City Of Newport, Rhode Island Comprehensive Strategy To Address Serious, Violent,
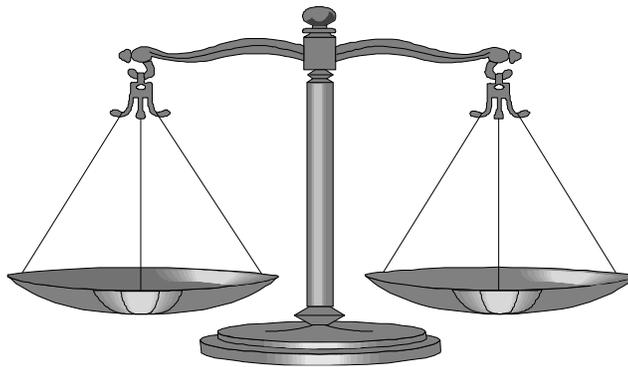
& Chronic Juvenile Crime

A Program Of:

The U.S. Office Of Juvenile Justice & Delinquency Prevention
The Rhode Island Juvenile Justice Reform Task Force
The Rhode Island Governor's Justice Commission
The Rhode Island Department Of Children, Youth & Families
The Newport Partnership For Families

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Table Of Contents

Page

Table Of Contents

Table Of Contents

Introduction

' Framework For The Strategy

Newport is one of five Rhode Island sites for the *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders.* **The other Rhode Island sites are Central Falls, Pawtucket, Providence, and Woonsocket. This program was designed and is funded by the Federal Office of Juvenile Justice and Delinquency Prevention (OJJDP), and in Rhode Island the sponsoring organizations and funding conduits are the Governor's Justice Commission (GJC) and the Department of Children, Youth and Families (DCYF).**

The underlying premises of the *Comprehensive Strategy* are that: *(a) delinquency prevention and intervention programs should be integrated with local police, social service, child welfare, school, and family preservation programs;* and *(b) community planning teams with a broad base of participants will develop consensus around problems and priorities and build support for comprehensive, integrated, collaborative solutions.* Following are the program's five principles:

> , **The family must be strengthened in order to instill moral values and provide guidance and support to children.**
> , **Core societal institutions such as schools, religious institutions, and community organizations must be supported in their roles of developing capable, mature, and responsible youth;**
> , **Delinquency prevention must be promoted as the most cost-effective approach to reducing juvenile delinquency.**
> , **When delinquent behavior occurs, intervention must be immediate and effective.**
> , **The small group of serious, violent, and chronic juvenile offenders must be identified and controlled**

The blueprint for the *Comprehensive Strategy* begins with *risk/protective factor focused prevention.* Risk factors are precursors of problem behaviors such as delinquency, violence, substance abuse, teenage pregnancy, and dropping out of school, and protective factors are characteristics that combat the negative influences of risk factors and inhibit development of behavior problems. Risk and protective factors are often categorized in the *domains* of individual, peer, school, family, and community. Following are examples of risk and protective factors in each of these domains.

Domain	Risk Factor	Protective Factor
Individual	Impulsivity & sensation seeking	Resilient temperament
Peer	Peers who engage in the problem behavior	Achievement-oriented peer attitudes
Family	Harsh & erratic disciplinary practices	Effective parenting practices
School	Poor academic achievement	Bonding with positive school role models
Community	Neighborhood disorganization	Positive community norms

The philosophical framework for the *Comprehensive Strategy* is the *Social Development Strategy*, a theoretical model of how healthy behaviors can be achieved by reducing risk factors and enhancing protective factors.

Healthy Behaviors

Healthy Beliefs
And
Clear Standards

Bonding
*Attachment
*Commitment

Opportunities   Skills   Recognition

Individual
Characteristics

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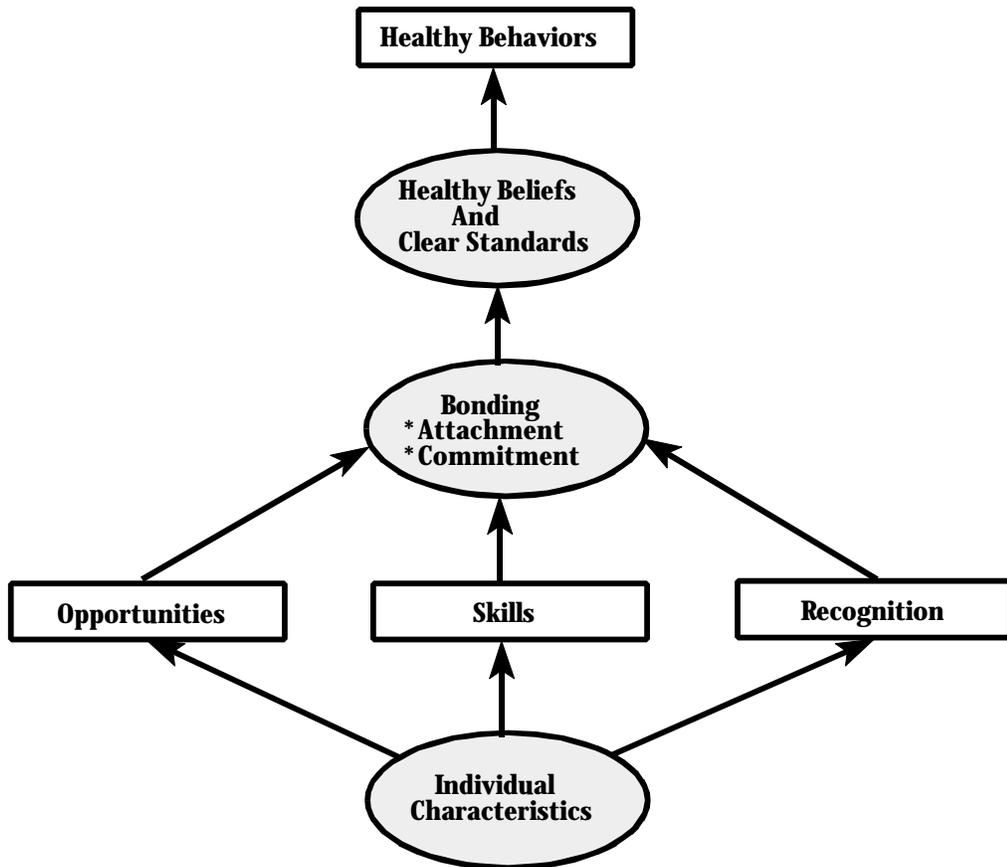
As the previous figure displays, the logic of the Social Development model is as follows:

> <   *Healthy behavior is the ultimate goal.*
> <   *Healthy beliefs and clear standards for behavior in the family, school, and community directly promote healthy behavior in children.*
> <   *By bonding with people and institutions who promote healthy beliefs and clear standards, youth will adopt similar beliefs and standards; thus bonding can provide the motivation youth need to protect themselves from exposure to risk.*

<   *To achieve positive bonding: (a) children and youth must have meaningful, challenging opportunities to contribute to their families, schools, peers, and communities; (b) children and youth must be taught the skills they need to take advantage of the opportunities they receive; and (c) children and youth must receive recognition for their efforts.*

> <   *Children and youth with individual protective characteristics (e.g., positive social orientation, resilient temperament) are more likely than other children and youth to perceive and take advantage of opportunities, develop positive skills, and achieve recognition.*

'   <u>Rhode Island Governor's Task Force On Juvenile Justice Reform</u>

Rhode Island's involvement in the *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders* is an outgrowth of Governor Lincoln Almond's Task Force on Juvenile Justice Reform, established in 1996 to respond to truancy, delinquency, and other juvenile justice issues in the state. **The Task Force found that: "Between 1987 and 1995, arrests of Rhode Island juveniles for violent offenses increased 118 percent while the teenage population itself declined significantly." The Task Force concluded that:**

> C   *Youthful offenders must be held more accountable.*
> C   *Public safety is paramount.*
> C   *A continuum of care, supervision, and engagement must be created.*
> C   *World-class schools are the best prevention investment.*
> C   *Disengaged adolescents are trouble waiting to happen.*
> C   *Agencies themselves will have to change.*

The Task Force's work was based on three goals identified by the Rhode Island Children's Cabinet, a collaborative of directors of state agencies serving children, youth, and their families.

- < **All children entering school should be ready to learn;**
- < **All youth leaving school should be prepared to lead productive lives; and**
- < **All children and youth should be safe in their homes, neighborhoods, and schools.**

In order to achieve these goals, Governor Lincoln Almond's Task Force on Juvenile Justice Reform issued a report entitled <u>Stopping Youth Violence: Rhode Island's Response To The Crisis Facing Our Youth</u>, which contained the following eleven recommendations:

Recommendation 1: Restructure the Rhode Island Training School for Youth based on the development and implementation of performance measures to insure that, whether publicly or privately operated, the Training School is an accredited and mission-driven program that insures public safety by providing high quality rehabilitative treatment services;

Recommendation 2: Take guns out of the hands of youth, increase sanctions against individuals who sell guns to youth, and strengthen the ability of communities to partner with youth and decrease violence on our streets;

Recommendation 3: Refocus the state juvenile justice system to hold youth accountable for their behavior and impose immediate consequences for criminal actions, which could ultimately lead to certification or waiver to the adult correctional system;

Recommendation 4: Invest in community-based intervention alternatives designed to promote collaboration between police departments, school departments, and community agencies; reduce institutionalization of youth; and reduce the flow of young people into the juvenile justice system;

Recommendation 5: Organize strengths of communities and services to increase the capacity of prevention to meet needs and demands of all parents, children, and youth by fostering development and implementation of collaborative networks of prevention-oriented services and providers;

Recommendation 6: Continue to restructure state education aid to increase the equitability of funding so that funding is based on student need and the community's ability to pay;

Recommendation 7: Implement the State Comprehensive Education Strategy; demand that communities and school districts take ownership and responsibility for all of their children and youth - including the disruptive ones - by providing a range of preventive services and alternative programming through late adolescence; empower and re-engage parents and families by allowing them to choose among school and program alternatives; and ensure that money "follows the child";

Recommendation 8: Expand the existing state child care entitlement to age 18 to provide funding for before school, after school, and summer teen care programming;

Recommendation 9: Harness the enormous purchasing power of the state by mandating interagency collaboration on the state's purchase of service agreements with the intent of fostering collaborative networks among community providers;

Recommendation 10: Hold service systems accountable by requiring the adoption of outcome-based budgeting and planning to be aligned with agreed upon state and local priorities and reflective of effective research-based strategies;

Recommendation 11: Create a Governor-appointed ongoing Juvenile Justice Oversight Commission;

' Newport Risk Factors & Community Planning

Newport and the other four Rhode Island sites participating in the *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders* were selected because they are generally regarded as the state's highest risk communities. The **1999 Rhode Island Kids Count Factbook**, for example, identifies Newport, Central Falls, Pawtucket, Providence, and Woonsocket as *"core cities"*, based on factors such as the percentage of children under age 18 who live in families below the poverty threshold. The Rhode Island Department of Children, Youth and Families' 1995 **Family Preservation and Family Support Plan ranks Rhode Island communities on a variety of indicators, with 39 representing greatest need, and Newport ranks 36th for children in poverty, 35th for percentage of single mothers, and 33rd for infant mortality rate.**

The *Comprehensive Strategy* has been a natural extension of other community planning activities undertaken during the past few years in Newport to strengthen families. Most of this planning has been coordinated by the Newport Partnership for Families (NPF), which was established in 1990 to increase collaboration by Newport agencies and develop a more comprehensive and integrated service sytem. The NPF's membership includes parents and more than thirty organizations, and the Partnership has a full-time paid Coordinator and a number of permanent committees.

In 1997, the Newport Partnership for Families launched an innovative community planning process called ***Newport Families First: Our Community's Commitment to Children***. The goals of ***Families First*** are:

C To develop consensus about Newport's priorities for children and families;
C To enlist the support of all sectors of the community in building strong families;
C To establish benchmarks by which to measure progress in achieving results; and
C To monitor progress over time.

In February 1998, at a breakfast meeting attended by approximately 75 representatives from the community, city and state governments, the business sector,

funding sources, and the media, the ***Families First*** Working Group announced its initial set of priorities and desired outcomes. These are as follows:

Newport Families First Priorities & Outcomes	
Priorities	**Outcomes**
Priority 1: Community Safety	< All Newport children, youth, and families are safe in their homes, neighborhoods, and schools;
Priority 2: Child Well-Being	< Every child comes to school ready to learn;
Priority 3: Educational Success	< All youth graduate from high school prepared for further education or a career;
Priority 4: Strong Families	< Newport children live in families that are self-sufficient; < Newport children and their families have access to community supports that promote positive behavior;

In February 1999, the third annual ***Families First*** breakfast was held, and the following achievements pertaining to the four priority areas were reported:

n ***Community Safety*** - Cultural programs *(arts, dance, crafts)*, recreation/sports programs, and prevention and intervention counseling services were developed and expanded.

n ***Child Well-Being*** - Several health/well-being clinics were held in Newport. The Newport Hospital expanded prenatal classes on-site at the Florence Gray Center to serve public housing residents. The Sullivan School Family Center implemented fitness classes for new mothers. The Visiting Nurse Health Service (VNHS) expanded home visits to include prenatal care.

n ***Educational Success*** - A mentor program was expanded through Volunteers in Newport Education. The Newport Public Schools received a federal grant for a 21st Century Learning Center, which will be based a the Sullivan School and will bridge gaps in services through community collaboration. Some of the programs to be expanded or newly implemented are: school-age child care, homework help, literacy education, and summer and after school services.

n *Strong Families* - State Department of Human Services' funds were obtained to create 37 new day care slots at Child and Family Services. Progress was made in attempting to obtain Navy property for a satellite site for the Community College of Rhode Island and a new child care facility. Two tuition-free computer training courses were conducted at the Armed Services YMCA.

A more detailed discussion of *Families First* priorities, outcomes, indicators, and accomplishments to date is contained in the **Community Assessment** chapter of this plan. Various organizations and institutions including Newport City government, the Newport School Committee, Newport Public Schools, parents, social service agencies, and businesses have been asked to sign a *Pledge of Commitment* to these priorities. The *Pledge* lists strategies for achieving priorities, and action plans based on these strategies are being developed and implemented.

The *Newport Partnership for Families* is the lead organization in Newport for the *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders*, and has sought to ensure that results of the *Comprehensive Strategy* are consistent with the work that has been and is being accomplished through **Families First**.

This plan presents the priorities, outcomes, and strategies developed in Newport through the *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders*, **and also** describes the process employed to identify these priorities, outcomes, and strategies.

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Executive Summary

' <u>Framework For The Strategy</u>

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    C To develop consensus about Newport's priorities for children and families;
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    C To establish benchmarks by which to measure progress in achieving results; and
    C To monitor progress over time.

Newport Families First has identified four priority areas: *Community Safety, Child Well-Being, Educational Success, and Strong Families*, which have been linked to this *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders*.

' **Newport's Vision & Mission For The Comprehensive Strategy**

Newport's vision for the *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders* **is based on the Social Development Strategy, a theoretical model** which postulates that healthy behavior results from factors such as positive social

orientation, resilient temperament, positive bonding, meaningful opportunities for achievement, recognition for accomplishments, and clear standards for behavior. Newport's mission for the *Comprehensive Strategy* **is consistent with the Newport Partnership for Families' emphasis on a comprehensive, integrated, and collaborative network of services.**

> ### Newport's Vision For The Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders
>
> **To ensure that all individuals living in Newport, Rhode Island have access to protective factors from identified priority risk factors in order to enhance their success in leading healthy, productive lives.**

> ### Newport's Mission Statement For The Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders
>
> **To work cooperatively with community service providers, educators, advocates, parents, and youth to develop a five-year strategic plan.**

' Identification Of Priority Risk Factors

Following collection of data and other information, Newport used the following criteria to establish priorities for the *Comprehensive Strategy*:

> **#** **Do *Families First* indicators match two or more domain risk factors?**
>
> **#** **Has the problem gotten worse in Newport over time?**
>
> **#** **Is the problem worse for Newport than for the State?**
>
> **#** **Is the problem worse for Newport than for the nation?**
>
> **#** **Is this a problem we can impact given our resources?**
>
> **#** **Can we measure outcomes if we address this problem?**

Once answers to each of the six criteria questions had been determined for various risk factors, Newport's Data Collection Team discussed the results and then answered one final question for each category: Should this problem be a high priority for action? Preliminary priorities were reviewed and discussed in more depth by the Data Collection Team, which then selected the following priorities:

PRIORITIZED RISK FACTORS FOR THE CITY OF NEWPORT

School Domain

k **Academic Failure Beginning in Late Elementary School**

k **Lack Of Commitment to School**

Individual/Peer Domain

k **Early Initiation of Alcohol, Cigarettes, and Marijuana**

k **Adolescent Pregnancies**

Family Domain

k **Domestic Violence/Family Conflict**

' **Data About Priority Areas**

Data that assisted in the priority setting process included the following:

Academic Failure Beginning In Late Elementary School

- *The percentage of Newport public school fourth graders demonstrating reading competency has been variable in recent years, increasing from 57% in 1994 to 78% in 1995, but then dropping back to 62% in 1996.*

- *The average percentile scores of Newport tenth graders have been below average percentile scores for all tested tenth graders in Rhode Island for both reading and math. For Newport in 1997, the average percentile score in reading was 49%, while statewide the average percentile score was 57%. In math, the Newport 1997 average percentile score was 52%, while the average statewide percentile score was 58%. In reading, the performance of Newport's tenth graders has steadily declined in comparison with all tested Rhode Island tenth graders since 1993, when the average percentile score in Newport and statewide was 52%.*

Lack Of Commitment To School

- *The Rogers High School attendance has increased from 86.1% in 1996 to 91.6% in 1998.*

- *Newport students have had more absences than is true for Rhode Island as a whole. In 1995, while statewide 36.8% of students missed no days of school, only 26.3% of Newport students had no absences. Correspondingly, while for the state as a whole, 9.5% of students were absent for six days or more in 1995, in Newport, the figure was 13.8%. In addition, the problem of school absences worsened somewhat in Newport from 1993 to 1995. In 1993 in Newport, 29.8% of students had no absences, whereas in 1995 this figure decreased to 26.3%. And in 1993, 12.7% of Newport's students had six or more absences, with this figure increasing to 13.8% in 1995.*

- *Newport truancy petitions have increased in recent years from 1,117 in the 1995-96 school year to 1,311 in 1997-98. This is still lower than the 1,423 petitions in 1992-93, and the increase since 1995-96 follows a period of decline between 1992-93 and 1995-96. While the number of Newport truancy petitions has grown in the past few years, the number of actual Family Court truancy appearances has varied. Truancy appearances rose from 354 in 1994-95 to 379 in 1995-96, fell back to 317 in 1996-97, then increased again to 338 in 1997-98.*

Early Initiation Of Alcohol, Cigarettes, & Marijuana

- *17.2% of Newport students in grades 7-12 reported that they were current smokers, compared with 14.0% for Rhode Island as a whole.*

- *26.9% of Newport students in grades 7-12 reported using marijuana in the past month, compared with 20.1% of 7th to 12th graders statewide.*

- *18.4% of Newport 7th to 12th graders reported getting drunk 2 or more times in the past month, compared with 14.0% statewide.*

- *23.4% of Newport 7th to 12th grade students indicated that parents' drinking causes problems, compared with 21.3% of respondents statewide.*

- *15.3% of Newport students in grades 7-12 reported that friends would approve if they used marijuana regularly, compared with 12.0% of statewide respondents in grades 7-12.*

,   16.9% of Newport 7th to 12th grade students indicated that friends would approve if they had 5 or more drinks once or twice each weekend, compared with 12.4% of all responding Rhode Island students in grades 7-12.

Adolescent Pregnancies
,   The rate of adolescent pregnancies that resulted in birth per 1,000 teenage females has increased in Newport while statewide and national rates have decreased. Newport's rate increased from 48.7 in 1993 to 55.4 in1995, while Rhode Island's statewide rate was dropping from 55.4 to 30.3 during the same period. At the national level, the rate was reduced from 60 in 1993 to 59 in 1994.

Domestic Violence/Family Conflict
,   Newport reports of domestic violence per 100,000 population dipped slightly from 6,774 in 1997 to 6,693 in 1998, after rising dramatically from 3,400 in 1995 to 5,200 in 1996, and then to 6,774 in 1997. The statewide rate of domestic violence reports was reduced from 12,362 to 12,040 between 1995 and 1996, but the rate then increased to 13,097 in 1997.
,   New clients at the Womens Resource Center of Newport & Bristol Counties grew from 862 to 1,525 between 1995 and 1998, an increase of 77%.
,   Shelter nights at the Women's Resource Center of Newport & Bristol Counties climbed from 750 in 1995 to 2,224 in 1998, an increase of nearly 200%.
,   Total services to clients at the Womens Resource Center of Newport & Bristol Counties rose from 3,400 in 1995 to 6,693 in 1998, an increase of nearly 100%.

' Gaps In Priority Area Programs & Services

Once priority areas had been finalized, a Resource Assessment Work Group identified the following major gaps in each area:

- **# Academic Failure Beginning In Late Elementary School**
  - < **Training for parents in developmentally appropriate study support**
  - < **Lack of literacy skills**
  - < **Lack of extended day opportunities at all ages, especially middle school**
  - < **Summer & vacation reading programs**
  - < **Summer programs/camps for behaviorally disordered & ADHD children**
- **# Lack Of Commitment To School**
  - < **Need for truant officer**
  - < **Need for change in current school truancy policy**
  - < **Overloaded probation officers**
  - < **Parent education in early interventions at all ages beginning with preschool**
- **# Early Initiation Of Alcohol, Cigarettes, & Marijuana**

< **Lack of intensive day outpatient programs for youths**

< **Lack of consistent prevention education in early grades**

< **Inconsistent administration of Adolescent Substance Abuse Survey throughout the state**

< **Lack of communication & information sharing between agencies**

< **Few after school programs available after 5:00 PM and few summer programs**

\# **Adolescent Pregnancies**

< **Lack of residential programs for pregnant teens**

< **Lack of mentoring adults in students' lives**

< **Inadequate pre-conception education in schools on risky behaviors in early pregnancy before the girl knows she is pregnant**

< **Lack of access to family planning services (more available hours & more sites)**

< **Lack of committed community support for sex education in early grades**

\# **Domestic Violence/Family Conflict**

< **Lack of programs to address teen dating violence**

< **Lack of school curricula for anger management**

< **Lack of training for teachers in de-escalation techniques**

< **Lack of training for teachers in recognizing signs of domestic abuse**

< **Insufficient staff providing anger management groups in the schools**

' <u>Strategic Plans</u>

After selecting priority areas, Newport developed plans to address each of the priorities. These plans included the following components:

U **Problem Behavior Outcomes - Long-range (10-15 years) projections of desired changes in problem behaviors such as juvenile delinquency, violence, substance abuse, and teen pregnancy that can be impacted by addressing the priority area;**

U **Priority Area Outcomes - Intermediate-range (3-10 years) projections of changes in the priority area necessary to reduce problem behaviors;**

U **Strategies - Approaches such as: (a) modification/enhancement to existing programs; (b) expansion of existing services; (c) implementation of new program; (d) changes in policies or laws; (e) changes in data collection and reporting sytems; and/or (f) changes in objective decision-making designed to have positive impact on the priority area;**

U **Program Outcomes - Short-term (6 months-3 years) projections of changes in program components, participation rates, etc. resulting from implementation of strategies designed to impact the priority area;**

U **Participant Outcomes** - Short-term (6 months-3 years) projections of changes in knowledge, skills, attitudes, and/or behavior among participants in programs implemented as part of strategies to impact the priority area;

U **Tasks To Be Completed** - Tasks to be undertaken to implement each strategy;

U **Potential Barriers** - Barriers that must be overcome to implement each strategy;

U **Methods Of Overcoming Barriers** - Means of surmounting barriers that stand in the way of successful implementation of strategies;

U **Responsibilities For Tasks** - Organizations, groups, agencies, committees, etc. responsible for completing each task;

U **Completion Target Date** - Projected date of completion of each task; and

U **Resources Needed For Task** - Resources needed to complete each task.

Following is a summary of strategies and outcomes:

Priority Area
Academic Failure In Late Elementary School

Problem Behavior Outcomes	Priority Area Outcomes
1) To reduce by 50% the number of Newport high school students who drop out of school, using 1998 Newport dropout data as a baseline	1) To have 50% of Newport students entering fifth grade at or above grade level in reading

Strategy 1: Expand Newport's Reading Recovery program to reach all first grade students who need services

Program Outcomes	Participant Outcomes
a) To increase by 33% the number of first graders receiving Reading Recovery services	a) To increase by 33% the number of first graders participating in Reading Recovery who are reading at or above grade level at the end of first grade

Strategy 2: Provide a summer follow-up program for students who received Reading Recovery services in first grade and will be entering second grade in the fall

Program Outcomes	Participant Outcomes
a) To develop three Reading Recovery program summer sites over the next three years	a) To maintain reading gains achieved by 100% of Reading Recovery participants through the summer after program participation

Strategy 3: Expand training in Reading Recovery strategies to Newport elementary classroom teachers

Program Outcomes	Participant Outcomes
a) To provide three Reading Recovery training programs for elementary classroom teachers over the next three years	a) To have 70% of classroom teachers receiving Reading Recovery training use Reading Recovery techniques in the classroom

Priority Area
Lack Of Commitment To School

Problem Behavior Outcomes	Priority Area Outcomes
1) To reduce by 30% the number of Newport high school students who are truant	1) To increase from 90.73% to 95% the Newport Public School average daily attendance rate

Strategy 1: Support Newport Public Schools' recommendations regarding excessive absences & truancy

Program Outcomes	Participant Outcomes
a) To increase from 1 to 5 the number of techniques used to disseminate information about school polices regarding excessive absences & truancy (e.g., PTO contacts, letters home, media articles)	a) To have 80% of all parents of Newport Public School students aware of policies regarding excessive absences & truancy

Priority Area
Lack Of Commitment To School (cont.)

Strategy 2: Expand the Newport Public Schools'recommendations regarding excessive absences & truancy to include employment of a Truant Officer	
Program Outcomes	**Participant Outcomes**
a) **To hire a Truant Officer for the Newport Public Schools**	a) **To have the Truant Officer make at least one contact with all students reported as truant**

Priority Area
Early Initiation Of Alcohol, Cigarettes & Marijuana

Problem Behavior Outcomes	**Priority Area Outcomes**
1) To reduce by 30% the number of Newport students reporting use of alcohol	1) To increase by 25% the number of Newport students reporting non-use of alcohol
2) To reduce by 30% the number of Newport students reporting use of cigarettes	2) To increase by 25% the number of Newport students reporting non-use of cigarettes
3) To reduce by 30% the number of Newport students reporting use of marijuana	3) To increase by 25% the number of Newport students reporting non-use of marijuana

Strategy 1: Expand substance abuse education programs to reach all Newport students, parents, guardians, & other community members	
Program Outcomes	**Participant Outcomes**
a) **To increase by 10% the number of students participating in substance abuse education**	a) **To decrease by 5% the number of students using alcohol, cigarettes, & marijuana**
b) **To increase by 10% the number of parents, guardians, & community members participating in substance abuse education programs**	b) **To decrease by 5% the number of parents, guardians, & community members using alcohol, cigarettes, & marijuana**

Strategy 2: Survey all Newport students utilizing the Rhode Island Adolescent Substance Abuse Survey	
Program Outcomes	**Participant Outcomes**
a) **To implement the Rhode Island Adolescent Substance Abuse Survey in grades 7-12**	a) **To achieve a 90% response/completion rate for the Rhode Island Adolescent Substance Abuse Survey from students in grades 7-12**

Strategy 3: Develop a continuum of age-specific substance abuse prevention & treatment services for all Newport schools	
Program Outcomes	**Participant Outcomes**
a) **To increase by 3 the number of age-specific services for prevention to address current gaps in the continuum**	a) **To decrease by 5% the number of students using alcohol, cigarettes, & marijuana**
b) **To establish 1 new outpatient substance abuse counseling program for youth**	

Priority Area Adolescent Pregnancies	
Problem Behavior Outcomes 1) To reduce by 2.1% the number of 15-19 year-old Newport teenage girls who give birth 2) To bring the Newport teen pregnancy rate in line with the statewide **rate**	**Priority Area Outcomes** 1) To increase by 25% the number of pre-teen/teenage girls and boys participating in educational pregnancy prevention programs
Strategy 1: Expand educational pregnancy prevention outreach efforts to all students in the Newport community	
Program Outcomes a) **To increase by 25% the resources of community agencies that are directed toward educational pregnancy prevention outreach to 5th & 6th graders**	**Participant Outcomes** a) **To increase by 25% the number of 5th & 6th graders knowledgeable about pregnancy prevention**
Strategy 2: Expand availability of and access to family planning & pregnancy prevention programs by increasing service hours and establishing additional sites	
Program Outcomes a) **To increase by 16 the number of hours per week of family planning & pregnancy prevention services** b) **To increase by 1 the number of locations of family planning & pregnancy prevention services**	**Participant Outcomes** a) **To increase by 10% the number of pre-teens & teenage boys & girls who have knowledge of their options related to pregnancy prevention**
Priority Area Domestic Violence/Family Conflict	
Problem Behavior Outcomes 1) To reduce by 10% teen dating violence 2) To reduce by 10% inappropriate peer conflict among Newport Public School students as measured by school suspensions for violence 3) To reduce by 10% the number of reported domestic violence incidents over time	**Priority Area Outcomes** 1) To provide information about peaceful resolution of interpersonal conflicts to all Newport Public School students over 10 years 2) To increase knowledge about domestic violence resources among all Newport middle & high school students
Strategy 1: Expand the Peace Promotion Program to reach all students in the Newport Public Schools	
Program Outcomes a) **To increase by 2 the number of Newport Public School grade levels involved in the Peace Promotion Program** b) **To increase by 400 the number of students participating in the Peace Promotion Program**	**Participant Outcomes** a) **To increase by 400 the number of students aware of techniques for peaceful resolution of interpersonal conflicts**
Strategy 2: Implement a follow-up to the Peace Promotion Program	
Program Outcomes a) **To provide follow-up services to an additional 20 at-risk students participating in the Peace Promotion Program**	**Participant Outcomes** a) **To increase by 20 the number of students whose risk of experiencing domestic violence is reduced as a result of participation in Peace Promotion Program follow-up**

Priority Area
Domestic Violence/Family Conflict (cont.)

Strategy 3: Expand the pilot Teen Domestic Group at Rogers High School into ongoing services

Program Outcomes	Participant Outcomes
a) To provide ongoing educational awareness about teen dating violence to 35-40 students at Rogers High School	a) To increase by 15-20 the number of students who are aware of the warning signs of an abusive relationship

Priority Area
System Linkages - Universal Intake & Evaluation Forms

Problem Behavior Outcomes	Priority Area Outcomes
1) To increase from 0 to 4 the number of agencies utilizing the Universal Intake & Evaluation forms	1) To have 100% of agencies report satisfaction with the Universal Intake & Evaluation forms

Strategy 1: Through the Newport Partnership for Families, develop Universal Intake & Evaluation forms & encourage Newport Partnership members to implement & utilize the forms

Program Outcomes	Participant Outcomes
a) To increase by 4 the number of agency programs implementing & using the Universal Intake & Evaluation forms	a) To hold quarterly meetings to address specific client needs using information from the Universal Intake & Evaluation forms b) To have at least 90% of clients who report satisfaction with the Intake paperwork process

Priority Area
System Linkages - Annual Adolescent Substance Abuse Survey

Problem Behavior Outcomes	Priority Area Outcomes
1) To reduce by 30% the reported use of alcohol, cigarettes, and marijuana among Newport students	1) To lobby the Rhode Island Children's Cabinet to fully support the administration of the Adolescent Substance Abuse Survey on an annual statistically valid basis 2) To have 100% of school districts administering & supporting the Adolescent Substance Abuse Survey

Strategy 1: Expand communication between the Rhode Island Children's Cabinet & local school districts regarding the importance of administering the Adolescent Substance Abuse Survey

Program Outcomes	Participant Outcomes
a) To have 100% of school districts participating in administration of the Adolescent Substance Abuse Survey to their students	a) To have 100% of school districts able to accurately assess alcohol, tobacco, & drug use among students & compare usage rates with other districts

Strategy 2: Expand administration of the Adolescent Substance Abuse Survey from bi-annual to annual

Program Outcomes	Participant Outcomes
a) To have 100% of school districts participating in administration of the Adolescent Substance Abuse Survey to their students	**a)** To have 100% of school districts able to accurately assess alcohol, tobacco, & drug use among their students & compare usage rates with other schools

Vision & Mission Statements

' Child & Family Conditions In Newport

Newport, Rhode Island is often perceived by persons unfamiliar with the community as an area of great wealth. This impression stems from characteristics of the city such as yachting races and the extravagant summer Mansions constructed by the Vanderbilts and other families around the turn of the twentieth century.

However, this image of opulence masks the fact that Newport is also a community with significant poverty and related social problems. The Rhode Island Department of Children, Youth and Families' 1995 **Family Preservation and Family Support Plan** ranks Rhode Island communities on a variety of indicators, with 39 representing greatest need, and Newport ranks 36th for children in poverty, 35th for percentage of single mothers, and 33rd for infant mortality rate. The **1999 Rhode Island Kids Count Factbook** identifies Newport as one of Rhode Island's five high-risk *"core cities"*. According to the **Kids Count Factbook**:

< *Newport has the fifth lowest median household income in Rhode Island.*

< *Newport has the fourth highest percentage of families with children in poverty. Newport's child poverty rates are 20% for children under 18 and 27% for children under 6, compared with statewide rates of 18% for children under 18 and 20% for children under 6.*

< *Newport has the third highest percentage of women with delayed prenatal care.*

< *Newport has the fourth highest rate of births to teens ages 15-17. Newport's teen birth rate is 52.8 births per 1,000 teens, and the statewide rate is 30.2 births per 1,000 teens.*

< *Newport has the sixth highest rate of cases of child abuse/neglect.*

< *Newport has 52 regulated child care slots per 100 children under age 6 in need of such slots, well below the statewide average of 70 slots per 100 children under 6 in need of child care.*

< *22% of Newport's fourth-graders were at or above the proficiency level for reading in 1998, below the statewide rate of 29% for fourth-graders.*

< *55% of low-income Newport public school students attend schools that offer the School Breakfast Program, which is much lower than the statewide rate of 75%.*

' ### Service Implications Of Newport's Child & Family Conditions

Newport's low rankings on a number of child and family risk indicators suggest that more services are required and that new and existing services must be better integrated and more accessible if families' needs are to be addressed holistically rather than on a piecemeal basis. It is also important to more fully engage families in all phases of needs identification and program development in order to ensure that services are truly responsive to family conditions and that services are culturally and linguistically appropriate to Newport's growing racial and ethnic minority populations.

In addition, human service planning should be better integrated with other City of Newport strategic planning processes, and community outcomes should be identified and evaluated to determine whether family conditions are improving as a result of the existing service delivery system.

' ### Community Planning & The Newport Partnership For Families

Since its creation in1990, the Newport Partnership for Families (NPF), a collaborative of more than thirty human service organizations, parents, schools, government agencies, and other community representatives has been endeavoring to improve human service planning. The goal of the NPF is to *develop and maintain a coordinated network of services that is responsive to the needs of all families, is culturally sensitive, and focuses on the strengths and intrinsic value of each family, so as to improve the lives of children and families in the City of Newport.*

The Newport Partnership is the lead Newport organization for this *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders,* **and subscribes to the five guiding principles of the initiative:**

- **The family must be strengthened in order to instill moral values and provide guidance and support to children.**

- **Core societal institutions such as schools, religious institutions, and community organizations must be supported in their roles of developing capable, mature, and responsible youth;**

- **Delinquency prevention must be promoted as the most cost-effective approach to reducing juvenile delinquency.**

- **When delinquent behavior occurs, intervention must be immediate and effective.**

- **The small group of serious, violent, and chronic juvenile offenders must be identified and controlled**

' <u>Newport's Vision For The Comprehensive Strategy</u>

Newport's vision for the *Comprehensive Strategy* **is based on the Social Development Strategy, a theoretical model described in the Introduction of this report.**

Newport's Vision For The Comprehensive Strategy Initiative
For Serious, Violent, And Chronic Offenders

To ensure that all individuals living in Newport, Rhode Island have access to protective factors from identified priority risk factors in order to enhance their success in leading healthy, productive lives.

Newport's vision can be depicted as follows:

Healthy Productive Lives

↑

Resources Protect Individuals From Risk Factors

↑

Individuals Have Access To Resources

↑

Individuals Living In Newport
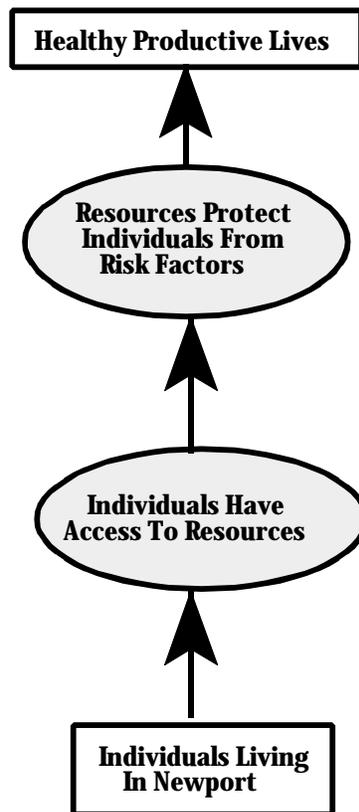
' <u>Newport's Mission Statement For The Comprehensive Strategy</u>

Newport has developed a mission statement for the *Comprehensive Strategy* that is consistent with the Newport Partnership for Families' emphasis on a coordinated network of services, as well as consistent with the underlying premises of the Comprehensive Initiative that: (a) delinquency prevention and intervention programs should be integrated with local police, social service, child welfare, school, and family preservation programs; and (b) establishing community planning teams with a broad base of participants will develop consensus around problems and priorities and build support for comprehensive, integrated, collaborative solutions.

> Newport's Mission Statement For The Comprehensive Strategy Initiative
> For Serious, Violent, And Chronic Offenders
>
> **To work cooperatively with community service providers, educators, advocates, parents, and youth to develop a five-year strategic plan.**

The graphic on the following page portrays the Newport Partnership for Families and illustrates the Partnership's efforts, consistent with the above mission statement for the *Comprehensive Strategy,* to stimulate collaborative community planning. The graphic shows the many agencies, organizations, and groups that are Partnership members, and also highlights the Partnership's major programs. In addition to the *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders* and the previously described *Families First*, these programs are:.

- < **Human Services Mall** - The Mall is a suite of offices at Thompson Middle School that serves as a base for a range of student and parent support services and activities provided by a number of Newport-area agencies.
- < **Student Activities Center** - The Student Activities Center at Rogers High School coordinates a wide range of programs for at-risk youth, ensuring that students who have received Mall services while at Thompson Middle School have follow-up support available when they enter high school.
- < **Children's Mental Health Planning Team** - The multidisciplinary Children's Mental Health Planning Team has recently become an affiliated Partnership program.
- < **Family Service Collaboration Project** - Family Service Coordinators based in elementary schools are outreaching parents to engage them in their children's educational experience and increase parent/school/teacher collaboration.

Newport Partnership for Families

An interagency collaborative dedicated to working cooperatively to develop and maintain a coordinated network of services to respond to the needs of Newport's children and families.

NPFF STEERING COMMITTEE & STAFF COORDINATOR

Active Initiatives:
- Newport Families First
- OJJ Delinquency Prevention Plan
- RHS Student Activity Center
- Newport County Children's Mental Health Planning Team
- Human Services Mall/Thompson MS
- School-Aged Child Care
- Family Service Collaboration Project

Working Groups: Finance, Evaluation, Personnel, Service & Training, Nominating, Student Services, Family Advocacy, Public Relations

Steering Committee (appears around the inner ring)

NPFF Members (outer ring):
St. Pauls United Methodist Church, Future Member, URI Coop. Extension Child, Youth & Families, 4H, Visiting Nurse Health Services, Women's Resource Center, Big Sister Association of RI, Boys & Girls Club of Newport, Boys Town of New England, Child & Family Services, Church Community Housing Corp, City of Newport, Codac III, Community Oriented Policing, Family Center/Sullivan School, Festival Field Apartments, Florence Gray Cntr./Newport Housing Authority, Future Member, Girl Scouts of RI Inc., Dr. Martin Luther King Jr. Community Center, New Visions for Newport County, Newport County Community Mental Health Center, Newport Substance Abuse Prevention Task Force, Newport Hospital, Newport Public Library, Newport School Dept., Potter Animal Shelter, Residents Council Building of Hope, RI Children's Crusade for Higher Education, RI Parent Information Network, Salve Regina University, Stopover Services of Newport County, The Salvation Army

Key:
- FAMILIES (star)
- Working Group (green circle)
- NPFF Members (circle)
- NPFF Future Members (dashed circle)
- Active Initiatives
- Future Initiatives

Community Assessment

'   <u>Newport Families First: A Prelude To The Comprehensive Strategy</u>

Newport's involvement in the *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders* **has built on community planning previously undertaken through** *Newport Families First: Our Community's Commitment to Children*. The goals of *Families First* **are:**

C   To develop consensus about Newport's priorities for children and families;

C   To enlist the support of all sectors of the community in building strong families;

C   To establish benchmarks by which to measure progress in achieving results; and

C   To monitor progress over time.

Newport Families First **began with a breakfast in June 1997 to enlist members of the community to help design a set of priorites, outcomes, and indicators for the City of Newport. Those invited included the Newport School Committee, the Newport City Council, the business sector, human service agencies, parents, appointed and elected state government officials, and funding sources. Approximately sixty people attended, many of whom became members of a Working Group that held a series of follow-up meetings to review relevant state and local planning documents and draft priorities, outcomes, and indicators.**

Focus groups were then conducted throughout Newport to obtain community input about the draft priorities, and a *Families First* **Publicity Committee developed a cable television program that aired locally twice a week and discussed the program. An Advisory Committee reviewed the Working Group's draft and eventually approved it, and in February 1998 at another breakfast meeting attended by approximately 75 representatives from the community, city and state government, the business sector, funding sources, and the media, the priorities and outcomes were unveiled.** Various organizations and institutions including Newport City government, the Newport School Committee, Newport Public Schools, parents, social service agencies, and businesses have been asked to sign a *Pledge of Commitment* to these priorities. The *Pledge* lists strategies for achieving priorities, and action plans based on these strategies are being developed and implemented.

Newport Families First Priorities, Outcomes, & Indicators/Benchmarks		
Priorities	Outcomes	Indicators/Benchmarks
Priority 1: Community Safety	< All Newport children, youth, and families are safe in their homes, neighborhoods, and schools	C Reduction in percentage of juveniles 10-17 referred to Family Court; C Reduction in the rate of juvenile violent crime arrests; C Reduction in the rate of violent incidents by neighborhood; C Reduction in substance abuse-related crime incidents and arrests; C Reduction in the rate of indicated child abuse and neglect cases; C Reduction in the rate of indicated domestic abuse cases.
Priority 2: Child Well-Being	< Every child comes to school ready to learn	C Decrease in percentage of women with delayed prenatal care; C Decrease in percentage of babies born at low birth weight; C Increase in percentage of children appropriately immunized by age 2 years; C Increase in percentage of children with health insurance; C Decrease in percentage of children under age of 6 living below the poverty line; C Decrease in percentage of children with lead poisoning; C Decrease in percentage of children with untreated vision, hearing, or health problems at school entry; C Increase in percentage of children ages 3-5 enrolled in early care or in an education program; C Increase in child outreach screenings to all children entering kindergarten; C Increase in number of parenting programs aimed at preparing children for school.
Priority 3: Educational Success	< All youth graduate prepared for further education or a career	C Increase in percentage of fourth grade students demonstrating competency in reading and math skills; C Increase in percentage of eighth grade students scoring above the national median on normed achievement tests, or increase in percentage of eighth grade students scoring above the state and/or national medians on mandated standardized tests; C Increase in percentage of students graduating from high school and proceeding on to college or vocational or technical training; C Decrease in percentage of children who are absent 15 or more days from school annually; C Decrease in percentage of teens not in school and not at work; C Increase in percentage of parents actively involved in school activities (e.g., PTO, sports, volunteering in the classroom, educational activities); C Increase in percentage of youth in community-based activities; C Increase in number of employment opportunities available for youth to gain exposure to work world; C Increase in school accessibility for parents to facilitate their child's education; C Increase to 100% the number of students participating in "Educational Pathways" (selecting curriculum track between 8th & 9th grades).

| Priority 4: Strong Families | < Newport children live in families that are self-sufficient (interdependent) | C Increase the number of slots for affordable, accessible, quality day care;
C Reduce percentage of families on welfare by increasing employment rates;
C Reduce the number of children needing free or reduced lunch;
C Increase the number of parents completing high school or obtaining a GED;
C Increase opportunities for adults to enhance employment skills. |
| | < Newport children and their families have access to community supports that promote positive behavior | C Increase the number of alternative activities for families;
C Increase the number of neighborhood associations for families;
C Increase transportation for families;
C Increase the number of church activities for families;
C Increase the number of teen pregnancy education prevention programs. |

In February 1999, the third annual *Families First* breakfast was held, and the following achievements pertaining to the four priority areas were reported:

n *Community Safety* - Cultural programs *(arts, dance, crafts)*, recreation/sports programs, and prevention and intervention counseling services were developed and expanded.

n *Child Well-Being* - Several health/well-being clinics were held in Newport. The Newport Hospital expanded prenatal classes on-site at the Florence Gray Center to serve public housing residents. The Sullivan School Family Center implemented fitness classes for new mothers. The Visiting Nurse Health Service (VNHS) expanded home visits to include prenatal care.

n *Educational Success* - A mentor program was expanded through Volunteers in Newport Education. The Newport Public Schools received a federal grant for a 21st Century Learning Center, which will be based a the Sullivan School and will bridge gaps in services through community collaboration. Some of the programs to be expanded or newly implemented are: school-age child care, homework help, literacy education, and summer and after school services.

n *Strong Families* - State Department of Human Services' funds were obtained to create 37 new day care slots at Child and Family Services. Progress was made in attempting to obtain Navy property for a satellite site for the Community College of Rhode Island and a new child care facility. Two tuition-free computer training courses were conducted at the Armed Services YMCA.

In addition, Families First presented the following data about outcomes and indicators relating to the four priority areas:

Priority: *Community Safety*

<u>Outcome:</u> **All Newport children, youth, and families are safe in their homes, neighborhoods, and schools**

Indicator: Reduction In % Of Juveniles 10-17 Referred To Family Court			
1995	**1996**	**1997**	**1998**
273	**203**	**350**	**309**

Indicator: Reduction In The Rate Of Juvenile Violent Crime Arrests				
1993	**1994**	**1995**	**1996**	**1997**
79	**57**	**28**	**38**	**22**

Priority: *Community Safety (cont.)*

<u>Outcome:</u> **All Newport children, youth, and families are safe in their homes, neighborhoods, and schools**

Indicator: Reduction In Rate Of Child Abuse & Neglect Cases Per 1,000 Families		
1994	**1995**	**1996**
12.6	**14.4**	**12.1**

Priority: *Child Well-Being*

<u>Outcome:</u> **Every child comes to school ready to learn**

Indicator: Decrease In % Of Women With Delayed Prenatal Care			
1994	**1995**	**1996**	**1997**
19.3%	**20.3%**	**19.6%**	**16.4%**

Indicator: Decrease In % Of Babies Born At Low Birth Weight			
1994	**1995**	**1996**	**1997**
4.8%	**4.9%**	**5.2%**	**5.9%**

Indicator: Increase In % Of Children With Health Insurance	
1996	**1997**
1,674	**1,737**

Indicator: Decrease In % Of Children With Untreated Vision, Hearing, Or Health Problems At School Entry	
1997	**1998**
120 Children Screened	**159 Children Screened**

Priority: *Educational Success*

Outcome: **All youth graduate prepared for further education or a career**

Indicator: Decrease % Of Children Absent From School 20 Or More Days Annually		
Rogers High School Attendance Rate		
1996	**1997**	**1998**
86.1%	**90.8%**	**91.6%**

Priority: *Educational Success (cont.)*

Outcome: **All youth graduate prepared for further education or a career**

Indicator: Increase % Of Students Graduating From High School & Proceeding On To College Or Vocational Or Technical Training		
1994	**1995**	**1996**
84.8%	**87.8%**	**88.1%**

Indicator: Increase % Of 4th Grade Students Demonstrating Competency In Reading		
1994	**1995**	**1996**
57%	**78%**	**62%**

Indicator: Increase % Of Students Scoring Above State And/Or National Average On Mandated Standardized Tests				
Grade 10 Reading Average Percentile Scores				
	1993	**1994**	**1995**	**1996**	**1997**
State	52	53	56	56	57
Newport	52	51	51	51	49
Grade 10 Math Average Percentile Scores				
	1993	**1994**	**1995**	**1996**	**1997**
State	51	47	59	51	58
Newport	51	50	52	53	52

Priority: *Strong Families*

Outcome: **Newport children live in families that are self-sufficient yet interdependent**

Indicator: Increase Number Of Adults Completing High School Or Obtaining A GED				
Number Of Persons Completing GED				
1993	**1994**	**1995**	**1996**	**1997**
44	20	17	17	18

Indicator: Increase Number Of Affordable, Accessible, Quality Child Care Slots			
1997: 51 Slots Per 100 In Need		**1998: 27 More Slots Available**	
1994	**1995**	**1996**	**1997**
23.0%	20.3%	19.2%	18.1%

' <u>Community Assessment Methods For The Comprehensive Strategy</u>

Newport established a six-member Data Collection Team that used work completed through *Families First* as a starting point for collection of data pertaining to risk factors listed under the nineteen categories/domains of the *Comprehensive Strategy*. **The goal was to collect several years of data for Newport, for the State of Rhode Island as a whole, and for the United States, so that trends in Newport could be tracked (had the condition gotten worse, remained the same, improved?) and comparisons made between Newport and other areas (was the condition worse, about the same, or better in Newport than in Rhode Island as a whole and in the U.S.?). Not surprisingly, the Data Collection Team found that in many cases some or all of the desired data were not available. This problem took a number of forms. For example:**

C **In some instances data were available for Newport but not for Rhode Island as a whole;**

C **In some instances data were available for Rhode Island but not for Newport;**

C **In some instances data were not available for either Newport or Rhode Island;**

C **In some instances multiple years of data were not available; and**

C **In some instances data were available for different periods for Newport and for Rhode Island or for the U.S., and/or definitions of the data were different, making comparisons difficult if not impossible.**

' <u>Identification Of Priority Risk Factors</u>

When all available data had been collected, the Data Collection Team developed a form to assist in determining priorities among the various domains and risk

factors *(See Appendix __)*. This form asked the following questions about each domain and/or risk factor:

Newport Criteria For Prioritizing Domains & Risk Factors
**Do *Families First* indicators match two or more domain risk factors?**
**Has the problem gotten worse in Newort over time?**
**Is the problem worse for Newport than for the State?**
**Is the problem worse for Newport than for the nation?**
**Is this a problem we can impact given our resources?**
**Can we measure outcomes if we address this problem?**

These criteria are self-explanatory, except perhaps for the first one: Do Families First indicators match two or more domain risk factors? As has been discussed, Newport thought it important to ensure that areas addressed by this *Comprehensive Strategy* were consistent with the community planning accomplished through *Families First*. Therefore, *Comprehensive Strategy* risk factors that matched Families First indicators were given some preference.

Once answers to each of the six criteria questions had been determined for the various domains and risk factors, the Data Collection Team discussed the results and then answered one final question for each category: Should this problem be a high priority for action?

The result of this process was the following initial set of draft priorities:

Community Domain

  L Extreme Economic Deprivation
    – *Unemployment*
    – *Children Living Below the Poverty Line*

School Domain

L   Early and Persistent Anti-Social Behavior

   L   Learning Disabilities and Behavioral Disorders

L   Academic Failure Beginning in Late Elementary School

L   Lack of Commitment to School

Individual/Peer Domain

L   Favorable Attitudes Toward the Problem Behavior

L   Early Initiation

L   Problem Behavior Indicators

Family Domain

   L   Domestic Violence

These preliminary priorities were reviewed and discussed in more depth by the Data Collection Team, which narrowed the list to the following:

PRIORITIZED RISK FACTORS FOR THE CITY OF NEWPORT

School Domain

k   Academic Failure Beginning in Late Elementary School

k   Lack Of Commitment to School

Individual/Peer Domain

k   Early Initiation of Alcohol, Cigarettes, and Marijuana

k   Adolescent Pregnancies

Family Domain

k   Domestic Violence/Family Conflict

Chart 1: Newport 4th Graders Demonstrating Reading Competency
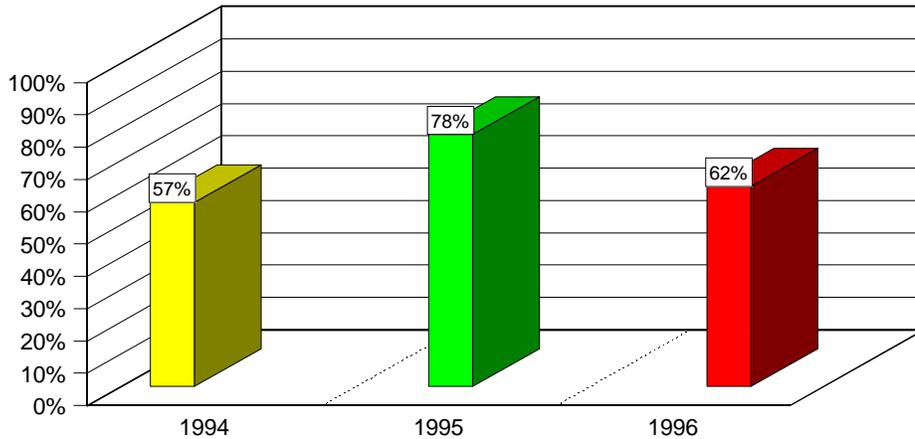
A more detailed description of these prioritized risk factors can be found in the concluding section of this chapter under the heading of *Summary Of Priority Areas*.

' <u>Presentation Of Risk Factors Data</u>

This section displays and discusses data related to Newport's prioritized risk factors. A considerable amount of other data were also collected and analyzed as part of the process of identifying these priorities, and graphic displays of that other data are contained in the appendices of this report.

 #   Academic Failure Beginning In Late Elementary School

Among the data collected that relate to academic failure of Newport students beginning in late elementary school were percentage of fourth graders demonstrating reading competency and average percentile scores for reading and math among tenth graders. The charts and narrative that follow present these findings.

Chart 1 indicates that the percentage of Newport public school fourth graders demonstrating reading competency has been variable in recent years, increasing from 57% in 1994 to 78% in 1995, but then dropping back to 62% in 1996. It is important to note that more recent Rhode Island Department of Education data currently being analyzed show that there have been significant improvements in Newport, attributable in part to added services.

Chart 2 indicates that in 1997, the average percentile scores of Newport tenth graders were below average percentile scores for all tested tenth graders in Rhode Island for both reading and math. For Newport in 1997, the average percentile score in reading was 49%, while statewide the average percentile score was 57%. In math, the Newport 1997 average percentile score was 52%, while the average statewide percentile score was 58%. In reading, the performance of Newport's tenth graders has steadily declined in comparison with all tested Rhode Island tenth graders since 1993, when the average percentile score in Newport and statewide was 52%. As noted under Chart 1, more recent Rhode Island Department of Education data currently being analyzed show that there have been significant improvements in

Chart 2: Grade 10 Reading & Math Average Percentile Scores

	Newport Reading	State Reading	Newport Math	State Math
1997	49%	57%	52%	58%
1996	51%	56%	53%	51%
1995	51%	56%	52%	59%
1994	51%	53%	50%	47%
1993	52%	52%	51%	51%
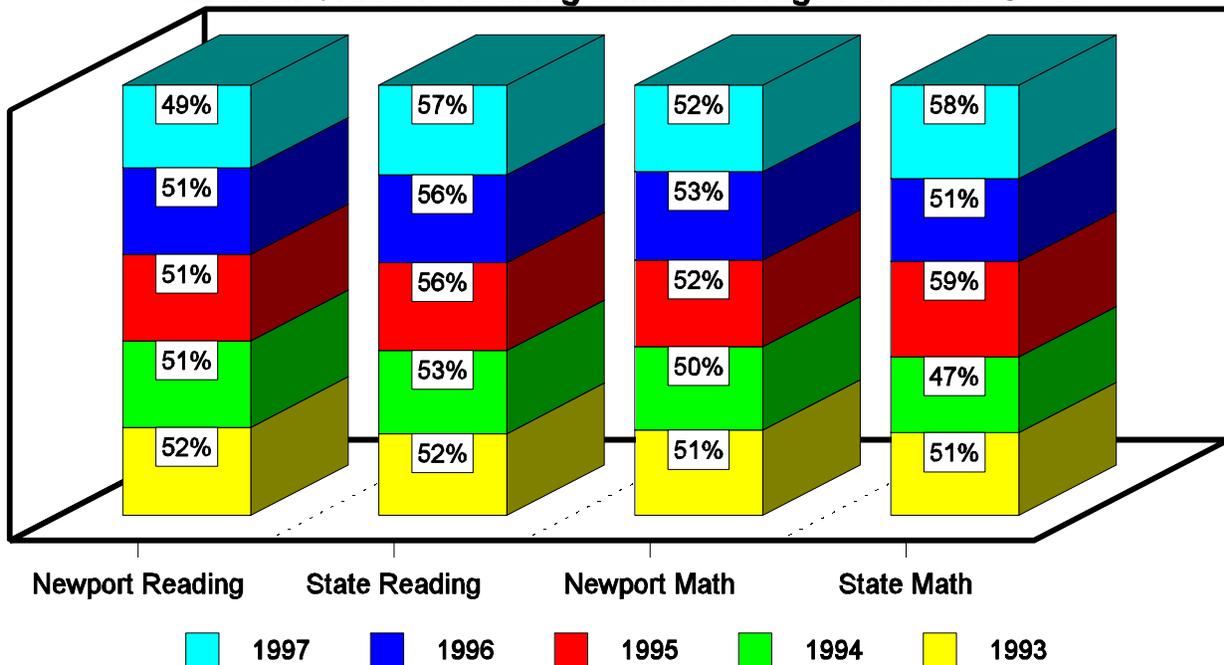
Newport and statewide was 52%. As noted under Chart I, more recent Rhode Island Department of Education data currently being analyzed show that there have been significant improvements in Newport, attributable in part to services added to increase students' knowledge and skills.

Lack Of Commitment To School

As indicators of lack of commitment to school among Newport students, data were collected pertaining to Rogers High School attendance rates, days of school missed during the past month by Newport students, and truancy petitions and Family Court truancy appearances

Chart 3: Rogers High School Attendance Rate
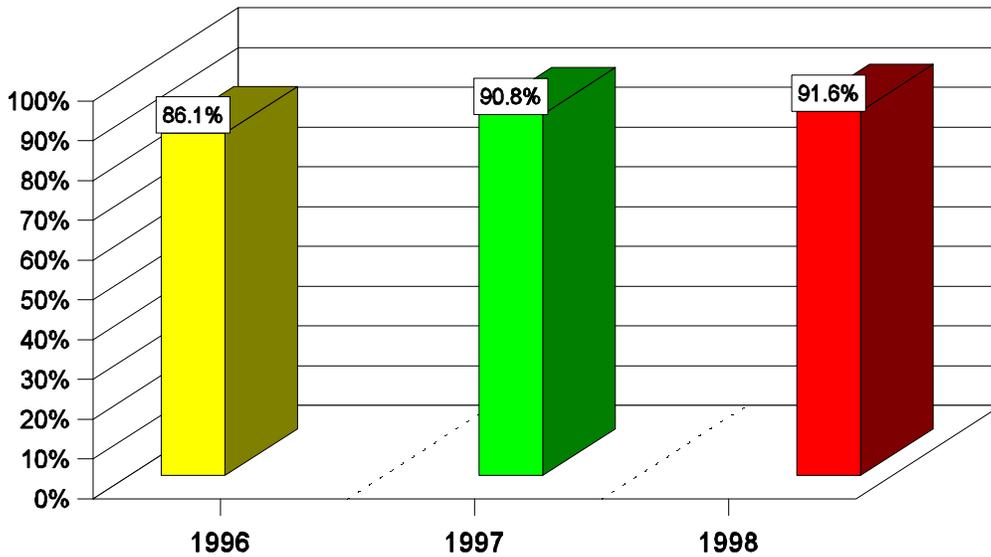
Chart 3 shows that the attendance rate at Newport's Rogers High School has increased during the past three years from 86.1% in 1996 to 90.8% in 1997 and to 91.6% in 1998.

Chart 4: Days Of School Missed During Past Month

	Newport 1993	State 1993	Newport 1995	State 1995
10+ Days	4.2%	4.4%	3.7%	4%
6-10 Days	8.5%	5.8%	10.1%	5.5%
3-5 Days	22.2%	16.4%	25.5%	17.3%
1-2 Days	35.4%	34.5%	34.5%	36.4%
None	29.8%	39.1%	26.3%	36.8%

Legend:
- 10+ Days
- 6-10 Days
- 3-5 Days
- 1-2 Days
- None
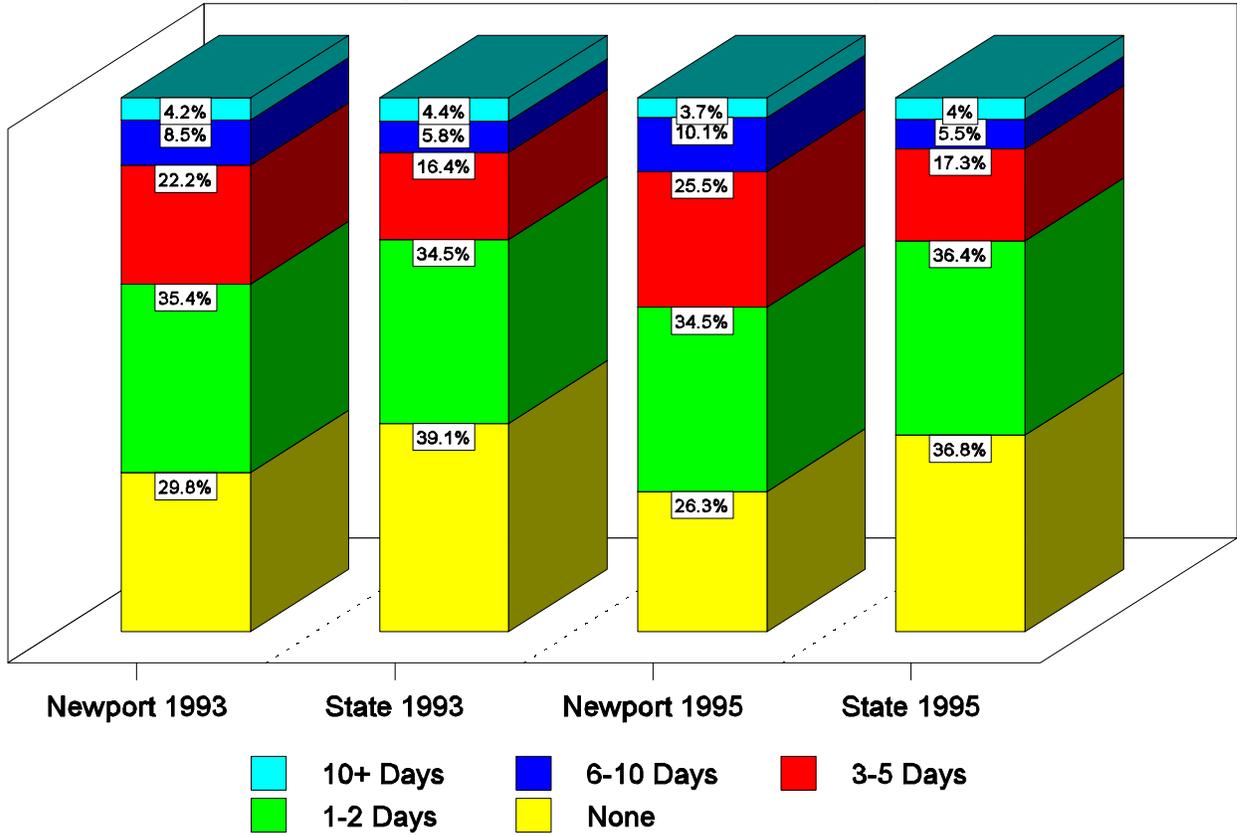
Chart 5: Newport Truancy Petitions & Family Court Truancy Appearances
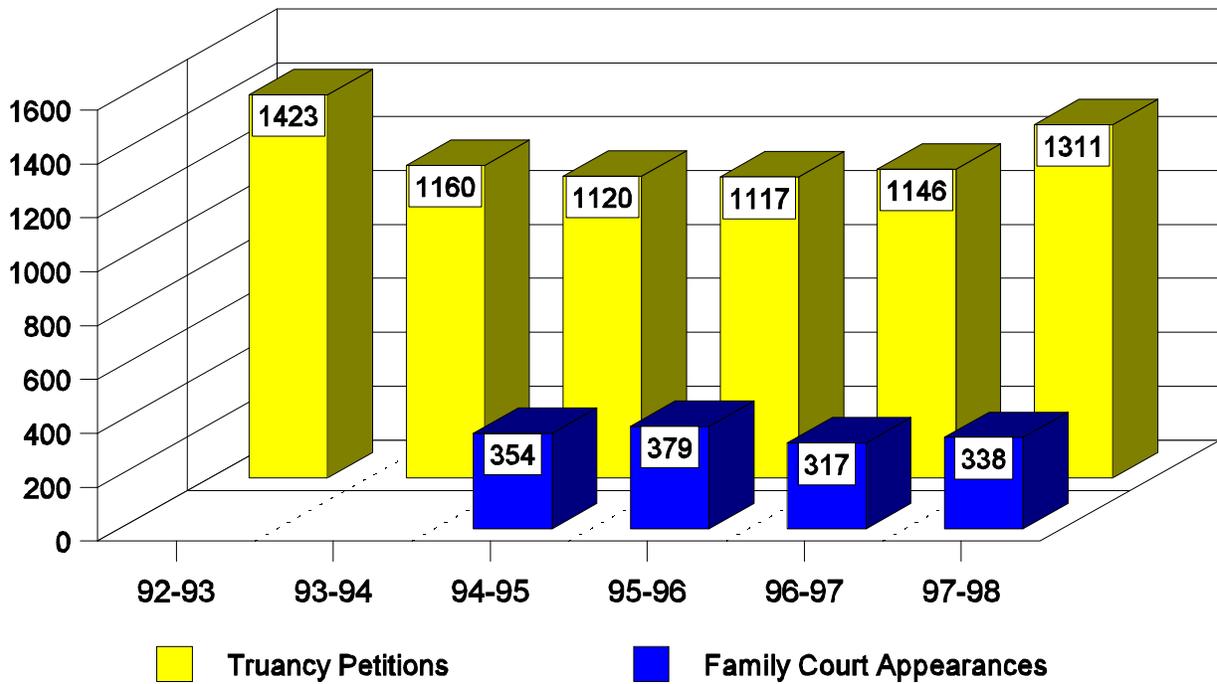
Chart 4 indicates that Newport public school students have tended to be absent for more days than other students throughout Rhode Island. In 1995, for example, while statewide 36.8% of students missed no days of school, only 26.3% of Newport students had no absences. Corrrespondingly, while for the state as a whole, 9.5% of students were absent for six days or more in 1995 (combined categories of 6-10 days and 10+ days), in Newport, 13.8% of students were absent for six days or more. In addition, the problem of school absences worsened somewhat in Newport from 1993 to 1995. In 1993 in Newport, 29.8% of students had no absences, whereas in 1995 this figure decreased to 26.3%. And in 1993, 12.7% of Newport's students had six or more absences, with this figure increasing to 13.8% in 1995.

Chart 5 indicates that Newport truancy petitions have increased in recent years from 1,117 in the 1995-96 school year to 1,311 in 1997-98. This is still lower than the 1,423 petitions in 1992-93, and the increase since 1995-96 follows a period of decline between 1992-93 and 1995-96. While the number of Newport

truancy petitions has grown in the past few years, the number of actual Family Court truancy appearances has varied from year-to-year. Truancy appearances rose from 354 in 1994-95 to 379 in 1995-96, fell back to 317 in 1996-97, then increased again to 338 in 1997-98.

Early Initiation Of Alcohol, Cigarettes, & Marijuana

Data from Rhode Island's 1995 Adolescent Substance Abuse Survey were reviewed for Newport in comparison with results for the state as a whole, focusing on questions pertaining to alcohol, cigarettes, and marijuana. While more current data is available for much of the state, 1995 is the most recent year in which Newport chose to administer the survey to students in grades 7-12. Regular administration of the survey in Newport is one of the objectives of this plan.

Chart 6: Newport & Statewide Tobacco Usage
1995 Respondents Grades 7-12
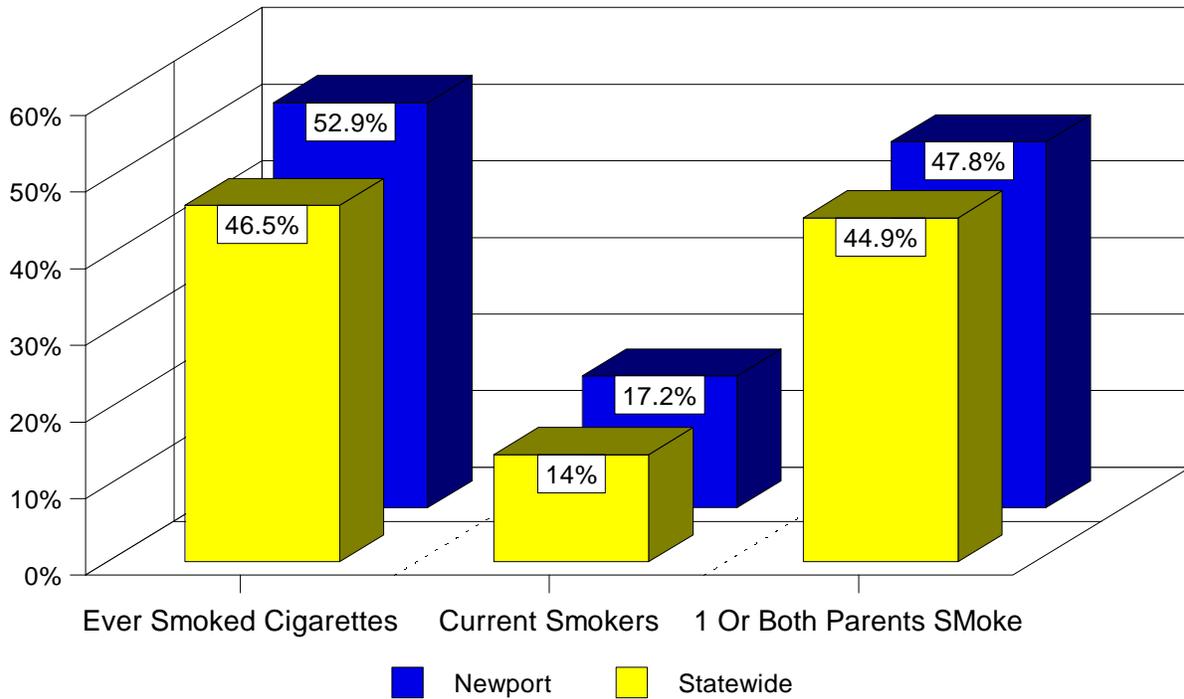
Chart 6 suggests that smoking rates are higher in Newport than for Rhode Island as a whole. In 1995, 52.9% of responding Newport students in grades 7-12 indicated that they had ever smoked cigarettes, in comparison with 46.5% of statewide 7th - 12th grade respondents. On the same survey, 17.2% of Newporters in grades 7-12 and 14% of responding 7th - 12th graders from throughout the state said they were current smokers. In addition, 47.8% of Newport respondents indicated that one or both parents smoke, compared with 44.9% of 7th - 12th grade respondents statewide.

Chart 7: Newport & Statewide Alcohol Usage

1995 Respondents Grades 7-12
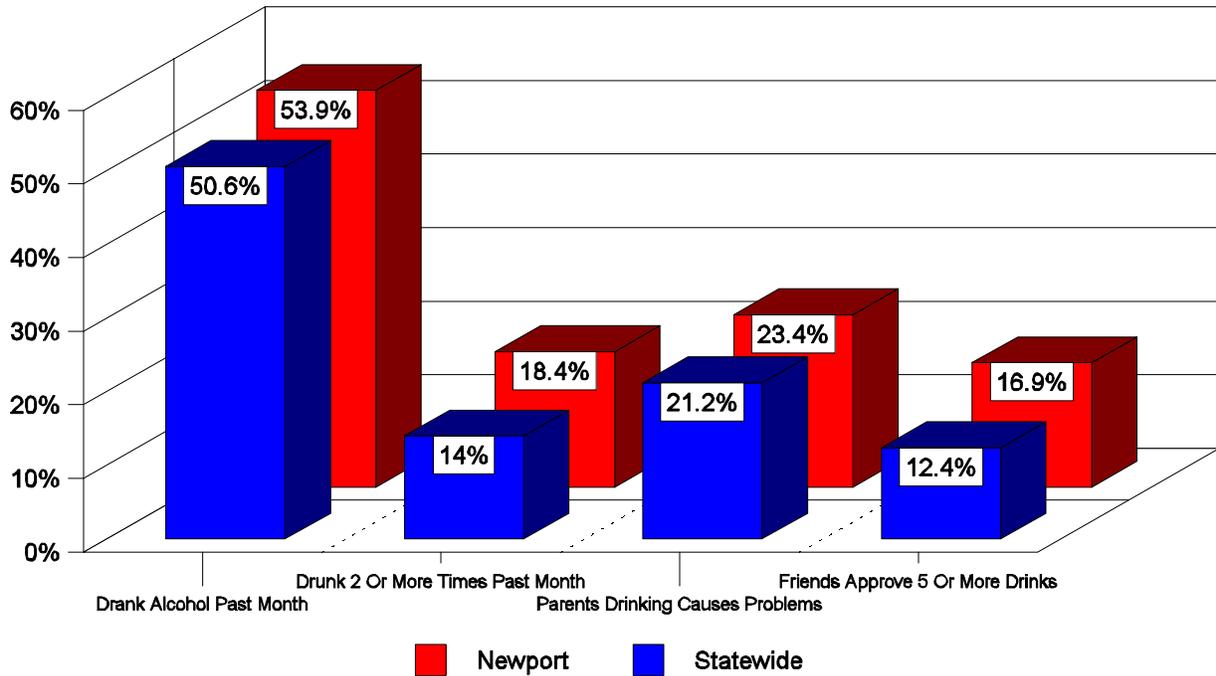
Chart 7 indicates that alcohol usage is higher in Newport than for Rhode Island as a whole. In 1995, 53.9% of responding Newport students in grades 7-12 stated that they had consumed alcohol in the past month, compared with 50.6% of statewide 7th - 12th grade respondents. Also, 18.4% of Newporters in grades 7-12 and 14% of responding 7th - 12th graders from throughout the state said they had been drunk two or more times in the past month. And 23.4% of Newport respondents indicated that their parents' drinking causes problems, compared with 21.2% of 7th - 12th grade respondents statewide. Finally, 16.9% of responding Newport 7th - 12th graders stated that their friends would approve if they had five or more drinks once or twice each weekend, compared with 12.4% of statewide respondents in grades 7-12.

Chart 8: Newport & Statewide Marijuana Usage
1995 Respondents Grades 7-12

Used Marijuana Past Month
Friends Approve Regular Marijuana Use
Regular Marijuana Use No Risk
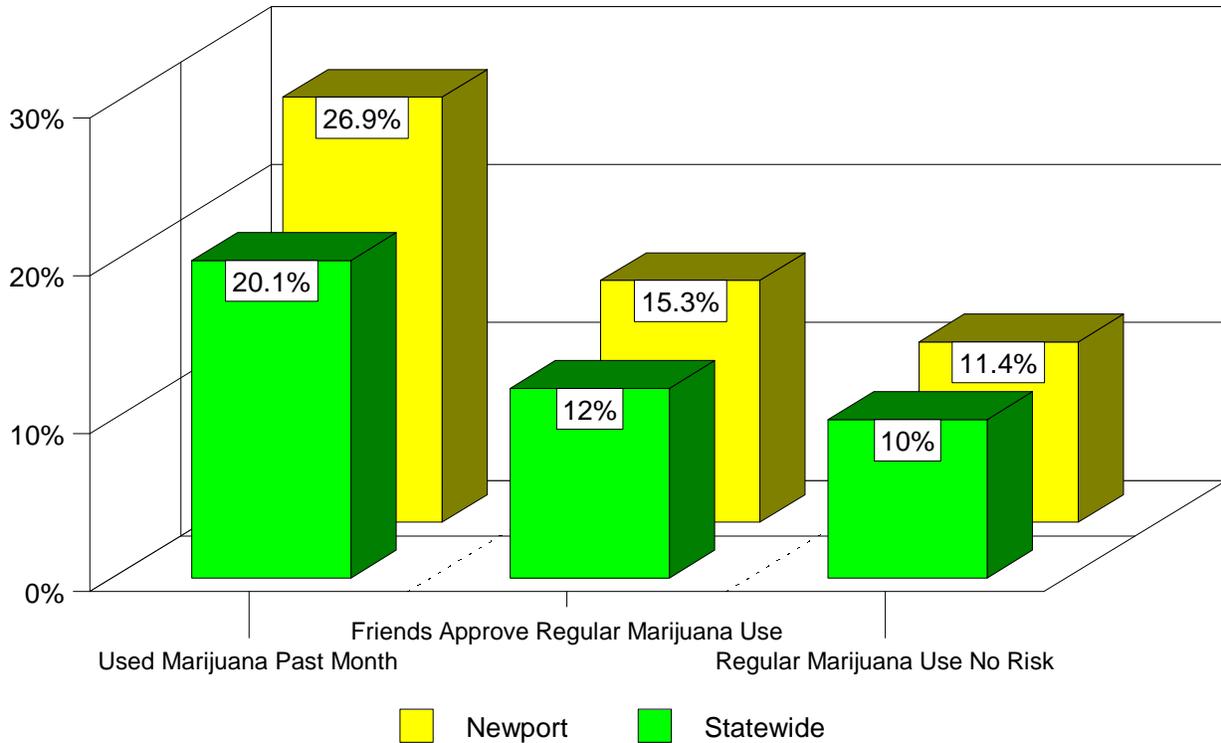
■ Newport   ■ Statewide

Chart 8 suggests that marijuana usage by youths is a more serious problem in Newport than in Rhode Island as a whole. In 1995, 26.9% of responding Newport students in grades 7-12 stated that they had used marijuana in the past month, compared with 20.1% of statewide 7th - 12th grade respondents. Also, 15.3% of Newporters in grades 7-12 and 12% of responding 7th - 12th graders from throughout the state said their friends would approve if they used marijuana regularly. And 11.4% of responding Newport 7th - 12th graders stated that there is no risk involved in using marijuana regularly, compared with 10% of statewide respondents in grades 7-12.

 # Adolescent Pregnancies

For the risk factor of adolescent pregnancies, data were collected about the rate of adolescent pregnancies that resulted in birth per 1,000 teenage females.

Chart 9: Adolescent Pregnancies That Resulted In Birth Per 1,000 Teenage Females
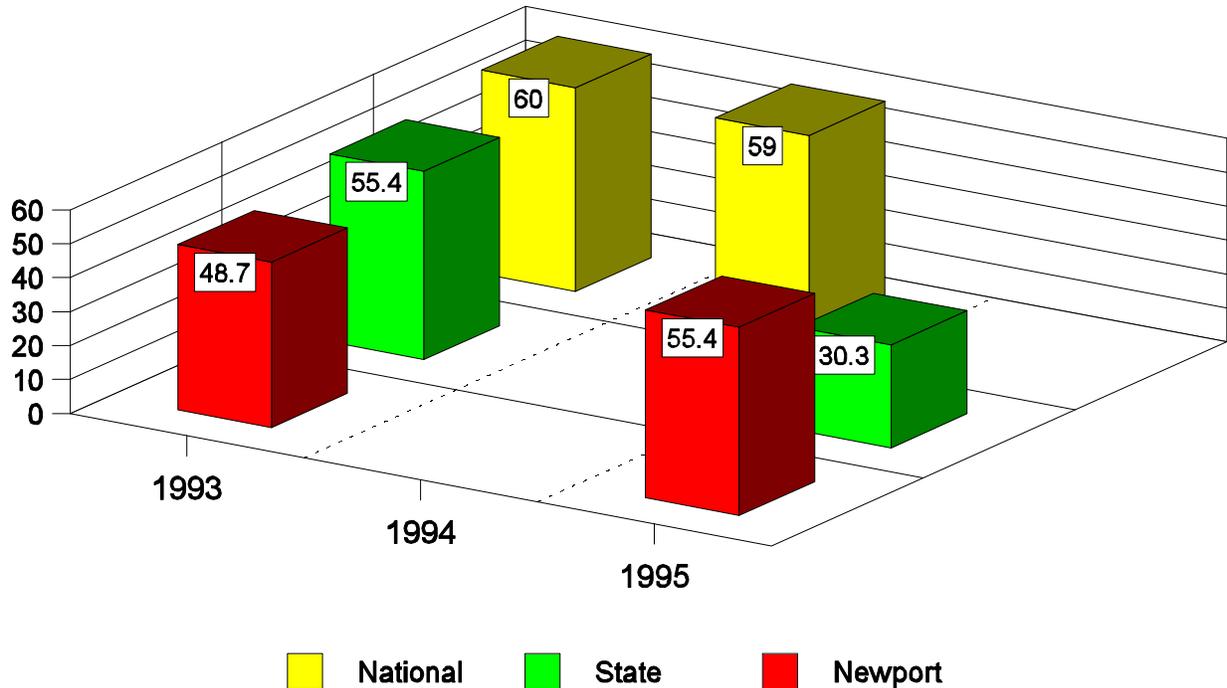
Chart 9 indicates that for the most recent years for which data are available, Newport's rate of adolescent pregnancies resulting in birth per 1,000 teenage females has increased while statewide and national rates have decreased. Newport's birth rate for girls ages 15-17 increased from 48.7 in 1993 to 55.4 in1995, while Rhode Island's statewide rate was dropping from 55.4 to 30.3 during the same period. At the national level, the rate was reduced from 60 in 1993 to 59 in 1994.

 # Domestic Violence/Family Conflict

In order to assess the risk factor of domestic violence/family conflict, data were collected about *domestic violence reports per 100,000 population*, and client statistics from the Women's Resource Center of Newport & Bristol Counties were also examined.

Chart 10 shows that reports of domestic violence per 100,000 population in Newport dipped very slightly from 6,774 in 1997 to 6,693 in 1998, after rising dramatically from 3,400 in 1995 to 5,200 in 1996, and

Chart 10: Domestic Violence Reports Per 100,000 Population
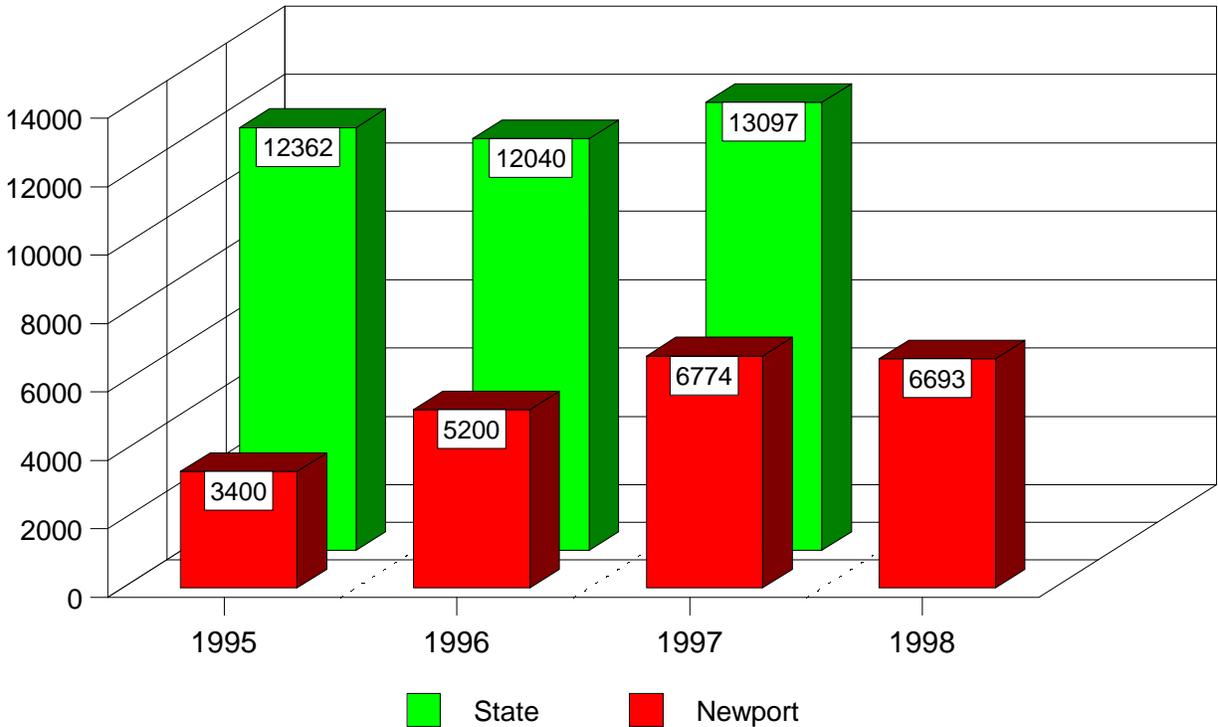
then to 6,774 in 1997. Although 1998 data is not available for Rhode Island as a whole, the statewide trend between 1995 and 1997 was somewhat different than Newport's large steady increase during those three years. Between 1995 and 1996, the statewide rate of domestic violence reports was reduced from 12,362 to 12,040, but the rate then increased to 13,097 in 1997.

Chart 11: Women's Resource Center of Newport & Bristol Countie Domestic Violence Data 1995-1998
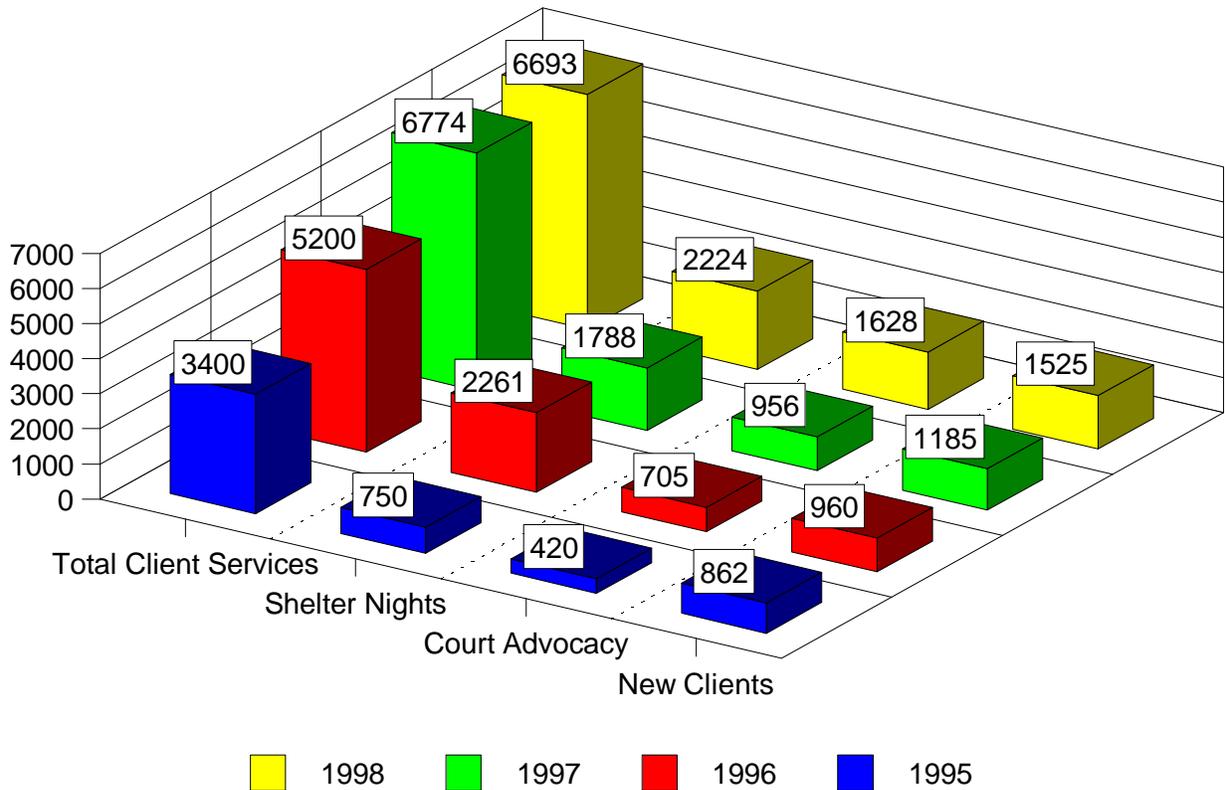
Chart 11 indicates that the numbers of victims of domestic violence and the levels of services provided to these victims have increased significantly since 1995 at the Women's Resource Center of Newport & Bristol Counties. New clients at the Womens Resource Center grew from 862 to 1,525 between 1995 and 1998, an increase of 77%. Shelter nights climbed from 750 in 1995 to 2,224 in 1998, an increase of nearly 200%. Legal advocacy for clients in court jumped from 420 in 1995 to 1,628 in 1998, and increase of 288%. And total services to clients at the Womens Resource Center of Newport & Bristol Counties rose from 3,400 in 1995 to 6,693 in 1998, an increase of nearly 100%.

' <u>Presentation Of Current Local Continuum</u>

Newport established a Resource Assessment Work Group for the *Comprehensive Strategy Initiative For Serious, Violent, And Chronic Offenders*, **which took an inventory of all service programs in the area. The appendices of this report contain the detailed Service Matrix prepared by the Work Group, which includes an alphabetical listing of programs a listing of programs by agency, and listings by the categories of prevention, intervention, intermediate sanctions, and aftercare.**

' <u>Presentation Of Systems & Linkages</u>

Having completed the inventory of service programs, Newport's Resource Assessment Work Group then assessed each program based on the following criteria:

! **Availability: Does a needed service exist?**

! **Accessibility: Is the service geographically, financially, culturally, and physically accessible?**

! **Adequacy: Does the service exist in sufficient amount to meet the needs of the consumer?**

! **Appropriateness: Is the service suitable for the consumer?**

! **Acceptability: Does the service meet the reasonable preferences of the consumer?**

The appendices of this report contain the assessment sheets utilized to compare current services with the above-listed criteria. Services were grouped by Newport's prioritized risk factors (Early academic failure beginning in late elementary school; Lack of commitment to school; Early initiation of alcohol, cigarettes, and marijuana; Adolescent pregnancies; and Domestic violence and family conflict.) Following are the problems and gaps identified by this process.

Academic Failure Beginning In Late Elementary School

< **Training for parents in developmentally appropriate study support**
< **Lack of literacy skills**
< **Lack of extended day opportunities at all ages, especially middle school**
< **Summer & vacation reading programs**
< **Summer programs/camps for behaviorally disordered & ADHD children**

Lack Of Commitment To School

< **Need for truant officer**
< **Need for change in current school truancy policy**
< **Overloaded probation officers**
< **Parent education in early interventions at all ages beginning with preschool**

Early Initiation Of Alcohol, Cigarettes, & Marijuana

< **Lack of intensive day outpatient programs for youths**
< **Lack of consistent prevention education in early grades**
< **Inconsistent administration of Adolescent Substance Abuse Survey throughout the state**
< **Lack of communication & information sharing between agencies**

< **Few after school programs available after 5:00 PM and few summer programs**

Adolescent Pregnancies
< **Lack of residential programs for pregnant teens**
< **Inadequate pre-conception education in schools on risky behaviors in early pregnancy before the girl knows she is pregnant**
< **Lack of mentoring adults in students' lives**
< **Lack of access to family planning services (more available hours & more sites)**
< **Lack of committed community support for sex education in early grades**

Domestic Violence/Family Conflict
< **Lack of programs to address teen dating violence**
< **Lack of school curricula for anger management**
< **Lack of training for teachers in de-escalation techniques**
< **Lack of training for teachers in recognizing signs of domestic abuse**
< **Insufficient staff providing anger management groups in the schools**

' <u>Summary Of Priority Areas</u>

Academic Failure Beginning In Late Elementary School

Beginning in late elementary grades, academic failure increases the risk of truancy, pregnancy, alcohol and other drug use, and dropping out of school. In Newport:

, *The percentage of public school fourth graders demonstrating reading competency has been variable in recent years, increasing from 57% in 1994 to 78% in 1995, but then dropping back to 62% in 1996.*

, *The average percentile scores of tenth graders have been below average percentile scores for all tested tenth graders in Rhode Island for both reading and math. For Newport in 1997, the average percentile score in reading was 49%, while statewide the average percentile score was 57%. In math, the Newport 1997 average percentile score was 52%, while the average statewide percentile score was 58%. In reading, the performance of Newport's tenth graders has steadily declined in comparison with all tested Rhode Island tenth graders since 1993, when the average percentile score in Newport and statewide was 52%.*

Lack Of Commitment To School

Academic failure and poor family bonding oftentimes lead youths down the path to truancy, and truancy and other indicators of lack of commitment to school are often associated with other issues such as substance abuse and teen pregnancy. In Newport:

, *The attendance rate of Rogers High School students has increased from 86.1% in 1996 to 91.6% in 1998.*

, *Newport students have had more absences than is true for Rhode Island as a whole. In 1995, while statewide 36.8% of students missed no days of school, only 26.3% of Newport students had no absences. Correspondingly, while for the state as a whole, 9.5% of students were absent for six days or more in 1995, in Newport, the figure was 13.8%. In addition, the problem of school absences worsened somewhat in Newport from 1993 to 1995. In 1993 in Newport, 29.8% of students had no absences, whereas in 1995 this figure decreased to 26.3%. And in 1993, 12.7% of Newport's students had six or more absences, with this figure increasing to 13.8% in 1995.*

, *Newport truancy petitions have increased in recent years from 1,117 in the 1995-96 school year to 1,311 in 1997-98. This is still lower than the 1,423 petitions in 1992-93, and the increase since 1995-96 follows a period of decline between 1992-93 and 1995-96. While the number of Newport truancy petitions has grown in the past few years, the number of actual Family Court truancy appearances has varied from year-to-year. Truancy appearances rose from 354 in 1994-95 to 379 in 1995-96, fell back to 317 in 1996-97, then increased again to 338 in 1997-98.*

> **Early Initiation Of Alcohol, Cigarettes, & Marijuana**

Alcohol, cigarettes, and marijuana not only have serious health consequences, they are gateway substances that can lead to more serious drug use. In addition, substance abuse is associated with other problems such as juvenile delinquency, teen pregnancy, and dropping out of school. Data from the 1995 Rhode Island Adolescent Substance Abuse Survey provides the following insights into Newport's situation in comparison with the state as a whole:

, *17.2% of Newport students in grades 7-12 reported that they were current smokers, compared with 14.0% for Rhode Island as a whole.*

> **Early Initiation Of Alcohol, Cigarettes, & Marijuana (cont.)**

, *26.9% of Newport students in grades 7-12 reported using marijuana in the past month, compared with 20.1% of 7th to 12th graders statewide.*

, *18.4% of Newport 7th to 12th graders reported getting drunk 2 or more times in the past month, compared with 14.0% statewide.*

, *23.4% of Newport 7th to 12th grade students indicated that parents' drinking causes problems, compared with 21.3% of respondents statewide.*

, *15.3% of Newport students in grades 7-12 reported that friends would approve if they used marijuana regularly, compared with 12.0% of statewide respondents in grades 7-12.*

, *16.9% of Newport 7th to 12th grade students indicated that friends would approve if they had 5 or more drinks once or twice each weekend, compared with 12.4% of all responding Rhode Island students in grades 7-12.*

Adolescent Pregnancies

Adolescent pregnancy increases the risk of dropping out of school and subsequent problems such as family stress, lack of job skills, unemployment, and low socioeconomic status.   There is **inadequate pre-conception education in schools on risky behaviors in early pregnancy before the girl knows she is pregnant**   In Newport:

, *The rate of adolescent pregnancies that resulted in birth per 1,000 teenage females has increased while statewide and national rates have decreased. Newport's rate increased from 48.7 in 1993 to 55.4 in1995, while Rhode Island's statewide rate was dropping from 55.4 to 30.3 during the same period. At the national level, the rate was reduced from 60 in 1993 to 59 in 1994.*

Domestic Violence/Family Conflict

Children who have witnessed or have been victims of domestic violence are at risk of engaging in violent behavior themselves, both in and out of school. In Newport:

, *Reports of domestic violence per 100,000 population dipped very slightly from 6,774 in 1997 to 6,693 in 1998, after rising dramatically from 3,400 in 1995 to 5,200 in 1996, and then to 6,774 in 1997. Although 1998 data is not available for Rhode Island as a whole, the statewide trend was somewhat different than Newport's large*

steady increase between 1995 and 1997. Between 1995 and 1996, the statewide rate of domestic violence reports was reduced from 12,362 to 12,040, but the rate then increased to 13,097 in 1997.

, *New clients at the Womens Resource Center of Newport & Bristol Counties grew from 862 to 1,525 between 1995 and 1998, an increase of 77%.*

, *Shelter nights at the Women's Resource Center of Newport & Bristol Counties climbed from 750 in 1995 to 2,224 in 1998, an increase of nearly 200%.*

, *Total services to clients at the Womens Resource Center of Newport & Bristol Counties rose from 3,400 in 1995 to 6,693 in 1998, an increase of nearly 100%.*

Strategic Plans

' <u>Process Of Developing Strategic Plans</u>

After selecting priority areas, Newport developed plans to address each of the priorities. These plans included the following components:

U **Problem Behavior Outcomes** - Long-range (10-15 years) projections of desired changes in problem behaviors such as juvenile delinquency, violence, substance abuse, and teen pregnancy that can be impacted by addressing the priority area;

U **Priority Area Outcomes** - Intermediate-range (3-10 years) projections of changes in the priority area necessary to reduce problem behaviors;

U **Strategies** - Approaches such as: (a) modification/enhancement to existing programs; (b) expansion of existing services; (c) implementation of new programs; (d) changes in policies or laws; (e) changes in data collection and reporting sytems; and/or (f) changes in objective decision-making designed to have positive impact on the priority area;

U **Program Outcomes** - Short-term (6 months-3 years) projections of changes in program components, participation rates, etc. resulting from implementation of strategies designed to impact the priority area;

U **Participant Outcomes** - Short-term (6 months-3 years) projections of changes in knowledge, skills, attitudes, and/or behavior among participants in programs implemented as part of strategies to impact the priority area;

U **Tasks To Be Completed** - Tasks to be undertaken to implement each strategy;

U **Potential Barriers** - Barriers that must be overcome to implement each strategy;

U **Means Of Overcoming Barriers** - Means of surmounting barriers that stand in the way of successful implementation of strategies;

U **Responsibilities For Tasks** - Organizations, groups, agencies, committees, etc. responsible for completing each task;

U **Completion Target Date** - Projected date of completion of each task; and

U **Resources Needed For Task** - Resources needed to complete each task.

Following are the strategic plans for each of Newport's priority areas. The forms used to develop these plans are contained in the appendices.

Priority Area:
Academic Failure In Late Elementary School

*T*heoretical Connection Between Priority Area & Problem Behavior: **The long-term behavior to be impacted is dropping out of high school. It is believed that one of the factors contributing to school dropout is academic failure in late elementary grades, which leads to more pronounced failure in middle and high school as**

Priority Area Outcomes

1) To have 50% of Newport students entering fifth grade at or above grade level in reading;

Problem Behavior Outcomes

1) To reduce by 50% the number of Newport high school students who drop out of school, using 1998 Newport dropout data as a baseline;

the youth falls farther and farther behind. This failure places the youth at risk of dropping out of school, because the educational experience is increasingly negative and unrewarding.

*S*TRATEGY 1: *Expand Newport's Reading Recovery program to reach all first grade students who need services.* **Reading Recovery is an intervention program developed in New Zealand by Marie Clay through which first graders with very low reading skills receive individualized instruction for a period typically approximating 14-16 weeks. An evaluation of Newport's Reading Recovery program by New England Educational**

Program Outcomes

a) To increase by 33% the number of first graders receiving Reading Recovery services;

Consultants found that: (a) students made appreciable reading gains during the year they participated in the program; and (b) more than 85% of children who received Reading Recovery assistance in first grade were able to maintain

Participant Outcomes

a) To increase by 33% the number of first graders participating in Reading Recovery who are reading at or above grade level at the end of first grade;

reading performance on grade level in second and third grades. By expanding Reading Recovery to reach all first graders who would benefit from the service, more students will become competent readers and experience academic success, and thus will be less likely to subsequently drop out of school.

LOGIC CHAIN

Expanding *Reading Recovery* to reach all first graders who would benefit from the service ⚡
Increases number of Newport students entering fifth grade who are reading at or above grade level ⚡ Reduces the number of Newport students who experience academic failure ⚡
Reduces the number of Newport students who drop out of school

---

Action Plan For Expanding Reading Recovery To All 1ˢᵗ Graders In Need					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed

Action Plan For Expanding Reading Recovery To All 1ˢᵗ Graders In Need					
1) **Obtain support from school administration to expand Reading Recovery to all elementary schools**	a) **Reading Recovery is an expensive program; administrators may question cost of expansion**	a) **Develop argument about need to increase reading scores to address new state-mandated school accountability policies**	**Reading Recovery teachers & other school staff**	**September 2000**	a) **Planning time** b) **Funds**
2) **Hire an adequate number of certified Reading Recovery teachers**	a) **Lack of funding for more teachers** b) **Lack of certified Reading Recovery teachers**	a) **Seek OJJDP and other outside funding for more Reading Recovery teachers** b) **Develop a mechanism to recruit college students for Reading Recovery certification**	**Reading Recovery teachers & other school staff**	**September 2001**	a) **Planning time** b) **Funds**

*S*TRATEGY 2: *Provide a summer follow-up program for students who received Reading Recovery services in first grade and will be entering second grade in the fall.* **First graders participating in Reading Recovery may be at risk of falling back below grade level in reading when they enter second grade if they do not maintain their skills during the summer between first and second grades. A summer Reading Recovery follow-up program could reduce this risk.**

Program Outcomes

a) To develop three Reading Recovery program summer sites over the next three years;

Participant Outcomes

a) To maintain reading gains achieved by 100% of Reading Recovery particpants through the summer after program participation;

LOGIC CHAIN

Providing summer follow-up to *Reading Recovery* graduates ! **Reduces backsliding in reading** ! Increases number of Newport students entering fifth grade reading at or above grade level ! Reduces the number of Newport students who experience academic failure ! Reduces the number of Newport students who drop out of school

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Action Plan For Developing Reading Recovery Summer Sites					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed

Action Plan For Developing Reading Recovery Summer Sites					
1) **Obtain support from school administration & child care agencies to offer summer Reading Recovery**	a) **Reading Recovery is an expensive program marketed as a 'one-shot strategy; administrators may question cost & need for summer follow-up**	a) **Develop argument about importance of sustaining reading gains of Reading Recovery graduates when they enter 2nd grade**	**School administrators, Child care agencies, Community members**	June 2000	a) **Planning Time** b) **Funds**
2) **Hire certified Reading Recovery teachers to offer summer follow-up services**	a) **Lack of funding for teachers for summer follow-up** b) **Lack of summer availability of Reading Recovery teachers**	a) **Seek OJJDP and other outside funding** b) **Develop a mechanism to recruit college students for certification as Reading Recovery teachers**	**Reading Recovery teachers & other school staff**	**September 2001**	a) **Planning Time** b) **Funds**
3) **Develop a mechanism to identify Reading Recovery graduates who would benefit from summer follow-up prior to 2nd grade**	a) **Currently there is no mechanism to identify 1st graders who would benefit from summer Reading Recovery follow-up**	a) **Develop diagnostic instrument to identify Reading Recovery graduates at risk of backsliding without summer follow-up**	**School administrators, Child care agencies, Community members**	**June 2001**	a) **Planning Time** b) **Funds**

Participant Outcomes

a) To have 70% of classroom teachers receiving Reading Recovery training use Reading Recovery techniques in the classroom;

*S*TRATEGY 3: *Expand training in*

Program Outcomes

a) To provide three Reading Recovery training programs for elementary classroom teachers over the next three years;

Reading Recovery strategies to Newport elementary classroom teachers. **Many of the techniques employed by Reading Recovery teachers can also be used by classroom teachers as part of their regular reading instruction. Therefore, providing training to elementary classroom teachers will be a cost effective means of expanding Newport's Reading Recovery program to reach many more students. This approach is being implemented in other communities, and there are Reading Recovery training programs available for classroom teachers that carry continuing education (CEU) credits and can be delivered after school to address teachers' inservice training requirements.**

LOGIC CHAIN

Providing *Reading Recovery* training to classroom teachers ！ Increases use of *Reading Recovery* techniques in the classroom ！ Improves more students' reading skills ！ Increases number of students entering fifth grade who are reading at or above grade level ！ Reduces the number of students who experience academic failure ！ Reduces the number of students who drop out of school

Action Plan For Providing Reading Recovery Training To Elementary Classroom Teachers					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Obtain support from school administration to offer Reading Recovery training to classroom teachers**	a) **Lack of funding for substitute teachers while classroom teachers are being trained** b) **Unwillingness of some classroom teachers to participate in Reading Recovery training**	a) **Seek funding** b) **Offer training after school & substitutes won't be needed** c) **Develop argument about value of having classroom teachers trained in Reading Recovery techniques**	**School administrators, Reading Recovery trainers**	September 2000	a) **Planning Time** b) **Funds** c) **Teachers**

Priority Area:
Lack Of Commitment To School

Theoretical Connection Between Priority Area & Problem Behavior: **The long-term behavior to be impacted is school truancy. It is believed that increasing students' commitment to school will reduce truancy, since students will be more inclined to attend school if they realize the importance of doing so. Ideally, this commitment would stem from students' recognition of the value of education as an investment in a productive and successful life. However, youths are not always this future oriented, and so it is sometimes necessary to obtain a commitment to school through external pressures such as outreach and discipline.**

Problem Behavior Outcomes

1) To reduce by 30% the number of Newport high school students who are truant;

Priority Area Outcomes

1) To increase from 90.73% to 95% the Newport Public School average daily attendance rate;

STRATEGY 1: Support Newport Public Schools' recommendations regarding excessive absences and truancy. **The Newport Public Schools have a set of policies pertaining to excessive absences and truancy that call for parent involvement and assistance in areas such as: (a) notifying the schools when their child will be absent; (b) responding to telephone and letter contacts about unexcused absences or truancy of their children; (c) being accessible to the Drop-Out Prevention Specialist; and (d) attending conferences with school officials about their child's excessive absences or truancy. It appears that many parents are not aware of these policies, and increasing the number of techniques that are used to disseminate this information should result in greater parental awareness, which could increase parental involvement in efforts to reduce excessive absences and truancy.**

Program Outcomes

a) To increase from 1 to 5 the number of techniques used to disseminate information about school policies regarding excessive absences and truancy (e.g., PTO contacts, letters home, media articles);

Participant Outcomes

a) To have 80% of all parents of Newport Public Schools students aware of policies regarding excessive absences and truancy;

LOGIC CHAIN

Increasing methods of disseminating school polices regarding excessive absences and truancy ! Increases number of parents aware of school policies ! Increases number of parents involved in efforts to reduce excessive absences and truancy! Reduces excessive school absences and truancy

Action Plan For Supporting School Polices Regarding Excessive Absences & Truancy					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Obtain support from school administration to add member of OJJDP Planning Team to School Excessive Absences & Truancy Planning Team**	a) **Lack of interest among school officials in expanding the Excessive Absences & Truancy Planning Team**	a) **Develop argument about need for direct input from OJJDP Planning Team about policies regarding excessive absences & truancy**	**OJJDP Planning Team**	September 1999	a) **Planning Time** b) **Statistics to support argument**
2) **Obtain approval from the Excessive Absences & Truancy Planning Team to do more outreach to community members**	a) **Lack of interest on the part of Excessive Absences & Truancy Planning Team in expanding community outreach**	a) **Develop argument about need for educating community members** b) **Develop argument about need for parents to be aware of school attendance**	**OJJDP Planning Team**	**September 1999**	a) **Planning Time** b) **Statistics to support argument**

S*TRATEGY 2: Expand the Newport Public Schools' recommendations regarding excessive absences and truancy to include employment of a Truant Officer.* **The Newport Public Schools have policies pertaining to excessive absences and truancy and a Dropout Prevention Officer to administer these policies. However, Newport does not have**

Program Outcomes
a) To hire a Truant Officer for the Newport Public Schools;

sufficient capability to outreach truants and parents in homes and at other community locations in order to intervene at an early stage in the truancy 'career'' and take

Participant Outcomes
a) To have the Truant Officer make at least one contact with all students reported as truant;

appropriate action. A truant officer would enhance this capability.

LOGIC CHAIN

Employing a truant officer ! Results in more and earlier contact with truants and their families ! Increases number of early-stage truants who resume regular school attendance ! Reduces excessive school absences and ongoing truancy

---

Action Plan For Supporting School Polices Regarding Excessive Absences & Truancy

Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) Obtain support from school administration for position of Truant Officer	a) Lack of funding for new position b) School administration belief that Truant Officer is not needed to supplement current Dropout Prevention Specialist	a) Pursue funding from sources such as state & federal government & Newport Police b) Use current data to develop an argument about need for Truant Officer position	OJJDP Planning Team, State legislators, Newport Police	July 1999	a) Planning Time b) Statistics to support argument
2) Develop job description for Truant Officer	a) Lack of funding for new position b) School administration belief that Truant Officer is not needed to supplement current Dropout Prevention Specialist	a) Pursue funding from sources such as state & federal government & Newport Police b) Contact other schools to see if any have both a Truant Officer & Dropout Specialist	OJJDP Planning Team, State legislators, Newport Police, Newport schools	July 2000	a) Planning Time b) Consultant c) Funds
3) Recruit, hire, & train Truant Officer	a) Lack of funding for position	a) Pursue funding from sources such as state & federal government & Newport Police	OJJDP Planning Team, Consultant, Newport Schools, Newport Police	July 2000	a) Funds b) Hiring Committee
4) Collect outcome data to show how Truant Officer has enhanced services for reduction in truancy	a) Lack of knowledge about how to accurately measure outcomes	a) Determine how truancy is currently being tracked & hire consultant to develop improved tracking	OJJDP Planning Team, Consultant, Newport Schools, Newport Police	July 2000	a) Planning Time b) Consultant c) Funds

Priority Area:
Early Initiation Of Alcohol, Cigarettes, & Marijuana

Theoretical Connection Between Priority Area & Problem Behavior: **The long-term behavior to be impacted is substance abuse. It is believed that by reducing early initiation of youths to alcohol, cigarettes, and marijuana, fewer young people will develop health, mental health, and other problems related to use of these substances, and fewer persons will**

Problem Behavior Outcomes
1) To reduce by 30% the number of Newport students reporting use of alcohol;
2) To reduce by 30% the number of Newport students reporting use of cigarettes;
3) To reduce by 30% the number of Newport students reporting use of marijuana;

Priority Area Outcomes
1) To increase by 25% the number of Newport students reporting non-use of alcohol;
2) To increase by 25% the number of Newport students reporting non-use of cigarettes;
3) To increase by 25% the number of Newport students reporting non-use of marijuana;

use these substances as 'gateways" to other drugs such as cocaine and heroin. Research has identified relationships between substance abuse and delinquency and dropping out of school, and Rhode Island's 1997 Youth Risk Behavior Survey found that alcohol is a major contributor to approximately half of all homicides, suicides, and motor vehicle fatalities, which are the leading causes of death and disability among youths.

STRATEGY 1: Expand current substance abuse education programs to reach all Newport students, parents, guardians, and other community members. **Currently, Newport fifth, seventh, eighth, and ninth graders can participate in the DARE program,**

Program Outcomes
a) To increase by 10% the number of students participating in substance abuse education;
b) To increase by 10% the number of parents, guardians & community members participating in substance abuse education programs;

Participant Outcomes
a) To decrease by 5% the number of students using alcohol, cigarettes, & marijuana;
b) To decrease by 5% the number of parents, guardians & community members using alcohol, cigarettes, & marijuana;

and Student Assistance Counselors are available at Thompson Middle School and Rogers High School. There is also a SADD group at the high school, and some community agencies provide prevention services. However, more prevention education outreach targeted at elementary school children, parents, and community members is needed.

LOGIC CHAIN

Expanding substance abuse education ! Increases number of students, parents & community members knowledgeable about dangers of substance abuse ! Contributes to behavioral and attitude changes among some students, parents & community members ! Reduces number of Newporters abusing substances

Action Plan For Expanding Substance Abuse Education Programs					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Obtain support from school administration to expand grade levels receiving substance abuse education programs**	a) **Lack of funding for new position** b) **Lack of teachers' time & willingness to provide substance abuse education** c) **Lack of training for teachers**	a) **Identify funding sources** b) **Develop argument about need to expand substance abuse education to all grade levels based on data showing increases in early initiation**	**Local agencies, Newport Schools, OJJDP Planning Team**	2001	a) **Planning Time** b) **Upgraded training materials** c) **Administrative resources** d) **Funds**
2) **Obtain support from local agencies providing substance abuse education to expand programs to reach all community sectors**	a) **Lack of funding for new position** b) **Lack of trained staff to expand services**	a) **Identify funding sources**	**Local agencies, OJJDP Planning Team**	**2001**	a) **Planning Time** b) **Upgraded training materials** c) **Administrative resources**

*S*TRATEGY 2: *Survey all Newport students utilizing the Rhode Island Adolescent Substance Abuse Survey.* **The Rhode Island Department of Health's Adolescent Substance Abuse Survey is available to any school system, and the Department of**

Program Outcomes

a) To implement the *Rhode Island Adolescent Substance Abuse Survey* in grades 7-12;

Participant Outcomes

a) To achieve a 90% response/completion rate for the *Rhode Island Adolescent Substance Abuse Survey* from students in grades 7-12 ;

Health will analyze the results at no cost. Newport has elected not to participate in the survey since 1995, which makes it virtually impossible to obtain accurate information about the nature and extent of substance

abuse among Newport youths and to compare substance abuse usage rates in Newport with rates in other cities and towns.

LOGIC CHAIN

Surveying students about substance usage ! Provides better information about nature & magnitude of substance abuse in Newport ! Helps develop improved prevention, intervention & treatment services ! Reduces number of Newporters abusing substances

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Action Plan For Surveying Newport Students About Substance Abuse					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Obtain support from Departments of Health, Department of Education, & local communities to make administration of & participation in substance abuse surveys mandatory for all schools**	a) **Lack of funding** b) **Inability of state & communities to mandate administration of & participation in substance abuse surveys**	a) **Identify state & federal funding sources** b) **If necessary, work to have state legislation assed mandating surveys** c) **Develop strong argument to state & local education authorities about need to survey all students**	**State Health & Education Departments, Local education officials, OJJDP Planning Team, Substance Abuse Prevention Task Force**	2001	a) **Planning Time** b) **Funds** c) **Well-developed argument**

*S*TRATEGY 3: *Develop a continuum of age-specific substance abuse prevention and treatment services for all Newport schools.*

As indicated under Strategy 1: Newport fifth, seventh, eighth, and ninth graders can participate in the DARE program; Student

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Participant Outcomes

a) To decrease by 5% the number of students using alcohol, cigarettes, & marijuana;

Program Outcomes

a) To increase by 3 the number of age-specific services for prevention to address current gaps in the continuum;

b) To establish 1 new outpatient substance abuse counseling program for youth;

Assistance Counselors are available at Thompson Middle School and Rogers High School; there is a SADD group at the high school; and some community agencies provide prevention services. Gaps in services along the prevention/intervention/treatment continuum include insufficient

outpatient counseling for youths, lack of an intensive day outpatient program for youths, and lack of consistent prevention education programming in early grades.

LOGIC CHAIN

Developing a continuum of age-specific prevention & treatment services ! Results in more & better-targeted substance abuse services for Newporters ! Reduces number of Newporters abusing substances

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Action Plan For Developing Continuum Of Substance Abuse Prevention & Treatment Services					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) Obtain support from local agencies to expand prevention & treatment services to fill in gaps in the continuum	**a) Agency 'turf' issues** **b) Lack of trained staff within local agencies** **c) Lack of funding for new staff**	**a) Develop argument to enhance the continuum of age-specific services for prevention & treatment**	**Local & state agencies, Substance Abuse Prevention Task Force, OJJDP Planning Team**	2001-2002	**a) Funds** **b) Staff** **c) Training opportunities** **d) Library of materials** **d) Planning time**
2) Research successful programs	**a) Lack of complete knowledge about successful programs**	**a) Acquire & present information about successful programs**	**Local agencies, Substance Abuse Prevention Task Force, OJJDP Planning Team**	**2001-2002**	**a) Research about effective programs** **b) Library of materials** **c) Research time**
3) Identify funding sources	**a) Competition for limited funds**	**a) Persistence in pursuing funding**	**Local agencies, Substance Abuse Prevention Task Force, OJJDP Planning Team**	**2001-2002**	**a) Time to pursue funding** **b) Enhanced capability to compete for funds**

Priority Area:
Adolescent Pregnancies

Theoretical Connection Between Priority Area & Problem Behavior: **The problem behavior and the priority area are the same: adolescent pregnancy. In Newport, the rate of births to girls ages 15-17 increased from 48.7 per 1,000 teenage girls in 1993 to 55.4 per 1,000**

Problem Behavior Outcomes

1) To reduce by 2.1% the number of 15-19 year-old Newport teenage girls who give birth;
2) To bring the Newport teen pregnancy rate in line with the statewide rate as listed in the *Kids Count Factbook*;

Priority Area Outcomes

1) To increase by 25% the number of pre-teen/teenage girls and boys participating in educational pregnancy prevention programs;

teenage girls in 1995, the most recent year for which data are available. During the same period, the rate for Rhode Island as a whole decreased dramatically from 55.4 to 30.3. Thus, not only has Newport's rate of teen births been climbing while the statewide rate has been declining significantly, but in 1995, Newport's rate of 55.4 was 45% higher than the state rate of 30.3.

STRATEGY 1: Expand educational pregnancy prevention outreach efforts to all students in the Newport community.
Currently the Visiting Nurse Health Services (VNHS) is not doing any pregnancy prevention educational outreach in

Program Outcomes

a) To increase by 25% the resources of community agencies that are directed toward educational pregnancy prevention outreach to 5th & 6th graders;

Participant Outcomes

a) To increase by 25% the number of 5th and 6th graders knowledgeable about pregnancy prevention;

Newport's schools unless a health education teacher asks the VNHS to make a presentation. The VNHS does conduct pregnancy prevention outreach activities in the community at community centers, health fairs, group homes, and other social service agencies, but there is a need to expand these efforts to reach more young people.

LOGIC CHAIN

Expanding educational pregnancy prevention outreach ! Increases knowledge of students about pregnancy & pregnancy prevention ! Reduces number of Newport adolescents who become pregnant

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Action Plan For Expanding Educational Pregnancy Prevention Outreach					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Obtain support from school administrators for development of a pregnancy prevention education program**	a) **School administrators concerns about appropriateness of pregnancy prevention in the schools**	a) **Develop argument for need of educational pregnancy prevention by using Newport data about teen pregnancy**	**Team of pregnancy prevention specialists**	September 2000	a) **Planning time**
2) **Obtain support from PTOs & other community members & permission from all parents**	a) **Parents concerns about appropriateness of pregnancy prevention in schools**	a) **Develop argument for need of educational pregnancy prevention by using Newport data about teen pregnancy**	**Team of pregnancy prevention specialists**	September 2000	a) **Planning time**
3) **Develop follow-up procedure to track & measure 5th & 6th grade participants in pregnancy prevention education**	a) **Lack of proper information**	a) **Use questions from existing instruments such as the SALT survey, Department of Health surveys, & Kids Count to accurately measure outcomes of pregnancy prevention education for 5th & 6th grade students**	**Team of pregnancy prevention specialists**	**September 2000**	a) **Planning time** b) **Text materials**

*S*TRATEGY 2: *Expand availability of and access to family planning and pregnancy prevention programs by increasing service hours and establishing additional sites.* The Visiting Nurse Health Services (VNHS) operates a clinic open from 8:00 AM until 9:00 PM on Mondays and

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Program Outcomes

a) To increase by 16 the number of hours per week of family planning and pregnancy prevention services;

b) To increase by 1 the number of locations of family planning and pregnancy prevention services;

Participant Outcomes
a) To increase by 10% the number of pre-teen and teenage boys and girls who have knowledge of their options related to pregnancy prevention;

Thursdays, and open from 8:00 AM until 4:00 PM on other days. From 1:00 PM until 9:00 PM on Mondays and Tuesdays there is free pregnancy testing and family planning information available. From 3:00 PM to 5:00 PM on Wednesdays there is family planning counseling, and from 4:00 PM to 7:00 PM there is free HIV testing. The current site is centrally located for Newport residents, but it would be advantageous to expand services to the northern section of the city at the Florence Gray Center within the Park Holm and Tonomy Hill public housing developments.

LOGIC CHAIN

Expanding availability of & access to family planning & pregnancy prevention programs !
Increases number of pre-teens & teenagers who have knowledge about pregnancy & pregnancy prevention !   Reduces number of Newport adolescents who become pregnant

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Action Plan For Increasing Sites & Service Hours Of Pregnancy Prevention Programs					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Obtain support through talks with CEOs/Social Service representatives who provide pregnancy prevention programs to develop expanded hours & new sites**	a) **Lack of community agency support for expanded hours & sites without guarantee of funding up front**	a) **Develop argument for expansion based on current data about births to teens**	**Social Service agencies addressing family planning & pregnancy prevention**	2000	a) **Planning time**
2) **Explore community for space for new sites for pregnancy prevention programs & expanded hours of services**	a) **Lack of available, affordable space for satellite sites;** b) **Lack of funding for expanded services**	a) **Finding funding sources such as through DHS, OJJDP, & other grants in order to expand services**	**Social Service agencies addressing family planning & pregnancy prevention**	2001	a) **Time to research funding sources & write proposals**
3) **Increase staff to support new satellite sites & expanded hours of services**	a) **Lack of funding for expanded services** b) **Lack of staff**	a) **Finding funding sources such as through DHS, OJJDP, & other grants to expand services**	**Social Service agencies addressing family planning & pregnancy prevention**	**2001**	a) **Funding** b) **Staff** c) **Space** d) **Medical supplies**

Priority Area:
Domestic Violence/Family Conflict

Theoretical Connection Between Priority Area & Problem Behavior: **It is believed that reducing teen dating and other violence and inappropriate peer conflict will, over time, reduce domestic violence incidents. The Women's Resource Center of Newport and Bristol Counties, which provides a variety of services to victims of domestic violence, has**

Problem Behavior Outcomes
1) To reduce by 10% teen dating violence;
2) To reduce by 10% inappropriate peer conflict among Newport Public School students as measured by school suspensions for violence;
3) To reduce by 10% the number of reported domestic violence incidents over time;

Priority Area Outcomes
1) To provide information about peaceful resolution of interpersonal conflicts to all Newport Public School students over 10 years;
2) To increase knowledge about domestic violence resources ;

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seen its number of new clients rise steadily from 862 in 1995 to 1,525 in 1998, an increase of 77%. Shelter nights have grown from 750 in 1995 to 2,224 in 1998, an increase of nearly 200%, and total services to clients have climbed from 4,400 in 1995 to 6,693 in 1998, an increase of almost 100%.

STRATEGY 1: Expand the Peace Promotion Program to reach all students in the Newport Public Schools. **The Peace Promotion Program, a service of the Women's Resource Center of Newport and Bristol Counties, is a five-part curriculum focusing on anger deescalation, conflict resolution skills, and recognition of the warning signs of anger and violence in others. The program develops skills in youths who have never**

Program Outcomes
a) To increase by 2 the number of Newport Public Schools grade levels involved in the *Peace Promotion Program*;
b) To increase by 400 the number of Newport Public School students participating in the *Peace Promotion Program*;

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experienced interpersonal violence, and also re-teaches children who have experienced violence what positive interpersonal relationships can be. In Newport during the 1998/99 school year, 645 children at

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Participant Outcomes
a) To increase by 400 the number of students aware of techniques for peaceful resolution of interpersonal conflicts;

Thompson Middle School, 43 children at Sullivan School, and 15 youths at Rogers High School received the program.

LOGIC CHAIN

Expanding *Peace Promotion Program* to all Newport students ! Increases number of youths familiar with non-violent strategies for resolving interpersonal conflicts ! Increases number of youths who develop non-violent lifestyles that continue into adulthood ! Reduces number of domestic violence incidents

Action Plan For Expansion Of Peace Promotion Program					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Obtain support from Newport Public School administration**	a) **Lack of support from Newport School administration** b) **Lack of space**	a) **Develop argument to be made to school officials & teachers about need to expand program to schools**	**Women's Resource Center, OJJDP Planning Committee, Newport School Administrators**	June 2000	a) **Funds** b) **Planning time**
2) **Seek funding sources**	a) **Lack of support from Newport School administration** b) **Lack of space**	a) **Secure funding through OJJDP, local fundraising efforts, & other state & federal sources**	**Women's Resource Center, OJJDP Planning Team**	1999	a) **Capacity to write grants & seek funds** b) **Time to research funding sources**
3) **Train additional staff in operation of the program**	a) **Lack of Women's Center resources to meet demand for program expansion**	a) **Employ qualified new staff to be trained in programn services**	**Women's Resource Center**	**September 2000**	a) **Funds to employ new staff**

*S*TRATEGY 2: *Implement a follow-up to the Peace Promotion Program.* **The Women's Resource Center's Peace Promotion Program is a school classroom program that educates large numbers of children and youths about alternatives to violence. Some of the students who are exposed to the program are very volatile and at high-risk of engaging in violence and/or being victims of violence. Year-long intensive shadowing of such students with individual contacts several times a week would help the youths refrain from outbursts of anger.**

Program Outcomes

a) To provide follow-up services to an additional 20 at-risk students participating in the *Peace Promotion Program*;

Participant Outcomes

a) To increase by 20 the number of students whose risk of experiencing domestic violence is reduced as a result of participation in *Peace Promotion Program* follow-up services;

LOGIC CHAIN

Implementing a follow-up to the *Peace Promotion Program* ! Increases exposure of youths to non-violent strategies for resolving interpersonal conflicts ! Increases number of youths who develop non-violent lifestyles that continue into adulthood ! Reduces number of domestic violence incidents

Action Plan For Follow-Up To Peace Promotion Program					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Obtain support from Newport Public School administration**	a) **Lack of support from Newport School administration** b) **Lack of space**	a) **Develop argument to be made to school officials & teachers about need for follow-up services**	**Women's Resource Center, OJJDP Planning Committee,**	June 2000	a) **Funds** b) **Time to develop & implement program**
2) **Work with school guidance staff, teachers, & parents to obtain referrals into program**	a) **Lack of support from school guidance staff, teachers, & parents to make referrals** b) **Difficulty obtaining written parent consent for participation of youth in the program**	a) **Develop argument to be made to school guidance staff, teachers, parents about need for program** b) **Develop argument to convince parents & legal guardians to sign consent forms**	**Women's Resource Center, OJJDP Planning Team**	June 2000	a) **Planning time** b) **Funds**
3) **Employ additional staff to be trained**	a) **Lack of Women's Resource Center resources to meet need for services** b) **Lack of time to plan & implement program**	a) **Employ qualified staff** b) **Secure funds**	**Women's Resource Center, OJJDP Planning team**	**July 2000**	a) **Funds**
4) **Expand existing follow-up curriculum to be age appropriate**	a) **Lack of trained staff to review curriculum** b) **Lack of time to review & modify curriculum**	a) **Employ qualified individuals to review & modify curriculum**	**Women's Resource Center, OJJDP Planning team**	**July 2000**	a) **Funds**

*S*TRATEGY 3: *Expand the pilot Teen Domestic Group at Rogers High School into ongoing services.* The Women's Resource has been pilot testing a six-week *Teen Domestic Group* at Rogers High School for students who are involved in or may be involved in violent relationships. The group

Program Outcomes

a) To provide ongoing educational awareness about teen dating violence to 35-40 students at Rogers High School;

Participant Outcomes

a) To increase by 15-20 the nuumber of students who are aware of the warning signs of an abusive relationship;

discusses signs of an abusive relationship, provides support to those in abusive relationships, and considers ways to break off abusive relatonships and avoid date rape. It would be beneficial to make the program year-long at Rogers High and perhaps expand it to Thompson Middle School.

LOGIC CHAIN

Expanding *Teen Domestic Group* into ongoing services ! Increases number of youths receiving information and support about teen dating violence ! Increases number of youths who avoid or terminate abusive relationships ! Increases number of youths who, when they become adults, have knowledge and ability to avoid or terminate abusive relationships ! Reduces number of domestic violence incidents

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Action Plan For Expansion Of Teen Domestic Group					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) Obtain support from Newport Public School administration	a) Lack of support from Newport School administration b) Lack of space	a) Develop argument for school officials & teachers about need for Domestic Group	Women's Resource Center, Rogers High School Activities Center	June 2000	a) Planning time b) Space
2) Seek funding to expand program	a) Lack of time to seek funding	a) Secure funding through local, state, & federal sources	Women's Resource Center, OJJDP Planning Team	June 2000	a) Time to pursue grants /funding b) List of funders
3) Review & improve pilot curriculum	a) Lack of staff to review curriculum	a) Hire & train staff to revise curriculum	Women's Resource Center	June 2000	a) Time b) Staff

Action Plan For Expansion Of Teen Domestic Group					
4) Recruit students to participate in program	a) Students' refusal to participate because of possible repercussions	a) Provide education & outreach to students to engage them in program	Women's Resource Center, Rogers High Activities Center, NPS Guidance Staff	June 2000	a) Time

Priority Area:
System Linkages - Universal Intake & Evaluation Forms

Theoretical Connection Between Priority Area & Problem Behaviors: **Development of Universal Intake and Evaluation forms for use by Newport human service agencies should greatly enhance system linkages. The process of development of such forms will require**

Problem Behavior Outcomes

1) To increase from 0 to 4 the number of agencies utilizing the Universal Intake & Evaluation forms;

Priority Area Outcomes

1) To have 100% of agencies report satisfaction with the Universal Intake & Evaluation forms;

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significant collaboration, negotiation, and compromise between agencies, which will strengthen intra-agency relationships and create a firmer basis for future collaboration.

STRATEGY 1: Through the Newport Partnership for Families, develop Universal Intake and Evaluation forms and encourage Newport Partnership members to implement and utilize the forms. **One of the major obstacles to more effective and efficient multi-**

Program Outcomes

a) To increase by 4 the number of agency programs implementing and using the Universal Intake & Evaluation forms;

Participant Outcomes

a) To hold quarterly meetings to address specific client needs using information from the Universal Intake & Evaluation forms;
b) To have at least 90% of clients who report satisfaction with the intake paperwork process;

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agency collaborative case management is that clients must usually go through separate and different intake and assessment processes at each agency to which they are referred. This often discourages clients from trying to access services. Universal intake and evaluation forms and procedures that could be used by all agencies would significantly improve this situation.

Priority Area:
System Linkages - Adolescent Substance Abuse Survey

Theoretical Connection Between Priority Area & Problem Behaviors: **The Rhode Island Department of Health offers administration and analysis of an** **Adolescent Substance Abuse Survey** **to all school districts, but not all districts participate. The lack of full**

Problem Behavior Outcomes
1) To reduce by 30% the reported use of alcohol, cigarettes, and marijuana among Newport students;

Priority Area Outcomes
1) To lobby the Rhode Island Children's Cabinet to fully support the administration of the *Adolescent Substance Abuse Survey* on an annual statistically valid basis;
2) To have 100% of school districts administering and supporting the *Adolescent Substance Abuse Survey*;

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participation limits available data about the magnitude and nature of substance abuse in Rhode Island, which, in turn, hinders collaborative development of the most appropriate prevention, intervention, and treatment services. Increasing participation by school districts in administration of the survey would improve system linkages and facilitate improved programming, which could result in reduced substance abuse.

STRATEGY 1: Expand communication between the Rhode Island Children's Cabinet and local school districts regarding the importance of administering the Adolescent Substance Abuse Survey. **The Rhode Island Children's Cabinet is the major statewide coordinating mechanism for children and youth services. Convincing the Children's Cabinet to take an active leadership role in promoting administration of the** **Adolescent**

Program Outcomes
a) To have 100% of school districts participating in administration of the *Adolescent Substance Abuse Survey* to their students;

Substance Abuse Survey **by all school districts could increase the number of participating districts and provide better data**

Participant Outcomes
a) To have 100% of school districts able to accurately assess alcohol, tobacco, & drug use among their students & compare usage rates with other school districts;

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LOGIC CHAIN

Developing *Universal Intake & Evaluation* forms ! Standardizes agency intake & assessment
procedures ! Increases agency collaboration & system linkages ! Improves multi-agency
case management ! Makes services more consumer friendly ! Improves client outcomes
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Action Plan For Development Of Universal Intake & Evaluation Forms					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Obtain support of Newport Partnership for Families' member agencies for Universal Intake & Evaluation forms**	a) **Unwillingness of agencies to give up current forms** b) **Lack of agency time to participate in discussion of value of new forms** c) **Difficulty developing consensus among Partnership membes about common forms**	a) **Develop an argument about the need and benefits of developing universal forms**	**Newport Partnership for Families, OJJDP Planning Team**	2000	a) **Time for planning meetings** b) **Funding** c) **Research to support argument for benefit of universal forms**

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LOGIC CHAIN
Expanded communication between the Children's Cabinet & school districts about administering
*Adolescent Substance Abuse Survey* ! Increases number of school districts administering the survey
! Increases system linkages ! Provides more accurate data about nature & magnitude of substance
abuse ! Permits implementation of more appropriate & effective prevention, intervention, & treatment
services ! Reduces substance abuse
```

Action Plan For Children's Cabinet/School District Substance Abuse Survey Communication					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Obtain support from Children's Cabinet about importance of proper administration of Adolescent Substance Abuse Survey**	a) **Lack of advance planning for administration of survey at state level** b) **Administrators' concerns about cost of increasing administration of survey**	a) **Encourage Children's Cabinet to create a year-long schedule of all surveys & statewide testing** b) **Identify sources of funding for the surveys at the state & federal levels**	**Children's Cabinet, Local Educators, State OJJDP Planning Team, Substance Abuse Prevention Task Forces**	June 2000	a) **Planning time**
2) **Obtain support from local school districts for proper administration of the Adolescent Substance Abuse Survey**	a) **Lack of advance planning for administrators to distribute surveys to students** b) **Administrators' cost & time**	a) **Year-long calendar of surveys should enable administrators to build time for surveying students into their schedules**	**Children's Cabinet, Local Educators, State OJJDP Planning Team, Substance Abuse Prevention Task Forces**	**June 2000**	a) **Planning time**

*S*TRATEGY 2: *Expand administration of the Adolescent Substance Survey from bi-annual to annual.*   At present, the *Adolescent Substance Abuse Survey* is administered every two years. Changing the schedule to annual administration

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Participant Outcomes
a) To have 100% of school districts able to accurately assess alcohol, tobacco, & drug use among their students & compare usage rates with other school districts;

Program Outcomes
a) To have 100% of school districts participating in administration of the *Adolescent Substance Abuse Survey* to their students;
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would provide the state and local communities with more current data and information about trends, which could be used to develop more appropriate and effective prevention, intervention, and treatment programs. This would also enhance system linkages between organizations involved in survey administration and analyses, and agencies collaborating in program development.

LOGIC CHAIN

Increasing administration of the *Adolescent Substance Abuse Survey* from bi-annual to annual ! Provides more current data about nature & magnitude of substance abuse ! Increases system linkages between agencies analyzing data & developing programs ! Permits development & implementation of more appropriate & effective prevention, intervention, & treatment services ! Reduces substance abuse

Action Plan For Annual Administration Of Adolescent Substance Abuse Survey					
Tasks To Be Completed	Potential Barriers	Overcoming Barriers	Task Responsibility	Target Date	Resources Needed
1) **Develop a coherent argument through letters or other forms of communication regarding the need for annual data about substance abuse**	a) **Not enough data and material to develop a coherent argument** b) **Time to do necessary research** c) **Cost**	a) **Develop schedule of meetings to develop argument** b) **Establish committee to research necessary information** c) **Identify funding sources**	**Children's Cabinet, Local Educators, State OJJDP Planning Team, Substance Abuse Prevention Task Forces**	June 2000	a) **Planning & research time** b) **Funds**
2) **Obtain support from Children's Cabinet & local school districts**	a) **Lack of support from Children's Cabinet & local districts about the need for an annual survey** b) **Difficulty scheduling meetings** c) **Lack of time to approach the Children's Cabinet & school districts**	a) **Develop letter to the Children's Cabinet** b) **Ask the Children's Cabinet to facilitate a meeting with school districts about an annual substance abuse survey**	**Children's Cabinet, Local Educators, State OJJDP Planning Team, Substance Abuse Prevention Task Forces**	**June 2000**	a) **Planning time**

Evaluation Design

' <u>Description Of The Comprehensive Evaluation Plan</u>

The evaluation plan includes the proposed measures, timing, and procedures for assessing and documenting the progress of the Newport, Rhode Island Comprehensive Strategy for Serious, Violent & Chronic Offenders. The evaluation design is detailed in the tables that follow the description of instruments and measures. Each measure is tied to the priority areas and strategies, and is linked to each of the behavioral, priority area, program, and participant outcomes identified by the community partnership members. Data will be collected annually unless otherwise indicated to assess the progress toward intended priorities and strategies.

' <u>Evaluation Instruments</u>

The measures and instruments will be designed and refined by the Newport community partnership during the implementation phase of this comprehensive strategic plan. The evaluation data collection and design incorporates multiple sources of data, both qualitative and quantitative kinds of data, and plans on using state-of-the-art high technology to make efficient and effective use of the data collected. A brief description of each proposed instrument is provided below.

C **SALT Data** - The Rhode Island School Accountability for Learning and Teaching (SALT) is the focus of the State of Rhode Island for student and school performance assessment in grades 4 through 12. The SALT system includes parent, student, principal, and superintendent questionnaires that cover attitudes about the school environment and achievement (reading, writing, mathematics, science, and health education and behaviors). SALT data can be dis-aggregated for respondent, school, and community.

C **Principal Questionnaire** - The Principal questionnaire will contain questions related to school drop-outs, reading recovery teacher training and teaching techniques, attendance, dissemination of school policy, substance abuse education, substance abuse surveys, risk behavior prevention programs for students, dating violence, and interpersonal conflicts.

C **Superintendent Questionnaire** - The Superintendent questionnaire will be administered annually, and will ask about Reading Recovery and Chapter 1 programs, truancy reduction positions, school policy dissemination, and budget issues.

C **Director of Grants & Instruction Questionnaire** - The Director of Grants & Instruction questionnaire will be administered annually and will ask about reading instruction, reading recovery training and strategies, achievement levels of students, school policy dissemination, and student substance abuse surveys.

C **Drop-out Prevention Specialist Questionnaire** - The Drop-out Prevention Specialist Questionnaire will be administered annually and will ask about attendance and truancy issues.

C **Truant Officer Questionnaire** - The Truant Officer Questionnaire will be administered annually and will ask about attendance and truancy issues.

C **Parent Questionnaire** - The Parent questionnaire will be administered annually with the SALT parent questionnaire or as a separate survey. The SALT parent questionnaire asks about school climate and satisfaction with school issues. The Parent questionnaire will ask about school policies and procedures and client satisfaction with services received from community agencies.

C **School Committee Questionnaire** - The School Committee Questionnaire will be administered annually and will ask about the truancy policies and budgeted positions.

C **Community Agency Questionnaire** - The Community Agency questionnaire will be administered annually and will ask about services related to substance abuse reduction and prevention programs, pregnancy prevention programs and services, use and barriers to use of a universal intake and evaluation form system, client satisfaction with related services, and lobbying efforts for the RI Adolescent Substance Abuse Survey.

C **Readiness for Change Questionnaire (Prochaska, et al.)** - The Readiness for Change Questionnaire will be adapted and modified for participants of programs offered by community agencies to prevent substance use and abuse. The instrument will be adapted for use as a pre- post-test instrument to measure change in health risk behaviors.

C **Newport Public School Health Educator Questionnaire** - The NPS Health Educator questionnaire will be administered annually to assess participation in and

establishment of health education content in elementary, middle and high school, and to assess students' knowledge of pregnancy prevention.

C **Visiting Nurse Health Services Questionnaire (VNHS)** - **The VNHS questionnaire will be administered annually and will be used to assess the status of family planning and pregnancy prevention programs and services and other related topics.**

C **Student Assistance Questionnaire** - **The Student Assistance questionnaire will be administered annually and will be used to assess the level of student conflict and violence in Newport public schools, and to determine the types and levels of responsiveness to student aggression and violence.**

C **Women's Resource Center Questionnaire (WRC)** - **The Women's Resource Center questionnaire will be administered annually to the WRC to assess the participation, resources and outcomes of the programs and services provided to reduce student aggression and violence.**

C **Student Questionnaire** - **The Student questionnaire will be administered annually with the SALT survey or as an independent survey and will ask students about their attitudes, knowledge and behaviors related to aggression and violence at school, and about the resources they know are available to help them resolve conflicts and potentially violent encounters.**

C **Police Questionnaire** - **The Police questionnaire will be administered annually to the Community Oriented Police officers and will ask about truancy and domestic violence in the community.**

C **Client Satisfaction Questionnaire** - **The Client Satisfaction questionnaire will be administered by the community agencies through a systematic selection approach and is designed to assess the level of satisfaction of program and service participants.**

' <u>Evaluation Procedures</u>

The following material displays:

a) *Each Newport priority area, the priority area's problem behavior outcomes and priority area outcomes, the evaluation instruments to be used to determine whether problem behavior and priority area outcomes are achieved, and the frequency of administration of the evaluation instruments; and*

b) *Newport's strategies for each priority area, the strategy's program outcomes and participant outcomes, the evaluation instruments to be used to determine whether program and participant outcomes are achieved, and the frequency of administration of the evaluation instruments.*

Priority Area: Academic Failure In Late Elementary School

Outcomes	Instruments	Timing/Procedure
Problem Behavior Outcomes: To reduce by 50% the number of Newport high school students who drop out of school, using 1998 Newport dropout data as a baseline	Principal Questionnaire	Annually 1999 to 2015
Priority Area Outcomes: To have 50% of Newport students entering fifth grade at or above grade level in reading	SALT Data (RI achievement tests)	Annually 1999 to 2010

Strategy 1: Expand Newport's Reading Recovery program to reach all first grade students who need services

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To increase by 30% the number of first graders receiving Reading Recovery services	Superintendent Questionnaire, Principal Questionnaire	Annually
Participant Outcomes: To increase by 33% the number of first graders participating in Reading Recovery who are reading at or above grade level at the end of first grade	Dir. of Grants & Instruction Questionnaire, Principal Questionnaire	Annually

Priority Area: Academic Failure In Late Elementary School (cont.)

Other Data Collected By Newport

➤ **Family Domain**

Single Parent Family Households: A Comparison Of Newport, Total Rhode Island, & National Rates

	1994	1995	1996	1997
Newport	35%	35%	35%	35%
Total RI	22%	22%	22%	22%

Legend: Newport (yellow), Total RI (green), National (red)
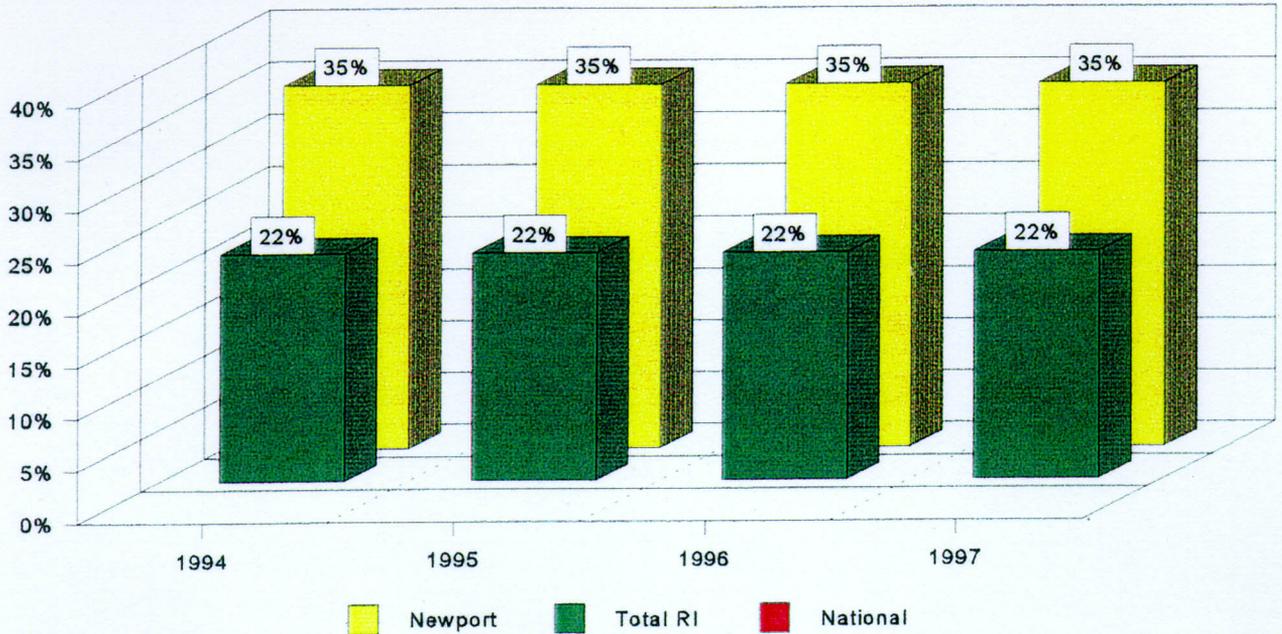
➤ **Individual Peer Domain**

Juvenile Arrests For Violent Crimes: A Comparison Of Newport, Total Rhode Island, & National Data
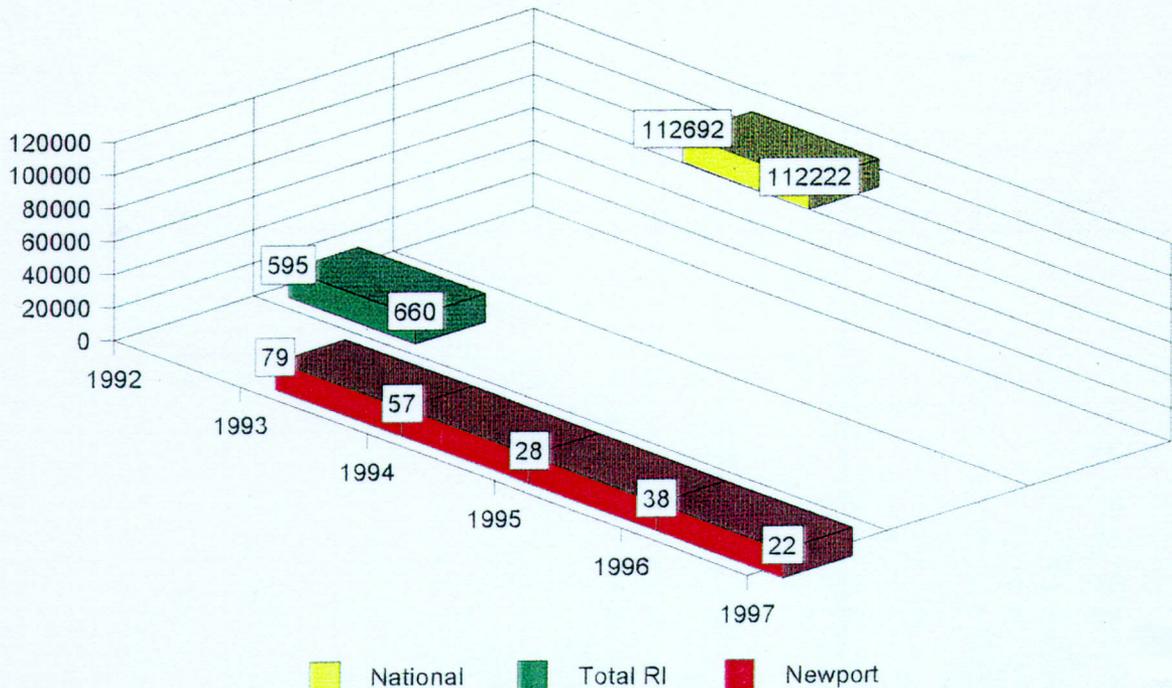
National: 112692, 112222
Total RI: 595, 660
Newport: 79, 57, 28, 38, 22

Years: 1992, 1993, 1994, 1995, 1996, 1997

Legend: National (yellow), Total RI (green), Newport (red)

Strategy 2: Provide a summer follow-up program for students who received Reading Recovery services in first grade and will be entering second grade in the fall

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To develop three Reading Recovery program summer sites over the next three years	Dir. of Grants & Instruction Questionnaire	Annually
Participant Outcomes: To maintain reading gains achieved by 100% of Reading Recovery participants through the summer after program participation	Dir. of Grants & Instruction Questionnaire	Annually

Strategy 3: Expand training in Reading Recovery strategies to Newport elementary classroom teachers

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To provide three Reading Recovery training programs for elementary classroom teachers over the next three years	Dir. of Grants & Instruction Questionnaire, Principal Questionnaire	Annually
Participant Outcomes: To have 70% of classroom teachers using Reading Recovery techniques in the classroom	Dir. of Grants & Instruction Questionnaire, Principal Questionnaire	Annually

Priority Area: Lack Of Commitment To School

Outcomes	Instruments	Timing/Procedure
Problem Behavior Outcomes: To reduce by 30% the number of Newport high school students who are truant	Drop-out Prevention Spec. Questionnaire, Truant Off. Questionnaire	Annually
Priority Area Outcomes: To increase from 91% to 95% the Newport Public School average daily attendance rate	Principal Questionnaire	Annually

Priority Area: Lack Of Commitment To School (cont.)

Strategy 1*: Support Newport Public Schools' recommendations regarding excessive absences & truancy*

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To increase from 1 to 5 the number of techniques used to disseminate information about school policies regarding excessive absences and truancy (e.g., PTO contacts, letters home, media articles)	Principal Questionnaire, Dir. of Grants & Instruction Questionnaire, Drop-out Prevention Spec. Questionnaire	Annually
Participants Outcomes: To have 80% of all parents of Newport Public School students aware of policies regarding excessive absences and truancy	SALT Data (add questions to SALT parent questionnaire)**,** Parent Questionnaire	Annually

Strategy 2: *Expand the Newport Public Schools' recommendations regarding excessive absences & truancy to include employment of a Truant Officer*

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To hire a Truant Officer for the Newport Public Schools	School Committee Questionnaire**,** School Budget Review	Annually
Participant Outcomes: To have the Truant Officer make at least one contact with all students reported as truant	Drop-out Prevention Spec. Questionnaire, Truant Off. Questionnaire	Annually

Priority Area: Early Initiation Of Alcohol, Cigarettes, & Marijuana

Outcomes	Instruments	Timing/Procedure
Problem Behavior Outcomes: a) To reduce by 30% the number of Newport students reporting use of alcohol b) To reduce by 30% the number of Newport students reporting use of cigarettes c) To reduce by 30% the number of Newport students reporting use of marijuana	SALT Data (questions on health education)	Annually: 4th grade through 12th grade
Priority Area Outcomes: a) To increase by 25% the number of Newport students reporting non-use of alcohol b) To increase by 25% the number of Newport students reporting non-use of cigarettes c) To increase by 25% the number of Newport students reporting non-use of marijuana	SALT Data (questions on health education)	Annually: 4th grade through 12th grade

Strategy 1: Expand substance abuse education programs to reach all Newport students, parents, guardians, & other community members

Outcomes	Instruments	Timing/Procedure
Program Outcomes: a) To increase by 10% the number of students participating in substance abuse education b) To increase by 10% the number of parents, guardians, and community members participating in substance abuse education programs	Principal Questionnaire, Community Agency Questionnaire	Annually
Participant Outcomes: a) To decrease by 5% the number of students using alcohol, cigarettes, and marijuana b) To decrease by 5% the number of parents, guardians, and community members using alcohol, cigarettes, and marijuana	SALT Data, RI Adolescent Substance Abuse Survey (RIASAS), Readiness for Change Instrument (For those participating in services)	Annually, Pre & Post-testing by Program Staff for Readiness for Change Instrument

Priority Area: Early Initiation Of Alcohol, Cigarettes, & Marijuana (cont.)

Strategy 2: **Survey all Newport students utilizing the Rhode Island Adolescent Substance Abuse Survey**

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To implement the *Rhode Island Adolescent Substance Abuse Survey* in grades 7-12	Dir. of Grants & Instruction Questionnaire	Annually
Participant Outcomes: To achieve a 90% response/completion rate for the *Rhode Island Adolescent Substance Abuse Survey* from students in grades 7-12	RIASAS, Principal Questionnaire	Annually: Include strategies of implementation, barriers, etc.

Strategy 3: **Develop a continuum of age-specific substance abuse prevention & treatment services for all Newport schools**

Outcomes	Instruments	Timing/Procedure
Program Outcomes: a) To increase by 3 the number of age-specific services for prevention to address current gaps in the continuum b) To establish 1 new outpatient substance abuse counseling program for youth	Community Agency Quest., Health Educator Quest., Principal Questionnaire Community Agency Quest. (CODAC, SSTAR)	Annually Annually (barriers, plans for future program, implementation of program, etc.)
Participant Outcomes: To decrease by 5% the number of students using alcohol, cigarettes, and marijuana	RIASAS, SALT Data	Annually

Priority Area: Adolescent Pregnancies

Outcomes	Instruments	Timing/Procedure
Problem Behavior Outcomes: a) To reduce by 2.1% the number of 15-19 year-old Newport teenage girls who give birth b) To bring the Newport teen pregnancy rate in line with the statewide rate	VNHS Quest.	Annually (Visiting Nurse Health Services is primary source of services)
Priority Area Outcomes: To increase by 25% the number of pre-teen/teenage girls and boys participating in educational pregnancy prevention programs	Community Agency Quest.	Annually (Target pregnancy prevention program providers within community agencies)

<u>Strategy 1</u>: Expand educational pregnancy prevention outreach efforts to all students in the Newport community

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To increase by 25% the resources of community agencies that are directed toward educational pregnancy prevention outreach to 5^{th} and 6^{th} graders	Community Agency Quest.	Annually
Participant Outcomes: To increase by 25% the number of 5^{th} and 6^{th} graders knowledgeable about pregnancy prevention	NPS Health Educator Quest.	Annually (Primary Target: Thompson Middle School)

Priority Area: Adolescent Pregnancies (cont.)

__*Strategy 2*__*: Expand availability of and access to family planning & pregnancy prevention programs by increasing service hours and establishing additional sites*

Outcomes	Instruments	Timing/Procedure
Program Outcomes: a) To increase by 16 the number of hours per week of family planning and pregnancy prevention services	VNHS Quest.	Annually
b) To increase by 1 the number of locations of family planning and pregnancy prevention services	VNHS Quest.	Annually
Participant Outcomes: To increase by 10% the number of pre-teens and teenage boys and girls who have knowledge of their options related to pregnancy prevention	VNHS Quest.	Annually

Priority Area: Domestic Violence/Family Conflict

Outcomes	Instruments	Timing/Procedure
Problem Behavior Outcomes: a) To reduce by 10% teen dating violence	Principal Quest.	Annually (Dean of Students in Middle & High Schools)
b) To reduce by 10% inappropriate peer conflict among Newport Public School students as measured by school suspensions for violence	Student Assistance Counselor Quest.	Annually
c) To reduce by 10% the number of reported domestic violence incidents over time	Women's Resouce Center Quest., Police Quest.	Annually
Priority Area Outcomes: a) To provide information about peaceful resolution of interpersonal conflicts to all Newport Public School students over 10 years	Principal Quest.	Annually
b) To increase knowledge about domestic violence resources among all Newport middle and high school students	SALT Data, Student Quest.	Annually

Priority Area: Domestic Violence/Family Conflict (cont.)

__Strategy 1__: Expand the Peace Promotion Program to reach all students in the Newport Public Schools

Outcomes	Instruments	Timing/Procedure
Program Outcomes: a) To increase by 2 the number of Newport Public School grade levels involved in the Peace Promotion program	Principal Quest.	Annually
b) To increase by 400 the number of students aware of techniques for peaceful resolution of interpersonal conflicts	Principal Quest.	Annually
Participant Outcomes: To increase by 400 the number of students aware of techniques for peaceful resolution of interpersonal conflicts	SALT Data, Student Quest.	Annually

__Strategy 2__: Implement a follow-up to the the Peace Promotion Program

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To provide follow-up services to an additional 20 at-risk students participating in the Peace Promotion Program	Women's Resource Center Quest.	Annually
Participant Outcomes: To increase by 20 the number of students whose risk of experiencing domestic violence is reduced as a result of participation in the Peace Promotion Program	Women's Resource Center Quest.	Annually

Priority Area: Domestic Violence/Family Conflict (cont.)

Strategy 3: Expand the pilot Teen Domestic Group at Rogers High School into ongoing services

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To provide ongoing educational awareness about teen dating violence to 35-40 students at Rogers High School	Women's Resource Center Quest.	Annually
Participant Outcomes: To increase by 15-20 the number of students who are aware of the warning signs of an abusive relationship	Women's Resource Center Quest., Student Quest.	Annually (For students, those who participate in services)

Priority Area: System Linkages - Universal Intake & Evaluation Forms

Outcomes	Instruments	Timing/Procedure
Problem Behavior Outcomes: To increase from 0 to 4 the number of agencies utilizing the Universal Intake & Evaluation forms	Secure web/intranet server-based database for use by participating agencies with common client/services data elements	During next three years: Phasing in agency & services data (yr. 1); Client data (yr. 2); Interagency access and case management functions (yr. 3) The evaluation of the Newport Safe Schools/Healthy Students application includes development of a secured web/intranet server-based application for client services database input by community agency staff, with controlled access
Priority Area Outcomes: To have 100% of agencies report satisfaction with the Universal Intake & Evaluation forms	Community Agency Quest.	Annually

Priority Area: System Linkages - Universal Intake & Evaluation Forms (cont.)

<u>*Strategy 1*</u>*: Through the Newport Partnership for Families, develop Universal Intake & Evaluation forms & encourage Newport partnership members to implement & utilize the forms*

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To increase by 4 the number of agency programs implementing and using the Universal Intake & Evaluation forms	Community Agency Quest.	Annually
Participant Outcomes: a) To hold quarterly meetings to address specific client needs using information from the Universal Intake & Evaluation forms b) To have at least 90% of clients who report satisfaction with the intake paperwork process	Minutes of Meetings, Community Agency Quest. Client Satisfaction Quest.	Annually Annually

Priority Area: System Linkages - Annual Adolescent Substance Abuse Survey

Outcomes	Instruments	Timing/Procedure
Problem Behavior Outcomes: To reduce by 30% the reported use of alcohol, cigarettes, and marijuana among Newport students	RIASAS, SALT Data	Annually
Priority Area Outcomes: a) To lobby the Rhode Island Children's Cabinet to fully support the administration of the Adolescent Substance Abuse Survey on an annual statistically valid basis b) To have 100% of school districts administering and supporting the Adolescent Substance Abuse Survey	Dir. Grants & Instruction Quest., Community Agency Quest. SALT Data, RIASAS Reports	Annually Annually (Evidence of adoption will be the reported participation rates contained in annual reports of SALT & RIASAS)

Priority Area: System Linkages - Annual Adolescent Substance Abuse Survey (cont.)

Strategy 1: Expand communication between the Rhode Island Children's Cabinet & local school districts regarding the importance of administering the Adolescent Substance Abuse Survey

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To have 100% of school districts participating in administration of the Adolescent Substance Survey to their students	SALT Data, RIASAS Reports	Annually (Evidence of adoption will reported participation rates contained in annual reports of SALT & RIASAS)
Participant Outcomes: To have 100% of school districts able to accurately assess alcohol, tobacco, & drug use among students and compare usage rates with other districts	SALT Data, RIASAS Reports	Annually (Evidence of adoption will reported participation rates contained in annual reports of SALT & RIASAS)

Strategy 2: Expand administration of the Adolescent Substance Abuse Survey from bi-annual to annual

Outcomes	Instruments	Timing/Procedure
Program Outcomes: To have 100% of school districts participating in administration of the Adolescent Substance Abuse Survey to their students	SALT Data, RIASAS Reports	SALT Data, RIASAS Reports
Participant Outcomes: To have 100% of school districts able to accurately assess alcohol, tobacco, & drug use among students and compare usage rates with other districts	SALT Data, RIASAS Reports	Annually (Evidence of adoption will reported participation rates contained in annual reports of SALT & RIASAS)