Evidence-Based Prevention and Intervention Support Center (EPISCenter)

A Statewide Gap Analysis

Kris Glunt, Prevention Coordinator
Mary Ann Demi, Prevention Coordinator
Presentation Outline

1. PCCD’s Approach to Prevention
2. EPISCCenter Overview
   A. The Role of Technical Assistance
      i. Strategic Coordination
      ii. Support for PAYS, CTC, EBPs/EBIs
      iii. Systems for Data Collection & Reporting
3. Statewide GAP Analysis (Risk & Resource Assessment)
4. Bach Harrison Web Tool
5. Lessons Learned
History of Research-Based Prevention in Pennsylvania

1994: Key state leaders introduce Communities that Care (CTC) in PA
   - Spearheaded by Pennsylvania Commission on Crime & Delinquency (PCCD) and Juvenile Court Judges’ Commission

1994-2002: Initiation of CTC funding by PCCD
   - 16 cycles of CTC model introduced in ~120 communities

1996: PCCD Co-funding of research for Blueprints programs

1998: Process Study of CTC conducted by Prevention Research Center
   - Resulted in creation of statewide TA infrastructure to support CTC
   - Formalized connection between CTC and EBP Initiative

1998: Initiation of Evidence-based Program Initiative by PCCD
   - 10 cycles of EBPs funded over 13 years, resulting in ~200 EBPs

2001: Narrowed list of supported EBPs, aka “PA Blueprints”

2008: PCCD created Resource Center for Evidence-Based Prevention and Intervention Programs and Practices
   - Multi-agency Steering Committee Representing Justice, Welfare, Education, and Health
Pennsylvania’s EBP Dissemination in 1999...
EPISCenter’s Three Key Functions

- Build general prevention capacity
- Build program-specific capacity
- Facilitate interaction/communication between systems

Pennsylvania’s EBP Dissemination in 2015
EPISCenter’s Key Aspects and Activities

1. Using data to identify community risk and needs (CTC)
2. Identifying local services to match those needs (CTC)
3. Assessing additional programmatic needs; CTC, EBPs, fit & feasibility
4. High fidelity and quality implementation of EBPs
5. Roll-up and tracking of implementation and outcomes data
6. Estimating return-on-investment/cost-benefit analysis
7. Supporting sustainability from seed grants to post-funding
8. Developing statewide capacity for prevention across all levels
The EPISCenter is a project of the Prevention Research Center, College of Health and Human Development, Penn State University, and is funded by the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Human Services.
PCCD’S APPROACH TO PREVENTION: A RESEARCH-INFORMED STRATEGY
Programs can be placed along a **continuum of confidence** based on their evidence or theory

- **Ineffective**
  - “This program has been evaluated and shown to have no positive or negative effect”
- **Best Practices**
  - “We’ve done it and we like it”
- **Research-based**
  - “This program is based on sound theory informed by research”
- **Promising Approaches**
  - “We really think this will work… but we need time to prove it”
- **Evidence-based**
  - “This program has been rigorously evaluated and shown to work”

- **HARMFUL**
- **Ineffective**
- **unknown**
- **Promising**
- **EFFECTIVE**

- **Very Confident**
- **Just Confident**
- **Less Confident**
- **Very Confident**

- **Iatrogenic (Harmful)**
  - “This program has been rigorously evaluated and shown to be harmful”

- **How confident are we that this program or practice is a good use of resources **AND** improves outcomes for children and families?**

*Bumbarger & Rhoades, 2012*
The Pennsylvania Youth Survey (PAYS): PA’s Essential Tool for Prevention Planning

- Measures risk and protective factors across multiple domains.
- A voluntary survey conducted in schools every other year for youth in 6th, 8th, 10th, and 12th grades.
- Adapted from the *Communities That Care Youth Survey*, additional questions added on gambling, prescription drug abuse, other anti-social behaviors, and experience of trauma and grief.
- All CTC Sites are essentially required to use it, and many additional schools volunteer to participate.
- 2013 PAYS: 200,000+ youth, 335 school districts, 70 other schools
Communities that Care (CTC)

- Community prevention planning strategy

Collect local data on risk and protective factors

Use data to identify priorities

Select and implement evidence-based program that targets those factors

Re-assess risk and protective factors

Form local coalition of key stakeholders

Leads to community synergy and focused resource allocation

Use data to identify priorities

PAYS (Prevention, Assessment, Youth Services, and Evaluation)
THE ROLE OF TECHNICAL ASSISTANCE
Methods of Technical Assistance

- Strategic Plan & Outreach
- Resource development, distribution
  - Fact sheets, how-to guides, webpages
- Trainings
  - In-person, webinars, YouTube videos
- Networking meetings
  - CTC & program-specific, cross-over meetings
  - Connect with, learn from, and problem-solve with peers
- On-site consultations and implementation plan development
- Training, fidelity, outcome measurement, implementation, connection to coalition
## Cross-Systems Engagement

<table>
<thead>
<tr>
<th>State Agencies</th>
<th>Program Developer</th>
<th>Implementing Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cross-agency coordination</td>
<td>• Programmatic barriers to implementation/sustainability</td>
<td>• Recruitment</td>
</tr>
<tr>
<td>• System-level barriers</td>
<td>• PA-based Trainings</td>
<td>• Data collection</td>
</tr>
<tr>
<td>• Gap analysis</td>
<td>• “Group” discounts</td>
<td>• Local stakeholder buy-in</td>
</tr>
</tbody>
</table>

---

**Technical Assistance**

**Policy Recommendations**

**Research**
SUPPORTING PAYS, COMMUNITIES THAT CARE & EVIDENCE-BASED PROGRAMS
Support for Informed Use of the PAYS

- Presentations & Trainings
  - PAYS 101 & 2013 Webinars
  - PA Safe Schools Conference
  - Commonwealth Prevention Alliance (CPA)
  - CTC Regional Meetings

- Resources
  - Short, online tutorial videos
  - Guide for interpreting data
  - Templates for sharing community data
  - PDE Guide & Workbook

- PAYS 2013
  - Community/district recruitment
  - Advisory Group

- Beyond 101: Advanced topics

- Using public health model
- Prevention planning
- Grant writing
- Connecting to coalitions/community
- Sustainability
Community Prevention Coalitions

- Communitites That Care (CTC)
- Drug-Free Communities (DFC)
- Strategic Prevention Framework (SPF)
- Integrated Services Plan
- Hybrid models

***Support for PA Youth Survey
Evidence-based Prevention Programs

- Support to Community Prevention Coalitions
- Support to Evidence-based Prevention & Intervention Programs
- Improve Quality of Local Innovative Programs and Practices

- ART - Aggression Replacement Training
- BBBS - Big Brothers Big Sisters
- IYS - Incredible Years (Parenting; Basic & Advanced)
- IYS - Incredible Years (Youth; Classroom & Small Group)
- LST - LifeSkills Training
- OBPP – Olweus Bullying Prevention Program
- PATHS - Promoting Alternative Thinking Strategies
- SFP 10-14 – Strengthening Families Program: For Parents & Youth 10-14
- TND - Project Toward No Drug Abuse
Evidence-based Intervention Programs

- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Treatment Foster Care Oregon (formerly Multidimensional Treatment Foster Care)

Support to Community Prevention Coalitions
Support to Evidence-based Prevention & Intervention Programs
Improve Quality of Local Innovative Programs and Practices
Coalitions: TA & Milestones

- New grantee orientation
- Mobilizer training
- Milestones & Benchmarks assessment with the Board (grant start, middle, end)
- Co-development of implementation plan
- On-site trainings of mobilizer, board, and workgroups in CTC process
- Quarterly networking meetings (regional NW, SW, C, NE, SE)
- Quarterly site visits
- Monthly phone consults between TA provider and mobilizer
PCCD’s SAEDR & VPP Grantees: TA & Milestones

• New grantee orientation
• Initial site visit by EPISCcenter Prevention Coordinator
• Co-development of implementation plan
• Spring and fall site visits
• Regular networking meetings
• Quality assurance visit, rating, and feedback by program developer
• End of grant outcomes report
• Ongoing quarterly reporting of process & outcomes data
SYSTEMS FOR DATA COLLECTION AND OUTCOMES REPORTING
Standardized Data Collection and Support

• Spreadsheet Tools
  • PCCD-funded prevention programs (ART, BBBS, IYS, LST, OBPP, PATHS, SFP 10-14, TND)

• INSPIRE
  – Intervention Programs (FFT, MST, TFCO)

• Same goals:
  – Generating process & outcome data, monitoring
  – Increasing reliability & validity of data
  – Reducing data reporting burden
  – Increasing usability of data by variety of stakeholders
    – Promotes program sustainability
CONDUCTING A STATE WIDE GAP ANALYSIS
A Public Health Approach

1. Define the Problem
2. Identify Risk & Protective Factors
3. Select Evidence-based Program (EBP)
4. Implement & Sustain EBP with Fidelity
5. Improved Public Health
Defining the Problem

• Pennsylvania Objectives
  • Identify prevention gaps
  • Identify intervention gaps

• **Process:**
  • Review Current Menu of Programs
    • Implementation progress
    • Updates to research
    • Evaluate program’s fit on a continuum of care
    • Evaluate if programs cover the developmental continuum
Defining the Problem

**Process Continued:**

- Comprehensive review of programs available that are evidence based
  - Where do they fall on a continuum of care?
  - Where do they fall on a continuum of development?
  - What domain does the program fall under?
  - Are there special cultural applications?
  - How strong is the evidence?
Programs can be placed along a **continuum of confidence** based on their evidence or theory.

- **Very Confident**
  - **EFFECTIVE**: “This program has been rigorously evaluated and shown to work”
  - **Research-based**: “This program is based on sound theory informed by research”
  - **Best Practices**: “We’ve done it and we like it”
  - **Promising Approaches**: “We really think this will work… but we need time to prove it”
  - **Evidence-based**: “This program has been rigorously evaluated and shown to work”

- **Unknown Confidence**
  - **Promising**: “We really think this will work… but we need time to prove it”
  - **Research-based**: “This program is based on sound theory informed by research”

- **Ineffective**
  - “This program has been evaluated and shown to have no positive or negative effect”

- **HARMFUL**
  - “This program has been rigorously evaluated and shown to be harmful”
  - **Iatrogenic (Harmful)**: “This program has been rigorously evaluated and shown to be harmful”

**How confident are we that this program or practice is a good use of resources AND improves outcomes for children and families?**

*Bumbarger & Rhoades, 2012*
### 2013 Risk Factors & Related Behaviors

<table>
<thead>
<tr>
<th>Community Domain</th>
<th>Risk Factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Neighborhood Attachment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Availability of Drugs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Avail. of Handguns</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law &amp; Norms Favorable To Drug Use</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family Domain</strong></td>
<td>Risk Factors</td>
<td>Substance Abuse</td>
<td>Delinquency</td>
<td>Teen Pregnancy</td>
<td>School Drop-Out</td>
<td>Violence</td>
<td>Depression &amp; Anxiety</td>
</tr>
<tr>
<td>Family History of Antisocial Behavior (ASB)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Poor Family Management</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Parental Attitudes Favorable To Drug Use</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Parental Attitudes Favorable To Antisocial Behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Family Conflict</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Domain</th>
<th>Risk Factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Failure</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Commitment to School</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Peer-Individual Domain</strong></td>
<td>Risk Factors</td>
<td>Substance Abuse</td>
<td>Delinquency</td>
<td>Teen Pregnancy</td>
<td>School Drop-Out</td>
<td>Violence</td>
<td>Depression &amp; Anxiety</td>
</tr>
<tr>
<td>Rebelliousness</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Risk of Drug Use</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudes Favorable To Drug Use</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudes Favorable To ASB</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensation Seeking</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rewards for Antisocial Behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends’ Use of Drugs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction with Antisocial Peers</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressive Symptoms</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2013 Protective Factors & The Social Development Strategy

#### Community Domain

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Healthy Beliefs</th>
<th>Clear Standards</th>
<th>Bonding</th>
<th>Opportunities</th>
<th>Skills</th>
<th>Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Rewards for Prosocial Involvement</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

#### School Domain

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Healthy Beliefs</th>
<th>Clear Standards</th>
<th>Bonding</th>
<th>Opportunities</th>
<th>Skills</th>
<th>Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Opportunities for Prosocial Involvement</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

#### Family Domain

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Healthy Beliefs</th>
<th>Clear Standards</th>
<th>Bonding</th>
<th>Opportunities</th>
<th>Skills</th>
<th>Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Attachment</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Family Opportunities for Prosocial Involvement</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Family Rewards for Prosocial Involvement</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

#### Peer/Individual Domain

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Healthy Beliefs</th>
<th>Clear Standards</th>
<th>Bonding</th>
<th>Opportunities</th>
<th>Skills</th>
<th>Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belief in the Moral Order</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Religiosity</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>
Hundreds of Programs to Evaluate

- California Evidence –Based Clearinghouse for Child Welfare
  - [http://www.cebc4cw.org/search/](http://www.cebc4cw.org/search/)
- Blueprints for Healthy Youth Developmet
- National Registry of Evidence-based Programs and Practices
- Crime Solutions
  - [Crimesolutions.gov/](Crimesolutions.gov/)
Defining the Problem

- **Process Continued:**
  - Conduct a basic needs assessment related to delinquency prevention
    - Identify continued and unaddressed risk factors
    - Identify populations underserved (cultural gaps)
    - Identify populations at greater risk (high risk communities)
Risk Assessment

• Identify Data Sources that indicate level and types of risk
  
  • **PAYS 2011 Statewide**
  
  • **2007-09 JCJC Recidivism**
  
  • **2012 JCJC Disposition Report & Placement data**
  
  • **Presence of prevention coalition, or funding by PCCD for EBP?**
Risk Assessment – Key Considerations

• What risk stand out at the Pennsylvania level?
• What counties are at greater risk compared to the State?
  • Is there a pattern of risk across high risk counties?
Data Caveats:
- Smaller schools under-represented (school-grade <50 enrolled were removed)
- Philadelphia School District & Allegheny County underrepresented in the data

Lowest Protective Factor
- Community opportunities for prosocial involvement

Highest Risk Factors
- Community Disorganization (69)
- Perceived Availability of Handguns (53)
- Parental Attitudes Favorable to Antisocial Behaviors (55)
- Low Perceived Risk of Drug Use (52)
PA Risk Assessment – 2011 PAYS Results

- **Risk Behaviors – Key Findings**

  - Compared to sixth grade, students in Eighth grade shows a spike in relational aggression and physical aggression, and a larger percentage of youth suspended
  - Use of inhalants highest for 8th grade youth
  - 10th grade youth report higher rates of being drunk at school and being arrested relative to 8th grade youth
  - Sexual harassment by phone/internet is highest among 10th and 12th graders and is higher among females compared to males.
  - The most widely used substance is alcohol, with 44% of seniors reporting using within the last 30 days.
  - Depression, 38% of female students report feeling sad or depressed on most days compared to 24% of males.
PA Risk Assessment-Dispositions 2012

• **Data Caveats**
  - Overall percentages include Philadelphia and Allegheny data
  - Change is measured across time from 2008 to 2012
  - Data reports does not include disposition and placement reviews with the exception of placement data

• **Key Findings**
  - Disposition rates overall have declined
  - Nearly 84% of all dispositions involve youth that were “in-school”.
  - The majority of delinquency dispositions involve male youth (74%).
  - **Youth ages 15 - 17** made up nearly 64% of all juvenile dispositions in 2012.
  - 46% of all youth involved in delinquency dispositions reported their biological parent as never married
PA Risk Assessment-Dispositions 2012

• Key Findings Continued

  • White Non-Hispanics (73.6%) make up the majority of dispositions-followed by black and then Hispanic groups

  • With exception of Allegheny and Philadelphia counties placements as a percent of dispositions have remained fairly stable (9 %)

• Data Caveats
  • Only data for the first recidivating offense is included in this report
  • Expunged cases were not included in the analysis, counties using expungement for significant numbers of cases tended to have higher recidivism rates.
  • Age was not known for less than 1% of recidivists

• Key Findings
  • About 90% of the recidivist population is male,
  • 80% of recidivists come from disrupted family situations.
  • Youth with both parents deceased recidivated at the highest rate (32%) compared to other family types or situations
  • The younger a juvenile is at the time of allegation, the increased likelihood he/she will reoffend.
Key Findings Continued

- Youth receiving a first allegation at ages 6-9 had a 36% chance of recidivating.
- For youth that re-offend, the recidivism is most likely to occur within one year of the juvenile offense, with 75% occurring within 11 months.
- Although black juveniles comprised 15% of population during this time, they account for approximately 44% of recidivist population.
- 80% of all recidivists were between the ages of 16-20.
PA Risk Assessment-Anecdotal Notes

- Youth who aren’t skilled enough to make the “cut” or do not have parental support due to lack of resources needed for involvement in extracurricular activities (like sports teams or music activities) often lack opportunity for productive and safe prosocial activities, which may lead to risky behavior.
  - PAYS 2011 data support the need for more communities opportunities for prosocial involvement.
- Chief JPOs report that female offenders can be challenging to help – history of trauma to be addressed (however trauma is not specific to female youth)
- Lack of culturally specific programs
  - Increasing Latino Population where parents have not yet learned English
  - Lack of programs specific to meet cultural needs of African Americans
PA Risk Assessment-Identified Needs

• Risk/Protective Factors to be addressed
  • ATOD Use
  • Lack of opportunities for prosocial involvement
  • Relational aggression
  • School Attachment
  • Depression
  • Family Functioning
PA Risk Assessment-Identified Needs

• Early Prevention/Intervention
  • The younger a juvenile is at the time of allegation, the increased likelihood he/she will reoffend.
  • Youth receiving a first allegation at ages 6-9 had a 36% chance of recidivating

• Late adolescence and early adulthood
  • Youth ages 15 - 17 made up nearly 64% of all juvenile dispositions in 2012.
  • 80% of all recidivists were between the ages of 16-20.
  • Lack of programs to Programs that serve youth in late adolescence and transition into early adulthood that facilitate development of competence, belonging, productivity, and leadership.

• Lack of culturally relevant programs
Programs to Fill the Gaps

- **Positive Action program** – elementary & middle
- **New Beginnings** – divorced and never married
- **Family Bereavement Program**
- **Familias Fuertes**
- **Strong African American Families**
- **Triple P – Positive Parenting Program**
- **Family Foundations for Expectant Parents**
- **Parent-Child Interaction Therapy (PCIT)**
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
PA County Risk Assessment

• Process
  • Identify high risk counties
  • Assess individual county risk and protective factors (PAYS-2013)
  • Assess risk behaviors (PAYS 2013)
  • Assess archival data associated with risk behavior
  • Identify county strengths and weaknesses
  • Provide a thoughtful, data-driven recommendation for potential programs that target areas of concern
PA County Risk Assessment

County Selection

- 20 High risk counties identified
  - Process for selection included:
    - 4th quartile of Juvenile Dispositions as a % of Juvenile Population
    - Top 10 Counties with highest incidents of Total Dispositions that also fall into the 3rd quartile of Dispositions as a % of Juvenile Population
PA County Risk Assessment
PAYS 2013 Risk and Protective Factors

- Assess individual county risk and protective factors
  - 3 Highest Risk Factors Overall
  - 3 Risk Factors highest from State Average
  - 3 Lowest Protective Factors Overall
  - 3 Lowest Protective Factors from State Average

PAYS Web Tool
PA County Risk Assessment
PAYS 2013 Risk Behaviors

• Assess risk behaviors (PAYS 2013)
  • Gateway Drug Use (30 days)
  • Other Drug Use (30 days)
  • Prescription Drug Use (30 days)
  • Stimulants (30 days)
  • Violence and Drugs on School Property
  • Risky Substance Related Behavior
  • Other Anti-social Behavior
  • Suicide Risk
  • Bullying

• Considered a risk if 1% above State average
PA County Risk Assessment
Archival Data Assessment

• Assess Archival Indicators of Risk Above (or below) State Average
  • Recidivism Rate
  • Placement Rate
  • Graduation Rate
  • Truancy
  • PSSA (Reading/Math)
  • Poverty Rate
  • Single Parent HH
  • Child Abuse
  • Teen Pregnancy
  • Violence Indicator
PA County Risk Assessment
County Strengths and Weaknesses

• Identify county strengths and weaknesses

  • Strengths to include:
    • Current and past PCCD funded evidence based prevention and intervention programs
    • Presence of an active prevention coalition (CTC)
    • Strong Protective Factors in the county to build upon

  • Weaknesses to include:
    • Summary of high risks factors, low protective factors as well as elevated risks as noted in PAYS risk behaviors and archival data
PA County Risk Assessment - Results

• Program recommendations

  • thoughtful and data-driven program recommendations for individual high-risk counties, as well as recommendations surrounding additional programs missing on a state level
    • List programs on PCCD standard list that have the capacity to address elevated risk areas
    • Include programs recommended as part of the State wide gaps analysis
    • Include additional evidence based programs that the county might consider
    • Recommendations not all inclusive
# PA County Risk Assessment Results Sample

## County

Total Population: **127,089**  
Juvenile Population: **11,927**

## Juvenile Justice Information

- **3%** Juvenile Dispositions
- **354** Total Number of Dispositions
- **4%** Placement Rate

## Pennsylvania Youth Survey (PAYS) Risk and Protective Factors

### Highest Overall Risk Factors:
- Low Commitment to School
- Perceived Risk of Drug Use
- Parental Attitudes Favorable to Drug Use

### Lowest Overall Protective Factors:
- School Opportunities for Prosocial Involvement
- Community Rewards for Prosocial Involvement
- School Rewards for Prosocial Involvement

### Highest Risk Factors Above the State Sample:
- Perceived Availability of Handguns
- Low Commitment to School
- Academic Failure

### Lowest Protective Factors Below the State Sample:
- School Opportunities for Prosocial Behavior

---

Legend:
- Above State Average/Rate
- 3% or more Above PAYS State Sample
### Additional PAYS Indicators Higher than the State Sample

#### Gateway Drugs - 30 Day Use
- Cigarettes
- Chewing Tobacco

#### Bullying
- Bullied at School
- Electronic Bullying

#### Violence and Drugs on School Property
- Threatened at School
- Attacked at School

### Education

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Districts</td>
<td>7</td>
</tr>
<tr>
<td>Graduation Rate</td>
<td>88%</td>
</tr>
<tr>
<td>Truancy Rate</td>
<td>3%</td>
</tr>
<tr>
<td>Reading PSSA Scores Below Proficiency</td>
<td>23%</td>
</tr>
<tr>
<td>Math PSSA Scores Below Proficiency</td>
<td>15%</td>
</tr>
</tbody>
</table>

### Demographics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty Rate</td>
<td>22%</td>
</tr>
<tr>
<td>Single Parent Headed Households</td>
<td>33%</td>
</tr>
<tr>
<td>Rate of Child Abuse Reports</td>
<td>15%</td>
</tr>
<tr>
<td>Rate of Substantiated Reports of Child Abuse</td>
<td>13%</td>
</tr>
<tr>
<td>Violent Crime Rate (Per 100,000)</td>
<td>263</td>
</tr>
<tr>
<td>Teen Pregnancy Rate</td>
<td>18%</td>
</tr>
</tbody>
</table>
COUNTY SUMMARY

Strengths

County has a number of observed strengths that can be built upon. According to the 2013 PAYS, family attachment, family rewards for prosocial involvement, and belief in the moral order are the highest protective factors in County. Furthermore, with the exception of school opportunities for prosocial involvement, all protective factors are above the PAYS state sample.

Previously, County received Pennsylvania Commission on Crime and Delinquency (PCCD) funds to implement Strengthening Families Program: For Parents and Youth 10-14, LifeSkills Training, Promoting Alternative THinking Strategies, Functional Family Therapy, and Multisystemic Therapy. Although County is still implementing Promoting Alternative THinking Strategies even though they are not receiving funds from PCCD. Additionally, there are two active prevention coalitions in County, Operation Our Town (a local coalition led by business leaders to address crime and delinquency) and County Drug and Alcohol Partnerships.

Use the Program Assessment Worksheet to capture all the programs currently in place in your county. For more information about past and sustaining evidence-based programs in contact the EPISCenter.

Areas of Concern

In County the greatest areas for risk are related to low school commitment, school climate, and school safety as evidenced by the highest risk factors for County and other risk indicators that are above the PAYS state sample. In addition to school concerns, tobacco use—including cigarettes and smokeless tobacco—both exceed the state sample. Although protective factors in the family domain were high, parental attitudes favorable to antisocial behavior is one of the three highest risk factors for the county.

Additionally, the poverty rate, the rate of single parent households, and the rate child abuse reports per 1,000 youth are all higher than the overall rates in Pennsylvania.
**Programs for Consideration**

An ideal strategy would be to implement a range of prevention programs that span from pre-kindergarten into high school. Please see below for program recommendations which meet specific needs identified in this county. Programs include school-based and community-based programs.

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Early Childhood (ages 4-5)</th>
<th>Late Childhood (ages 5-11)</th>
<th>Early Adolescence (ages 12-14)</th>
<th>Late Adolescence (ages 15-18)</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting Alternative Thinking Strategies</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>School</td>
</tr>
<tr>
<td>Positive Action</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>School</td>
</tr>
<tr>
<td>Big Brothers Big Sisters</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Community</td>
</tr>
<tr>
<td>Olweus Bullying Prevention Program</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>School</td>
</tr>
<tr>
<td>Strengthening Families Program: For Parents &amp; Youth 10-14</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>Community</td>
</tr>
<tr>
<td>LifeSkills Training</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>School</td>
</tr>
<tr>
<td>Project Northland</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>School</td>
</tr>
<tr>
<td>Project Towards No Drug Abuse</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>School</td>
</tr>
</tbody>
</table>

*This is not an all-inclusive list of programs that may meet the needs of this particular community. We encourage sites to explore other evidence-based programs to address the specifics risks and needs in your community.

**Intervention Program Capacity**

There is current and active capacity for Multisystemic Therapy and Functional Family Therapy in County. Per our records, there were 53 youth served by MST and 84 youth served by FFT during 2013-2014.

**Questions?** Contact the EPISCenter at episcenter@psu.edu or (814) 863-2568.
PA County Risk Assessment - Notes

• The County Summary Sheets are not intended to be a complete risk and resource assessment

• The summary sheets are a starting point for each individual community, however, the sheets do provide an indication of what programs could benefit communities at high risk

• Each of the high risk communities may be implementing programs not funded by PCCD and therefore not on the summary sheet

• In addition, there may be prevention coalitions not listed because they are not receiving support from the EPISCenter
PA County Risk Assessment - Notes

• There may be additional strengths that the community can identify

• The process used was not ‘perfect’
  • The way counties report disposition and recidivism data is not consistent from county to county
  • Archival data used was limited and not tailored for each high risk county (counties should use the summary sheets as a starting point)
Lessons Learned

• Process took more time than anticipated
• Be more proactive with the program developer early in the selection process to determine scalability
Suggestions from the field?

• What are we missing?
• How useful would a county specific summary be to your organization?
• Other suggestions?
QUESTIONS?
THANK YOU!

The EPISCcenter is a collaborative partnership between the Pennsylvania Commission on Crime and Delinquency (PCCD), the Pennsylvania Department of Human Services (DHS), and the Bennett Pierce Prevention Research Center, College of Health and Human Development, Penn State University. The EPISCcenter is funded by DHS and PCCD. This resource was developed by the EPISCcenter through PCCD grant VP-ST-24368.

206 Towers Building, University Park, PA 16802
Phone: (814) 863-2568 • Email: EPISCcenter@psu.edu
www.EPISCcenter.org