Sanford Center
Building Community
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LET THE TRUTH BE KNOWN:
The Sanford Center Outreach Program Response

ABSTRACT: The Sanford Center Outreach Program was an agenda item at both the Woodbury County Board of Supervisors and at the Sioux Rivers Regional Governing Board regarding the Center's Outreach Program. A review of the item presented indicated major errors and incorrect statement relating to various issues that were being presented. Center personnel were given the privilege of making a presentation at the Regional meeting. It was believed that a majority of the Region's Governing Board understood and supported what had been presented. It is now apparent that is not the case. The present state of affairs indicates there is a strong effort led by at least one Regional Board member to take the money from the Center's Outreach Program and distribute it elsewhere.

The data that was presented to both the Woodbury' County Supervisors and to the Sioux Rivers Governing Board has been studied, plus the Center's Board has received input from many sources indicating that other action has been taken to increase the likelihood that the mental health dollars will be taken away from the Center's Outreach Program.

The Center has reviewed and found many misstatements and errors in what is in print and what is being shared with decision makers. Center personnel and board members have selected six incorrect statements and will provide credible data that will show the following: :

Statement 1: Reference about "allocating MH dollars to their intended purpose"

Not True
(Page 3)

[redacted]

Statement 2: The Sanford Center's primary purpose- "involves gang outreach...but does not provide mental health services."

Not True
(Page 5)

[redacted]

Statement 3: Reference to Outreach Specialists: They do not have dedicated backgrounds in mental health.

Staff does meet the criteria of Iowa's Department of Human Services
(Page 7)

[redacted]

Statement 4: Reference to the amount of money that has come to the Sanford Center & related funding issues.

For every dollar spent,
taxpayers receive a minimum of $2.00-$3.00 of savings.
(Page 9)

[redacted]

Statement 5: Reference to changing model and caseloads.

Needs to be totally re-thought and use data provided by individuals who know the program and caseload impact on services being provided.
(Page 11)

[redacted]

Statement 6: Reference to a new delivery system, which would not include the Sanford Center.

No valid reasons provided why a change is needed!
(Page 12)

[redacted]

Statement 1: Reference about "allocating of MH dollars to their intended purpose."

Initial reaction: The writer evidently believes that the Center's Outreach program does not serve students who have behaviors that would suggest mental health disorders or is not aware that the Outreach Specialist's do work with students who have identified mental health disorders.

Response: The following facts will prove that the Center does provide mental health services and mental health dollars are being spent appropriately.

The Memorandum of Understanding (MOU) states "to continue mental health service components of the Safe Schools/Healthy Students Initiative (SS/HS), as specified in the original grant application. "

Fact # 1: In 2001 when the SS/HS Initiative started, the Center's Outreach program was selected to provide prevention services. The services to be delivered included:

Program Goal: To expand Outreach Specialist services targeting diverse cultural populations.
Target Group(s): Elementary and Middle School students (available to all girls and boys), minority students, boys and young men vulnerable to using violence and power in relationships.
Implementation Plan: Outreach workers will be assigned to schools, available to all students and staff, provide prevention education and interventions. They can work with self-referred students as well as those referred by school, parents or juvenile justice system.

The five targeted mental health behaviors that all partner agencies were to give priority status were: Substance Abuse, Violence, School Drop Out, Delinquency and Teenage Pregnancy.

These were the behaviors that the Outreach workers targeted and were highly successful in deceasing the impact these had on the students served.

During the three years that the Center received funding from this grant there never was a question about the quality of the service.

Fact # 2: In 2002 an outside examiner evaluated the program and the program services received positive comments.

Fact #3: The five targeted mental health behaviors that were selected for priority prevention interventions (2001) are still the target behaviors that the Sioux Rivers Region or by Sioux City personnel in regard to the prevention services provided.

Conclusions:

In 2001, there were five targeted mental health behaviors that were selected to be priority and met the requirement in the SS/HS grant. They still are the mental health behaviors that students on the Outreach Specialists (OS) caseload exhibit. This can be verified by looking at the work sheets that each OS turns in. This will provide the proof that the OS' work with students who have mental health problems and/or mental health disorders. Further, this is proof that the Center's OS are fulfilling the expectations stated in the MOU which reads:

"To continue mental health service components of the Safe Schools/Healthy Students Initiative as specified in the original grant application."

The writer concerns over funds not being spent on mental health services is not warranted.

[redacted]

Statement 2: Sanford Center whose primary purpose involves gang outreach... but not a mental health service.

> **Initial reaction:** No credible data was/has been submitted to support this statement!

Response: The following are examples of credible information that proves statement 2 is incorrect:

Fact # 1: From 1992-2000, the Outreach Specialists (OS) did have 70-85% of gang members on their caseload. The term gang member is only a label. It does not tell anything about the personal behavior of the student that had a "gang member" label.

Credible data shows that a significant number of gang members have mental health disorders. Here is one research finding. Results from other research is similar.

- 86% will have conduct problems (18 yrs.) or antisocial personality disorders (18+ yrs.)
- 67% will have alcohol dependence
- 59% will have anxiety disorders
- 57% will have drug dependence
- 34% will have attempted suicide.
- 25% will have psychosis
- 20% will have depression

Fact #2: The Center's Gang Prevention Program (GPP) was approved by the Federal Government in 2001 to be one of the partnership agency to provide mental health services to students in selected schools. The Safe Schools/Healthy Schools Initiative was funded by Mental Health money.

Fact #3: From 2004 to the present time (13 yrs,) the Center's OS program has received mental health money. No questions from any sources have been raised until now.

Fact # 4: In 2008, the Center was visited by Iowa's Lt. Governor Patty Judge. After a review of the services and a study of the student change outcomes, the Center was presented with the One Iowa Award. It was noted " Their mission is to work

with youth to provide culturally sensitive education, early interventions, prevention and support services to children and families in Sioux City.

Services target primarily at–risk minority children between the ages of 5-17 years from lower–economic families."

Conclusions:

These four facts provides proof that the Center's Outreach Specialists have provided services for students that have mental health disorders from 1992 to the present. These services have been approved at both the federal and state levels.

Credible data definitely show that statement #2 is not correct. The Center's Outreach Specialists have provided mental health interventions to students who have mental health issues.

[redacted]

Statement 3: Reference was made to Outreach Specialists: they do not "have dedicated backgrounds in mental health."

Initial Reaction: No credible data was/has been submitted to support this statement.

Response:

Fact #1: The Gang Prevention Program (GPP) prevention services are defined by Iowa's DHS as Category 1 services. DHS does not have any certification or qualification requirements for personnel providing Category 1 services. However, they do stress that special training should be provided for individuals performing category 1 services. PLEASE NOTE: All Outreach Specialists have completed this training. *(Iowa's DHS Children Mental Report. December 15, 2015).*

Fact #2: Establishing strong trust relationships with students served is a high priority in the GPP prevention model.

To be employed as an Outreach Specialist, the individual must demonstrate a consistent history showing he or she is able to develop and maintain trust relationships. If this factor can't be documented regardless of educational background, this individual will not be considered for employment.

Also, in annual evaluation, it must be documented that the Outreach Specialist has consistently formed a trust relationship with students, parent, school personnel and other team members. ***Research findings consistently show that adults who work with at-risk students have a high probability of creating positive student change if trust relationships has been established.***

Research consistently shows that "student trust matters... because trusting students are more likely to graduate, have more ambitious post secondary plans, have taken higher level math courses and have higher grade point average.

The key behavior that the student must perceive of an individual in order to form a trust relationship:

a) Benevolence (perception of caring---positive intentions toward the student)
b) Competence
c) Integrity (sense of fairness-reasonable principles)
d) Predictability

Fact #3: Establishing strong trust relationships with parents is a high priority in the GPP prevention model.

All Outreach Specialists give priority time to being the go between to the home and school. Feedback from both teachers and administrators indicate that the Outreach Specialist has developed and maintains a strong trust relationship with parents. This is one factor that is built into the GPP prevention model. It is based on research and one of the reasons for the high success rate that the Outreach Specialists have in assisting students to make positive changes. Research findings indicates:

> "30 years of research has consistently linked family involvement to higher student achievement, better attitudes toward school, lower dropout rates, and increased community support for education, as well as many other positive outcomes for students, families, and schools." (Henderson & Mapp, 2002).
>
> When families are involved in learning, the research shows, "students achieve more, regardless of socioeconomic status, ethnic/racial background, or the parents' level of education." (Antunez, 2000). Building Trust with Schools and Diverse Families By: Cori Brewster and Jennifer Railsback

Fact 4: Direct Observation will verify that a trust relationship exists.

Conclusion:

All Outreach Specialists (OS) meet the criteria set forth by the DHS. Primarily, this is providing training for OS: in early identification, prevention and prevention interventions. This has been done and all have certification verifying successful completion. ***As for the concern that they don't have "dedicated mental health backgrounds" is not required by Iowa. Of more importance is the fact they bring personal skills that correlate with students learning new change behaviors. This includes a skill set that includes the one variable that makes a major difference and that is the ability to form trusting relationships.***

[redacted]

Statement 4: Reference to the amount of money that has come to the GPP & other related money issues.

> **Initial reaction:** One assumes that the figure of $3,508,869.00 that has come to the Sanford Center's GPP since 2006 is accurate. However, data presented does not acknowledge what the return ratio was on the dollars spent.

Response:

Fact#1: Research on cost effectiveness for prevention services can be confusing as it depends on many factors like on-set age, the level of severity of the mental health disorder, home environment and other factors. Because of these factors, the ratio of saving will be presented by showing only the low and the high savings ratio.

This data comes from: Costs & Benefits: A Snapshot of the Value of Investing in Prevention. www.NASMHPD.ORG

- Prekindergarten Education Programs: Benefits per Dollar of Cost (low–income) = $2.36
- Child Welfare/ Home Visitation: Benefit per Dollar of Cost = $2.24- $3.64
- Youth Development Programs: Benefit per Dollar of Cost = $$3.14 --$28.14
- Mentoring Programs: Benefit per Dollar of Cost = $1.01 - $3.26
- Youth Substance Prevention Programs: Benefit per Dollar of Cost = $5.02 -- $102. 29
- Social Influence/Skills-Building: Cost Benefit per Dollar of Cost = $55.84 -- $70.34
- Juvenile Offender Programs: Cost Benefit per Dollar Cost = 7.69-$38.05

Using the data from the sixteen projects related to youth, the average savings per each dollar spent was $25.00

FACT#2: Aos, Lieb, and colleagues (2004) found that five of the six youth development programs reviewed, whose aims include improving parent–child relationships and reducing problem behaviors, such as substance use and violence, are cost-beneficial, with benefit-cost ratios ranging from $3 to $28. These authors also found that several programs for juvenile offenders, with a range of goals mostly pertaining to improved behavior, are highly cost-effective, yielding net benefits per child well over $10,000 in many cases.

Conclusion:

Based on the data, provided in Fact 1 and Fact 2, it seems the savings per dollar spent could easily be at least five to ten dollars. However, to be on the safe side and being conservative, it seems using the ratio of two and three dollars per one dollar spent would be more than fair.

Using this ratio for the $3,505,869, the good news is taxpayers had savings somewhere between $7,017,778 - $10,526,607.

[redacted]

Statement 5: Reference ratio of Outreach Specialists (OS) and school assignment

Initial reaction: Experience teaches us that when determining staff – student ratio, the decision seems easy until you understand what is feasible and still maintain a ratio that allows for the teaching to succeed.

Response:

Fact #1: We know that the ratio of staff-25 approximately is working, We also, know that it isn't just the student ratio that must be considered. Probably just as important is the ratio of parents. Just because an OS has 25 students doesn't mean the same number of parents.

Fact #2: The planning team definitely needs to have OS and teachers and building principals as members.

Fact #3: The ratio must be low enough so the trust relationship can be developed.

Fact# 4: What does research suggest? Example: "Collaborating for Success" Parent Engagement Toolkit—Michigan Education Dept.

Conclusion:

Assigning each Outreach Specialist to several schools will be a failure model. An understanding of the present service model is essential if there is to be success with changing student and family behavior.

[redacted]

Statement 6. Reference to taking the money that the Center receives and giving it to an agency that provides therapist services (Category 2–treatment services)

Initial reaction: Why change a successful program that has provided so many human success stories?

Response:

Facts #1: Samples of data shows:

1. Graduation rates on the average = 90%
2. 2016-17 graduates :
   - 57 College
   - 21% working
   - 12 % Vocational Education
   - 12% moved
3. The latest in-house survey produced the following findings:
   - 87% of our members improved their ability to understand appropriate situational behavior.
   - 60% of our students improved their grades and attendance by 70%.[15]
   - 2014-2015 students attended school 42.5 days more than they did in 2013-14.
   - 2014-15 students were tardy 95 times fewer in 2013-14
   - Yearly average of criminal justice involvement (2013-2016) Less than .5

Fact # 2: Decreasing the number of programs doing prevention and using this money for more treatment services (therapists) is a failure model in terms of decreasing the overall number of students who will continue to need treatment services .

Example: States that do not have adequate prevention services will have more individuals in prison. This means more prisons. ***As long as there are limited prevention services, the cost to taxpayers will be to build more prisons.***

The cycle will not change until there are more prevention options. **The same thing will happen if you cut mental health prevention programs. This will result in more therapists. The cycle will not end until you have more prevention programs.**

Fact # 3: ***The SS/HS was successful because it was a comprehensive community mental health model. This means that dollars went to prevention and treatment. It works.***

Fact # 4: The correlation between mental health disorders and involvement with the criminal justice system is at least 80% . One of the better predictors of being more efficient mental health services is to compare the juvenile court system statistics over a period of time:

- 2003-06 = 300 range in the Woodbury County Juvenile Court
- 2007-13 = low 200 to an average of about 160 range in the Juvenile Courts
- 2014 = 124
- 2015 = 170
- 2016 = 126
- 2017 = 80

Conclusion

The Sanford Center is one of the partners in the Sioux City Comprehensive Health System. This steady decline of the number of students that were involved with the Juvenile Courts is positive trend. ***Things are working in the mental health programs and the Center is part of that system.***

Why are some people trying to change the present system when good things are happening?