REPORT OF THE
COMMISSION ON YOUTH

TO STUDY BARRIERS TO THE DEVELOPMENT OF LOCALLY DESIGNED COMMUNITY-BASED SYSTEMS OF EARLY INTERVENTION SERVICES

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 27

COMMONWEALTH OF VIRGINIA
RICHMOND
1995

COMMONWEALTH of VIRGINIA

Commission on Youth

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January 12, 1995

TO: The Honorable George F. Allen, Governor of Virginia

and

Members of the Virginia General Assembly

The 1994 General Assembly, through Senate Joint Resolution 130, requested the Virginia Commission on Youth to "undertake a two-year study to identify the barriers in the current law, policies and/or procedures to the development and support of locally designed, community-based systems of early intervention services and develop strategies to effectively respond to these barriers."

Enclosed for your review and consideration is the interim report which has been prepared in response to this request. The Commission received assistance from all affected agencies and gratefully acknowledges their input into this report.

Respectfully submitted,

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Prevention/Early Intervention
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This project was supported in part by a Virginia Department of Criminal Justice Services' Juvenile Justice and Delinquency Prevention grant (No. 94-A8378J) awarded to the Virginia Commission on Youth. The opinions, findings, conclusions, and recommendations expressed in this report are those of the authors and do not necessarily reflect the views of the Virginia Department of Criminal Justice Services or the U.S. Department of Justice.

I. Authority for Study

§9-292 of the *Code of Virginia* establishes the Commission on Youth and directs it to "... study and provide recommendations addressing the needs of and services to the Commonwealth's youth and their families." §9-294 provides that the Commission has the powers and duties "to undertake studies and gather information and data in order to accomplish its purpose...and to formulate and present its recommendations to the Governor and General Assembly."

The 1994 Session of the General Assembly enacted Senate Joint Resolution 130 directing the Commission on Youth to establish a Task Force in order to identify the barriers in current law, policies, and/or procedures to the development and support of locally designed, community-based systems of early intervention services. (Authorizing legislation is provided in Appendix A.) The legislation further required that the Commission work in collaboration with the Comprehensive Services Prevention and Early Intervention Project. The study resolution established a two year time frame, with an interim report to be submitted to the Governor and General Assembly in 1995. The Commission on Youth, in fulfilling its legislative mandate, undertook the study.

II. Members Appointed to Serve

The two-year Early Intervention Study has been carried out by a task force of hirteen individuals. The membership of the Early Intervention Task Force includes six members from the Commission on Youth's Prevention and Early Intervention Subcommittee: Senator R. Edward Houck (Spotsylvania), Chairman, Senator Yvonne B. Miller (Chesapeake), Delegate L. Karen Darner (Arlington), Delegate Arthur R. Giesen, Jr. (Waynesboro), and citizen members Thomasina T. Binga (Richmond) and Norma M. Clark (Virginia Beach). In addition, the Task Force has seven appointed members: Delegate Alan A. Diamonstein (Newport News), Delegate Mary T. Christian (Hampton), Delegate Robert S. Bloxom (Accomack), Senator Malfourd W. Trumbo (Botetourt), and citizen members Stephen D. Eshelman (Falmouth), Marguerite Kiely (Roanoke), and Terry D. Lewis (Surry).

III. Executive Summary

The Early Intervention Task Force met six times during the first year of the study. The Task Force heard presentations on prevention and early intervention theory, reviewed budgetary and program information, received public testimony, visited programs in a variety of community settings, discussed policy concerns, and considered recommendations for legislation to respond to barriers localities face in developing and supporting early intervention services and programs.

On the basis of its findings, the Commission on Youth offers the following recommendations in the areas of Legislative Revisions and Executive Branch Actions:

Recommendation 1

Amend the *Code of Virginia* to include a standard definition of "prevention" and "early intervention" (in addition to the required relevant federal mandates) as related to the (i) Comprehensive Services Act State Trust Fund, (ii) Child Welfare Services System, and (iii) Council on Coordinating Prevention.

Recommendation 2

Request the Secretaries of Health and Human Resources, Education, and Public Safety review existing prevention and early intervention programs and develop suggestions for streamlining administrative structures without reducing service capacity and report to the Early Intervention Task Force by November 15, 1995.

Recommendation 3

Amend the Comprehensive Services State Executive Council responsibilities to include (i) development of incentives for local planning and coordination of comprehensive services to children, youth, and their families, (ii) development and dissemination of a state annual progress report and plan for comprehensive services to children, youth, and families by January 1 of each year, and (iii) coordination of discretionary prevention and early intervention grant programs sponsored by the participating child serving agencies.

Recommendation 4

Discretionary grant programs administered by child-serving agencies should adopt a bottom-up process of developing statewide plans in which local communities have a structured role for having input into the goals and program models applicable for funding.

Recommendation 5

Request the Secretaries of Health and Human Resources, Education, and Public Safety assess the feasibility of developing common regional structures.

Recommendation 6

Request the Comprehensive Services State Executive Council update the prevention and early intervention funding profile and distribute it to Community Policy and Management Teams and members of the General Assembly on an annual basis.

Study Goals and Objectives

The Early Intervention Task Force developed a workplan at its first meeting. (See Appendix B.) The goals of the SJR 130 study were established as follows:

- Strengthen the Task Force's understanding of prevention and early intervention theory and its relationship to state and local programs;
- Outline the scope of General Fund-supported prevention and early intervention programs across the child serving agencies;
- Identify new federal funds in support of community prevention and early intervention efforts;
- Analyze localities' current barriers for the support and sustaining of early intervention services;
- Develop a plan which responds to these barriers; and
- Create community and state-level consensus and an implementation schedule for the plan.

In response to the study goals, the Task Force undertook the following activities:

1. Received group training conducted by a national expert on the Hawkins and Catalano Communities That Care model. The training was held in conjunction with community teams from across the Commonwealth in the process of developing comprehensive community prevention strategies.
2. Attended Comprehensive Services Prevention and Early Intervention Project (CSPEIP) Steering Committee meetings.
3. Attended community "feedback sessions" on results of the CSPEIP's focus groups.
4. Identified General Fund and federal support for prevention and early intervention programs.
5. Conducted budget analyses identifying program purposes, funds distribution methods, program service areas, and funding sources.
6. Reviewed and summarized previous Virginia system studies on prevention and early intervention.
7. Analyzed the type and degree of state-provided financial and resource support provided to localities for prevention and early intervention services.
8. Received the CSPEIP's recommendations.
9. Integrated public hearing testimony with the prevention and early intervention program theory and site visit findings.

V. Methodology

A number of research techniques were used by the Early Intervention Task Force to address the issues contained in the study mandate. A brief discussion of these techniques follows.

A. BUDGET ANALYSIS

A primary issue referred to repeatedly in previous and current study efforts is the view that funding levels for prevention and early intervention services in Virginia have been inadequate to meet the need. In isolating and quantifying the degree of financial support received for prevention and early intervention programs, three basic approaches were used.

First was a review of the Appropriations Act and other documents provided by state agencies. Once the agencies and funding streams were identified, a series of interviews with both program and fiscal staff from the legislative and executive branches were conducted for more detailed explanations of the funding sources, amounts and general purposes of programming and services.

These contacts were then followed up by a jointly-issued letter from the Commission on Youth Executive Director and Carol A. Brunty, Chair of the Comprehensive Services State Executive Council and Commissioner of the Department of Social Services. The letter was sent to the appropriate agency heads asking their financial staff to review the compiled information for accuracy.

The responses to the letters were then compared to the initial compilation of information and inaccuracies were corrected. The universe of programs to be included was determined by meeting first with the Comprehensive Services Prevention and Early Intervention Project Director, Eloise Cobb, Ph.D., and then with the members of the SJR 130 Early Intervention Task Force. The latter suggested the inclusion of two programs which were not initially included, i.e., Head Start and Chapter I. While over $400 million of federal and General Fund dollars were identified, the Commission on Youth study team recognizes that there are other programs through the network of private and publicly supported museums, Chambers of Commerce and other groups and organizations which provide many prevention services not captured in the financial analysis.

Once a universe was identified, the study team began to conduct a number of analyses on the budget information. These analyses captured the following information:

- funding support by broad program areas,
- method of disbursement by program area,
- breakdown of federal-to-General Fund financial support by program area,
- geographic participation in non-mandatory programs, and
- planning and reporting requirements for selected programs.

B. LITERATURE REVIEW

A review of service-related (as opposed to academic research) prevention and early intervention theory was undertaken. In response to one of the primary first year study goals—having Task Force members share a common definition of "prevention" and "early intervention"—staff reviewed the literature and program designs in place in Virginia to identify those theories which inform and guide current practice. Task Force members were exposed to two operationalized understandings of prevention theory through presentations on the Communities That Care model in July and on common principles of local prevention programs in September.

C. REVIEW OF PREVIOUS LEGISLATIVE AND EXECUTIVE BRANCH STUDIES

Rather than duplicate the previous study efforts of the executive and legislative branches, the study team reviewed and summarized the findings of studies focusing on prevention and early intervention conducted over the last six years. The studies were reviewed for similarities of findings and recommendations and the status of study recommendation implementation. The findings were grouped into areas which identified barriers in the funding, administration, policy, and evaluation of prevention and early intervention programs.

D. MEETINGS WITH CABINET OFFICIALS, LOCAL OFFICIALS, AND UNIVERSITY FACULTY

The majority of prevention and early intervention programs (although not the majority of dollars) fall under the auspices of the Secretary of Health and Human Resources. Because of this, and the oversight role of the Secretary's Office with respect to the Comprehensive Services for At-Risk Youth and Families Act (CSA), Commission on Youth staff had on-going contact with the representatives from the Secretary's Office. This contact proved most helpful in light of the transition period of the Allen Administration and the development of new initiatives (specifically, Welfare Reform) under Governor Allen.

Telephone interviews with representatives of city and county governments were conducted as a result of the budget analysis in which level of participation of non-mandatory programs was identified. Representatives from communities that had five or less programs were contacted for their insights into what they perceived as the barriers which kept them from applying for discretionary and competitive grants. Information from these telephone interviews was presented to the Task Force members to provide a municipal perspective on perceived fiscal barriers or disincentives.

The study team met with faculty from the College of William and Mary and Virginia Commonwealth University to discuss their work in the prevention field and its implication for practice. The concept of generalized and specialized training for preventionists was discussed, as was the development of a construct in which successful prevention technologies could be shared and supported between localities. Faculty members also shared their view of the progress Virginia has made towards ıtegrating prevention into the public services system and shared their observations of

the distance the State has yet to travel to place prevention and early intervention on equal stature with intervention and treatment programs.

E. SITE VISITS

In order to add to the Task Force members' understanding of prevention and early intervention services, a number of site visits were arranged in conjunction with the public hearings held in Newport News and Roanoke. A total of six different program sites were toured, and an additional two programs provided oral presentations to the Task Force members. The Newport News site visits showcased early intervention programs housed in an educational setting and targeting children of pre-school and elementary school age. Common principles behind these programs were underscored to help the members gain a better understanding of how prevention and early intervention principles can be integrated into program design. The Roanoke visit showcased programs which were both aimed at an older clientele (i.e., adolescents and new mothers) and attached to academic medical and mental health services. The specific programs visited were as follows:

Newport News	Roanoke
Dunbar-Erwin Achievable Dream Magnet School	Comprehensive Health Investment Project (CHIP)*
Magruder Early Childhood Program	Teen Outreach Program
First Step	Project Link
Reading Recovery	Roanoke Area Youth Substance Abuse Coalition/Prevention Plus*

**presentation*

F. PUBLIC HEARINGS

Three public hearings were held in the first year of the study, with a total of 32 individuals providing testimony. The Public Hearings were held on October 24 in Newport News, November 16 in Roanoke and December 12 in Richmond. Speakers shared their views of the barriers to localities' developing and supporting early intervention programs, showcased their programs, and shared observations on the applicability of the CSA model to prevention and early intervention programs. The December public hearing focused primarily on the Comprehensive Services Prevention and Early Intervention Project (CSPEIP) report.

G. TASK FORCE MEETINGS

A total of six Task Force meetings were held in the first year. The meeting dates were July 26, August 22, September 20 and December 12 in Richmond, October 24 in Newport News, and November 16 in Roanoke. In addition to presentations from the study team, the members heard from CSA staff, Steering Committee members, Office on Youth directors, local providers, and representatives from the Office of the Secretary of Health and Human Resources.

4. COORDINATION WITH COMPREHENSIVE SERVICES PREVENTION AND EARLY INTERVENTION PROJECT

The General Assembly has long recognized the importance of developing a comprehensive service system for Virginia's children. To that end, in 1992 it requested the State Executive Council of the newly formed Comprehensive Services for At-Risk Youth and Families Act (CSA) to develop a plan for integration of prevention and early intervention into the collaborative network of services. To develop that plan, a Department of Planning and Budget (DPB) study was conducted in 1992, and a Steering Committee formed the following year to develop recommendations for the coordination of prevention and early intervention activities across state agencies. This Steering Committee guided the work of the Comprehensive Services Prevention and Early Intervention Project (CSPEIP). The CSPEIP Project Director presented three different times to the SJR 130 Early Intervention Task Force. The Executive Director of the Commission on Youth served as a member of the Steering Committee. It was envisioned that the two projects—CSPEIP and the SJR 130 study—would be mutually supportive. The Steering Committee set about to convene consumers, providers, and other community representatives to gather information on their perceptions of the strengths and weaknesses of the current prevention and early intervention system, and to develop recommendations for its improvement. The focus of the Steering Committee was primarily communities and the ways in which the state agencies and funding systems impacted them. The work of the Steering Committee, specifically the compilation of observations from a variety of citizens across the Commonwealth, served to solidify and strengthen the Early Intervention Task Force findings. Care was taken not to duplicate study efforts (i.e., the Commission did not conduct a series of focus groups, and the Steering Committee did conduct a separate financial analysis), but to share the findings and direct the recommendations of the two groups to the branch of government responsible for setting the policy (i.e., the legislature) and then implementing the results (i.e., the executive branch). Participating in and receiving briefings from the Steering Committee served to lessen the gap between state policy makers, direct service providers, and community representatives.

VI. Background

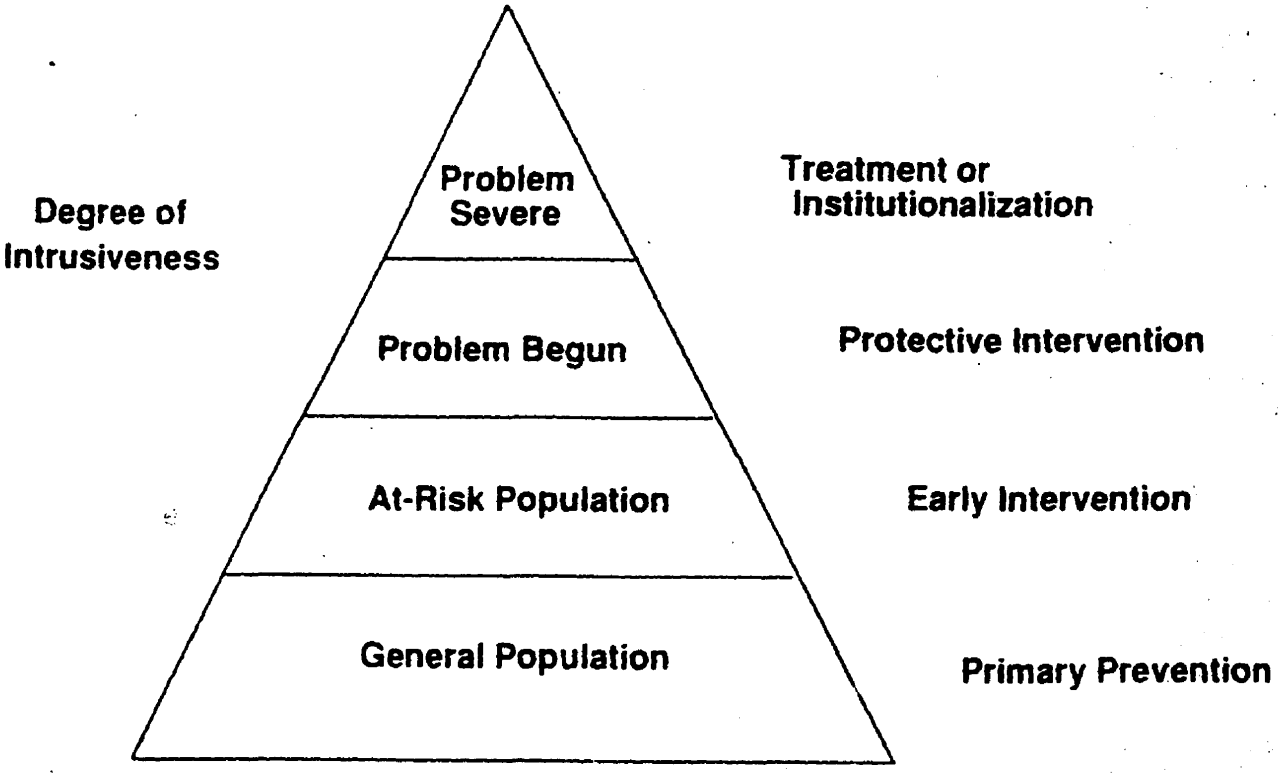
A. PREVENTION AND EARLY INTERVENTION THEORY

Juvenile delinquency and other problem behaviors among youth are placing increasing burdens on society, with enormous human and monetary costs. The school dropout unable to find meaningful and financially sustaining employment; the teen mother who comes to rely on public assistance for herself and her low birth-weight baby; the alienated youth who turns to substance abuse and crime—all are overwhelming a service system strapped for the resources needed to treat these clients and their families.

Human service professionals, adopting medical terminology and models, routinely refer to a "continuum of care" when discussing the range of services and programs ideally available to citizens. At the beginning of this continuum are prevention

and early intervention services; at the other end, responding to those whose problems have brought them into the system, are treatment and rehabilitation services. Historically, the bulk of resources and attention have been devoted to the latter points on the continuum, as crisis and dysfunction drive people into service systems which are too often under-staffed and under-funded. Exhibit 1 from the National Governors' Institute graphically represents the continuum of services from the perspective of the intrusiveness of services and severity of problem.

Exhibit 1



As problems become more severe, intervention strategies become more intrusive, more costly, less effective.

Source: National Governors' Institute graphic, 1993

For years, service professionals have debated the definition of "prevention" versus "early intervention," and whether it is possible to draw meaningful distinctions between the two service areas. Despite the sometimes-blurry line of distinction, a measure of consensus has been reached in declaring that primary prevention, also labeled "universal preventive interventions" in a recent newsletter published by the National Mental Health Association (NMHA Prevention Clearinghouse, Summer 1994),

encompasses initiatives targeted at entire populations, with no determination of their being "at risk" for further problems. Examples could include immunization programs in the public health arena, open registration recreation programs, or general education initiatives.

Early intervention, or "selective preventive interventions" (NMHA), moves another step along the continuum. The definition used by the SJR 130 Early Intervention Task Force was "activities and programs designed to identify and intervene with specific segments of the youth and family population considered to be at risk for involvement in problem behaviors," such as delinquency, dropping out of school, and teen pregnancy. The CSPEIP used the two following definitions:

> *Prevention* - Efforts that (1) promote health and competence in people and (2) create, promote, and strengthen environments that nurture people in their development, so that they achieve their potential, contribute positively to society and realize well-being.
>
> *Early Intervention* - *Preventive* efforts with individuals who have (1) higher than average risk for developing problems based on biological, psychological, or social/environmental factors, (2) minimal, but noticeable symptoms that foreshadow problems or (3) biological predisposition to problems. (Virginia State Executive Council, vi)

While not minimizing or arguing against the distinctions between prevention and early intervention, the Early Intervention Task Force often combined the two headings. These service areas are often discussed and/or operationalized in tandem, particularly given the semantic vagaries of discussing "at risk" populations. For example, a program targeted on upgrading an economically depressed neighborhood is both prevention and early intervention. The distinctions would become apparent only when examining specific goals and strategies within components of the initiative. The two areas also face similar difficulties in obtaining and sustaining political and financial support. Therefore, given the scope of this study and its emphasis on systems barriers, the Task Force felt the combining of prevention and early intervention was justifiable.

Many prevention and early intervention programs are rooted in principles originating in the health field. The recognition that many health problems could be prevented through public agency activity is the cornerstone of immunization and visiting health nurse programs initiated in the early part of this century. The view that services rendered to a broad population would reduce disease and improve health has been adapted to fit mental health, child abuse, juvenile delinquency and educational constructs.

From the perspective of the education system, prevention and early intervention services are critical in two ways, both related to academic success. First, academic benchmarks, such as reading levels, can be reached only through skill development. Prevention and early intervention initiatives within the system are vital in reaching youth who are at risk of not gaining those skills. More broadly, children beset by non-school problems bring those issues to school with them, limiting their ability to succeed academically. School systems thus have a vested interest in "non-academic" issues such as nutrition, substance abuse, child abuse, and depression. The trend in Virginia,

particularly over the past five years, has been to treat these non-academic issues as part of the education system's area of concern and involvement.

Since the mid-1970s, a significant body of research and theory has been developed to identify the causes of problem behaviors and to analyze responses to them. A large portion of this work has been built around the issues of crime and substance abuse, with inevitable linkages to other problem behaviors, as the evidence supports the inter-related nature of causality problems.

- In a literature review published by the Virginia Council on Coordinating Prevention (December, 1991), William Porch identifies a range of theories on causes of delinquency. For some theories, programmatic implications are of an institutional or social change nature (i.e., prevention services), while for others the target would be individuals or specific groups of individuals (i.e., early intervention services).
- Control theory proposes that bad behavior is the result of inadequate socialization or inadequate attachment, commitment, involvement, and/or belief in key societal institutions. This model calls for changes in social structures in order to better reach and establish linkages for all children.
- Cultural deviance theory suggests that socialization has been successful, but inappropriately focused. Involvement in gang culture could be an example of this view. Again, institutions are the focus for action, but more narrowly and locally defined than in control theory. Identification of at-risk individuals and groups, for example, is an important component of the model, as is a focus on the immediate cultural integrators for those at risk.
- Strain theory is concerned with barriers to achieving life goals. Lack of job skills or cultural differences, for example, may block progress, creating frustration and the breakdown of norms. Responses would target individuals, groups, and systems/institutions.
- Symbolic interaction is simply the dynamic and evolving communication process among people. This process forms the basis for behaviors; the influence of one's peer group or network is profound. Responses would be largely focused on specific client groups and would be situation-specific.
- Labeling theory proposes that youth will fulfill the expectations of the labels placed on them. For the most part, this theory concerns those who have come in contact with the service system, and responses would attempt to change patterns of behavior within that system.

In the early 1980s, researchers began to integrate elements of the various theories. William Lofquist, for example, advocated development, emphasizing a focus on addressing generic community conditions which inhibit well-being and/or create social and/or behavorial problems Lofquist's model—as described in the Virginia Council on Coordinating Prevention's December, 1991 literature review—is heavily oriented toward institutional change, with an emphasis on community ownership and leadership and was an influence in the design and establishment of Virginia's Offices on Youth.

Similarly focused on youth development and community responsibility, social development theory forms the basis of the Communities That Care model. Combining elements of control theory and cultural deviance theory with other research findings on predictors of problem behavior, J. David Hawkins et al. in the Communities That Care model propose that attention to four basic "protective factor" categories—individual characteristics, bonding, healthy beliefs, and clear standards—enhances socialization and thus resistance to factors present in community, family, school, and individual/peer domains which increase risk for problem behaviors (Developmental Research and Programs, 10). This approach is driving the design of the U.S. Department of Justice's Juvenile Justice Prevention initiative under Title V Delinquency Prevention Incentive Grant Program, and has been adapted to many Department of Education prevention and early intervention activities.

Like Lofquist's construct, Hawkins et al. focused on community-wide involvement in assessment, planning, and implementation of initiatives. Where Lofquist is generally systems oriented, this model focuses most closely on the child's stages and dynamics of development.

> ...a viable prevention model would include simultaneous attention to a number of risk factors in different social domains to be addressed during the developmental period when each begins to stabilize as a predictor of subsequent drug abuse. The evidence further suggests that prevention efforts target populations at greatest risk of drug abuse because of their exposure to a large number of risk factors during development (Hawkins et al., 96-97).

While community members would make the choices which drive the risk-focused prevention process, a major source of acceptance for the Communities That Care model may, in fact, be its prescriptive nature. The planning process is carefully scripted and the range of risk and protective factors is identified. "Promising approaches" chosen for implementation by the community are those already determined effective in research and practice, and evaluation is integral to the expectations, design, and processes of the program. With this model as a road map, it is relatively easy for policy makers and community members to see where they are going, how they can get there, and how they can assess impact.

B. THE SERVICE NETWORK

Public sector prevention and early intervention services in Virginia are delivered through a range of agencies, with a significant investment in financial and human resources. The 1992 Virginia Department of Planning and Budget's A Study of Prevention and Early Intervention Services in Virginia reported that, within the public sector, more than 9,000 full time equivalent employees were devoted to these programs. The SJR 130 Early Intervention study financial analysis identified more than $400 million in funding for prevention and early intervention programs. Of this, almost $150 million is allocated from General Fund dollars.

The CSPEIP provided a thorough listing of public agency participation in the relevant service areas, as listed as Exhibit 3.

Exhibit 2

COMMUNITIES THAT CARE

Prevention Theory and Program Development

Risk Factors	Adolescent Problem Behaviors: Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs	✔				
Availability of Firearms		✔			✔
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✔	✔			✔
Media Portrayals of Violence					✔
Transitions and Mobility	✔	✔		✔	
Low Neighborhood Attachment and Community Disorganization	✔	✔			✔
Extreme Economic Deprivation	✔	✔	✔	✔	✔
Family					
Family History of the Problem Behavior	✔	✔	✔	✔	
Family Management Problems	✔	✔	✔	✔	✔
Family Conflict	✔	✔	✔	✔	✔
Favorable Parental Attitudes and Involvement	✔	✔			✔
School					
Early and Persistent Antisocial Behavior	✔	✔	✔	✔	✔
Academic Failure in Elementary School	✔	✔	✔	✔	✔
Lack of Commitment to School	✔	✔	✔	✔	
Individual, Peer					
Alienation and Rebelliousness	✔	✔		✔	
Friends Who Engage in a Problem Behavior	✔	✔	✔	✔	✔
Favorable Attitudes Toward the Problem Behavior	✔	✔	✔	✔	
Early Initiation of the Problem Behavior	✔	✔	✔	✔	✔
Constitutional Factors	✔	✔			✔

Source: Communities that Care, Risk-Focused Prevention using the Social Development Strategy, An Approach to Reducing Adolescent Problem Behaviors, Developmental Research and Programs, Inc., 1993.

TABLE 3
State and Federally Funded
Prevention and Early Intervention Programs and Services

Agency and Programs	Purpose
Department of Education	
At-Risk 4 Year Olds	Improve school readiness for at-risk 4 year olds
National School Breakfast, Lunch, Milk Program	Provide nutritious meals
Reduced K-3 Class Size	Improve academic achievement through smaller class size
Reading Recovery	Provide intensive individual reading instruction to 1st graders
At-Risk Funding	Improve academic achievement for at-risk students
Remedial Education	Improve academic achievement for low scoring students
Homework Assistance	Improve at-risk students' study habits, grades 3-5
Remedial Summer School	Improve academic achievement for low scoring students
Homeless Assistance	Facilitate participation in school by homeless children
Drug-Free Schools	Reduce incidence of substance abuse
Drop-Out Prevention	Prevent school drop-out
Project Discovery	Help minority/low income youth graduate and access college
Chapter I	Meet needs of educationally deprived children
Guaranteed Assistance	Help disadvantaged students graduate and access college
Achievement Via Individual Determination	Prepare at-risk middle/high school students for college
School and Community Health Services	Increase primary health care for poor/uninsured students
Department of Health	
Community Health Services	Public health , incl. maternal, child, and family planning
Title X Family Planning	Provide family planning services for low income women
High Priority Infant Tracking Program	Identify/track disabled/at-risk infants/toddlers
Preventative Health and Health Services Block Grant	
Sexual Assault Prevention	Reduce rape and attempted rape of women age 13 and up
Dental Disease Prevention	Reduce dental disease in children ages 6-18
Injury Prevention	Support Safe Kids Coalitions and local health dept. projects
Health Education and Risk Reduction	Increase healthy lifestyles for children and adults
Immunization	Immunize children against preventable disease
Teen Pregnancy Prevention	Reduce teen pregnancy rates in high rate localities
WIC Supplemental Nutrition Program	Improve nutrition of pregnant women, infants, children
Childhood Lead Poisoning	Reduce lead poisoning outcome for children in high risk areas
Primary Care	Provide primary health services to the unserved/underinsured
Project Assist	Reduce tobacco use and smoking initiation in youth
Maternal and Child Health Block Grant	
Family Planning	Family planning services for low income women
Resource Mothers	Increase good health practices of pregnant/parenting teens
Maternal and Infant Care	Provide newborn screening and infant health services
Nutrition Intervention Project	Increase weight gain of underweight pregnant women
Well Child Care	Provide child health services, ages 0-2
Primary Care/CHIP Replication	Improve access to comprehensive primary health care
Part H Integration	Integrate case management services
Child Development Clinics	Care planning and coordination for delayed/at-risk children
Nutrition Consultation	Consultation to public health programs
Childhood Injury Prevention	Educate child care and health workers on preventing injury

Virginia Polytechnic Institute & State University/Virginia State University-Cooperative Extension Division	
Extension Service-WIC Nutrition Education	Improve diet of WIC clients
Maternal, Infant & Child Nutrition	Improve nutrition and health
Community-based Child Care	Increase family child day care in rural areas
4-H Youth EFNEP	Extension Food Nutrition Education Project (EFNEP)
4-H Adult EFNEP	Extension Food Nutrition Education Project (EFNEP)
4-H Program	Teach leadership and organizational skills to youth
Parenting Education	Provide parenting skills training
Department of Mental Health, Mental Retardation and Substance Abuse Services	
Substance Abuse Prev. & Treatment	Prevent substance abuse
Better Beginnings	Establish/support local coalitions for teen pregnancy prevention
Part H	Services to disabled infants/toddlers and their families
Early Intervention	Services to unserved/under-served disabled infants and toddlers
Department of Medical Assistance Services	
EPSDT	Preventative health services for low income children/youth
Maternal/Infant Case Management	Care coordination for low income pregnant women and infants to age 2
Department of Criminal Justice Services	
JJDP Incentive Grants	Prevent delinquency
JJDP Title V Delinquency Prevention	Prevent delinquency
Department of Youth and Family Services	
Offices on Youth	Prevent and intervene in delinquency & support local planning for youth services
Department of Social Services	
Family Violence Prevention Program	Prevent child abuse and neglect
Family Preservation	Provide services to preserve and support high-risk families
Family Preservation and Support Act	Provide services to preserve and support high-risk families
Department of Housing and Community Development	
Homeless Intervention Program	Prevent homelessness
Council on Child Care and Early Childhood Programs	
Head Start (state-level coordination)	Improve school readiness for at-risk 3 and 4 year olds
Child Care and Development Block Grant	Increase availability, quality and affordability of child care
Comprehensive Services for Youth and Families	
Trust Fund for Early Intervention	Provide services to children at risk for emotional/behavioral problems
Comprehensive Health Investment Project	Comprehensive services for low-income children and families

Source: Comprehensive Services for At-Risk Youth and Families, Strategies for Community Planning and Coordination, State Executive Council, December, 1994.

Identification of private sector programs and funding was beyond the scope of the SJR 130 Early Intervention study, but these programs play a critical role in the prevention and early intervention field. United Way allocates donated funds to a broad array of non-profit service providers throughout the Commonwealth. Numerous for-profit organizations and individuals provide mental health services through fees and insurance payments. Kiwanis, Rotary, Ruritan, Junior League and many other service organizations sponsor community activities and projects. The DPB study identified 44,578 volunteers assisting in public sector programs. Without the energy and devotion of thousands of individual volunteers, much of the prevention and early intervention service system, public and private, would collapse.

The faith community is also central to the service network. In addition to specific programs, their offering clear standards and belief systems is critical in socialization. For many, pastoral counseling, social activities, support groups and other church-based services mitigate the impact of risk factors.

The breadth and quality of prevention and early intervention programs are impressive, but it may be inaccurate to characterize them as a "network" having the interactive relationships the term implies. Studies by the executive and legislative branches have shown that the availability of good prevention and early intervention programs is often less of a problem than communication and collaboration among the providers and community leaders.

C. MODEL PROGRAMS

Research has been done over the past two decades attempting to distill those factors which make prevention and early intervention programs successful. Success has been measured both in terms of longitudinal follow-up of clients and long-term funding of programs. The National Center for Children in Poverty lists the following as essential attributes of successful programs:

- Successful programs are comprehensive, flexible, and responsive.
- Staff members in successful programs build relationships of trust and respect with children and families.
- Successful programs deal with the child as a part of a family and with the family as a part of the neighborhood and community.
- Programs that are successful with the most disadvantaged populations tailor their services to respond to the distinct needs of those at greatest risk.
- Successful programs have common theoretical foundations that emphasize prevention, client outcomes, and long-term change and development (Schorr, 3-6).

The CSPEIP has conducted research on what works in prevention and early intervention programming, drawing on literature research, experiences from other states, previous prevention and early intervention studies in Virginia, and input from citizens and professionals across the state.

From the Project's final report, a list of basic precepts and findings emerges which should frame the development of prevention and early intervention systems and programs:

Early identification and intervention. Successful prevention programs need to begin early enough, that is, before the onset of problematic or high risk behaviors. Promoting new skills and competencies is far easier than eliminating or changing already existing negative behaviors.

Continuity of efforts must be maintained. "One-shot interventions" do not have lasting effect. Sustained interventions and boosters are necessary to insure that positive changes are maintained. Experience shows that effective prevention and health promotion requires an on-going commitment.

High-risk behaviors are inter-related. Teens at risk for school failure are also at risk for increased risk for substance abuse, teen pregnancy, and violence. Successful prevention programs adopt broader and more holistic goals rather than a focus on a single categorical problem.

Target multiple risks and protective factors in the individual, the family, the peer group, the school and the community/neighborhood.

There is no single program component or "magic bullet" that can alter outcomes for children at risk of delinquency, substance abuse, teen pregnancy, school failure, or violent behavior.

Community-wide, multi-agency, collaborative approaches hold the most promise. Comprehensive programs must offer a "package" of services that can only come about when multiple agencies and organizations work in collaboration.

An emphasis on promotion of competence. Rather than focusing on defects, many successful prevention programs are concerned with promoting health, building competencies, and establishing supportive systems and settings as protection against stressors.

Guided by scientific theory. Those prevention programs that have been most successful have been guided by an understanding of the complex inter-relation of the factors associated with the target (e.g. substance abuse, school failure) area as well as how and why their program will work.

D. FEDERAL INITIATIVES

The federal government has long played a strong role in funding prevention and early intervention initiatives and in providing funds for states to carry out prevention goals. Starting with President Johnson's "Great Society" legislation, the federal government has established service goals and provided funds for services which stress the importance of early intervention. Head Start, Chapter I, and Community Action grants all had their start in the 1960s and laid the groundwork for later expansions and refinement of prevention and early intervention goals. In the 1970s, federal laws addressing Child Abuse and Juvenile Justice had prevention concepts embedded in their original mandates. The Crime Control Act of 1994 maintained, despite heated and often divisive debate, a crime prevention component to balance the increased penalties for designated criminal acts. More recently with the Family Preservation and Support

Act, the Maternal and Child Health Block Grant, and the Title V initiative of the U.S. Department of Justice, the federal government has maintained its role in establishing and supporting a broad policy framework in which prevention and early intervention are integral to the design of the program.

The recent initiatives in the field of health, family preservation and juvenile delinquency all appear to be informed by the developing body of prevention literature stressing the inter-related nature of causal factors and stressing the importance of community-driven plans. The Family Preservation Act establishes goals for the State to achieve with the funds. The goals address both the prevention of out-of-home placement and the provision of services to support the family. The indices developed to determine specific program intervention are left up to the participating localities and the statewide plan is to be developed from the local initiatives. Title V requires a local planning team be in place to assess broad indicators of needs which include causal as well as direct factors related to delinquency. The theme throughout these new initiatives appears to be the decision to push program design and implementation closer down to the community level where the clients/consumers live. The health field is promoting interagency collaborative approaches with the expected leadership to come from local health departments. Part H initiatives are dependent upon an interagency team at the local level to provide diagnosis and case management services for infants and toddlers with disabilities. Mental Health Block Grants have had a prevention set-aside component for the last six budget cycles. Enterprise Zone grants recently awarded by President Clinton take the local ownership concept one step further by by-passing the federal or even state system and, instead, making awards directly to the participating communities. This recent trend—requiring strong interagency support for prevention and early intervention services and limiting the ability of state administrative structures to designate the funds—bodes well for communities eager to design their own prevention and early intervention services with minimal interference from government.

However, federal programs continue to remain categorical with respect to delineating the population to be served and the local administering agency. While the complaint that this categorization applies to funding, as well as program models, the reliance on pre-selected programs models is not required in the new federal programs. The designation of a local agency to administer programs is defended by federal administrators on the basis of agency accountability. The issue of population restrictiveness has been discussed in a number of forums analyzing the federal anti-poverty initiatives. Attempts to develop more comprehensive descriptions of program population—in which eligibility is determined more broadly—appear to be supported in these newer initiatives.

E. REVIEW OF PREVIOUS PREVENTION AND EARLY INTERVENTION STUDIES

To establish background and a policy context for the work of the Task Force, the study team examined the previous studies conducted by executive and legislative branch initiatives from 1988 to the present. (The full study report listing is presented as Appendix C.) The common themes from these studies were reviewed and compiled into a summary presented herein as Exhibit 4.

Exhibit 4

COMMONWEALTH OF VIRGINIA
STUDIES ON PREVENTION AND EARLY INTERVENTION
1988 - Present

Since 1988 the legislative and executive branches of Virginia state government have conducted a number of studies examining the effectiveness of prevention and the type of support the state provides to prevention and early intervention programs. Regardless of the specific focus of these reports, *i.e.*, teen pregnancy, infants and toddlers with disabilities, comprehensive service delivery, Offices on Youth, there are recurring themes both in the findings and in the recommendations for system improvement.

FINDINGS	RECOMMENDATIONS
Funding	
• Conflicting indices driving allocations	• Develop standardized risk factors
• Lack of administration dollars	• Designate staff and dollars for technical assistance function
• Time limited funding	• Pool dollars to be distributed non-competitively based on need factors
• Unstable funding	• Access to Title XIX, Medicaid funds
• Insufficient funds	• Pool existing prevention/early intervention dollars
• Categorical funding	
• No coordination among agencies	• Adapt CSA structure to Prevention/Early Intervention
Technical Support & Evaluation	
• Lack of program evaluation • No standard evaluation methodology across agencies	• Create standardized methodology for program evaluation
• Inadequate training on prevention/early intervention for agency staff	• Designate existing prevention/early intervention staff for training • Allocate resources for training
• Lack of program staff for interagency planning	• Reallocate state agency staff for CSA to develop state prevention plan and serve as contact point between state and local government
• No consistent needs assessment	• Provide technical assistance to localities on needs assessment and comprehensive long range planning • Localities designate single entity to conduct assessment evaluation and planning
• Varying perception of need	• Improve record keeping by state/local agencies
• Non-interactive data bases among agencies	• Create inter-agency data base
• Funding not tied to evaluation of program model	• Earmark portion of prevention/early intervention funds to purchase third party evaluations

FINDINGS	RECOMMENDATIONS
Leadership	
• Lack of long-term vision for funding and policy/ no comprehensive planning	• Designated interagency staff develop comprehensive prevention plan
• Lack of collaboration	• Adopt a CSA structure for prevention/ early intervention programs
• Uneven administrative and fiscal support	• Designate central office staff to provide technical assistance
• Top-down management	• Increase citizen involvement in design of programs
Agency Structures	
• Varying goals and responsibilities	• Develop comprehensive prevention plan
• No common prevention/early intervention definitions	• Adopt common definition of terms
• Conflicting agency mandates	• Amend *Code* to repeal certain mandated teams • Adapt CSA structure for prevention/early intervention programs on local level
• Conflicting timelines/deadlines	• One entity on local level to conduct assessment and program planning
• Lack of common knowledge across agencies	• Prevention/early intervention programs administered under CSA structure
• Differing accounting procedures across agencies	
• Lack of incentives for prevention planning	• Localities define needs and plan services • Create fiscal incentives for positive outcomes
• Non-matching geographic service areas across agencies	• Establish multi-jurisdictional sites • Consolidate service delivery sites
• Differing eligibility criteria	• Request federal waivers • Develop inter-agency data base on risk-based indices
• Lack of citizen involvement in planning programs	• Expand CPMTs to include citizens
• Inadequate staff resources for administration and staff development	• Designate staff in state agencies to provide administrative support and technical assistance • Designate staff and dollars for technical assistance function

Source: Virginia Commission on Youth graphic compiled from analysis of study reports, 1994.

While various prevention and early intervention program evaluations were considered for inclusion in this review, their limited scope argued against inclusion. For example, an evaluation may be internal to a specific program funded within a state agency, not funded with state monies, or program-design/outcome focused, rather than oriented toward larger policy issues. The scarcity of macro-level evaluation efforts was noted by several of those interviewed.

Owing to the limitations of other studies, SJR 130 study efforts focused on the research and findings from two Commonwealth reports which took a statewide perspective on prevention and early intervention services funded through General Fund dollars:

Department of Criminal Justice Services, An Evaluation of Virginia's Offices on Youth, 1991, and

Department of Planning and Budget, A Study of Prevention and Early Intervention Services in Virginia, 1992.

In addition to reviewing the reports themselves, the study team interviewed key staff to obtain their views on the current status of the implementation of the reports' findings and recommendations and to seek input on policy issues of legislative interest. A discussion of the research findings of these two reports follows.

Report 1: An Evaluation of Virginia's Offices on Youth

The Department of Criminal Justice Services' An Evaluation of Virginia's Offices on Youth was requested by the 1991 Appropriations Act. The Department of Criminal Justice Services (DCJS), in cooperation with the Department of Youth and Family Services (DYFS), was requested to evaluate Offices on Youth, with emphasis on program design, funding structure, and effectiveness. At the time of the study, DYFS administered some $1.9 million in grants to 48 Offices On Youth serving 59 jurisdictions. There are currently 48 Offices serving 58 localities, with $1,823,122 in State funds.

Virginia *Code* §66-26 through §66-35 delineate responsibilities for the Offices and their citizen boards. These, along with administrative guidelines from DYFS, focus the activities of the Offices on assessment of services available for youth in the community, planning, advocacy, and service coordination. However, program regulations allow Offices to offer "direct services" in their communities when a documented need exists and no other agency is able to respond.

Methodology for the DCJS study included a review of literature on delinquency prevention and interviews with state personnel from DYFS, the legislative staff, the Deputy Secretary of Public Safety, the Director of DYFS, and the Chairman of the Non-Residential Services Subcommittee of the Board of Youth and Family Services. The team also conducted surveys and interviews with local personnel and citizen board members associated with the Offices, as well as a review of program documentation.

The DCJS Findings and Recommendations are clustered in four areas:

◊ Role of Offices on Youth;
◊ Funding;
◊ DYFS Administration and Management of the Programs; and
◊ Issues for Further Study.

Findings for these are discussed in the following paragraphs.

◊ Role of Offices on Youth

The study team concluded that ambiguity in both the legislation and DYFS administrative guidelines had fostered "a degree of confusion" over their role and function. This resulted in wide variations of Offices' activities, including, in some localities, a heavy reliance on direct services. This ambiguity has also hampered efforts in maintaining state and local government support.

DCJS offered three recommendations in this area:

- The *Code of Virginia* be revised to direct Offices on Youth to provide primary prevention activities;
- State funds be specifically restricted to supporting those activities; and
- Other functions assumed by Offices on Youth be funded with local dollars..

◊ Funding

The patterns and procedures for funding and establishing Offices on Youth were found to be "inequitable." For example, Offices begun in the years prior to state assumption of the program in 1979 have substantially higher base-line funding levels than those begun after 1979. Start-up funding has varied from year to year, and there have been no adjustments in the base-line levels to create a funding "floor." Finally, DCJS expressed concern that salary levels for program staff varied widely, with the basis for those levels and variations often unclear.

With regard to initiation and location of Offices, the study found that programs were not well distributed across the state in relation to the juvenile population. For example, the southwest part of the state had almost half the Offices, but only 17% of the juvenile population.

To achieve a more equitable funding structure and program placement, DCJS recommended the following:

- Amend the *Code of Virginia* to authorize DYFS to develop and administer a funding formula, perhaps including a "hold harmless" clause;
- Establish a needs-based formula for determining placement of new Offices and their minimum funding levels;
- Determine funding formula variables;
- Develop more multi-jurisdictional Offices; and
- Establish a pay scale for use in the funding formula, and for localities to use as a guide in determining Office on Youth staff salaries.

◊ DYFS Administrative and Management Responsibilities

In this section, DCJS provided information and analysis on a range of management issues: methodology, capability, Department support in conducting the required Needs Assessment, comparisons and critiques of the utility of statistical data bases used by DYFS, the functions of Regional Prevention Specialists, and DYFS evaluation/certification of Offices on Youth. Several substantive findings and suggestions are contained in this discussion, but do not appear in the formal recommendations. For example, the study concluded that the Six Year Needs Assessment drains resources, varies widely in thoroughness and quality across localities, is not well-used at the local or state levels in service planning, and therefore should be dropped as a requirement, while maintaining some of its elements such as the youth survey. Also discussed in the text was the limited DYFS role and history in evaluating the effectiveness of Offices on Youth.

Recommendations in this section include:

- The DYFS should increase its level of administrative/programmatic support of the Offices on Youth to better reflect the priority of prevention activities as articulated in the Department's mission statement.

◊ Other Issues

The remaining section of the report focused largely on issues around prevention funding streams, and ultimate oversight for the Offices on Youth.

Specific recommendations were:

- That DYFS, the Department of Social Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services determine the appropriate oversight agency for the Offices On Youth;
- To set up a study to track the funding streams devoted to prevention services; and
- To develop a resource document, maintained by a single agency, based on that study.

STATUS OF RECOMMENDATIONS

None of the *Code* amendments were offered during the 1992 session. However, the Governor's 1994 Budget removed funding for the Offices on Youth. The General Assembly reinstated one year of funding pending yet another evaluation of the program. The Governor's FY 96 Budget does not provide funding for Offices on Youth.

No funding formula or legislative revisions were developed. No action was taken concerning multi-jurisdictional programs, and the salary situation remains unchanged.

Follow-up interviews conducted for the purposes of the SJR 130 study indicated that the creation of a formula or introduction of statutory changes was not a priority for DYFS in the face of budget cutbacks and other issues.

Soon after the release of the report, the Department implemented its planned reorganization of the Regional Office staff. In the reorganization, Prevention Specialist positions were abolished and "generic managers" with staff responsibilities in all

program areas were instituted. Office on Youth directors, on balance, viewed the elimination of Regional Prevention Specialists as a step backward from the main recommendation to elevate the programs in stature. Structurally, the Regional Offices no longer provide specific prevention programming expertise.

Though not a direct result of the Office on Youth evaluation, these recommendations are receiving greater attention through the work of the recent review of the Offices on Youth authorized by the 1994 Budget Bill, SJR 130 Early Intervention Task Force, and the CSPEIP.

While there are many possible reasons for the lack of action on implementation of the study recommendations, the most likely reason was that the single agency focus of the report—in light of the interagency changes being proposed at the same time—argued against implementation.

Report 2: Study of Prevention and Early Intervention Services in Virginia

The FY 1992-94 Appropriations Act, Item 592K, charged the Department of Planning and Budget (DPB) with examining the "organization, costs, and effectiveness of prevention and early intervention programs focused on youth and their families." Specific objectives were: to "identify and catalog" prevention and early intervention programs already funded through state agencies; to identify relevant funding streams; to assess interagency collaboration; to "globally assess" the programs' impact; and, "to identify ways in which a comprehensive system of prevention and early intervention programs can be structured and funded."

Methodology for the DPB study included interviews with a wide range of key players, service provider focus groups, public hearing comments, survey research, analysis of program data and evaluation efforts, a review of rules and regulations, and fiscal analyses.

The report's Findings were organized into four categories:

- ◊ Programs and Populations,
- ◊ Funding,
- ◊ Interagency Collaboration, and
- ◊ Evaluation Issues.

Recommendations at the end of the report offered a systemic, strategic response to the Findings.

◊ **Programs and Populations**

The DPB study team's wide-ranging survey of agencies, with a roughly 70% response rate, revealed "substantial activity" in the prevention and early intervention service arena, with over 2,600 programs, more than 9,000 employees, and 44,000 volunteers. While doubtless an inflated figure due to counting methods, the surveys reported serving over 2.7 million children and families in FY 92.

Other highlights from the survey research included:

- Record-keeping, particularly among prevention programs, was described by DPB as "poor," with numerous inconsistencies and gaps across and within agencies.
- Program numbers and types varied widely across and within localities; nearly 60% of programs reported were located in 50 localities. While every locality in the state reported at least one program, major urban areas and a few rural jurisdictions have multiple programs, while other areas are comparatively service-poor.

The DPB team concluded that there is "a lack of central direction across agencies in relation to program implementation and coordination."

◊ **Funding**

Survey responses indicated substantial investment in prevention and early intervention services in the Commonwealth, with federal and local funds accounting for almost three-quarters of the total. Extrapolating from the surveys, the study team estimated that as much as $539.6 million might have been available for these services in FY 93.

- Over one-half of prevention and early intervention monies flow through local school systems, with local health departments accounting for another quarter.
- Prevention and early intervention funding from all sources has increased steadily, even during a period of budget reductions and staff cutbacks. Increases for the 1991-93 period from federal, state and local sources were 21.3%, 21.4% and 17.7%, respectively.
- The study did not address funding from non-governmental sources, other than noting that it amounted to about 9% of funds reported. From survey responses, DPB did conclude that private efforts are not well coordinated with those of the public sector.
- The study team estimated future funding costs at $20.4 million in additional state funds to maintain the current system through the year 2000 (assuming annual appropriations remain at a $58.9 million floor, with adjustments for population increases). On the other hand, it noted that a reduction of 1% in spending for Food Stamps and Aid to Dependent Children alone would yield about $6.4 million in savings.
- A critical dilemma in prevention and early intervention fund development is that it is frequently devoted to specific problems and, particularly when grants are involved, is short-term in nature. Also problematic are the categorical restrictions which accompany many federal allocations. These factors tend to inhibit innovative approaches to service design and delivery, and restrict local providers' flexibility in responding to their own communities' dynamics.

◊ **Interagency Collaboration**

From this segment of the DPB report, the study team determined that those prevention and early intervention programs most likely to succeed are those which institutionalize collaborative philosophies and mechanisms, including multi-disciplinary service planning, and a community and family focus.

Through analysis of surveys and a series of focus groups involving over 150 state and local service providers, DPB discovered an encouraging level of interest and support, along with serious obstacles for prevention and early intervention services. For each of the barriers listed, the report identifies contributing factors, such as confidentiality regulations under policies, procedures, and laws. The barriers cited include:

- lack of leadership and role modeling;
- agency focus/work environment;
- fear and personality issues;
- bureaucratic processes;
- policies, procedures, and laws;
- funding issues;
- planning, training, and evaluation; and
- politics.

◊ **Evaluation Issues**

In attempting to gauge the effectiveness of Virginia's prevention and early intervention programs, the DPB team encountered significant obstacles. Fewer than one-half of the programs had ever been evaluated, and only 26% indicated that future funding was related to evaluation results. Moreover, those evaluations conducted varied widely in methodology and quality. Ultimately, DPB conducted a meta-analysis (a statistical analysis of outcomes within studies, which are then combined and compared), concluding that "there are some effective prevention and early intervention programs in Virginia." Findings made in this area included:

- Lack of accountability for program outcomes brought about in part by the inflexible nature of categorical funding;
- Insufficient resources, including staff expertise in evaluation techniques;
- Lack of standardized guidelines and expectations; and
- A widespread belief that prevention and early intervention services cannot be measured.

RECOMMENDATIONS

DPB concluded its report by recommending that prevention and early intervention programs be made major components of a comprehensive continuum of services organized in the structure established for the CSA. Twenty additional recommendations outline implementation procedures.

The recommendations propose a step-by-step process wherein decision-makers begin by assessing community program and collaborative training needs. A local entity, such as an Office on Youth or community action agency, would be identified as the lead in needs assessment, evaluation, and planning in support of the local CSA teams, with the State identifying funds to provide relevant technical assistance. The State Executive Council (SEC) and State Management Team (SMT) would assume direct responsibility for the Commonwealth's Prevention Plan and would absorb the Council on Coordinating Prevention. The report suggests the establishment of agency liaisons between the field and CSA managers, the pooling of prevention and early intervention funding streams, and the reduction of restrictions on other categorical monies.

Membership and structure of the SMT would be modified to include prevention and early intervention expertise and private sector representatives. Currently mandated teams would be consolidated, and prevention and early intervention programs would be increasingly managed by the local interagency structures working under CSA auspices. A portion of local grants would be earmarked and retained by the SEC to insure ongoing, adequate evaluation services, while localities would receive technical assistance and flexibility in choosing program options. Recommendations offered seek to foster and institutionalize this expanded structure through fiscal incentives, co-location of agencies, greater non-government involvement at the local level, and expanded professional education curricula to include prevention and collaboration-focused training.

STATUS OF RECOMMENDATIONS

The initial reaction from the field to the DPB report was mixed. While there was support for some of the recommendations, specifically those focused at bringing prevention and early intervention programs into the fold of the service continuum and placing them on equal footing with the treatment end of the system, the pooling of funds and expansion of the CSA so soon in its development met with tremendous resistance. Coupled with these reactions was the understanding that the imminent change in Administration made any immediate implementation of the recommendations ill-conceived.

In response, the SEC established the Comprehensive Services Prevention and Early Intervention Project (CSPEIP). Organized under the auspices of the Secretary of Health and Human Resources and the State Executive Council, the CSPEIP was charged with developing a plan for the coordinating of prevention and early intervention activities across state agencies. The Project concluded on December 1, 1994, with the issuing of a final report.

VII. FINDINGS

A. FINANCIAL ANALYSIS

Sixty-six prevention and early intervention funding streams were identified and analyzed for this study. Information has been sorted in several ways, including:

- ◊ Program Profile;
- ◊ Service Area;
- ◊ Funding Method; and
- ◊ Funding Source.

Funds for prevention and early intervention services meeting the study's definition totaled $416,446,689.

Information contained in the funding analysis overview was developed through review of Appropriations documents, briefing papers, proposals/RFP's, program reports, and interviews with legislative and executive branch agency personnel. A draft of the analysis was reviewed for accuracy by the agencies, and corrected or amended accordingly.

◊ Program Profile

The funding analysis provided in Exhibit 5 describes key characteristics of all prevention and early intervention programs identified by the study team in consultation with executive branch agencies. The charts include funding source, match rates (both by the State and locality), purpose, locality participation, funding stability, and administrative structure. Some programs originally considered for inclusion were eventually deleted from the list. Staff development funds for prevention and early intervention were not specifically identified, nor were administrative dollars and staffing.

The Maternal and Child Health Block Grant, Community Health Services, and their program components profiled in the set of charts could not be analyzed past a general listing, which is appropriately footnoted. Federal reimbursement funds for School Breakfast and Lunch were roughly estimated, and were included only in a source analysis. At the request of the Task Force, Chapter I was listed but not analyzed further, owing to the unavailability of information.

Information on FY 96 funding is incomplete, with various State and federal appropriations not yet determined. In addition, block grant allocations to particular program activities were not always known. The study team felt it more useful to show dollar figures only where they were known or could be reliably projected, rather than to estimate the level of funding.

Finding 1

An exact profile of financial support for Virginia's prevention and early intervention programs is difficult to ascertain through the current Appropriations Act, state plans, and federal contracts. The financial profile of prevention and early intervention programs developed for this report was a labor-intensive undertaking and is not a complete analysis, as the contribution of museums, businesses, faith communities and other institutions is not captured. The difficulty in capturing prevention and early intervention funding has been addressed in a variety of previous reports. If Virginia has a commitment to evaluate the effectiveness of their investment in prevention and early intervention dollars, a baseline prevention and early intervention budget should be created.

Exhibit 5

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Adminis-tered By State/Local	Purpose	Participation
AT-RISK 4-YEAR OLDS	GF	Local match based on ability to pay	0	$10,286,606	Formula allocation	New appropriation	DOE/LEA	Improve school readiness for at-risk 4 year olds	102 localities
NATIONAL SCHOOL BREAKFAST, LUNCH, MILK PROGRAM	Federal/ GF (lunch only)	Reimburse-ment or rate varies	Federal(est) $97,100,000/ GF $5,801,942	Not yet determined	Reimburse-ment	Entitlement	DOE/LEA	Provide nutritious meals	Statewide
REDUCED K-3 CLASS SIZE	GF	Local match based on ability to pay	$37,533,594	$38,496,541	Formula allocation based on free-lunch participation	New appropriation	DOE/LEA	Improve education-al achievement of at-risk elementary school children through smaller class size in K-3	117 localities
READING RECOVERY	GF	None	$194,672	$141,581	Direct allocation to pilot locality	Biennial state appropriation	DOE	Provide intensive individualized reading instruction to 1st graders	1 locality
AT-RISK FUNDING	GF	Local match based on ability to pay	$28,810,949	$29,073,834	Formula allocation based on free-lunch participation	Biennial state appropriation	DOE/LEA	Improve education-al achievement for at-risk students	Statewide
REMEDIAL EDUCATION	GF	Local match based on ability to pay	$30,123,284	$30,578,111	Formula allocation based on student scores	Biennial state appropriation	DOE/LEA	Improve educational achievement for students scoring in the bottom quartile	Statewide

EARLY INTERVENTIO. JNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Adminis-tered By State/Local	Purpose	Participation
HOMEWORK ASSISTANCE	GF	None	0	$1,300,000	Formula allocation based on free-lunch participation	New appropriation	DOE/LEA	Improve at-risk students' study habits (grades 3-5)	34 localities
ALTERNATIVE EDUCATION	Federal/ GF	None	$1,775,000	$1,775,000	Competitive Grants	Biennial appropriation	DOE/LEA	Provide educational options for students without access to schools or returning from residential placement	48 localities
REMEDIAL SUMMER SCHOOL	GF	Local match based on ability to pay	$8,147,701	$8,300,949	Formula allocation/ students qualifying and attending summer school	Biennial appropriation (in SOQ)	DOE/LEA	Improve education-al achievement for students scoring in bottom quartile	120 localities
HOMELESS ASSISTANCE	Federal	None	$386,475	$386,475	Competitive grants	Biennial appropriation	DOE/LEA	Facilitate partici-pation in school of homeless school-age children	14 localities
DRUG-FREE SCHOOLS	Federal	None	$7,986,176	Not yet deternined	Formula allocation based on enrollment	Annual Federal appropriation	DOE/LEA	Reduce incidence of substance abuse	Statewide

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Administered By State/Local	Purpose	Participation
DROP OUT PREVENTION	GF	40% Local	$10,470,997	$10,470,997	Initially competitive grants; currently formula allocation based on improvement and dropout rates	Biennial state appropriation	DOE/LEA	Prevent school drop outs	106 localities
PROJECT DISCOVERY	GF	None	$1,025,754	$1,025,754	Annual grants to community action agencies	Biennial state appropriation initiated in 1986	DOE/ Project Discovery, Inc.	Help minority and low income students complete high school and improve access to college	29 localities
CHAPTER I	Federal	None	$96,414,473	Not yet determined	Formula allocation based on census, low income data	Annual Federal appropriation	DOE/LEA	Meet special needs of educationally-deprived children	Statewide
GUARANTEED ASSISTANCE	GF	None	$750,000	$750,000	Direct allocation to pilot sites (3)	New program in 93-94	DOE/LEA	Help disadvantaged students complete high school and improve access to college	3 localities
ACHIEVEMENT VIA INDIVIDUAL DETERMINATION D)	GF	Local, based on ability to pay	$490,800	$333,744	Direct allocation to pilot sites	New appropriation	DOE/LEA	Prepare at-risk middle and high school students for college	3 localities

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Administered By State/Local	Purpose	Participation
SCHOOL AND COMMUNITY HEALTH SERVICES GRANTS	GF	None	$1,550,000	$1,500,000	One-year competitive planning grants; annual renewal thereafter	New program in FY93	DOE/various local agencies	Increase access to primary health care for low income, uninsured populations	16 localities
BABY CARE	Federal/ GF	50% state	$1,478,000	$1,689,000	Reimbursement	Stable	DMAS/local provider	Provide case management of health/related services for low income pregnant women and infants to age 2	Statewide (depending on provisions)
COMMUNITY HEALTH SERVICES	GF/ Local	Based on cooperative health budget formula	Total $82,840,000; % of allocation devoted to P/EI not known		Formula allocation	Stable	VDH/LHD	Provide MCH and family planning, general medical and health support services	Statewide
TITLE X FAMILY PLANNING PROGRAM	Federal/ GF	None	$3,450,000	$3,450,000	Formula allocation	Stable	VDH/ LHD	Provide comprehensive family planning services for low income women	134 localities (32 of 35 districts)
HIGH PRIORITY INFANT TRACKING PROGRAM	Federal/ GF	None	$155,000 Part H/ GF $30,000	$155,000 Part H/ GF $30,000	Allocation to VDH	Pilot project 3rd year	VDH	Identify and track infants/ toddlers, disabled, or at-risk for developmental or health problems	38 localities

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Adminis-tered By State/Local	Purpose	Participation
PREVENTATIVE HEALTH AND HEALTH SERVICES BLOCK GRANT	Federal (CDC)	None	$3,696,420	Not known	State formula	Stable since 1981	VDH/varies by component		
PREVENTION/EARLY INTERVENTION COMPONENTS									
Sexual Assault Prevention			$221,000		Competitive grants		VDH/ Sexual Assault Centers	Reduce rape and attempted rape of women age 13 +	95 localities
Dental Disease Prevention			$315,044		Competitive grants with preference to poverty areas		VDH/LUG or LHD	Reduce dental disease in children ages 6-18	17 localities
Injury Prevention			$120,500		Competitive grants		VDH/varies	Support Safe Kids Coalitions and projects in LHDs	9 coalitions
Health Education and Risk Reduction			$80,000, for child-focused activities		Competitive grants		VDH/LEA	Increase healthy lifestyles for children	19 localities
IMMUNIZATION	Federal/ GF	None, but requirement for state immunization program and GF contribution	$3,864,184	$3,864,184	Formula allocation	Stable	VDH/LHD	Immunize children against preventable diseases	Statewide

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Adminis-tered By State/Local	Purpose	Participation
TEEN PREGNANCY PREVENTION	Federal (DMAS)/ GF	None	$1,200,000	$1,400,000	Direct allocation to pilot sites	2nd Pilot program year	VDH/LHD	Reduce teen pregnancy rates in high rate localities	15 localities
WOMEN'S, INFANTS' AND CHILDREN'S SUPPLEMENTAL NUTRITION PROGRAM (WIC)	Federal	None	$58,745,845	$61,095,679	Allocation based on caseload data	Stable	VDH/LHD	Improve nutritional health of pregnant women, infants and young children	Statewide
CHILDHOOD LEAD POISONING	Federal (CDC)	None	$465,000	$465,000	Competitive grants	5-year grant expires in FY97	VDH/LHD	Reduce lead poisoning outcomes in children living in high risk communities	16 localities
PRIMARY CARE	GF	None	$2,372,138	$2,372,138	Competitive 1st year, renewal thereafter	New initiative from 1991	VDH/varies and VA Health Care Foundation	Provide community-based primary health services to unserved areas and uninsured patients	43 localities plus 1 mobile unit in Southwest VA
PROJECT ASSIST	Federal (Natl. Cancer Institute)	None	$812,864	Not yet determined	Reimburse-ment to coalitions	In 3rd year of 7-year, $6 million grant	VDH and American Cancer Society/11 local coalitions	Reduce incidence of tobacco use and smoking initiation in youth	49 localities

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Administered By State/Local	Purpose	Participation
MATERNAL AND CHILD HEALTH BLOCK GRANT (TITLE V)	Federal/ GF	43% state	Federal $9,008,149 GF $4,899,417	Not yet determined	Annual allocation to state	Stable for over 30 years	VDH	Provide preventative and primary health services to women of child bearing age and children and specialty health care to children with special needs	Statewide
PREVENTION/EARLY INTERVENTION COMPONENTS *Programs at the local level may include one or more components. For each of these, Title V comprises a portion of the program funding source.*									
Family Planning	Federal/ GF	Breakdown of funds not available at this time			Allocation formula		VDH/LHD	Provide family planning services for low income women	134 localities
Resource Mothers	Medicaid Trust Fund/ TitleV/ GF				Competitive first year annual renewal for 4 years		VDH/varies	Reduce repeat pregnancy, school drop out and infant mortality/increase good health practices of pregnant/ parenting teens.	42 localities
Maternal and Infant Care	Federal/ GF				Allocation		VDH/LHD	Provide prenatal newborn screening and infant health services	135 localities
Nutrition Intervention Project	Federal/ GF				Allocation to pilot sites		VDH/LHD	Increase weight gain of underweight pregnant women	Statewide

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Adminis-tered By State/Local	Purpose	Participation
Well Child	Federal/ GF	Breakdown of funds not available at this time			Allocation		VDH/LHD	Provide child health services ages 0-3	25 localities
Primary Care/CHIP Replication	Federal/ GF				Competitive first year, annual renewal for 5 years	Grants funded for 5 years	VDH/varies	Improve access to comprehensive primary health care	21 localities
Part H Integration	Federal/ GF				Allocation to pilot sites		VDH/varies	Integrate case management services	Statewide
Child Development Clinics	Federal/ GF				State allocation		VDH	Provide evaluation, and care planning coordination to at risk and develop-mentally delayed children	Statewide
Nutrition Consultation	Federal/ GF				State allocation		VDH/LHD	Provide nutrition consultation to public health programs	Statewide
Childhood Injury Prevention	Federal/ GF				State allocation		VDH	Educate child health and child care professionals on preventing injury	1 site

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Adminis-tered By State/Local	Purpose	Participation
CHILD HEALTH INVESTMENT PROJECT (CHIP)	Federal (FRSG)	State 20%	$1,500,000	$1,500,000	Competitive 1st year; renewal for 2 years	3-year grant (expires after 1996)	CHIP of Virginia/ varies	Provide compre-hensive community based preventative and primary health services for child-ren in unserved areas and for uninsured families	24 localities
EXTENSION SERVICE- WIC NUTRITION EDUCATION PROJECT	Federal (DOA)	Local contributions vary	$61,729	Not yet determined	Pilot sites selected based on income level	Entering 3rd and final year of pilot	Cooperative Extension/ local cooperative agent, WIC staff	Improve diet of WIC clients	7 localities
MATERNAL, INFANT AND CHILD NUTRITION	Federal (DOA)/ GF-80%	Local contributions vary	$92,115	Not yet determined	Disburse-ments to local Extension Divisions	Annual appropriation	Cooperative Extension	Improve nutrition and health	7 localities
COMMUNITY-BASED CHILD CARE	Federal (DOA)/ GF-80%	Local contributions vary	$253,674	Not yet determined	Disburse-ments to local Extension Divisions	Annual appropriation	Cooperative Extension	Increase family child day care resources in rural areas	33 localities
4-H YOUTH EFNEP	Federal (DOA)	Local contributions vary	$321,419	Not yet determined	Disburse-ments to local Extension Divisions	Annual appropriation	Cooperative Extension	Promote good health for youth	13 localities

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Adminis-tered By State/Local	Purpose	Participation
4-H ADULT EFNEP	Federal (DOA)	Local contributions vary	$1,351,396	Not yet determined	Disburse-ments to local Extension Divisions	Annual appropriation	Cooperative Extension	Promote good health for young families	25 localities
4-H PROGRAM (General)	Federal (DOA)/ GF-80%	Local contributions vary	$1,366,095	Not yet determined	Disburse-ments to local Extension Divisions	Annual appropriation	Cooperative Extension	Teach leadership and organizational skills to youth	Statewide
PARENTING EDUCATION	Federal (DOA)/ GF-80%	Local contributions vary	$598,742	Not yet determined	Disburse-ments to local Extension Divisions	Annual appropriation	Cooperative Extension	Provide parent training	60 localities
SAPT BLOCK GRANT (PREVENTION SET-ASIDE)	Federal (HHS)	None	$5,000,000	$5,000,000	Formula allocation	Stable annual allocation	DMHMRSAS/ CSBs	Prevent substance abuse	Statewide
BETTER BEGINNINGS	GF	None	$150,000	$150,000	Annual allocation	Biennial appropriation	DMHMRSAS	Establish and support coalitions for teen pregnancy prevention	38 localities
PART H	Federal (DOE)	None	$4,789,719	$5,699,765	Formula allocation	Stable since 1980	DMHMRSAS/ Local Coordinating Councils	Deliver a statewide system of EI services for infants and toddlers with disabilities and their families	Statewide

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Adminis-tered By State/Local	Purpose	Participation
EARLY AND PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)	Federal (Medi-caid)/ GF	50% state	$11,447,000	$12,694,000	Reimburse-ment	Stable	DMAS/local providers	Provide preventive health care	Statewide
JJDP INCENTIVE GRANTS	Federal	50% local required in 4th year	$56,662	Not yet determined	Competitive grants	Stable since 1977	DCJS/LUG	Prevent delinquency	3 localities
JJDP TITLE V	Federal	50% state	$296,000	Not yet determined	Competitive grants	New in 1994	DCJS/LUG	Prevent delinquency	Not yet determined
OFFICE ON YOUTH	GF	Local 25% minimum (in-kind or cash)	$1,823,122	0	Annual grants	Cut in 95 Gov. budget; restored for 1 year by General Assembly	DYFS/LUG	Prevent delinquency	58 localities
HOMELESS INTERVENTION PROGRAM	GF	None	$1,951,000	$1,951,000	First year competitive grants, annual renewal thereafter	Biennial appropriation	DHCD/LUG Non-profit	Prevent homelessness	6 localities
FAMILY VIOLENCE PREVENTION PROGRAM	Federal (HHS)/ GF	40% Federal; 60% GF; grantee cash or in-kind match	$500,000	$500,000	Competitive grants	Biennial appropriation	DSS/public & private non-profit organizations	Prevent child abuse/neglect	51 localities plus 2 statewide grants

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Administered By State/Local	Purpose	Participation
CHILD CARE AND DEVELOPMENT BLOCK GRANT	Federal	None	$16,425,961 (est.) Total Program	$16,425,961 (est.) Total Program	RFPs/ contracts with state agencies; Grants/ contracts to local organizations	Annual appropriation; due for re-authorization in 1996	CCDCECP/ local public and private providers	Increase availabilty, quality and afford-ablity of child care	81 localities *
			Before/After School $3,079,868	$3,079,868					
			Quality Improvements $1,026,623	$1,026,623					Statewide
			Child Care Services $10,471,550	$10,471,550					Statewide
			Affordability, Availability and Quality Improvements Activity $1,847,921	$1,847,921					92 localities*
EARLY INTERVENTION	GF	None	$125,000	$125,000	Formula allocation	Annual appropriation	DMHMRSAS/ CSB's	Provide services to under- and un-served infants and toddlers	Statewide
HEAD START	Federal	None	$45,760,511	Not yet determined	Grants to localities	Annual appropriation	Local entities	Maximize school readiness	128 localities

* Varies by grant and program year

EARLY INTERVENTION FUNDING IN VIRGINIA

Funding Stream	Source	Match Rate	1995 Funding Amount	1996 Funding Amount	Allocation Method	Funding Stability	Administered By State/Local	Purpose	Participation
CSA TRUST FUND (EARLY INTERVENTION PORTION)	GF	None first year; "CSA pool funds" growth formula index thereafter	$941,058	$848,000 (est.)	Competitive grant	Dependent upon local match	Office of Comprehensive Services/ CPMT	Provide EI services for youth and children at risk of developing emotional/behavioral problems	22 localities
FAMILY PRESERVATION (SSBG)	Federal (HHS)	20% local cash	$1,156,250	$1,156,250	Formula allocation based on number of youth under age 18 and those youth in poverty	Annual appropriation	DSS/DSS	Family Preservation/ Family Support	Statewide
FAMILY PRESERVATION AND SUPPORT ACT*	Federal (HHS)/ GF	15% state, 10% local (cash)	$749,005	$2,969,828	FY95 - continuation of state-funded pilots; FY96 - not yet determined	5 year authorization	DSS/CPMT*	Family Preservation/ Family Support	FY95 - 12 localities; FY96 - Projected Statewide
FAMILY PRESERVATION AND SUPPORT ACT	Federal (HHS)	None	$365,746	$0	Not yet determined	1 year planning	DSS/Family Preservation Planning Committee	Planning Activities	Projected Statewide

Source: Virginia Commission on Youth graphic and analysis of information provided by executive branch agencies shown, 1994

* Propc inal plan for Family Preservation and Support Act not yet approv

EARLY INTERVENTION IN VIRGINIA

Glossary

AVID	Achievement via Individual Determination
CAA	Community Action Agencies
CDC	Center for Disease Control
CHIP	Child Health Investment Project
CPMT	Community Planning and Management Team
CHS	Community Health Services
CSA	Comprehensive Services Act
CSB	Community Service Board
CCDCECP	Council on Child Day Care and Early Childhood Programs
DMAS	Department of Medical Assistance Services
DHCD	Department of Housing and Community Development
DMHMRSAS	Department of Mental Health, Mental Retardation, and Substance Abuse Services
DOA	Department of Agriculture
DOE	Department of Education
DSS	Department of Social Services
DYFS	Department of Youth and Family Services
E I	Early Intervention
EFNEP	Extension Food Nutrition Education Program
EPSDT	Early and Periodic Screening Diagnosis and Treatment
FRSG	Family Resource and Support Grant
GF	General Fund
HHR	Health and Human Resources
JJDP	Juvenile Justice and Delinquency Prevention
LEA	Local Education Authority
LHD	Local Health Districts
LUG	Local Unit of Government
MCH	Maternal and Child Health Services
OPCR	Office of Prevention and Children's Resources
P/IE	Prevention/Early Intervention
SAPT	Substance Abuse Prevention and Treatment
SOQ	Standard of Quality
VAASA	Virginians Aligned Against Sexual Assault
VDH	Virginia Department of Health
WIC	Women, Infants, and Children (Nutrition Project)

◊ Service Areas

On completion of the set of profile charts, the study team sorted programs and their funding sources into service areas on the basis of their stated purposes. Prevention and early intervention programs identified for this study were sorted into seven "service areas" according to their stated purposes:

- School Readiness/Child Care - These programs provide or are supportive of services for pre-school age children. Some programs and services are focused on educational development, some are primarily child care, while others are a mix of the two.
- Educational Improvement - This area includes programs aimed at improving academic performance, and spans K-12 grade levels.
- Post-Secondary Education Preparation - Programs in this category are designed to improve the likelihood of post-secondary education.
- Nutrition - These programs provide food and/or nutrition education to children and families, particularly those at low income levels.
- Physical Wellness/Health Promotion - Programs in this area provide direct services, education, and technical assistance related to physical well-being and health maintenance.
- Response to Problem Behavior(s) - Most programs in this area are aimed at adolescents and address identified problems such as substance abuse, teen pregnancy, and dropping out of school.
- Disabilities Support Programs - These programs respond to physical impairments or handicaps.

At times, the assignment of a specific service area was difficult, owing to the multiple goals of the program. For example, the DOE Homeless Assistance program was included in Response to Problem Behavior(s) because of the identified social problem involved; it might also have been included in Educational Improvement since the program aims to facilitate participation in school by homeless youth. In another example, Title X Family Planning was included in Physical Wellness/Health Promotion, but could have also been related to Problem Behavior(s), e.g. teen pregnancy.

In addition to identifying the level of funding by service area, Exhibit 6 which follows indicates the involvement of the various agencies and the number of programs funded within each service area.

Exhibit 6

EARLY INTERVENTION FUNDING IN VIRGINIA
Analysis by Service Area

Service Area	Central Administrative Agency(ies)	Number of Programs	FY 95 $$ as known 11/10/94	FY 96 $$ as known 11/10/94
			Community Health Services funds not included	
SCHOOL READINESS/ CHILD CARE*	DOE; Cooperative Extension; CCDCECP; DSS	7	99,973,740	65,209,108
EDUCATIONAL IMPROVEMENT**	DOE	6	69,051,606	71,169,475
POST-SECONDARY EDUCATION PREPARATION	DOE	3	2,266,554	2,109,498
NUTRITION***	DOE; Cooperative Extension; VDH	8	163,474,446	61,095,679
PHYSICAL WELLNESS/ HEALTH PROMOTION	DOE; VDH; DMAS	17	26,641,866	14,840,322
RESPONSE TO PROBLEM BEHAVIOR(S)	DOE; Cooperative Extension; DCJS; DMHMRSAS; DSS; DYFS; VDH; DHCD	21	36,156,192	24,957,550
DISABILITIES SUPPORT PROGRAMS	DMHMRSAS; VDH	4	4,974,719	5,884,765
Subtotal		66	402,539,123	245,266,397
MCH Block Grant	VDH		13,907,566	not yet known
Total		66	416,446,689	not yet known

* Includes Head Start

** Does not include Chapter 1

*** FY 95 includes both DOE General and Federal Funds; FY 96 does not include any DOE General or Federal Funds

Source: Virginia Commission on Youth graphic and analysis of financial information provided by executive branch agencies listed, 1994

- Agency involvement in service areas varies considerably. DOE is active in six of the seven service areas, while DYFS and DHCD are involved in only one, reflecting a more narrowly defined mission.
- The largest areas of investment are School Readiness/Child Care, Educational Improvement, and Nutrition, a pattern supported by prevention and early intervention theory.
- The majority of prevention and early intervention funds are programmed and/or administered by DOE and VDH, both of whom are engaged in multiple service areas.
- Far more money is being targeted on younger children than on adolescents, if one assumes that most adolescent services will fall under Problem Behaviors and Post-Secondary Education Preparation. While this approach is supported by prevention theory, it is important to support the inter-generational approaches of successful programs.

Exhibit 7

Percentage of Funding in FY 93 by Service Area

School Readiness/Child Care	**33%**
Educational Improvement	**23%**
Nutrition	**22%**
Response to Problem Behavior(s)	**11%**
Physical Wellness/Health Promotion	**9%**
Disabilities Support Programs	**2%**
	100%

*** Post-Secondary Educational Improvement < 1%.**

Source: Virginia Commission on Youth analysis of financial information provided by executive branch agencies listed, 1994

Finding 2

All state child-serving agencies provide some prevention and early intervention services. Clearly, the majority of prevention and early intervention funds and programs occur in the education system. This approach is supported in prevention theory and suggests that the most effective interventions are those which work with the client at the earliest age possible and within the context of accepted social institutions. However, it is noticeable that both the child welfare system and the juvenile corrections system are limited in early intervention initiatives. The Governor's FY 96 Budget would limit the

involvement of juvenile corrections in early intervention efforts with the abolishment of the Offices on Youth. Despite the support for interagency approaches for prevention and early intervention services found at the local level and supported in the research literature, the current trend in the Commonwealth to be towards having the bulk of prevention initiatives remain within the purview of local education authorities.

Finding 3

Some duplication among the 66 identified prevention and early intervention programs in service design can be addressed without sacrificing service capacity. Some programs focusing on the areas of health promotion, self-esteem enhancement, parenting skills and child care are funded by a variety of sources and appear to be duplicative in service delivery. It is not recommended that these programs be downsized, but rather that the local administrative structures be analyzed and, where duplication exists, efforts be made to coordinate the program administration and redirect the savings into direct service.

◊ Funding Method

Further analysis was conducted to identify by service area the dollar amounts and percentages of prevention and early intervention funds. The analysis identified percentages of prevention and early intervention funds distributed through formula allocation, competitive grants, non-competitive grants/contracts, reimbursements, and pilot projects. Distribution methods vary by service area, with at least two methods used in any category. The diversity of these methods is shown in Exhibits 8 and 9.

Fully two-thirds of all prevention and early intervention funds are disbursed through formula allocations. The use of formulas is normally relied upon to insure maximum equity of distribution to as many recipient communities as possible. Formula allocations to localities are generally developed through combining measures of financial well-being to determine an "ability to pay," with selected indicators of service need. Choices over the factors to be included in a formula necessitate compromise between competing interests. High real estate values may be misleading in a locality carrying a heavy debt burden. Similarly, low poverty rates will decrease the total amount received by a locality despite the high need of a subpopulation.

Competitive grants account for only about 4% of prevention and early intervention funds. In contrast with the concern routinely voiced regarding the competition for prevention dollars, the analysis shows the level of activity is clearly marginal in the overall prevention and early intervention field. Adding the 21% of funding disbursed through non-competitive grants/contracts does not change the situation dramatically, since virtually all of that money is devoted to one service area through Head Start and the Child Care Block Grant.

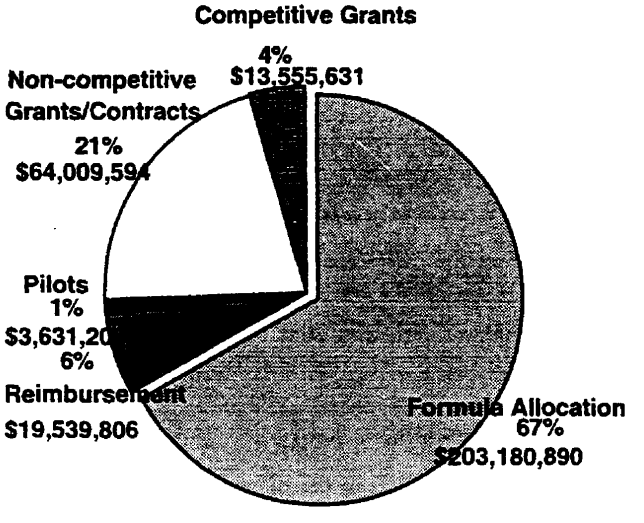
Funding for pilot projects amounts to about 1% of the total. If these programs are considered to be analogous to research and development in the private sector, the investment appears to be very small.

Finding 4

The majority of prevention and early intervention dollars in Virginia are disbursed through formula allocation and target younger children and their families. Most of the prevention and early intervention dollars are distributed through formula approaches which measure the financial capacity for a locality to pay for services against the service need as measured by selected indices. These funds routinely factor in poverty measures which appear to be predominant indicators of service needs. Despite the inherent compromise in developing acceptable formula components, the current system of funds disbursement provides statewide coverage for the majority of major prevention and early intervention initiatives.

Exhibit 8

FY 93 Funds by Distribution Method



Source: Virginia Commission on Youth graphic and analysis of financial information provided by executive branch agencies listed, 1994.

Exhibit 9

FY 93 Funds Distribution Method by Service Area

	Formula Allocation	Pilot Projects	Competitive Grants	Non-Competitive Grants/ Contracts	Reimbursements	Totals
School Readiness Child Care	38%			62%		100%
Educational Improvement	97%	<1%	3%			100%
Post-Secondary Educational Improvement		55%	45%			100%
Nutrition	91%				9%	100%
Health Promotion Physical Wellness	27%		24%		49%	100%
Response to Behavior Problems	74%	6%	13%	5%	2%	100%
Disabilities Support	96%	4%				100%

Source: Virginia Commission on Youth Graphic and Analysis of Executive Branch budget, 1994.

◊ **Funding Source**

A separate analysis was conducted on the involvement of federal funds, relying on the previously determined service area analysis depicting whether the source is purely federal or General Fund dollars only, or a blending of the two. The results illustrate patterns of investment by state and federal governments, as well as areas in which the State is "leveraging" its funds.

Over $266 million, or 64%, of prevention and early intervention funds come from the federal government, with particularly large investments in Nutrition, and School readiness/child care.

While the overall percentage of dollars allocated by competitive grants and contracts is small, it is through this means of funds distribution that the greatest geographic discrepancies appear. A total of 21 programs were funded through competitive grants and contracts. Analysis by locality (Exhibit 11) reveals that urban areas (i.e., Richmond, Norfolk and Roanoke) are the most successful in applying for and receiving competitive funds. These areas average participation in more than 15 out of a possible 21 programs. Pockets of the Southwest, Northern Virginia, and Tidewater areas participate in almost one-half of the competitive programs. However, the majority of the state's localities either choose not to apply or are unsuccessful in accessing competitive prevention and early intervention dollars.

Follow-up contact with non-participating localities revealed a pattern to their rationale for not applying for competitive grants. The most common reasons given for not attempting to capture competitive dollars were: the local match requirement, absence of a grant writer on staff, perception of shifting priorities by the State, and assessment that reporting requirements were overbearing. Repeatedly these local officials conducted their own cost/benefit analysis of applying for funds and concluded the additional revenue would not be offset by either local match requirements or staff resources required to manage the grants. Regardless of the accuracy of these perceptions, they are persuasive enough to limit the involvement of one quarter of the state's local units of government in discretionary prevention and early intervention activity.

The State achieves very positive returns on its leveraging of General Fund dollars, as Exhibit 10 indicates. The most notable example of leveraging dollars occurs in the Nutrition area, where $5.9 million State funds brings in $97.1 million federal for School Breakfast, Lunch and Milk services.

Of the roughly $18 million in General Fund dollars devoted to Problem Behavior(s), $10 million goes to Drop-Out Prevention under DOE. The Governor's FY 96 Budget recommends merging Drop-Out Prevention, Guaranteed Assistance, Project Discovery, Reading Recovery and School/Health Pilots into one block grant for localities to use for their at-risk population. Other agencies are clearly much more dependent on federal funds and the leveraging exercise.

Fully 99% of prevention and early intervention funds for Disabilities Support Programs are federal. The General Fund dollars portion—$30,000—is used to obtain $155,000 for the High Priority Infant Tracking Program.

Exhibit 10

FY 95 EARLY INTERVENTION PROGRAM FUNDING IN VIRGINIA

Funding Analysis

General and Federal Fund Breakout

Service Area	Total Funds	Federal Only	Blended Funds		General Funds Only
			Federal	General Fund	
SCHOOL READINESS/ CHILD CARE*	99,973,740	62,186,472	50,735	202,939	37,533,594
EDUCATIONAL IMPROVEMENT**	69,051,606	0	575,000	1,200,000	67,276,606
POST-SECONDARY EDUCATION PREPARATION	2,266,554	0	0	0	2,266,554
NUTRITION***	163,474,446	60,480,389	97,118,423	5,875,634	0
PHYSICAL WELLNESS/ HEALTH PROMOTION****	26,641,866	980,544	13,379,435	8,359,749	3,922,138
RESPONSE TO PROBLEM BEHAVIOR(S)	36,156,192	15,985,173	1,992,275	2,717,567	15,461,177
DISABILITIES SUPPORT PROGRAMS	4,974,719	4,789,719	155,000	30,000	0
Subtotal	402,539,123	144,422,297	113,270,868	18,385,889	126,460,069
Total including MCH Block Grant	416,446,689	144,422,297	122,279,017	23,285,306	126,460,069

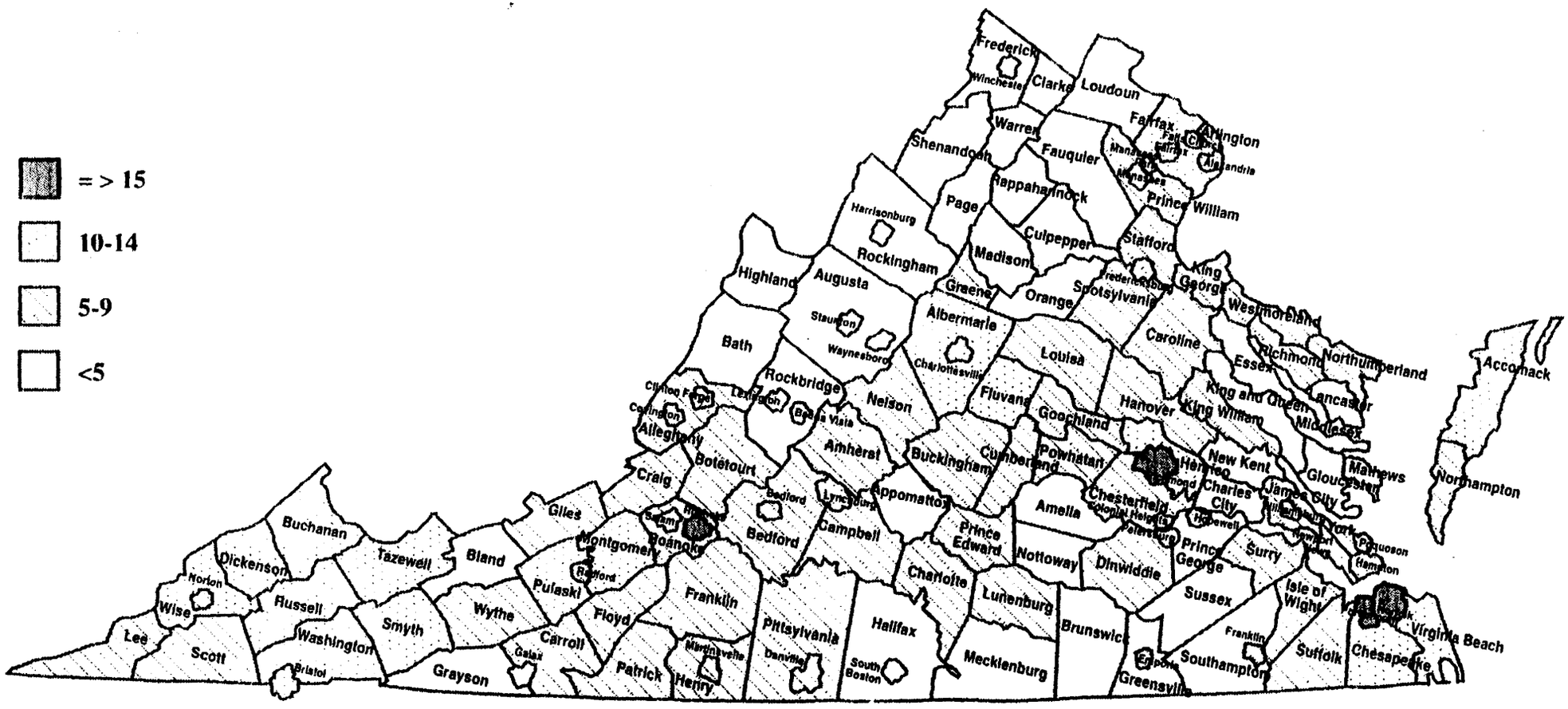
* Includes Head Start
** Does not include Chapter 1
*** Includes DOE Federal funds ($97.1 million est.)
**** Does not include Community Health Services

Source: Virginia Commission on Youth graphic and analysis of financial information provided by executive branch agencies listed, 1994.

Exhibit 11

Level of Participation in Grant/Contract-Funded Prevention

(21 Total Programs)



Note: Some of the smaller cities may have access to these programs through surrounding/neighboring counties.

Source: Virginia Commission on Youth analysis of program information provided by executive branch agencies listed, 1994

Graphic: Virginia House of Delegates (CM-V4)

Finding 5

The federal government remains the primary supporter of prevention and early intervention services in Virginia. Budget analysis reveals that approximately 61% of the funds supporting prevention and early intervention services are federal. The State is able to leverage $23,285,306 in General Fund dollars to receive $122,279,017 in federal dollars. Since the 1960s the federal government has played a leadership role is establishing broad parameters for early intervention and prevention services and allowing the states a degree of latitude in setting up implementation plans to achieve prevention goals. Most Virginia programs supported with only General Fund dollars are directed to early intervention services for the older adolescent population.

Finding 6

The new federal direction is to emphasize an inter-disciplinary approach to prevention and early intervention programs in which communities can select their own indices of need and develop inter-agency responses to problems. The Family Preservation and Support Act, the Maternal and Child Health Block Grant, Part H, and the Title V initiative on Juvenile Delinquency Prevention indicate a new direction for the federal government. All of these initiatives rely on the use of broad indicators of community needs and strengths as the foundations for their prevention and early intervention approaches. They also provide guidance for administering state agencies to collectively plan for the expenditure of funds. This increased flexibility is paralleled by the state's education initiative with At-Risk Four Year Olds. Increased local flexibility, collaboration in program design, and the encouragement of locally developed indicators of need are the current trends in federal initiatives and are being adapted to some degree to state programming.

B. ROLE OF THE STATE

In prevention and early intervention programming, the federal and state governments play distinct but complementary roles. In simplest terms, broad conceptual frameworks are developed at the federal level; the federal government funds the research and evaluation projects on which the models are based; and the State then creates an operational structure for the distribution and management of funds devoted to the model. In other instances, the State identifies proven programs for replication on its own initiative, or funds pilot projects. Again, however, the role is generally one of enabler rather than creator of models. The CSA stands as an exception to this practice.

In the Maternal and Child Health Block Grant, programmatic goals and allocation guidelines are given, but the Department of Health then directs the funds to the field with relative autonomy. In this funding stream, comprised of ten individual programs, VDH has chosen to use formula allocations and grants which are competitive in the first year and renewed thereafter. It is VDH, not the federal government, which determines exactly which resources will go to the particular programs, and it is VDH which must see that services are in fact delivered at the local level. In the Preventive Health and Health Services Block Grant, in contrast, all funds are distributed through competitive grants.

Another example of this role delineation can be found in the Title V Delinquency Prevention program. The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) has distributed funds to the states in conjunction with its endorsement of the Communities that Care model discussed elsewhere in this report. To operate the model in Virginia, the Department of Criminal Justice Services (DCJS) announced an RFP/grants process which began by inviting potential applicants to a training on Communities that Care conducted under OJJDP sponsorship. The training was an implicit prerequisite to applying for funds, in that the RFP called for strategies and activities which would incorporate the risk and protective factors fundamental to Communities that Care and recipients would be monitored and evaluated in accordance with the model. Thus Title V monies were made available to address specific problems in a specific programmatic context.

The State's role also includes provision of training and other forms of technical assistance to the field. In difficult economic situations, however, training and other supportive funds are often the first to be cut back, sacrificing long-term investment in favor of short-term interagency budget balancing. The absence of systemic evaluation for Virginia's prevention and early intervention programs should be noted.

According to the 1992 DPB study, evaluation is an area of significant concern but not a priority for many engaged in the process of starting and operating programs. Evaluation methodologies are too often inadequate or incomplete, and very few consequential decisions are made on the basis of findings.

Finding 7

Previous studies on prevention and early intervention reach similar conclusions regarding the needs of the current system and recommendations for its improvement. Virginia has a long history of support for prevention and early intervention programs and of conducting studies and convening Task Forces to work for the improvement of these services. State-sponsored Mental Health, Education, Child Welfare and Juvenile Delinquency services have all had a prevention component since the mid 1970s. However, many prevention advocates across the state would argue that prevention and early intervention remains a misunderstood, underfunded component of the service system. The multitude of findings from previous studies universally support a view that prevention and early intervention services are unevenly funded with State dollars, are not evaluated in any systematic way, and that the replication of proven effective interventions is sporadic. Previous studies also discuss the role of leadership and vision at the state and local levels and their importance for the support of prevention initiatives. Leadership at the state level to cooperatively fund and support prevention and early intervention services has varied throughout the decade.

Finding 8

Local, state, and federal programs have different definitions of prevention and early intervention which creates unnecessary barriers to comprehensive service delivery. While the field of prevention and early intervention is relatively new, there is a rapidly growing body of research which supports the inter-related nature of causal factors creating risk to the healthy development of individuals. While there are

nportant distinctions between the scope and target of prevention versus early intervention programs, definitional contradictions within these service areas have created unneeded restrictions in developing and funding programs.

C. GEOGRAPHIC BARRIERS

Focus group participants in the 1992 DPB study identified regional boundaries as one of the many barriers to collaboration in program operations. Under the heading of "Policies, Procedures, and Laws," participants spoke of "sub-state agency geographical boundaries which do not match up, e.g. judicial districts, community services board catchment areas, health districts. In a similar, and more recent data gathering process, the CSPEIP also heard from stakeholders that varying regional alignments are problematic. The four maps provided as Exhibit 12 graphically illustrate the point.

Differing regional structures may not be an issue having high visibility, but these are both symptomatic of, and causes of, other barriers to collaboration. As an example, "turf" issues are frequently cited as creating problems in effective service delivery. Generally, one thinks of turf problems in terms of power and authority, but it may also apply with respect to physical geography. The regional resource distribution priorities for one agency clearly may be out of synch with those of another. Staff in a given program may not be able to engage in projects and/or share resources with another agency because the initiative is not in their catchment area. Communication across regional districts in their various configurations is limited.

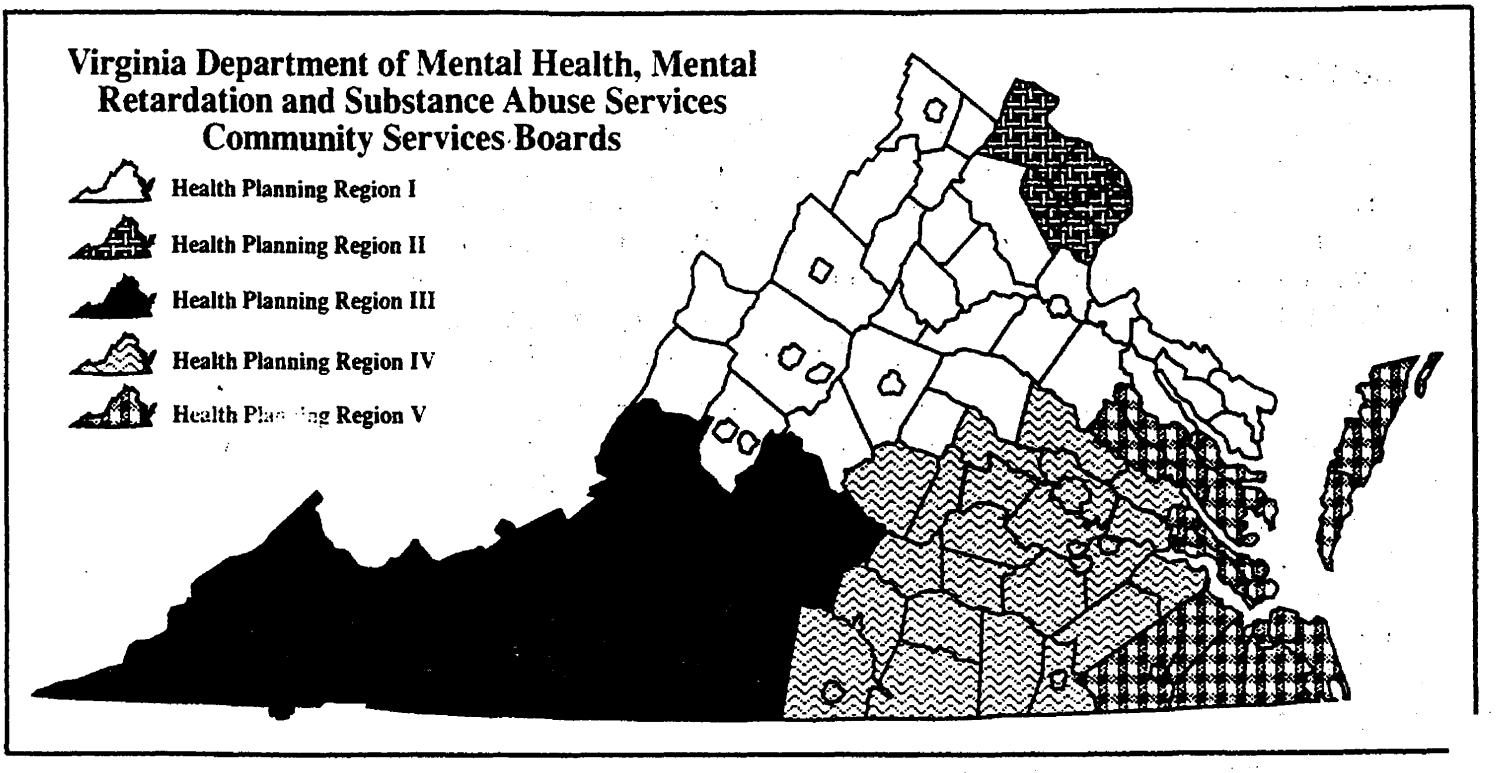
The justification for any particular regional framework has not been clearly identified in any of the studies reviewed. The General Assembly, in consultation with the Secretary of Health and Human Resources, did investigate the potential for regionalization of local Departments of Social Services (DSS) in 1992, but no action was taken. Also, the regionalization did not seek to match the DSS system to any other human service agency regional structure. The issue of geographic barriers is often mentioned in evaluation reports and, in the absence of clear reasons for resistance, could be studied and resolved by the executive and legislative branches in a relatively short timeframe.

Finding 9

Geographic barriers create impediments for comprehensive service designs. There are at least five different ways the State is carved into regional structures in the various child serving agencies. There is overlap in some of these regional structures, but there is also a great deal of misalignment among others. Given the small populations of many communities and the recent emphasis on regional approaches to service delivery, the Commonwealth would be well served if these regional structures were better coordinated across disciplines and state agencies.

Exhibit 12-1

Regional Structures of Four Virginia Child-Serving Agencies



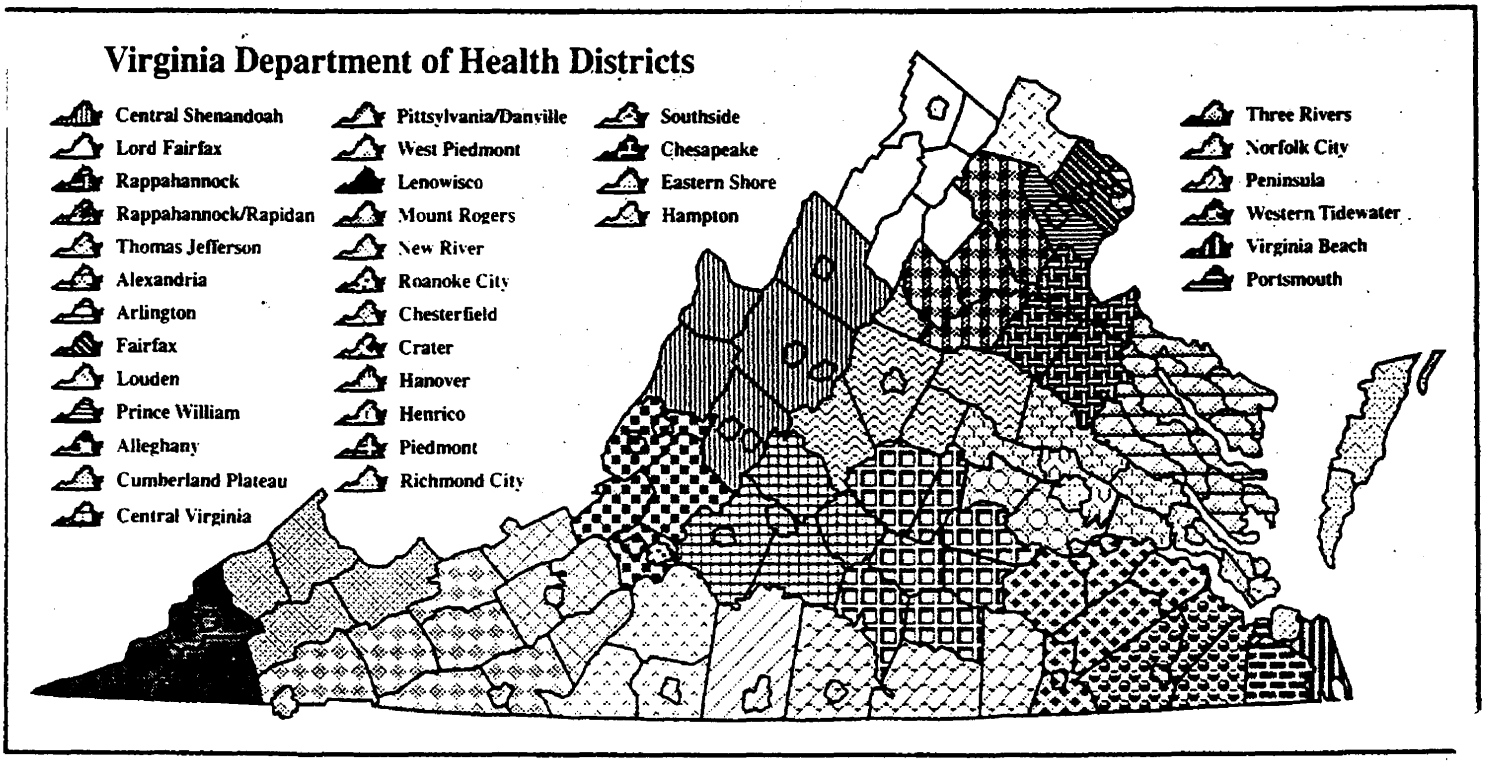
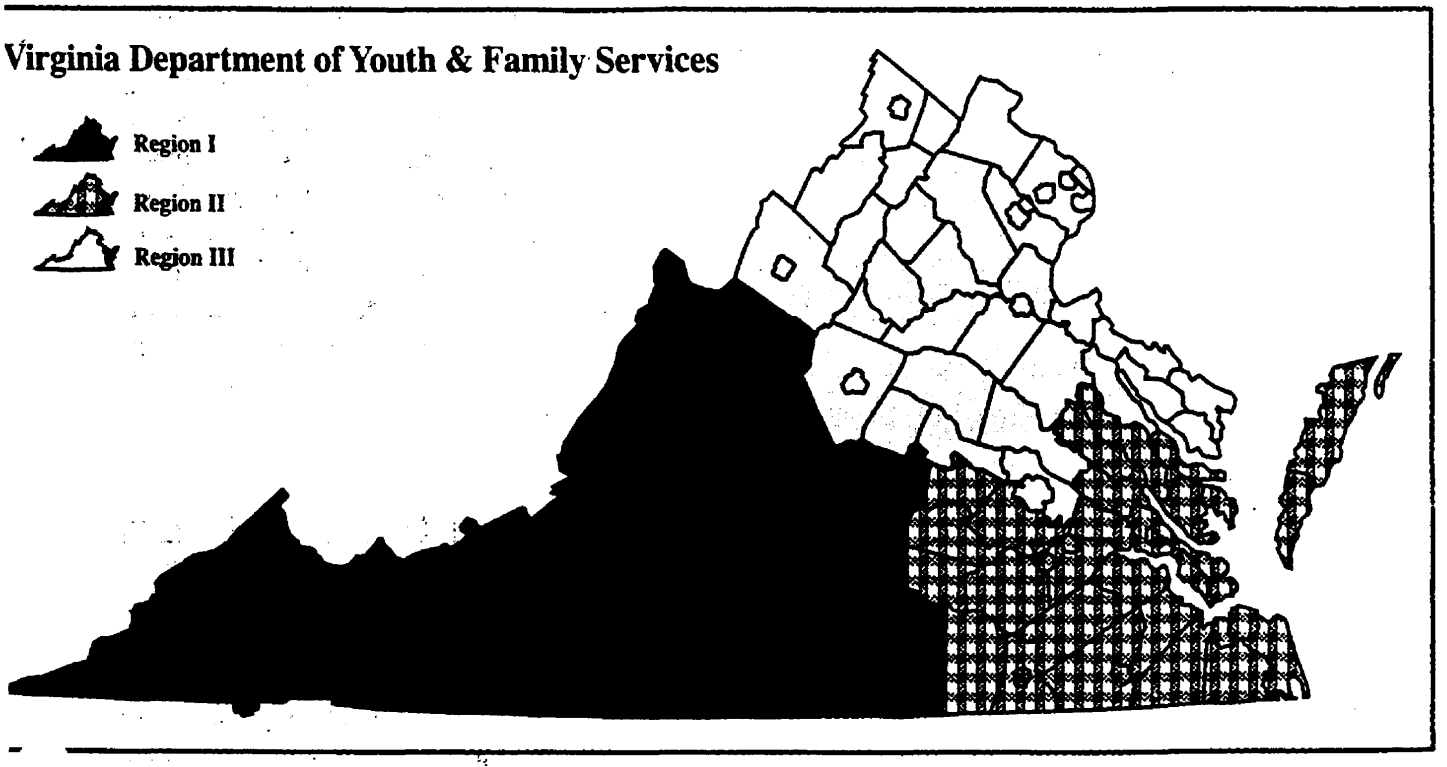
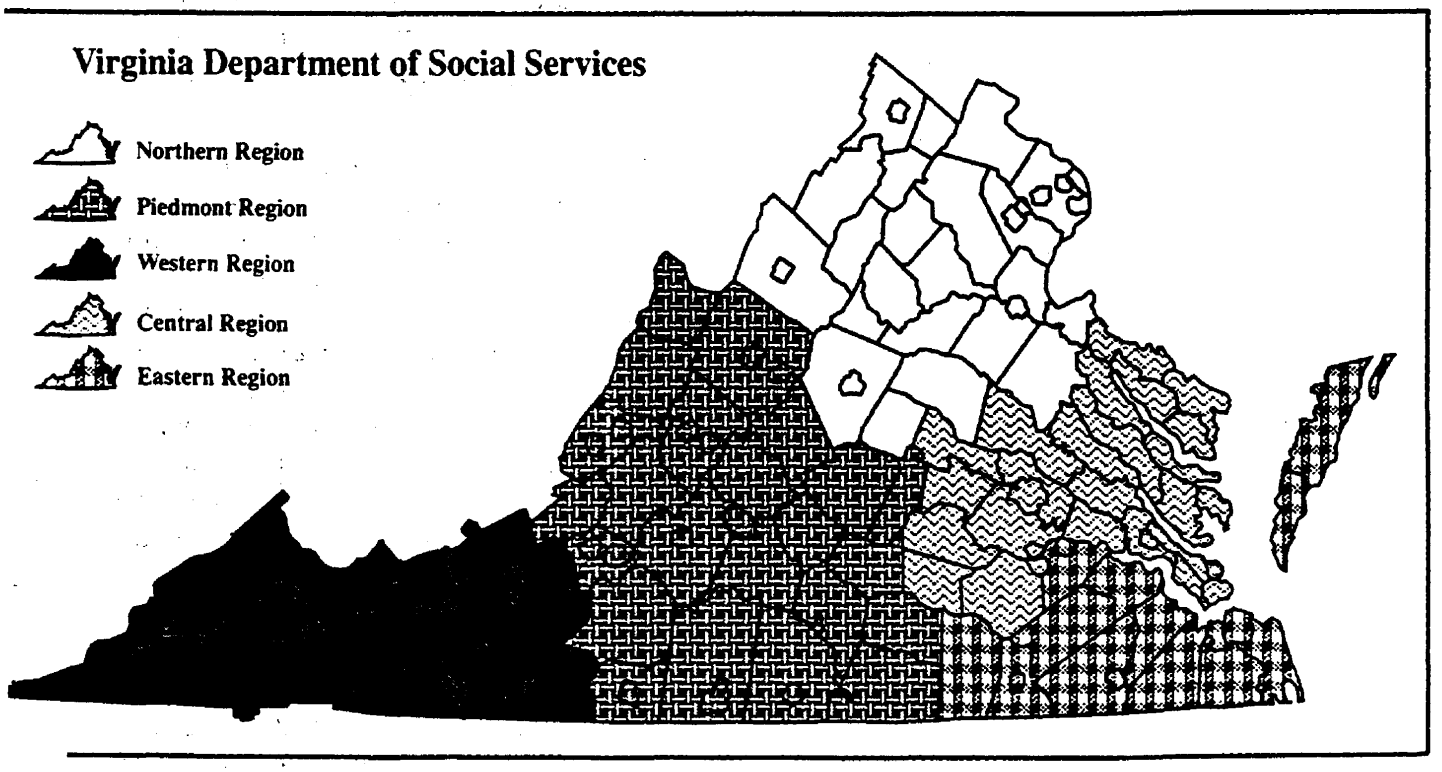


Exhibit 12-2

Regional Structures of Four Virginia Child-Serving Agencies





Source: Virginia Commission on Youth analysis of program information provided by executive branch agencies listed, 1994
Graphic: Virginia House of Delegates (CM-V4)

As the Task Force toured community programs, heard from local officials and received testimony through the public hearings, a number of recurring themes became apparent. Many programs at the local level have taken the initiative to forge partnerships across agency lines to develop effective prevention and early intervention programs. Schools working with economically deprived four year olds took the initiative to create linkages with other human service providers to provide comprehensive services to the children and their families. Programs for drug-addicted mothers identified the family unit as the target for intervention. Local Boards of Supervisors identified prevention strategies as cost-saving approaches and found necessary program start-up funds. Testimony received highlighted the commitment of selected local officials to examine their service priorities as a community. Leadership to develop intergenerational prevention and early intervention programs is clearly emanating from the municipal, if not the state, level. For many communities, early intervention programming is seen as a fiscally prudent investment strategy.

Finding 10

Localities provide tremendous leadership in the development and maintenance of innovative prevention and early intervention programs. In the Task Force's work with the Steering Committee, as well as in the site visits, the members were continually impressed by the degree of dedication and innovation found in local government. The concept of viewing prevention as a community investment, as was heard in Hampton, or the local initiative to serve all those who were eligible for Chapter I funds as seen in Newport News, or the creative partnerships between high schools, pre-schools and nursing homes, as witnessed in Roanoke—all evidence a commitment and creativity on the part of local government to respond to prevention and early intervention concerns. The Task Force heard repeated testimony from local government representatives of their priority on prevention and their belief that it holds the promise to end the cycle of despair seen in so many of their communities' families.

Public hearing testimony allowed the Task Force to hear first-hand the scope of the private sector involvement in prevention and early intervention services. Many United Way-affiliated and church-sponsored program representatives presented to the Task Force. Many of these services were focused on daycare and recreational programs. The role of the faith community in providing early childhood and after-school care is large. While these programs receive training and funds from the State, they are rarely involved in statewide planning efforts identifying service needs. On a local level, programs sponsored by the faith and private sector community fill documented service gaps and are seen as key components in the service network. However, for many of these providers, the CSPEIP focus group sessions were the first time their opinions had been sought for planning purposes. It is the impression of the Task Force that inclusion of non-public sector providers in local planning efforts is the exception, rather than the rule.

Finding 11

The assets of the faith and non-profit communities are not fully integrated into the public sector service system. Previous studies and current research underscore the importance of both the church and non-profit community in providing prevention and

early intervention services. The work of the Boy and Girl Scouts, Big Brothers, Boys Clubs, etc. are routinely cited as examples of effective early intervention strategies. However, there still exists a barrier between the public and private sectors with respect to the private sector's inclusion in community needs assessments and developing the service network. Clearly, the church and non-profit community have an important role to play. More effort should be put forth to insure private, non-profit, and faith community representation in local needs assessment and service planning.

D. INDICES

In previous studies, service providers and consumers have identified differing eligibility criteria, or indices among agencies and programs as a prominent barrier to comprehensive service delivery. Different criteria or indices form the basis for funding, whatever the determinants of the amount, and these criteria often differ from one agency or funding stream to the next. At times, these criteria may take the form of factors driving the allocation formulas. In the Drop-Out Prevention Program, the basis for funding is the drop-out rate and the improvement rate(reductions in drop-outs). Other indicators such as reading levels or pass/fail rates in the elementary grades may be equally valid as predictors in a given locality which has focused on younger grades prior to the start-up of the drop-out program. Funding will be available in FY 96 for Homework Assistance, which aims to improve educational achievement among at-risk students through the establishment of good study habits. To qualify, schools must have at least 60% free lunch participation in Grades 3-5, a poverty indicator. Thus, for one funding stream aimed at drop-out prevention, the drop-out rate itself is the primary qualifier, while for another poverty indices determine eligibility, although both efforts could easily be seen as supporting the same prevention effort.

Varying formula determinants are linked to another identified barrier, categorical funding, in which the targeting of money toward a particular problem area is implemented through the eligibility process in a narrow way. For example, a pot of money targeted for at-risk youth may be limited to mentoring programs, when after-school tutoring is a community-perceived need. In addition to potential restrictiveness of criteria, many localities lack resources to compile and maintain an exhaustive range of data sets. For some types of statistics, localities must rely on the State, which does not always publish timely, consolidated reports. Thus a community with troubling infant mortality statistics may not have the data on hand to qualify for available funds. The locality may apply for substance abuse funds to respond to the issue, inadvertently setting up a system in which problem definition is driven by funding availability, rather than community need.

The use of issue-specific data (drop-out rates, child abuse complaints, etc.) has created difficulties for localities in qualifying for funds, and may not provide accurate measures of community need. Composite indices are commonly used to determine funding levels in the allocation process, providing a broadly drawn fiscal profile. The use of multiple human services problem indicators in designing a composite profile may have merit in evaluating a locality's need for assistance. The Communities that Care model discussed elsewhere in this report combines various risk and protective factors

to serve as a basis for program development and more global measures of community health. Adoption of this approach may be feasible for determining funding eligibility for future prevention and early intervention initiatives.

Currently, the implementation of the Family Preservation and Support Act appears to have significant potential for responding to at least some of the criteria concerns. In an apparent departure from common practice, the federal government has avoided being prescriptive in providing these funds to the states. The target populations would be, first, families at imminent risk of breakup and removal of children from the home and, second, families for whom early intervention services can stop the progression toward imminent breakup. To identify these families, and to develop the plans required for participation in the program, localities can use whatever indices and statistics they choose. In the planning stages, the State has not mandated the use or development of any specific data sets. When localities feel that a given indicator should be used, but is unavailable, the State plans to help gather that information.

While localities will develop their own plans, based on their own best judgments of the indices most relevant to local dynamics, the State will determine how and how much funding will be distributed. The federal government used Food Stamp formulas to allocate funds to the State, but it is not yet clear what factors will determine distribution in Virginia. Poverty indices are only one of a variety of possibilities being explored. Formula allocations are most likely to be chosen, rather than grant processes. Thus the problem of conflict of inappropriate indices is being addressed, but the question of equitable distribution of the funds is not yet resolved.

Finding 12

Common community indices supported by research can be generically applied to both prevention and early intervention program designs. Research in the field applied to program development supports the analysis of broad indicators of community needs and strengths. These indices can be adapted for program development activity. The work of Hawkins et al. and Lofquist support the adaptation of these broad indices to guide community needs assessment and program development. Adaptation of broad indicators of need can lessen program barriers and support more comprehensive approaches.

Finding 13

Community designed and developed programs, as opposed to a State imposed model, have the greatest potential for success. Extensive community input sponsored by the Comprehensive Services Prevention and Early Intervention Project (CSPEIP) underscored the importance of community ownership in the design of prevention and early intervention programs. As the focus of these programs is aimed at strengthening family and community institutions, it would logically follow that this level of government should play a leadership role in needs assessment and program design.

E. COMPREHENSIVE SERVICES PREVENTION AND EARLY INTERVENTION PROJECT

The 1992 General Assembly, recognizing that the establishment of the Comprehensive Services for At-Risk Youth and Families Act did not address the issue of coordination of prevention and early intervention services, charged the State Executive Council (SEC) with developing a plan for such coordination. In the fall of 1993 a Steering Committee comprised of state and local public providers, private providers, consumers, and constituency groups was established. This group was made responsible for the development of a set of recommendations to address ways in which the goal of coordination of prevention and early intervention activities across state agencies could be achieved. Steering Committee recommendations were to incorporate the issues of target populations, funding strategies, and service delivery.

The Steering Committee met from October 1993 through December 1994 and developed a process for gathering and analyzing input from selected localities, organizations, and other groups on suggestions for system improvement. A series of structured focus group sessions was held in five communities (Cities of Richmond, Alexandria, Hampton and Lynchburg and the Northern Neck and Southwest), as well as with 28 other targeted groups. Over 1,500 questionnaires were sent to individuals unable to attend focus group meetings. The responses were analyzed and grouped into broad areas addressing populations served, values, location, accessibility, and other issues. Feedback sessions were conducted with each of the selected communities to insure accuracy of reporting. The Steering Committee then took the responses and categorized them into four areas: Definitions, Goals and Principles; Structural Systems Components; Funding and Resources; and Communication Strategies. A number of draft reports (totaling five) were developed through this latter stage. The reports were routinely routed to the SEC and to the Secretary of Health and Human Resources for review and approval.

There were significant variations among the draft reports which have major implications for the system envisioned. In sum, the Steering Committee's recommendations which relayed the communities' vision endorsed the establishment of voluntary incentive grants for communities to conduct comprehensive needs assessment, establishment of a parallel state management team with prevention and early intervention expertise, and creation of a new staff position to coordinate the efforts and work with the CSPEIP Director. The system envisioned would stress the importance of a long term financial and staff resource commitment to prevention, allow for evaluation of effort, and direct state agency activity to "barrier busting" of regulations and restrictions imposed from either the federal or state government limiting the use of prevention and early intervention dollars.

Many of the recommendations from the Steering Committee remained intact in the final report issued by the Secretary of Health and Human Resources; however, the implementation approaches recommended by the Steering Committee and Secretary differ significantly. While the Steering Committee recommended legislative actions amending the CSA, the final report relies on administrative action to achieve the

recommended goals. The legislative branch is not a recipient of any of the reports which "evaluate the impact of the Commonwealth's investment of prevention and early intervention."

The recommendations in the final report, as presented to the SJR 130 Task Force in December, are as follows:

RECOMMENDATION #1: The State Executive Council should promote the development of systems in every community for children, youth and families that are comprehensive, prevention-oriented, collaborative, and family-driven.

RECOMMENDATION #2: The State Executive Council should encourage every community to develop comprehensive plans for the system that are long-range, emphasize prevention goals and create roles for all members of the community.

RECOMMENDATION #3: The State Executive Council should help communities establish effective, comprehensive systems by making administrative and financial incentives available to all localities.

RECOMMENDATION #4: The State Executive Council should coordinate state administered prevention and early intervention programs as requested by localities, and resolve barriers that are identified by localities by adapting/developing fiscal and administrative practices.

RECOMMENDATION #5: The State Executive Council should increase collaboration and coordination between state agencies and localities to plan prevention and early intervention programs and develop sources of community support.

RECOMMENDATION #6: The State Executive Council should coordinate technical assistance across the state agencies to support localities.

RECOMMENDATION #7: The State Executive Council should evaluate the impact of the Commonwealth's investments in prevention and early intervention and report progress annually to the Secretaries of Education, Public Safety, and Health and Human Resources.

The final recommendations reflect a more limited role of state government with respect to establishing new initiatives. Adaptation of federal initiatives, i.e., the Family Preservation and Support Act, is relied upon to achieve the goal of comprehensive community planning. While the concept of improved integration and coordination of prevention and early intervention services is endorsed, the specifics of implementation are vague. The SEC is to establish by January 1, 1995, a mechanism to deliver technical assistance and support to communities for planning and evaluation efforts; however, the mechanics of establishing this system are not detailed. The composition of both the SEC and the State Management Team will remain unchanged. While there appears to be philosophical support for the goals of the Steering Committee recommendations, the exclusion of legislative involvement, absence of a specific implementation plan to provide the necessary training and technical assistance to communities, and the expanded responsibilities of the SEC without additional staffing support make the feasibility of actualizing the recommendations uncertain.

Finding 14

Implementation of the CSPEIP solely through administrative action limits legislative involvement in the development of a comprehensive system. The establishment of the Comprehensive Services for At-Risk Youth and Families Act, the Council on Coordinating Prevention and the Part H Virginia Interagency Coordinating Council—all resulted from a partnership between the two branches of government. The majority of General Fund dollars that supported early intervention programs (such as AVID, Drop-Out Prevention, and Teen Pregnancy Prevention) resulted from legislative initiatives. A purely administrative approach limits the active partnership and support the two branches of government have previously enjoyed in the area of prevention and early intervention services. Absence of legislative action on any of the recommendations may hamper the institutionalization of any of the reforms supported in the final report.

VIII. Acknowledgments

In the first year of the Early Intervention study, many people were helpful in providing SJR 130 Task Force and study team members the benefit of their expertise and commitment. The members of the Commission on Youth extend their appreciation to the following individuals and associations:

- *Blue Ridge Community Services*
  Rita J. Giniecki
  Fred P. Roessel, Jr., Ph.D.
  Marguerite Kiely
  Sherry Hartman, Ph.D.
  Elizabeth Lee, Ph.D., Principal, Patrick Henry High School

- *Comprehensive Services Prevention and Early Intervention Project (CSPEIP)*
  Steering Committee Members
  Eloise Cobb, Ph.D.
  Diane M. Maloney
  Karen Oliver

- *House of Delegates, Computer Operations*
  Sharon Crouch
  Will Jeffrey

- Paul A. Kuczko
  Lonesome Pine Office on Youth

- *Newport News City Schools*
  Eric Smith, Ph.D.
  Harvey Perkins
  Sally Quinn
  Brenda Winstead
  Walter S. Segaloff, Chairman, An Achievable Dream, Inc.

- *Virginia Department of Criminal Justice Services*
  Bruce C. Morris
  Dana Yarbrough

- *Virginia Secretary of Health and Human Resources*
  Eric Berger

- John J. Wilson
  Office of Juvenile Justice and Delinquency Prevention
  U.S. Department of Justice

1994 SESSION
ENGROSSED

LD8220836

SENATE JOINT RESOLUTION NO. 130

Senate Amendments in [ ] — February 14, 1994

Requesting the Commission on Youth to study barriers to the development of locally designed community-based systems of early intervention services.

Patrons—Houck and Calhoun; Delegates: Darner, Deeds and Jackson

Referred to the Committee on Rules

WHEREAS, due to anticipated growth in the newborn-to-eighteen year old population through the year 2000, a significant increase of funds will be required to maintain the current level of service; and

WHEREAS, early intervention strategies have the potential to reduce the subsequent need for more intensive and costly services; and

WHEREAS, pursuant to item 592K of the Appropriation Act 1992-1994, the Department of Planning and Budget conducted a study of the organization, costs and effectiveness of prevention and early intervention programs focused on youth and families in Virginia; and

WHEREAS, the study recommended that the Commonwealth should move toward implementing a comprehensive service delivery system which places major emphasis on prevention and early intervention, and

WHEREAS, the Comprehensive Services Prevention and Early Intervention Project was formed in the fall of 1993 with the goal of assessing the current array of prevention and early intervention activities in Virginia, and to recommend improvements to the system; and

WHEREAS, the results of numerous studies and planning processes conducted by or on behalf of state and local service delivery agencies in the public and private sectors have all affirmed that successful early intervention programs are: (1) aimed at the earliest age possible, (2) reflective of unique local program needs, (3) inter-agency in their service design and delivery structure, and (4) part of a larger continuum of services; and

WHEREAS, previous attempts to improve the current system of early intervention services have suffered from a combination of lack of consensus around definition of terms, lack of momentum for the change effort, isolation, and insufficient funds; and

WHEREAS, there are barriers in both the federal and state funding systems and policies which impede the ability of localities to develop and sustain early intervention programs; and

WHEREAS, a legislative analysis of the local, state and federal policy barriers to locally developed and driven early intervention programs has not occurred; and

WHEREAS, in the absence of such an analysis, efforts to improve the funding structure of early intervention efforts through increased coordination and local autonomy, have been limited in their success; and

WHEREAS, the General Assembly has repeatedly expressed its support for early intervention programs; now, therefore be it

RESOLVED by the Senate, with the House of Delegates concurring, That the Commission on Youth is requested to undertake a two-year study to identify the barriers in current law, policies and/or procedures to the development and support of locally designed, community-based systems of early intervention services and develop strategies to effectively respond to these barriers; and be it

RESOLVED FURTHER, That, in conducting the study, the Commission [~~is requested to establish~~ a ~~subcommittee composed of fifteen appointed members as follows: one member from each of the following Senate Committees, Education and Health, Rehabilitation and Social Services, Courts of Justice and Finance as appointed by the Senate Committee on Privileges and Elections and two members from the following House Committees, Health, Education and Welfare, Education, Courts and Appropriations to be appointed by the~~

~~Speaker of the House, and three citizens representing local government and early~~ may also establish a task force composed of persons with such expertise as may be necessary.] [~~intervention service providers to be appointed by the Governor. The members of the State Executive Council shall serve as ex officio members. The subcommittee~~ The Commission] is requested to work in collaboration with the Comprehensive Services Prevention and Early Intervention Project in order to avoid duplication of effort. All agencies of the Commonwealth shall, upon request of the Commission, [~~assist the subcommittee in conducting its studies~~ provide assistance] .

The Commission shall complete its work in time to submit an interim report to the Governor and the 1995 Session of the General Assembly and a final report to the Governor and the 1996 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Official Use By Clerks	
Agreed to By The Senate	**Agreed to By The House of Delegates**
without amendment ☐	without amendment ☐
with amendment ☐	with amendment ☐
substitute ☐	substitute ☐
substitute w/amdt ☐	substitute w/amdt ☐
Date: _____	Date: _____
Clerk of the Senate	Clerk of the House of Delegates

Senate Joint Resolution 130
EARLY INTERVENTION STUDY
WORKPLAN

For the purposes of the SJR 130 Early Intervention Study, the guiding definition of *early intervention* is:

Activities and programs designed to identify and intervene with specific segments of the youth population and their families considered to be at risk for problem behaviors.

Study Goals

- Strengthen the Task Force's understanding of prevention/early intervention theory and its relationship to state and local programs;
- Outline the scope of General Fund-supported early intervention programs across child-serving agencies;
- Identify new federal funds coming into Virginia in support of community prevention/ early intervention efforts;
- Analyze current barriers for localities to support and sustain early intervention services;
- Develop a plan which responds to these barriers through: funding strategies
  statutory changes
  agency directives;
- Create community and state level consensus for the plan and implementation schedule.

Study Issues

- Coordination of General Fund early intervention program dollars at the state and local levels;
- Coordination of federal dollars available for local community planning;
- Current state system of support (fiscal and programmatic) for prevention/early intervention programs;
- Role of the state in support of local units of governments' prevention/early intervention services;
- Differing funds distribution methods for early intervention programs;
- State Executive Council of the Comprehensive Services Act's Prevention/Early Intervention Steering Committee recommendations.

Study Issues to Address

POLICY & PROGRAMS ISSUES

- Analyze previous early intervention policy recommendations;
- Identify state agencies' role with localities regarding early intervention dollars;
- Identify areas of overlap and gaps in state support to local units of government;
- Review current accountability measures for early intervention programs;
- Catalog community program needs identified by Prevention/Early Intervention Steering Committee;
- Receive public comment on program needs;
- Develop policy recommendations for system improvement.

FUNDING STRATEGY ISSUES

- Identify by source (General Fund and federal) the early intervention dollars across agencies;
- Review current funding mechanisms for early intervention program initiatives;
- Identify new federal initiatives for community-based early intervention programs;
- Identify alternative fund distribution approaches, *i.e.* pooling funds, leveraging federal dollars, foundations, formula based allocations, competitive grant awards;
- Receive funding systems recommendations from Prevention/Early Intervention Steering Committee;
- Develop funding strategies and recommendations.

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LEGISLATIVE OVERVIEW OF PREVENTION/EARLY INTERVENTION INITIATIVES
1990-1992

1988

Commissions/Studies
-created subcommittee to address state role in indigent health care and long term care
-Department of Social services asked to review current sliding scale fee schedule and eligibility criteria day care provision for low income families
-Housing Study Commission requested to investigate ways to prevent homelessness

1989

Commissions/Studies
-Council on Child Care and Early Childhood Programs is established
-Commission on Health Care Continues
-Joint Subcommittee Studying School Drop-Outs and ways to Promote Self Esteem continued
Joint Subcommittee studying Mandated Substance abuse Treatment and Prevention Programs is established
-Joint Subcommittee studying Mandated Substance abuse Treatment and Prevention Programs is established

1990

Health
-Primary health care system established in Virginia, Board of Health authorized to develop Statewide Area Health Center Programs
-insurance coverage for routine mammograms provided for state employees
-accident and sickness insurance plans with more than 1,000 individuals must offer periodic physical and mental examinations for children under six

Studies/Commissions
-Commission on Health Care for all Virginians continued
-Joint subcommittee to study means of reducing preventable deaths and disabilities is established
-Joint Study Committee studying Maternal and Perinatal Drug Exposure is established
-Joint Subcommittee studying Early Childhood and Day Care Programs continued

-Governor's Personnel Advisory Board requested to study implementing a parental leave policy in public sector
-Planning and Budget requested to submit options for consolidation of agencies in the Secretary of Health and Human Services office
-Joint Subcommittee studying School Drop-Outs and Ways to Promote Self- Esteem continued
-Joint Subcommittee studying Mandated Substance abuse Treatment and Prevention Programs is continued
-Board of Education requested to require prospective teachers to complete state approved substance abuse education project
-Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers is established

Education
-emphasis on restructuring middle schools and developing outcome indicator system for all school divisions
-Board of Education is directed to add early childhood development as specialty area eligible for scholarship loans
-non-competitive grants programs for school drop-out prevention is established
-DOE is requested to develop a comprehensive service plan for students at risk of academic failure

Interagency Planning
-Community Prevention Initiative Grants Program establish to provide funding for localities for programs for at-risk youth (no funding attached)
-Comprehensive Prevention Plan for 1992-1994 must contain analysis of costs and cost-savings

1991

Administration
-Elimination/or consolidation of Council on Indians, Council on the Status of Women, Departments of Volunteerism and Children
-Consolidation of regional offices for Departments of Health and Social Services

Health
-Board of Health directed to develop program of community health education services
-all children must receive second dose of measles vaccine prior to entering first grade or kindergarten
-Secretary of Health and Human Services is requested to develop a task force to develop mechanisms for collaborative service provision for perinatally drug-exposed infants and their families

-Virginia continues participation in Part H of Individuals with Disabilities Act of early intervention services to handicapped infants and toddlers

Studies/Commissions

-Department of Health is requested to develop statewide initiative addressing health-risk behaviors

Joint Subcommittee Studying means if Reducing Preventable Death and Disability is continued

-Joint Subcommittee Studying Early Intervention Services for Infants and Toddlers continued

-Joint Subcommittee Studying the problems of Maternal and Perinatal Drug Exposure and Abuse and the Impact on Subsidized Adoption is continued

-Commission on early Child care and Day Care Programs is established

-Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers is continued

-Joint Subcommittee Studying School Drop-Out and Ways to Promote Self Esteem is continued

-Board of Education requested to study feasibility of compulsory summer reading programs for students in grades one through three with low standardized test scores

-Department of Criminal Justices Services is requested to conduct an evaluation of Offices on Youth

Education

-State Council of Higher Education is requested to study the implementation of the "Taylor Plan"

Economic Support

-Family and Children Trust Fund designation is added to voluntary check contributions to sate tax form

1992

Health

children must receive second dose of measles vaccine prior to kindergarten or first grade or sixth grade

-Secretary of Health and Human Resources must develop criteria for when priority is given to publicly funded substance abuse treatment programs

-early intervention system for infants and toddlers with disabilities and those at risk of developing a disability is established
-Board of Health is mandated to required licensed hospitals to develop and implement protocols for written discharge plans for substance abusing postpartum women
-Virginia Coordinating Council becomes codified
-formation of school health advisory boards is mandated in each Virginia school division

Education
-Standards of Quality includes section on programs of prevention and early intervention for educationally at-risk students
-standards of quality encompass prevention activities

Child Welfare
-Comprehensive Services Act for Troubled and At-Risk Youth is enacted

Commissions/Studies
-Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers is continued
--Commission on early Child Care and Day Care Programs is continued
-Joint Subcommittee Studying School Drop-Out and Ways to Promote Self Esteem is continued
-Commission on the Reduction of Sexual Assault established
-Commission on Poverty established
-Department of Planning and Budget requested to examine the costs, organization and effectiveness of prevention and early intervention activities

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