



Reducing Youth Violence and Delinquency in Pennsylvania:

PCCD'S RESEARCH-BASED PROGRAMS INITIATIVE

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PREVENTION RESEARCH CENTER
FOR THE PROMOTION OF HUMAN DEVELOPMENT

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Executive Summary

Youth violence and delinquency are problems that continue to challenge many communities across the U.S. For over a decade, Pennsylvania has been a national leader in confronting youth problem behaviors in a progressive and proactive fashion, investing heavily in supporting local community prevention coalitions and the use of proven-effective models for preventing youth violence and aggression, delinquency and youth substance abuse. Since 1998, the Pennsylvania Commission on Crime and Delinquency (PCCD) has invested over \$60 million in implementing more than 140 effective prevention programs in more than 100 Pennsylvania communities. Community priorities are guided by local data based on a public health model of reducing known risk factors associated with violence and delinquency and promoting positive youth development.

To further support the positive impact of this investment, PCCD has also made a commitment to providing training and technical assistance to these communities to ensure that the programs are implemented with the highest quality and fidelity, and that thoughtful planning is undertaken to ensure that programs are sustained beyond PCCD grant funding.

This report, ***Reducing Youth Violence and Delinquency in Pennsylvania: PCCD's Research-based Programs Initiative***, details Pennsylvania's approach to effectively addressing juvenile crime. It presents case studies of model prevention programs being implemented throughout the Commonwealth through PCCD funding, and describes the positive outcomes being seen in these communities. For example:

- In Clearfield and Elk Counties, elementary children engaged in the PATHS program are learning critical social and emotional skills that help them self-regulate their emotions and behavior. The program has increased students' ability to prevent and resolve conflicts and resulted in significant decreases in classroom behavior problems.
- In Philadelphia and Bucks Counties, schools have adopted the Olweus Bullying Prevention Program, a school-wide effort to create safer learning environments by adopting rules and consequences against bullying and aggressive behavior. As a result, schools have seen large reductions in bullying, increased staff response to bullying, and promoted a better understanding of the impact of bullying throughout the community.

- In McKean, Clarion, and Bradford Counties the Big Brothers–Big Sisters community mentoring program has partnered hundreds of at-risk youth with caring adults. Through the strong bonds formed with these positive role models, youth have shown increased school attendance and performance, reduced drug and alcohol use, and established better relationships with family and friends.
- In Chester and Montgomery Counties, the FAST program is empowering hundreds of parents to take an active role in their children’s lives. By focusing on improving parenting and coping skills, and helping parents create a support network, the program has reduced family isolation, increased family communication and parents’ involvement with schools, and reduced children’s behavior problems.
- In Monroe and Fayette Counties, the Nurse-Family Partnership program assigns a nurse to first-time at-risk pregnant mothers to help them improve prenatal health, personal development, parent-child bonding, and parenting skills. Through these early efforts, participating mothers experienced fewer premature births, had better pre- and post-natal health, and were more likely to maintain employment, and their children showed greater early language development. These characteristics have been shown to translate into future reductions in delinquency and substance use (for both the child and mother).
- In Beaver County, the Multidimensional Treatment Foster Care program focuses on severely troubled youth whose behavior and emotional problems have resulted in their placement in foster care. The program provides specialized training and intensive support to foster parents to provide a therapeutic environment that addresses behavior and mental health problems in their foster children. The biological family also receives training and support in order to increase the opportunity for reintegration. Through the program, more than half of the youth served were permanently adopted or reunited with their families; youth showed improvements in their behavior, reductions in drug and alcohol use, and reductions in mental health symptoms and maladaptive behaviors.
- In Centre and Tioga Counties, schools are using the LifeSkills Training program to teach middle school students to resist peer pressure, separate drug myths from facts, set goals, and use critical thinking and decision-making skills. The program has reached thousands of students and has

shown significant reductions in alcohol and tobacco use, binge drinking, and depressive symptoms.

- In Dauphin, Lawrence, and Blair Counties, the Multisystemic Therapy program focuses on youth who have already had contact with the juvenile justice system, with the goal of preventing the recurrence of violence and delinquency and improving the mental health status of serious juvenile offenders by using cognitive-behavioral therapy delivered by specially trained therapists within the youth's home. Hundreds of juvenile offenders have been served by these therapists. Participating youth have shown reductions in drug and alcohol use, physical aggression, rearrest, and the need for residential placement, as well as improvements in school attendance and academic achievement.
- In Luzerne, Lehigh, Northampton, and Blair Counties, the Functional Family Therapy program also works primarily with youth who have had contact with the juvenile justice system or family court. The program works with the entire family to create a supportive environment that fosters positive behavior. Over 1,000 delinquent and pre-delinquent youth have participated in family therapy through FFT. Families have shown increases in communication, rule setting and parenting skills, and participating youth have shown significant reductions in substance use, truancy, mental health symptoms, rearrest, probation violation, and secure placement.

These success stories are just a sampling of the positive impacts being seen by communities across the Commonwealth. Although this report provides clear evidence that these evidence-based programs are already having a significant impact on violence, delinquency, and youth substance use, the full benefits of Pennsylvania's investment in research-guided prevention will continue to be seen for generations to come.

The full text of this report is available through the Prevention Research Center at: www.prevention.psu.edu.

For more information on PCCD's Research-based Programs Initiative, please contact the Pennsylvania Commission on Crime and Delinquency's Office of Juvenile Justice and Delinquency Prevention at 800-692-7292, or visit its website at www.pccd.state.pa.us.

Foreward

The Pennsylvania Commission on Crime and Delinquency's (PCCD) Research-Based Programs Initiative was built in large part on the success of the Communities That Care (CTC) risk-focused prevention strategy, which began in 1994. PCCD has long supported the CTC initiative, a science-based community assessment and collaborative planning process that has been adopted in communities across the Commonwealth. In 1996, the Center for the Study and Prevention of Violence, at the University of Colorado at Boulder, with funding from the Colorado Division of Criminal Justice, Centers for Disease Control and Prevention, and the PA Commission on Crime and Delinquency, designed and launched a national violence prevention initiative to identify prevention programs that are effective in preventing adolescent problem behavior.

With the support of the PCCD Juvenile Justice and Delinquency Prevention Committee, and in coordination with the PCCD Office of Juvenile Justice and Delinquency Prevention (OJJDP), over 160 research-based programs have been implemented utilizing federal and state dollars. This report, created by the Penn State Prevention Research Center, documents the outcomes for these programs, and the impact of this initiative on adolescents in communities across Pennsylvania.

While this report shows the positive impact of some of the programs that have been implemented, PCCD continues to evaluate the funding process in order to make any necessary changes to better support the implementation of programs. PCCD is currently assessing strategies to further advance evidence-based prevention and intervention practices in Pennsylvania. One of the strategies being considered is the development of a Resource Center for Evidence-Based Prevention and Intervention Practices, whose purpose would be to build upon our current prevention efforts and to develop additional in-state technical assistance capacity. The Center would support the proliferation of effective juvenile justice and delinquency prevention programs throughout Pennsylvania. We want to improve and promote Pennsylvania's knowledge of effective juvenile justice and delinquency prevention programs and practices by advancing recognized standards of research for determining program effectiveness.

PCCD's OJJDP will serve as a resource to the field related to the implementation of evidence-based programming as well as support local innovative intervention programs designed to achieve the juvenile justice system goals of community protection, offender accountability, and competency development to ensure all funded programs meet a minimum threshold of quality and effectiveness. A vital part of the overall initiative will be collaborating with all state agencies on planning and programming related to juvenile delinquency prevention and the reduction and prevention of violence by and against children.

As you can see from this report, Pennsylvania is seeing very positive results from this effort. It is our belief that through the continued funding of programs grounded in research, combined with high-quality implementation, assistance with quality assurance, and a level of accountability to demonstrate positive outcomes, the process of implementing evidence-based practices will yield even more favorable results. We applaud the collective prevention efforts across Pennsylvania and also want to extend our appreciation to the Penn State Prevention Research Center in providing critical technical assistance and support in implementing model prevention programs.

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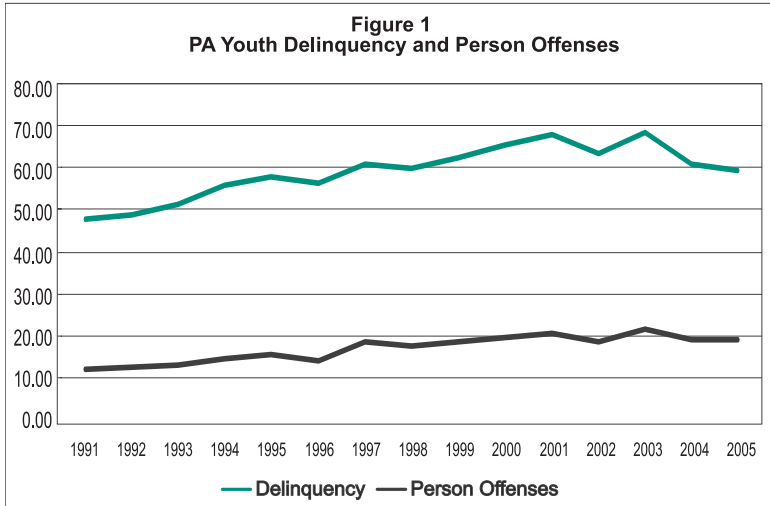
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Delinquency and Youth Violence in Pennsylvania¹

In 2005, Pennsylvania had a total juvenile population of just over 2.8 million, and saw 107,453 juvenile arrests, with 16,857 juvenile court dispositions, including 5,586 for person offenses (that include criminal homicides, violent sex offenses, robberies, aggravated assaults, simple assaults, nonviolent sex offenses, and other person offenses). The most common juvenile offense was simple assault. Of Pennsylvania juveniles formally charged in 2005, 46.7% were referred to juvenile court (including juvenile probation), with most of the remainder being referred to district magistrates for specified petty crimes such as underage drinking, shoplifting, etc. The most common offenses for which juveniles were referred to juvenile court were simple assault and theft.

¹ The data presented here were drawn from archival sources, including the Pennsylvania Juvenile Justice Databook (<http://ncjj.servehttp.com/padatabook/>), with assistance from the National Center for Juvenile Justice.

The juvenile delinquency rate in Pennsylvania rose steadily from 1991–2003, peaking in 2003 at nearly 69 delinquent offenses for every 10,000 juveniles, but has declined in recent years. In 2005, the overall delinquency rate had fallen to below 1997 levels, at fewer than 60 offenses per 10,000 youth (Figure 1).



Juveniles represented 23.5% of the Pennsylvania population in 2005, and accounted for 23.1% of all arrests. Compared to their representation in the total population, juveniles accounted for a disproportionate percentage of arrests for arson (44.9%), motor vehicle theft (32.2%), and robbery (26.8%).

The Emerging Science of Prevention: A Public Health Approach

Historically, delinquency and youth violence have been treated primarily from a public safety perspective, with a response coming *after* youth were arrested and referred to the juvenile court. While this is still a key component of a comprehensive strategy to address delinquency, recent decades have seen the growth of a more proactive, preventive approach based on a public health model.

A public health perspective to delinquency recognizes that, like any other poor health outcomes (such as cardiovascular disease, diabetes, or cancer), science can identify specific factors that increase the risk of youth engaging in delinquent behavior. By reducing those risks in the general population we can reduce the prevalence of delinquency. From this public health approach, a science of prevention has emerged based on identifying risk and protective factors associated with delinquency and youth violence, developing prevention programs that target these risk and protective factors, and testing the effectiveness of these programs in scientifically rigorous studies.

Risk and protective factors associated with delinquency and youth violence

In the same manner we know that smoking, poor diet, and lack of exercise increase the risk of cardiovascular disease, researchers have identified a number of specific factors that increase the likelihood that young people will engage in delinquency, drug and alcohol use, violence, and other problem behaviors. These risk factors occur in different domains within a young person's life, including the family, the community, the school, and the individual child and his or her peer group. Risk factors include such things as parental attitudes towards drug use or violence, a family history of problem behaviors, lack of parental monitoring or inconsistent discipline, availability of drugs or alcohol in the neighborhood, and having friends who engage in delinquency, violence, or drug use. A list of the known risk factors in each domain is provided below.

Risk Factors Associated with Delinquency and Youth Violence*

Community Domain

Availability of drugs
 Availability of firearms
 Community laws and norms favorable toward drug use, firearms and crime
 Media portrayals of violence
 Transition and mobility
 Low neighborhood attachment
 Poverty

Family Domain

Family history of the problem behavior
 Family management problems
 Family conflict
 Favorable parental attitudes and involvement in the problem behavior

School Domain

Academic failure beginning in late elementary school
 Lack of commitment to school

Peer and Individual Domain

Early and persistent antisocial behavior
 Rebelliousness
 Friends who engage in the problem behavior
 Gang involvement
 Favorable attitudes toward the problem behavior
 Early initiation of the problem behavior
 Constitutional factors

*These factors have been shown in multiple well-designed longitudinal studies to be statistically associated with a higher risk for violence and delinquency

Likewise, there are also characteristics that protect young people and reduce the likelihood that they will engage in problem behaviors, even in the presence of risk. These protective factors buffer youth against the risk factors they may face, and enable them to better navigate life's challenges without succumbing to delinquency or violence. Protective factors include such things as close bonds with positive adults and prosocial peers, having a resilient temperament, strong families, and good decision-making and problem-solving skills.

Armed with knowledge of the factors that promote healthy development and prevent problem behaviors, researchers have developed a number of prevention programs aimed at reducing and preventing delinquency and youth violence. These programs are based on well-defined logic models that take into account a specific developmental pathway leading to a problem behavior, and intervene in that pathway to prevent poor outcomes.

Prevention programs may be directed at all youth, regardless of their level of risk; they may focus on youth who are at increased risk due to some shared characteristic (such as single-parent families, or poverty); or they may be directed at youth who have already exhibited early problem behavior and come into contact with the juvenile justice system. The Institute of Medicine (IOM)² defines this as the continuum of prevention, and refers to these programs as Universal, Selective, and Indicated, respectively. Along this continuum, the goal of a prevention program can be to prevent problem behaviors from occurring or delay the age of first onset, to prevent further penetration into the justice system or the commission of more serious offenses, or to prevent re-offending after disposition. Each of these is an important goal in preventing and reducing delinquency; collectively, programs in each of these areas create a comprehensive response to delinquency and youth violence.

Pennsylvania's CTC Initiative – Creating a Foundation for Prevention

To empower communities to capitalize on prevention science and the public health approach to delinquency, the Pennsylvania Commission on Crime and Delinquency has supported a community prevention planning model called Communities That Care (CTC)³ for over a decade.

CTC is a delinquency prevention planning process that uses locally collected data on the prevalence of risk and protective factors to aid in the selection of prevention priorities specific to each community. In this multi-phase model, a diverse group of community stakeholders determines which risk

² See Mrazek, P. J., & Haggerty, R. J. (Eds.) (1994), *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.

³ See Hawkins, J. D., Catalano, R. F., & Arthur, M. W. (2002), Promoting science-based prevention in communities. *Addictive Behaviors*, 27, 951–976.

factors are most common and which protective factors are most lacking, based on local data. Using this information, the group selects a small number of factors to be targeted over a 3- to 5-year period. Once priority risk and protective factors are selected, communities are encouraged to adopt proven-effective prevention programs that target those factors. By encouraging all of the agencies and organizations involved to share the same prevention priorities, a synergy is created that can have much greater impact than any organization or sector working individually.

Since the mid-1990s PCCD has funded more than 100 communities to adopt and engage in this process of data-driven prevention planning. Recent research on the impact of the CTC initiative in Pennsylvania has shown that communities that adopt this model have a lower prevalence of risk factors, and lower ratings for youth substance use and delinquency than similar communities that are not using CTC⁴.

Investing in What Works: Evidence-based Programs

As more and more prevention programs were evaluated in scientific studies over the last two decades, policymakers and practitioners became increasingly interested in knowing which programs “worked”. With funding from PCCD, the federal Centers for Disease Control and Prevention, and the Colorado Division of Criminal Justice, Center for the Study and Prevention of Violence at the University of Colorado at Boulder, undertook a review of over 500 studies to determine which prevention programs had demonstrated credible evidence of effectiveness under the most rigorous conditions. Through that study, 11 programs were identified as having proven their effectiveness in preventing and reducing delinquency. These programs were labeled “Blueprints for Violence Prevention”⁵. Under this study another 19 programs were labeled as “promising” and warranted further study. The criteria for selecting these Blueprint and promising programs included:

⁴ Feinberg, M. E., Greenberg, M. T., Osgood, D. W., Sartorius, J., & Bontempo, D. (2007). Effects of the Communities That Care Model in Pennsylvania on youth risk and problem behaviors. *Prevention Science, 8*, 180–191.

⁵ Elliott, D. S. (1997). *Blueprints for Violence Prevention*. Boulder: University of Colorado, Institute for Behavioral Science, Center for the Study and Prevention of Violence.

- Evidence of a deterrent effect using a strong research design (randomized controlled trial or a methodologically strong quasi-experimental study)
- Sample size large enough to provide statistical power to detect effects
- Low attrition or attrition controlled for in the analysis
- Valid and reliable outcome measures
- Sustained effects beyond immediate post-intervention
- Multiple site replication

Just as sound research has identified programs that work, scientific study has also identified programs that are ineffective in reducing delinquency. Although these programs were developed with the best of intentions, and may be quite popular, they have failed to demonstrate effectiveness and in some cases have even shown deleterious effects (actually increasing delinquency, substance use, or associated risk factors)⁶.

Due to the high costs associated with delinquency and youth violence, and the scarcity of resources available to address these problems, it is important for communities and policymakers to emphasize the use of proven-effective prevention programs targeted at locally identified risk and protective factors in order to have the greatest confidence that resources are being used wisely.

With this goal in mind, PCCD has invested over \$60 million in supporting the replication of these Blueprints and promising programs in over 140 communities throughout Pennsylvania since 1998.

The following chapter presents case studies of a number of these funded programs, and describes the early successes communities have seen in reducing delinquency and associated risk factors.

⁶ See U.S. Department of Health and Human Service. (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.

Examples of Outcomes from Studies of Model Programs*

Big Brothers/Big Sisters

- 46% less likely than control youth to initiate drug use during the study period
- Almost one-third less likely than control youth to hit someone

Families and Schools Together (FAST)

- Decreased aggression, attention span problems, anxiety
- Decreased family conflict
- Increased social skills, academic competence, academic performance

Functional Family Therapy (FFT)

- Interrupting the matriculation of these adolescents into more restrictive, higher cost services
- Preventing adolescents from penetrating the adult criminal system
- Preventing younger children in the family from penetrating the system of care

LifeSkills Training (LST)

- Cut tobacco, alcohol, and marijuana use 50% - 75%
- Cuts polydrug use up to 66%
- Decreases use of inhalants, narcotics, and hallucinogens

Multisystemic Therapy (MST)

- Reductions of 25-70% in long-term rates of rearrest
- Reductions of 47-64% in out-of-home placements
- Extensive improvements in family functioning
- Decreased mental health problems for serious juvenile offenders

Multidimensional Treatment Foster Care (MTFC)

- Spent 60% fewer days incarcerated at 12 month follow-up
- Had significantly fewer subsequent arrests
- Ran away from their programs, on average, three time less often

Nurse-Family Partnership (NFP)

- 79% fewer verified reports of child abuse or neglect
- 60% fewer instances of running away on the part of the 15-year-old children
- 56% fewer arrests on the part of the 15-year-old children
- 56% fewer days of alcohol consumption on the part of the 15-year-old children

Olweus Bullying Prevention Program (OBPP)

- A substantial reduction in boys' and girls' reports of bullying and victimization
- A significant reduction in students' reports of general antisocial behavior such as vandalism, fighting, theft and truancy
- Significant improvements in the "social climate" of the class

Promoting Alternative Thinking Skills (PATHS)

- Improved self-control
- Improved understanding and recognition of emotions
- Increased ability to tolerate frustration
- Use of more effective conflict-resolution strategies
- Improved thinking and planning skills

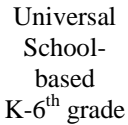
Strengthening Families Program (SFP 10-14)

- Improved child management practices
- Increased parent-child communication
- More child involvement in family activities and decisions
- 30-60% relative reductions in alcohol use, using without parents' permission, and being drunk

*The outcomes presented here were demonstrated in the original experimental evaluations and independent replications of these programs.

Promoting Alternative Thinking Strategies (PATHS)

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Universal
School-
based
K-6th grade

The PATHS program aims to prevent violence, delinquency, and other behavior problems by improving students' social and emotional skills beginning in early elementary school. Each PATHS lesson lasts approximately 20–30 minutes and is delivered by regular classroom teachers after a thorough training. Teachers are encouraged to model and integrate the lesson themes into their regular classroom instruction practices, and schools can develop a whole-school environment that promotes positive behavior through emotional self-awareness and self-regulation.

PATHS Site #1: Clearfield County

Grant: #11164

Dates: 10/1/01–9/30/05

Partnering Organizations:

Philipsburg-Osceola School District & Clearfield School District

Clearfield County CTC

Site Description

Within the first two years of grant funding, all elementary teachers in both school districts were trained to deliver the PATHS program. Teachers received support from guidance counselors, their principals, and external PATHS experts. The local press took notice and highlighted the schools' efforts to improve student achievement and behavior.

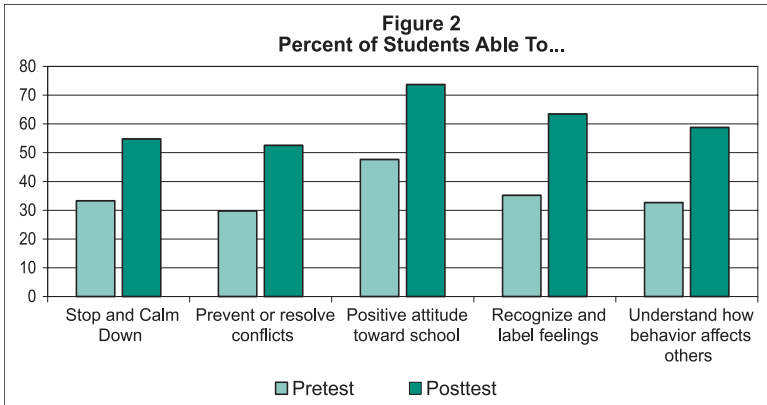
Approximately 2,500 students in grades K–5 (ages 5–11) were taught the curriculum during each school year of the funding period.

Evaluation Information

Ten students from each classroom were randomly selected at the beginning of each year to participate in the evaluation. For each randomly selected student, classroom teachers completed a 9-item social competence survey at the start and at the finish of the school year. The social competence survey measures a child's emotional awareness and self-control, as well as how the child interacts with other students.

The information reported here is taken from an evaluation from the middle of the grant cycle, the 2003–2004 school year. Students improved on *all* measures. As shown in Figure 2:

- Teachers' ratings of students ability to stop and calm down when excited or upset increased by **64.6%**
- Teachers' ratings of students ability to prevent or resolve conflicts increased by **77.0%**
- Ratings of students having a positive attitude toward school increased by **54.7%**
- Ratings of students being able to recognize and label his/her own feelings increased by **80.3%**
- Ratings of students being able to understand how their own behavior affected others increased by **80.2%**



“The control signal posters in the curriculum gave my students a visual cue to do problem solving on their own...I could use the problem solving not just with my own classroom, but other students in the school when I was there and a problem presented itself.” – 4th-Grade Teacher

“My son...showed me what he was learning at school...[it] has been a good tool that we can use at home too when our son needs to calm down.” – Parent

“One morning, a student who was having issues...brought his [feeling faces] ring with the happy, sad and private faces on it to me and showed me that he had added a mad face...he was starting to understand his feelings and could show me how he felt...This was a breakthrough with this student and although we still had issues to deal with during the school year, it opened the lines of communication between us.” – 2nd-Grade Teacher

Students in the Phillipsburg-Osceola and Clearfield School Districts received substantial benefit from participating in the PATHS program. Students were more aware and in control of their emotions, they felt more positively about school, and they were better able to understand other students and resolve conflicts peacefully, rather than resorting to violence, aggression, or bullying. The PATHS program continues to be implemented district-wide in both the Phillipsburg-Osceola and Clearfield School Districts today, more than two years after PCCD funding ended.

PATHS Site #2: Elk County

Grant: #12267

Dates: 7/1/02–6/30/06

Partnering Organizations:

Ridgeway Area School District & Johnsonburg School District

Elk County CTC

Site Description

The Ridgeway School District took the lead agency role for the Ridgeway and Johnsonburg adoption of the PATHS program. The program was implemented in a staggered-start model, such that the program's implementation began with kindergarten through second grade in year 1. Grades three and four were added in the second year, and year 3 added the last two grades (five and six). On average, 751 students received the program each year.

Evaluation Information

One-third of the students were randomly selected from each classroom to participate in the evaluation at the beginning and at the end of each year. For each randomly selected student, classroom teachers completed the long version (31 items) of the Social Competence Survey at the start and at the end of each school year. The survey measures a child's emotional awareness and control, as well as how the child interacts with other students.

The information reported here is taken from the evaluation from the last year of the grant, the 2005–2006 school year. Students in both school districts improved their behaviors and emotional awareness.

- There was a **40.5% decrease** in the frequency of teacher-reported negative behaviors.
- There was a **36.8% increase** in the frequency of teacher-reported positive behaviors.

For example, students paid attention, were able to stop and calm down when excited or upset, and accepted adult limits more often. Additionally, students less often got into fights, yelled at others, broke rules, and took others' property.

“The students looked forward to giving and receiving complements from their peers.” – Ridgeway Teacher

“The program helps...students solve problems on their own.”
– Johnsonburg Teacher

Students in the Ridgeway and Johnsonburg School Districts received great benefits from participating in the PATHS program. Students were more aware and in control of their emotions, and they less often displayed negative behaviors, such as fighting and stealing. The PATHS program continues to be implemented in all grades at both school districts.

Olweus Bullying Prevention Program (OBPP)

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Universal
School-
based
3–8th grade

OBPP aims to decrease bullying and victimization within the school in order to create a safe learning environment. The program is conducted at multiple levels—the school, the classroom, and the student—and also involves the family. At the school level, a Bullying Prevention Coordinating Committee is formed, an anonymous school-wide survey is conducted to assess the frequency and details of bullying incidents, school-wide rules and consequences against bullying are developed, and changes to the school organization and supervisory patterns are made. At the classroom level, teachers develop class rules that prohibit bullying, and they conduct class meetings with lessons about bullying. At the individual level, classroom teachers intervene with bullies, victims, and their parents. The School Coordinating Committee participates in the training and is in charge of implementing the program at the school.

OBPP Site #1: Philadelphia County

Grant: #11149 & 12293

Dates: 10/1/01–6/30/06

Partnering Organizations:

Philadelphia School District

Physicians for Social Responsibility

Mayor's Office of Community Services / CTC

Site Description

The Philadelphia School District contracted with Physicians for Social Responsibility to implement the OBPP. Physicians for Social Responsibility was approached as the lead contractor in this project because of their prior involvement in implementing the OBPP in four other Philadelphia-area schools. PCCD funding allowed for expansion of the OBPP into a total of 12 Philadelphia schools, serving approximately 11,650 students. The Philadelphia School District also coordinated with faculty at Temple and St. Josephs Universities for behavioral health consultation and program evaluation.

Evaluation Information

Evaluation of the program consisted of gathering information about bullying and aggressive behaviors from four sources: (a) the anonymous bully-victim survey, (b) observations of lunch and recess, (c) a survey completed by the Coordinating Committee members, and (d) measuring pre-existing data such as attendance and violence-related serious incident reports.

The information reported here is taken from an evaluation of the 2003–2004 school year of the program, where six schools were in year 3 of the program and five schools were in year 2 of the program. Generally, results of the program were positive, with schools that implemented more program components seeing the greatest decreases in bullying activity.

- **66.7%** of the schools in year 3 experienced **decreases** in bullying behavior
- On average, year 3 schools experienced an **8.0% decrease** in bullying, and one school saw a **29% decrease**
- **40.0%** of the schools in year 2 experienced **decreases** in bullying behavior

“Since the teachers have been trained in the Olweus Bullying Prevention Program, students and families have been informed and are actively engaged... The student body is able to articulate characteristics of verbal and physical bullying, and they understand appropriate and inappropriate behavior.” – School Administrators

“The program has been successful, particularly with... classroom meetings.” – Teacher

The students and staff of the Philadelphia School District benefited from the Olweus Bullying Prevention Program. Overall, bullying behaviors decreased for the schools involved, with more positive change found for those schools that implemented more program components. The decrease in bullying behaviors is likely to have created a more positive learning environment. The program continues across the Philadelphia School District today.

OBPP Site #2: Bucks County

Grant: #9963

Dates: 10/1/00–9/1/04

Partnering Organizations:

Building A Better Bensalem Today (B3T)

Bensalem Township School District

Site Description

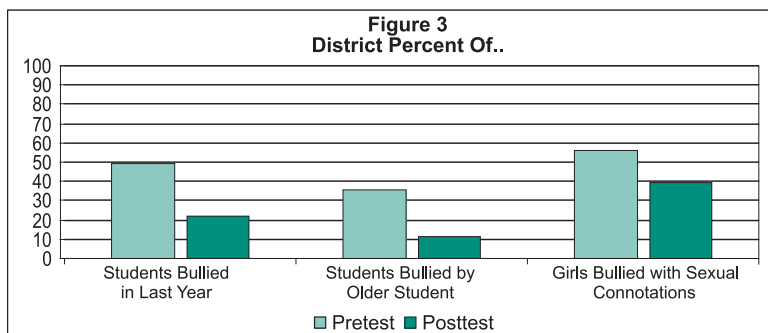
The Bensalem Township School District and the local CTC board (Building a Better Bensalem Today, or “B3T”) chose the OBPP because their risk and resource survey revealed that alienation and isolation was elevated within the individual, school, and community. In order to address this problem, they included a high level of community outreach within their implementation of OBPP. They included specific and frequent dissemination of the prosocial messages of the OBPP program to the larger community through several newspaper articles and newsletters, radio talk shows, and a local television program, and developed “BUDDY”, a Bully-free Mascot that appeared at many local events.

Bensalem School District started implementing the program with 3rd graders, and then added one grade each year of the grant cycle until all 3rd–6th grade students participated in the program district-wide. By the end of the grant, approximately 2,000 students in Bensalem School District were participating in the program on a yearly basis.

Evaluation Information

The evaluation of the program consisted of a baseline pre-test and yearly posttests of the Olweus Bully/Victim Questionnaire that gathers information about bullying events within the school environment. The information reported here is a summary of the change in bullying between 2002 and the end of the grant cycle (2004) for data that was available for three out of the six elementary schools. Overall, Bensalem School District Elementary Schools experienced a large decrease in bullying incidents. For example, as shown in Figure 3:

- There was a **56.9% decrease** in the number of students being bullied over the last year
- For the students who were bullied in the last year, there was a **67.4% decrease** in the proportion of bullying incidents in which the bully was in a higher grade
- For the girls who reported being bullied, there was a **34.7% decrease** in the proportion of bullying incidents that included sexual words, gestures, or actions



“I am proud of our project and hope it continues to get better and better for many years.” – teacher

“I participate in many community programs and feel that this is the best conducted and is enlightening to everyone involved.” – Coordinator

The students and staff of Bensalem Township School District benefited from participating in the Olweus Bullying Prevention Program. Overall, district schools saw a large decrease in bullying behaviors over the course of the grant cycle. Because of this success, the OBPP continues to be fully implemented in the Bensalem School District today, and B3T has partnered with the Bucks County Drug & Alcohol Commission to expand the program county-wide, serving approximately 12,000 students each year.

Big Brothers Big Sisters (BBBS)

Program Developer: Ernest Coulter

Program Contact Information:

Big Brothers Big Sisters of America

230 North 13th Street

Philadelphia, PA 19107

Phone: 215-567-7000

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Website: www.bbbs.org

Selected
Community
6-18 yrs old

The Big Brothers Big Sisters program aims to prevent violence, delinquency, and other behavior problems through the development of a positive, long-term, professionally supported youth-adult relationship for individual children. Youth are referred to BBBS by parents or teachers. BBBS recruits, trains, and matches adult volunteers (i.e., Bigs) with the referred youth (i.e.,

Littles). *Bigs* and *Littles* are encouraged to spend at least one hour together each week, and *Bigs* are required to make a minimum one-year commitment to being a mentor.

BBBS Site #1: McKean County

Grant #9238

Dates: 9/1/99–8/31/03

Partnering Organizations:

The Guidance Center

McKean County Collaborative Board

Site Description

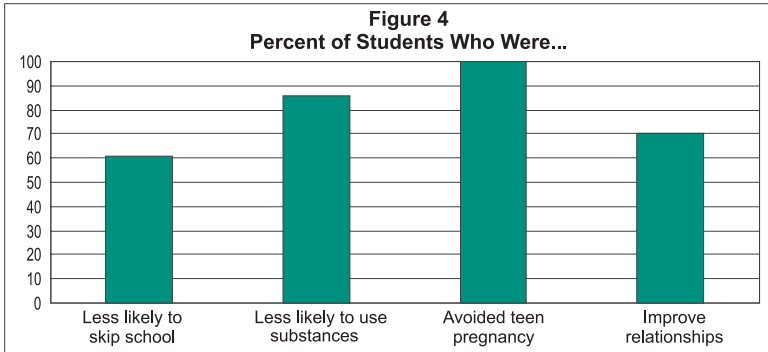
The Guidance Center applied for PCCD funds to support a BBBS program that previously had struggled to meet the need for mentors for youth referred by parents and teachers. A large waiting list of young people had developed in the absence of support to expand the program. Over the grant period, BBBS of McKean County increased its capacity by almost 30%, matching 111 students with mentors over four years.

Evaluation Information

The progress of every matched student was assessed every six months by the volunteers, using the Program-based Outcome Evaluation (POE) instrument developed by BBBS of America which measures youth substance use as well as the youth's emotional state and other behaviors.

The information reported here is from the middle of the grant cycle, June 2002. Students improved on *many* measures of functioning. For example, as shown in Figure 4:

- **61%** of students were less likely to skip school
- **86%** of students were less likely to use alcohol and other drugs
- **100%** of students avoided teen pregnancy
- **70%** of students improved their relationships with family, friends, and other adults



“I have been given so much in my life, I felt like giving back. I wanted to mentor a young girl.” – Female Volunteer “Big”

“I felt like it [Big Brothers Big Sisters] could give her that extra help that she needed.” – Mother of “Little”

“[I got] a new friend and a new outlook on life, school, and work.”
– Female Student “Little”

McKean County greatly benefited from this expansion in the BBBS program. It was able to serve many more students; an overwhelming percentage of program participants avoided delinquency and substance use, were more engaged in school, and improved their interpersonal relationships. The program continues today, and has grown to include a school-site-based mentoring component, where mentors and mentees meet in small groups after school.

BBBS Site #2: Clarion County

Grant #12294

Dates: 7/1/02–6/30/06

Partnering Organization:

Clarion County CTC

Big Brothers Big Sisters of Venango & Forest Counties

Site Description

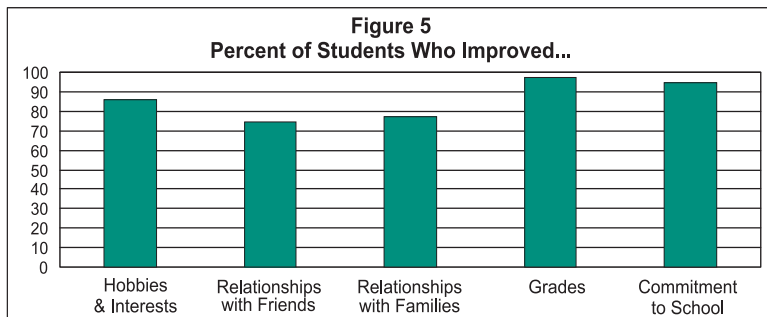
The Clarion County CTC board approached BBBS of Venango and Forest Counties to build a partnership in response to the risk and resource assessment conducted by the Clarion County collaborative. Like McKean County, PCCD funding helped expand an existing BBBS program by assisting Venango and Forest Counties in opening a new satellite office in Clarion County. Having an office in Clarion County enabled them to expand the reach of their school- and community-based mentoring services. Over the grant period, 50 students in Clarion County were served by the BBBS program.

Evaluation Information

The progress of every matched student was assessed after one year by the volunteer, the parents, and the students, using the Program-based Outcome Evaluation (POE) instrument.

The information reported here is from the 35 students who had a match that lasted at least one year by the end of the grant-cycle. Students improved on *many* measures of functioning. For example, as shown in Figure 5:

- **85.7%** of students improved in having hobbies and interests to fill their free time
- **74.3%** of students improved relationships with their friends
- **77.1%** of students improved relationships with their families
- **97.1%** of students improved their grades
- **94.3%** of students increased their interest in and commitment to school



Clarion County greatly benefited from PCCD funding to implement BBBS. Joining with Venango and Forest Counties enabled them to serve 50 more at-risk students. An overwhelming percentage of program participants improved their social and emotional competencies; they were more committed to school and had stronger relationships with friends and families. The program continues to run at the same level today.

BBBS Site #3: Bradford County

Grant #11138

Dates: 10/1/01–9/30/05

Partnering Organizations:

Big Brothers Big Sisters of Bradford County

The Partners in Family and Community Development Collaborative

Site Description

BBBS is a member of the Partners in Family and Community Development Collaborative in Bradford County, the nonprofit collaborative that developed out of the Family Service System Reform effort. Over the first ten years of BBBS of Bradford County's existence, 111 successful matches were made, there was a growing waiting list, and it was identified by community members as the most visible organization with a positive youth development focus. PCCD funding allowed the Collaborative to hire additional staff and devote more resources to program monitoring, evaluation, and strategic planning around fundraising.

Over the grant period, the agency grew to serve over 160 new matches. More than 40% of the youth served were referred from the Children & Youth or Juvenile Court systems.

Evaluation Information

The progress of the students was assessed by parents, teachers, caseworkers, mentors, and students at six months and 12 months post-match. Among other positive changes, improvements were found in students' academic performance, avoidance of substance use, and feeling a sense of the future.

“[My big sister] is someone I can talk to, she knows where her priorities lie, I always have fun when I go out with her...she’s always there for me...she showed me that you can have a good family life and a career, she taught me to set goals and work for them, taught me to not give up on my goals... she understands me and trusts me.” – Female “Little”

“[My daughter’s “Big”] has shown her qualities in a woman that will make her a better, stronger adult; qualities that I had not shown or taught her in life. [My daughter] has learned and has seen by example how to be a strong woman with good family values, ties in the church, career and community involvement....she has taught my daughter self worth in a time in her development when I should have done this...I have not been the role model or the inspiration for my daughter’s high goals in life, thankfully [her “Big”] has done this.” – Mother of “Little”

Bradford County benefited from the Big Brothers Big Sisters Program, and the program is sustaining its services, although it continues to struggle to find adequate financial resources to continue serving the ever-increasing demand and interest in the program.

Families and Schools Together (FAST)

Program Developer: Lynn McDonald, Ph.D.
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Selected
School
Students aged
3-14 and their
parents

The FAST program aims to prevent violence, delinquency, and substance use by improving both youth and parent skills, and by empowering the parent to take an active role in their child's life. For youth, FAST focuses on improving communication, listening, and conflict resolution. For parents, FAST focuses on improving parenting and coping skills and helping parents create a support network. The core program consists of eight two-and-one-half hour weekly sessions conducted by a well-trained facilitator. Upon completion of the core program, families may choose to continue meeting once per month for up to two years. Most of the program occurs through interactive family activities that start with sharing a family meal together. The program includes specific time for both parents and youth.

FAST Site #1: Chester County

Grant: #9235

Dates: 10/1/99–9/30/02

Partnering Organizations:

Family Services of Chester County

West Chester Area School District

Site Description

Due to the high rates of Children & Youth referrals and out-of-home placements in the West Chester School District, Family Services of Chester County chose to partner with that district to implement the FAST program. The district was highly motivated to address the delinquency problem, and the two organizations had built a strong relationship and had been successful in implementing other programs and services in the past. The FAST program involved families referred by teachers as well as self-referred families.

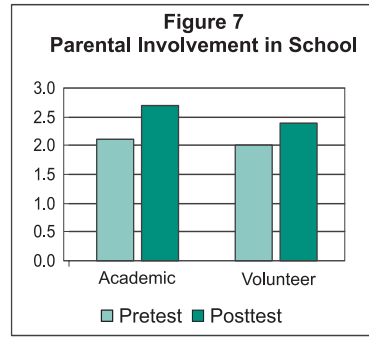
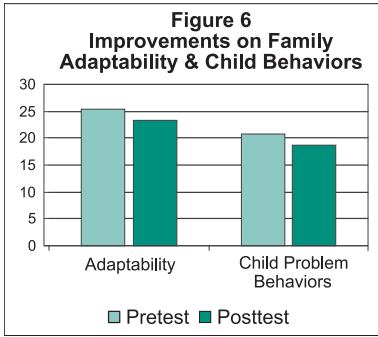
Approximately 100 youth and their families participated in the FAST program over the grant period.

Evaluation Information

Program outcomes were evaluated by pre- and post-test surveys that were completed by parents and teachers. Data were collected on all families who participated in the program. Outcomes were evaluated by several measures. Parents and teachers completed the Revised Behavior Problem Checklist, which assesses child disruptive behavior and psychological symptoms, and parents also completed the Family Adaptability and Cohesion Evaluation Scales survey, the Social Insularity Subscale of the Parenting Stress Inventory (which assesses parents' perceptions of social support and isolation), and the Witte Parent Survey, which measures parent contacts and involvement with their child's school.

The information reported here is taken from the beginning of the grant cycle, after 10 families (24 children, 18 parents) graduated from a FAST session in 1999, in Westtown-Thornbury School, one of the elementary schools in the West Chester School District. Students and parents improved on *all* measures. For example, as shown in Figures 6 and 7:

- Families improved their ability to adapt to circumstances by **9.0%**
- Children decreased their behavior problems and psychological symptoms by **9.7%**
- Families decreased their isolation by **16.2%**
- Parents' involvement in child's education increased by **28.6%**
- Parents volunteering at the school increased by **20.0%**



“I found the parent group useful and especially enjoyed meeting so many parents who I would not have met normally at the school.”

– Parent

“Being together with no other interference or obligations [was the best part]. It was a relaxing, enjoyable time to reconnect without any stress.”

– Parent

Families in the West Chester School District benefited from the FAST program. Parents were much more comfortable approaching the school and being involved with their child's education, they felt less isolated, and they found it easier to adapt to stressful and/or unexpected situations. In addition to these positive parent outcomes, students' behavior and emotional problems decreased as well. Though the program did not continue in that district after the grant period, Family Services has continued the program in other areas of Chester County.

FAST Site #2: Montgomery County

Grant: #9240

Dates: 7/1/98–6/30/01

Partnering Organizations:

Family Services of Montgomery County

Norristown School District (Hancock Elementary School)

Site Description

Family Services of Montgomery County initiated a collaborative among the Norristown School District, the Children's Aid Society, and the Lincoln Center for Family & Youth in order to implement the FAST program. Hancock Elementary School was the targeted site based on high rates of free and reduced cost lunches (56%) and because of low within-state rankings on standardized test scores. The goal was to engage between 16 and 24 families in the FAST program each year.

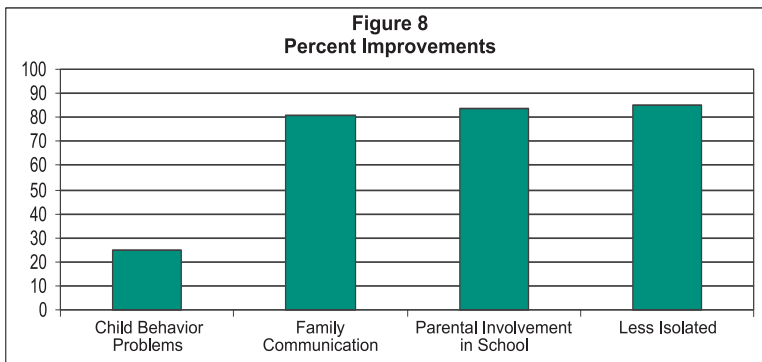
Sixty-eight families, including 179 children, participated in the FAST program at Hancock Elementary School during the grant period.

Evaluation Information

Program outcomes were evaluated by pre- and post-test surveys that were completed by parents and teachers. All participating families provided data. Outcomes were evaluated by several measures. Parents and teachers both completed the Revised Behavior Problem Checklist, and parents also completed the Family Adaptability and Cohesion Evaluation Scales Survey, the Social Insularity Subscale of the Parenting Stress Inventory, and the Witte Parent Survey.

The information reported here is a summary of family outcomes at the end of the grant period. Students and parents improved on *many* of the targeted outcomes. For example, as shown in Figure 8:

- Conduct problems decreased by **25.0%**
- **81.0%** of the families improved their communication skills
- **84.0%** of the families improved their relationship with school staff.
- **85.0%** of the families were less isolated



“[FAST] has helped me to understand my children better.” – Parent

“FAST increased my awareness of the need for special time for each child.” – Parent

“It brought us closer as a family. I noticed a big change in my husband and how he makes more time for all of us. My husband and my son have made a much stronger connection.” – Parent

Families and youth in Montgomery County benefited from the FAST program. Parents were calmer and more confident in their parenting, interacted with their children more, and used more appropriate discipline techniques. In addition to these positive parent outcomes, students exhibited fewer conduct problems (e.g., fighting, stealing, destroying property, etc.) as well. The Hancock Elementary School-FAST program continues operating today at the same level, conducting one to two 8-week sessions each school year.

Nurse-Family Partnership (NFP)

Program Developer: David Olds, Ph.D.

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Nurse-Family Partnership

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Website: www.nursefamilypartnership.org

Selected
Community
Pregnant
Moms through
Child Age 2

The Nurse-Family Partnership program aims to prevent child maltreatment and future violence, delinquency, and substance use of both the parent and the child by improving the mothers' prenatal health, immediate outcomes of pregnancy, personal development, parent-child bonding, and parenting skills. The program accomplishes these goals by assigning a nurse to first-time, at-risk pregnant mothers. The nurse provides home visits during pregnancy and after birth, until the time the child is two years old. The visits occur, on average, every two weeks, and are intensive and comprehensive, allowing nurses to assess the physical and emotional health and needs of the mother and child, provide services in the home, and refer the mother to other services, as needed. This help in the critical early years of child development has been shown to greatly reduce later problems related to delinquency and substance abuse.

Nurse-Family Partnership Site #1: Monroe County

Grant: #12313

Dates: 8/1/02–9/31/06

Partnering Organizations:

Pocono Medical Center

Clementine Abeloff Community Health Center

Pocono Health Communities Alliance

Site Description

The Pocono Medical Center (PMC) is the only hospital within a 30-mile radius of the service area for this program site. Due to its broad geographic coverage, the PMC handles approximately 50% of the births in Monroe County. The Center has made it a priority to continually track the needs of its constantly changing population, and it has been proactive in creating partnerships and programs to serve the needs of low-income and uninsured community residents. Their desire to implement the Nurse-Family Partnership program came as a response to finding out that approximately 17% of the mothers in their care do not access prenatal care within the first trimester. Referrals came from a variety of sources: Planned Parenthood, Children & Youth, the county welfare office, the Clementine Abeloff Community Health Center, the school system, a crisis pregnancy center, and two OB/GYN offices. It hired four nurses and each nurse was assigned to a different section of the county.

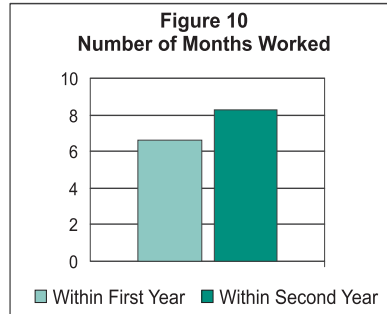
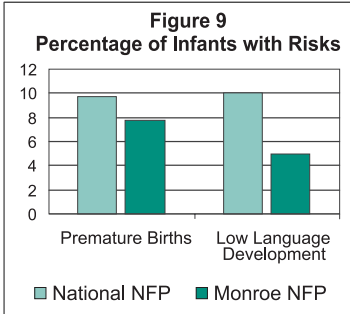
By the end of the program's initial four years, the Nurse-Family Partnership in Monroe County served 257 mothers. At the time of enrollment, 35% of clients had not completed high school, and 37% had a history of experiencing physical or emotional abuse.

Evaluation Information

Nurses complete standardized and developmentally adjusted assessments that described maternal and child health and behavior during visits just after the infant's birth, and when the infant is 6 months old, 12 months old, and then 24 months old.

The information reported here (Figures 9 and 10) is taken from the program's 2006 outcome report, near the completion of the PCCD funding period. Mothers' and children's outcomes show a positive trend in comparison to a national sample:

- **19.6% fewer** premature births
- **50.0% fewer** toddlers were below the 10th percentile for language development (at 21 months of age)
- **25.8% increase** in the months of employment within the first two years of giving birth



At-risk, first-time mothers and their babies benefited greatly from participating in the Nurse-Family Partnership Program in Monroe County. There were fewer premature births, and the newborns were generally healthier than would be expected, and the young mothers have been able to maintain employment and work on their personal development. This program has been sustained beyond grant funding, and continues to function at the same level today.

Nurse-Family Partnership Site #2: Fayette County

Dates: 1/1/02–1/31/06

Partnering Organizations:

Fayette County Community Action Agency

Community Medical Services

Site Description

The grant submission for the Nurse-Family Partnership Program in Fayette County resulted from a high infant mortality rate in the county, and because the program matched the health-promotion and community outreach goals of the participating agencies. The Fayette County Community Action Agency initiated the grant proposal for the Nurse-Family Partnership Program, and Community Medical Services was involved as the staffing and implementing agency. They worked closely with various other community agencies (e.g., Fayette County, Penn State-Fayette Campus, Family Health Council, etc.) to ensure the right clients were referred to the program.

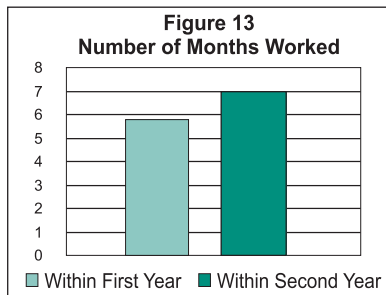
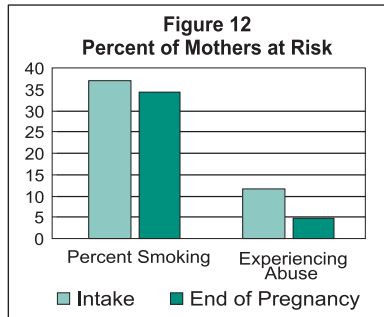
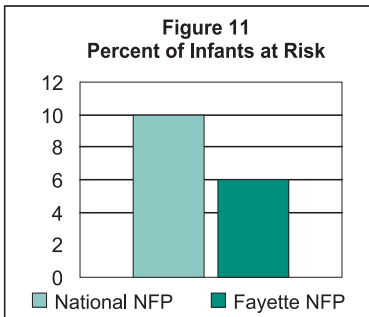
By the end of the program's initial four years, the Nurse-Family Partnership in Fayette County served 280 mothers. At the time of enrollment, 56% of clients had not completed high school; the median household income was \$10,500/year; and 31.0% had a history of experiencing physical or emotional abuse.

Evaluation Information

Nurses complete standardized assessments that describe maternal and child health during visits just after the infant's birth, and when the infant is 6 months old, 12 months old, and then 24 months old.

Again, the information reported here (Figures 11–13) is taken from the program's 2006 outcome report. Mothers' and children's outcomes show a positive trend compared to a national sample:

- **40.0% fewer** toddlers were below the 10th percentile for language development (at 21 months of age)
- **8.0% decrease** in the number of women who smoked cigarettes during pregnancy
- **57.0% decrease** in the number of women who experienced physical abuse during pregnancy
- **20.7% increase** in the months of employment within the first two years of giving birth



Multidimensional Treatment Foster Care (MTFC)

Program Developer: Patricia Chamberlain, Ph.D.
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Indicated
Community
Youth birth -
18 years old

The MTFC program aims to prevent violence, delinquency, and substance use by using Foster Care as a treatment setting. Youth with chronic and intensive behavioral and emotional problems are placed in an MTFC setting as an alternative to traditional foster care, group homes, or incarceration. In MTFC, community members are recruited and then trained to serve as treatment-providing foster parents. The foster parents are professionally supported through weekly support groups, daily phone check-ins with technical assistance providers, and 24-hour on-call assistance from clinical specialists. MTFC parents provide a high level of supervision at home, school, and in the community. They are trained in communicating to children clear rules and consistent consequences, as well as positive reinforcement of good behavior. MTFC parents also serve in a mentoring capacity, and assist with separating the targeted youth from delinquent peers. The originating family receives family counseling for the duration of the treatment and is taught similar important parenting skills, to increase the opportunity for reintegration. Skills training, therapy, and school support are also used.

MTFC Site #1: Butler County

Grant: #12279

Dates: 7/1/02–6/30/06

Partnering Organizations:

Family Pathways

Butler County Collaborative Board

Site Description

Family Pathways took the lead in planning and preparing for the Multidimensional Treatment Foster Care program in Butler County. Four additional organizations—Children & Youth, the Butler County Human Services Department, the Family Services of Butler Health System, and Lifesteps—collaborated with Family Pathways to ensure a strong implementation model. All organizations had existing relationships through the county's Collaborative Board. The program was initially targeted to serve pregnant adolescent females who were in foster care, but shortly after the program began, the target was broadened to include youth of all ages and those who had severe antisocial behavior, emotional disturbances, and delinquency.

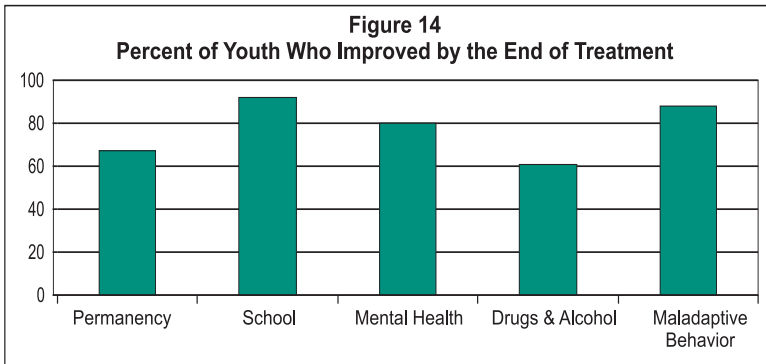
Approximately 89 youth participated in MTFC during the four-year grant period; 52.8% of the students were six years old or younger, 20.2% of the youth were between the ages of 7 and 12; and the other 27.0% were 13–18 years old. Just over half (51.7%) of the youth were boys, and 57.3% were emergency foster care placements. Each youth was placed in the foster care setting, on average, for 13 months.

Evaluation Information

The treatment progress of every youth was documented three times each week with phone interviews that occurred between the foster parent and a MTFC clinical staff person. The interviews documented the occurrence or lack of emotional, behavioral, and academic problems.

The data reported here are a summary of every participating child's status, at the end of treatment. Students improved in many aspects of functioning. For example, as shown in Figure 14:

- **67.4%** of the foster youth were permanently adopted or reunited with their primary caregivers
- **92.0%** of the youth improved their behavior at school
- **80.0%** of the youth who came in with severe mental health problems improved those symptoms
- **61.0%** of the youth who had a problem with alcohol and/or other drugs at intake no longer had a problem at discharge
- **88.0%** of the youth decreased their maladaptive behaviors



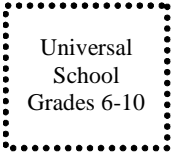
“Our third [MTFC] young man ... had been with the wrong crowd and in the wrong place at the wrong time doing the wrong things – bad decisions and a lack of supervision precipitated his placement in the juvenile system. We became involved in all aspects of his care, even having conferences with his teachers...he was nearly failing school. He brought his grades from failing up to B’s in just 3 months...he has begun to flourish.” – Foster Family

“The people at FP are more like family than a foster care agency. They really care about the children and work to bring families back together.” – Foster Parent

The youth in the MTFC program in Butler County benefited greatly from their participation, and many were undoubtedly diverted from more serious delinquent careers and costly incarceration. Through the combination of foster parent support, family therapy, and individual counseling, the greater majority of youth were in a permanent and stable family situation by the end of treatment, and the occurrence of emotional, behavioral, and school problems greatly decreased. The MTFC program in Butler County continues to operate at the same level today.

LifeSkills Training (LST)

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Email: lstinfo@nhpamail.com
Website: www.lifeskillstraining.com



Universal
School
Grades 6-10

The LifeSkills Training (LST) program aims to prevent substance abuse and violence by teaching middle school students about resisting peer pressure, decision-making skills, separating drug myths from facts, communication, healthy ways to reduce anxiety, goal-setting skills, and critical thinking skills regarding advertising and media messages. The lessons are distributed over a three-year period and last approximately 45 minutes each, and teachers receive a thorough training before implementing the curriculum.

LST Site #1: Centre County

Grant: #12290

Dates: 7/1/02–6/30/06

Partnering Organizations:

State College Area School District

State College Borough Police Department

Centre Region CARE Partnership: Communities That Care

Site Description

The State College Area School District (SCASD) chose to implement the LST program because rates of alcohol and other drug use by 6th- to 12th-grade students were above state averages, and local police reported a recent increase in “party” drug activity. The SCASD chose to use a team approach for curriculum delivery, such that teachers and local police were trained in the program and were co-teachers for curriculum lessons. The program was delivered to 7th, 8th, and 9th graders.

Approximately 1,850 students participated in the program over the four years of grant funding.

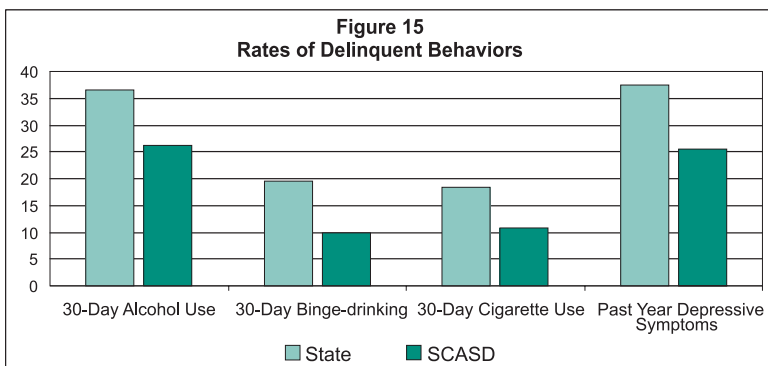
Evaluation Information

Program outcomes were assessed through the Pennsylvania Youth Survey (PAYS), a student survey administered every other year to every student in the 6th, 8th, 10th, and 12th grades. The PAYS measures levels of risk factors (e.g., sensation seeking, perceived norms of adolescent substance use, and perceived rewards of antisocial behaviors) and the prevalence of substance use, delinquency, and other mental health outcomes.

The information reported here is taken from the end of the grant cycle; it is a longitudinal follow-up in 2005 of the students who were in 6th grade in the fall of 2001. This group of students was the first group to receive the full (3-year) program curriculum.

Whereas *pretest data* demonstrated that SCAD students had *higher* scores than the state average on several risk factors and higher rates of substance use and delinquent behaviors, by 2005 the same students had *lower* scores on risk factors and risky behaviors: As shown in Figure 15, State College Area School District students now had:

- Lower scores on **93.8%** of the targeted risk factors (not depicted)
- Rates of alcohol use in the past 30 days were **28.2%** lower than the state average
- Rates of binge-drinking in the past 30 days were **49.5%** lower than the state average
- Rates of tobacco use were **40.8%** lower than the state average
- Rates of depressive symptoms were **31.8%** lower than the state average



The State College Area School District received much benefit from implementing the LST program. Whereas prior to program implementation levels of risk factors and problem behaviors were higher than the state averages, after SCASD implemented the LST program, levels of risk factors, and rates of substance use, delinquency, and depression dropped below state averages. The LST program continues to be implemented by police officer-teacher teams today.

LST Site #2: Tioga County

Grant: #10119

Dates: 10/1/00–9/30/04

Partnering Organizations:

Harbor Counseling

Northern Tioga, Southern Tioga, & Wellsboro Area School Districts

Tioga County Communities That Care

Site Description

In spring 2000, Harbor Counseling administered the PA Youth Survey to students in all three county school districts. The results of this survey revealed that rates of alcohol and other drug use were high in the county, and that four risk factors (parental attitudes favorable toward alcohol, tobacco, and other drug use; friends' use of drugs; impulsiveness, and sensation seeking) were particularly high in Tioga County in comparison to state averages. As a result of this survey, Harbor Counseling, Tioga County CTC, and the three local school districts decided to add the LST program to the intervention services that were already being offered by Harbor Counseling in the schools.

Approximately 2,100 students in the 7th, 8th, and 9th grades received the program over the four years of grant funding.

Evaluation Information

The LifeSkills Training program was evaluated via the use of the PA Youth Survey, administered every other year, and also by student pre-post tests that were focused on program material before and after receiving the curriculum.

The evaluation data show that Tioga County students generally benefited from the LST program.

- Approximately **75%** of the students **increased** their drug resistance **skills**, social skills, and personal self-management skills (e.g., problem solving, anxiety reduction)
- **75%** of the initially elevated risk factors decreased over the four years
- Rates of actual alcohol/other drug use decreased by approximately **5%**

Tioga County benefited from participating in the LST program. Levels of targeted risk factors and drug use decreased throughout the grant period. However, this program was unable to be continued at the same level; Harbor Counseling and the schools were unable to find the funds to support the LST teaching staff. As a result, school district teachers have integrated some of the materials and lessons into their regular classroom schedules and continue to pursue options for evidence-based school drug prevention.

Multisystemic Therapy (MST)

Program Developer: Marshall E. Swenson, MSW, MBA & Scott Henggler
Program Contact Information

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Indicated
Community
Students
aged 12-17

MST is an indicated program, targeted to adolescents who have already had contact with the juvenile court system, and their families. The overall goal is to prevent the recurrence of violence and delinquency, as well as to improve the mental health status of serious juvenile offenders by using cognitive-behavioral therapy techniques and working with parents to improve parenting skills, appropriate discipline techniques, and coping skills. Trained therapists are assigned to a small number of families in order to allow the appropriate level of intensive treatment. Therapy sessions occur within each family's home, and the frequency and duration of sessions varies based on each family's needs. On average, families participate in 60 hours of treatment over four months. The therapist closely monitors each family member's progress.

MST Site #1: Dauphin County

Grant: #12268

Dates: 7/1/02–6/30/06

Partnering Organizations:

Hempfield Behavioral Health

Dauphin County Collaborative Board

Site Description

In researching Blueprints programs, the Dauphin County Collaborative found that MST fit well with the Dauphin County Collaborative's priority areas and needs as identified in their 1998 risk & resource assessment. Hempfield Counseling Associates (HCA) took the lead role in implementing the program because of its success in implementing other evidence-based programs, such as PATHS and the Nurse-Family Partnership program in the Capital region. HCA also has strong relationships with the important referral agencies: Children & Youth, Juvenile Justice, and local mental health and education agencies.

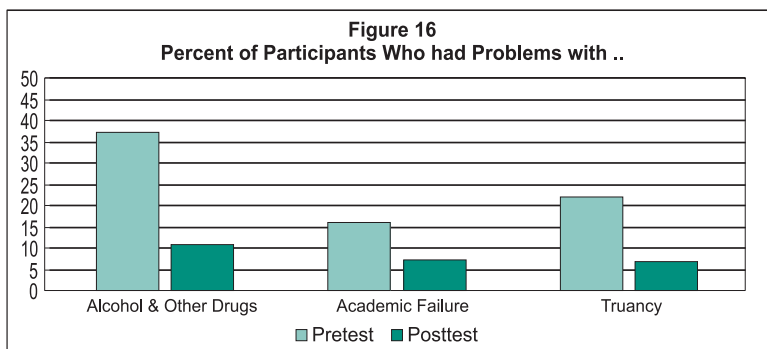
One hundred and fifty youth and their families participated in the MST program throughout the four-year grant period. Most youth (87%) were between the ages of 13 and 18. At referral, among other serious delinquent behaviors, 47.3% had physically assaulted someone; 49.3% had problems with alcohol and other drugs; 30.7% had stolen something; and 43.3% were habitually truant from school.

Evaluation Information

Information about child and family behaviors and mental health were collected from three sources. Therapist ratings of child behavior and family functioning were collected using the North Carolina Family Assessment Scale; information about academic achievement was collected from schools; and alcohol and other drug use was monitored by randomly administered drug tests. Information was also collected from Juvenile Probation and Children & Youth regarding out-of-home placement into a juvenile detention center, a residential treatment facility, or foster care home at 6 months, 12 months, and 18 months post-treatment.

The information reported here (Figure 16) summarizes immediate treatment gains and some longitudinal follow-up information at the end of the grant cycle, in June 2006. The students and families who participated in the MST program had great improvements in all domains. For example:

- **83.5%** of youth avoided residential placement at the end of the treatment and **78.9%** remained in the home 18 months after the end of treatment
- **71.4%** of youth who had a drug problem at referral were drug-free at the end of treatment
- **54.0%** of youth who were failing academically had improved to passing grades
- **69.7%** of youth who had problems with truancy improved their attendance
- **68.0%** of parents improved the supervision of their child and the use of appropriate discipline strategies



“Our therapist has been a very important part of our recovery system. Without her I know we could not remain focused due to the numerous situations that throw us off balance. She holds us accountable [and] follows through on everything.” – Parent

“The therapist...really does care about pulling this situation together.” – Parent

Families in Dauphin County received much benefit from participating in the MST program. Youth improved in all aspects of their behavior and academic standing, avoided drug use and delinquency, and remained out of costly residential placements. Parents were more consistent and effective in their supervision, discipline, and communication with their children as well. The MST program in Dauphin County has been sustained. Today it operates at a higher level than during the grant period, serving even more

families and maintaining high quality of program implementation. Hempfield Behavioral Health has recently been awarded the national SAMHSA Science to Service Award for their implementation of MST.

MST Site #2: Lawrence County

Grant: #11150

Dates: 10/1/01–12/31/05

Partnering Organizations:

Cray Youth and Family Services, Inc.

Lawrence County Cares CTC Board

Site Description

Cray Youth and Family Services and the Lawrence County CTC Board chose to implement the MST program because of the comprehensive model that addresses risk factors at the individual, family, peer, school, and community levels. The risk factors addressed by MST related to those identified by the Risk & Resource assessment in conducted by the CTC Board in 1998. Cases were referred from Juvenile Probation and Lawrence County Children & Youth.

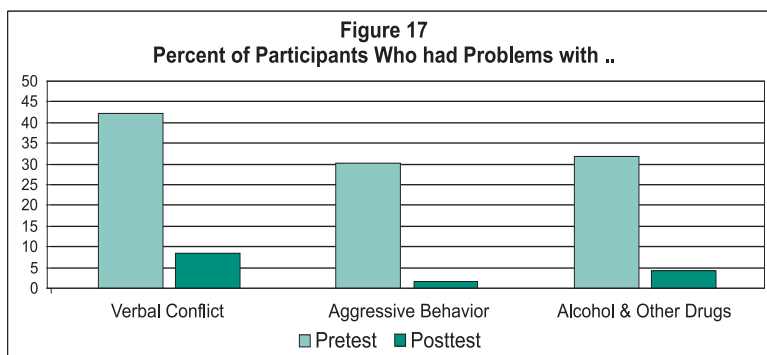
One hundred and sixteen youth and their families participated in the MST program over the course of the grant cycle. At referral, among other serious delinquent behaviors, 31.9% of the youth had problems with alcohol and/or other drugs and 72.4% of the youth had problems with severe physical and/or verbal aggression or conflict.

Evaluation Information

Information regarding the frequency of several behavioral problems (e.g., drug use, involvement with police, running away, etc.) was collected from parents with a survey before the treatment began, at the end of treatment, and 12 months post-treatment.

The information reported here (Figure 17) summarizes immediate treatment gains and some longitudinal follow-up information at the end of the grant cycle, in December 2006. The students and families who participated in MST improved in all targeted domains. For example:

- **79.5%** of youth avoided residential placement at the end of the treatment, and **70.0%** remained in the home 12 months after the end of treatment
- **79.6%** of the youth who had problems with severe verbal aggression improved
- **94.3%** of the youth who had problems with physically aggressive behavior improved
- **91.4%** of the youth who had problems with alcohol and other drugs were drug free at the end of treatment



“[The MST] staff are dedicated and professional and work very close with the child, family, and the probation officers... [we have noticed a] reduction in out-of-home placements for youth under our jurisdiction. Prior to 2002, we averaged 24 new placements per year. Since 2002 the juvenile probation department has averaged only 15 new placements per year.” – Probation Officer

Youth and families in Lawrence County benefited greatly from participating in the MST program. Among many other improvements, youth were less verbally and physically violent, and they decreased their use of alcohol and other drugs. Additionally, many families significantly improved their family functioning, which enabled families to stay intact, and the County Probation Office greatly reduced its use of costly out-of-home placement. Assuming a 30-day minimum placement at a daily rate of \$400, the reduction in placement costs as a result of MST represents a savings of more than \$100,000. The MST program in Lawrence County has been sustained, and continues serving the same number of youth and families.

MST Site #3: Blair County

Grant: #9967

Dates: 10/1/00–9/30/04

Partnering Organizations:

Adelphoi Village

Blair County Juvenile Probation

Blair County Families First

Site Description

The risk and resource assessment conducted by the CTC project team of the Blair County Families First coalition revealed three elevated risk factors: economic deprivation was evident through an elevated unemployment rate; family management and conflict was evident through elevated child abuse, neglect, and runaway statistics, and early and persistent antisocial behavior was evident through the high number and severity of referrals to Blair County's Student Assistance Program. The Blair County Families First Coalition chose to use the MST program to provide a continuum of support for youth and their families who have had contact with the juvenile justice system and/or Children & Youth Services. They also felt that the MST program fit well with the *Balanced and Restorative Justice* framework that was already present in the county.

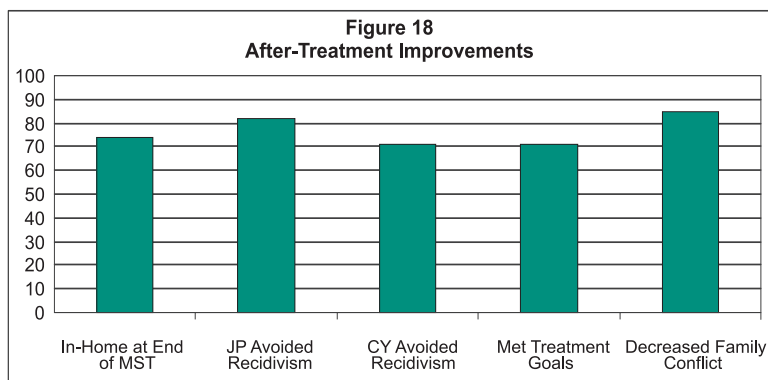
One hundred thirty-five youth participated in the MST program during the four-year grant period. At referral, 55% of youth presented with a mental illness diagnosis. About 50% of referrals came from Juvenile Probation and the other 50% came from Children & Youth.

Evaluation Information

Therapists conducted an assessment of youth behaviors at referral and at the end of treatment. This system supported the therapist to make treatment goals specific to each youth and family. Youth and parents also completed surveys that assessed the level of family conflict at the beginning of the program and at the end. Information regarding recidivism and out-of-home placement was gathered from Juvenile Probation and Children & Youth.

The information reported here summarizes immediate treatment gains and some longitudinal follow-up information at the end of the grant cycle, in September 2004. The students and families who participated in the MST program improved in many targeted domains. For example, as shown in Figure 18:

- **74.1%** of youth avoided residential placement by the end of treatment
- **82.0%** of youth referred by the juvenile probation department avoided recidivism 12 months after being discharged from MST
- **71.0%** of youth referred by Children & Youth avoided recidivism 12 months after being discharged from MST
- **71.1%** met their treatment goals (e.g., eliminated drug use, decreased or eliminated physically and/or verbally aggressive behavior, improved school attendance and/or achievement, etc.)
- **85.0%** of families decreased their level of conflict by the end of treatment



Parents and youth in Blair County benefited greatly from participating in the MST program. A greater majority of families were able to stay together, family conflict and delinquency recidivism rates decreased, and out-of-home placements were reduced. The MST program in Blair County has been sustained and continues to operate at the same level today.

Functional Family Therapy (FFT)

Program Developer: James F. Alexander, Ph.D. & Bruce Parsons, Ph.D.
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Indicated
Community
Youth 11-18
years old

Functional Family Therapy (FFT) aims to prevent further violence, delinquency, substance use, and other mental problems by engaging the entire family in the treatment process and addressing important risk and protective factors. The program is designed in three stages: (1) engagement and motivation; (2) behavior change; and (3) generalization. At the engagement and motivation stage the main goal is to decrease the risks that are related to program dropout and increase the family's motivation and belief that positive change can occur. In the behavior change stage, individualized "change" plans are developed, and interpersonal skills are enhanced. The goal for the generalization stage is to maintain and generalize the successful behavior changes, and to create positive relationships with school and community resources that support continued positive behavior. FFT sessions are delivered by one or two highly trained therapists, and are usually conducted in the clients' home. On average, 12 FFT sessions are provided over a period of 90 days.

FFT Site #1: Luzerne County

Grant: #10126

Dates: 10/1/00–9/30/04

Partnering Organizations:

Children's Alliance of Luzerne County

Site Description

The Children's Alliance of Luzerne County is the overarching body for the county's CTC and FSSR collaborative initiatives. Because rates of severe delinquency were rising quickly, the collaborative decided to implement two Blueprint programs (PATHS and FFT) in high-need areas of Luzerne and Wyoming counties. The PATHS program serves as a primary prevention program for the younger students who have not yet engaged in severe delinquent behaviors, while the FFT program targets youth who are on probation. The Children's Service Center was selected to provide the FFT program due to its prior involvement with local schools and experience in delivering a continuum of services.

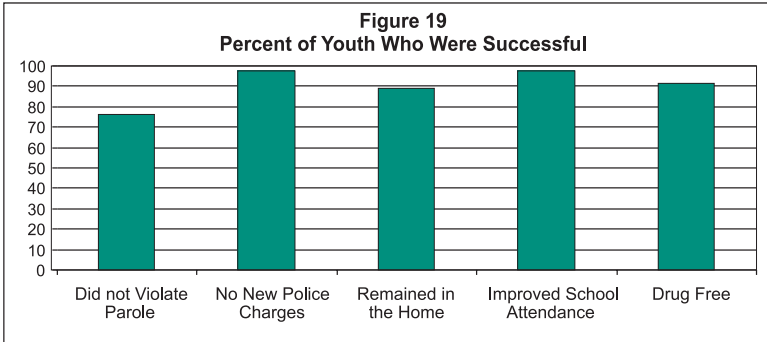
Seven hundred and ninety-six youth and their families participated in the FFT program over the four-year grant period.

Evaluation Information

Students' general progress is tracked by the therapist after each therapy session and at the completion of the program. Information about academic progress, behavior at school, arrests, out-of-home placements, mental health status, and drug-use is also gathered from the school, juvenile probation, Children & Youth, and Mental Health, and through random drug tests.

The information reported here is taken from discharge data for all 796 youth who participated in MST over the four years. Students improved in many domains. For example, as shown in Figure 19:

- **76.4%** of the youth did not violate probation during treatment
- **97.6%** had no new charges filed by the end of treatment
- **88.9%** avoided residential placement
- **97.7%** improved their school attendance
- **91.3%** were drug-free



Families and youth in Luzerne County benefited greatly from participating in the FFT program. Families were able to stay together, and youth decreased their participation in serious delinquent behavior and drug use. The FFT program in Luzerne County has been sustained beyond the initial grant funding, and is presently serving an even greater number of youth and families.

FFT Site #2: Lehigh & Northampton Counties

Grant: #10126

Dates: 10/1/01–9/30/05

Partnering Organizations:

Valley Youth House

Project Child

Site Description

FFT was selected by Project Child in Lehigh and Northampton Counties because it best addressed the problems of parents and youth involved with Children and Youth. Referrals for the program came from the member agencies of the Project Child coalition.

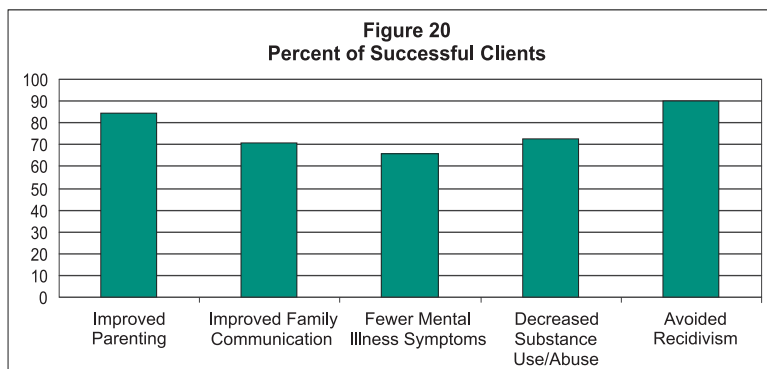
Two hundred and thirteen families participated in FFT during the funding period. Youth who were targeted for participation were either at high risk of developing an emotional and/or behavioral problem, or were already presenting with these symptoms.

Evaluation Information

Therapists tracked client progress after each therapy session. In addition, parents, youth, and the therapist completed the program-specific “Client Outcomes Questionnaire” at the completion of treatment. Both monitoring systems collected information on a range of outcomes, such as family communication and conflict, substance use, academic performance, behavior at school, mental health, and delinquency.

The information reported here is a summary of outcomes for all youth who completed the program. All outcomes were rated by the therapist, the parent(s), and the youth, and the number reported here is an average across those three sources. The youth and families who participated in FFT improved in many aspects of functioning. For example, as shown in Figure 20:

- **84.3%** of the parents improved their parenting skills
- **70.8%** of the families improved their communication skills
- **65.7%** of the youth decreased their symptoms of Conduct Disorder and Disruptive Behavior Disorder
- **72.8%** of the youth who had a substance abuse problem at intake reduced or eliminated their use/abuse
- **90.0%** of youth avoided recidivism



Families in Lehigh and Northampton Counties benefited greatly from the FFT program. Parents improved their parenting skills and the families generally improved their communication with each other. Youth's emotional state and behaviors improved as well, and the vast majority avoided re-offending. The FFT program in Lehigh and Northampton Counties has been sustained, although at a reduced level due to limited funding.

FFT Site #3: Blair County

Grant: #13014

Dates: 3/25/03–3/31/05

Partnering Organizations:

Blair County Commissioners

Juvenile Probation

Family Intervention Crisis Services (FICS)

Site Description

Juvenile Probation and Family Intervention Crisis Services partnered to implement FFT in Blair County. This program best addressed the severe delinquent and high-risk behavior (e.g., weapon carrying, drunk and/or high at school, riding with a drunk driver) that was discovered during the county's risk and resource assessment.

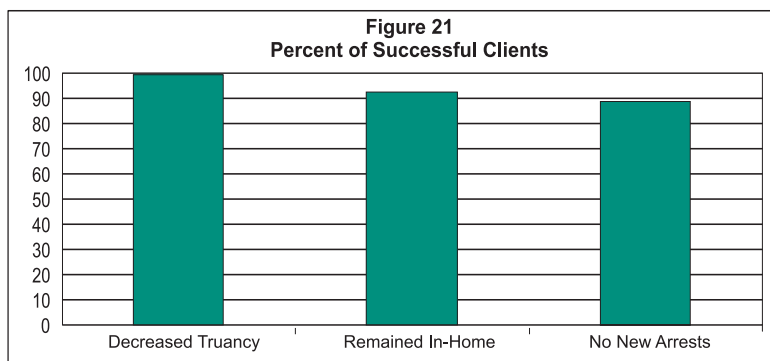
One hundred and nine youth and their families participated in FFT over the grant period. All youth had at least one referral to the juvenile justice system at the time treatment began.

Evaluation Information

Youth and family progress was measured by the therapists, parents, and youth at the end of the program through the "Client Outcomes Questionnaire." This measure gathered information on a range of outcomes, such as family communication and conflict, substance use, academic performance, behavior at school, mental health, and delinquency. Information was also gathered from the school (regarding attendance) and Juvenile Probation (regarding arrest) at six months and one-year post discharge.

The data reported here are longitudinal outcomes from *one-year post treatment*. Students improved in many domains. For example, as shown in Figure 21:

- **99.1%** of the youth had lower truancy rates one year after treatment
- **92.7%** avoided residential placement one year after treatment
- **89.0%** had no new misdemeanor or felony offenses one year after treatment



The families in Blair County benefited greatly from their participation in the FFT program. Youth outcomes were especially strong, with the large majority of youth able to remain in the home and delinquency-free at least one year post-treatment. Functional Family Therapy continues in Blair County today, and has increased its capacity to serve almost twice as many families. Building on a strong referral base from Juvenile Probation, it now also receives referrals from Children & Youth.

Conclusion

As these case studies demonstrate, communities and the Commonwealth have benefited from PCCD's investment in proven-effective prevention programs. The reduction in delinquency, substance use, and related risk factors seen by these sites is testament to the potential of evidence-based prevention programs to reduce violence and delinquency in Pennsylvania.

Since the Research-based Programs Initiative began in 1998, PCCD has continued to study the process of disseminating these effective prevention programs; as a result, a number of barriers have been identified and addressed through technical assistance, policy change, and infrastructure creation. For example:

- In order to promote greater fidelity in the implementation of these programs, PCCD now requires each site to be visited by the program developer in the second year of funding. For sites to continue receiving funding, the program developer must certify that the program is being implemented with sufficient quality;
- To ensure that grantees are monitoring the impact of funded programs, sites are required to develop measurable outcomes and an evaluation plan, and to submit an outcomes report in the third year of funding.
- To promote sustainability of the programs beyond the period of PCCD funding, communities are required to identify continuation funding sources during the application process, to provide match funding in the third and fourth years of funding, and are offered technical assistance on sustainability planning.
- To reduce training costs and improve access to certified trainers, PCCD has created a cadre of in-state trainers and coordinators for several of the Blueprint Programs.

These improvements will likely further strengthen the impact of the Research-based Programs Initiative and enable even greater impacts on delinquency and youth violence in the years ahead.

Appendix: Programs Funded Through the Research-based Programs Initiative: 1998–2007

Allegheny

Big Brothers Big Sisters
CASASTART
Core Youth Afterschool Program
LifeSkills Training
Quantum Opportunities

Armstrong

Creating Lasting Family Connections

Beaver

Promoting Alternative Thinking Strategies

Bedford

Big Brothers Big Sisters
LifeSkills Training
Raising Healthy Children

Berks

LifeSkills Training
Olweus Bully Prevention Program

Blair

Functional Family Therapy
LifeSkills Training
Multisystemic Therapy
Multidimensional Treatment Foster Care

Bradford

Big Brothers Big Sisters

Bucks

Big Brothers Big Sisters
Families and Schools Together
Functional Family Therapy
Incredible Years
Olweus Bully Prevention Program
Preparing for School Success

Butler

Multidimensional Treatment Foster Care

Cambria

Participate and Learn Skills

Cameron

LifeSkills Training
Olweus Bully Prevention Program
Promoting Alternative Thinking Strategies
Strengthening Families Program

Centre

Big Brothers Big Sisters
LifeSkills Training
Olweus Bully Prevention Program
Parents Who Care
Promoting Alternative Thinking Strategies
Reconnecting Youth
Strengthening Families Program

Chester

Buddy System Friends Fitness
Families and Schools Together
Olweus Bully Prevention Program
Promoting Alternative Thinking Strategies

Clearfield

Big Brothers Big Sisters
Promoting Alternative Thinking Strategies

Clinton

Incredible Years
Olweus Bully Prevention Program
Parents Who Care

Columbia

Big Brothers Big Sisters

Crawford

LifeSkills Training
Multisystemic Therapy

Dauphin

Multisystemic Therapy
Olweus Bully Prevention Program
Promoting Alternative Thinking Strategies

Delaware

2nd Step
Families and Schools Together
Participate and Learn Skills
Strengthening Families Program

Elk

Big Brothers Big Sisters
Promoting Alternative Thinking Strategies

Erie

Multidimensional Treatment Foster Care
Olweus Bully Prevention Program
Promoting Alternative Thinking Strategies
Trauma-Focused Cognitive Behavioral Therapy

Fayette

Nurse-Family Partnership

Franklin

STAR

Greene

Olweus Bully Prevention Program
Project Northland

Jefferson

Big Brothers Big Sisters

Appendix: Programs Funded Through the Research-based Programs Initiative: 1998–2007 (cont.)

Lackawanna

Parents as Teachers

Lancaster

Big Brothers Big Sisters
Functional Family Therapy
Mentoring with Contingent Reinforcement
Midwestern Prevention Project
Multisystemic Therapy
Olweus Bully Prevention Program
Quantum Opportunities

Lawrence

Multisystemic Therapy
Participate and Learn Skills

Lebanon

Guiding Good Choices
Project Alert
Safe Dates

Lehigh

Big Brothers Big Sisters
Brief Strategic Family Therapy
Functional Family Therapy
Multisystemic Therapy

Luzerne

Big Brothers Big Sisters
Families and Schools Together
Functional Family Therapy
Promoting Alternative Thinking Strategies

Lycoming

Midwestern Prevention Project
Multisystemic Therapy
Promoting Alternative Thinking Strategies

McKean

Big Brothers Big Sisters
Strengthening Families Program

Mercer

Book Lending Library
Brookline Early Intervention Project
Olweus Bully Prevention Program

Mifflin

2nd Step
Big Brothers Big Sisters
Functional Family Therapy
Incredible Years
Multidimensional Treatment Foster Care

Monroe

Nurse-Family Partnership

Montgomery

Big Brothers Big Sisters
Community Policing
Families and Schools Together

Northampton

Families That Care
Family Development Research Program
Functional Family Therapy
LifeSkills Training

Philadelphia

Big Brothers Big Sisters
Functional Family Therapy
Olweus Bully Prevention Program
Promoting Alternative Thinking Strategies
Quantum Opportunities

Potter

Olweus Bully Prevention Program

Schuylkill

Communities Mobilizing for Change on Alcohol
Positive Action

Tioga

LifeSkills Training

Venango

Big Brothers Big Sisters

Warren

Across Ages
Lions Quest

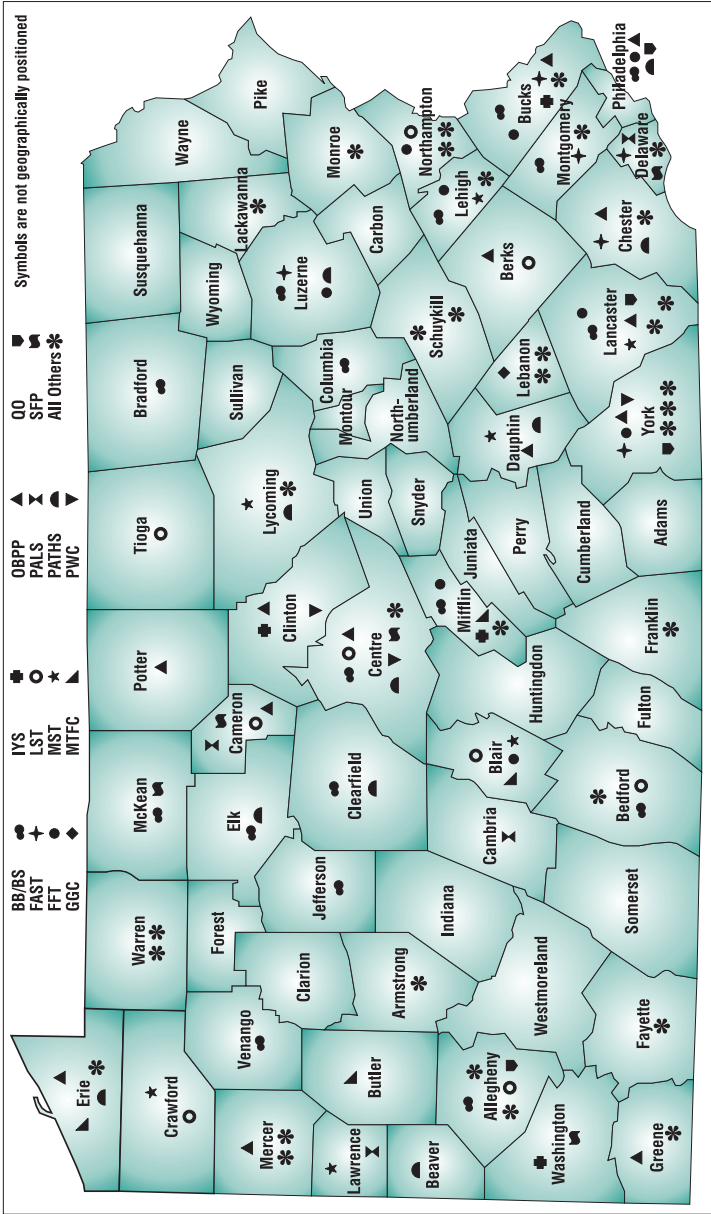
Washington

Incredible Years
Strengthening Families Program

York

Families That Care
Families and Schools Together
Functional Family Therapy
Know Your Body
Olweus Bully Prevention Program
Parents Who Care
Projects Toward No Drug Use
Quantum Opportunities

Research-based Programs Funded Throughout PA*



*See Appendix

