model into one that was replicated in 2002 as part of the countywide strategy for afterschool programs for middle school youth funded by the Virginia State Incentive Grants. Several factors contributed to the community's success in institutionalization:

- ❖ **Dedication to prevention efforts.** Despite a lack of training and prior experience in prevention planning and implementation, the I CARE Youth Development Council and the Boys to Men program staff were able to implement their projects—making mid-course changes when necessary. As a result, both were viable projects to fund when other sources of prevention funding became available.
- ❖ **Capitalizing on success.** Although no evaluation data were available to document positive outcomes of the I CARE Youth Development Council or the Boys to Men program, local media provided good publicity and anecdotal data on their successes. When funding opportunities such as the State Incentive Grants were available, it was possible to report on the county's anecdotal success and increased capacity.

## Interpretation

Hanover County is an example of a community where all stages of the Title V model were successfully completed, although it was not conducted as a single process. The coordinator of prevention services and community education, however, was able to create positive synergies between the activities of the I CARE Youth Development Council and the Boys to Men program that ultimately contributed to their sustainability. Throughout the Title V initiative, Hanover County benefited from the strong leadership of the coordinator of prevention services and community education, even with transition in that position at the beginning of year 3.

When the Title V initiative began in Hanover County, the county had a relatively new collaborative board that quickly began to tackle fairly complex tasks, such as collecting needs assessment data and supporting the development of new, locally developed prevention strategies. These tasks were more difficult for the council to perform without any formal training, but the council benefited from having members who were personally committed to the issue of prevention. Another advantage was that most of the needs assessment data collection and initial planning activities had been previously conducted by other local government organizations. In Hanover County, local needs assessments results were often shared with other organizations that could leverage the data in their own planning efforts. As a result, the I CARE Youth Development Council had access to up-to-date, reliable data for planning without having to burden its volunteer members with extensive data collection and analysis activities.

In Hanover County, the Title V grant provided funding for the Boys to Men Program at a time when county funding for prevention programming was limited. Although the Boys to Men Program was not research-based, it incorporated several science-based programs, including Responding in Peaceful and Positive Ways, Drug Free 2, Life Stuff, and Creative Conflict Resolution, and other youth development strategies, such as tutoring and mentoring. As a result of the Title V funding, Hanover County was able to test a new programming idea in the community, work through some program startup issues (e.g.,

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staffing, transportation, and evaluation), and develop a foundation for more sophisticated and expanded program implementation in future years.

The issues associated with setting up and implementing a new program took priority over setting up and implementing an evaluation in Hanover County. In fact, even if the county had wanted to evaluate the program, changes in program processes, implementation schedules, and participants in the first few years would have made it difficult to measure any valid and reliable outcomes. Even setting up pieces of a process evaluation, however, may have helped the County identify issues with implementation sooner and make more informed changes to the program design.

The receipt of the State Incentive Grant in 2001 solidified the institutionalization of the Title V activities (the Boys to Men program and the I CARE Youth Development Council) in Hanover County. The grant provided funds to the community to support and expand the prevention activities begun with the Title V funds. The primary components of the Boys to Men program are the same as when it was implemented with Title V funds, but now that the program is receiving State Incentive Grant funds, it is focused specifically on achieving the goals of the Hanover State Incentive Grant project: increasing youths' level of social competence, use of peer refusal skills, and knowledge of the risks associated with alcohol, tobacco, and other drug use. The size of the grant (\$100,000 per year for three years) also provides the I CARE Youth Development Council with more clout and recognition within the county. It has empowered the council to strive toward more ambitious prevention goals.

## **Summary**

The Title V initiative in Hanover County was a key step in developing and expanding collaborative, community-based prevention strategies. Although Title V was not implemented as a seamless process, overall, the process contributed to educating the I CARE Youth Development Council about community-based planning and implementation, while also providing seed money to test an innovative, locally developed prevention program. At the conclusion of the Title V initiative, Hanover County had not only a stronger council, but also a stronger infrastructure for countywide prevention planning and implementation.

## **Waynesboro/Staunton**

This case study documents the Title V process in Waynesboro and Staunton from the formation of its community prevention board in 1997 through the end of its Title V funding in June 2002. As the following sections describe, Title V fit within an existing structure for delinquency prevention planning in these communities.

This case study presentation begins with a brief community description and discussion of the role of Title V in Waynesboro/Staunton. It continues with presentations and discussions of the five stages of the Title V model as implemented in Waynesboro/Staunton: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. This section concludes with the evaluation team's interpretation of the data.

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## Brief Community Description

The Title V community of Waynesboro/Staunton encompasses these two neighboring cities in one of the largest counties in Virginia—Augusta County—which is nestled in Shenandoah Valley. The following demographic information is derived from 2000 Census data.

### Waynesboro/Staunton

**Funding period:** July 1999–June 2002

**Amount of Title V funding:** \$187,087

**Unit of local government:** City of Waynesboro

**Lead agency:** Waynesboro/Staunton Office on Youth

### Waynesboro

Waynesboro is a city of approximately 19,500 residents, with a median household income of \$32,686, well below the state median of \$46,677. Eleven percent of Waynesboro's families live below the poverty level. Approximately 14 percent of the residents are minorities (primarily African Americans), and 24 percent are children. Seventy-eight percent of adults age 25 and older have a high school diploma. In 2000, the school system served more than 4,300 children.

Factories provide the major source of employment in Waynesboro, and the community is heavily populated by retired factory workers. Interviews with key stakeholders described Waynesboro as a fairly stable, religious community, with approximately 60 churches serving its residents. Waynesboro also is viewed as having an abundance of low-income housing.

### Staunton

Staunton is a city of approximately 23,800 residents with a median household income of \$32,941; approximately 12 percent of the population lives below the poverty line. Seventeen percent of the residents are minorities (primarily African Americans), and 20 percent are children. Approximately 76 percent of adults age 25 and older have a high school diploma. In 2000, the school system served more than 5,300 children.

Factories and local universities provide two of the major sources of employment for residents of Staunton. Stakeholders described the community as fairly religious and conservative. Some stakeholders felt that, in general, community members were fairly uninvolved in, or apathetic about, community issues.

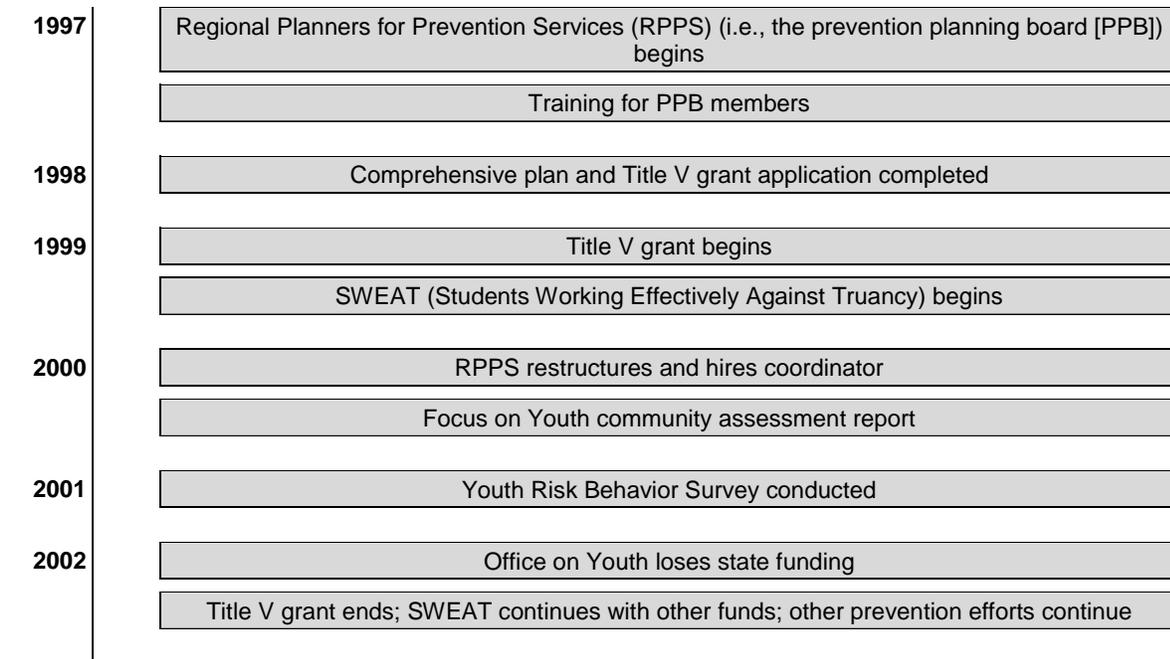
## Title V in Waynesboro/Staunton

The Waynesboro and Staunton communities have a number of years of experience with collaborative programming and with a multitude of prevention programs. Since the early 1990s, collaborative groups in these communities have focused on such issues as child welfare, teen pregnancy, parenting issues, and health and wellness. Prevention programs addressing such issues as child abuse, substance abuse, juvenile high-risk behaviors, and educational failure have existed for some time.

Rather than giving impetus to delinquency prevention efforts in Waynesboro and Staunton, Title V fit into an existing community structure for these activities. In particular, community mobilization,

collaboration, assessment, and planning activities occurred separately from Title V efforts. Title V funds were used to pay for a single program. A timeline for the Title V initiative is presented as figure 7.2.

**Figure 7.2: Waynesboro/Staunton Timeline for the Title V Initiative**



## Community Mobilization and Collaboration

The process of community mobilization and collaboration includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training. This section describes the process of community mobilization related to delinquency prevention in Waynesboro and Staunton from 1997 through 2002. It also describes factors that influenced mobilization and collaboration.

### Introducing Community Prevention to Key Leaders

Community prevention efforts were in existence in Waynesboro and Staunton for some time prior to Title V. The primary means of coordinating these efforts has been the Regional Planners for Prevention Services, a community prevention planning group formed in January 1997 under the auspices of the local community services board, a state agency providing numerous mental health, substance abuse, and delinquency prevention services.

### Prevention Policy Board

The Regional Planners for Prevention Services was identified as the prevention policy board for the Title V grant application. The board had little involvement in Title V activities, however. Board members provided letters of support for the Title V grant application and received periodic updates on

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the program funded by Title V, but they were not involved in the assessment and planning, implementation, evaluation, or institutionalization of the Title V efforts. This arrangement is generally how the planning group functioned overall: it provided support for new programs and shared information about programs, but it did not provide oversight or advice to individual programs.

The Regional Planners for Prevention Services is a multidisciplinary group of primarily human services agency representatives. It is co-facilitated by a prevention specialist from the community services board and a community agency representative. The primary purpose of the co-facilitation arrangement is to encourage buy-in from the community agencies. Community services board staff have stated that, although they are required by the state to sponsor the group, they want local agencies to be an integral part of the effort.

The vision of the planning group is “to ensure the provision of quality prevention services to the residents of Staunton, Waynesboro and Augusta County.” The group’s mission statement follows:

[Regional Planners for Prevention Services (RPPS)] is a team of community representatives devoted to identifying and unifying prevention services in the Staunton, Waynesboro, and Augusta County area. RPPS strives to identify community needs and provide for comprehensive prevention services, thereby promoting healthy and productive lifestyles for community residents.

The planning group has maintained a membership of 60 to 70 members since its inception; 20 to 30 members generally attend the meetings. Almost all of the members are representatives from local human services agencies and local governments, such as the Offices on Youth, Departments of Social Services, Boys & Girls Club, Big Brothers/Big Sisters, school systems, police departments, offices of elected officials, and other prevention coalitions. The board has attempted to recruit members from some of the hard-to-attract groups, such as faith communities, businesses, parents, and youth, but has not had much success. One stakeholder stated, “I would say that we are truly underrepresented by the faith community.... And we talked to ministers, lots of people from the faith community, and for whatever reason, they have just not been receptive to the idea.... Businesses too.”

During the early phases of the Regional Planners for Prevention Services (prior to the Title V planning period), community agencies struggled to understand its purpose and had concerns about sharing resources. One interviewee stated:

I don’t think [agencies] saw the utility and they thought that it was a waste of time, and frankly I think there were segments of the community that really felt like, “I don’t want to sit down at a table with folks and talk about resources, because what is mine is mine and they’re limited to begin with and I don’t want to lose what I already have....” That this is a community that has been very territorial and has not always worked well with one another.

Over the years, the group has addressed these concerns and has become a more structured, cohesive board. In general, it is a group that serves to link professionals in the community around prevention issues. The Regional Planners for Prevention Services has met monthly or quarterly, with an informal agenda. A keystone of the meetings is the community exchange, in which members share information

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about ongoing or upcoming programs to encourage participation or to seek assistance. Members have stated that this portion of the meetings is very valuable.

The functions of the planning group have evolved over time. From 1997 through 1999, the group employed a committee structure to focus on issues such as juvenile delinquency, teen pregnancy, and illiteracy. These committees became fairly inactive, and in January 2000, the group decided to restructure itself to focus on two primary issues: child and family development and adolescent risk factors.

Also in 2000, the planning group was awarded a state grant that it used to hire a coordinator. The coordinator provided some structure for the board by ensuring that agendas and minutes were completed and by conducting outreach activities to recruit new members. The coordinator also increased the board's capacity to conduct new activities, and the board elected to begin efforts to seek funding for community programs. Until this time, the group had served as a vehicle to support individual agencies' efforts in program development but had not sought to develop programs itself. None of the group's grant applications have yet been successful, but the group is continuing to engage in collaborative program development efforts.

### **Community Prevention Training**

In 1997, some board members received state training in the development of community plans. The director of the Office on Youth, the lead agency for Title V, is a member of the planning group and participated in the Title V-sponsored Communities That Care training prior to the submission of the Title V grant application. No subsequent trainings have been reported.

### **Factors That Influenced Mobilization and Collaboration**

Regional Planners for Prevention Services has been a vehicle for coordinating prevention efforts in Waynesboro and Staunton since 1997. A number of factors have contributed to the board's continuation and its successes as a networking mechanism:

- ❖ During the past few years, there has been an emphasis on strengthening the coordination of services among Waynesboro, Staunton, and Augusta County so regional concerns can be addressed rather than individual concerns. This emphasis has led to improved planning and better use of resources among the three jurisdictions.
- ❖ Waynesboro and Staunton are relatively small communities where most of the human services agency staff know each other. These relationships are often the foundation for successful initiatives.
- ❖ The planning group has continued to strengthen its relationships with other prevention-oriented collaborative boards such as the Community Health Forum sponsored by the local hospital. This relationship sparked a joint effort to conduct a needs assessment that provided valuable information for both groups.

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- ❖ The use of the state grant to hire a coordinator provided more structure for the board and enabled it to engage in more focused activities aimed at enhancing the network of prevention resources in the community.

Although the planning group has enjoyed some successes, it has also experienced some challenges during its evolution. Overcoming board members' concerns about "losing" resources through sharing of information required considerable energy, as did educating them about the value of the process. In addition, the group's momentum has slowed periodically because of turnover of the facilitators, members' busy schedules (which influence their choices to attend meetings), and a lack of focus. Finally, the board has had difficulty attracting members from certain segments of the community.

Overall, the planning group seems to have evolved into a cohesive, functioning board that provides its members with valuable networking opportunities. Members are increasingly becoming more active in their support of others' programmatic and data collection activities.

## **Initial Assessment and Planning**

The assessment and planning phase includes conducting a community needs assessment and developing a comprehensive 3-year delinquency prevention plan. This section describes delinquency prevention assessment and planning activities in Waynesboro and Staunton in 1998 and 1999 and discusses factors that influenced them.

Most of the assessment and planning activities discussed in the Title V grant application were conducted separate from, and prior to, specific Title V efforts. In 1998, the Office on Youth, a local government agency that provides many delinquency prevention programs, through its Youth Commission, conducted a needs assessment and developed a communitywide prevention plan. The office had been required by the state to develop a Comprehensive Plan for Delinquency Prevention and Youth Development every 6 years (recent state budget cuts have eliminated this mandate). The Regional Planners for Prevention Services had no involvement in the assessment and planning activities referred to in the Title V application, although it engaged in other, similar efforts.

### **Identifying Risk Factors, Resources, and Prevention Programs**

Rather than conduct a new assessment for Title V, the Waynesboro and Staunton communities chose to use the Office on Youth's comprehensive plan that had been completed in August 1998. The plan included a needs assessment that combined archival data from local agencies with results from a public opinion survey, an agency survey, and youth focus groups and surveys in which respondents were asked to identify and rank the importance of problems in the community. The archival data were collected specifically for the problems noted in the survey results. The assessment also included a comprehensive list of area programs and resources. This information led to the identification of a number of "priority problems" for each community.

For the Title V initiative, the relevant problems in Waynesboro and Staunton were academic failure, dropping out, and truancy. Dropout rates were lower than the state average, but the proportion of students failing the state's Literacy Passport Test was consistently higher than the state average. The various surveys and focus groups conducted as part of the needs assessment also indicated that many

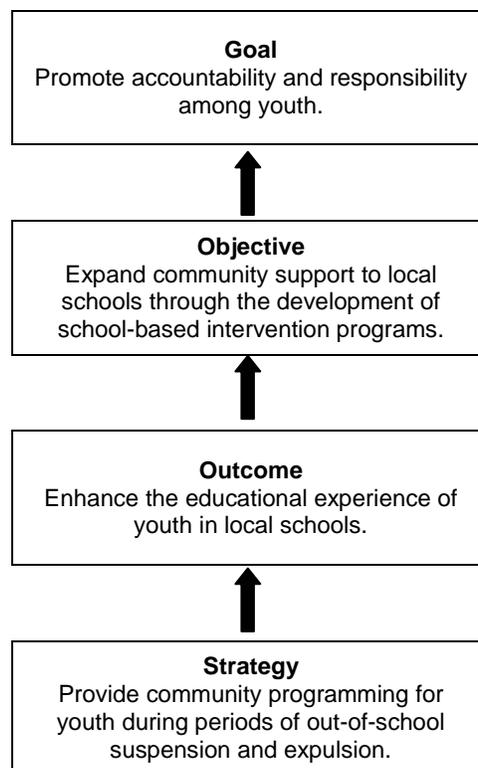
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believed that school issues were a serious problem. Other priority problems in the communities included violence and crime; teenage sex, pregnancy, and sexually transmitted diseases; and child abuse and neglect.

### Developing a Comprehensive Prevention Plan

The comprehensive plan developed by the Office on Youth in 1998 contained numerous goals, objectives, outcomes, and strategies for addressing the identified problems. Two of the communities' goals were "empower parents to embrace their role" and "encourage community responsiveness to youth issues." The relevant goals, objectives, outcomes, and strategies for the Title V initiative are presented in figure 7.3.

**Figure 7.3: Waynesboro/Staunton Title V Prevention Plan**



Staff from the Office on Youth developed the Title V grant application to seek funds for implementation of a strategy alluded to in the plan. The grant application did not serve as the comprehensive plan, since the office had already developed one. Instead, the application summarized the community's characteristics, collaboration activities, and planning process, and proposed to implement an innovative program serving suspended students. The program was titled SWEAT (Students Working Effectively Against Truancy).

Rather than selecting a research-based strategy, staff from the Office on Youth designed their own program. The structure of SWEAT was similar to that of an earlier program operated by the office that served expelled students. On the basis of this experience, the office proposed a program of daily

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supervision and activities for suspended students that would include tutoring, counseling, and community service. In addition, participants would receive referrals to other services as needed and followup visits from program staff after their return to school. Office on Youth staff had consulted with local school administrators to design the SWEAT program.

### **Factors That Influenced Assessment and Planning**

The primary factor facilitating the assessment and planning process for the Title V initiative was the existence of the Office on Youth's comprehensive plan, which provided the required needs assessment information and overall planning structure. One of the challenges during this process was concern in the community about whether the data would confirm their own perspectives on the communities' problems. One stakeholder said:

People in the beginning, and probably still now, felt very threatened about the data. And because . . . and maybe every community is this way, but this community almost had a phobia about it, I think, because they were very concerned that what they thought they knew in their hearts to be a problem for their community, that the data would not support it and that they did not agree with the data . . . . So . . . we worked backwards. We let the community come together and brainstorm: "What do you guys think the problems are in our community?"

Overall, the assessment and planning activities were consistent with the Title V model, even though there was no connection between the two. The assessment included much subjective data, but it also included objective data, and the plan was very comprehensive.

### **Implementation of Prevention Strategies**

The implementation of prevention efforts includes initiating prevention services and activities and identifying and leveraging other resources for prevention. This section describes the implementation process for the Title V initiative in Waynesboro and Staunton from July 1999 through June 2002 and discusses factors that influenced it.

The Waynesboro/Staunton community received 3 years of Title V funding, from July 1999 through June 2002, in the amount of \$187,087. Matching funds of \$105,237 brought the total budget to \$292,324. Funds were requested for a specific program that would address a gap in services identified in the comprehensive plan. The City of Waynesboro was the official applicant for the grant, and the local Office on Youth was the lead agency for the program. Office staff had developed the comprehensive plan (including a communitywide needs assessment) and had written the Title V grant application. The program was designed and implemented by Office on Youth staff; the Regional Planners for Prevention Services had no involvement in these activities.

Title V funded the SWEAT program. As stated in the original grant application, the purpose of the program is "to prevent future suspensions" and "to enhance youth academic performance." SWEAT provides supervision and structured services in two locations to middle and high school students who have been suspended for 3 to 10 days. The services provided have included tutoring, informal and formal counseling, community service work, referrals to other services, and followup visits. Some

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flexibility existed in implementation, but the program was generally operated as planned during the grant period. It typically served between 250 and 300 students each year.

The SWEAT program began in September 1999, coinciding with the beginning of the school year, 2 months after receipt of the grant. Initially, it focused its services on students from the Waynesboro and Staunton school systems and accepted some students from the Augusta County school system. During the grant period, the number of students accepted from Augusta County schools was increased to expand the program's reach and increase the number of students served.

Students are primarily referred to SWEAT by school administrators at the time of a suspension. Students and their parents are given information about the SWEAT program, and administrators may encourage participation, but the program is voluntary, and the decision to participate is left to the students and their parents. Schools have supported referrals to the program by including information about SWEAT in the standard letter that is sent to all parents of suspended students. Probation officers working with suspended students also make referrals and have used the program as leverage against the students' being placed in a detention facility.

During the Title V grant period, the SWEAT program operated two sites, one serving Waynesboro and Augusta County students and the other serving Staunton and Augusta County students (Augusta County students attended the program in the location most convenient for them). The locations of the programs were moved in attempts to find the most suitable space for the type of services provided.

Staffing for the programs centered on each site's program coordinator, who coordinated and provided most of the services, including tutoring, informal counseling, coordination of community service work, and coordination with the schools. The program coordinators were assisted by part-time tutors, who helped in all areas as needed.

SWEAT's structure has remained, for the most part, intact over the years, but changes in staff and improvements and challenges in some areas have resulted in variations in emphasis among the various components. For example, the tutoring services received less emphasis during the first year because of difficulties in obtaining the students' school assignments. Improvements in this process have resulted in more relevant tutoring sessions, during which the students are able to receive assistance with their actual assignments rather than generic learning opportunities. Formal group counseling had been emphasized more during the first year, but challenges in this area resulted in a decision to eliminate this component in the third year. The challenges included finding qualified counselors who would provide onsite services, the time needed to transport students to off-site counseling services, and concern that the group counseling sessions were not meaningful for short-term participants (e.g., those suspended for just 3 days).

Another area of change involved the community service work. Beginning in the second year of the grant, the program coordinators at the two SWEAT sites have had differing philosophies about the purpose of community service work. One director has used the community service work component as more of a "punishment" or as a consequence for the misbehavior that resulted in the students' suspensions. This director's work assignments have included cleaning a gymnasium and raking leaves. The other director has used the community service work component as an opportunity to do something meaningful, to encourage a connection between the participants and a caring adult, and as an

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opportunity for the participants to assist others and gain a sense of accomplishment. This director's assignments have included tutoring young children in a local elementary school, assisting at a recycling plant, and helping elderly residents with various chores.

In general over the 3-year period, the program was operated in the manner in which it was planned. Accommodations were made as needs arose, and directors were given flexibility to run the programs as they saw fit within the general program outline.

### **Identifying and Leveraging Other Resources for Prevention**

The Office on Youth successfully leveraged resources from a number of sources to support the Title V-funded SWEAT program. Staunton and Waynesboro contributed some funds; the Office on Youth designated some of its state funds from the Virginia Juvenile Crime Control Act grant to the program; and the Office on Youth provided significant in-kind contributions, such as office space, use of a van for transportation, and administrative support.

### **Factors That Influenced Implementation**

In general, the program operated in the way it was intended. Stakeholders mentioned a number of factors that facilitated successful implementation. One factor mentioned was qualified and engaged staff; many believed that the SWEAT program coordinators were performing well. Another factor mentioned was the support of the Office on Youth. The resources brought to bear by the office, such as its office space and the use of its van, helped enormously. A third factor mentioned was the support of the schools. For the most part, the schools making referrals to SWEAT were very supportive. They approved a letter describing SWEAT that was to be given to the parents of all suspended students, and most school vice principals encouraged participation in the program.

A number of challenging factors were also mentioned. Getting students' schoolwork from the schools was difficult, especially for high school students, who had work from several different classes and teachers. Some schools were more cooperative than others in devising strategies to overcome this challenge, for example, using guidance counselors to coordinate with teachers and the SWEAT program regarding students' assignments. Another challenge was providing meaningful counseling sessions. Numerous problems existed with the formal counseling component, and it was ultimately discontinued. Stakeholders also discussed a lack of parent support. Program staff believed that they could be serving many more students if parents were more supportive. Many staff believed that some parents allowed their children to decide whether or not they would participate, and many students preferred to spend their suspensions at home.

Overall, the SWEAT program has operated quite successfully. It has provided services as planned and has allowed for the flexibility required to adapt to changing situations. Staff have worked diligently to address the challenges they have faced, and they have been more successful in some areas than others.

## Monitoring and Evaluation

The monitoring and evaluation stage of the Title V model theoretically should include several activities, including conducting program evaluations of each prevention strategy, evaluating the Title V initiative as a whole, and reassessing community indicators. This section describes these activities for the Title V initiative and for larger community efforts in Waynesboro and Staunton from July 1999 through June 2002. It also discusses factors that influenced these activities.

Office on Youth staff were interested in conducting a meaningful program evaluation, and they improved in their ability to do so during the grant period. No evaluation of the overall Title V initiative was conducted. The Regional Planners for Prevention Services had no involvement in the program evaluation activities. It did, however, have involvement in efforts to gather and update communitywide data on risk factors and juvenile problem behaviors during and beyond the grant period.

### Monitoring and Evaluating Program Activities

The Waynesboro/Staunton Title V initiative conducted an evaluation of the SWEAT program that examined both process and outcome indicators. Staff were challenged to find meaningful, realistic outcomes that were feasible to measure. These measurements are presented in table 7.3; a discussion of accomplishments follows.

**Table 7.3: Percentage of SWEAT Program Process and Outcome Objectives Met in Years 1 Through 3 in Staunton (ST) and Waynesboro (WB)**

Objectives	Year 1 (%)		Year 2 (%)		Year 3 (%)	
	ST	WB	ST	WB	ST	WB
Provide services to 25–35% of eligible students	37	23	26	21	42	21
Provide tutoring to 95% of participants	100	100	100	100	100	100
Provide professional counseling to 75% of participants	62	47	66	71	N/A	24
Provide referrals to 10% of participants	32	63	30	52	8	43
Provide three followup contacts to 90% of participants	60	62	70	67*	90*	88*
See that 50% of participants turn in school work	N/A	N/A	N/A	N/A	100	92
Prevent repeat suspensions for 50% of participants	72	37	74	76	90	90

\*These measurements record the percentage of participants who received one or more contacts, not three or more stated by the objective.

One of the primary process measurements of SWEAT has been the proportion of all eligible students that were served by the program (eligible students are those suspended from local middle and high schools for 3 to 10 days). In the belief that the program needs to serve a significant proportion of eligible students to be considered cost effective, program staff established an objective of serving 35 percent of

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all eligible students. The Waynesboro site, in particular, struggled to meet this objective, and its objective was lowered to 25 percent in the third year. Some of the reasons for the difficulties Waynesboro encountered were, to some extent, out of its control. For example, there may have been some inconsistency in school administrators' encouragement of student participation, and it is not known how strongly parents encouraged their children to participate. Furthermore, some schools had significantly higher numbers of suspended youth than others, making the benchmark harder to reach. For example, in the third year, there were a total of 265 suspensions in Waynesboro schools and 184 in Staunton schools.

Other SWEAT process objectives were set to measure the proportion of participants who received various program components, such as tutoring, referral, counseling, and followup services. In general, the program was successful in providing tutoring and referral services to the expected number of participants. It was not successful in providing professional counseling at the level hoped for, however, and ultimately discontinued this service. SWEAT staff also had struggled to meet the objective of providing at least three followup contacts to participants, and began recording the proportion of participants who received at least one followup contact. They did not change their objective to match this revised measurement, however.

In the early phases of the program, the staff hoped to achieve outcomes related to reduction in students dropping out of school. As one staff member noted, "Long-term, I hope kids graduate from high school and become successful citizens." After some discussion, SWEAT staff realized that, because of the short duration of the program, long-term outcomes such as these were unlikely to be achieved. Staff then hoped to show that SWEAT participants had a lower re-suspension rate than did suspended students who did not participate in SWEAT. Early analyses of these numbers indicated, however, that SWEAT participants actually may have a higher rate of re-suspension. Staff speculated that this result may be due to the fact that local probation officers frequently refer suspended students who are on probation to SWEAT as an alternative to placing them in juvenile detention. This may result in the SWEAT population having a greater representation of "high-risk" youth, as compared to suspended students who do not participate in SWEAT. If this is the case, higher rates of re-suspension could be expected. Finally, SWEAT staff chose to set preventing re-suspensions among participants as an objective. Specifically, the outcome was to "prevent the occurrence of one or more repeat suspensions for at least 50 percent of program participants in the 12 weeks of school following the termination of their suspension." For the most part, the program exceeded this outcome. However, no data were collected on the previous rates of suspension for the students involved, so it is not known whether this outcome represents an improvement for the participants.

Staff also began to consider more immediate outcomes SWEAT could be expected to achieve. They believed that participation in SWEAT could influence students to complete and turn in homework following their suspensions. They generally believed that students who are unsupervised during their suspensions do not exhibit these behaviors with regularity. In the third year, staff added the outcome "50 percent of students will turn in schoolwork upon their return to school." This outcome was exceeded, but no data were gathered on a control group, so it is unknown if this outcome is due to the program's influence.

Other outcomes were discussed and discarded because of difficulties in gathering data. For example, some staff believed that the program would reduce the level of juvenile crime and juvenile problem

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behaviors (such as drug and alcohol use and sexual activity) during students' suspensions, but data on these activities were not available. Staff also discussed the possibility that SWEAT services could impact participants' grades, but it was believed that collecting these data would be impossible because of the resources needed and confidentiality issues.

### **Ongoing Assessment**

In addition to its Title V efforts, the community updated its needs assessment data and its Comprehensive Prevention Plan. In 1999, the Augusta Medical Center Community Health Forum, a collaborative group focused on health issues, joined with the Regional Planners for Prevention Services to sponsor a youth needs assessment in Waynesboro, Staunton, and Augusta County. The resulting report, published in 2000, is titled *Focus On Youth*. Data were gathered from agency reports, and the Youth Risk Behavior Survey was implemented in the Waynesboro and Staunton school districts. An informal assessment of youth developmental assets also was conducted at this time. Some of the problems revealed in the data include high levels of youth tobacco and alcohol use, high teenage pregnancy rates, and high rates of juvenile crime. Some of the notable youth developmental assets included youth reporting they have positive values (such as liking to help others) and high levels of love, support, and encouragement from their families.

On the basis of the *Focus On Youth* results and other input, the Regional Planners for Prevention Services established a comprehensive plan for the period 2001 through 2003. The plan contains eight goals. Corresponding risk factors, indicators, objectives, protective factors, strategies, lead organizations, and support resources are identified for each goal. The goals include reducing youth tobacco use, teen pregnancy rates, and juvenile crime rates and increasing students' commitment to school and community awareness of youth substance abuse. The SWEAT program is not one of the strategies identified in this plan.

### **Community-Reported Impacts**

No local evaluation of the community's prevention efforts or Title V initiative has been conducted; however, interviews with stakeholders provided anecdotal evidence of the impact of some of their activities. Stakeholders said that having the Regional Planners for Prevention Services has enabled them to build a coalition that has been influential in supporting agencies' program efforts. The planners group also has been instrumental in accomplishing communitywide needs assessment and planning activities. The planners group was pivotal in gaining buy-in from all of the local school systems to ensure that the needs assessments were comprehensive. The information gathered during these activities has since been used by agencies in program development efforts. One stakeholder felt that the needs assessments have also increased community awareness of youth issues.

Interviews with stakeholders also revealed some specific thoughts about the impact of SWEAT, the Title V-funded program. Anecdotally, SWEAT seems to have had some positive impacts on the program participants, schools, and the community. For example, some stakeholders believed that SWEAT kept suspended students positively engaged in activities during their suspension and possibly prevented some delinquent acts that students might have committed if they had been left unsupervised. Another stakeholder felt that SWEAT helped suspended students accomplish schoolwork, which often goes undone when suspended students are unsupervised. Finally, one stakeholder felt that SWEAT helped

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establish “connections” among the participants and Office on Youth staff, who were able to identify and make referrals for other needed services. Some quotes from interviews with program staff and stakeholders illustrate these anecdotal outcomes:

We kept kids off the streets.

The schools were definitely satisfied because they now had something to offer parents whose kids had been suspended. The parents were satisfied because they didn’t have to deal with their kids during the day when they were suspended. The kids were satisfied; they found it to be a safe place.

The main impact that SWEAT has had is that it kept suspended kids positively occupied. It prevented youth from committing other delinquent acts while they were suspended. Students kept up with their schoolwork, although that required a lot of coordination from the schools. SWEAT gave the lower risk kids the opportunity to realize what they did and rethink their behavior. SWEAT allowed the [Office on Youth] staff to make good connections with the kids. The SWEAT staff made youth referrals to other programs offered by the [Office on Youth]. Not sure how much of what they accomplished is measurable.

### **Factors That Influenced Monitoring and Evaluation**

Many factors influenced the Waynesboro/Staunton community’s program evaluation and communitywide assessment activities. The SWEAT staff’s interest in evaluating program effectiveness facilitated the SWEAT program evaluation efforts, but these efforts were hindered by a lack of resources to conduct the evaluation or hire an evaluator and by a lack of staff with the requisite knowledge and skills. One stakeholder discussed the challenge in this way:

We’re interested in whether or not something is working because we don’t want to waste time or we don’t want to waste resources.... We are trying to evaluate our programs, but we’re not getting a lot of support. Unless it’s a grant-funded program, with money built in for evaluation, we’re on our own trying to evaluate programs.

Evaluation efforts were also hindered by an inability to collect some data, such as participants’ grades, from the schools.

The community’s evaluation efforts have been facilitated by human services agencies’ and school systems’ increasing interest in gathering data documenting needs and resources. They also have been helped by an occasional receipt of funds from the state, funds the community has used to conduct assessment activities. Factors hindering the community’s efforts include the loss of state funds for the Office on Youth and the loss of the state mandate for the office to conduct comprehensive assessments every 6 years. In spite of these hindering factors, the Regional Planners for Prevention Services and other groups seem to be committed to finding the means to continue conducting communitywide assessment activities.

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## Institutionalization

Institutionalization of prevention efforts includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies beyond the Title V grant. This section describes Waynesboro/Staunton's experiences with institutionalization following the end of their Title V grant in June 2002 and discusses factors that influenced their institutionalization efforts.

As stated earlier, the Regional Planners for Prevention Services, the group that was identified as the prevention policy board for the Title V grant, began before Title V, functioned separately from Title V, and has continued beyond Title V. Its role has evolved since its inception in 1997, but it continues to serve as the community's collaborative prevention board. The hiring of a coordinator provided the board with opportunities to function more consistently and to formalize its planning and program development activities. Budget cuts may result in the loss of the coordinator, however, and the level of the board's activities may therefore be reduced.

Communitywide delinquency prevention assessment and planning activities had also begun prior to Title V and are continuing. Although the Office on Youth is no longer required to conduct an assessment and develop a comprehensive plan, the community services board recently acquired funds that they chose to use to conduct the Youth Risk Behavior Survey in the public schools. The community services board coordinated this effort through the planning group and used group members to assist with survey implementation and reporting. For the first time, the Augusta County school system participated in the survey. One planning group member stated that, "Getting the [Youth Risk Behavior Survey] into Augusta County schools had been another dream and now has been accomplished." The community services board hopes to be able to repeat this survey periodically to measure changes in youth risk behaviors. Doing so has the potential to provide the community with valuable data to use in planning and would be evidence of this community's commitment to delinquency prevention assessment and planning.

The Title V-funded program, SWEAT, has secured funds to continue, but at a funding level that is less than the level provided by the Title V grant. Sources of SWEAT funds include:

- ❖ A 1-year Drug-Free Communities grant.
- ❖ A portion of the Office on Youth's allocation of Virginia Juvenile Crime Control Act funds.
- ❖ Maximization of funds drawn from the Department of Social Services.
- ❖ In-kind contributions from the Office on Youth, including staff resources and a van.
- ❖ In-kind contributions from the Augusta County government, including office space.

During the first year beyond the Title V funding, SWEAT is continuing and has, in fact, expanded to include more youth from Augusta County schools. But the level of programming and the future of the program beyond this year are uncertain. Attempts have been made to secure funding from other sources, including the local school systems, local allocations of federal funds, and state grants, but it is unknown if these efforts will be successful.

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Several factors seem to have facilitated institutionalization of all the components of the Title V model in Waynesboro/Staunton. These include leadership, stakeholders' interest and buy-in, and strengthened relationships among agencies. Leadership was mentioned by a number of stakeholders, particularly in relation to maintaining the Regional Planners for Prevention Services. Having a person to coordinate the efforts has been key to Waynesboro/Staunton's success. In some instances, stakeholders felt that the key to the community's success was a specific person with strong leadership skills and a positive reputation in the community. Leadership of the Title V program, in terms of the agency director and the SWEAT program coordinators, was also cited as a facilitating factor. The agency director applied her skills in management and collaboration to ensure the smooth functioning of the program, and the program coordinators were described as being effective in relating to students and responsive to the schools.

Another factor that influenced institutionalization was interest—when key people want something to happen, they work harder to make it happen. Data from the interviews indicate that, in each component (community mobilization, assessment and planning, and implementation), there are people who are committed to the success of the process and are working hard to keep it going. One example is the community services board's designation of flexible funds for use in community needs assessment.

A third facilitating factor was the strengthening of relationships among key agencies. Stakeholders felt that improved relationships among agencies involved in the planning group facilitated new community assessment activities, and collaboration between the Office on Youth and the schools facilitated continuation of the SWEAT program.

The primary factor hindering institutionalization is resources. In each case, the struggle for resources has the potential to have a negative effect on the community's ability to continue its work. The resources needed to continue the planning group's coordinator position, the community assessment activities, and the SWEAT program are all uncertain.

## **Interpretation**

Title V was not a driving factor for the delinquency prevention activities in Waynesboro and Staunton. These communities already had a structure in place to mobilize community members, conduct assessment and planning activities, and implement prevention strategies. Title V funds were simply used to fund a program the community wanted to implement. Even though Title V was not influential in the overall structure, the components of the Title V model are present in this community. One stakeholder stated that the factors that helped Waynesboro/Staunton get Title V funds (i.e., the Regional Planners for Prevention Services and the community's comprehensive plan) would have existed with or without Title V. The SWEAT program, however, would not have been implemented without Title V.

The Waynesboro/Staunton community had begun mobilizing community members for delinquency prevention activities prior to their introduction to Title V. The community board that was formed to address delinquency prevention, the Regional Planners for Prevention Services, has been in existence since 1997 and was identified as the prevention policy board for the Title V grant application. The planning group has been influential in facilitating coordination among the service agencies. Evidence of its influence is apparent in collaborative assessment activities, grant applications, and program efforts.

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Regional Planners for Prevention Services is continuing beyond the Title V grant period. It seems firmly rooted and is, in fact, evolving into a more active board than it had been. Its existence and activities were mentioned as strengths of the community numerous times in interviews.

The Waynesboro/Staunton community's mobilization and collaboration efforts are somewhat consistent with the Title V model, but there are also differences. For example, the community did have a collaborative community prevention board, but this board was only minimally involved in the Title V initiative, rather than integrally involved as called for in the model. The board members did receive some training in community prevention planning, but this training was limited, and only the Title V lead agency director participated in the Title V-funded training curriculum. It is difficult to say whether greater board involvement in the initiative or more training for the board members would have resulted in improved assessment, planning, implementation, evaluation, and institutionalization of the Title V initiative (the SWEAT program). The board does seem to have been a facilitating factor in some of these areas on a larger scale. Regional Planners for Prevention Services has been credited with such successes as:

- ❖ Strengthening relationships among community agencies and between schools and community agencies.
- ❖ Conducting community assessment activities.
- ❖ Developing communitywide prevention plans.
- ❖ Supporting existing prevention programs and developing new programs to fill gaps in the service delivery system.

Overall, the community's mobilization and collaboration efforts seem to have been quite successful and are continuing to be strengthened as the role of the planning group evolves.

Waynesboro/Staunton's communitywide needs assessment and comprehensive plan were developed prior to Title V planning efforts. The Office on Youth's comprehensive plan, on which the Title V grant was based, was thorough in that it provided information about the community's needs and followed through with goals, objectives, strategies, and existing resources available to meet the identified needs. One of the problems with this plan, however, was that it relied heavily on opinion surveys of public agencies, youth, and the general public to identify needs. Objective data were gathered to define these needs, but it is likely that other needs existed in the community that were not explored using objective measures. As a result, attention and resources may have been focused on problems not supported by data as the most significant problems in the community.

The Title V program, SWEAT, is clearly related to the comprehensive plan and is designed to address identified problems. It is not, however, a research-based program with proven results. Rather, it is an innovative program for the community that is testing out a new system of services. Title V, however, recommends using proven or promising strategies to increase the likelihood of successful outcomes. Stakeholders did not speak directly to the rationale for this choice, but it appears that Title V was simply a funding mechanism used to implement a program design the community believed would address its needs.

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This community chose to use its Title V funds to fill a gap in its service delivery system by implementing SWEAT, a program providing supervision and structured activities to suspended students. The implementation strategies seemed well constructed. The community:

- ❖ Selected a program that filled a gap in services identified in the comprehensive plan.
- ❖ Sought dedicated, qualified staff.
- ❖ Sought support from their primary stakeholders, the school systems.
- ❖ Designed a service array to address the problems as they saw them.
- ❖ Leveraged other resources to enhance the program.
- ❖ Made efforts to address challenges, such as transportation and obtaining participants' school work.
- ❖ Connected the program participants to other prevention programs in the community as needed.

Overall, the implementation strategies seem to be one of the greatest strengths of Waynesboro/Staunton's Title V initiative. One of the primary factors contributing to this success seems to be the program's leadership. The Office on Youth Director has worked in these communities for some time and has nurtured many strong relationships with local agency, school, and government administrators. Her knowledge of community needs, skill in program design and management, and ability to work well with other agencies were key factors in the SWEAT program's successes.

The Waynesboro/Staunton community monitored its Title V program implementation (SWEAT), but it was challenged to evaluate the outcomes of this program effectively. On a larger scale, the community has improved its ability to assess community risk factors, but it has not attempted to use these communitywide assessments to measure the impacts of specific initiatives.

On the basis of interview data, the SWEAT program seems to have been fairly successful, but because program evaluation was lacking in some areas, it is challenging to make this assertion with certainty. The staff were diligent in their evaluation efforts, but were hampered by a lack of training, expertise, and access to data. They also found it difficult to establish outcomes that were realistic, meaningful, and measurable. For example, program staff wanted to measure the program's impact on participants' rate of turning in homework and re-suspension. They were able to gather these data for participants, and the outcomes were positive, but they were not able to gather comparison data and, therefore, were challenged to state the program's impact on the outcomes. Other possible outcomes were discarded because of a lack of available data. These challenges in program evaluation are not entirely unexpected, given the state's lack of guidance and training regarding evaluation and the community's lack of resources for evaluation.

On a larger scale, the Waynesboro/Staunton community has conducted several communitywide assessment and planning activities, including the Regional Planners for Prevention Services' and the AMC Community Health Forum's Focus on Youth assessment. Coordination of these activities seems to be improving. Various agencies had conducted these activities in the past, but the planning group seems to be facilitating collaboration in these areas effectively so communitywide assessments and plans are conducted with the input of many agencies rather than as separate activities. Resources may be one of the driving factors for these collaborative assessment activities. The loss of state funds for the Office on Youth limited that agency's ability to update its own comprehensive plan, but the receipt of funds by the Community Services Board, the lead agency for the Regional Planners for Prevention Services, offered

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an opportunity for the planning group to spearhead efforts to conduct the Youth Risk Behavior Survey in local schools.

Those conducting the assessments and plans—whether a single agency or a group of agencies—have generally been comprehensive in gathering information to identify needs and following through with goals, objectives, and strategies. The latest Focus on Youth report also addressed issues of youth developmental assets or protective factors, and the reports have generally addressed issues communitywide, looking at a variety of needs and strategies across the spectrum.

One area of notable improvement is access to and use of objective data to document needs. The 1998 comprehensive plan used in the Title V application began with community perceptions and used data to document identified concerns. The 2000 Focus On Youth report was more data driven, but Waynesboro/Staunton was not able to gather all the data it needed (the Augusta County schools had not agreed to implement the Youth Risk Behavior Survey along with the Waynesboro and Staunton school systems). There has been growth in this area, and the Augusta County schools have since implemented the Youth Risk Behavior Survey to provide data necessary for the comprehensive assessments.

The progress made in this area has been significant. Some of the leading prevention agencies had discussed early challenges in convincing others of the need for comprehensive assessment and planning, but more agencies seem to be supportive of these efforts. A reduction in agency resources may have had a negative impact on the efforts of some agencies, but this circumstance may also have encouraged more collaborative efforts. With the commitment of key community agencies, such as the community services board and the Office on Youth, it seems that monitoring, assessment, and planning activities will continue to be strengthened.

Overall, this community is sustaining its community prevention planning efforts and the Title V-funded program. The Regional Planners for Prevention Services, the community board that served as the Title V prevention policy board, continues to function and evolve. Greater commitment to data-based, communitywide assessments and plans is evident. And the Title V program, SWEAT, is continuing to provide services. The program's long-term future is uncertain, however, because a stable funding source is lacking. It is possible that better implementation of the earlier phases may have strengthened efforts to institutionalize the program. For example, if the planning group had been more involved in the program's planning and implementation, the members may have had a greater sense of ownership for the program and that might have spurred efforts to find continuation funding. If the program had been better able to evaluate its effectiveness, staff might have been more successful in convincing the local governments or the school systems to provide ongoing financial support.

## **Summary**

Overall, the Waynesboro/Staunton and Augusta County communities seem to have built a solid infrastructure for community delinquency prevention efforts, and they continue to strengthen their approaches. Although Title V did not play a noticeable role in these activities, the spirit and components of Title V are clearly evident. For example, the Regional Planners for Prevention Services is improving collaboration among agencies, and this improvement is, in turn, strengthening assessment, planning, and program implementation activities. And community members are using resources creatively to carry out their desired activities. The primary challenge facing this community in relation to the Title V model is

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evaluation: the community appears to have strong systems and programs in place, but has yet to document its successes reliably. Better evaluations could be facilitated by more guidance and evaluation training from the state and by dedication of resources to evaluation. This community has proved itself to be creative and persevering, and if its progress in other areas is any indication, it can be expected to improve in this area as well.

## **Title V in Virginia: Concluding Remarks**

In general, Virginia implemented the Title V model with fidelity, albeit with varied, and changing, levels of emphases on various components. For example, the state initially allowed communities to select which trainings, if any, they wished to attend. Only later did the state require interested communities to attend the package of Title V trainings. The state also shifted from setting state-level priorities to allowing communities to identify and focus on local needs. At the same time, the state shifted from allowing communities to implement innovative programs to requiring implementation of promising practices. Although the national evaluation was not tasked with evaluating the impact of these policies statewide, they generally appear to bode well for the communities based on the assumptions of the Title V model.

One of the key aspects of Virginia's implementation of Title V was the emphasis on coordination of Title V with other prevention initiatives; both communities participating in the national evaluation did so. Although this approach made it somewhat difficult to evaluate the communities' Title V initiatives specifically, it did provide valuable insight into the incorporation of Title V into existing efforts. In both cases, the existence of community prevention boards, needs assessments, and plans prior to Title V seemed to ground these efforts more solidly and contributed to their continuity beyond Title V. The communities' resources and support for prevention were not tied to Title V funds, but were rather larger efforts to which Title V funds contributed.

The two Virginia communities' Title V initiatives shared many similarities in that each community:

- ❖ Based its Title V application on an existing community prevention board, needs assessment, and comprehensive prevention plan.
- ❖ Used Title V funds for a single program to fill a gap in services identified in the plan.
- ❖ Implemented a locally designed program rather than a research-based program (although Hanover did use some evidence-based curricula within its program).
- ❖ Was committed to program evaluation and showed improvement in evaluation skills, but struggled to carry out a successful evaluation plan.
- ❖ Institutionalized its prevention policy board and Title-V funded program.

In addition, each community's prevention policy board had little involvement in the Title V funded program, and each board evolved over time to become more formal, structured, and effective in its coordination of community prevention efforts. Although both boards began to engage directly in

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program design and implementation efforts, only Hanover was successful in obtaining targeted grant funds to do so.

One of the more challenging areas for the state and communities was evaluation. Although the state has provided optional evaluation training and technical assistance, the communities continued to struggle with this because of a number of issues, including a lack of resources, knowledge, ongoing support, and ability to measure meaningful indicators of success. Improvements were made during the period of the national evaluation, and the state's requirement for implementation of promising programs may further strengthen this.

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## Chapter 8: Lessons Learned

As one of the first comprehensive, community-based prevention programs, Title V offered a unique opportunity for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and others in the field of prevention to observe as hundreds of communities nationwide attempted to translate theory into practice. In the early years of Title V, and still to some extent today, representatives from potential Title V communities had to learn the risk- and protection-focused delinquency prevention model, a model with which most were wholly unfamiliar. However, the challenge did not stop with learning the model. Once communities were familiar with the model, community representatives then had to discern how to implement it within the context of their own unique circumstances. Some communities struggled and some failed, but others negotiated the Title V model successfully, reaping its benefits at the local level with increased collaboration, reduced duplication in services, and better prevention programming. Along the way, as more and more communities applied for Title V funding, these different scenarios provided OJJDP with learning opportunities, including the opportunity to identify the conditions under which communities could negotiate the Title V model successfully and those under which they could not.

This chapter examines issues related to the program model and its evaluation. These issues stem not just from the experiences of the national evaluation communities, although their experiences contributed immensely, but also from the experiences of the national evaluation team, OJJDP program and administrative staff, and the technical assistance providers who have interacted and worked with hundreds of Title V communities nationwide. The discussion also includes lessons learned through the implementation of the national evaluation. Some lessons are common to any comprehensive, community-based initiative; others are more specific to the Title V experience. These lessons can be used to refine the Title V program model, inform future prevention initiatives, and add to the growing body of research on “what works” in comprehensive, community-based prevention planning.<sup>1</sup>

### Program-Related Issues

The Title V risk- and protection-focused approach to delinquency prevention was based on persuasive evidence from early communitywide efforts in the health field showing that a risk reduction and protection enhancement approach to preventing unhealthy behaviors is effective. Early studies demonstrated the effectiveness of comprehensive, communitywide programs in reducing risks for heart and lung disease by persuading people to change their behaviors in such areas as diet, exercise, and smoking. As researchers increased their understanding of the risk factors associated with juvenile delinquency, attempts were made to generalize the risk- and protection-focused approach to delinquency prevention to see if it might be as effective in reducing juvenile delinquency as it was in reducing heart and lung disease.

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<sup>1</sup>In 2000, OJJDP hired a new training and technical assistance provider, Developmental Services Group (DSG). One of their first major tasks was to revise the Title V training curriculum. The new curriculum, in presenting a more balanced and integrated approach to prevention planning than the previous curriculum, addresses many of the issues outlined here. Although some communities continue to struggle to implement local prevention efforts under Title V, the new and vastly improved training curriculum (and related materials and tools) has assisted many communities nationwide to achieve success in implementation. Improvements to Title V training and technical assistance are described in greater detail below (see OJJDP’s Response to Emerging Issues).

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In the early 1990s, rising levels of serious adolescent crime and victimization underscored the compelling needs of families and communities for a comprehensive approach to address juvenile crime and delinquency. In response, OJJDP developed the Comprehensive Plan for Serious, Violent, and Chronic Juvenile Offenders, of which Title V would be the prevention component. OJJDP selected a risk- and protection-focused approach as its delinquency prevention model because of its strong empirical basis and systematic approach to community-based, collaborative assessment and planning. In 1994, when it was introduced nationwide, the Title V program embodied the key elements of what was known to be effective in prevention. In addition, as one of the first comprehensive, community-based prevention initiatives designed to address delinquency using a risk- and protection-focused framework, it was not clear early on if, or under what conditions, communities could embrace and implement such a model.

To assess the impact of the Title V model, in early 1995 OJJDP awarded Caliber Associates a contract to conduct a process and outcome evaluation of the Title V program model. Over time, the evaluation provided OJJDP with numerous opportunities to learn from the experiences of Title V communities as they negotiated the implementation of the Title V model—experiences that were mostly unanticipated, but that were used to refine the model and shape training and technical assistance activities. From these experiences, several issues regarding the implementation of the Title V program model emerged, including:

- ❖ Title V means different things to different communities.
- ❖ Scope plays a role in success.
- ❖ Comprehensive, community-based prevention planning can be difficult to understand and implement.

Each of these program-related issues is discussed in the following paragraphs.

## **Title V Means Different Things to Different Communities**

Because the Title V model is built on four key stages required of all subgrantees, it was expected that in its implementation, Title V would have more similarities than differences across communities. Generally, all communities implement each of the four stages to a greater or lesser extent. It is the manner in which they implement each stage, however, that differs across communities. These differences can often be attributed to a community's previous exposure to comprehensive prevention planning when it is introduced to Title V and its unique prevention needs. For communities like Norfolk and Valentine, NE, Title V was their first introduction to community-based, data-driven prevention planning. In these communities, Title V was the force that drove the communities to develop prevention policy boards, conduct risk and resource assessments, and write 3-year delinquency prevention plans. Having no previous exposure to this type of model, these two communities were mobilized by the opportunities Title V presented. In Waynesboro and Hanover, VA, however, Title V meant something very different. Having been engaged in other comprehensive planning initiatives before their introduction to Title V, these communities had long ago mobilized around some other federally or state-funded prevention effort. To them, Title V was nothing more than a funding vehicle to implement

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activities to fill a local service gap; however, this did not diminish Title V’s contribution to their local prevention efforts. Both sets of communities were equally appreciative of the opportunities the Title V grant afforded them. It is simply that these opportunities, and Title V’s influence on them, were defined in relation to each community’s starting point.

The implementation of Title V-funded prevention strategies also looked different across communities. Based on locally driven risk and resource assessments, communities selected strategies to meet their needs. For some communities, like West Ottawa, MI, and Windsor, VT, this meant communitywide system change efforts. For other communities, such as Hanover and Waynesboro, VA, and Kaneohe, HI, it meant implementation of one or more specific prevention programs. Although various interpretations of a single model may appear to some as a shortcoming, the flexibility of the Title V model was seen early on to be one of its greatest strengths—a strength that is evident in the national evaluation communities’ ability to adapt the model to effectively meet their own unique circumstances.

## **The Role That Scope Plays in Success**

It is not enough for communities’ prevention plans to be comprehensive. These plans must also be reasonable enough that implementation is possible. The experiences of the national evaluation communities have shown that a reasonable plan generally means communities are trying to affect no more than three risk factors and are implementing no more than two or three prevention strategies. Communities that attempted to implement plans that were too ambitious, such as in Kaneohe, HI, Middlebury, VT, and the two Pennsylvania communities, experienced only partial success in implementation. Because of the lack of focus that often accompanies overambitious efforts, these communities also tended to have plans that were always evolving and had more difficulty with sustainability than communities that had more manageable plans. Sustaining an initiative can be challenging enough when there are only a few programs to institutionalize. Attempting to institutionalize multiple strategies, some of which are not fully implemented, requires effort and resources over and above what would be required to institutionalize one or two programs or strategies.

## **Understanding and Implementing the Title V Model**

Many stakeholders across communities talked about having to lay extensive groundwork before community and agency representatives could really understand and embrace the Title V model. Even in communities that had participated in OJJDP-sponsored Title V training, making the transition from theory to practice was sometimes difficult. For example, community representatives in several of the national evaluation communities noted that it is one thing to understand the concept of collaboration, but it is something altogether different to try to implement it with real people in actual community settings. In addition, having subscribed to “program first” thinking for years, agency representatives also reported a reluctance on the part of some prevention policy board members to embrace a more comprehensive planning model that emphasized “assessment first, program planning later.” Although these issues were more frequently reported in communities where Title V represented the first time community members had been brought together for comprehensive collaborative planning, more experienced communities also were challenged in the translation from theory to practice.

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Communities also must possess the skills—such as leadership, strategic planning, and community organizing—required to implement the Title V model. These skills are more difficult to learn than such technical skills as data analysis and interpretation, but are critical to successful implementation of the model. In addition, in many of the national evaluation communities, developing these skills while navigating such practical constraints as limited resources and turf issues among agency representatives proved most challenging to implementation. Finally, some communities reported that the Title V requirements (e.g., mobilizing, assessing, implementing, and monitoring) were even more difficult to achieve in relation to the small amount of grant money available to many grantees. Although planning grants in states such as Michigan and Pennsylvania helped to ease the difficulties associated with implementing planning activities without added financial resources, the challenges inherent in translating the model from theory to practice often remained. Nevertheless, grantees that were able to stay the course reported that the resulting community changes were well worth the effort.

## **Program-Related Lessons Learned**

The challenges described here are not necessarily unique to the Title V program. Challenges related to the scope of an initiative in particular are well documented in the literature on comprehensive, community-based initiatives. In addition, it is no secret that comprehensive models can be difficult to translate from theory to practice, especially when one considers the variation of community characteristics and the personalities of the individuals involved. Although challenging, these issues identify a set of “lessons learned” that can help OJJDP and future Title V communities implement the model successfully. These lessons include:

- ❖ Broadening the definition of “success.”
- ❖ Encouraging communities to start small and build on successes.
- ❖ Providing ongoing training and technical assistance to help communities understand and implement the program model.

Each of these is discussed in detail in the following sections.

### **Broadening the Definition of “Success”**

Title V means different things to different communities. In the context of the national evaluation, this difference was most often attributable to the fact that communities start in different places. That is, in some communities, Title V represents the first foray into comprehensive prevention planning. In others, Title V may be the second, the third, or, for example, in Waynesboro, VA, the fifth time the community has applied for a comprehensive planning grant requiring a process similar to Title V. What is important is that for the less experienced communities, the Title V model was more evident because each stage was initiated and completed as part of the Title V process; no other process was in place. For the communities with more experience, the Title V model was less evident and, in a few communities, appeared nonexistent. For example, interviews for the national evaluation revealed that some of the prevention policy board members in Hanover, VA, did not know what Title V was and so were unable to discuss its influence on their community prevention efforts. Was this indicative of a community that

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failed to implement the Title V model? Technically, the answer is yes. Hanover, VA, did not implement the Title V model, per se. Hanover had, however, implemented a model very similar to Title V, including having developed a long-term prevention plan in response to a state-sponsored substance abuse prevention initiative. This initiative, around which the community mobilized for the first time, had begun a few years before the community coordinator was invited to apply for Title V funds. Hanover had mobilized, conducted a community assessment, identified prevention strategies to meet its identified needs, and had implemented them—although not as a part of the Title V grant process. In fact, the Hanover prevention board was so successful that, at the time Title V came along, it was both institutionalizing existing prevention activities and, based on the findings of their most recent community assessment, looking for funds to support prevention activities in underserved communities. The Title V grant allowed the community to fill a gap in its existing prevention plan, which had been developed prior to Title V.

The lesson learned from the experience of Hanover, VA, and other communities like it is that considering the full community context when assessing the success of their efforts is important. Had the national evaluation team used a narrow vision of success to judge the Hanover community, one that did not include their previous experiences, it would have come to a very different conclusion about Hanover's ability to plan and implement a comprehensive prevention initiative. Instead, the team used the community's previous efforts and current standing to help interpret its use of the Title V grant. By broadening the definition of success to include the full community context, the team was able to put Title V into perspective in this community and realize its success.

## **Encouraging Communities To Start Small**

Because the Title V model is complex, especially for communities that have little experience with it, encouraging and supporting communities to develop manageable plans is important. Over time, as they become more familiar with managing a comprehensive prevention plan, including reassessing community risk and protective factors, communities can modify or enhance existing efforts or, when a gap in service or new target population emerges, put new programs and strategies in place.

## **The Importance of Training and Technical Assistance**

Comprehensive planning models can be difficult to translate from theory to practice. As a result, communities need access to ongoing opportunities for training and technical assistance. Throughout the national evaluation, and in interactions with many other Title V communities, the importance of training and technical assistance was obvious. In Nebraska, for example, where communities had no Title V training, their ability to effectively understand and implement the model was limited. Even in Pennsylvania, where training is mandatory and all Title V grantees receive it, community representatives in Northampton and Fayette Counties still struggled (although to a much lesser extent than the Nebraska communities) to implement the model effectively.

A funding agency that recognizes the importance of effective training and technical assistance is essential. OJJDP not only has provided training and technical assistance to states and communities from the beginning of the Title V grant program, but it has continued to refine the training curriculum and expand technical assistance activities in response to issues that have emerged at the state and local levels

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over time. Throughout the evaluation, OJJDP program staff listened carefully to the issues emerging from the experiences of the national evaluation communities and took the information seriously. With the hiring of a new training and technical assistance provider in 2000, the training curriculum was revised again with input from state and community representatives nationwide. In addition, technical assistance activities were developed and made available to individual communities to meet their unique circumstances. The provision of ongoing, targeted training and technical assistance will continue to influence the success of future Title V communities.

## Evaluation Issues

As indicated in the case study presentations (see chapters 2–7), most of the communities participating in the Title V national evaluation struggled to develop and implement local evaluation plans. As evidenced by the experiences of the OJJDP Title V manager and the technical assistance providers, and as documented over the years in the Title V Reports to Congress, this struggle is not exclusive to the national evaluation communities: Evaluation has posed a challenge for Title V communities since the early days of the initiative. What is the struggle about? During the implementation of the national evaluation, several issues at the program, state, and community levels emerged that help explain the struggle. These issues are presented in detail in the following section.

### Program-Level Issues

First, there is the issue of how well evaluation was built into the program model. Risk-factor tracking was built into the program model as part of the “Institutionalization and Monitoring” stage, but many communities did not track their risk factors over time. There seem to be several reasons for this failure. For example, risk-factor tracking was not mandated, and states did not hold communities accountable for reporting these data. More important, however, is the issue of scope.

Compared with other, similar initiatives, Title V subgrants can be considered a moderate to small amount of money. In the national evaluation states alone, grants have ranged from \$520 in one Nebraska community to \$283,000 in a Michigan community. On average, nationwide, most subgrants are around \$65,000. As a result, program strategies are often being implemented in sites with very small populations, sometimes as small as 30 to 50 children or parents. Even in communities that receive sizable subgrants, prevention strategies generally target one or two areas of a community (e.g., schools, neighborhoods, groups) rather than the community at large. For this reason, a gap frequently exists between the levels at which risk factors occur (e.g., city or county) and the levels at which program strategies are being implemented (e.g., schools and neighborhoods). As a result, communities are often not likely to see changes in their risk factor data and they may, therefore, not see the value of tracking these data. Furthermore, because of its emphasis on tracking risk factor data, the Title V model does not emphasize local program evaluation.

Given the issues related to scope, perhaps communities’ evaluation efforts would have been more successful if they had received support to develop and implement rigorous program evaluations. Having program evaluation data would have allowed communities to make theoretical links between program outcomes and reductions in risk factors without having to track risk factors over time.

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## State-Level Issues

State-level factors also emerged in relation to the evaluation challenge. In fact, in many states, the evaluation struggle began with the application process, whereby request for proposal guidelines were too vague to translate into rigorous evaluation plans. Although federal guidelines require each state Title V grant application to include “quantified objectives and baseline measurements of identified risk factors,” the states must interpret and articulate this requirement into local grantee requirements. In most states, the State Advisory Group (SAG) or the Title V Coordinator or prevention specialist is responsible for translating the federal Title V Program Guideline (*Federal Register*, vol. 59, No. 146) into a request for proposal package that includes guidelines and requirements for evaluation.

In many states, SAG members and other state program staff do not have research or evaluation backgrounds and, as a result, are unable to write guidelines specific enough to translate into a rigorous evaluation at the local level. For example, one state’s evaluation guidelines consist of the following phrase: “A plan for collecting data for the measurement of performance and outcome of project activities.” Another state has guidelines that read: “Eligible participants must provide an evaluation plan that contains program objectives, supportive data, and a description of the measurement and analysis techniques.” Still other states merely request that potential grantees submit “a plan for evaluating activities under Title V.” These general requests provide little guidance to potential grantees, especially those inexperienced and unfamiliar with evaluation, which is often the case. In addition, because the guidelines are vague, they are subject to interpretation and often result in evaluation plans that are inconsistent in design and data collection specifications.

The evaluation struggle often continues once grantees receive Title V funds. In addition to helping grantees develop and implement local evaluation plans, the states are responsible for holding grantees accountable for having these plans in place and for reporting evaluation findings. In many states, a Title V coordinator or prevention specialist is responsible for monitoring Title V grantees, including ensuring that they meet state reporting requirements. Because staff are not required to be knowledgeable about research or evaluation issues, however, many are not. As a result, staff do not know what constitutes a rigorous evaluation plan and, therefore, cannot hold grantees accountable. In addition, many state agencies are reluctant to withhold grant funds from communities when they do not meet minimum requirements. Without consequences, communities are less likely to meet requirements.

Another difficulty is holding grantees accountable for evaluation plans other than those that are approved in their grant application—plans that are frequently vague and include outcomes that are not measurable. For example, in reviewing the evaluation plans of one of the Vermont communities, the national evaluation team noted that its goals and objectives were not measurable. Having presented these same goals and objectives in their state quarterly reports for 2 years without protest, the project coordinator was unwilling to modify or change them. She believed that if the plan had not been acceptable, the state program manager would not have approved the progress reports and the applications for continuation funding.

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## Community-Level Factors

Community-level factors also play a role in the struggle to evaluate programs. As is the case in many community-based programs, the priority at the local level tends to be program implementation, not evaluation. This preference develops and tends to go unchallenged for several reasons. First, most of the individuals involved in Title V-sponsored programming at the local level are administrators of direct service-providing agencies or direct service providers. As such, they tend to be more interested in implementing programs and working directly with children and families than in collecting data and reporting on outcomes. Second, many direct service providers, having degrees, experience, and training in service delivery, are not particularly knowledgeable about evaluation. Without adequate knowledge, developing, let alone implementing, a rigorous evaluation plan is difficult. Third, service delivery is often a labor-intensive job, frequently requiring service providers to balance their time between program activities and logistics and administrative tasks. Service providers and project coordinators often report that these activities leave little time (or energy) for evaluation activities.

Besides the labor involved, direct services also are expensive to maintain. The resources available to support them come most often from grant funds (i.e., funds that tend to have time limitations and other restrictions). As a result, stakeholders and administrative and program staff often spend inordinate amounts of time searching for continuation funds. In the national evaluation communities, prevention policy board members, project coordinators, and program staff frequently spent as much time identifying sources of continuation funds as they did engaged in administrative tasks and direct service provision. This constant struggle for funds not only reinforces the focus on service delivery, but also draws attention away from other important tasks, including evaluation. A member of one of the Vermont communities compared this situation to Maslow's Hierarchy of Needs, noting: "If you do not have food, clothing, and shelter, you are not likely to be worried about self-esteem and spiritual enlightenment."

## Training-Related Factors

The issue of training also affects evaluation efforts. OJJDP built training (including evaluation training) and technical assistance into the Title V program and set aside funds to support it, but the training is limited. States struggle to offer Title V training frequently enough to maximize participation. As a result, some Title V grantees receive no training at all. Additionally, because evaluation is a complex and multifaceted science, it is difficult to develop a basic training session that covers the full range of evaluation-related topics, and covers them in enough depth for participants to learn them all. Instead, Title V training covers basic evaluation concepts and skills without giving attention to, for example, how to translate basic concepts and skills into a local evaluation plan. In addition, the Title V training curriculum focuses on tracking risk factors rather than evaluating programs.

OJJDP provides opportunities for communities to receive additional and individualized evaluation training and followup technical assistance through its training and technical assistance contractor, but many communities are unaware of these opportunities or simply do not take advantage of them, sometimes because they are not sure what kind of training they need. In addition, someone in the community must spearhead the effort, whether by mandate or otherwise, and be willing to develop and oversee the evaluation, often without being paid to do so. The national evaluation found that in many cases, community members did not have the time nor the expertise to develop and manage the

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evaluation and, without additional resources, could not hire a local evaluator (although many never considered this option). Finally, those communities that attempted to implement a local evaluation were often unable to manage it over time, even with ongoing training and technical and moral support from the national evaluation team.

## **Evaluation of Lessons Learned**

As with the program-related issues, the challenges described here are not necessarily unique to the Title V program. In the past 10 years, the study of comprehensive, community-based initiatives like Title V has provided ample evidence to support the challenge of evaluation at the local level. Despite the challenges that evaluation presents for state-level staff and grantees, the lessons learned from the Title V national evaluation suggest ways to encourage states and local grantees to prioritize evaluation and support its development and implementation at the local level. These lessons include:

- ❖ Emphasizing program evaluation and risk-factor tracking.
- ❖ Building state-level evaluation capacity to monitor and support local-level evaluation.
- ❖ Mandating evaluation and set-aside funds to support it.
- ❖ Requiring the use of evidence-based programs.

Each of these is presented in detail in the sections that follow.

### **Emphasizing Program Evaluation and Risk-Factor Tracking**

Risk factor tracking was built into the Title V model as the evaluation component. Specifically, communities are instructed to measure risk factor indicators (e.g., juvenile arrests, incidence of child abuse and neglect) before and each year after implementing Title V-sponsored prevention strategies. Given the issues outlined in section 3.1, the mismatch between the scope of most Title V initiatives and the level at which risk factor data are available (i.e., implementation is occurring with target populations that are too small to effect change in county- or city-level indicators), communities should be encouraged to focus, perhaps primarily, on program evaluation. Implementing rigorous program evaluations would allow communities to document program outcomes that could then be linked, if only theoretically, to anticipated changes in risk factors—changes that might not appear for many years. Modifying the training curriculum to emphasize risk-factor tracking and program evaluation—and the links between the two—during the planning process might facilitate more rigorous local evaluation plans. Linking the two at the outset could also reinforce the idea that program planning and evaluation should occur simultaneously. In addition, emphasizing program evaluation might provide opportunities to collect outcome and impact data for future national evaluation efforts, something that was not possible during this evaluation study.

### **Building State-Level Evaluation Capacity To Support Local-Level Evaluation**

It is not fair to expect grantees to plan and implement local evaluation plans without support and guidance from the individuals who are required to monitor them. Throughout the national evaluation,

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community representatives sometimes turned to state-level prevention staff for guidance regarding evaluation. In many cases, this query was met with a suggestion to apply for training and technical assistance, which is both appropriate and helpful; however, training and technical assistance opportunities are limited. With approval, communities can receive up to 10 days of OJJDP-sponsored training and technical assistance each year. In the interim, community members would also benefit from support from state representatives who are knowledgeable about evaluation. Although it may be unrealistic to expect that state staff also are evaluators, local capacity could be increased if state staff had enough knowledge to help communities translate state evaluation requirements into local evaluation plans.

## **State Monitoring To Encourage Local Evaluation Efforts**

To ensure that evaluation capacity exists at the local level, communities need financial resources and access to ongoing evaluation training and technical assistance opportunities. OJJDP continues to invest in training and technical assistance, modifying the training as necessary and developing new tools to enhance capacity. Communities also might benefit from more rigorous evaluation monitoring at the state level, however. From the experiences of participants in other initiatives similar to Title V, anecdotal evidence suggests that monitoring can play a supportive rather than adversarial role in helping communities plan and implement local evaluation activities. Holding communities accountable for implementing local evaluation activities and reporting findings, and enforcing consequences on those that fail to meet specific requirements, has shown some success in recent years. To monitor effectively, however, state staff need to be knowledgeable about evaluation, as discussed above.

Accountability alone may not produce desired results. Accountability standards enforced by a supportive and responsive staff person who understands implementation issues in general, and those imposed by the local community context in particular, may hold the most promise. In Michigan, Pennsylvania, and Vermont, where the juvenile justice or state prevention specialist has both knowledge about evaluation and positive working relationships with the local grantees, community representatives were less negative about evaluation and reporting requirements. They also reported feeling confident that should their state representative have concerns about their local initiative, he or she would not only discuss it with the community but also help them find solutions.

## **Mandating and Funding Evaluations**

If communities are to be held accountable for implementing evaluation plans, evaluation must be mandated at both the federal and state levels and mechanisms must be put in place to hold communities accountable for submitting evaluation plans and reporting evaluation results. In addition, if evaluation is going to be a priority, communities should be required to set aside a certain percentage of their subgrant award for evaluation activities, a strategy that has proven successful in other federal initiatives. In addition to providing communities with the resources to hire a local evaluator, this requirement also reinforces the importance of evaluation at the outset. Invariably, project directors and coordinators across communities report a reluctance to spend money that is targeted for direct services on evaluation activities.

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## Requiring the Use of Evidence-Based Programs

To support evaluation efforts and ensure that communities implement research-based strategies in the future, OJJDP will continue to require adherence to a research-based approach. Local subgrant applications will be reviewed for inclusion of a comprehensive delinquency prevention plan that is data-driven. Applications will be reviewed for inclusion of prevention strategies shown through research to be exemplary, effective, or promising in reducing risk factors and enhancing protective factors associated with delinquency. Local communities will be required to include plans for service coordination and colocation and innovative collaboration approaches. OJJDP will continue to support technical assistance and training on programming, including the enhancement of the Plan and Program Development training. By requiring research-based programs, communities will be more likely to demonstrate positive outcomes. In addition, because most research-based programs come with evaluation plans, choosing to implement them facilitates evaluation efforts.

## OJJDP's Response to Emerging Issues

As mentioned previously, Congress established the Title V Community Prevention Grants Program in the 1992 reauthorization of the Juvenile Justice and Delinquency Prevention Act of 1974. In 1994, the first Title V communities were funded. From the very beginning, OJJDP offered training and technical assistance to help build state and local capacity to plan and implement Title V efforts. Over time, however, as more and more communities had the opportunity to apply for and receive Title V funds and plan and implement local initiatives, issues began to emerge that helped OJJDP and the national evaluation team identify factors that were helping and hindering communities' ability to implement the model successfully. In response, OJJDP continued to revisit and refine the training and technical assistance activities available to help states and local communities implement the model successfully. With the hiring of a new training and technical assistance provider in 2000, both the training and its availability to potential grantees have improved substantially.

The new training curriculum, initially implemented in 2000, presents a more integrated, balanced approach to prevention planning and implementation than the previous training by combining risk- and protection-focused prevention with community asset building. In addition, the new curriculum was developed with input from more than 30 state juvenile justice specialists, resulting in a curriculum that is flexible enough and can be customized to meet the specific needs of participating communities and includes a variety of risk- and protection-focused models.

The new curriculum also places a stronger emphasis on selecting and evaluating research-based prevention strategies. To assist communities in these activities, three tools have been developed: the Model Programs Guide, the Model Programs Guide Database, and the Community Data Collection Manual. The Model Programs Guide and Database contain detailed information on more than 250 evidence-based prevention programs and is used by communities to locate programs that meet their identified gaps. OJJDP also has taken steps to more heavily market the training curriculum and its other training resources to states and communities, increasing its visibility and the number of community requests for it. Development Services Group, Inc., the Title V training and technical assistance contractor at the time of this writing, reported that training requests increased from 162 communities participating in Title V training in 2001 to 367 communities in 2002.

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In addition to improvements in the training curriculum, OJJDP also has invested resources in training state-level representatives to implement the training more effectively. For example, OJJDP, in its annual regional training sessions, developed and implemented training sessions designed to assist state juvenile justice specialists and other state prevention staff with Title V-related activities such as writing a request for proposal that clearly articulates the Title V program requirements, planning pregrant training sessions to coincide with state funding cycles and maximize participation, and mandating pregrant training as a prerequisite for Title V application. In combination, these efforts demonstrate OJJDP's ongoing commitment to using evaluation feedback in decisionmaking and planning and to helping communities plan and implement effective prevention initiatives.

## Conclusion

With each passing year, the Title V Community Prevention Grants Program continues to evolve. From its inception in 1992 to the completion of the national evaluation in 2002, OJJDP has learned a great deal about how communities plan and implement local prevention efforts. In response, OJJDP has refined the program model and developed and implemented new and improved training and technical assistance activities to support efforts at the state and local levels. In addition, communities have become more experienced in implementing this type of planning model. In 1992, Title V was one of the first comprehensive risk- and protection-focused prevention planning models; now it is difficult to identify a federal or state social service agency that is not supporting one or more comprehensive, collaborative initiatives. It is equally challenging to locate a community that is not currently or has not previously been engaged in this type of planning model. As a result, communities have become better at collaborating, assessing local needs, identifying appropriate strategies, and institutionalizing and evaluating local efforts.

Despite its evolution, however, progress remains to be made. Communities continue to report that turf issues interfere with successful collaboration; that community assessment data is difficult to access, analyze, and interpret; that research-based programs do not meet their local needs; and that evaluation is not feasible because it takes too much time away from service delivery. In addition, variations in local community contexts and the personalities of the individuals involved, combined with the complex nature of the Title V model, practically guarantee that new issues will emerge in time. As presented here, however, new issues provide opportunities for additional learning, and additional learning allows for ongoing refinement of the model and improvement to training and technical assistance activities.

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