

Date: September 28, 2018

To: Patrick Cawley, Executive Director and Counsel
PA Senate Judiciary Committee

From: Kelly Canally-Brown, Director of Programs and Services
Family Services of Montgomery County

Re: Testimony – Senate Bill 1245

Below please find my testimony that I plan to deliver on October 1, 2018 – again thank you for the opportunity.

Good Morning. Thank you for the opportunity to share my insights gained over the past 24 years implementing national model and evidence-based prevention programs for youth and families through Family Services in Montgomery County.

While I support Senate Bill 1245 in its entirety, I am here today to bring your attention to Section 726 which supports the Pennsylvania Commission on Crime and Delinquency (PCCD) to develop a comprehensive interdepartmental strategic plan to coordinate prevention programming throughout Pennsylvania as well as supporting and expanding the use of Evidence-Based Prevention Programs.

Evidence-based Programs are those programs that are national model approaches and have been demonstrated through research to prevent and reduce delinquency as well as promoting positive youth development. These are programs that have a documented impact on reducing the risk factors that contribute to adolescent problem behavior including violence, drug use, teen pregnancy, and school failure.

Why is senate Bill 1245 and the proposed support of evidence-based programs that it includes needed? That question is best answered by reviewing the 2017 state and local reports of the Pennsylvania Youth Survey (known as PAYS). Since 1989, the Commonwealth, through the leadership of the PA Commission on Crime and Delinquency, has conducted the PA Youth Survey of school students in the 6th, 8th, 10th and 12th grades to learn about their behavior, attitudes and knowledge concerning alcohol, tobacco, other drugs and violence.

The data gathered in PAYS serve two primary needs. First, the results provide school administrators, state agency directors, legislators and others with critical information concerning the changes in patterns of the use and abuse of these harmful substances and behaviors. Second, the survey assesses risk factors that are related to these behaviors and the protective factors that help guard against them. This information allows community leaders and

prevention coalitions across PA to direct limited prevention resources to areas where they are likely to have the greatest impact.

In Fall 2017 253,566 youth across Pennsylvania completed the PAYS. What are our kids telling us through the 2017 PAYS about adolescent problem behavior and the presence of risk factors for delinquency and violence in our communities?

- **22.3%** of 10th graders and **35.9%** of our 12th graders have used alcohol in the 30 days prior to the survey; and **8.7%** of 10th and **16.5%** of 12th graders reported binge drinking 5 alcoholic beverages or more within the past 2 weeks of taking the PAYS.
- **12%** of our 10th graders and **20.8%** of our 12th graders have used marijuana in the past 30 days. In my county the % of alcohol and marijuana use are much higher.
- **38%** of students reported feeling sad or depressed most days, including **44%** of 10th and **41%** of 12th graders.
- **20%** of 10th and 12th graders reported considering suicide and **12%** attempted suicide.
- **13%** of students worried that food would run out before their family could buy more
- **62%** of students reported being emotionally abused through insults or name-calling.
- **In the past year**
- **5.6%** of all students surveyed across the grade levels reported attacking someone with the intent of causing serious harm (that represents 14,199 students) and **7.5%** have been suspended from school

This is just a quick snapshot of the valuable data provided by the PA Youth Survey. If you have not seen the report for your local area I would encourage you review it closely to gain a better understanding of the risk factors impacting youth in your district. PCCD can assist in making connections for local reports.

When looking at the data and the use of alcohol and marijuana among high schoolers it is important to realize the connection between the use of these drugs and the increased likelihood of heroin use. In a recent study released by the Center for Disease Control they found that people who are addicted to alcohol are 2x more likely to be addicted to heroin, people who are addicted to marijuana are 3x more likely to be addicted to heroin, cocaine = 15x times more likely and 40x more likely for those addicted to opioid painkillers. We can make a huge impact in preventing heroin use and overdoses if we invest in **Primary Prevention – that is preventing initial drug use among our young people.**

Primary prevention is concerned with **preventing** the onset of a problem behavior; it aims to reduce the incidence of a particular behavior. It involves interventions that are applied before there is any evidence of the problem. These interventions are the Evidence-based Programs and strategies proposed in Senate Bill 1245 to reduce the risk factors for delinquency, violence and drug use among our youth.

Primary prevention has been used in the medical field for years – we know what healthy behaviors can prevent obesity, heart disease, high blood pressure. Resources have been allocated to ensure that the general population knows about and engages in these healthy behaviors. We all recognize that medicine is a science, but what we don't often recognize is that prevention is also a science. We know, through a great deal of research in the past two decades, what healthy behaviors and conditions can prevent drug use, violence and delinquency. Yet we have not allocated our resources to advancing this knowledge and changing the practices among the general public so our problems continue and in some instances worsen. Research has demonstrated that by reducing the risk factors impacting youth at home, school, in the community and by increasing the protective factors (those conditions or attributes that help them cope in stressful situations) we can successfully decrease adolescent problem behavior.

The Evidence-based Prevention and Intervention Support Center (EPIS Center) of Penn State was established with funding from PCCD to advance high quality implementation, impact assessment, and sustainability of those evidence-based programs that have demonstrated the greatest outcomes. The EPIS Center's role is to provide technical support and guidance for communities and organizations implementing evidence-based programs to ensure that programs are delivered with fidelity in order to ensure the highest level of positive outcomes for youth and families. Statistically significant outcomes of some of these model programs funded through PCCD such as Strengthening Families Program 10-14, the Positive Parenting Program, Positive Action, and Life Skills Training include:

- Statistically differences in lower rates of tobacco, alcohol and illicit drug use among those youth who participated in the program as compared to control groups
- Decreases in anti-social, aggressive behavior
- Increased family bonding and positive family communication
- Life Skills Training documents short- and long-term effects on marijuana, with one long-term study showing a 66% reduction among intervention group participants relative to controls
- Also for Life Skills Training - At 3-month follow-up, the intervention group showed reductions of 32% in delinquency in the past year, 26% decrease in fighting in the past year, and 36% decrease in delinquency in the past year
- For youth participating in a national study for the Positive Action program there was a 31% reduction in substance use behavior, 36% reduction in violence behavior, 41% reduction in bullying behaviors.
- Triple P has documented lower rates of child maltreatment and hospitalization of children as a result of abuse in communities that have implemented Triple P.

We are fortunate in Pennsylvania that PCCD's leadership recognized the importance of this research and strategically invested what limited funds they had in evidence-based prevention and advancing evidence-based strategies such as Communities That Care. The Communities That Care (CTC) prevention operating system is a field-tested strategy for activating communities to use prevention science to plan and implement community prevention strategies. CTC provides tools that assist communities to use local data on risk and protective factors to identify elevated risks and depressed protective factors in geographic areas where levels of risk are high and levels of protection are low. These prevention coalitions driven by community stakeholders then implement tested, effective preventive interventions and evidence-based programs that reduce the identified risks and enhance protection. There are currently more than 60 active CTC Coalitions across Pennsylvania. Through PCCD's nationally recognized Resource Center for Evidence-Based Prevention and Intervention Programs and Practices, the EPIS Center at Penn State, and the statewide regional networks of the Commonwealth Prevention Alliance (CPA) we have the ability, **with adequate funding**, to ensure that this model of delivering effective, targeted, evidence-based Primary Prevention can be made available statewide at the community-level. Due to the fact that the infrastructure is in place to implement, evaluate, and monitor evidence-based programs, PCCD is well positioned to bring together their state partners and other organizations to develop a comprehensive interdepartmental strategic plan in order to coordinate and expand the use of evidence-based prevention programs across Pennsylvania.

In order to implement the comprehensive and coordinated strategy as outlined in Senate Bill 1245 it will require a greater investment in Primary Prevention - to prevent drug addiction, delinquency and violence from occurring on the front end. It is important to mention that PCCD's 2018-2019 appropriation of \$3,989,000 reflects a reduction of 75.4% from the fiscal year 2002-2003 appropriation for the former Evidence-based Prevention/Intervention and Research-based Violence Prevention appropriations while the Department of Corrections budget increased 89.5% during this same time period. Data collected by the Penn State EPIS Center in 2015-2016 estimates that the Return-On-Investment of PCCD's Prevention Initiative in just a one year period was between \$12-\$17 million by preventing the progression of problem behaviors that burden the criminal justice, child welfare, and behavioral health systems. The strategy of investing in our youth through evidence-based prevention is much more cost effective than funding more treatment beds or incarcerating criminals and is much more responsive to the needs and challenges facing larger numbers of youth and families in your home districts.

As you contemplate whether or not Pennsylvania can afford to invest in Evidence-based Primary Prevention programs I would urge you to review your local PAYS data, the research on the links between juvenile problem behavior and adult drug use/criminal behavior and then ask yourself, **can PA afford not to invest the resources needed to prevent these behaviors from occurring in the first place?** An investment of just a 1% equivalent of the Department of Corrections budget allocated to evidence-based prevention programs would have a long-term

return on investment of tens of millions of dollars as well as creating communities that are safer and better able to promote the healthy development of our youth and lessen the future demand on our jails and prisons.