

PHILADELPHIA CITY COUNCIL HEARING

MONDAY, APRIL 18, 2016

Testimony for Dr. Stephanie A. Bradley, Managing Director, Evidence-based Prevention and Intervention Support Center (EPISCenter), and Research Associate, Prevention Research Center, The Pennsylvania State University

Good afternoon. I am Dr. Stephanie Bradley, I am a prevention scientist at the Prevention Research Center at Penn State University, and the Managing Director of the EPISCenter – which stands for the Evidence-based Prevention and Intervention Support Center (EPISCenter). The EPISCenter is funded by PCCD and the PA Dept. of Human Services, Office of Children, Youth, and Families. I am truly honored to have the opportunity to provide testimony to the Council regarding youth gun violence in Philadelphia.

For the record, I previously submitted written testimony and have since modified it based on my (partial) review of the transcripts from the March 28th hearing. I apologize for the change and will share a copy of my revised testimony with the Council.

PREVENTION

I am here today to talk about PREVENTION. Prevention rarely gets enough coverage in testimonies and strategic plans, and prevention often gets confused with activities that aren't actually prevention. So, I think it is very important to talk about these things this afternoon.

Prevention is not about intervening after a problem has occurred. Prevention is not about standing between gang members and guns. It is not about de-escalating a plan for retaliation; neither is it about turning around someone's life. Prevention is about keeping problems from even arising. At its best, it is a data-driven, planful, upstream approach to protecting youth and communities and ensuring their positive development.

Prevention programs can actually prevent issues of violence, substance use, depression, truancy, and school drop-out. These problems share common origins – in what Mr. Pennington referred to earlier as risk and protective factors. By targeting risk and protective factors prevention programs reduce the likelihood of youth engaging in a variety of problem behaviors. This is an efficient and proactive way to reduce youth violence and other issues. The CDC just released their five-year strategic vision for reducing multiple, interconnected, forms of violence, and it includes an emphasis on shared risk and protective factors, and a focus on prevention in childhood and early adolescence.

===PREVENTION: PATHS PROGRAM

I would like to share two examples that highlight how prevention works. The first example is through children developing social-emotional competency. Social-emotional competency means that youth are able to interact well with their peers and others, and they are able to understand and manage their emotions appropriately. Research has shown that kindergartners who were rated high in social-emotional competence were more likely to earn a high school diploma, a college degree, and have a full-time job in adulthood. In contrast, kindergartners rated low in social-emotional competency were more likely to be arrested in early adulthood, to use marijuana, and to need public housing support. PCCD

provides funding for the highest-rated and most well researched social-emotional learning curriculum available, PATHS (which stands for Promoting Alternative THinking Strategies). PATHS is a school-based program, delivered in Kindergarten and elementary schools that targets multiple risk and protective factors. Youth who participate in PATHS show less aggression, conduct disorder, internalizing, reduced ADHD symptoms, and higher test score proficiency in reading, writing, and math. We estimate that there is a \$24 return to society for every \$1 spent on PATHS (using PA costs and Washington State Institute of Public Policy benefits estimates; based on labor market earnings).

===PREVENTION: CTC

Using CTC as a second example, I would like to just add a couple of points about CTC, which Mr. Pennington also briefly discussed. CTC draws its strength and effectiveness from using a public health approach: organizing a multi-sector coalition, using risk and protective factor data, and using evidence-based programs. In Pennsylvania, the CTC process relies on using the PA Youth Survey, which provides essential data for a public health approach to prevention planning.

Research on CTC has shown that youth in CTC communities fare better than youth in non-CTC communities, including being less likely to be negatively influenced by peers, less likely to engage in delinquent behavior, and more likely to be engaged in school and performing well in the classroom. Recent estimates of CTC suggest a \$10 return on every \$1 invested (based on prevented smoking and delinquency).

So, prevention works by addressing the underlying causes of problem behaviors. In these examples, both PATHS and CTC are preventive in that they are not intervening on

problems, rather they are focused on targeting broad risk and protective factors. And - they have demonstrated their effectiveness at preventing multiple problems in rigorous research trials. This leads me to the topic of evidence-based programs.

“EVIDENCE-BASED” PROGRAMS

Mr. Pennington described the Blueprints programs. These programs are the original “evidence-based” programs, which have substantial, rigorous research behind them that demonstrate their effectiveness in reducing youth problems. We are seeing increasing numbers of program developers that have adopted the term “evidence-based” to describe their program. Unfortunately, many do this despite not having met any or even most of the criteria to be certified as evidence-based. This does a disservice to us all because it diverts limited resources away from programs that are based in sound developmental research and prevention science that have demonstrated short-and long-term impact on youth, families and communities, and it funnels those resources into programming for which there are no evaluations, no rigorous demonstration of effect, and therefore offer little to no proof in their ability to actually improve outcomes.

In the process of doing research, we learn a lot about what we don't know, we find programs that make things worse not better, we learn about what doesn't work and why. We go back to the drawing board again and again. Often, this process is painfully out of step with the pace of problems, the variety of them out there that we want to fix, and the passion we all have for improving the lives of children, youth, and families.

So, as researchers and prevention scientists, when we DO find a program or an approach that works, we want to be certain that policymakers, service providers, and community

members know about it – which is why we started using the term “evidence-based”, and why program registries like Blueprints for Healthy Youth Development exist.

EPISCENTER

At EPISCenter a key focus of our work is in assisting policymakers and service providers to understand what works, and what doesn't, how to choose programs and strategies that meet your local needs, and how to run those programs so that you get the results you seek.

EPISCenter provides free training and technical assistance for eighteen different prevention and intervention programs that have strong research evidence of effectiveness. Each year through the state Violence Prevention Program budget PCCD provides funding for communities to adopt and implement these programs, EPISCenter support is included in that funding.

EPISCenter also provides free training and technical assistance for CTC. We provide support to communities in building their readiness to adopt the model, engage key stakeholders, and move those stakeholders through the CTC process. We regularly work with communities who are interested in learning more about developing a coalition in their area, and PCCD regularly provides funding for communities to run CTC.

EPISCenter also conducts a statewide gap analysis for PCCD, using data from the PA Youth Survey and juvenile court data, like disposition and recidivism data, and soon Youth Level of Service (YLS) data, and using those we submit new program recommendations to PCCD.

CALLS TO ACTION

I will wrap up my testimony with two hopeful calls to action.

One. The City could further inform its prevention planning efforts by enrolling in the next administration of the PAYS. The PA Youth Survey provides a rich source of information on youth risk and protective factors, which are valuable data for driving prevention decisions. The PAYS provides insights into a wide array of risk and protective factors related to psychosocial well-being and important youth relationships. These data would also enable our gaps analysis to further account for youth and family needs in Philadelphia.

Two. Please consider the EPISCenter as a readily available resource to the City of Philadelphia for achieving your prevention goals.

Thank you very much for your time and the opportunity to share testimony with the Council today.