
Chapter 6: Vermont

The case study of Title V in Vermont, which focuses on the national evaluation communities of Middlebury-Bristol and Windsor, demonstrates that implementing the Title V model as designed is truly a community-driven process. Stakeholders were able to plan, implement, and sustain the Title V prevention activities within their unique community settings, even when faced with intermittent challenges. Even though all of the stages were not implemented fully or as designed, the essence of the Title V model was achieved in both Title V communities.

The first section of this case study discusses state support for Title V from 1998 to 2001. The second and third sections discuss the Title V initiatives in Middlebury-Bristol and Windsor, respectively, from 1998 to 2001. The last section presents concluding remarks on Title V in Vermont.

Four primary data sources that were used for each community during their participation in the national evaluation: stakeholder interviews, in person and via telephone; a review of Vermont's Title V documentation, including the state request for proposals and the Middlebury-Bristol and Windsor grant applications; a review of Title V documentation in Middlebury-Bristol and Windsor, including the grant applications, quarterly progress reports, and prevention policy board meeting minutes; and a review of the federal Title V guidelines and documentation. In addition, the evaluation team's interpretation of the case study data represent Caliber's experience in working with all 11 national evaluation communities during the multiyear implementation of the evaluation.

State Support for Title V

Vermont was eligible to receive \$100,000 in Title V funds annually, the minimum federal support under Title V. This level of funding was based on the size of Vermont's juvenile population. Given these limited resources, the Agency of Human Services, the implementing state agency in Vermont, chose to support two communities with grant awards rather than support a larger number of subgrantees with smaller grant awards. Since the beginning of Title V in 1994, Vermont has funded nine Title V communities. These awards ranged from \$4,000 to \$75,000. To this end, the Agency of Human Services committed a total of \$150,000 to each Vermont Title V community, to be distributed over a 3-year period. Vermont funded two communities every 3 years.

This section presents a case study of state support for the Title V initiative in Vermont from 1998 until 2001. Since the writing of this case study, implementation of Title V at the state level and the prevention activities in Middlebury-Bristol and Windsor may have changed.

Vermont's Granting Process

The Agency of Human Services administered the Title V grant activities in Vermont. Title V in Vermont was referred to as Building Caring Communities. The goal was "to improve the health and well-being of Vermonters and promote their ability to meet their basic needs." The Agency of Human Services helped Vermonters achieve this goal through activities designed to enhance service delivery

and promote collaboration and coordination among agencies working across the state to achieve positive outcomes for children, youth, and families.

The Agency of Human Services administrative staff, including Vermont’s juvenile justice specialist, announced every 3 years the availability of Title V funds to be competitively awarded to two communities in the state. The state juvenile justice specialist invited all eligible units of local government to attend the federally sponsored Communities That Care key leader orientation training on a “first come, first served, space available” basis. At the training, attendees were introduced to some of the basic principles of the Title V model, including planning and implementing a community-based, comprehensive, 3-year juvenile delinquency prevention plan. Following the training, community leaders were asked to submit to the Agency of Human Services a letter of intent to apply for Title V funds. From the letters, several communities were selected to participate in the Risk and Resource Assessment training session and, subsequently, develop and submit a comprehensive 3-year delinquency prevention plan as their application for Title V funding. Once applications were submitted, the Agency for Human Services and Vermont’s State Advisory Group (SAG), known as the Child and Family Council for Prevention Programs, selected those jurisdictions that best met the state’s selection criteria for the Title V awards.

The Vermont request for proposals provided a comprehensive outline of the program goals, objectives, requirements, budget summary, and criteria for priority consideration, and a summary of the application process and deadlines. The request for proposals was comprehensive and clear about the expectations for the application, listing the review criteria and proposals that were given priority consideration. The request for proposals also listed examples of programs that were considered appropriate for funding (i.e., recreation services, tutoring and remedial education, assistance in the development of work awareness skills, child and adolescent health and mental health services, alcohol and substance abuse prevention services, leadership development activities, cognitive skills training, positive youth development activities, and asset building strategies for youth).

The Child and Family Council for Prevention Programs reviewed the proposals against the criteria provided in the request for proposals and identified strengths, weaknesses, and areas for clarification in each application. These reviews supplied the grant review committee the necessary information to discuss questions such as the applicant community’s “ability to implement plan” and “the impact on community: will it reduce delinquency and youth violence?” If a component needed clarification, additional information from the applicant often determined final award.

Grants were awarded on a 12-month fiscal cycle. Title V communities, however, were guaranteed 3 years of funding as long as they met quarterly and annual state funding evaluation and monitoring requirements, including implementation and budget reports.

Training and Technical Assistance

Vermont has provided the federally funded Title V training to support the efforts of its applicants. During the period the national evaluation communities were applying for funding, Developmental Research and Programs, Inc., was the federal contractor. Its trainings were based on the Communities That Care curriculum and consisted of three sessions: key leader orientation, risk and resource assessment, and promising approaches. Prior to submitting a grant application, interested parties were

required to participate in the key leader orientation and risk and resource assessment training sessions. To date, Vermont has offered two key leader orientation and two risk and resource assessment training sessions.

In addition to Title V training, Vermont showed a strong commitment to state-specific prevention training and technical assistance. Although the Agency of Human Services supported Title V communities in integrating the risk and protective factors of delinquency prevention principles into their plans, subgrantees were encouraged to focus prevention activities on family-centered resources, programs, and services, and were required to tie those activities to state-specific service delivery and systems-level outcomes (or long-term impacts). Sidebar 6.1, Vermont State Team Outcomes for Families, Children, and Individuals, lists the state-level prevention priorities for Vermont grantees. The Agency of Human Services offered training opportunities throughout the year to help communities meet these priorities.

Vermont State Team Outcomes for Families, Children, and Individuals

1. Families, youth, and individuals are engaged in and contribute to their community's decisions and activities.
2. Pregnant women and newborns thrive.
3. Infants and children thrive.
4. Children are ready for school.
5. Children succeed in school.
6. Children live in stable, supported families.
7. Youth choose healthy behaviors.
8. Youth transition to adulthood successfully.
9. Elders and people with disabilities live with dignity and independence in settings they prefer.
10. Families and individuals live in safe and supportive communities.

Evaluation

Although Vermont's Title V request for proposals did not specifically require an evaluation plan, it did require that "[the] project design is sound and meets the goals and objectives of the program. The design includes quantitative measures which will reflect the achievement level of the project goals and objectives." It also required that the 3-year plan include goals, objectives, and a description of how the prevention policy board would make recommendations for the distribution of funds and evaluation of funded activities. Finally, the request for proposals required that applicants include a plan for data collection for the measurement of performance and outcome of project activities.

Quarterly reports were designed so grantees could indicate unduplicated counts of individuals served, in addition to a cumulative number since the beginning of the grant. The grantee was also expected to discuss evaluation activities in the quarterly report, including collection of baseline data, although no clear guidelines regarding what activities were expected or on what activities baseline data should be collected were given.

To assist Title V communities in completing the requisite prevention needs assessment and evaluation, and to support other state-funded communities in the application process, Vermont published a number of documents that provide public and mental health, education, economic, crime and corrections, and public safety outcome and indicator data. These publications included Community Profiles, with data collected at the school district and county levels; The Social Well-being of Vermonters: A Report on Outcomes for Vermont Citizens, which compared Vermont state-level trend data to similar national-level data; and the biannual report on youth risk behavior data for each Vermont community.

Program evaluation had been a state agency priority since 1994, as expressed by the juvenile justice specialist in a number of conversations. The Agency of Human Services, the state juvenile justice specialist, and the Vermont Child and Family Council for Prevention Programs recognized both the value and the challenge of evaluation at the local level. As a result, Vermont has supported a number of activities designed to build local evaluation capacity including:

- ❖ **State support for the *Title V Community Self-Evaluation Workbook*.** Vermont Title V subgrantees were strongly encouraged to use the workbook forms to document prevention activities and outcomes for state quarterly and annual reports. This expectation was conveyed in the funding contract letter.
- ❖ **State support for OJJDP’s Title V national evaluation.** Through frequent communication with both the national evaluation team and the participating communities, Vermont’s juvenile justice specialist continued to advocate for OJJDP’s national evaluation through the implementation of Title V in both communities.

Other State Factors

Vermont had a strong history of support for child- and family-focused initiatives. In 1999, Vermont developed *A Guide to State, Regional, and Community Partnerships With Vermont’s Children, Families, and Individuals*. This guide presented Vermont’s framework for collaboration, which operated via two main vehicles: the state team for children, families, and individuals and the 12 regional (statewide) partnerships. Members of these organizations “served as catalysts for improving the design, implementation, and evaluation of systems and policies which supported Vermont’s children, families, and individuals” (the Guide, 1999).

Representatives from Vermont’s state agencies of human services and education, regional partnerships, and the state team for children, families, and individuals worked together, independent of Title V, to help “express their vision for Vermont’s children, youth, families, communities, and the role of state government in fostering the development of Vermont’s young people, empowering families, and strengthening the capacity of communities” (the Guide). This work was intended to streamline efforts throughout the state to achieve a common web of core themes or outcomes. The outcomes, presented in the sidebar, were identified for use by all grantees to measure achievement of their vision.

The state team was made up of state agency division directors (serving children, families, and youth), state-level coordinators of interagency teams, directors of major service and advocacy organizations, representatives from higher education institutions, parents, and the coordinators for the 12 regional partnerships. The state team supports the regional partnerships as they work for change in child and family systems.

The 12 regional partnerships, determined geographically, bridged the regional (local) planning and implementation to the state. Members within partnerships included “consumers, citizens, family members, nonprofit and state providers of health, education, and human services, economic development representatives, and business leaders” (the Guide).

Together, the state team and the regional partnerships assisted the Title V communities by supporting services, influencing funding, establishing methods for accountability for overall improvements, supporting new ways of doing business, considering the community holistically, and linking services within regions. To assist communities in planning, Vermont committed to conduct research on effective and promising programs with the intention of sharing results with Vermont’s communities. Publications with results from this work, as well as other research, were posted on the Agency of Human Services Web page.

Interpretation

The strength of Vermont’s support for the Title V model was evidenced by the commitment of state resources (e.g., for training, technical assistance, and data and resource sharing). In addition, given the level of funding received, Vermont’s Agency of Human Services committed to funding fewer communities because the resulting higher funding levels for each community were thought to provide the necessary financial incentive and resources to fully implement the Title V model. This reliable source of prevention funding appeared to have aided the communities in planning and reporting.

Vermont’s support for community mobilization was very strong. The requirement that teams from interested communities attend key leader orientation training and, subsequently, risk and resource assessment training was consistent with the Title V model’s proposition that training may affect future phases of community prevention planning. Participation in the training ensured that all communities received consistent information and guidance. In addition, the juvenile justice specialist contacted each applicant to discuss any technical assistance needs or concerns following the training.

The request for proposals clearly conveyed an expectation that the prevention policy board was to be diverse and representative of the community, and that one local agency or entity was responsible for supporting the board. It requested that the applicant demonstrate “how the local [prevention policy board will] make recommendations to the responsible local agency for distribution of funds and evaluation of funded activities” It also indicated that the prevention policy board must determine and approve the prioritized risk factors identified in the community assessment. Although the request for proposals articulated the role of the prevention policy board in planning, it did not clearly describe expectations for the board’s role in the implementation or institutionalization phases of the initiative—critical information for board members.

The Agency of Human Services offered communities numerous means of assistance for the assessment phase of the Title V model. It required that community representatives attend the key leader orientation and risk and resource assessment trainings so applicants would receive information and guidance on how to conduct risk and resource assessment. The juvenile justice specialist offered technical assistance 2 months after the training but before the due date of the application and maintained frequent contact with the communities. In addition to the community profile, youth risk behavior survey, and the social indicators data, the agency made a variety of other data available to the communities to guide their assessment.

The request for proposals was clear in conveying the agency’s expectations for assessment and planning, but lacked detail in some areas. For example, no specifics about how communities should meet these expectations were given, which was problematic for most applicants, as this was their first experience

with such requirements (e.g., a comprehensive, data-driven risk and resource assessment). Also unclear was how much information applicants should include in the 3-year grant application. The request for proposals clearly specified that applicants must include “an assessment of the prevalence of specific, identified delinquency risk factors in the community, including the establishment of baseline data . . . resulting in a prioritized list of risk factors to be addressed.” Applicants also were required to identify protective factors in the community and, as part of the resource assessment, identify the available resources “and promising approaches, with a description of how they address identified risk factors, plus an assessment of gaps in needed resources and a description of how to address them.” Although these criteria were clearly presented in the request for proposals, they were not detailed in the review criteria. Consequently, applications could fall short of meeting all criteria unless the reviewers assessed each detail of the application with every component of the request for proposals in mind. The requirement for “a thorough and comprehensive assessment of risk and protective factors and resources that included baseline outcomes measures” was inadequate and more detail was needed.

Regarding implementation, the request for proposals did not clearly explain that prevention strategies had to be research-based so applicants had flexibility for selecting resources and promising approaches to address risk factors. Several prevention programs (recreation services, tutoring and remedial education, assistance in the development of work awareness skills, child and adolescent health and mental health services, leadership development activities, asset building strategies for youth, etc.) were identified as possible prevention activities eligible for funding but because the request for proposals did not require that programs be research-based, these programs did not necessarily conform to the Title V model.

The request for proposals required that applicants provide “a strategy, including goals, objectives, and a timetable, for mobilizing the community to assume responsibility for delinquency prevention. This should include ways of involving the nonprofit and business sectors in delinquency prevention activities.” The Vermont Agency of Human Services allowed flexibility in the selection of strategies; however, it expected applicants to demonstrate a plan that these events would take place. It also was interested in gaining community support to assume responsibility for delinquency prevention. However, what a reasonable or measurable plan of events would include (for example, benchmarks or how to incorporate information along the way) was not clear.

According to the juvenile justice specialist, communities in Vermont tended to “avoid evaluation, as it was really scary to them.” The Agency of Human Services had been committed to evaluation since the late 1990s and training and evaluation data were made available to the communities. The challenge was that the level of the data required did not match the level at which the programs were being implemented. For example, evaluation in the community is often specific to programs and limited to attendance and process evaluation; data made available were often at the town or school supervisory union level.

By spring 2000, the Agency of Human Services offered voluntary logic model training to help communities better link their prevention strategies to risk factors and state outcomes. Such trainings are necessary to augment the guidance provided in the Title V request for proposals, which does not contain sufficient detail to guide communities with little evaluation experience in developing meaningful, realistic evaluation plans. For example, the request for proposals required that the goals and objectives be measurable and realistic, but the guidance on how to accomplish this was insufficient. As the request

for proposals did not establish the connection to evaluation (for example, referencing or listing instruments or measures that could be used), the applicants were not required to be explicit in linking their programs to outcomes.

Another challenge that faced the Vermont communities was that the commitment by the state to address the state outcomes took precedence over measuring risk factor data during the course of the Title V initiative. The applicants were not discouraged from gathering the risk and protective factor data; however, it was required that they report on state-level outcomes, at a minimum. No formal mapping of the risk factors to the state outcomes existed, so the grantees attempted to do this on their own.

Vermont's Title V request for proposals addressed institutionalization only to the extent of leveraging additional resources and inviting community agencies and organizations to get involved in the initiative. It did not distinguish this process from securing additional funding or making a plan for sustainability of the initiative once the funding ended.

Summary

In general, Vermont's support for Title V was very strong. The technical assistance and training provided by the state to the communities was part of a free-flowing exchange of information and helped to clarify state expectations.

Given limited grant resources (\$100,000 in Title V funding per year, the minimum federal allocation), Vermont's Agency of Human Services chose to support two communities with grant awards, rather than support a large number of subgrantees with smaller awards. Based on a conversation with the Vermont juvenile justice specialist at the time, the agency hoped that higher funding levels would provide the necessary financial incentive and resources to assist communities to fully implement the Title V model. It also expected that the focus on support for these two communities (as opposed to funding several communities at lower levels) would provide them with consistent technical support from the state.

Over the last few years (1998–2000) the juvenile justice specialist and the Agency of Human Services have placed a growing emphasis on evaluation. The juvenile justice specialist was an avid supporter of Title V, interacted closely with the sites, and, when necessary, sent quarterly reports back to the communities requiring clarifications or additional evaluation data. The juvenile justice specialist also was committed to a strong application process and, through the last year of the national evaluation, worked to streamline the application process for all Title V request for proposals, while not jeopardizing the integrity of any one initiative. Toward the end of the Title V initiative, Vermont was focused most on streamlining the grant application process to strengthen community planning and address the 10 Vermont state outcomes. Although the Title V requirements served as the baseline in many pieces of the new application, the application was subsequently presented as “an application for system improvement programs”—one that would focus on more sustainable systems-level improvement and enhancement.

Overall, the level of detail included in the review criteria did not match that in the broader request for proposals. Unless a close review of the request for proposals in relation to the applications was conducted, simply basing the review on the specific criteria might lead to gaps in information about the local plans. Vermont's support for the Title V initiative is evident in the communities' implementation

experiences. A description and analysis of the Title V initiatives in Middlebury-Bristol and Windsor follows.

Middlebury-Bristol: Addison Northeast and Central Communities That Care

This case study documents the Title V initiative in the towns of Middlebury and Bristol from initial planning in 1997 through the end of the Title V initiative in 2002. The Title V initiative in Middlebury and Bristol achieved success in each stage of the model, particularly in planning, implementing, and sustaining prevention activities.

This presentation begins with a brief community description and discussion of the role of Title V in Middlebury-Bristol. It continues with discussions of the five stages of the Title V model as implemented in Middlebury-Bristol: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. This section concludes with the evaluation team's interpretation of the data.

Brief Community Description

The Addison Northeast and Central Supervisory Unions were the catchment area for the Title V grant. Specifically, the towns of Middlebury and Bristol within Addison Northeast and Central were the focus of the Title V initiative in central Vermont. Middlebury and Bristol, in the two largest supervisory unions within Addison County, lie approximately 15 miles apart. Addison County was mostly rural with large areas of sparsely populated and remote mountainous terrain. Despite the challenges of geography and its small population, Addison County had traditionally been an independent, creative, grassroots community that works together with its families, agencies, and businesses.

In 2000, Addison County had a population of 35,974 (U.S. Census data). In the county, 96.9 percent of the residents were Caucasian, less than 1 percent were African American or American Indian, and 2 percent were other races. Thirty percent of Addison County residents were children (ages 19 and under). The median household income was \$43,142, slightly above both the state (\$40,856) and national (\$41,994) median household incomes. Five percent of Addison County families lived below the poverty line.

Title V in Middlebury-Bristol

The grant application and interviews with members of the prevention policy board (also known as the Communities That Care Coalition in the Middlebury-Bristol initiative) reported that the Middlebury and Bristol communities had a “well-deserved reputation for their ability to initiate and sustain creative pioneering community services for children and families.” This history of child- and family-focused initiatives dated to the late 1970s, with the creation of the Children's Task Force to identify and address gaps in children's services through a collaborative approach in Addison County. In 1995, seeking to improve these services through better coordination and planning, Addison County applied to the Annie E. Casey Foundation, through the Vermont Agency of Human Services, for a grant. This award led to

the establishment of People of Addison County Together (PACT), formerly known as the Children’s Task Force. PACT, one of the 12 regional partnerships in Vermont, was well-known for its commitment to providing for the needs of the community and particularly for addressing youth needs. Between the development of PACT and the application for Title V funds, the partnership’s focus evolved from being child and family focused to include the entire community. As mentioned in the grant application, PACT’s purpose was to “facilitate collaborative efforts toward achieving a high quality of life for citizens of Addison County through better coordination of services, more access to information, and accountability.”

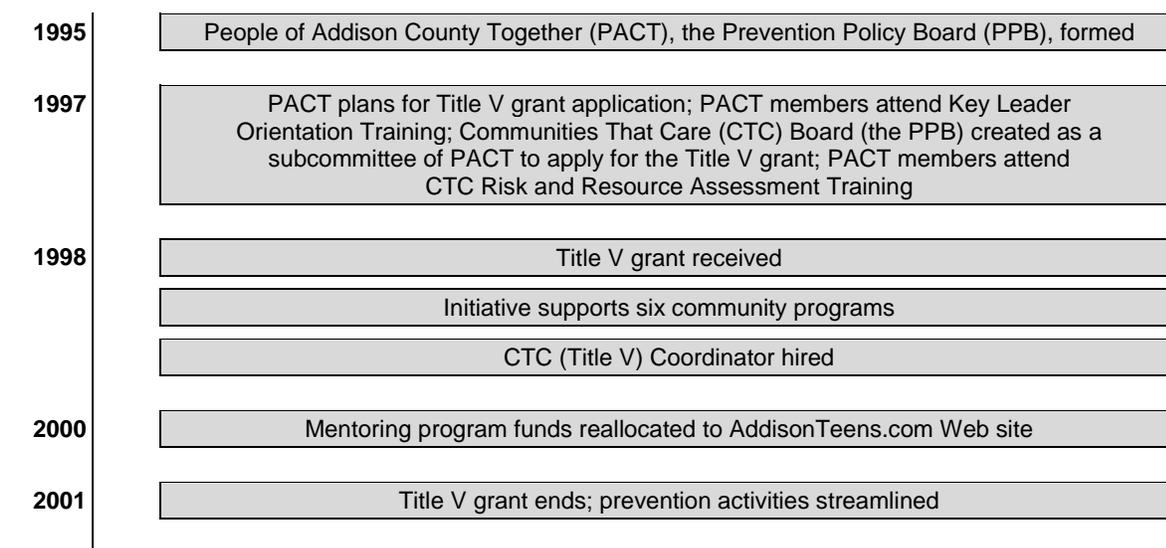
<p>Middlebury-Bristol</p> <p>Funding period: 1998–2002</p> <p>Amount of Title V funding: \$150,000</p> <p>Unit of local government: Town of Middlebury</p> <p>Lead agency: People of Addison County Together (PACT)</p>
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More than a dozen other Addison County partnerships and task forces were briefly described in the grant application. These groups focused on resources in the community that addressed violence and substance abuse. The towns of Middlebury and Bristol had a number of prevention programs addressing issues such as childcare and teen pregnancy.

Community members in both Middlebury and Bristol had been very responsive to the needs of youth and families in the community. In addition to local government and agency support, they received support from the University of Vermont Extension Programs, Middlebury College, the state regional partnership, and PACT.

Although Addison County had a history of collaboration, the county began focusing efforts on adolescent delinquent behaviors only in 1997. The evolution of PACT from the Children’s Task Force occurred just months before the initial planning activities for the Title V grant application. That grant would allow the communities to concentrate on adolescent delinquent behaviors. A timeline for the Title V initiative in Middlebury-Bristol is presented in figure 6.1.

Figure 6.1: Middlebury and Bristol Timeline for the Title V Initiative



Community Mobilization and Collaboration

Community mobilization included introducing community prevention to key leaders, forming and maintaining a prevention policy board, and participating in prevention training. This section describes the process of community mobilization for the Title V initiative in Middlebury and Bristol from 1997 to 2001 and discusses community identified factors that influenced it.

Introducing Community Prevention to Key Leaders

In June 1997, PACT first received information on the availability of Title V funds and invited interested community members and agencies to participate in the development of the “Caring Communities” (Title V) grant proposal. Members from the community attended a daylong information session and subsequently committed to apply. After determining that the proposal would include towns within both Addison Central and Northeast Supervisory Unions, the town manager from Middlebury committed to be the fiscal agent. The PACT coordinator at the time took responsibility for overseeing the administration of the grant. Key stakeholders described the decision of the supervisory unions within Addison County to apply jointly as a significant factor in their ultimately receiving the Title V grant, known in Middlebury-Bristol as the Communities That Care grant.

Prevention Policy Board

The prevention policy board, known in Middlebury-Bristol as the Communities That Care board, was created specifically in response to the Title V announcement and was a subcommittee of PACT. The board came about after the 3-day Communities That Care curriculum training in October 1997. Key leaders identified board members in both Middlebury and Bristol in equal numbers and, representing a more diverse group of people, from the community. According to interviews with early members of the board, many of these individuals had worked together before the Title V initiative. Members of the board wrote the proposal and worked closely with the PACT coordinator to plan and implement the initiative upon successful award. The PACT coordinator had been identified as the board facilitator and received a small stipend from the Title V funds. The pre-existing relationships PACT had established both supported and were consistent with those of the Communities That Care board.

The Communities That Care board only had seven active members, representing the six service delivery providers receiving funds from the Title V grant. Members of the board, who represented both towns, included civic leaders, directors from community and grassroots organizations, police officers, school officials, community members, and students. Board meetings were held quarterly and were a venue for information exchange on program development. The board also had a steering committee, comprising three members from the PACT board who served in an advisory capacity when decisions were not made by the Communities That Care board.

During the planning phase, the Communities That Care board met regularly to conduct risk and resource assessment. These findings informed the community more thoroughly about its needs and facilitated selection of strategies and development of the 3-year plan. The community assessment process is presented in more detail in the section on initial assessment and planning (see below).

During the implementation phase, the Communities That Care board met quarterly to report on the progress of programs and to share information (e.g., available resources such as space for events, or barriers to implementation such as transportation).

Throughout most of the Title V initiative, board members remained involved. The board had little turnover, with an average of seven members supporting the initiative consistently. Efforts were made to involve others from the community but these were often short lived. The PACT coordinator encouraged participation to ensure other voices were represented, if only by their participating in a forum. Members of the board reported in interviews that they felt confident the board would continue to meet following the Title V grant, if not formally, then informally. “It [would] be good to keep the system [CTC board and prevention programming] alive and to continue to meet past the life of CTC money.” They reported that the information exchange and program development were assets and built on good interpersonal relationships.

Community Prevention Training

Key leaders from Bristol and Middlebury attended the key leader orientation and risk and resource assessment training in October 1997, and those who remained involved through the grant development shared training information with others as they conducted specific application tasks. Aside from the federally sponsored CTC training in the fall of 1997, there is no evidence of CTC board members participating in other relevant training except for periodic state team trainings.

Community-Identified Factors That Influenced Mobilization and Collaboration

Communities That Care board members and the PACT coordinator noted a number of factors that facilitated the formation and sustainability of the board, including consistent attendance at board meetings and a strong commitment by members to the planned project. The PACT coordinator reported, “It has been really helpful to meet regularly. In the case of CTC, they meet quarterly. This brought people together. They really want to maintain the projects. All of the members are in it together. There’s a definite sense of investment.” Another positive factor was having resources to launch activities. As one stakeholder mentioned:

And all these things I think are a result of us having some capital (juvenile justice funding) to start things up. And then once people . . . and the partnerships, and collaborations come in because people see what [the CTC grant] is doing.

Board members in Middlebury and Bristol did not articulate challenges to community mobilization.

Initial Assessment and Planning

Title V assessment and planning included conducting a community needs assessment and developing a 3-year comprehensive prevention plan. This section describes the process of assessment and planning for the Title V initiative in Middlebury and Bristol from 1997 to 2001 and outlines the community-identified factors that influenced it.

Identifying Risk Factors, Resources, and Prevention Programs

The Middlebury-Bristol risk and resource assessment considered archived data from area school reports; state-supported community profile and youth risk behavior survey data; Parks, Arts, and Recreation Department data; and a juvenile delinquency study conducted for the Addison County State Attorney's Office. Community forums also were held to further explore available resources, help inform the resource assessment, and identify programs that might be a good match to the initiative.

Key leaders from the two communities divided into four groups representing the four domains discussed in the key leader training: community, family, school, and individual/peer. The groups reviewed data from several sources and determined that substance abuse and violence were the priority adolescent problem behaviors to be addressed. Subsequently, the Addison County Alcohol and Drug Abuse Task Force, the Addison Central Supervisory Union Community Prevention Partnership, the Office of Alcohol and Drug Abuse Programs, and the Addison Northeast Supervisory Union sponsored community forums to review the information gathered for community prevention planning. The key leaders then reviewed additional material from both Middlebury and Bristol to complete the risk analysis that identified four priority risk factors as target areas for prevention-based initiatives: community laws and norms favorable towards drug use and violence (community), family management problems (family), friends who engage in the problem behavior (peers), and favorable attitudes toward the problem behavior (individual).

Through the community forums, leaders identified resources for youth and families. The original resources list included 23 projects and the team selected 8 projects to include in the grant application. The selection was based on match to the target populations, geographic areas served, dollars per person served, and long-term outcomes. Key leaders also identified potential funders and, when more than one agency proposed similar programs, they suggested collaboration to reduce duplication. Proposals were extended to the eight agencies for inclusion in the initiative. Representatives of agencies that were already members of the Communities That Care board included Addison County Parent/Child Center, Addison County Women in Crisis, Bristol Parks and Recreation, Bristol Police Department, Bristol Recreation Club, Middlebury Parks and Recreation, MUHS/CSAC Prevention Project, and Middlebury Studio Arts Center—Art for Youth.

The key leaders and the CTC board compiled the results of the risk and resource assessment and submitted it along with the grant application on behalf of Addison County Northeast and Central, the towns of Middlebury and Bristol.

Developing a Comprehensive Prevention Plan

The Addison Northeast and Central Communities That Care (Middlebury-Bristol) prevention plan included the process for planning and identifying risk factors and resources. Based on the results of the risk and resource assessment, eight community agencies were invited to apply for funds and to be part of the Title V/Communities That Care initiative upon award from the state. As described in the grant application, these agencies were selected based on “meet[ing] the identified needs of keeping youth in the communities safe and productive, while making the best use of resources available without duplicating efforts.”

The individuals who conducted the risk and resource assessment also developed the prevention plan. Some of these individuals remained actively involved in the initiative for its duration, however, others were unable to do so due to other commitments.

The comprehensive plan included a matrix (table 6.1) that linked the agency responsible for program implementation to one or more of the risk factors identified. The plan did not identify the specific components or objectives of each program that would address these risk factors.

Table 6.1: Organization/Agency and Risk Factor Matrix

Organization/Agency	Risk Factors			
	Community Law and Norms	Family Management	Friends Who Engage	Favorable Attitudes
Addison County Parent Child Center	✓	✓	✓	✓
Addison County Women in Crisis	✓	✓		✓
Bristol Parks and Recreation	✓	✓	✓	✓
Bristol Police Department	✓	✓	✓	✓
Bristol Recreation Department			✓	✓
Middlebury Union High School/Prevention		✓	✓	✓
Middlebury Parks and Recreation	✓		✓	✓
Middlebury Studio Art Center	✓	✓	✓	✓

Brief summaries of the programs implemented in Middlebury and Bristol are listed below. The grant application team identified these programs as promising approaches; however, neither evidence of the efficacy of the programs nor a research-based component was provided. Based on a series of discussions about the efficient and effective use of resources for each of these providers, the number of service providers was narrowed to six who sponsored the following activities:

- ❖ Youth and parent support groups provided opportunities to address communication, self-esteem, anger management, and problem solving (sponsored by Addison County Parent/Child Center).
- ❖ Child advocacy public events, youth activities, and student workshops (sponsored by Addison County Women in Crisis).
- ❖ A youth center, art studio, tracking club, and teen dances (sponsored by Bristol Parks and Recreation).
- ❖ Teen dances and a skate park (sponsored by Middlebury Parks and Recreation).
- ❖ Arts for Youth (sponsored by the Middlebury Studio Art Center).
- ❖ Web site for teens in Addison County (www.AddisonTeens.com) (sponsored by the Middlebury Union High School).

In total, the planning process in Addison Northeast and Central lasted just under 1 year. According to interviews and the grant application, many of the members involved in planning continued throughout

the initiative, participating in risk and resource assessment, grant writing, and implementation. Six of the individuals involved were directly responsible for implementing the programs at their agencies.

Community-Identified Factors That Influenced Assessment and Planning

The primary facilitating factor was the use of existing data (state-sponsored community files, YRBS, and Supervisory Union data). The primary challenging factor identified was the level of data available to the community, specific to the community, to link indicators to programs.

Implementation of Prevention Strategies

Implementation of prevention strategies included initiating services and activities and identifying and leveraging other resources. This section describes the implementation stage of the Title V initiative in Middlebury and Bristol from 1998 to 2001 and discusses community-identified factors that influenced the Middlebury and Bristol implementation efforts.

In Middlebury and Bristol, Title V funds were used to support coordination of components of the five implementation strategies. The initial PACT coordinator attended the risk and resource assessment training and participated in the grant writing; however, he left shortly after the Title V grant was awarded and the new PACT coordinator began in June 1999, 1 year into implementation.

The Addison Northeast and Central Communities That Care initiative was awarded a 3-year Title V grant for the period July 1998 to June 2001; it received \$150,000 in grant funds from the Agency of Human Services, which were matched by \$88,140 in local in-kind contributions for a total budget of \$238,140. The Town of Middlebury was the official fiscal applicant and the PACT coordinator was responsible for oversight and implementation.

In the Addison Northeast and Central Communities That Care initiative, the coordination of youth activities in Middlebury and Bristol was the central focus. The adolescents in these two communities often attended events in both places. An underlying goal of this initiative was to coordinate programs between locations so events and efforts were not unnecessarily duplicated.

The Title V initiative was designed to address gaps in youth programming, identify areas for sharing resources, and increase the ability of both communities to serve more youth and families. The PACT coordinator received 3–6 percent of the grant value (i.e., \$3,000–\$6,000) for salary each year, and was responsible for the oversight and coordination of the Title V initiative. The initiative's coordination and programming strategies are discussed in more detail below.

Coordination

The PACT coordinator was responsible for the oversight and coordination of the Title V initiative. The remaining part of the coordinator's time was dedicated to fulfilling PACT (regional partnership) job requirements. To this end, the coordinator facilitated quarterly meetings of the Communities That Care board where the members/service providers reported on the progress of their programs and exchanged information.

Specifically, the PACT coordinator was responsible for sharing and maximizing resources and identifying successful projects to be implemented in other areas. When combined with program implementation, the PACT coordinator was expected to be responsible for managing the prevention plan, which was targeted to reducing the number of youth reporting substance abuse, increasing the number of healthy relationships between youth and adults, and reducing duplication of services/increasing resource sharing. The coordinator was responsible for writing and submitting the quarterly reports to the Vermont Agency of Human Services, which involved compiling information regarding program implementation that had been shared by the lead agencies at the quarterly meetings.

Programming

The Addison Northeast and Central Communities That Care initiative proposed to implement a number of prevention strategies. Six of the original eight programs proposed in the application were implemented over the first one and one half years of the grant. Midway through year 2, five programs were being implemented with Title V funds and programs were the focus of the programming for Middlebury and Bristol described below.

Addison County Parent/Child Center

The Title V funds allowed the Addison County Parent/Child Center to organize new and expanded youth groups and parent groups.

The youth groups were designed for sixth to eighth graders in both Middlebury and Bristol. Data from the risk assessment demonstrated that early interventions were needed with this age group on issues related to alcohol, drug use, and pregnancy. Although the center had worked with this age group in the past to address different issues, this would be the first program targeted at these issues that incorporated communication, self-esteem, anger management, and problem solving.

The parent groups were support groups targeted at parents of adolescents. Before Title V, many concerns had been brought to the attention of the center regarding the best ways to communicate with teens and to support them in decisionmaking. Adolescents reported feeling that they could not discuss issues of sexuality with their parents because they were ill-prepared, embarrassed, or unwilling to discuss the topics. These issues led to the development of the parent groups.

Addison County Women in Crisis

Addison County Women in Crisis conducted trainings and programs to increase the assessment and awareness of domestic and sexual violence throughout the county. The trainings were developed to convey the impact of domestic violence and to demonstrate publicly that domestic violence is not acceptable. The group also presented school-based and summer programs for youth and initiated public awareness campaigns. Specific activities included support groups, holiday presentations, workshops, and information dissemination.

Bristol Parks and Recreation Department

Beginning in the first year of implementation, the Bristol Parks and Recreation Department and the Town of Middlebury Parks and Recreation Department coordinated dances and other activities at the youth centers in Middlebury and Bristol on alternating weekends. During the second year, the Bristol Community Art Center in the Grist Mill opened and the Bristol Parks and Recreation Department coordinated an open art studio modeled on components of the Middlebury Studio Arts Center.

Community youth dances held in Bristol, chaperoned by parents, a coordinator, and the Bristol Police Department, were intended to provide a positive drug-free environment and positive activity for area youth. Dances were held on Friday evenings, alternating location between Middlebury and Bristol.

The Bristol Parks and Recreation Department worked closely with Bristol Expanding the Caring Community, a University of Vermont Extension-sponsored program, to establish a community base to support alternative afterschool opportunities, based on input from the community, students, and stakeholder organizations. A skate park was developed to provide youth with a place to skateboard that would not interfere with business and pedestrian traffic in town. The skate park, which operated during the summer, was cited as a positive change in the proposal: “From a community perspective, downtown merchants were appreciative of skateboarders not interfering with shoppers.” Finally, the Studio Art Center was developed to provide a learning environment for youth in the community to interact with adult mentors. The average attendance was between 10 and 12 youth per week and activities included Saturday Art Project Workshops (for children 8 and older), Open Studio (for adolescents and young adults), and exhibitions of youth art (a culmination of the art developed by all youth).

One significant implementation change occurred in January 2000 when funds allocated to a Middlebury Union Middle School mentoring program were reallocated to fund the AddisonTeens.com Web site, to increase the amount allocated to PACT, and to Middlebury Parks and Recreation to support the teen dances. The reallocation of funds was based on the middle school’s inability to recruit mentors and establish a viable mentoring program. The CTC steering committee and the state juvenile justice specialist supported the decision.

Aside from programs implemented by the Addison County Parent/Child Center, all activities were enhancements to existing programs within the community organizations. Interviews with board members indicate that the Title V funding was critical in allowing these programs to reach greater numbers of youth, to reach them in more ways, and to leverage additional funds. One Communities That Care board member reports: “And a lot has happened because of the boost that this grant has given us so far as some money. You know, we’ve been able to do the dances, you know we do a dance here every other week. We’re averaging 70 kids per dance . . . and this is all partly because we had some money that gave us a little bit of a boost, and then we’re finding other money.”

The primary activities of the board during the implementation phase included information sharing and program development. Board members also were responsible for program implementation on behalf of their organizations. The quarterly board meetings provided an opportunity for members to share information and financial and in-kind resources. The PACT coordinator reported that, “Collaboration is really happening—because of the quarterly meetings, MPAR has been able to link with the ACP/PCC to use their vans for transportation to and from events” Members could also discuss challenges to

implementation. Each member had to report on implementation, including numbers of youth served each quarter. If issues arose, the board meeting was an arena to discuss them. The board was not focused on issues related to sustainability until late in the third year. When grant opportunities were identified by one of the members, the information was brought to the group and the members would decide together if the opportunity should be pursued. Interviews indicated that members felt like a team and that they would be better positioned to apply for additional funds when doing so in collaboration.

Identifying and Leveraging Other Resources for Prevention

Matching funds for the Title V grant were provided by the organizations and agencies that both made up the Communities That Care board and were implementing the prevention strategies. The matches were provided as in-kind donations and ranged from \$1,000 to \$5,000 per year by organization. The grant application demonstrates that in-kind donations were relative in size to the amount of funding the organization received from the federal award. The donations fell into the following categories: salaries, travel, office, facility, equipment, and other and indirect, not specified.

Community-Identified Factors That Influenced the Implementation of Prevention Strategies

Although the ideas behind the Middlebury-Bristol strategies were consistent with the Title V model, their implementation did not fulfill all expectations. Middlebury and Bristol chose to support and strengthen program coordination and delivery. These efforts produced successes and also several challenges.

A number of factors facilitated the initiative's efforts, including the support of the steering committee. Having an executive committee to resolve issues when the board otherwise could not come to an agreement was both efficient and maintained good relationships. Another facilitating factor was the willingness of individuals to support the programs, as ongoing support contributed to the programs' progress. Finally, the administrative support provided by the AmeriCorps VISTA volunteers was also helpful.

The PACT coordinator and Communities That Care board members also noted a number of challenging factors, including delays in payment to the community from the state agency. This was a lengthy process and at times created tension around implementation when funds had not yet been distributed. Although ultimately resolved by the state, it remained a point of contention for the coordinator. Another challenge was transportation. The grant had been designed to coordinate activities between the two towns; however, methods for transporting youth had not been figured into the plan. Ultimately, the Addison County Parent/Child Center was able to share some of its transportation resources to address this issue.

Monitoring and Evaluation

The monitoring and evaluation stage of the Title V model theoretically should include conducting program evaluations of each prevention strategy, evaluating the Title V initiative as a whole, and reassessing community indicators. This section describes the monitoring and evaluation stage of the Title V initiative in Middlebury and Bristol from 1998 to 2001. Data regarding community members' perceptions of factors influencing their ability to evaluate and monitor their initiative were not available.

Monitoring and Evaluating Program Activities

Although the PACT coordinator recognized that evaluation was important and essential to plans for sustainability, none of the programs was systematically evaluated. Although board members reported on participation rates, which were reported to the coordinator and included in the quarterly report, and shared anecdotal information on the significance of the program to town youth, this information was seldom recorded or shared with the community. One board member reported:

The skate park supervisor noticed that the behavior of the youth in the skate park is better than the kids in the streets. They're developing solid friendships and ownership and pride in the park. The downtown merchants are happier. Since the skate park has been operating, the number of complaints from merchants have been significantly reduced.

With the exception of providing some input into the quarterly reports, the board members were not involved in any other form of monitoring or evaluation of either the programs or the initiative.

No records were kept of evaluation training for the Addison Northeast and Central Title V/CTC initiative, and the initiative lacked support for program evaluation. The funds given to the organizations and agencies were limited to, and specifically used for, program implementation. The grant application includes goals and objectives; however, the board members did not measure these across time, nor did members demonstrate interest in conducting an evaluation.

As required by the Vermont Agency of Human Services, each grantee was required to submit objectives with their quarterly report. The PACT coordinator reported on program activities as they related to the objectives developed specifically in response to the quarterly report requirements. In most cases, these included participation rates and program implementation information. The objectives included in the quarterly reports were not included in the grant application, but were submitted for the first time when the second PACT coordinator came on board in the summer of 1997. These objectives are not linked to the risk factors identified in the Community Mobilization and Collaboration section of this chapter.

The community attempted to use the *Title V Community Self-Evaluation Workbook* but after reviewing the workbook a few times, the coalition decided there were only a few select questions that they found helpful for monitoring their progress. Each program captured implementation data such as levels of participation; however, they did not measure outcomes.

In 1999, the national evaluation team provided technical assistance to the Communities That Care coalition, specifically on measuring program goals and objectives. Although the site reported this assistance was helpful, the PACT coordinator subsequently reported that “the [Communities That Care] board is still using their old objectives but they have a clearer understanding of what the objectives should be, by when, and how to think about measuring them.”

Ongoing Assessment

Based on state requirements, all grantees had to address one or more state outcomes in their plans. The Towns of Bristol and Middlebury identified the outcome “youth choose healthy behaviors”; however, no

evidence exists that this outcome was specifically measured at any point during the implementation of the Title V initiative.

Institutionalization

The process of institutionalizing Title V includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies. This section describes the process of institutionalizing the Title V initiative in Middlebury and Bristol from 1998 to 2001 and discusses community-identified factors that influenced it.

Status of Institutionalization

Components of the Title V programs continued in Middlebury and Bristol after Title V funding ended. In each case, the program existed before initial Title V funding and interview data indicate that Title V funding gave the programs an additional boost to leverage small amounts of community support, sufficient to sustain programming.

The Communities That Care board met a few times following the end of the Title V grant, however, the board did not function as a decisionmaking group after Title V. In general, members reported in conversations that the relationships were strong throughout the initiative and that several informal but critical relationships were indirectly responsible for the continued growth of the programs. Relationships and communication among the members remained strong, as did information sharing, following the Title V grant period.

The board did not continue to conduct community assessments for ongoing program planning, although the state continues to update the community profile data and supports ongoing implementation of the Youth Risk Behavior Survey in communities throughout the state.

The PACT coordinator returned to the sole function of regional partnership coordinator that preceded Title V and was supported by pre-existing local funds. Of the programs supported with Title V funds, all continued at some level. In each of these cases, the structure for the programs pre-existed the grant but Title V resources created an opportunity for program enhancements.

The PACT coordinator was supported by an AmeriCorps VISTA worker who was tasked with exploring opportunities for sustainability and supplemental funding for the projects and activities supported by the Title V grant. These efforts were not fruitful. It was anticipated that several of the programs could be sustained with minimal funding from the agencies originally funding them, which is what happened (for example, the Addison County Parent/Child Center continued to exist, as did the support groups for adults and youth, but not at the same level of intensity).

Neither evaluation activities nor analysis to assess the impact of Title V programming continued after the Title V grant ended.

Community-Identified Factors That Influenced Institutionalization

Although the Title V initiative itself has not continued, the commitment of the board members to programming and information and resource sharing has remained strong. The PACT coordinator went

on to assist a neighboring town in applying for Title V funds, based on her experience in Middlebury and Bristol.

Very little information discussing the community's plan for institutionalization is available. In most instances, institutionalization was replaced by conversations of leveraging additional resources.

Interpretation

Examining Middlebury's and Bristol's approach to implementing the Title V model reveals both successes and challenges and the factors influencing each. Overall, the PACT coordinator displayed considerable commitment to the initiative, but did not have comprehensive or practical knowledge of the Title V model. The first PACT coordinator attended the training; however, the transition to the second coordinator did not provide a transfer of model knowledge. The community was not able to institutionalize the entire initiative as the model had intended.

Addison Northeast's and Central's efforts to mobilize their community were parallel to, but not completely consistent with, the Title V model. They successfully formed and sustained a prevention policy board that remained active in the Title V initiative throughout the grant period. The board, however, was not broad-based, but instead was comprised of service delivery providers with membership limited to representatives of agencies and organizations actually receiving Title V funds for program implementation. The board served more as an advisor to specific programs as opposed to the overall initiative. This ultimately limited the board in that it was unable to incorporate members of the community with a more extensive budget or members who were not being served who might have otherwise been able to contribute to sustainability.

Addison Northeast's and Central's assessment process was mostly consistent with the Title V model. They gathered archived data and conducted community forums to inform the process. They prioritized the data, identified four risk factors as the focus of their plan, and used a similar process to identify existing community resources, which became the basis for prevention strategies. In Middlebury and Bristol, the risks and resources were assessed concurrently and independently. The board prioritized risk factors at the same time as programming. On most occasions, one or more risk factors could be linked to the program; however, the identification of risk factors and indicator data did not drive the selection of programs.

The Addison Northeast and Central Communities That Care board reported success with collaboration and information and resource sharing. Based on the experience of the PACT coordinator, the Bristol and Middlebury communities worked well together in an ongoing manner and relationships seemed to have developed naturally, not requiring much facilitation from the coordinator. Members reported that these meetings were helpful in the facilitation of program development and implementation.

One of the major challenges for Bristol and Middlebury was evaluation. The Bristol and Middlebury grant application lacked an evaluation plan and stakeholders lacked evaluation knowledge and capacity. The community attempted to use the *Title V Community Self-Evaluation Workbook*; however, after reviewing the workbook a few times, the coalition decided only a few questions were helpful for monitoring their progress. Each program was capturing implementation data such as levels of participation; however, the programs did not measure their outcomes.

The Communities That Care coalition submitted quarterly information about its objectives to the Vermont Agency of Human Services, but how the objectives were expected to be measured, or by whom, is unclear. The coalition seemed to have a better understanding over time, based on site visit observations, of what the objectives should be and how and when they should be measured. Still, the coalition did not demonstrate significant interest in changing either the objectives or the level of attention paid to them. The community lacked sufficient knowledge and skills to implement evaluation activities.

Institutionalization was another challenge, and Bristol and Middlebury were ultimately unsuccessful. The major barrier to successful institutionalization was most likely the lack of a plan. Although programs did not need large amounts of money to sustain them beyond Title V, none were institutionalized into existing structures within the community. Instead, Bristol and Middlebury supported ongoing programming by identifying additional local, state, and federal grants.

Summary

Facilitated by the PACT coordinator, the communities of Bristol and Middlebury worked extremely well together and saw significant change in the response to their programs. Programs were well received by the youth and the communities, but lack of a detailed, realistic, and measurable comprehensive prevention plan was problematic. Ultimately, the towns of Middlebury and Bristol benefited from Title V but in a very specific programmatic way. Lasting effects of Title V would be difficult to measure; however, as interviews revealed, Title V served as a springboard which several board members felt was all that was needed.

Based on document review and interviews, the integration of the Title V model into the community did not appear to be a priority. Instead, the priority was to provide youth with alternate activities to delinquency so it will be difficult to know the effect Title V had on these communities.

Evaluation of this site was difficult because of the limited amount of data, either from the program or the Communities That Care coalition. In addition, while Title V funds have been used to increase the number of youth activities in Middlebury and Bristol, how these activities were linked to delinquency prevention and the reduction of risk factors was not clear.

The Town of Windsor

This case study documents the Title V initiative in the town of Windsor from its initial planning in 1997 through its end in 2001. The Title V initiative in Windsor achieved success in each of its stages, particularly in the areas of community mobilization, assessment and planning, and sustaining prevention activities.

This case study begins with a brief community description and discussion of the role of Title V in Windsor and continues with discussions of the five stages of the Title V model as implemented in Windsor: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. This section concludes with the evaluation team's interpretation of the data.

Brief Community Description

The town of Windsor, the “birthplace of Vermont,” is located in southern Windsor County, with Springfield and Windham counties to the south, Rutland County to the west, and the Connecticut River to the east. The Title V target community was the town of Windsor.

In 2000, Windsor had a population of 3,956 (U.S. Census data). A population decline until the early 1990s was accompanied by declines in wages and employment that, until very recently, reflected a local economy in freefall. Windsor lost 928 manufacturing jobs between 1980 and 1990, a 78-percent decrease in manufacturing employment. Real wages declined in that period, reflecting a shift to service sector jobs.

In Windsor, 97.7 percent of the residents were Caucasian and less than 2 percent were American Indian, Alaskan Native, Asian, or other races. U.S. 2000 census figures for the town show 433 of its 946 families have children under the age of 18. In addition, of the families with one or more children 18 years old or younger, 185 were headed by a single mother.

Title V in Windsor

In the grant application and in interviews with key leaders, it was reported that Windsor was a poor town composed of fragmented families who did not communicate. The youth reported a lack of adult role models, a high rate of child abuse, and prevalent domestic violence. Children performed poorly in school, lacked positive personal identities, viewed suicide as an option, and began using alcohol and drugs at an early age.

Interviews also documented that Windsor had a history of collaboration among human service providers in the community prior to the Title V initiative; however, many came to the community from other places, as opposed to the resources being rooted in the community. Examples of collaboration efforts in place at the start of the Title V initiative include:

Windsor
Funding period: 1998–2001
Amount of Title V funding: \$150,000
Unit of local government: Town of Windsor
Lead agency: Mt. Ascutney Hospital

- ❖ **Windsor Health Care Assessment.** The Windsor Health Care Assessment combined the resources of the public schools with the community hospital to assess various aspects of community life that affect student health and assist institutions in responding to problems.
- ❖ **The Windsor Network.** A collaborative effort to create a positive and healthy sense of community by building on the strengths of individuals and families, the Windsor Network was formed in the spring of 1995 by agencies, professionals, and community members to coordinate and enhance educational services for life skills, parenting, health, child care, transportation, literacy, and recreation.
- ❖ **Windsor Community Health Initiative.** The Windsor Community Health Initiative was created “to improve the health status of the community, using a collaborative, communitywide and interagency approach, which involves strategic planning, health education, and service-wide delivery, emphasizing disease prevention and wellness promotion.”

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- ❖ **Town of Windsor Friends of Recreation.** This group was created to identify and secure a facility for the Department of Recreation’s expanding programs and to provide ongoing fundraising and volunteer assistance.
 - ❖ **Armory Square Advisory Committee.** This committee secured a federal grant to assist in drug prevention through a comprehensive approach that involves a resident coordinator, increased security, and the assistance of the advisory committee to review activity and progress and monitor the effectiveness of the program in the Armory Square apartment complex.

Despite these previous coalitions of human services groups, interviews with community members indicated that, on a broader level, Windsor had infrastructure and connectivity problems. Although the services existed, having resources available in town and getting children and families to them were a challenge. Key stakeholders noted that planning and writing the Title V grant advanced the process of building the community infrastructure. Originally, they thought that the infrastructure would develop as a result of the Building Caring Communities process, sometime during implementation. Key stakeholders report, however, that the infrastructure developed much earlier than had been expected, during the early stages of planning, and was directly related to the efforts of the Building Caring Communities as guided by the Title V process. Key stakeholders also report that several other factors related to the Title V model contributed substantially to the development of their infrastructure. These include the emphasis on a research-based process, state-supported training and technical assistance, having to conduct a data-driven needs assessment and develop a 3-year plan, and the community’s readiness to implement this type of process.

The town of Windsor was an industrial hub even before the American Revolution and by the end of the Civil War, Windsor was one of the leading manufacturing centers in New England. In 1915, the superintendent of the Windsor Manufacturing Company, Frank Cone, founded the machine tool company that became Cone-Blanchard, one of Windsor’s largest employers. Goodyear Tire and Rubber Company came to Windsor in 1936 and the company stayed until the 1980s. Community members talked about the town’s state of economic depression following the exodus of the main industry and according to the Windsor Town Plan, things have changed significantly since the Goodyear Company left:

The changes in manufacturing process; the evolution of Route 5 from the main route to Canada to a secondary route to Interstate 91; the rise of commuters to the Upper Connecticut River Valley; and the shifting of retail shopping centers to New Hampshire towns nearby are all factors which have changed Windsor’s character in the last decade of the 20th century.

The primary employers in the community were service industries, manufacturing, wholesale/retail trade, and construction. An indication of the community’s poverty was the fact that the town elementary school, Windsor State Street School, was fully qualified for Title V assistance. This was one demonstration site where 53 percent of the school children come from families with incomes 110 percent below the poverty level, compared to 1994 state data, when 13 percent of the state’s children were living in poverty.

Interviews with community members indicated there was a need for services and Windsor's Title V initiative was rooted in the risk and protective factor model of delinquency prevention and supported by the Communities That Care curriculum. Title V was the impetus for the community's delinquency prevention strategy described in the following sections.

Community Mobilization and Collaboration

The Title V community mobilization and collaboration stage includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training. This section describes the process of community mobilization for the Title V initiative in the town of Windsor from 1997 to 2001 and discusses community-identified factors that influenced it.

Introducing Community Prevention to Key Leaders

A number of collaborative groups existed in Windsor at the time of the Title V announcement, including the Windsor Community Health Initiative, an interagency team committed to improving the health of the community through planning, education, service delivery, and prevention. In May 1997, with the announcement of available Building Caring Communities funds, the name for Title V in Vermont, members of the Windsor Community Health Initiative (with the support of Mt. Ascutney Hospital and Health Center) mobilized. Interviews indicate there was some hesitation by the community to support the hospital as the lead in this strategy, as they historically were the lead agency, but over time, these concerns dwindled. Community members attended trainings and committed significant time to planning which lasted approximately 10 months.

Prevention Policy Board

The Building Caring Communities team, the prevention policy board in Windsor, was an offshoot of the Windsor Community Health Initiative. In May 1997, the town select board chair approached the initiative's members with the prospect of the Building Caring Communities grant.

The Building Caring Communities team identified a small group of representatives to attend the key leader orientation and risk and resource assessment trainings in June and October 1998. During the time between the trainings, the town organized a delinquency prevention advisory group with representatives from the select board and schools, and with the state representative co-chairing the group.

Approximately 70 people were invited to participate in planning and in July 1998, 45 of them attended a meeting and decided to apply for Building Caring Communities funds. This group included law enforcement, recreation, health and human services providers, and Windsor citizens.

The Building Caring Communities team was responsible for meeting the requirements of the application process, gathering risk and resource assessment data, assessing and recruiting appropriate team membership, developing a vision, and completing the 3-year prevention plan (which also served as the grant application).

The Windsor Community Health Initiative coordinator facilitated the planning meetings and was responsible for taking meeting minutes, reporting decisions, and disseminating information. The board's membership represented various segments of the community, including recreation, faith, health and human services, town leadership, parent/child centers, substance abuse prevention, senior citizens, and

the Chamber of Commerce. The Building Caring Communities team did not have a formal structure at first, but once data collection for the community assessment began, the team assembled into groups by domain (community, school, family, and individual/peer), as prescribed in the risk and resource assessment training, to assist in structuring data collection and analysis. This information was then shared with the grant-writing consultant who shared drafts of the proposal with the board for feedback and modification.

After the Title V award and prior to the implementation phase, the Building Caring Communities team became the Windsor Area Community Partnership. As reported in a letter between the town and the state, this name change and modified organization indicated the community commitment to the long-term health of Windsor and was in response to the need for clarification on how the partnership related to existing collaborative efforts. Representatives from several other community collaboratives had been involved at some level in planning and it was agreed among these organizations that the partnership would bring all the “fragments of the community together at the table and group them into function groups.” As one community document states, “the [Building Caring Communities] grant is the awakening of a new interest and enthusiasm in the residents for helping the community create the infrastructure and resources it needs, and its desperate need for community partnership as a vehicle for the progress.”

The Windsor Area Community Partnership had various seats reserved for various sectors from the community (i.e., school, health department, hospital, health education, police, human services, teen programs, recreation department, town government, senior citizens services, service organizations, early childhood/parenting/family services, mental health, substance abuse prevention and treatment services, and chamber of commerce). Meetings were facilitated by the Building Caring Communities coordinator, formerly the Windsor Community Health Initiative coordinator. As expected, the Windsor Area Community Partnership coordinated, planned, developed, funded, and administered prevention resources for the benefit of all the people living in the catchment area of Windsor High School. The partnership met monthly with generally consistent attendance. A letter from the Vermont Agency of Human Services indicates that the site reported the “impetus for the formation of this communitywide partnership occurred because of the Title V grant.”

The goal for the partnership was for it to become a visioning and planning group to improve the quality of life for all its residents. The plan was for the partnership to be “establish[ed] as an efficient and effective [prevention policy board] for Windsor. The group will shepherd the [Building Caring Communities] work as well as asset building, resiliency promotion, substance abuse and violence reduction, and prevention activities.” Specifically, in the first year of implementation, the partnership hired a coordinator, and initiated plans to develop a family support team, a family resource center, and a network of providers who would coordinate services (known as the Patch).

Community Prevention Training

Representatives of the Building Caring Communities grant working team participated in training supported by the state of Vermont Agency of Human Services. In June 1997, members attended key leader orientation training and in October they attended risk and resource assessment training, both provided by Developmental Research and Programs, Inc., under contract with OJJDP. The trained representatives subsequently trained other team members and led a comprehensive community

assessment process. Meeting minutes show that the data assessment would serve as “a way to educate the community and to conduct a community dialogue on how to develop an effective long-term prevention strategy that would succeed at keeping kids safe and improving the life of the community.” There was no evidence that members of Windsor Area Community Partnership received additional training.

Community-Identified Factors That Influenced Community Mobilization and Collaboration

Windsor’s efforts to mobilize the community were consistent with the Title V model. They successfully formed and sustained a communitywide prevention policy board and had particular success in recruiting other collaborations in the community to become a part of the partnership. Members of the Windsor Area Community Partnership participated in training and remained active in Building Caring Communities grant writing. Many members remained involved throughout the initiative or elected representatives from within their organizations to attend on their behalf.

A key facilitating factor for successful mobilization was the Building Caring Communities team’s ability to “see that the community could work in a highly coordinated way at addressing its various needs through a responsive, continuing, and consistent communitywide organization that could function beyond the lives of individual grants.”

One challenge to mobilization was the complexity of the project and the community’s level of understanding about it. In response, the initiative tried to build relationships, answer questions from the community, and enhance awareness of the project. The Building Caring Communities coordinator reported:

The [community] thought the idea was simple originally but then learned it was really complex. People didn’t have a literacy of the project, so it took a while to catch on. It only came together when the directors came together face-to-face with someone who knew the initiative inside and out, when their questions were answered on the spot. There’s lots of personality types and learning styles and that took a while to get to. [The partnership] learned that literacy and shared assumptions are not enough. Direct personal intervention with immediate explanation is required to bring about a degree of understanding across a range of project literacy. Any coordinator that has that ability to make rounds and make the case for the initiative is an invaluable part of the process. It has been difficult for them to piece it together.

The Windsor Area Community Partnership became recognized as a group that could produce positive change. As one board member noted, the partnership “has been noticed as a dynamic group that has been making progress. They collaborate and make things happen.”

On occasion, the partnership indicated that some members were missing from the team (business, schools); however, representatives from these groups eventually joined and the impact of their initial absence was negligible.

Initial Assessment and Planning

The Title V initial assessment and planning stage includes conducting a community needs assessment and developing a comprehensive 3-year delinquency prevention plan. This section describes the assessment and planning stage of the Title V initiative in Windsor in 1997 and 1998 and discusses community-identified factors that influenced it.

Identifying Risk Factors, Resources, and Prevention Programs

In August 1997, 3 months before to the risk and resource assessment training, the Building Caring Communities team began the assessment and planning process, identifying 23 service gaps in the community. These were grouped into 6 focus areas based on the team member's collective experiences. The team selected the top three issues and programs that fit in the community and also simultaneously addressed the prioritized issues.

After the Windsor representatives attended the risk and resource assessment training, they returned to the community ready to conduct a formal assessment. With some work underway already, the Building Caring Communities team divided into four work groups, with each group responsible for data collection on risk factors for each of the four domains: school, community, family, and individual/peer. Each group followed a prescribed data-gathering plan that included researching all 19 risk factors identified in the training and collecting data from available federal, state, and local sources. Once the data were compiled, groups produced graphic representations of their findings. A professor from Dartmouth College, who had previously worked with the Windsor Community Health Initiative, committed to analyzing the final data sets and to developing an overall presentation for the proposal. The following data sources were used in the assessment:

- ❖ 1997 Vermont Youth Risk Behavior Study.
- ❖ 1997 Community Profile: Windsor Southeast Supervisory Union.
- ❖ 1996 Search Institute Resiliency Survey of Profiles of Student Life in Windsor.
- ❖ 1996 Vermont Crime Report.
- ❖ 1996 U.S. Crime Report.
- ❖ 1996 Windsor Police Department Statistics.
- ❖ 1993, 1994, 1995 Michigan Risk Surveys (administered in the schools).
- ❖ Information from the Title I Report, Windsor School Department.

The Building Caring Communities team conducted a comprehensive assessment of protective factors. The grant application identified the ability to address the social and health problems within the community by forming community partnerships as an asset. Data from the needs assessment agreed with the earlier community assessment. The team agreed that “the kinds of youth problems and risky behaviors affecting young people in Windsor could best be addressed by creating community-based resources to help all the families in the community.”

The Building Caring Communities team was assisted in grant writing by a development consultant who attended a majority of the planning meetings and was responsible for pulling together the assessment data and the other application requirements. The team supervised the grant writing, reviewed multiple drafts of the proposal, and provided feedback.

The grantwriting team created subcommittees to identify risk factor data; however, the data were not prioritized. The team determined that the goal of this project was to build the infrastructure within Windsor that would, over time, create the resources, assets, and culture to effect behavior change for the long-term and to realize the following outcomes:

- ❖ Children live in stable, supported families.
- ❖ Youth choose healthy behaviors.
- ❖ Families and individuals have a safe and supportive community in which to live.

The team decided that it would be important to include in their proposal the select state indicators for healthy communities. These indicators were used as a resource by the state to gauge the implementation of its current strategic policy and, therefore, should be built into the grant application design.

Developing a Comprehensive Prevention Plan

After a careful study of the youth risk factors of the community, the Building Caring Communities grant writing committee adopted a plan to fund a community coordinator, assisted by a part-time development consultant, to create an intergenerational community and family resource center. This process included the advice of the professional human and educational services providers of the Windsor Network Family Support Team Task Force. The center was intended to house the Patch of human services coming into the community from distant central offices, to coordinate their activities by collocating and networking them, and to field from their core group a proactive family support team of professional experts to assist all of the families and individuals in the community who desired to consult with them. The Patch reflects the commitment and capacity of service providers to meet the needs of the community.

According to meeting minutes and interview notes, the grant writer attended a majority of the meetings. The Windsor Community Health Initiative coordinator was responsible for facilitating meetings throughout the planning process and was a critical link between the data gathering efforts of the Building Caring Communities team and the final proposal. The team did not prioritize risk factors from the community assessment, but they linked the risk factors to the proposed strategies and program goals and objectives (discussed in more detail in the section on monitoring and evaluation, see below).

The Building Caring Communities team concluded that the way to achieve the goal of building infrastructure within the community was to create a Family Resource Center in Windsor that would maximize and build on current assets and resources in terms of individuals, families, agencies, collective expertise, energy, and genuine caring. The Windsor grant application did not provide evidence that this strategy was research-based.

In addition to the physical development of the Family Resource Center, Windsor wanted to develop an interagency family support team. The team, a subset of the Family Resource Center, would coordinate service delivery, develop family support plans, and evaluate and track outcomes. Although the development of the family resource center and family support team were pursued differently, several key stakeholders noted that obtaining the building kept people involved in the process and strengthened the organization of the Patch and the family support team. These two strategies were supported by the community coordinator who was responsible for the activities proposed in the application. The grant

application did not provide evidence that the family support team or the community coordinator responsibilities were research-based.

The grant application presented the strategies identified by the Building Caring Communities team and included the following goals for the initiative:

- ❖ Create an interagency family support team to work collaboratively and systematically on prevention. The team would coordinate service delivery, develop family support plans, and evaluate and track the effectiveness of outcomes.
- ❖ Increase access and coordination of services to strengthen families by identification, purchase/rental, and renovation of space to house and support activities and programs.
- ❖ Strengthen families by increasing the resiliency assets in the community.
- ❖ Reduce substance abuse.
- ❖ Reduce the incidence of violence.

By the end of the planning period, which lasted approximately 10 months, the town of Windsor had negotiated two phases of the Title V model. Three months later, the town learned it had been awarded the Title V grant.

Community-Identified Factors That Influenced Initial Assessment and Planning

The town of Windsor's assessment and planning was consistent with the Title V model. Windsor conducted a data-driven needs assessment and listed resources in the community available to address needs. This information was used to prioritize programming. The risk factors informed strategy selection that ultimately was designed to address three state outcomes.

A key facilitating factor in leveraging support for the family support team and the family resource center was the commitment by agencies to have representatives participate and support the process.

Implementation of Prevention Strategies

The implementation of prevention strategies includes initiating services and activities and identifying and leveraging other resources. This section describes the implementation stage of the Title V initiative in the Town of Windsor from 1998 to 2001 and discusses factors that influenced implementation.

The Town of Windsor was the official Title V applicant and the lead agency was Mt. Ascutney Hospital and Health Center. Windsor was awarded a 3-year Title V grant of \$150,000 for the period of July 1998 through June 2001. In Windsor, the initiative funded by Title V was identified as Building Caring Communities.

The Town of Windsor initiative supported the development of a family resource center (Windsor Connection—All Aboard!) and family support team, under the management of the community

coordinator. Interviews indicate these strategies were selected to address the absence of services and community supports within Windsor.

The Windsor Connection—All Aboard! Family Resource Center

As part of the plan for the Building Caring Communities project, a physical site was deemed necessary to facilitate the collocation of out-of-town, state, and private human services agencies and to accommodate a broad range of community intergenerational groups, meetings, and activities. A local facility was sought that could provide the minimum 5,000 square feet of space necessary for offices, conference rooms, group meeting areas, classrooms, and broadcasting space for the various needs of the community. After two failed attempts to locate the center in the vacant former Windsor High School, the Windsor Area Community Partnership searched for an alternative site. The partnership identified an abandoned industrial building, the historic Wallace and Gregbuilding on Railroad Avenue, located close to the central downtown area of Windsor, as a qualified site that could meet the space requirements of the project and be easily accessible to community members. In year 2 of the initiative, the partnership, in cooperation with the town of Windsor and the owners of the building, wrote a successful application to the Vermont Community Development Program to obtain \$375,000 to rehabilitate the building. Construction was underway at the end of the initiative. The resource center was in the final phase of construction in January 2003 with plans to open in February.

Windsor Patch Network/Family Support Team

The Windsor Patch Network is a group of professional human services, healthcare, and educational providers from town and state governments and private nonprofit agencies dedicated to serving the Windsor area community. As part of the plan for the development of the collocation of services and capacity, Windsor also worked to create a subset of the Patch known as the family support team. The Patch provided the structure and support (for example, the agreements between the agencies and the community). Efforts to develop the Patch occurred just prior to the Title V award and became part of the Building Caring Communities effort once the Patch and family support team connection was made. The family support team provided actual service delivery and was composed of a coordinator, a community nurse, an early childhood/parenting/family services specialist, a “Reach Up” services specialist, a community action outreach worker, an educator, a community mental health specialist, and a substance abuse prevention counselor who specialized in teen issues. Some of this work built on planning begun by the Windsor Network, which eventually became integrated with the Windsor Area Community Partnership. The eight core team members were to be connected to the other members of the Windsor Patch (additional human and social service providers) and to call upon them to offer specific assistance to families or individuals as indicated by the family support team. The family support team met weekly or biweekly as needed, and the Patch met at least quarterly for business and information exchange. As noted by the Windsor Area Community Partnership in its final report: “outcomes of the utilization efficiency and effectiveness of the proactive model will be studied over time.” This strategy was not identified as research-based.

The family support team was a voluntary resource for families and individuals who wanted support and consultation regarding prevention and health. The team met with families, brainstorming about possible solutions to their problems. If the family desired, a member of the team who was best suited to their situation coordinated service delivery.

Community Coordinator

The community coordinator was the focal point of the Windsor Building Caring Communities initiative. With the support of the Windsor Area Community Partnership, this person was responsible for developing the infrastructure for visioning, long-range planning, grant writing, and management for sustainability. The Windsor community coordinator had previously been the Windsor Community Health Initiative coordinator and had served in a similar capacity. The coordinator was responsible for managing the development of the family resource center and these other tasks:

- ❖ **Board management**, such as recruiting members, reporting on the decisions and the progress of the initiative at meetings, and relationship-building.
- ❖ **Program collaboration**, such as organizing the family support team and Patch with local service providers, participating in the state regional partnership process, and representing the partnership on other community coalitions.
- ❖ **Program coordination**, such as information-sharing sessions for better program planning.
- ❖ **Program activities**, such as helping to develop the family support team and assisting with various program tasks.
- ❖ **Public relations**, such as preparing and disseminating brochures and newspaper articles and organizing events.

Identifying and Leveraging Other Resources for Prevention

The Windsor Area Community Partnership was unable to receive grants directly; however, two organizations represented on the board were qualified to do so (Mt. Ascutney Hospital and Health Unlimited). Since the formation of the partnership, Windsor received back-to-back New Directions grants, a state Community Development Block Grant, and a Drug-Free Community Support Grant. These funds assisted development in all of the Windsor Towns. The partnership, through its eligible members, has applied for state and federal funds (e.g., tobacco grant and the Rivers of Learning grant). Currently, along with the Building Caring Communities grant project, the partnership administers the New Directions Substance Abuse Elimination Grant, the 21st Century Rivers of Learning Afterschool Program Grant, and the Tobacco Elimination Grant, which provide various community programs and services. The partnership also received funding for the Windsor In-Your-Face Gorilla Theater Troupe to continue bringing prevention-oriented performances to the schools. These additional resources were intended to support the broader efforts of the partnership and, on several occasions, supported the Building Caring Communities initiative directly.

Community-Identified Factors That Influenced the Implementation of Prevention Strategies

Windsor's experience with implementing strategies was fairly consistent with the Title V model. While none of the strategies was research-based, all were designed to meet the unique needs identified in the assessment at the local and state levels. Windsor implemented a combination of a system-level strategy

(community coordinator) with programs (Patch family support team) to address the coordination, collocation, and provision of needed services.

One key factor that facilitated implementation was that the community coordinator was a dedicated position in the development and implementation of the Building Caring Communities and Windsor Area Community Partnership plan. Stakeholders reported that having one person oversee and coordinate planning and implementation created more continuity and comprehensiveness. Another key factor was the support of the town leaders who were educated about prevention and, “spoke on its [BCC’s] support and the tides changed.”

One challenge that resurfaced was addressing the community’s lack of knowledge of the plan. Another challenge was the process involved to identify a location for the resource center. Although this issue was resolved, community uneasiness with the process made it difficult. Time also presented a challenge as substantial time is required to implement an initiative like this and, “this type of initiative is doable but it takes time . . . five to seven years.”

Monitoring and Evaluation

The monitoring and evaluation stage of the Title V model should include conducting program evaluations of each prevention strategy, evaluating the Title V initiative as a whole, and reassessing community indicators. This section describes the monitoring and evaluation stage of the Title V initiative in the Town of Windsor from 1998 to 2001. Data presenting community members’ perceptions of factors influencing their ability to evaluate and monitor their initiative were not available.

The Building Caring Communities team was supported by a Dartmouth College professor who had been working on the evaluation of the Windsor Community Health Initiative. This support consisted primarily in assessing existing data for the grant application and consulting on other issues throughout the life of the grant. This individual was not contracted as the local evaluator for Windsor; however, interviews indicate that her expertise, history with the community, and contributions to the process were valuable.

Overall, attempts at monitoring and evaluation in Windsor involved setting goals and objectives and gathering process data. Based on the grant application, Windsor seemed knowledgeable of “measurable objectives” and other evaluation-related concepts; however, an evaluation plan for this initiative was never developed. The project did not measure the outcomes listed in the grant application, which included strengthening families by increasing the resiliency assets in the community, reducing substance abuse, and reducing violence. Because the Windsor Title V project was focused on process and increasing community capacity, a process evaluation would be informative; however, without an outcome evaluation, determining the effect of the initiative on the community was difficult. The community coordinator stated in the final report documents, “[Windsor] outreach and prevention are stronger than ever”

Data were not gathered for use in ongoing program planning but Windsor did conduct subsequent assessments of the risk factors in the community. However, the catchment area for which these data were gathered is larger than the scope of the Building Caring Communities initiative. The work of the Windsor Area Community Partnership should be recognized as contributing to the community’s capacity to measure change for the long term.

Institutionalization

The process of institutionalizing Title V includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies. This section describes the process of institutionalizing the Title V initiative prevention strategies in the Town of Windsor from 1998 to 2002.

Following the Title V grant period, an evaluation of a different initiative in Windsor reported that the inhabitants believed the town was coming back from economic and social distress: “BCC offered the best hope [of completing the systemic reform that the Windsor Community Health Initiative started].” Interviews with residents indicated that they welcomed the prospect of putting their industrial past behind them, being a bedroom community for those who work elsewhere in the Upper Valley, and becoming a draw for tourists.

The Windsor Area Community Partnership continued to serve as the umbrella agency for community mobilization on issues affecting Windsor, continuing to pursue additional funding to address community needs and providing “a place where people can come together and build a community ethos of cooperation.”

The partnership met and was a strong agent of change in the community, serving as a true collaborative within which community needs are identified and matched with funding possibilities. As a result of the partnership structure provided by the Title V initiative, including a full-time coordinator and a community risk and resource assessment, the community has initiated several spinoff programs. The partnership has really become a “communication vehicle” in Windsor.

In addition to the sustainability of the partnership, the town of Windsor received funds for rehabilitating the WAG building into a family resource center. The family support team explored incorporation into a child protection team by the Vermont Department of Social and Rehabilitative Services. This would have guaranteed its long-term sustainability and increased its ability to serve a greater number of families in the Windsor area. It was uncertain at the time of this report if the child protection team institutionalized the family support team. The community coordinator functioned in many of the same roles as before, but was more engaged in program coordination. The partnership actively pursued supplemental grant opportunities during and through the end of the Title V initiative.

The 2001 report of the Windsor Area Community Partnership indicated plans to measure outcomes and document issues involving strategies implemented under partnership. The most recent community assessment was conducted in 2001. These occur every two years, and it is anticipated that the data analysis will continue. A critical factor supporting this is the availability of state-supported community profiles, the youth risk behavior surveys, and the School Supervisory Union data collections.

Interpretation

An examination of Windsor’s approaches to implementing the Title V model reveal that overall these approaches were successful. Windsor was committed to comprehensive delinquency prevention planning and services and demonstrated success in all phases of the model. Their challenges were primarily in implementation and evaluation.

It was interesting to note Windsor's commitment to increase the community's knowledge about delinquency prevention planning. The community coordinator reported that the literacy of the community "is extremely important in support of the success of these projects." It is clear by the accomplishments in Windsor that literacy about delinquency prevention planning was accomplished and that the strategies will continue to experience success.

The process of community mobilization conducted by the Windsor Building Caring Communities/Windsor Area Community Partnership initiative was closely aligned with the Title V model. They successfully recruited key community leaders, human services agency staff, and others to participate in the initiative, and continued mobilization by modifying the activities of the board as the initiative evolved. Members felt that this board and its planning and coordination of prevention activities had gained solid footing and would continue to be an integral part of Windsor's long-term infrastructure for addressing the well-being of the community.

The community coordinator was essential to the success of this initiative as this position seems to have been crucial to the maintenance of the board as an active, engaged group. This individual was committed to building the capacity of the community to sustain delinquency prevention, health, and economic efforts into the future. Members of the Windsor Area Community Partnership reflected buy-in at multiple levels and were deeply involved in the ongoing planning and development of the partnership and its strategies, which might have given them a sense of investment in the future of the initiative.

The partnership did experience some turnover. It is important to note that turnover in each case was related to relocation of the individual or organization involved. Since the board has been involved in the Title V initiative since its inception, including assessment, planning, implementation, evaluation, and institutionalization, there was enough commitment to this that the partnership overcome challenges and continue these efforts for the foreseeable future.

Windsor also was successful in assessment and planning activities. The initial needs assessment was thorough and informative, although subsequent assessments were used more informally to determine the broader impact of implemented programs. The initial grant application was based on a combination of prioritized needs (risk assessment data), and goals and objectives (state and program-specific outcomes). It was clear that the community continued to use the 3-year plan and grant application to guide activities.

Windsor experienced many successes and challenges with the implementation of its strategies, the most significant challenge being the lack of an established infrastructure in the community. The original Building Caring Communities team anticipated that this would be accomplished following the establishment of the resource center and the family support team Patch. The mobilization process in itself, however, was critical to creating an infrastructure that would last.

Windsor seemed knowledgeable of "measurable objectives" and other evaluation-related concepts; however, an evaluation plan was never developed for this initiative. Although some process evaluation data are available, the project did not measure the outcomes listed in the grant application, which included strengthening families by increasing the resiliency assets in the community, reducing substance abuse, and reducing violence. However, it took longer than anticipated to implement prevention strategies and outcomes were not measurable during the life of the Title V grant. However, the future evaluation of partnership-initiated programs is promising because the strategies are capable of being

measured, the stakeholders have become increasingly committed to evaluation, and program staff have begun developing evaluation tools.

The Windsor initiative successfully institutionalized and, although it continues with time-limited funds, the Windsor Area Community Partnership is evolving to meet new community needs. The community might strengthen its assessment and evaluation efforts by collaborating with a local university or institution. Implementation efforts continue, and the sites were serving clients as recently as January 2003. The Title V process is clearly integrated in the Town of Windsor and is not affiliated with an individual but is instilled in the community.

Summary

Overall, Windsor had success with its Title V initiative as the community coordinator, the Title V lead agency, and the members of the Windsor Area Community Partnership understood and committed to the Title V model. The success is encouraging and outweighs the challenges to be faced as the community looks to the future.

Title V in Vermont: Concluding Remarks

In Vermont, Title V represented an opportunity for the state and local governments to work collaboratively to address delinquency prevention issues. The Vermont Agency of Human Services provided strong support for Title V. The juvenile justice specialist was knowledgeable and supportive of the model and its evaluation at the state and community levels. The agency was advanced in supporting the communities with available data and was both responsive and proactive regarding technical assistance needs. Although the communities encountered challenges, support at the state level and willingness and interest at the local level positioned Middlebury-Bristol, Windsor, and the Vermont Agency of Human Services to experience many successes.

One key aspect of Vermont's Title V implementation was its ability to help communities use the processes of mobilization, assessment and planning, and implementation to build the foundation for institutionalization. While Middlebury-Bristol and Windsor faced difficulties in completing components of the Title V process, such as evaluation of their delinquency prevention strategies, these communities had a number of successes in formalizing data-driven decisionmaking, conducting comprehensive community-based planning, and institutionalizing components of the plans at the completion of Title V funding.

The case study of Vermont Title V communities Middlebury-Bristol and Windsor demonstrates that despite challenges to implementation of the Title V model, stakeholders were successful in launching and institutionalizing delinquency prevention strategies. Even though all stages of the model may not have been implemented fully or as designed, the essence of the Title V model was achieved in these communities.