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REPORT

EXECUTIVE SUMMARY

APPI Cross-Site Evaluation: Interim Report Executive Summary

March 27, 2015

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Suggested citation:
Hargreaves, Margaret B., Natalya Verbitsky-Savitz, Samantha Penoyer, Michaela Vine, Laura Ruttner, and Alena Davidoff-Gore (2015). *APPI Cross-Site Evaluation: Interim Report*. Cambridge, MA: Mathematica Policy Research.

This interim report is available at http://www.appi-wa.org/ or http://www.mathematica-mpr.com/our-publications-and-findings/publications/APPI-Cross-Site-Evaluation-Interim-Report.

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ACKNOWLEDGMENTS

This interim evaluation report was made possible through the contributions of many individuals and organizations. The Mathematica evaluation team would like to thank the ACEs Public-Private Partnership Initiative (APPI) leadership team and five APPI sites listed below for their considerable time and effort providing direction and feedback to the project. We also appreciate the participation of the many individuals and organizations in the evaluation's site visits in 2013 and 2014. This evaluation also would not have been possible without the generosity and financial support of Casey Family Programs, the Empire Foundation, the Bill and Melinda Gates Foundation, and Thomas V. Giddens, Jr. Foundation. We thank Representative Ruth Kagi and other Washington state legislators for their support of the ACEs work.

In addition, we thank the following Washington State agencies for their permission to use key data sets: the Washington State Department of Social and Health Services Research and Data Division (for CORE-GIS data), the Office of Superintendent of Public Instruction (for student behavior reports), the Department of Health (for Healthy Youth Survey data) and its Center for Health Statistics (for Behavior Risk Factor Surveillance System data), and the University of Washington School of Social Work's Partners for Our Children Data Portal team (for Children's Administration data). We are also indebted to Laura Porter and colleagues at the Foundation for Healthy Generations for the important information they provided regarding the work and research of the Family Policy Council.

Finally, we acknowledge and thank the evaluation team's consultants, Dr. Anthony Biglan, Ms. Patricia Bowie, Dr. Pennie Foster-Fishman, and Ms. Aimee White, for their expert assistance with the design and implementation of the evaluation, including their facilitation and contribution to the December 2013 and July 2014 evaluation retreats with the APPI team, evaluation webinars, and their input on the choice of county-level indicators used in the evaluation's contextual analysis.

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[a] This table lists both voting and non-voting members of the APPI leadership team who contributed time and effort to the APPI evaluation.

EXECUTIVE SUMMARY

A. Introduction

Family Policy Council legacy. In 1992, the state of Washington enacted legislation creating an interagency Family Policy Council (FPC) to carry out "principle-centered systemic reforms to improve outcomes for children, youth, and families." Additional legislation in 1994 authorized the FPC to create local networks to address specific issues: child abuse and neglect, domestic violence, youth violence, youth substance abuse, dropping out of school, teen pregnancy, youth suicide, and out-of-home placements of children in the child welfare system. In 2001, the FPC began to educate local leaders about the consequences of exposure to toxic stress during child's development, the underlying causes of problem behaviors, and health problems that contribute to intergenerational patterns of problems occurring in communities. In 2002, the FPC began conducting network trainings on findings of the latest epidemiological research on adverse childhood experiences (ACEs), which linked childhood trauma and toxic stress to increased risk of harm to children and adults (Figure ES.1).[1] The networks were encouraged to disseminate the research into their communities, integrate developmental neuroscience and ACEs findings into their work, and adopt a dual-generation approach to reducing the rates of major social problems. After the FPC was defunded in 2011 and the networks lost their FPC funding in 2012, less than half (18 out of 42) of the networks were able to continue their work supported by non-FPC funds.

Figure ES.1. The ACE Pyramid

Source: Centers for Disease Control and Prevention

[1] ACEs are 10 categories of childhood adversity involving child abuse (physical, emotional, and sexual abuse); child neglect (emotional and physical neglect); and growing up in a seriously dysfunctional family (with alcohol or other substance in the home; a mentally ill or suicidal household member; the loss of a parent through separation, divorce, or death; incarceration of a household member; and witnessing domestic violence) (CDC 2014a).

APPI background. In 2013, the ACEs Public-Private Initiative (APPI)—a Washington State consortium of public agencies, private foundations, and community organizations—was formed to reduce children's exposure to toxic stress; ACEs; and their social, health, and economic consequences (APPI 2013a). To advance the study of effective community-based ACEs prevention and mitigation initiatives, APPI awarded three-year grants to five sites: the Coalition for Children and Families of North Central Washington (NCW), Okanogan County Community Coalition, Skagit County Child and Family Consortium, Walla Walla County Community Network, and the Whatcom Family & Community Network.

APPI evaluation. APPI also hired Mathematica Policy Research to conduct a retrospective evaluation of the initiatives. The evaluation was designed to answer a central question: "Can a multifaceted, scalable, community-based empowerment strategy focused on mitigating or preventing ACEs succeed in producing a wide array of positive outcomes in a community, including reduction of child maltreatment and improvement of child and youth development outcomes?" The evaluation is studying (1) the initiatives' contexts, (2) the strategies they used to build community capacity to reduce ACEs and increase resilience, (3) how the sites used their capacity to trigger community change at multiple levels, (4) how these changes are shifting local conditions in ways that may affect ACEs and resilience, and (5) potential lessons about how to increase the effectiveness and cost savings of such initiatives. This interim cross-site evaluation report addresses the first three subjects. The final evaluation report, due in late 2015, will address the final two topics.

B. Contextual Dynamics

The APPI sites are located outside Seattle in rural counties with small core cities bounded by significant geographic features, which influenced the design and operation of the APPI sites (Figure ES.2). Their relative isolation contributed to a sense of agency and self-reliance among the sites, creating a favorable climate for collaboration. The large geographic area and low population density of their counties led two sites to concentrate their activities in the core towns of their regions, while the other three sites targeted their efforts in select areas, such as at-risk neighborhoods or one or two schools, throughout their counties. Local economic realities and political dynamics affected the sites' access to local funding and local policy advocacy efforts. The state's economic downturn in 2009 affected all of the sites; it created a sense of urgency to help affected families, but it also resulted in funding cuts for some prevention services.

Figure ES.2. Map of APPI Sites

Source: Mathematica Policy Research

The APPI initiatives have been trying to shift community conditions in dynamic environments, which also have been changing in ways unrelated to the efforts of the initiatives. To understand these dynamics, the evaluation analyzed state and county trends in 30 indicators of ACEs-related risk and protective factors over a 10-year period (2002 to 2012). For many indicators, county trends were not statistically different from statewide trends, but there were some exceptions (this is not an exhaustive list):

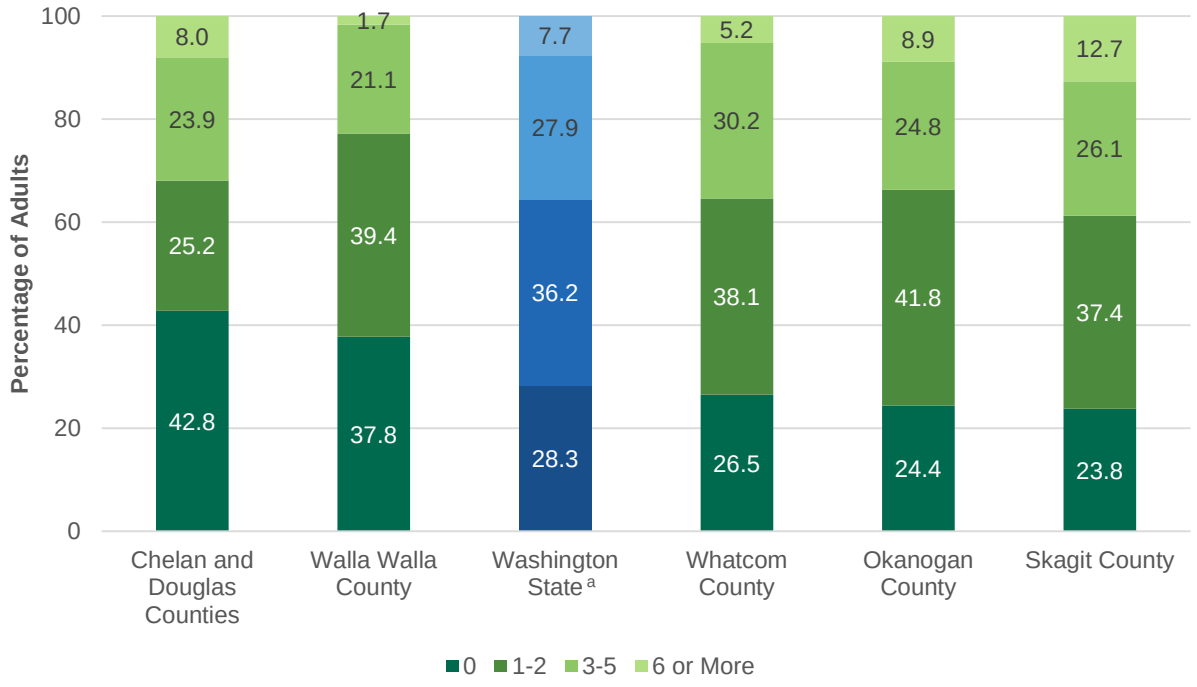
- Chelan and Douglas Counties (NCW) and Walla Walla County had lower prevalence of ACEs among adults (ages 18-54) than the rest of Washington State[2] (Figure ES.3).
- Walla Walla County showed greater decrease in the population rate of alleged victims of child abuse and neglect in accepted referrals than did the rest of the state.[3]

[2] The rest of the Washington State excluded the five APPI sites (Chelan/Douglas, Okanogan, Skagit, Walla Walla, and Whatcom Counties) as well as King County, which is the most populous county in the state and contains the state's largest city, Seattle. King County was excluded because of its differences with the five APPI sites, in terms of urbanicity, demographic characteristics, and availability of resources, among others.

[3] The rate of alleged victims of child abuse and neglect in accepted referrals includes children (age birth–17) identified as alleged victims in reports to Child Protective Services that were accepted for further action. Children

- NCW, Okanogan, Skagit, and Whatcom Counties experienced a slower increase in the rate of hospitalizations due to injury among women (an indicator of domestic violence) than the rest of the state.
- Okanogan County's trends in rates of (a) school suspensions and expulsions and (b) youth arrests for violent crimes also showed greater reductions than did the state trends.

Figure ES.3. Prevalence of Adverse Childhood Experiences (ACEs) in the Five APPI Sites and Washington State Comparison Group Among Adults (Ages 18–54), 2009–2010



Source: Mathematica Policy Research analysis of Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS), supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58 DP001996-1 through 2 (2009-2010).

Note: This figure reports the percentage of adults who reported experiencing ACEs. The standard errors range from 1.0 to 7.5 for the APPI sites' estimates and from 0.4 to 0.8 for Washington State comparison group. To improve the precision of the estimates, all statistics are based on a combined sample from the 2009 and 2010 BRFSS surveys.

[a] Washington State statistics exclude the five APPI sites (Chelan/Douglas, Okanogan, Skagit, Walla Walla, and Whatcom counties) as well as King County, which is the most populous county in the state and contains the state's largest city, Seattle.

Although interesting, these differences in trends are not definitive proof of the countywide impacts of the initiatives' efforts for two reasons. First, the APPI counties and the Washington State comparison group differ on a variety of factors including the demographic characteristics of their populations and the programs offered to county residents that are not related to, or

are counted more than once if they are reported as alleged victims more than once during the year. A "referral" is a report of suspected child abuse.

supported by, the APPI sites. Second, using the available data, we were unable to observe shifts in patterns in the above-mentioned indicators coinciding with the start of the ACEs-specific efforts. Therefore, we cannot confirm that that the observed differences between site and state trends are related to the collective impact of sites' ACEs-specific efforts. The question of the impacts of the initiatives' efforts will be explored further in the APPI evaluation's final report.

C. Community Capacity Development

Although the APPI sites vary in the details of their operations, their strategies for building community capacity have been similar in numerous ways:

1. The sites are all using strong, research-based community mobilization and public health prevention frameworks to structure their collaborative efforts (as networks, coalitions, and a consortium).
2. They are engaging a broad spectrum of individual and organizational partners to solve complex community problems at multiple (individual, organization, system, community, and policy) levels.
3. They have integrated ACEs prevention and resilience building principles into their goals and strategies.
4. They are actively engaging community members through ACEs and resilience trainings, public forums, community task forces, focus groups, and other facilitated conversations.
5. They are also using population data from many sources and are developing new ACEs and resilience-related data to identify community problems, develop multifaceted responses, and track their progress.

Most importantly, the sites have been filling critical roles in their communities as neutral conveners of diverse stakeholders and as facilitators of complex community problem-solving processes. Yet in some ways their independent status has created a potential liability for the networks, especially after the loss of FPC funding in 2012. These APPI sites are survivors that have continued operating, in various forms, for 10 to 20 years by leveraging the organizational assets, time, support, and resources of their community partners. However, their staffs are small, many of the site budgets are tiny, and their funding is temporary, putting their long-term sustainability at risk.

D. Multilevel Community Change

The capacity of the APPI sites can be judged by their ability to trigger change in their communities in ways that ultimately reduce ACEs, increase resilience, and enhance community well-being. These community changes can occur at several levels: changing an individual's mindset to see through an ACEs lens, helping community organizations adopt trauma-informed service delivery models, empowering families to improve their neighborhoods, adding more evidence-based programs to a community's continuum of ACEs prevention services, working in cross-sector coalitions to protect youth, or increasing their community's collective impact on ACEs by aligning local policies with funding priorities. Such changes can impact ACEs and resilience by creating more nurturing and protective environments in multiple settings—at home, at school, among peers, and in the community. These types of interventions are designed to

reduce toxic stress, limit opportunities for problem behavior, reinforce prosocial behavior, and develop other protective factors for children, youth, families, and communities, and limit the consequences of childhood ACEs exposure throughout the life course and intergenerational transmission of ACEs.

Child abuse prevention and family support. The APPI sites have initiated and sustained efforts at multiple levels to address the child maltreatment prevention and treatment needs of their communities. Their accomplishments include expanding the availability of evidence-based parenting programs, creating alliances with local child welfare systems to implement population-level child protection projects, increasing the use of trauma-informed practices by social service agencies through training and technical assistance, and helping families directly through parenting classes and training programs. For example, the NCW, Okanogan, and Skagit sites brought several evidence-based child abuse prevention programs to their communities, including the Positive Parenting Program (Triple P), the Strengthening Families program, the Kaleidoscope Play and Learn program, and the Nurse-Family Partnership program. The Whatcom and Walla Walla networks have worked with local child protective services (CPS) to create Family to Family alliances and provide families involved with CPS with peer support through a new Community Navigators program. Two major challenges have been to manage the time-limited grants and staff turnover in these programs.

Trauma-informed health care. Several of the APPI sites also worked with local health care providers to incorporate ACEs and resilience principles in their practices by providing trauma-informed medical care, providing mental health services, and referring patients to appropriate behavioral health programs. The APPI sites made some progress but encountered structural barriers that limited changes in provider practices, such as medical billing procedures that limit clinician time spent on ACEs and resilience-related activities, as well as state reimbursement policies that do not recognize or fund new trauma-informed service delivery models. Some sites have started to challenge these barriers. For example, the Health Center in Walla Walla is working to be recognized by the state as a school-based health clinic. The Okanogan Coalition succeeded in obtaining Medicaid reimbursement billing codes for Triple P services, a time-consuming process that required extensive coordination with the state health care authority.

School climate and student success. The APPI sites targeted school discipline policy and practice as a way to create more nurturing and compassionate school environments. In particular, the Whatcom Network, Walla Walla Network, and Okanogan Coalition have been working with teachers, principals, and staff in targeted elementary, middle, and high schools to shift school policies from punitive approaches to more trauma-informed practices. Their efforts included using evidence-based positive behavior management techniques; training school administrators, teachers, and other staff on ACEs, resilience, and trauma-informed practices; collecting school-level ACEs information through student surveys; changing school suspension and expulsion policies; and adding ACEs and resilience topics to courses. Promising changes have occurred: reducing school suspensions and expulsions, improving student behavior, increasing student retention, and even increasing graduation rates at one high school. The APPI sites' strategy of using successful pilot projects to leverage districtwide policy change has faced more of a challenge. However, with support from school superintendents and school boards, some sites have begun to spread school-specific "wins" to more locations.

Risk behavior reduction and healthy youth development. The APPI sites have been particularly active in the area of risk behavior reduction and healthy youth development. For example, one site (Skagit) have secured grants to hire more prevention and intervention staff in schools and community programs. Two other sites (Whatcom and Okanogan) have facilitated successful cross-sector coalitions involving schools, media, parents, law enforcement, and juvenile justice agencies in prevention efforts to limit opportunities for a range of problem behaviors, including underage drinking, gang violence, and suicide. All of the sites have helped start and operate afterschool activities, youth-led prevention clubs, and community-based programs, such as mentoring programs and a teen center, to provide opportunities for healthy youth development. The sites have also been involved in providing youth with more intensive services, such as mental health treatment services, community truancy boards, and the use of trauma-informed practices in juvenile justice settings.

Community development. Two of the five APPI sites (Whatcom and Walla Walla) have also focused their time and resources on building formal and informal social supports for vulnerable families in targeted neighborhoods. The underlying logic is that by bringing neighbors together to work on community improvement projects, attend public events, and participate in other neighborhood-oriented activities, residents can develop a greater sense of community, become less socially isolated, and be more willing to ask for and offer help when needed, as they move from being consumers of services to active producers of community engagement. The Whatcom Network also helped to bring new services and supports to an isolated community on the eastern side of the county. These development efforts have played a part in reducing neighborhood violence, improving community safety, creating more attractive park space and other amenities, and improving housing conditions for some families. Such efforts are designed to help meet basic needs, reduce toxic stress, and increase social capital among at-risk families.

Policy advocacy. Until the state FPC office was defunded in 2011, FPC networks—including the Walla Walla and Whatcom networks—were typically involved in policy advocacy at the state level as FPC partners, working with FPC staff, state House and Senate representatives, the Governor's Office, the Office of Superintendent of Public Instruction, and other state agencies. The FPC networks submitted formal reports and policy recommendations, participated in rule making processes, and advocated for changes in state programs and budgets. In addition, the NCW Coalition, the Okanogan Coalition, and the Skagit Consortium have had their own histories of state-level political engagement and policy advocacy as independent community coalitions. After 2011, the Walla Walla and Whatcom networks have become more active independently on state policy issues by, for example, supporting a state budget proviso that allowed more flexible use of juvenile court funds for ACEs-informed continuous improvement efforts. However, the APPI sites have had mixed success on some issues for a range of reasons, including the fact that they did not use hired lobbyists or have legislative allies to champion their causes. Indeed, the loss of previous FPC legislative champions has left a gap at the state level. Recently, two APPI sites (Walla Walla and Whatcom) have become involved in Collective Impact processes to align local policy priorities and resources. Such efforts could influence the networks' future state policy work.

E. Limitations of this Report and Plans for Future Reports

This report presents substantial qualitative evidence of the capacity and efficacy of the APPI initiatives and uses quantitative county-level data to describe the dynamic contexts of the sites. However, more quantitative data are needed at the subcounty level to track the initiatives' processes, products, and impacts at individual, organizational, and cross-sector levels.

In the final 2015 phase of the APPI evaluation, the evaluation team will work with the sites to gather more quantitative information examining subcounty impacts of specific activities in all four domains—(1) child abuse prevention and family support, (2) school climate and student success, (3) risk behavior reduction and healthy youth development, and (4) community development. The APPI sites have already provided some documentation of subcounty outcomes that are reported in local program evaluations and other site-specific analyses (not included in this report). These reports will be reviewed systematically and incorporated into the findings of the evaluation's final report. As part of the implementation study, the evaluation will also collect new information regarding the sites' capacity for collaboration using a community network survey that will assess the alignment of goals among coalition members, the intensity and sustainability of collaboration among members, and other indicators of network capacity. Finally, we will conduct the APPI evaluation's cost savings study. The findings from these data collection activities will be included in the evaluation's final report, due at the end of 2015.

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