Understanding the Pennsylvania Youth Survey:

Shifting the Focus of Youth Behavior Problems from a “School Problem” to a Community Problem

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and

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Evidence-based Prevention and Intervention Support Center
The Public Health Approach to Prevention

**The Goal**
Ensure better outcomes for the children, youth, families and overall community.

**The Strategy**
Create a sustained community-wide impact through the use of effective programming that targets locally identified risk and protective factors.

**The Method**
Use locally collected data to prioritize the strengths and weaknesses of a community, and use the former to address the later.
The Public Health Approach to Prevention

The PAYS helps communities/schools:

- Focus on the ultimate goal – improved public health
- Use public health approach as guiding philosophy
- Make data-informed decision
The Pennsylvania Youth Survey (PAYS)

- A voluntary survey conducted in schools every other year since 1989 for youth in 6th, 8th, 10th, and 12th grades.
- Adopted from the *Communities That Care Youth Survey* developed by the University of Washington’s Social Development Research Group (Drs. Hawkins and Catalano), and the *Generation at Risk* National Survey.
  - Additional questions have been added to gather data on areas such as gambling, prescription drug abuse, mental health issues and other anti-social behaviors.
  - Assesses youth **behaviors, attitudes, and knowledge** on these areas.
    - Primary source of information about what our youth know, think and believe about anti-social behaviors.
  - Survey is **anonymous, confidential and voluntary**. No individual student information can be obtained from the data set. Students can skip any questions that they do not feel comfortable answering.
  - Collects data across multiple domains that impact students – **Community, School, Family and Peer/Individual**
The Pennsylvania Youth Survey (PAYS)

- Assesses **Risk Factors** that are related to these behaviors and the **Protective Factors** that guard against them
  - **Risk Factors**
    Those conditions that increase the likelihood that a child will develop problem behaviors later in life
  - **Protective Factors**
    Those people or conditions in a community that buffer youth from risk or assist in determining how they respond to risk
- Allows community leaders and school administrators to direct scarce prevention resources towards areas where they are likely to have the greatest impact
- Provides benchmarks for alcohol, tobacco and other drug use, anti-social and delinquent behaviors
<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>SUBSTANCE ABUSE</th>
<th>DELINQUENCY</th>
<th>TEEN PREGNANCY</th>
<th>SCHOOL DROP OUT</th>
<th>VIOLENCE</th>
<th>DEPRESSION &amp; ANXIETY</th>
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</thead>
<tbody>
<tr>
<td>COMMUNITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Availability of drugs</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
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<tr>
<td>Availability of firearms</td>
<td></td>
<td>✓</td>
<td></td>
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<tr>
<td>Community laws and norms favorable toward drug use, firearms, and crime</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>Media portrayals of violence</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
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<td>Transitions and mobility</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
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<tr>
<td>Low neighborhood attachment and community disorganization</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>Extreme economic deprivation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>FAMILY</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Family history of the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Family management problems</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Family conflict</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Favorable parental attitudes and involvement in the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>SCHOOL</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Academic failure beginning in late elementary school</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lack of commitment to school</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>INDIVIDUAL/PEER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Early and persistent antisocial behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rebelliousness</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Friends who engage in the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Favorable attitudes toward the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Early initiation of the problem behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Constitutional factors</td>
<td>✓</td>
<td>✓</td>
<td></td>
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## School Domain Scales

### Risk Factors

<table>
<thead>
<tr>
<th>Poor Academic Performance</th>
<th>SR3</th>
</tr>
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<tbody>
<tr>
<td>Q13</td>
<td>Putting them all together, what were your grades like last year?</td>
</tr>
<tr>
<td>Q23</td>
<td>Are your school grades better than the grades of most students in your class?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low School Commitment</th>
<th>SR4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3681</td>
<td>How often do you feel that the schoolwork you are assigned is meaningful and important?</td>
</tr>
<tr>
<td>Q3682</td>
<td>How interesting are most of your courses to you?</td>
</tr>
<tr>
<td>Q3683</td>
<td>How important do you think the things you are learning in school are going to be for your later life?</td>
</tr>
<tr>
<td>Q3684</td>
<td>Now, thinking back over the past year in school, how often did you: Enjoy being in school?</td>
</tr>
<tr>
<td>Q3685</td>
<td>Now, thinking back over the past year in school, how often did you: Hate being in school?</td>
</tr>
<tr>
<td>Q3686</td>
<td>Now, thinking back over the past year in school, how often did you: Try to do your best work in school?</td>
</tr>
<tr>
<td>Q738</td>
<td>During the LAST FOUR WEEKS, how many whole days have you missed because you skipped or “cut”?</td>
</tr>
<tr>
<td>School Opportunities for Prosocial Involvement</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Q14</strong></td>
<td>In my school, students have lots of chances to help decide things like class activities and rules.</td>
</tr>
<tr>
<td><strong>Q17</strong></td>
<td>There are lots of chances for students in my school to talk with a teacher one-on-one.</td>
</tr>
<tr>
<td><strong>Q2891</strong></td>
<td>Teachers ask me to work on special classroom projects.</td>
</tr>
<tr>
<td><strong>Q2057</strong></td>
<td>There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.</td>
</tr>
<tr>
<td><strong>Q3668</strong></td>
<td>I have lots of chances to be part of class discussions or activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Rewards for Prosocial Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q15</strong></td>
</tr>
<tr>
<td><strong>Q21</strong></td>
</tr>
<tr>
<td><strong>Q18</strong></td>
</tr>
<tr>
<td><strong>Q731</strong></td>
</tr>
</tbody>
</table>
Different Risk and Protective Factors May Lead to the Same Outcome

- Peer ATOD Use
- Family Conflict
- Community Mobility
- School Connection
- Parental Monitoring
- Youth Rebelliousness

Delinquency

Different Risk and Protective Factors May Lead to the Same Outcome.
Same Risk and Protective Factors May Lead to Different Outcomes
PAYS Validity – How?

- Student surveys are removed if...
  - Report exaggerated drug use
  - Report unrealistically high frequency of antisocial behaviors
  - Report using fictitious drug (in 2011, Derbisol)
  - Report inconsistencies in drug use
  - Answered less than 25% of questions

- For 2011 survey, only 6.6% of responses had questionable validity and were removed from analysis
Changes for 2013

- PCCD and the Departments of Drug and Alcohol Programs and Education have partnered to offer PAYS FREE OF CHARGE.

- This includes all public, private, parochial and charter schools in the Commonwealth.

- A new vendor, Bach Harrison, has been selected through a competitive process.

- As part of their contract, all local summary reports must be delivered to the field no later than April 30, 2014.
Changes for 2013

- We have moved to a “Three-Form Design” to ensure that all questions have adequate response rates *(same questions, different order)*.

- A Spanish Language version of PAYS will be available upon request.

- County-Level reports will automatically be prepared *(if at least two districts are participating)* and will be placed on the PAYS website.

- Local summary reports are considered to be in the public domain.
Changes for 2013

- Layout of survey instrument has been improved for readability.
  - Focus groups of students (6th/8th in one; 10th/12th in second) completed the survey in less than 40 minutes.

- The survey process has been approved by the Penn State Institutional Review Board (IRB) to ensure data confidentiality and protection.

- PCCD has confirmed that the 2013 PAYS will meet the reporting requirements for DFC/STOP.
New Topics/Questions Added for 2013

- **Family Food Security**
  - “How many times have you skipped a meal b/c your family did not have enough money to buy food?”

- **Synthetic Drug Use**
  - (Examples listed: Bath Salts, K2, Spice, Mr. Smiley, Blaze)

- **New “Fake” Drug for validation**
  - (No more Derbisol!)

- **New Community Activities**
  - Listed individually, rather than “select all that apply”

- **Military Deployment by Family Member**
  - “Have any family members been deployed to serve 6 months or more?”
New Topics/Questions Added for 2013

- **Loss of Friends/Family Members**
  - “In the past 12 months, have any of your friends or family members close to you died?”

- **Clarification of Bullying Questions**
  - Includes definition of what is meant by Bullying

- **Parental Incarceration**
  - “In the last 12 months, was a parent or parent figure in jail or prison for more than one week?”

- **Suicidal Ideation**
  - “Did you ever seriously consider attempting suicide?”

- **Texting and Driving**
  - “Over the last two months, how many times have you texted while driving and the vehicle was moving?”
Logistics for 2013

- The survey can be administered anytime between September 16 and November 27.
- To participate, the Superintendent must sign the Participation Agreement, nominate their point of contact for Bach Harrison, and indicate which grades they would like to survey.
  - The point of contact can be within the school or from the community.
Logistics for 2013

- To assist with recruitment, please contact Geoff Kolchin or EPISC Center to get an update on which of the districts in your county have registered.

- A point of concern that has been raised by some districts is the lack of a “without family” version.
  - Remind your superintendents that PAYS is a survey of how youth view their community and the behaviors they engage in.
  - Questions cross four domains and allow for other stakeholders to be brought to the table to assist in impacting the youth and families they serve.
Logistics for 2013

- Local summary reports will be sent directly to the Superintendents, not the point of contact, to ensure they are aware of the results.
- The Spanish version will be sent electronically to any districts that request it so that they can run as many copies as they need.
- A PAYS Follow-Up Guide for busy school professionals is being prepared.
Percentages, Percentiles and Cut Points, Oh My!
Percentiles and Percents

Graph 4. Overall Risk Factor Scale Scores, 2011

Table 3. Percentage of Youth Reporting Bullying at School or Sexual Harassment on the Internet in the Past Year, Anytown School District 2011

Note: The symbol “-” indicates that data are not available because students were not surveyed.
When is a % Not Really a %?

- **Percentage** – Amount of sample
  - e.g.- % of students endorsing ATOD use/gambling

- **Percentile** – Relative ranking in comparison with other scores (like the SAT)
  - “Risk and protective factor scales are scored against the *Communities That Care* normative database...This method generates percentile scores ranging from 0 to 100. A score of 50, which matches the normative median, indicates that 50% of the [districts] in the normative sample reported a score that is lower...and 50% reported a score that is higher.”
Apples and Oranges?

- Percentiles rank relies on other scores to give a relative place. That means your rank is only as meaningful as scores being compared.
- The current Communities that Care database is using scores from 2001-2005.
When is a 0 Not a 0?

- Percentiles are theoretically on a scale from 0-100 but have you ever seen a 0?
- Many scales are not “normally distributed”
  - e.g. – Lots of kids may report no access to handguns in lots of neighborhoods.
  - If 25% of communities sampled have a score of 0 on “Perceived availability of firearms”, then the lowest percentile rank you can on that risk factor is a 25!
Percentages and Cut Points

- In order to make percentages meaningful on Risk/Protective Factors, cut points had to be established for what constitutes “risk” in each domain.

- Arthur et. al. (2007) identified students who were high risk (bad grades, using ATOD, arrested) and low risk (low/no use, good grades) and defined methods to establish cut points for each risk/protective factor that optimally categorized the students in these groups.
"I think you should be more explicit here in step two."

THEN A MIRACLE OCCURS...
Example of R&P Cut Points

- **High Risk**
- **Low Risk**
- **At Risk Score**
- **Not At Risk Score**

More Specific

More Sensitive
What are the Odds?

- Using the cut points methods provided, we are more likely to properly identify a student who is at risk for problem behavior.
- How much more likely you ask?
  - Poor Family Management: 3.4x
  - Low Commitment to School: 3.6x
  - Perceived Availability of Drugs: 3.9x
  - Friends Use of Drugs: 8.9x

What This Means for You...

- In the future, rather than seeing the **percentile rank** of your community on risk/protective factors, you will see the following:
  1. Percentage of kids in your community who are at risk.
  2. Percentage of kids in the state at risk.
  3. Approximation of the percentage of kids nationally who are at risk on county & state level reports *(based on all data collected by Bach-Harrison across the country on similar measures)*
  4. Percentage of kids who are at risk on MULTIPLE factors (more risks = higher chance of engaging in risky behaviors)
  5. For those who participated in ‘09 and ’11, scores will be rerun with cut-point methodology.
Risk Factor Scale Example – Old

Graph 4. Overall Risk Factor Scale Scores, 2011

- Low Neighborhood Attachment: 77
- Community Disorganization: 69
- Transitions and Mobility: 60
- Laws and Norms Favorable to Drug Use: 57
- Perceived Availability of Drugs: 53
- Perceived Availability of Handguns: 48
- Poor Family Management: 47
- Family Conflict: 47
- Family History of Antisocial Behavior: 42
- Parental Attitudes Favorable toward ATOD Use: 42
- Parental Attitudes Favorable toward Antisocial Behavior: 42
- Poor Academic Performance: 42
- Lack of Commitment to School: 41
- Rebelliousness: 41
- Friends’ Delinquent Behavior: 41
- Friends’ Use of Drugs: 41
- Peer Rewards for Antisocial Behavior: 41
- Favorable Attitudes toward Antisocial Behavior: 41
- Favorable Attitudes toward ATOD Use: 41
- Low Perceived Risks of Drug Use: 41
- Early Initiation of Drug Use: 41
- Sensation Seeking: 47
- Average: 50
Risk Factor Scale Example – New

*High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives (8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors).*
Ok, once I get my 100+ page PAYS report, what do I do with it? HELP!
I know, I will use the PDE guide to PAYS for Busy School Professionals!

www.episcenter.org/paysguide
How can PAYS Data Benefit Schools?

• Remember that PAYS is a survey of how youth view their community and the behaviors they engage in.
  • It is NOT a measurement or reflection of the school where the survey is administered!

• PAYS allows for the tracking of changes in patterns of use and abuse of harmful substances and behaviors
  • Can help in the formulation of school guidance plans using data-driven approaches to choose and implement evidence-based programs in compliance with ASCA standards.
  • Provides a foundation for working according to “Response to Instruction and Intervention” principles through the use of universal programming.
  • Data is provided at both the school level as well as grade-by-grade with comparisons by cohort, which allows for future planning.
  • Know where to focus your limited resources!
Developing a School Prevention Planning Strategy

PAYS Data for Tier 1 PBS:
• For elementary schools – PAYS provides long-term view of behaviors and problems to prevent
• Decision making for selecting programs
• School guidance lessons

PAYS Data for Tier 2 PBS:
• Snapshot of anti-social behaviors like ATOD Use, Violence
• SAP and Counselors use data for planning interventions

PAYS Data for Tier 3 PBS:
• Intensive (1-5% of students)
  • Chronic behavior
  • FBA & BIP

Targeted Interventions
(5-10% of students)
• At-risk behavior
• Increased cues and prompts
• Increased instruction

Schoolwide Positive Behavior Systems
(100% of students)
• Clear expectations • Teacher behaviors

Tier 1 (Universal)
Tier 2 (Secondary)
Tier 3 (Tertiary)
Using PAYS to Take Action

- Increasing Awareness
  - Social Norming
  - Reports to external audiences
- Prevention Program Planning
  - Program selection
  - Grant writing
- Engage Community Stakeholders
  - Develop or Engage Coalitions
Identify the Audience & Interests

- Parents and other general community members
- PTAs
- Policy makers/funders
- Prevention boards
- School administrators
- Counselors
- Teachers
- Youth
- County officials
- Media

Resource: PAYS Guide – Understanding Your PAYS Data
# Putting it all Together

<table>
<thead>
<tr>
<th>Audience</th>
<th>Data Examples</th>
<th>Method</th>
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<tbody>
<tr>
<td>Parents, Community</td>
<td>30-day ATOD use</td>
<td>By grade, gateway drugs vs. other</td>
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<tr>
<td>PTAs</td>
<td>Prosocial opportunities</td>
<td>By grade, change over time</td>
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<tr>
<td>Policymakers/</td>
<td>Risk &amp; protective factors (Section 5)</td>
<td>Comparisons to state, national norms</td>
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<td>Prevention Boards</td>
<td>Risk &amp; protective factors (Section 5)</td>
<td>Highs &amp; lows, change over time</td>
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<td>School Administrators</td>
<td>School climate &amp; safety (Section 2)</td>
<td>Comparisons to state, change over time</td>
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<tr>
<td>Youth</td>
<td>Prosocial opportunities, Bullying</td>
<td>By grade, by bullying type</td>
</tr>
<tr>
<td>County Officials</td>
<td>Risk &amp; protective factors, Gambling, DUI, other illicit drugs</td>
<td>Youth overall, change over time</td>
</tr>
<tr>
<td>Media</td>
<td>ATOD prevalence, lifetime use</td>
<td>Comparisons to state, national norms</td>
</tr>
</tbody>
</table>
Filling in the Blanks...
Building on the PAYS—Adding Archival Data to Your Analysis

- **What is Archival Data?**
  - Information collected/documentated at the local, state or national levels, including governmental records or agency files kept as part of their operations.

- **Where can it be obtained?**
  - Local data sources can include police departments, school records, CYS data, health departments, local community assessments, etc.

  - For comparison, it is helpful to collect the same information at the state and national levels to compare where your community stands.
Filling in the Gaps

- PAYS identifies local risks and problem behaviors.
  - Think of this as shining a spotlight on an area of potential future trouble.
- The use of Archival Data shines additional light on the area.
  - See if it is a bigger problem that indicated (if the data reinforces the PAYS results) or lesser (which provides an opportunity to educate youth).
- Archival Data can also provide information for planning purposes on areas NOT covered by PAYS.
How to Collect Archival Data

1. Identify the risk factors, protective factors, and problem behaviors for which you need data
2. Identify the indicators to be collected
3. Identify the source for each indicator
4. Assign team members to contact each source to request needed data
5. Assign a data collection manager to oversee the collating of collected data
6. Compare the archival results with the PAYS data to see if there is overlap
What to Look For?

- Collect meaningful units of measure — Things that can be compared
- Collect data for the latest five years — Trends
- Collect information about the source — Validity/reliability
- Collect more information as needed—Follow-up on questions raised (“What about X? Can we get data?”)
- Ask experts for help in understanding what the data is telling you
- Beware of “paralysis by analysis” – once you obtain enough data, create your action plan

Resources available at: www.episcenter.psu.edu/ctc/trainings/cat
Examples of Archival Data

- **Justice System Indicators**
  - PA Department of Public Welfare - Child Stat (placements, arrests, etc.)
    - [https://www.humanservices.state.pa.us/CommunityLevelOutcomeIndicators/PACchildStatFlex.html](https://www.humanservices.state.pa.us/CommunityLevelOutcomeIndicators/PACchildStatFlex.html)

- **Health indicators**
  - SAMHSA National Survey of Drug Use and Health (substance use, dietary, etc.)
    - [http://www.oas.samhsa.gov/states.cfm](http://www.oas.samhsa.gov/states.cfm)

- **Education indicators**
  - Operation Restart (drop-out rates)

- **Other Indicators**
  - Porchlight Project - State of the Child (child abuse rates)
    - [http://www.porchlightproject.org/reports_and_media.shtml](http://www.porchlightproject.org/reports_and_media.shtml)
Binge Alcohol Use in Past Month by Persons age 12-20 by PA Substate Region

PA Child Stat – Local Data

Other stats available:

1. Juvenile Crime Arrests
2. Juvenile Delinquency Dispositions
3. Juvenile Delinquency Placements
4. Truancy
5. Child abuse
7. Residential Treatment Facility Usage
8. Teen Pregnancies
9. Children Enrolled in CHIP
10. Food Stamp Usage
Child Abuse Indicators – State of the Child Report

Source: State of the Child Report 2012 (porchlightproject.org)
### Operation Restart - Graduation Rates

<table>
<thead>
<tr>
<th>LEA Type</th>
<th>ALN</th>
<th>LEA</th>
<th>School ID</th>
<th>School Name</th>
<th>School Type</th>
<th>Grads</th>
<th>Cohort</th>
<th>Grad Rate</th>
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<td>112013054</td>
<td>Fairfield Area SD</td>
<td>6269</td>
<td>Fairfield Area HS</td>
<td>REGSCH</td>
<td>80</td>
<td>89</td>
<td>89.89%</td>
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<tr>
<td>SD</td>
<td>103028203</td>
<td>Riverview SD</td>
<td>6928</td>
<td>Riverview HS</td>
<td>REGSCH</td>
<td>91</td>
<td>97</td>
<td>93.81%</td>
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<td>Allegheny Valley SD</td>
<td>0029</td>
<td>Springdale JSHS</td>
<td>REGSCH</td>
<td>89</td>
<td>97</td>
<td>91.75%</td>
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<td>SD</td>
<td>101631003</td>
<td>Bethlehem-Center SD</td>
<td>4181</td>
<td>Bethlehem-Center SHS</td>
<td>REGSCH</td>
<td>78</td>
<td>94</td>
<td>82.98%</td>
</tr>
<tr>
<td>SD</td>
<td>113361503</td>
<td>Columbia Borough SD</td>
<td>2515</td>
<td>Columbia SHS</td>
<td>REGSCH</td>
<td>68</td>
<td>91</td>
<td>74.73%</td>
</tr>
<tr>
<td>SD</td>
<td>105201033</td>
<td>Conneaut SD</td>
<td>1644</td>
<td>Linesville HS</td>
<td>REGSCH</td>
<td>70</td>
<td>78</td>
<td>89.74%</td>
</tr>
<tr>
<td>SD</td>
<td>107654103</td>
<td>Jeannette City SD</td>
<td>4412</td>
<td>Jeannette HS</td>
<td>REGSCH</td>
<td>81</td>
<td>95</td>
<td>85.26%</td>
</tr>
<tr>
<td>SD</td>
<td>111343603</td>
<td>Juniata County SD</td>
<td>2394</td>
<td>East Juniata JSHS</td>
<td>REGSCH</td>
<td>89</td>
<td>96</td>
<td>92.71%</td>
</tr>
<tr>
<td>SD</td>
<td>109246003</td>
<td>Ridgway Area SD</td>
<td>1989</td>
<td>Ridgway Area HS</td>
<td>REGSCH</td>
<td>70</td>
<td>81</td>
<td>86.42%</td>
</tr>
<tr>
<td>SD</td>
<td>103021453</td>
<td>Brentwood Borough SD</td>
<td>0070</td>
<td>Brentwood SHS</td>
<td>REGSCH</td>
<td>86</td>
<td>100</td>
<td>86.00%</td>
</tr>
<tr>
<td>SD</td>
<td>104435003</td>
<td>Mercer Area SD</td>
<td>3158</td>
<td>Mercer Area SHS</td>
<td>REGSCH</td>
<td>92</td>
<td>97</td>
<td>94.85%</td>
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<tr>
<td>SD</td>
<td>119584603</td>
<td>Mountain View SD</td>
<td>4049</td>
<td>Mountain View JSHS</td>
<td>REGSCH</td>
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<td>115</td>
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<td>SD</td>
<td>105207403</td>
<td>Penncrest SD</td>
<td>1629</td>
<td>Cambridge Springs SHS</td>
<td>REGSCH</td>
<td>94</td>
<td>106</td>
<td>88.68%</td>
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<td>SD</td>
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<td>Philadelphia City SD</td>
<td>7781</td>
<td>Communications Technology HS</td>
<td>COMCTC</td>
<td>64</td>
<td>97</td>
<td>65.98%</td>
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<td>SD</td>
<td>126515001</td>
<td>Philadelphia City SD</td>
<td>7780</td>
<td>Paul Robeson HS for Human Services</td>
<td>REGSCH</td>
<td>58</td>
<td>74</td>
<td>78.38%</td>
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<td>Shenango Area SD</td>
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<td>Shenango HS</td>
<td>REGSCH</td>
<td>86</td>
<td>94</td>
<td>91.49%</td>
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<td>Sto-Rox SD</td>
<td>0477</td>
<td>Sto-Rox HS</td>
<td>REGSCH</td>
<td>77</td>
<td>103</td>
<td>74.76%</td>
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<tr>
<td>SD</td>
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<td>Upper Dauphin Area SD</td>
<td>6340</td>
<td>Upper Dauphin Area HS</td>
<td>REGSCH</td>
<td>85</td>
<td>94</td>
<td>90.43%</td>
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<tr>
<td>SD</td>
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<td>Bloomsburg Area SD</td>
<td>1612</td>
<td>Bloomsburg Area HS</td>
<td>REGSCH</td>
<td>101</td>
<td>115</td>
<td>87.83%</td>
</tr>
<tr>
<td>SD</td>
<td>115504003</td>
<td>Newport SD</td>
<td>7930</td>
<td>Newport HS</td>
<td>REGSCH</td>
<td>75</td>
<td>93</td>
<td>80.65%</td>
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<tr>
<td>SD</td>
<td>118406003</td>
<td>Northwest Area SD</td>
<td>2958</td>
<td>Northwest Area HS</td>
<td>REGSCH</td>
<td>81</td>
<td>89</td>
<td>91.01%</td>
</tr>
<tr>
<td>SD</td>
<td>121136603</td>
<td>Panther Valley SD</td>
<td>6693</td>
<td>Panther Valley SHS</td>
<td>REGSCH</td>
<td>82</td>
<td>98</td>
<td>83.67%</td>
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<tr>
<td>SD</td>
<td>117416103</td>
<td>South Williamsport Area SD</td>
<td>3056</td>
<td>South Williamsport Area SHS</td>
<td>REGSCH</td>
<td>96</td>
<td>109</td>
<td>88.07%</td>
</tr>
<tr>
<td>SD</td>
<td>115228003</td>
<td>Steelton-Highspire SD</td>
<td>1801</td>
<td>Steelton-Highspire HS</td>
<td>REGSCH</td>
<td>79</td>
<td>83</td>
<td>95.18%</td>
</tr>
</tbody>
</table>
Identifying Community Needs & Priorities

- Once data collection is complete, you will have identified prioritized RPFs and collected supporting data.
- If you identify an area for which you need additional supporting data, remember that that data source can be another key stakeholder.
  - Invite that resource to join to collaborate and combine their data with the community’s.
- Keep your data current and available.
  - As new information is released, add it to your database. Doing so provides the potential for viewing major changes and trends in your community.
Making the Connection...School + Community
Feeling Overwhelmed?

- You don’t have to do this alone. There are resources that are READY and WILLING to help!
Why Don’t Schools and Communities See Great Success in Prevention?

- Chasing money rather than outcomes
- No single guiding philosophy (many separate but disconnected efforts)
- Little accountability
- The lack of good data to drive decision-making and resource allocation
- Reliance on untested (or ineffective) programs
- Poor implementation quality
- Inability to sustain programs
Drug Free Communities

- The Drug Free Communities Support Program (DFC) is a Federal grant program that provides funding to community-based coalitions that organize to prevent youth substance use.
  - Since the passage of the DFC Act in 1997, the DFC program has funded nearly 2,000 coalitions and currently mobilizes nearly 9,000 community volunteers across the country.

- The philosophy behind the DFC program is that local drug problems require local solutions.

- With a small Federal investment, the DFC program doubles the amount of funding through the DFC program’s match requirement, to address youth substance use.

- Recent evaluation data indicate that where DFC dollars are invested, youth substance use is lower.
  - Over the life of the DFC program, youth living in DFC communities have experienced reductions in alcohol, tobacco, and marijuana use.
Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA)

- PACDAA is a professional association that represents the Single County Authorities (SCAs) across the state who receive state and federal dollars through contracts with the Department of Drug and Alcohol Programs, to plan, coordinate, programmatically and fiscally manage and implement the delivery of drug and alcohol prevention, intervention, and treatment services at the local level.

- Interested in more information about SCAs in your community?
  - Contact Michelle Denk: mdenk@pacounties.org
Communities That Care (CTC)

- Communities That Care is a community and stakeholder organizing platform that helps community leaders scientifically identify problems within their community and address them through the installation of one or more proven practices.
  - The main focus of the CTC platform is to minimize the risk factors associated with delinquent youth behaviors and in doing so, improve protective factors associated with positive youth outcomes.
- The CTC model is designed to:
  - help community stakeholders and decision makers understand and apply information about risk and protective factors, and
  - educate stakeholders on programs that have proven to make a difference in promoting healthy and positive youth development.
- What makes the CTC program unique and effective is its end-to-end approach—taking community stakeholders from risk assessments all the way to choosing what programs to implement and how to effectively and scientifically evaluate them.
Communities That Care in PA

- Adopted as a statewide initiative in 1999; **largest concentration of CTC in the world**
- Over **130 communities** trained and approximately ½ currently functioning
- Dedicated technical assistance for CTC to improve coalition functioning – evolved over time
- Over a decade of studying the process
- Opportunity to study CTC in a long-term, large-scale implementation under real-world conditions
How does CTC Work Within Communities to Support Health Youth Development?
How is CTC Implemented?

- Works through five phases
- Follows milestones and benchmarks
- Uses data to determine programs, policies, & practices
- Has a clearly defined timeline
419 age-grade cohorts over a 5-year period: youth in CTC communities using EBPs had significantly lower rates of delinquency, greater resistance to negative peer influence, stronger school engagement and better academic achievement.


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**Five Year Longitudinal Study of PA Youth**

% Change of CTC/EBP Youth Over Comparison Group

- Delinquency: -10.8%
- Negative Peer Influence: -10.8%
- Academic Performance: 33.2%
- School Engagement: 16.4%
Strengthening Families Program: For Parents and Youth 10-14 (ISFP or SFP 10-14)

The original version of this program was developed through Project Family by the Social and Behavioral Research Center for Rural Health at Iowa State University.

Logic Model created by the Evidence-based Prevention and Intervention Support Center (EPISCenter) at the Pennsylvania State University

**Program Components**
- **Parent Sessions**
  - Goal: Enhance parenting skills and promote effective parenting styles
- **Youth Sessions**
  - Goal: Build life skills and foster positive attitudes
- **Family Sessions**
  - Goal: Strengthen family bonds, promote positive communication, and enhance joint problem solving

**Target Underlying Causes of Problem Behaviors**
- Decrease Risk Factors
- Increase Protective Factors

**Proximal Participant Outcomes**
- Improved Parenting Skills/Styles
- Improved Youth Skills/Attitudes
- Improved Family Relationships

**Distal Public Health Outcomes**
- Reduced Youth Substance Use
- Reduced Youth Antisocial Behavior
- Improved Academic Engagement & Performance

**Researched Delivery Model:**
- Targets youth ages 10 to 14 and their caregivers
- Goal of serving 10 families per program
- Delivered once weekly for 7 weeks
- A scripted curriculum with interactive video instruction
- Led by three facilitators
- Parent and youth sessions run concurrently followed by a joint family session for approximately two hours of instruction
- A family meal is recommended prior to program delivery to promote bonding and facilitator modeling
Logic Model created by the Evidence-based Prevention and Intervention Support Center (EPISC) at Penn State University.
The Job of the Collaborative

- Make the Right Connection
  - Evaluate the needs
  - Not duplicate resources
  - Fill in the gaps by finding the right:
    - Programs
    - Policies
    - Practices
Collaboratives Can Help Increase Opportunities for Funding and Support from Grants and Foundations

- What to Tell Funders:
  - Demonstrate local needs/risks with objective data
  - Explain how local needs/risks match intended targets of specific program
  - What resources are lacking that prevent you reaching your goal?

PAYS

LOCAL RISKS

PROGRAM TARGETS
Getting the Right Information out in the Right Fashion, to the Right Audience

- Factsheet
- Newsletter
- Newspaper article
- Presentation
- Radio
- Billboard
- Poster
- Video
- Facebook/Twitter
Social Norming Campaigns

Did you know 87% of Punxsutawney Area School District students DO NOT smoke? Join the Majority!

Visit us on Facebook at: www.facebook.com/CJDFCC

Statistics based on a typical month according to 2009 Pennsylvania Youth Survey. Students surveyed in grades 6, 8, 10, and 12

Sponsored by: Clearfield-Jefferson Drug Free Communities Coalition
Questions? Comments?
Thank You!

- For questions about the PAYS contact:
  - Geoff Kolchin
    (717) 265-8483
    gkolchin@pa.gov
  - PAYS Website: www.pays.state.pa.us

- To participate in the 2013 PAYS contact:
  - Mary Johnstun
    (801) 842-2682
    mary@bach-harrison.com

- For information about cut points or other data-related questions contact:
  - Sebrina Doyle
    (814) 863-0410
    sdoyle@episcenter.org

- For More Information on Coalitions in your area contact the Evidence Based Prevention and Intervention Support Center (EPISCenter):
  - Sandy Hinkle
    (814) 863-2568
    sah41@psu.edu
  - Phyllis Law
    (814) 863-2637
    plaw@episcenter.org
  - Website: www.episcenter.psu.edu

- For information related to this presentation:
  - http://episcenter.psu.edu/paysguide