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Prevention Programs Across the Department of Human Services

Opportunities, Challenges, and Priorities for Program Evaluation

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Allegheny County Department of Human Services

The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, early intervention, crises management, and after-care services.

This report was prepared by the Office of Data Analysis, Research and Evaluation (DARE), an office within DHS. DARE supports and publishes research related to the activities of DHS offices including: Aging; Behavioral Health; Children, Youth and Families; Community Services; and, Intellectual Disability.

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Glossary of Abbreviations, Acronyms & Terms

AAA – Area Agency on Aging

ACHI – Allegheny HealthChoices, Inc.

ACJ – Allegheny County Jail

AIMS – Office of Administrative and Information Management Services

BIM – Bureau of Information Management, within AIMS

CCBH – Community Care Behavioral Health

CYF – Office of Children, Youth and Families

DA – Drug and Alcohol

DARE – Office of Data Analysis, Research and Evaluation

DHS – Allegheny County Department of Human Services

DOB – Date of Birth

ISP – Individual Service Plan

KIDS – Key Information and Demographics System

MH – Mental Health

MR – Mental Retardation

OBH – Office of Behavioral Health

OCR – Office of Community Relations

OID – Office of Intellectual Disability

OIM – former Office of Information Management (now Bureau of Information Management – BIM)

PPS – Pittsburgh Public Schools

Program Areas – The categories of programming that serve as the outline for this report which may span, and are not specific to, DHS program offices; these categorizations are designed to encompass specific populations served or sets of services provided.

Program Offices – The five designated service-providing arms of DHS, which include Aging (AAA); Behavioral Health (OBH); Children, Youth and Families (CYF); Community Services (OCS); and, Intellectual Disability (OID)

Acknowledgements

This work could not have been completed without the efforts and cooperation of many staff members from all offices across DHS. More than 40 DHS staff members participated in interviews and provided programmatic information, and an additional twelve reviewed the document for accuracy. The contributions from all of these individuals are greatly appreciated.

Overview

The Allegheny County Department of Human Services (DHS) is committed to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, early intervention, crises management and after-care services. Many DHS consumers seek or receive services in reaction to an emergent need or crisis; DHS staff and the Department's many contracted service providers and agencies do an excellent job in meeting those critical needs¹. However, while system involvement is sometimes inevitable and beneficial to consumers, DHS believes that preventing the need for such system interventions can ultimately result in safer, healthier, and more cost-effective alternatives for consumers and for the region at-large. Promoting consumers' health and stability through prevention and early intervention strategies can result in better outcomes for them and their families, and limit the need for more serious interventions later on.

While many DHS programs and services include a prevention component, there has not been a systematic examination of those prevention activities to better understand what they are and how well they work. This report is the first step in developing a resource that will be used to advise decision-making across the department regarding the prioritization of prevention activities and their evaluation.

The report begins by presenting a framework for prevention in the human services field. It then goes on to classify and catalog all prevention efforts across DHS, including program descriptions and other key pieces of information that are important to understanding the evaluation status and priorities of each program or service. Next steps are then formulated and presented based on DHS-wide trends and specific priorities for program evaluation.

Definition of Prevention²

The definition of prevention used for this report is an adaptation of the public health definition of prevention. Prevention as defined here for DHS is as follows:

Primary prevention – Efforts to prevent the development of a problem in a susceptible or potentially susceptible population through the provision of information/education and referral services. Efforts to prevent the need for unnecessary system involvement.

¹ DHS staff members provide some services directly to consumers. However, the majority of programs and services DHS oversees are offered through over 350 contracted service providers.

² The definition of prevention used throughout this report is not an official definition for the Department, but rather a working definition designed to assist the achievement of the purpose of the report. This purpose is to advise decision-making across DHS regarding the prioritization of prevention activities and their evaluation.

Secondary prevention – Efforts to limit an existing or emergent consumer dependency on systems and limit the need for more intensive services through the use of early diagnosis and prompt intervention. Efforts to decrease or cease the duration and reduce the severity of conditions after they already exist.

Tertiary prevention – Efforts to limit the degree of disability, promote rehabilitation, and stabilize/restore function in consumers with chronic and irreversible conditions. Efforts to prevent crises from emerging or to mitigate their impact once they do occur.

To classify DHS prevention programs more accurately, the three prevention levels described above were further broken down into a prevention continuum with seven categories. All programs and services identified and evaluated through the course of this project were placed into at least one category.

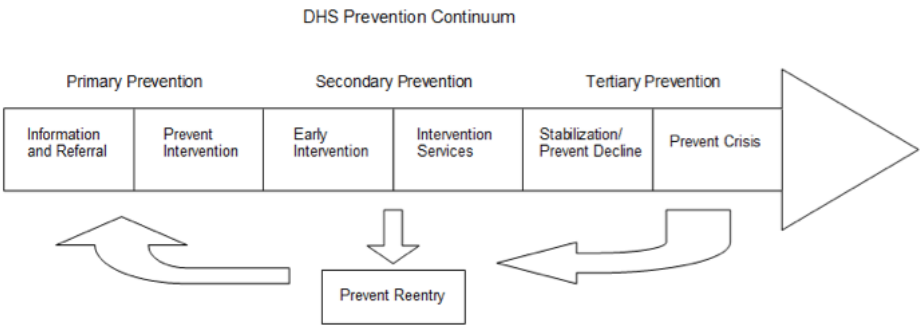


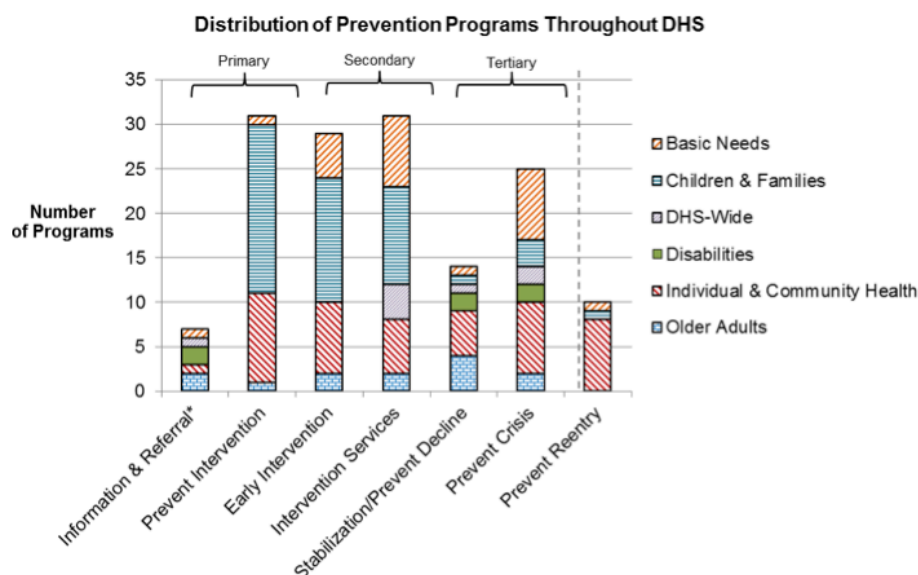
Figure 1: DHS Prevention Continuum

Data Collected

A consistent set of information was collected for all programs and services that fall on the DHS prevention continuum. This set of information includes the program name, target population, program description, data currently collected, existing evaluations, prevention goals, service providers, and evaluation concerns and priorities. These fields are designed to provide a quick, accurate snapshot of the program purpose, its prevention priorities, and its readiness for evaluation. This information also allows analysts to identify gaps in data collection and evaluation across DHS, and to better understand how and where DHS uses different types of prevention.

Distribution of Programs in DHS

Each program area has a unique distribution of services across the prevention continuum, highlighting the diverse needs of different populations. Most program areas offer services across the full continuum. As a whole, prevention activities within DHS are concentrated in *Preventing Intervention*, *Early Intervention*, *Intervention Services*, and *Preventing a Crisis*.



* While many information and referral activities are conducted by DHS, they are not included in this report because the purpose is to identify evaluation opportunities, and such activities would not be evaluated for their preventive impact.

Figure 2: Distribution of Prevention Programs in DHS: By Program Area³

Findings

- Administrators were able to identify specific priorities for evaluation within each program area⁴. These priorities were focused and limited, often to only one or two programs.
- Overall, there is limited interest in prevention-related evaluation for programs across DHS. More often, administrators seek to establish outcome measures to continually track program performance and progress.

³ The numbers on this chart represent counts of programs addressing the different categories of prevention. They do not reflect the distribution of dollars spent or people served, and some programs may be represented more than once if program goals fit different categories of prevention.

⁴ Program areas are categories of programming created for this report that may span, and are not specific to, DHS program offices; the program areas used in this report are designed to encompass specific populations served or sets of services provided.

Executive Summary

- A majority of prevention programs are not ready for evaluation because of data shortcomings. There is a significant deficit in the number of programs that have meaningful outcome measures developed, and for which data are collected.
- Many programs for which prevention evaluation is a priority already have complete or pending evaluations; this is especially true within the Individual and Community Health category.
- Where evidence-based programs are utilized, DHS consistently seeks evaluation to see if local implementation maintains fidelity to the model and is effective. Some of this evaluation is already in place.

Next Steps

- *Share findings* – DARE staff will present office-specific findings in report briefs to senior staff and other stakeholders, informing them of overall issues or trends. These briefs will also identify strengths, areas for improvement, and potential programs for evaluation.
- *Outcome measures* – DARE will work with program offices to assist in the development of meaningful outcome measures to be tracked and reported by contracted provider agencies.
- *Data collection* – DARE will continue to work with program offices and BIM to encourage the design and deployment of data collection measures that are meaningful and accessible. A critical element to this collaboration will be continuing to educate program administrators on the importance of systematically collecting client data and outcome measures from provider agencies as a means for evaluating the impact and effectiveness of a program.
- *Utilize new resources* – As new resources and data systems become available, new evaluation opportunities arise. DARE will continue to seek out and take advantage of strategic partnerships with other governmental agencies and organizations serving DHS consumers.
- *Project evaluations* – A prevention-based research agenda will be developed based on the findings of this report. Some of the programs and services identified as top priorities for evaluation include the Urban League Housing Assistance Program, Inua Ubuntu, High Fidelity Wraparound, Family Support Centers, Mental Health Supportive Housing, Crisis Intervention Teams, POWER Connection, and OPTIONS.

Introduction

DHS is committed to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, early intervention, crises management, and after-care services. Many DHS consumers seek or receive services in reaction to an emergent need or crisis; DHS's many contracted service providers and agencies do an excellent job in meeting those critical needs⁵.

However, while system involvement is sometimes inevitable, necessary, and highly beneficial to consumers, DHS believes that preventing the need for such system interventions can ultimately result in safer, healthier, and more cost-effective alternatives for consumers and for the region at-large. Promoting consumers' health and stability through prevention and early intervention strategies can result in better outcomes for them and their families, and limit the need for more serious interventions later on.

At the federal level, the Obama administration has committed significant resources to the creation of a new National Prevention, Health Promotion, and Public Health Council (composed of senior officials across the government) and a new Prevention and Public Health Fund; these bodies will be dedicated to elevating, coordinating, and funding prevention efforts across the nation. In Allegheny County, many DHS programs and services include a prevention component to promote positive outcomes, limit negative behavior or activities, and reduce the need for serious system involvement. However, up to this point there has not been a systematic examination of those prevention activities to better understand what they are and how well they work. It is precisely this work that is needed as program administrators are frequently interested in knowing if their programs are working the way they were designed to work. This report is the first step in developing a resource that will be used to advise decision-making across the department regarding the prioritization of prevention activities and their evaluation.

The report begins by presenting a framework for prevention in the human services field. It then goes on to classify and catalog all prevention efforts across DHS, including program descriptions and other key pieces of information that are important to understanding the evaluation status and priorities of each program or service. Next steps are then formulated and presented based on DHS-wide trends and specific priorities for program evaluation.

⁵ DHS staff members provide some services directly to consumers. However, the majority of programs and services DHS oversees are offered through over 350 contracted service providers.

Methodology

The DHS prevention audit launched internally with an introductory announcement to all program-office deputy directors, who were invited to provide assistance and input into the project. Each deputy director was asked to both meet briefly with DARE staff to discuss his or her priorities, and to identify individuals within their office who could serve as primary points of contact for this project.

In subsequent months, DARE staff conducted more than 30 in-person interviews with representatives from all offices, including bureau chiefs, program administrators, and supervisors. During the first round of meetings with office representatives and senior staff, all individuals were asked for their definition of prevention – how they perceive it relative to their work. This provided two key sets of information: how DHS staff perceive and define prevention as it pertains to their own work, and why they may have identified some program as preventive but not others.

Employee definitions were consolidated and compared against existing definitions of prevention discovered through research to develop an appropriate definition for this project. To capture the breadth of DHS prevention activities, a continuum with multiple categories of prevention was developed. Please refer to the Definition of Prevention section for more detailed information on this process and the Prevention Continuum.

Given the definition, staff interviews and research were used to identify all programs or services that had a preventive element that made them appropriate for inclusion in this inventory. A consistent set of information was collected for each program or service. This information includes:

- Target population – characteristics of consumers served, or geographic locations
- Program description – program purpose and services provided to consumers
- Data collected – categories of quantitative and qualitative data collected and where they are stored
- Existing evaluations – conducted by DHS and/or by external parties
- Prevention goals – behaviors or outcomes that are targeted by the program for prevention (sometimes framed as a positive: what a consumer strives to accomplish through the program)
- Providers – who the providers are, or how many providers offer this service
- Evaluation – concerns, interest, and gaps regarding potential future evaluation
- Category – which of the seven categories of prevention are represented (may be multiple)

Methodology

Upon the completion of this documentation, copies of the summary profiles were distributed to all program offices, whose staff reviewed them for accuracy and completeness. Senior staff and administrators were asked to identify their evaluation priorities at the beginning of the project, and this question was revisited at the conclusion of the project as well.

Definition of Prevention

Defining prevention is an important element of this project. Because there are many different kinds of prevention, determining whether or not prevention has occurred can be difficult. For example, if an opportunity to prevent something was missed but the worsening of the situation was avoided, does it still count as prevention?

To develop a definition of prevention that is accurate and reflects the wide variety of activities in the human services field, a literature review of existing definitions was supplemented with responses from interviewed DHS staff about their perceptions of prevention. The concepts of prevention provided by staff were compared with definitions in the literature to find an appropriate schema for prevention within DHS.

The literature review revealed two major accepted definitions of prevention that relate to the human services field: the child welfare perspective and the public health perspective. Based on feedback from the staff, the public health perspective emerged as the most appropriate model, as the child welfare perspective was too narrowly focused on a single aspect of human services and did not relate as well to all prevention activities within DHS. **The Public Health Perspective classifies prevention** as follows⁶:

Primary prevention: Prevention of the development of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts.

Secondary prevention: Efforts to decrease the duration of illness, reduce severity of diseases, and limit aftereffects of diseases/conditions through early diagnosis and prompt intervention.

⁶ Glanz, Karen; Rimer, Barbara K.; Viswanath, K. *Health Behavior and Health Education: Theory, Research, and Practice*, 4th Edition. San Francisco, CA: Jossey-Bass, c2008.

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Definition of Prevention

Tertiary prevention: Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases.

These three levels of prevention are refined below to better reflect the wide range of service areas housed within the Department of Human Services. **Prevention as defined in this report for DHS:**

Primary prevention: Efforts to prevent the development of a problem in a susceptible or potentially susceptible population through the provision of information/education and referral services. Efforts to prevent the need for unnecessary system involvement.

Secondary prevention: Efforts to limit an existing or emergent consumer dependency on systems and limit the need for more intensive services through the use of early diagnosis and prompt intervention. Efforts to decrease or cease the duration and reduce the severity of conditions after they already exist.

Tertiary prevention: Efforts to limit the degree of disability, promote rehabilitation, and stabilize/restore function in consumers with chronic and irreversible conditions. Efforts to prevent crises from emerging or to mitigate their impact once they do occur.

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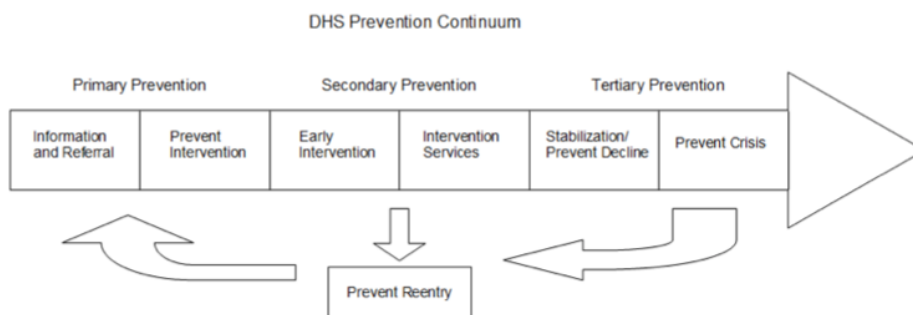


Figure 3: DHS Prevention Continuum

Definition of Prevention

Primary prevention includes activities categorized as *Information and Referral* services and those that *Prevent Intervention*:

- *Information and Referral* services provide individuals with information about available services for which they may be eligible, along with advice about when it may be appropriate to access such services. Information and referral services enable people to seek appropriate services before problems develop, and are frequently provided through telephone information lines and brochures.
- Activities that *Prevent Intervention* are those targeted to at-risk populations in order to prevent the development of a problem or condition. Examples include after-school programs that provide youth with a safe and positive environment, and drug and alcohol education that prevents the onset of substance use and abuse.

Secondary prevention includes *Early Intervention and Intervention Services*:

- *Early Intervention* occurs when symptoms of a condition are identified and action is taken quickly to address them before an ongoing problem develops. Examples include child feeding programs, disaster responses, and teen parenting programs.
- *Intervention Services* are services provided to individuals for existing conditions that are ongoing with the purpose of ending that condition or shortening its duration. Examples include substance abuse treatment, shelters for the homeless, and truancy prevention services.

Tertiary prevention includes services designed to *Maintain Stability* and *Prevent Decline* as well as services designed to *Prevent Crises* from occurring:

- *Stabilization and Preventing Decline* are appropriate prevention goals for individuals with chronic conditions, such as aging or intellectual disabilities. Examples of these services include homemaker or chore services that enable individuals to continue living independently in a safe environment, and transportation services that facilitate access to necessary medical/treatment services.
- *Crisis Prevention* services are designed to proactively prevent emergencies, and to be responsive when such situations do occur. Examples of proactive services designed to prevent crises include the Low Income Home Energy Assistance Program (LIHEAP) and the Neighborhood Safety Program. Examples of responsive services include behavioral health crisis centers, protective services, and domestic violence shelters.

Definition of Prevention

The final category, *Prevent Reentry*, falls outside the bounds of any of the three levels of prevention because activities matching this category occur at all levels. They are distinct services designed to prevent repeated entries into a system. Examples include jail reintegration programs designed to prevent ex-offenders from relapsing into substance abuse or recidivating, and housing supports that prevent an individual's relapse into homelessness.

Some programs fit into multiple categories of prevention, as different elements of the program result in different outcomes. For example, the services of the re:solve Crisis Network vary from consumer to consumer: for some, they *Prevent Crises*; others are provided *Information and Referrals*; and, they also offer assistance to people that *Prevents* the need for *Intervention* later. Throughout this report, each category that is strongly represented by a specific program is included in the program's description.

Positive System Involvement

Language here, and throughout this report, alludes to DHS's desire to limit an individual's system involvement. However, it is important to emphasize that system involvement often plays a critical and positive role in providing beneficial treatment or services to individuals in need; we do not want to understate the value of such involvement or limit its use.

Positive system involvement can be recognized when the services provided guide and support an individual's healthy physical and cognitive development so he or she can lead a self-sufficient and productive life. These services avert potential developmental delays and crisis points for those at risk. They limit or eliminate high-intensity and/or compulsory services by staunching the development of preventable conditions and situations, or by treating and stabilizing pre-existing conditions.

The type of system involvement that these positive services aim to prevent is that which is required to cope with the development of a preventable condition, or with the degradation of a pre-existing or irreversible condition. This involvement is often highly intensive, involuntary, compulsory, crisis-oriented, or restrictive.

Program Analysis

Programs and services are organized in this report by their primary populations served or by their primary purpose (hereinafter referred to as program areas). Sections include: Basic Needs, Children and Families, DHS-Wide, Disabilities, Individual and Community Health, and Older Adults.

Each section describes how DHS meets the needs of consumers served by the respective programs, and provides summaries of the prevention goals and evaluation priorities/possibilities. These summaries are followed by program overviews that detail the data gathered during our system-wide program audit (data fields are described in the Methodology section).

While the programs in each section differ from one another in terms of whom they serve and how, there are several common threads running throughout the report. The following section will discuss the distribution of prevention services throughout DHS, overall findings, and evaluation priorities. Following this discussion, the report continues with the section-by-section analysis.

FINDINGS

Distribution of Prevention Efforts across DHS

Figure 4 illustrates the distribution of prevention activities throughout DHS. Each bar represents a count of the programs that fit into each prevention category, and counts are consistently color-coded by program area so that distribution trends can easily be identified across categories.

There are some limitations to this visual display. Since programs may have multiple prevention goals, some programs fit into multiple categories of prevention and may be counted more than once. Additionally, the number of people served by each program and the amount of money spent are not factored into this graphic.

The category *Information and Referral* appears to be less well-represented than one may expect. While DHS engages in comprehensive community awareness and education activities⁷ (which would span the whole continuum), these activities fall beyond the scope of this report because the purpose is to identify evaluation opportunities, and such activities would not be evaluated for their preventive impact. As a result, the only information and referral services included in the report are specific programs that could reasonably undo preventive evaluation at some point.

Excluding *Information and Referral* for the reasons just discussed, full program representation is found in those prevention categories in which programming would be expected, even though not all program areas are represented in each

⁷ Such activities are primarily led by the DHS Office of Community Relations

Findings

category (or bar on the chart). Since the presence of programming is consistent with expectations, the focus turns to the programs' content within each program area, and how this content is distributed across the continuum.

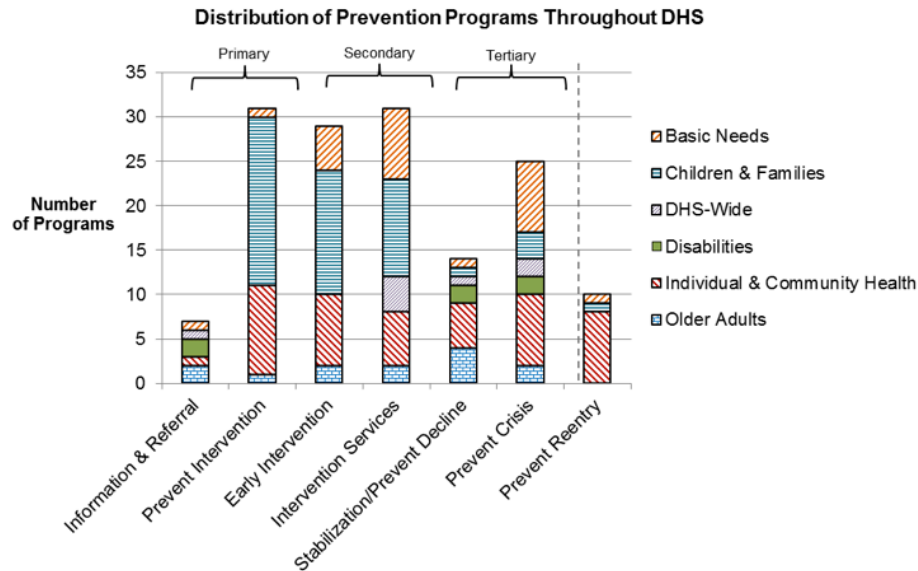


Figure 4: Distribution of Prevention Programs in DHS: By Program Area

- Overall, prevention services appear to be concentrated in *Prevent Intervention*, *Early Intervention*, *Intervention Services*, and *Prevent Crisis*. All program areas have a service or resource that provides information and referral. All groups also have tertiary prevention programs, striving to promote stability and prevent crises from occurring.
- Each program area has a different distribution of programs across the continuum, with concentrations of services falling in different areas. No two program areas have similar distributions, reflecting the necessity for different prevention and intervention activities based on the needs of the populations served.
- The bulk of Basic Needs services are concentrated in secondary (*Early Intervention* and *Intervention Services*) and tertiary (*Prevent Crisis*) prevention programs. This distribution is consistent with the situations of people requiring assistance with basic needs such as shelter or food security: if these individuals cannot meet their own basic needs, then primary prevention is no longer an option, and intervention (secondary prevention) is required in order to avoid crises from occurring in the future.

Findings

- Both DHS-Wide and Disability programs are represented in only a few categories of prevention. DHS-wide services are designed for consumers involved in multiple systems, so absence from the *Preventing Intervention* and *Early Intervention* is consistent with the intent of the programs. Disability programming is limited to tertiary prevention, which by definition refers to chronic conditions, and in many cases, these are conditions existing from birth. In these instances, DHS and its providers cannot prevent the disability, so activities are appropriately limited to *Information and Referral* and tertiary prevention.
- *Preventing Intervention* is bolstered by more than 20 programs for Children and Families; most are designed either to strengthen family functioning and avoid intervention from the child welfare system, or to target at-risk youth through after-school programming. A significant number of programs for children and families also fall under *Early Intervention* and *Intervention Services*, making up about one-third to one-half of the total number of programs for each group.
- A number of programs within Individual and Community Health exist at each level of prevention. The majority of *Reentry* programs (which try to limit repeat entries into DHS or the criminal justice system) fall under this category – most of which are Justice-Related Services.
- While there is relative continuity in prevention goals across the whole continuum within each program area, the programs in different prevention categories frequently serve different target populations. For example, within Individual and Community Health, programs designed to *Prevent Intervention* are mostly drug and alcohol programs that target at-risk youth, whereas programs designed to *Stabilize or Prevent Decline* are mainly supportive services, such as housing or transportation, for adults.
- Programs for Older Adults are scattered throughout the continuum. This reflects the understanding that the abilities and functioning of older adults vary significantly, and this consumer group has a diverse set of needs that must be addressed. It also acknowledges that prevention in the aging population often means delaying a decline rather than preventing it altogether. While the distribution of services across prevention categories does not fully represent the number of consumers taking advantage of each service, it does reflect the full pipeline of care available to older adults.

Findings

Data Collection and Outcome Measures

One significant finding from this report is that a majority of prevention programs are not ready for evaluation because of limited data collection. For a few programs, consumers are not identified and data collection is limited. However, for most programs, the problem is that information on meaningful outcome indicators is not available. In order to determine whether a program prevents what it is designed to prevent, outcome measures must be established, and this requires data collection on the outcome in question. For example, if a program is designed to prevent youth from dropping out of school, the youth who participate in the program must be tracked until they graduate to determine whether they complete high school, and whether the program has had its desired effect. Unfortunately, the collection of this type of information becomes difficult and clouded for a number of reasons.

One challenge that emerges is that consumers may leave a program prior to the realization of the desired outcome. For example, two desired outcomes of an after-school program might be to prevent poor academic achievement and prevent involvement in gang activities. The goal is for the impact of the after-school program to last beyond the time that the youth is involved – into the summer and into future years of education. However, collecting precise information on individuals who are no longer receiving services from DHS providers can be cumbersome or impractical.

Another challenge is developing outcomes that can be measured and collected. Indicators relating to intangible outcomes are particularly difficult to define in a way that is meaningful and measurable. This is common for programs and services that address mental health needs or strive to improve consumers' quality of life. If the service is of a sensitive nature (e.g. issues dealing with sexual activity, abuse or violence, disease), data collection may be difficult and undesirable even if outcome measures can be devised since collecting personal information could deter people from seeking services.

Some programs claim to collect data on outcome measures, but these measures are frequently outputs rather than outcomes, providing no analytical power for analysts and administrators attempting to understand the link between services and impact. One common output measure is the number of people who receive a service. For example, an educational class on parenting skills might use parent attendance as an output. However, simple attendance does not assess the parents' learning or application of the skills taught in the class. As such, attendance is not a useful measure of the class's ability to prevent numerous poor outcomes for the children of those parents, and is an inadequate indicator of program success.

Findings

Prevention outcomes related to system involvement are easier to track and evaluate. Programs designed to prevent families from entering the child welfare system, the criminal justice system, homeless shelters, etc., can be evaluated over time because we can look at the rate and frequency with which program participants enter these systems after they have received preventive services.

Currently, outcomes other than system involvement are not systematically collected or reported across the program areas of DHS, with the exception of Justice-Related Services. This includes many of the programs in DHS's main areas of prevention (*Prevent Intervention* through *Intervention Services*), complicating the ability to evaluate program success and effectiveness.

Aside from outcome measures, consumers who are case-managed consistently have the best data available for evaluation. This results from the careful recording of services and outcomes over time. There are also established goals for such individuals, so progress can be assessed according to outcome measures designed specifically for that person. While the data for case-managed consumers is rich, the challenge that presents itself is collecting information that is reliable and consistent. Information is recorded by many different people and large amounts of it may be qualitative, making analysis cumbersome and leaving room for error in the interpretation and evaluation process.

Evaluation Priorities and Progress

Across DHS, interest in program evaluation relating to the preventive effectiveness of DHS programs is somewhat limited. Administrators and staff are often more interested in the development of outcome measures that will allow them to track program effectiveness and progress over time.

One or two programs within most program offices have been prioritized by senior-level staff and administrators for evaluation, but these few programs represent only a handful of the many programs identified and documented here as prevention programs. The remaining programs have been given no priority for a full evaluation.

Part of the reason for this is that many programs (especially within Individual and Community Health and DHS-Wide programs) for which prevention evaluation is a priority are either currently undergoing, or have recently completed, an evaluation. Very few programs remaining in these program areas have outcomes that can be tracked and analyzed. However, some of the existing evaluations do not assess preventive effectiveness; as such, some programs that have recently been evaluated may still be candidates for prevention analysis.

Findings

Less progress has been made in assessing the preventive effectiveness of Children and Families and Older Adults programs. Many programs serving these populations are a priority for evaluation, yet very few have been evaluated. Several barriers have obstructed evaluation of these programs to date: two significant factors include the deficit of reporting on outcome measures and the difficulty integrating the multiple, independent data systems used to capture information on Area Agency on Aging consumers.

Given DHS's interest in developing and tracking outcome measures, it is important to recognize the role played by contracted provider agencies. A majority of DHS services are administered by provider agencies, and in order to improve the availability of data and the tracking of outcome measures, provider agencies may need to change the ways they collect and report consumer data.

BASIC NEEDS

Some programs and services provided by DHS address the basic needs of Allegheny County residents by addressing food, clothing, shelter, personal care, and transportation needs. Many of these programs that target specific populations are included in other sections of this report (e.g. basic needs programs for seniors are in the Older Adults section). Basic needs programs that are available to the population at large are detailed here.

Prevention activities in this section are grouped into the following categories: Food, Housing, and Other Services to Meet Basic Needs.

Food

The primary purpose of feeding or emergency food programs is not prevention, but rather the provision of a basic need to individuals and families who cannot afford sufficient food on their own. These programs allow children and families to eat an adequate amount of healthy food, and divert some of their income to other necessities. Although prevention is not the primary goal, these services are included in this scan because they do prevent negative outcomes for the individuals benefiting from these services.

Prevention Goals

Figure 5 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where food programs are focused. Most food-related services fall under the categories of *Early Intervention* or *Intervention Services* because the target populations are children and families who live in households with low income and food insecurity. They are directly at risk for hunger, and associated outcomes, in the absence of food assistance.

There are two main prevention outcomes for food service programs. The first, which spans all programs, is the prevention of hunger and malnutrition. Programs designed to provide free or discounted food for low-income children and families strive not only to provide food, but nutritious food. The second outcome is preventing negative academic and behavioral outcomes for children and adolescents receiving food. Nutrition is important to development and cognitive growth, so having access to food at all times of day can prevent poor academic performance and behavior that is due to hunger.

Basic Needs

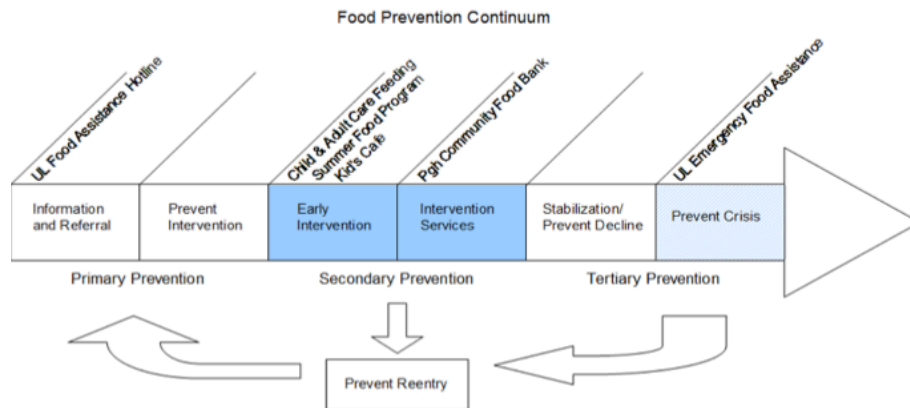


Figure 5: Major Areas of Prevention within Food Services

Evaluation

Evaluation of the preventive effectiveness of food services is limited to evaluating academic and health effects for youth receiving after-school or summer meals. In order to conduct this evaluation, greater information would need to be collected. No interest in evaluation of health effects or academic achievement has been expressed. The prevention of hunger cannot be evaluated because the food provided through these programs does not have a long-term impact on hunger, but rather just stems it while the person is receiving the service.

Prevention Programs and Services

CHILD AND ADULT CARE FEEDING PROGRAM (CACFP)

Target population: Sites/schools are made eligible if 50 percent of youth are eligible for the free/reduced school lunch program, or by other Census tract data

Program Description: After-school meals and snacks are provided to youth in schools and communities where half of the youth are eligible for free or reduced-price lunches. All food is delivered by a contracted food vendor, but many of the meals and snacks are provided during after-school programs that sponsor other services and activities as well. This program is funded by the Department of Education.

Data Collected: Number of meals provided at each site

Existing Evaluations: NA

Prevention Goals: Prevent hunger and malnutrition; improve cognitive function and academic performance

Basic Needs

Providers: Meals are provided at 72 sites through the federal Child and Adult Care Food Program; food vendor is Nutrition, Inc.

Evaluation: There is no expressed interest in evaluation of this program. Right now, data collection is limited to the number of youth served. There is concern that trying to collect information necessary to evaluate may be intrusive and drive youth away from participating.

Category: Early Intervention

GREATER PITTSBURGH COMMUNITY FOOD BANK

Target population: Families with food insecurity in southwestern PA

Program Description: This food bank distributes food to more than 380 food pantries throughout eleven counties in southwestern PA. Food is distributed through outlets such as soup kitchens, food pantries, shelters, after-school programs, senior high rises, MH-MR drop-in centers, neighborhood food assistance agencies, emergency- or disaster-related feeding sites, regional food banks, Meals on Wheels, and community centers. Funding is provided through the State Food Purchase Program (SFPP); commodities are provided by the government through The Emergency Food Assistance Program (TEFAP). Private businesses and donors contribute as well.

Data Collected: Amount of food distributed, number of people served, orders and inventories from individual food pantries

Existing Evaluations: NA

Prevention Goals: Prevent hunger and malnutrition

Providers: Greater Pittsburgh Community Food Bank, more than 380 food pantries

Evaluation: There is no expressed interest in evaluation of this program. Data collection is minimal, and project-specific data collection would need to be conducted for an evaluation of these programs.

Category: Intervention Services

KID'S CAFE

Target population: Children in after-school programs from families with incomes at or below 125 percent of the federal poverty guidelines

Basic Needs

Program Description: Rainbow Kitchen Community Services operates two Kid's Cafes to provide low-income children access to dinner in a safe and child-friendly environment. This program aims to reach youth who are at risk of hunger due to poverty, lack of supervision at home, or whose parents work during the evening. The Cafes also provide tutoring, mentoring, computer access, and other activities.

Data Collected: Number of meals provided at each site

Existing Evaluations: NA

Prevention Goals: Prevent hunger and malnutrition; improve cognitive function and academic performance

Providers: Rainbow Kitchen Community Services, Inc.

Evaluation: There is no expressed interest in evaluation of this program. Right now, data collection is limited to the number of youth served. There is concern that trying to collect information necessary to evaluate may be intrusive and drive children away from participating.

Category: Early Intervention

SUMMER FOOD PROGRAM

Target population: Sites/schools are made eligible if 50 percent of youth are eligible for the free/reduced school lunch program, or by other Census tract data

Program Description: Breakfast and lunch are provided during the summer for all youth through age 18 in eligible communities. Eligibility is not determined on an individual basis, but rather by site.

Data Collected: Number of meals provided at each site

Existing Evaluations: NA

Prevention Goals: Prevent hunger and malnutrition

Providers: 120 sites in Allegheny County and outside the City of Pittsburgh

Evaluation: There is no expressed interest in evaluation of this program. Right now, data collection is limited to the number of meals delivered. There is concern that trying to collect information necessary to evaluate may be intrusive and drive children away from participating.

Category: Early Intervention

Basic Needs

URBAN LEAGUE EMERGENCY FOOD ASSISTANCE PROGRAM (EFA)

Target population: Families with food insecurity in Allegheny County and surrounding communities

Program Description: Individuals and families who call the EFA hotline are referred to one of more than 300 pantries in the network. In emergencies, food and food vouchers are provided from an on-site pantry. During Thanksgiving, special bags are distributed with \$10.00 vouchers to assist families in providing a holiday meal.

Data Collected: Number of people served, amount of food distributed

Existing Evaluations: NA

Prevention Goals: Prevent hunger and malnutrition

Providers: Urban League of Pittsburgh

Evaluation: There is no expressed interest in evaluation of this program. Data collection is minimal, and project-specific data collection would need to be conducted for an evaluation of this program.

Category: Information and Referral, Prevent Crisis

Housing

Local government agencies are dedicated to meeting the basic needs of Allegheny County residents, and part of this effort is providing housing services and supports. The responsibility for providing housing services is divided among multiple local government agencies; DHS provides services for individuals who are homeless, in recovery, or have a need for long-term supportive housing due to a disability or loss of functioning due to aging. Many of the housing services are administered by contracted provider agencies, and DHS is responsible for distributing funding, monitoring program delivery, and providing appropriate referrals to county residents.

Additional housing services are available through the Allegheny County Housing Authority (ACHA) and the Housing Authority of the City of Pittsburgh (HACP). DHS is not involved with the provision of these services; however, some ACHA and HACP data are available in the DHS Data Warehouse to aid in understanding DHS consumers' involvement across systems.

Prevention Goals

Each housing program has unique outcome goals. While some programs do not have explicit prevention goals, they still prevent negative outcomes associated with homelessness or housing insecurity. Most prevention activities are designed as *Intervention Services* or to *Prevent Crises* from occurring. No primary prevention activities have been identified, and there are few services available through DHS to prevent an at-risk family from becoming homeless.

The *Intervention* housing services provide housing as a means to prevent long-term homelessness, or assist in the intervention of ongoing abuse or addiction. Some of these services also fit under *Crisis Prevention*. This category also captures services that prevent individuals and families from exposure to extreme temperatures.

Among the many different prevention goals represented across the whole continuum, there are four that emerge in more than one program. These goals include:

- Preventing homelessness
- Preventing exposure to extreme weather
- Providing stability during recovery
- Preventing child welfare involvement or child placement

Figure 6 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where housing programs are focused. Some programs incorporate multiple services or functions that serve

Basic Needs

different preventive purposes. These programs may appear more than once on the chart. However, most programs appear only in the category of prevention that is most directly tied to that program.

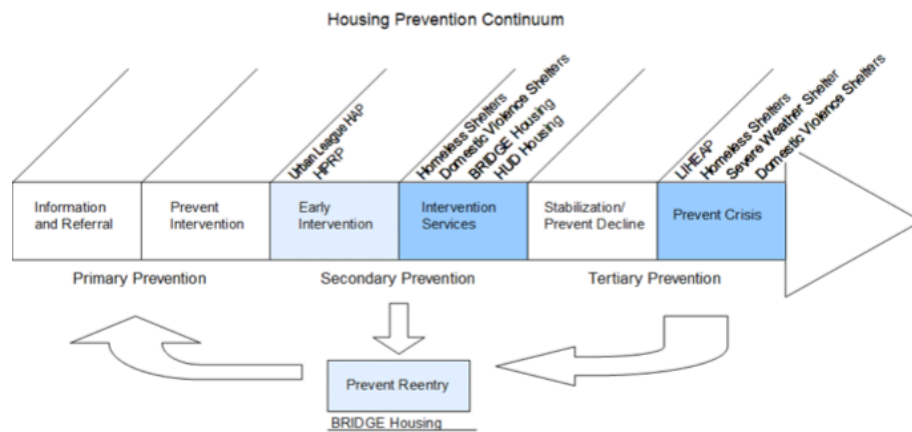


Figure 6: Major Areas of Prevention within Housing Services

Evaluation

The Urban League Housing Assistance Program (HAP) is the only housing or shelter program that has been identified as a priority for prevention-oriented evaluation. Evaluation of some preventive outcomes for the other housing services could be accomplished if the interest arose. Examining the prevention of CYF involvement and chronic homelessness is possible given the data available. The BRIDGE and Penn Free BRIDGE Housing programs could also be evaluated for mental health or substance abuse recovery and prevention of system reentry (behavioral health or housing).

Prevention Programs and Services

BRIDGE AND PENN FREE BRIDGE HOUSING

Target population: Bridge – homeless but not chronically homeless, earn up to 50 percent of median area income; Penn Free Bridge – same, and must have diagnosed substance abuse problem

Program Description: Housing units are both scattered site and in apartment buildings. Residents receive structured case management. A goal plan is developed for each participant to address the problems that have contributed to their situation. Services available include drug and alcohol treatment, mental health counseling, job assistance, and rental assistance (amount of rent from agency decreasing over time).

Basic Needs

Data Collected: Information collected is the same as for most shelters (identifying information, employment status, income source, veteran status, insurance status, reason for homelessness, and mental health or drug and alcohol concerns), and includes progress of individual client objectives. Common objectives include acquiring employment, earning a G.E.D., maintaining sobriety/remaining clean from drugs, improving parenting skills, etc.

Existing Evaluations: NA

Prevention Goals: Address substance abuse problems; address mental health problems; prevent chronic homelessness; prevent reentry into homelessness; increase stability (housing, employment and behavioral health)

Providers: Multiple

Evaluation: No interest in evaluation has been expressed. Given data collection, there is significant potential for evaluation of how housing helps to support recovery, assist personal goal attainment and prevent reentry. This could be largely achieved by evaluating future entry into DHS systems and progress on client objectives.

Category: Intervention Services, Prevent Reentry

DOMESTIC VIOLENCE SHELTERS

Target population: Victims of domestic violence (women and children)

Program Description: These shelters provide housing and connect victims of domestic violence to necessary support services. They serve both women and children. Shelters keep their addresses private in order to further protect victims.

Data Collected: Information collected is the same as for most shelters (identifying information, employment status, income source, veteran status, insurance status, reason for homelessness, and mental health or drug and alcohol concerns), but also include data on the perpetrator of abuse. Information about the perpetrator includes name, date of birth, identifying physical characteristics, place of employment, vehicle driven, drug and alcohol issues, and type of abuse. If applicable, data on children are collected as well.

Existing Evaluations: NA

Prevention Goals: Provide escape from domestic violence; prevent homelessness; connect victims with necessary services; provide stability during recovery; prevent involvement with child welfare

Providers: Women's Center and Shelter, Alle-Kiske Hope Center, Womanspace East

Basic Needs

Evaluation: No interest in evaluation has been expressed. Current data collection methods are sufficient for some forms of prevention evaluation. For example, data could be used to track the prevention of future victimization or involvement with the criminal justice system, child welfare services, homeless services, etc. The sensitivity of this data may create additional challenges for evaluation.

Category: Intervention Services; Prevent Crisis

HOMELESS SHELTERS

Target population: Varies by shelter – most are gender-specific

Program Description: There are numerous shelters in Allegheny County serving different demographics (e.g. single men, women with children, etc.). These organizations provide temporary shelter to those who have nowhere else to go, and they supplement the provision of housing with support services to help residents regain independence.

Data Collected: Intake forms may vary by shelter, but most include identifying information, employment status, income source, veteran status, insurance status, reason for homelessness, and mental health or drug and alcohol concerns.

Existing Evaluations: NA

Prevention Goals: Prevent homelessness; prevent victimization; prevent illness; prevent exposure to extreme weather

Providers: Multiple

Evaluation: No interest in evaluation has been expressed. Current data collection methods are sufficient for some forms of prevention evaluation. Personal information could be matched against system data to determine if future episodes of homelessness are prevented, as well as other negative outcomes, such as victimization, involvement with the criminal justice system, death, etc.

Category: Intervention Services; Prevent Crisis

HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)

Target population: Individuals/families who are homeless or at risk of homelessness

Program Description: HPRP provides financial assistance and services to individuals and families who are homeless, or who would become homeless without assistance. Household income must be below 50 percent of the area median income, and households must have no other housing options or financial resources to obtain

Basic Needs

housing. Financial assistance includes rental payments, rental arrearage payments, security deposits, utility payments, utility arrearage payments, and utility deposits.

HPRP funding cannot be used for mortgage payments or foreclosure prevention. HPRP is a time-limited federally funded program, and the Allegheny County Department of Economic Development handles the administration of the program. DHS OCR operates the Call Center and is responsible for receiving calls from potential consumers and making the appropriate referrals.

Data Collected: Demographics, housing information, services provided, financial assistance information, program entry and exit dates; data is entered into the Homeless Management Information System (HMIS).

Existing Evaluations: NA

Prevention Goals: Prevent homelessness

Providers: ACTION-Housing, Community Human Services, North Hills Community Outreach, Veteran's Leadership Program, and the Urban League of Pittsburgh

Evaluation: This is a new, federally funded program that is monitored by the Allegheny County Department of Economic Development. Not enough time has passed to allow for prevention evaluation in the short run. Once enough time has elapsed, evaluation of this program is still beyond the scope of DHS prevention analysis. It is included here because DHS assists in providing this prevention service to consumers.

Category: Early Intervention

HUD HOUSING PROGRAMS

Target population: Homeless individuals

Program Description: Several programs are funded by the U.S. Department of Housing and Urban Development (HUD). HUD explicitly states that prevention activities are not available for HUD funding. For this reason, HUD programs are not delineated in this report. This HUD classification means that a person must become homeless prior to being eligible for the Supportive Relocation Program, supportive, transitional, or permanent housing programs.

In this way, HUD programs do not engage in prevention of home loss, but the program does prevent long-term homelessness by providing housing service to individuals who are homeless.

Evaluation: NA

Category: Intervention Services, Stabilization/Prevent Decline

Basic Needs

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Target population: County and city residents with income up to 150 percent of poverty level with heat utility turned off or termination notice has been received

Program Description: LIHEAP provides heating assistance to income-eligible households in early November through mid to late March. Assistance includes payment directly to utility companies, payment for deliverable fuels, and replacement or repair of damaged hard items (e.g. furnace, gas line).

Data Collected: Number of applications received, number approved, amount of benefits paid, number of heating system repairs, number of ineligible applications, number of calls answered

Existing Evaluations: NA

Prevention Goals: Prevent exposure to extreme temperatures; prevent life/death situations; prevent child welfare involvement or child placement into foster care

Providers: Staff in DHS OCS

Evaluation: This program's preventive element would be very difficult if not impossible to evaluate, and there is no expressed interest in evaluation.

Category: Prevent Crisis

SEVERE WEATHER EMERGENCY SHELTER

Target population: Street homeless in Pittsburgh

Program Description: The Severe Weather Emergency Shelter is designed to serve homeless people who live on the streets, to keep them safe and warm during extreme weather episodes. To appeal to individuals who typically avoid shelters, this shelter has fewer rules, and is only open at night (7 pm to 7 am) from November 15 to March 15, or during very severe daytime weather (less than 25° F with wind chill, snow, sleet, etc.).

Data Collected: Client name, DOB, and social security number for clients who are willing to offer this information

Existing Evaluations: NA

Prevention Goals: Prevent death and other health complications due to extreme weather

Providers: Smithfield United Church

Basic Needs

Evaluation: No interest in evaluation has been expressed. Opportunities for prevention related analysis of this program are limited given the population served and the scope of the program goals.

Category: Prevent Crisis

URBAN LEAGUE HOUSING ASSISTANCE PROGRAM (HAP)

Target population: Low-income tenants at risk of homelessness

Program Description: If there has been an eviction notice, the Urban League will give cash directly to a landlord (up to \$750) if (s)he will allow the tenants to continue living in the home; consumers are eligible once every two years. This support is provided for families who need temporary assistance to retain housing and will be able to continue paying rent in the following months. The support provided by the program prevents the placement of children into foster care and facilitates reunification for those in placement. Applicants must be receiving Housing Counseling Services through the Urban League to be eligible.

Data Collected: Identifying information, lease, landlord information, proof of income, legal notices

Existing Evaluations: A two-year evaluation of the program was completed by the Office of Information Management; the report included a cost analysis that analyzed the cost of the housing supports compared to the cost savings by preventing involvement in CYF.

Prevention Goals: Prevent eviction and homelessness; prevent child placement into foster care

Providers: Urban League of Pittsburgh

Evaluation: An evaluation of this program was completed several years ago. There is interest in the completion of another evaluation that would examine the program's effectiveness at preventing child welfare placements, accompanied by an associated cost analysis.

Category: Early Intervention

Other Services To Meet Basic Needs

In addition to programs that address housing and hunger, DHS works with providers to meet other basic needs of county residents. Some consumers have difficulty accessing or coordinating the support services available to them, and case management may be appropriate. The services discussed here provide consumers with assistance in avoiding basic needs crises, and connect them with appropriate services. Some of these services are still difficult to access without transportation, so transport services are an important asset for connecting consumers with appropriate services.

Prevention Goals

The main prevention goals for the programs detailed below include improving self-sufficiency and preventing or mitigating a crisis related to basic needs. Often, both these goals are accomplished by connecting individuals with appropriate services before needs build into crises, and by helping individuals develop daily living skills.

Figure 7 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where other basic needs programs are focused. Each of the programs is comprised of multiple services or functions that serve different preventive purposes. For this reason, they appear more than once on the chart.

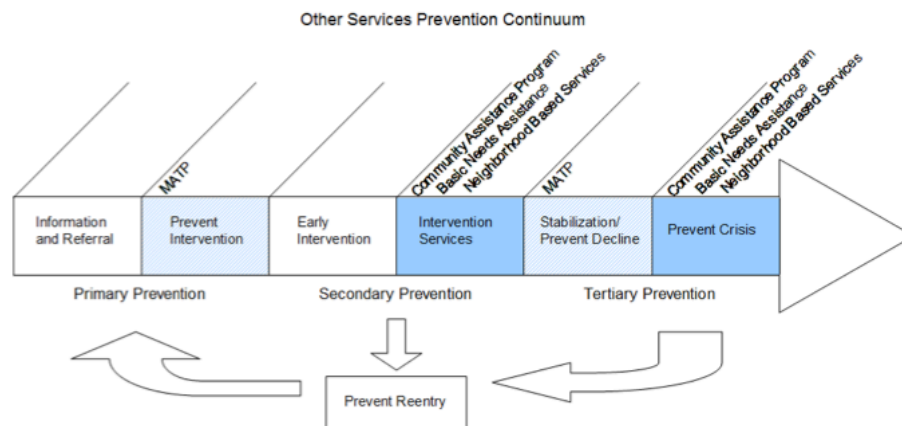


Figure 7: Major Areas of Prevention within Other Services to Meet Basic Needs

Evaluation

No interest in evaluating these programs has been expressed. Data availability for these programs is limited. There is some potential for evaluation of services that act as intervention services, but priority for these programs is low.

Prevention Programs and Services

BASIC NEEDS ASSISTANCE

Target population: Clients seeking assistance for utilities, food, clothing, furniture, prescriptions, disaster relief and seniors throughout all of Allegheny County

Program Description: Any client seeking Basic Needs Assistance is assessed in order to determine the individual's problem and provide information and referral to care management, or referral to community resources if Catholic Charities is unable to provide the needed service. Clients presenting for a second time or with multiple issues may receive case management services.

Service Planning Case Management Services include an in-depth look at a client's needs and discussion of available and acceptable options. A written service plan is prepared with a planned timeline for delivery of services. Services available to clients receiving case management include medical services, life skills education services, and employment services.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Also, monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and the dates that services began and terminated.

On a quarterly basis, the assigned case manager assesses the client's progress on all relevant indicators on a scale of 1-4, with the following labels: (1) no improvement, (2) in progress, (3) improved, and (4) sustained improvement. If an individual's indicator scores average two or greater, he or she has achieved the outcome goal.

Indicators for measuring outcomes include resolution of immediate crisis, improved problem solving, establishment of community support network, increased ability to deal with physical health issues, improved income management, and improved job search skills.

Existing Evaluations: NA

Prevention Goals: Prevent/mitigate crises relating to basic needs (food, clothing, shelter); improve self-sufficiency; prevent crisis

Providers: Catholic Charities of the Diocese of Pittsburgh

Basic Needs

Evaluation: No interest in evaluation has been expressed for this program. Current data collection would be sufficient for some forms of evaluation. There is potential to evaluate this program in terms of client progress and to check for long-term prevention by evaluating episodes of system involvement over time.

Category: Intervention Services, Prevent Crisis

COMMUNITY ASSISTANCE PROGRAM

Target population: Sharpsburg, Etna, Millvale, Shaler, Aspinwall, Blawnox, O'Hara and the Tarentum Area

Program Description: The program assists at-risk individuals and their families during a crisis that may involve one or more of the following: utilities, housing, family break-up, transportation, food, and/or clothing. Once deemed eligible, a plan of action is created to mitigate the crisis. Program staff members continue to follow-up with client to achieve anticipated outcomes and goals.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Also, monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and the dates that services began and terminated.

Existing Evaluations: NA

Prevention Goals: Prevent/mitigate crises relating to basic needs (food, clothing, shelter); prevent termination of utilities; provide access to necessary transportation

Providers: Northern Area Multi-Service Center

Evaluation: No interest in evaluation has been expressed for this program. Current data collection would be sufficient for some forms of evaluation. There is the potential to evaluate this program for long-term prevention by evaluating episodes of system involvement over time.

Category: Intervention Services, Prevent Crisis

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)

Target population: Medical Assistance clients

Program Description: MATP provides non-emergency transportation to clients with Medical Assistance for physical and behavioral health care. This includes use for life-sustaining medical treatment, such as methadone. Participants may use Access or public transportation, or may be reimbursed for private transportation.

Basic Needs

DHS is engaged in extensive outreach and awareness activities, but still barely serves ten percent of the eligible population. Across the state, similar programs reach, on average, only two to three percent of the eligible population.

Data Collected: New clients enrolled, unduplicated clients served, one-way transportation trips provided, customer calls answered

Existing Evaluations: Cross-systems evaluations (with CYF, OBH) have been conducted and used by administrators, but the evaluations have not been documented or published.

Prevention Goals: Eliminate transportation barriers to accessing health care; prevent acute situations from becoming chronic by linking individuals to appropriate services; prevent relapse by providing access to methadone and other critical treatments

Providers: ACCESS

Evaluation: No interest in evaluation has been expressed. Evaluating the prevention goals would be difficult if not impossible. The data collection necessary to determine medical preventive goals would be too intrusive since DHS does not have immediate access to medical information. The quantitative data necessary to evaluate the usage rates of this program is available. However, evaluation opportunities here are limited to trend analysis since outcome variables are not available. Qualitative analysis of outreach efforts may be useful, but would require developing and deploying new, project-specific data collection.

Category: Prevent Intervention, Stabilization/Prevent Decline

NEIGHBORHOOD BASED SERVICES

Target population: Consumers seeking assistance with basic needs in the City of Pittsburgh's East End, North Side, Hill District, Polish Hill, Bloomfield/Garfield/Lawrenceville, Shadyside, and Mount Washington neighborhoods, and public housing facilities within these neighborhoods

Program Description: Participants are assessed and provided with appropriate services, which may include counseling, life-skills education, service planning/case management, homemaker services, and/or transportation.

In addition to these HSDF-funded services, Neighborhood Based Services provides in-kind tangible assistance in the form of food, clothing, and other personal items to meet the participants' needs. Support is also provided in the areas of employment and training, housing, health, nutrition, and energy assistance.

Basic Needs

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and dates that services began and terminated.

Indicators for measuring outcomes include resolution of immediate crisis, improved problem solving, establishment of community support network, increased ability to deal with physical health issues, improved income management, improved personal care skills (nutrition, medication, hygiene), and improved coping skills.

Existing Evaluations: NA

Prevention Goals: Prevent/mitigate crises relating to basic needs (food, clothing, shelter); improve self-sufficiency; prevent crisis; improve level of functioning within the home; improve living skills (homemaker clients)

Providers: Catholic Charities of the Diocese of Pittsburgh

Evaluation: No interest in evaluation has been expressed for this program. Current data collection would be sufficient for some forms of evaluation. For example, there is the potential to evaluate this program for long-term prevention by evaluating episodes of system involvement over time.

Category: Intervention Services, Prevent Crisis

CHILDREN AND FAMILIES

DHS serves children and families in numerous ways, and while the programs listed throughout this entire report impact family functioning, programs and services listed here are directly targeted to impact youth and their families. Services in this category include, but are not limited to, traditional child welfare services. Beyond protective services, DHS also contracts with providers to promote the healthy development of children, adolescents, and parents. Many of these services prevent involvement with child welfare by addressing the needs of families before crises occur. In addition to services that improve family functioning, several programs also target at-risk children and adolescents to provide them with safe environments, improve their academic performance, teach them to avoid risky behavior, and help develop healthy social skills.

Prevention activities in this section are grouped into the following categories: Adolescents, After-School and Summer Programs, Child Development, and Family Development.

Adolescents

Adolescents are served through many of the systems and programs described throughout the entirety of this report, but some programs are designed to specifically address the challenges adolescents face as they transition from childhood to adulthood. Some of these adolescents were involved with DHS as a child, and others become active as they reach adolescence and new needs emerge.

Prevention Goals

Prevention programs designed specifically for adolescents primarily target two groups of youth, with two distinct prevention goals. The first group is youth who are in school but at risk of academic failure or dropping out. The programs seek to prevent these outcomes and increase the chances for youth to succeed in school and future educational and employment opportunities.

The second group of youth is those who are involved with, and potentially aging out of, the child welfare system. Many services are available to these youth, but the prevention goals are largely the same regardless of which services they utilize. The services aim to provide support to the youth in order to maximize their chances of success and prevent lack of a support network, homelessness, criminal activity, and other outcomes common among adolescents leaving the child welfare system.

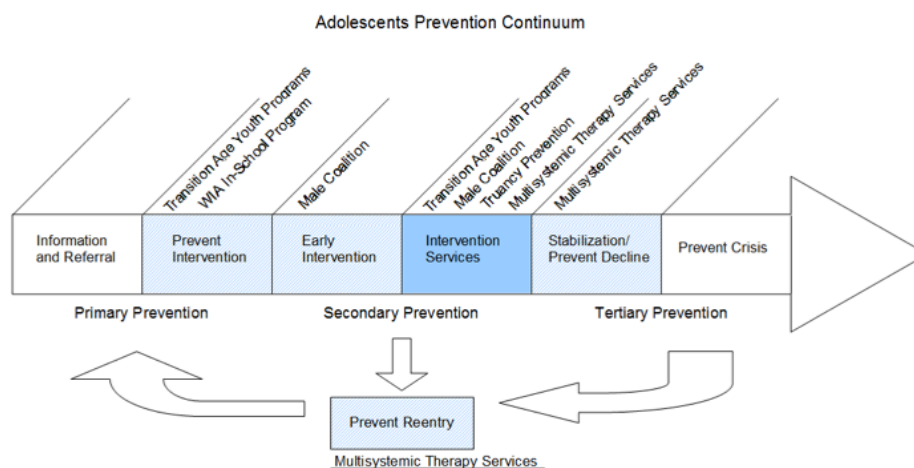


Figure 8: Major Areas of Prevention for Adolescents

Figure 8 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where programs for adolescents are focused. Most appear in more than one category since some goals of the program target different areas of prevention than others. Overall, the programs cover most of the continuum, with a heavy concentration within Intervention Services. At this point, individuals are already system involved or engaging in the behavior targeted for prevention (e.g. truancy), and programs strive to reduce or end involvement and to improve the adolescents' prospects in the future.

Evaluation

There is currently little to no interest in evaluating most of these programs. However, there is interest in developing appropriate outcome measures so that baselines can be established, progress can be tracked, and evaluation may take place in the future. Specifically, interest in the evaluation of Male Coalition has been expressed, but additional data collection is needed. All of these programs could be evaluated for preventive effectiveness if outcome measures were included in data collection efforts.

Prevention Programs and Services

MALE COALITION

Target population: Adolescent and adult men

Program Description: Male Coalition staff work to strengthen families by helping males address issues that hinder their personal development and that tend to separate them from their families. Participants include fathers who are estranged from their families and adolescent teens between the ages of 10 and 21 who are referred primarily by juvenile institutions and youth-serving agencies. Staff also offer support services to single mothers who are raising adolescent male children.

Male Coalition staff attempt to help service recipients deal with daily challenges they must face, including job readiness, sexual responsibility, substance abuse, gang violence, parenting, etc. In addition to individual meetings, there is a weekly group session for teenage males. At least twice a year, the Male Coalition runs a ten week anger management/interpersonal skills class for adult males.

Data Collected: General client service and provider information for program monitoring, which includes roster of individuals served, duration of services, monthly service reports, and fiscal information

Existing Evaluations: NA

Prevention Goals: Prevent family separation; improve family functioning; improve personal development

Providers: Center for Family Excellence

Evaluation: There is an interest in the evaluation of this program. At this time, evaluative data for this program are not available. Prior to evaluation, outcome measures must be identified and data collection methods must be developed and implemented. Putting these data collection mechanisms into place is a higher priority at this time than evaluation.

Category: Early Intervention; Intervention Services

MULTISYSTEMIC THERAPY SERVICES (MST)

Target population: CYF active, delinquent and/or dependent youth, ages 11–17

Program Description: Multisystemic therapy is an evidence-based, intensive residential and community-based treatment model. Dependent and/or delinquent youth exhibiting verbal and physical aggression in their home, school, or community engage in treatment for three to five months. The treatment includes the whole family unit, and interventions may include peers, school, extended family, and community groups, with the family's consent. The services act to strengthen family functioning and divert an out-of-home placement, or assist in reintegrating a youth back into the home and community following an out-of-home placement. This program is not designed to serve youth with mental retardation, autism, or severe mental illness.

Data Collected: Monthly reports include demographics, number of cases opened, number of cases closed, and reasons for case closure; providers are able to make more data available if needed.

Existing Evaluations: NA

Prevention Goals: Prevent out-of-home placement; facilitate successful reentry to home and community from placement

Providers: Mars, Harbor Creek

Evaluation: No interest in evaluation has been expressed. The model is evidence-based, so local evaluation would most appropriately address model fidelity or local implementation rather than the effectiveness of the model. Given the data currently collected through DHS and the potential for data-sharing with the Pittsburgh Public Schools, there is the potential to evaluate this service for its preventive effectiveness without additional data collection.

Category: Intervention Services, Stabilization/Prevent Decline, Prevent Reentry

TRANSITION-AGE YOUTH PROGRAMS

Target population: Foster youth ages 16–21 in Allegheny County

Program Description: A variety of services are available to support transition-age youth as they exit the foster care system and establish independence. Services include:

- *Parenting and pregnant teen* programs improve outcomes for the children of foster youth by educating parents on the effects of drug and alcohol usage, co-sleeping, etc.
- *Employment* services provide career guidance and assist youth in developing post-school plans and connecting with appropriate training and employment programs.
- *Education* services provide educational liaisons to encourage youth to finish high school and achieve post-secondary educational goals. Youth are assisted with application processes, enrollment, acquiring financial aid, and finding other supportive services.
- *Housing* programs and stipends aim to ensure that adolescents have adequate housing.
- *Life skills* programs are available to youth who seek additional support preparing for independence.
- Other *support services* available to youth include mentoring, group counseling, and stipends.

Data Collected: Data include consumer information, types of services received, and limited outcome data (e.g. transcripts).

Existing Evaluations: NA

Prevention Goals: Prevent unemployment; prevent homelessness; prevent drop-

ping out of school; prevent deeper system involvement; improve parenting skills; reduce the number of challenges youth face when transitioning to adulthood from foster care; provide support; improve life skills

Providers: DHS Independent Living Initiative (ILI) staff, Family Support Centers

Evaluation: Evaluation opportunities are limited with respect to prevention because data are not consistently collected on outcomes, and there are no baseline data. Prior to evaluation, outcome measures would need to be developed and data collection implemented. Developing these measures is a priority for program administrators.

Category: Prevent Intervention, Intervention Services

TRUANCY PREVENTION PROGRAMS

Target population: Truant youth throughout Allegheny County

Program Description: Truancy programs work with youth who have been referred to the programs because they exhibit high rates of truancy. Intervention services are flexible and provided in the context of a youth's family and community. Providers work with youth to reduce tardiness, increase school attendance, improve attitudes towards school, improve academic success, and increase parental involvement.

Providers may work with the Allegheny Intermediate Unit to connect students with alternative education programs when appropriate.

Data Collected: Data are collected semi-annually and include the number of youth served, number completing the program, days tardy, excused and unexcused absences, percent improving grades, and percent improving attendance.

Existing Evaluations: NA; trend analysis is used to track progress.

Prevention Goals: Decrease tardiness; increase school attendance; increase academic participation and performance; prevent dropouts

Providers: Community Empowerment Association, Youth Advocate Programs, Inc.

Evaluation: There is interest in evaluating the truancy prevention programs for child welfare outcomes. There is also interest in collecting outcomes for youth once their involvement with the programs ends to see if the program has a long-term impact. Points of interest include school involvement one year following program involvement, grades, and graduation trends of participating youth. The recent partnership with Pittsburgh Public Schools would facilitate such evaluation within Pittsburgh, while additional data collection methods would need to be established for other school districts.

Category: Intervention Services

WORKFORCE INVESTMENT ACT IN-SCHOOL PROGRAM

Target population: In-school youth, ages 14 to 21, who are at risk of dropping out; low-income foster youth or adjudicated youth

Program Description: The goal of this program is to prevent youth from dropping out of high school and to increase the number of youth graduating and entering employment, higher education, or the military. The program shrank over the years as resources shifted toward out-of-school programming.

Data Collected: Consumer data and two outcome measures for completers of program: credential (high school diploma) and placement (in a job or post-secondary education); all data are entered into CWDS, the state system.

Existing Evaluations: Reports generated by the state

Prevention Goals: Prevent dropping out; expand career opportunities; prevent unemployment

Providers: Turtle Creek, Blind and Vision Rehabilitation Services of Pittsburgh, Braddock, Duquesne University

Evaluation: There is no interest in evaluation efforts beyond tracking outcomes. Youth are not tracked after they leave the program. Therefore, the graduation rate may not be accurate if younger youth leave the program but remain in school and graduate. There may be room to improve the analysis of outcomes given the recent partnership with PPS.

Category: Prevent Intervention

After-School And Summer Programs

After-school and summer programs provide youth of various ages with a safe, structured, and healthy environment to attend during out of school hours. Programs convene regularly and typically offer activities to help children improve their academic performance, socialize, learn new skills, and develop into responsible adults. Activities may cover topics such as technology, reading, math, science, and the arts. Programs may also offer new experiences such as community service, internships, tutoring, and mentoring opportunities.

The list of programs outlined below is not a comprehensive record of all after-school programs available to youth, but they are the primary after-school programs funded by DHS and overseen by the Bureau of Outreach and Prevention within OCS.

There are numerous other after-school programs that receive partial funding through CSBG, HSDF, or CYF funding streams. These programs are provided by YMCA of McKeesport, Methodist Union of Social Agencies, Boys and Girls of Western PA, Homeless Children's Education Fund, Heritage Health Foundation, Human Services Center Corporation, and The Pittsburgh Project.

Each provider may target a different age demographic or community, but the goals, services, and activities of the programs are similar.

Prevention Goals

Nearly all after-school and summer programs strive to affect youth in meaningful ways that prevent the need for future system involvement or intervention, which places them in the *Prevent Intervention* category on the prevention continuum, displayed below in Figure 9. As discussed above, the programs do vary with age, community, and activities available, but there are consistently three prevention goals that most programs strive to achieve. The three primary prevention goals include:

- Improve academic achievement (prevent falling behind, academic failure, or dropping out)
- Provide a safe environment for youth after school (prevent exposure to violence, risk)
- Promote positive social development (prevent unhealthy behaviors and habits)

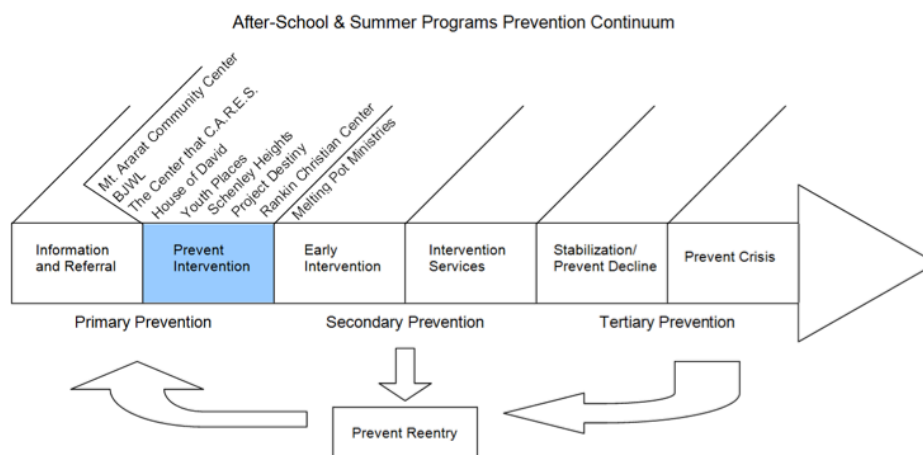


Figure 9: Major Areas of Prevention within After-School and Summer Programs

Evaluation

Prevention evaluation for after-school and summer programs is not a top priority at this time. When evaluation does occur, the Beverly Jewel Wall Lovelace Fund for Children's Program is of greatest interest. Overall, data availability varies between sites, but very few after-school programs collect meaningful data that could be used for evaluation (e.g. outcome measures). In the absence of such outcomes, the new partnership with Pittsburgh Public Schools improves potential efforts to evaluate for educational outcomes for programs within the City of Pittsburgh. Additionally, participation in after-school and summer programs is being integrated into KIDS, improving the ability to link this involvement with child welfare outcomes. Still, developing program-specific outcome measures is a priority. One recent effort to improve these measures for after-school programs is the incorporation and monitoring of new quality standards.

Prevention Programs and Services

BEVERLY JEWEL WALL LOVELACE FUND FOR CHILDREN'S PROGRAM (BJWL)

Target population: Children ages 5–12 living near public housing communities

Program Description: The Beverly Jewel Wall Lovelace Fund for Children's Program provides safe places year round for children who live in or near public housing communities in Pittsburgh and Allegheny County. In an after-school setting, staff members offer the youth academic assistance, enrichment activities, and meals.

Data Collected: DHS receives monthly reports, including names of youth enrolled and the numbers of days youth have been served. Reports include information about program strategies and progress, but do not include outcomes. Records also include completed public assistance (MTW/TANF) forms.

Existing Evaluations: An evaluation was completed

Prevention Goals: To provide children with a safe environment after school, enriching educational activities, and meals

Providers: Approximately 19 sites administered by one provider, Family Resources of PA

Evaluation: There is some interest in evaluating this program, though it is not a top priority at this time. Some data are currently available, but additional outcome measures may need to be developed, and data related to these outcomes would need to be collected. Developing outcome measures throughout OCS's Bureau of Outreach and Prevention is a priority.

Category: Prevent Intervention

THE CENTER THAT C.A.R.E.S.

Target population: Youth ages 5–17 years old; Hill District

Program Description: The Center That C.A.R.E.S. is a youth development program that offers an alternative and expanded continuum of social and educational services for youth ages 5–18. The program operates during the school year (September to June) and focuses on language arts, mathematics, and college and post-secondary preparation for elementary and teenage youth. The program also includes a seven-week summer session (June – August) for at-risk youth in the community, particularly those in elementary and middle school. The C.A.R.E.S. staff works with volunteers from client families, schools, and the community to deliver program services. Through this network of stakeholders, youth and young adults participate in activities designed to assist them in acquiring values that promote healthy lifestyle choices.

Data Collected: DHS receives monthly reports, including names of youth enrolled and the numbers of days youth have been served. Reports include information about program strategies and progress, but do not include outcomes.

Existing Evaluations: NA

Prevention Goals: Provide a "safe-haven" for youth in the community; promote healthy lifestyles and academic success

Providers: The Center That C.A.R.E.S.

Evaluation: Prevention evaluation for this program is not a priority at this time, and limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected. Developing outcome measures throughout OCS's Bureau of Outreach and Prevention is a priority.

Category: Prevent Intervention

HOUSE OF DAVID

Target population: Youth ages 6–17 (primarily 13–17); Hill District

Program Description: The House of David is designed to meet the needs of at-risk children. This faith-based program proposes to develop youth as vital human capital in the community through education, training, and fellowship. Both after-school and summer programs are provided.

Data Collected: DHS receives monthly reports, including names of youth enrolled and the numbers of days youth have been served. Reports include information about program strategies and progress, but do not include outcomes. The program collects additional data that DHS could access, including progress on outcomes such as academic goals, employment, criminal offenses, teen pregnancies, etc.

Existing Evaluations: NA

Prevention Goals: Improve school attendance and academic achievement; increase high school graduation; promote healthy life choices; prepare youth for secondary education

Providers: Monumental Mission Ministries, Inc.

Evaluation: Prevention evaluation for this program is not a priority at this time, and limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected. Developing outcome measures throughout OCS's Bureau of Outreach and Prevention is a priority.

Category: Prevent Intervention

MELTING POT MINISTRIES

Target population: Low-income, at-risk children and youth entering grades K–12 in the South Hills area

Program Description: Melting Pot Ministries helps youth (grades K–12) in school and out in the community during non-school hours. The After-School Program (offered November through May) provides academic assistance and enrichment for students, including socio-emotional skill building, recreational activities, and

cultural field trips. The Summer Enrichment Program (offered in June and July) offers academic enrichment in math, reading, and writing, and wellness/cultural/social skill development and recreation.

Data Collected: Limited data were collected during the first two years of the program; starting in FY 2011–2012, the names of participants and days served began to be submitted in monthly reports.

Existing Evaluations: NA

Prevention Goals: Improve academic achievement and strengthen children's school engagement; promote positive youth development, family support, and strengthening

Providers: Melting Pot Ministries

Evaluation: Prevention evaluation for this program is not a priority at this time, and limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected. Developing outcome measures throughout OCS's Bureau of Outreach and Prevention is a priority.

Category: Early Intervention

MOUNT ARARAT COMMUNITY ACTIVITY CENTER

*Target population: Low-income, at-risk children and youth ages 6–16;
Homewood–Brushton community*

Program Description: The program serves children in four local community schools (Dilworth, Fulton Academy, Lincoln Elementary, and the Urban League Charter School) to provide a safe place for youth outside of school, engaging them in activities that are educational, recreational, and culturally enriching.

Data Collected: Limited data were collected during the first two years of the program; starting in FY 2011–2012, the names of participants and days served began to be submitted in monthly reports.

Existing Evaluations: NA

Prevention Goals: Offer after-school alternatives for at-risk youth; assist the schools in enhancing academic performance; reduce absenteeism and tardiness; build self-esteem and positive self-concept

Providers: Mount Ararat Community Activity Center

Evaluation: Prevention evaluation for this program is not a priority at this time, and limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected. Developing outcome measures throughout OCS's Bureau of Outreach and Prevention is a priority.

Category: Prevent Intervention

PROJECT DESTINY

Target population: Youth living in the North Side

Program Description: Project Destiny provides an after-school program that offers access to tutoring, a computer lab, social activities, and family fun nights.

Data Collected: General client service and provider information for program monitoring, including names of individuals served, duration of services, monthly service reports, and fiscal information.

Existing Evaluations: NA

Prevention Goals: Promote positive youth development; improve academic success; provide safe environment for recreational activities; promote family development

Providers: Project Destiny, Inc.

Evaluation: Prevention evaluation for this program is not a priority at this time, and limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected.

Category: Prevent Intervention

RANKIN CHRISTIAN CENTER

Target population: Youth in Rankin and surrounding communities; primarily ages 6–12

Program Description: The Children and Youth Program offers after-school recreational and skill-building activities for children in a supervised setting. Activities include arts and crafts, tutoring, computer training, bible study, etc. In the Evening/Saturday Program, comprehensive recreational, social, and educational activities are provided. Youth and young adults can participate in the Computer Room, bible study, weight lifting, fitness training, sports, field trips, and other activities.

Data Collected: General client service and provider information for program monitoring, which includes roster of individuals served, duration of services, monthly service reports, and fiscal information

Existing Evaluations: NA

Prevention Goals: Promote positive youth development and provide safe environment for recreational activities

Providers: Rankin Christian Center

Evaluation: Prevention evaluation for this program is not a priority at this time, and limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected.

Category: Prevent Intervention

SCHENLEY HEIGHTS

Target population: Children ages 3–17 in Pittsburgh; Hill District

Program Description: Pre–Kindergarten, tutoring, after–school, and summer programs are provided to youth. Informal behavioral programming is included.

Data Collected: DHS receives monthly reports, including names of youth enrolled and the numbers of days youth have been served. Reports include information about program strategies and progress, but do not include outcomes. The provider is working on developing outcome measures.

Existing Evaluations: NA

Prevention Goals: Academic, social and recreational enrichment

Providers: Schenley Heights Community Development Program

Evaluation: Prevention evaluation for this program is not a priority at this time, and limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected. Developing outcome measures throughout OCS's Bureau of Outreach and Prevention is a priority.

Category: Prevent Intervention

YOUTH PLACES

Target population: Youth ages 12–17

Program Description: Youth Places is an after–school and summer program for older youth who live in neighborhoods that are characterized by elevated levels of violence, crime, and school drop–out rates. The goal of Youth Places is to attract youth to take part in recreational activities, academic enrichment, leadership development, and career development in their communities. These activities include aerobics, a recording studio, basketball and football leagues, driver's education, college preparation, and photography.

Children & Families

Data Collected: DHS receives monthly reports, including names of youth enrolled and the numbers of days youth have been served. Reports include information about program strategies and progress, but do not include outcomes.

Existing Evaluations: No recent reports; Youth Places was part of an evaluation conducted by Public/Private Ventures (based in Philadelphia) several years ago.

Prevention Goals: Reducing and preventing crime; prevent dropping out of school; providing opportunities for youth to engage in safe, enriching activities

Providers: Twelve sites in high-risk communities

Evaluation: Prevention evaluation for this program is not a priority at this time, and limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected. Developing outcome measures throughout OCS's Bureau of Outreach and Prevention is a priority.

Category: Prevent Intervention

Child Development

Child development programs seek to improve the health and quality of life for mothers, infants, children, and their families by providing child development screenings, developmental supports, nutritional guidance, preventive health care, and parenting education/support to family members during the early years of a child's life.

The programs vary in their point of involvement, ranging from pre-natal health assistance to expectant mothers to educational services and enrichment for growing children.

Prevention Goals

DHS programming focused on child development is highly concentrated in *Preventing Intervention*, *Early Intervention*, and *Intervention Services*. Many youth are served in each category of prevention, and many programs span across multiple categories. There are numerous prevention goals in Child Development, but the following four goals appear most frequently as components of the programs outlined in this section:

- Promote cognitive development of child
- Promote healthy physical development of child
- Improve family functioning
- Prevent out-of-home placement

Figure 10 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where child development programs are focused. Some programs are comprised of multiple services or functions that serve different preventive purposes. These programs may appear more than once on the chart.

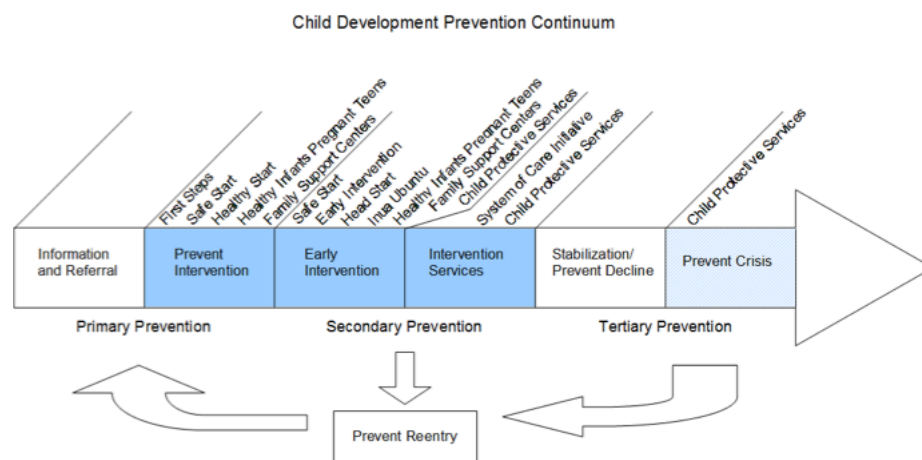


Figure 10: Major Areas of Prevention within Child Development

Evaluation

The larger programs and services in Child Development collect substantial amounts of data and are identified as priorities for evaluation; these programs and services include child protective services, First Steps, Family Support Centers, Inua Ubuntu, and the System of Care Initiative. Some have completed evaluations while others are in the process of ongoing quality improvement efforts.

For the remaining programs, those that collect data but are not conducting any on-going evaluation appear to have little priority attached to prevention-related evaluation at this time. Some programs have very limited data available, and prevention analysis does not appear to be a top priority. Rather, developing appropriate outcome measures is a priority for some program administrators. Developing and collecting data related to the measures would facilitate future evaluation efforts and allow for trend analysis.

Prevention Programs and Services

CHILD PROTECTIVE SERVICES

Target population: Children ages 0–18 at risk of abuse or neglect

Program Description: The Office of Children, Youth and Families fulfills the legal mandate to assess risk to the health and safety of children brought to its attention and to provide services to decrease risk of harm through the provision of child protective (CPS) and/or general protective (GPS) services. CYF's Child Protective Services (CPS) Unit is responsible for the investigation of reports of alleged maltreatment and the provision of all related services. CYF Intake Unit receives reports of alleged abuse, neglect or imminent risk from direct referrals and ChildLine, the Commonwealth's child abuse reporting hotline, and screens for the degree of safety and risk of harm to a child to determine the type and immediacy of CYF's response, including further CYF involvement or information and referral services to community resources. For ChildLine referrals, CPS caseworkers conduct investigations to determine whether there is substantial evidence that abuse, neglect or imminent risk of abuse or neglect has occurred and to provide related services. Both CPS and GPS casework staff assist families in accessing child-centered, family-focused services and referrals to community resources, with the goals of child protection and family preservation.

Data Collected: Child and family identifying information, demographics, referral information, placement information, services authorized and rendered; safety assessments, risk assessments, family service plans, ChildLine reports; all data is stored in the KIDS database.

Existing Evaluations: There are ongoing quality improvement efforts, and DHS DARE completed a placement dynamics report in January 2011.

Prevention Goals: Prevent child abuse and neglect; prevent the need for out-of-home placement

Providers: NA, performed by CYF staff

Evaluation: There is continuous evaluation of child protective services for quality improvement, and there is interest in continuing and expanding these efforts. These efforts are aimed at better understanding the effectiveness of child welfare services and identifying areas for improvement. This includes looking at every part of the process, from the point of referral to out-of-home placements. The recent implementation of the KIDS data system will increase the capacity for analysis of child welfare data. DHS also partners with the Chapin Hall Center for State Foster Care and Adoption Data to provide data cleanup for longitudinal analysis. In addition to the data-based analysis, there are qualitative quality improvement efforts in place, which include case reviews.

Category: Early Intervention, Intervention Services, Prevent Crisis

EARLY INTERVENTION

Target population: Early Intervention: Children ages birth to 3 with a 25 percent delay in one or more (of five) risk factors; Tracking Program: Children ages births to 3 (and children in foster care ages birth to 5) who have been tested but do not qualify for Early Intervention.

Program Description: Early Intervention provides supports and services to young children up to three years of age who have a developmental delay or are at risk for developmental delay. Families are assigned a service coordinator, and services are designed to enhance natural learning and improve long-term outcomes for children by providing early, appropriate, and intensive interventions in the home, childcare site, and other community settings identified by the family.

The Tracking Program differs slightly from Early Intervention; this program tracks children ages birth to 3 (up to age 5 if in foster care) who were screened for developmental delays but did not qualify for Early Intervention. The Tracking Program monitors the development of these children to detect further delays that may warrant the onset of Early Intervention services.

Data Collected: A county data system called R Client, which dates back to the late 1980s, is data-rich and will continue to be maintained in parallel to the state data system, Pelican. Data collected include demographics, conditions, information from the ISP, services provided, etc. In addition to quantitative data and system usage, parent satisfaction surveys are conducted annually. They are conducted by providers and by state and local government agencies.

Existing Evaluations: NA; program does get verification from the state every two years following evaluation from a team of monitors

Prevention Goals: The formal goal is not prevention, but Early Intervention services that enhance a child's learning and development may prevent falling further behind developmentally, reduce system dependency, and prevent secondary problems associated with developmental delays later in life (trouble in school, social behaviors, etc.).

Providers: Five service providers; Alliance for Infants and Toddlers provides service coordination.

Evaluation: A significant amount of information is available to facilitate evaluation. The main limitation to evaluation is that no new treatment models are developed locally; rather, they are defined within federal law. Therefore, it would not be appropriate for evaluation to focus on the model of delivery, so much as the fidelity to the model or the effectiveness of staff in identifying children who would benefit from services.

There are two concerns regarding evaluation of this program: (1) Data collection and evaluation are onerous on both the staff and on participating parents; (2) Drawing a causal link between Early Intervention and higher functioning later in life is difficult – it is even more difficult to prove a decrease in secondary problems (dropping out of school, delinquency, etc.).

Category: Early Intervention

FAMILY SUPPORT CENTERS

Target population: Families with children ages birth to 5

Program Description: Family Support programs promote the healthy development and growth of young children by supporting the families and communities in which they live. They are designed to increase the strength and stability of families, to increase parents' confidence in their parenting abilities and to afford children a stable and supportive family environment. Family Support Centers (FSCs) provide services to families including regular one-on-one home visits, center-based parent groups, child development screenings, goal planning, referrals and service coordination, and other services. They are also friendly community places where families can drop in to interact with one another and staff.

Data Collected: The FSCs' LIFT data system contains a rich amount of data. Fields include all consumer contact information, demographics, evaluations and assessments, income sources, specific activities and services received, etc. These data are available on request. Extracts sent to the DHS Data Warehouse include

consumer information, family information, demographics, employment, and duration of service.

Existing Evaluations: DARE completed a report on training and technical assistance (provided by the University of Pittsburgh's Office of Child Development) received by FCS staff in January 2010. Further, in March 2010, researchers from the Indiana University of Pennsylvania started an assessment of the Family Development Credential's impact on School Readiness outcomes for children.

Prevention Goals: To promote healthy development, positive child development through effective parenting and early intervention and outreach, as well as economic self-sufficiency, and preservation of the family unit; prevent CYF involvement

Providers: DHS funds 27 Family Support Centers administered by 11 distinct providers (lead agencies)

Evaluation: Evaluation of FSCs is a priority. Current evaluation priorities are focused on the centers' abilities to improve parents' skills and confidence levels. Prevention of future involvement in CYF is also an important outcome measure. Significant amounts of data are available for FSCs, facilitating future research efforts with minimal additional information collection needed.

Category: Prevent Intervention, Early Intervention

FIRST STEPS

Target population: Pregnant women and families in Allegheny County with infants (ages 6 months or younger); First Steps families may participate in the program until their youngest child turns six years old.

Program Description: The First Steps program serves pregnant women and families with infants. Families receive home visits that include child development screenings, goal planning, parenting education, nutrition, and preventive health care. Necessary tangible goods such as cribs or changing tables are also available through this program.

Data Collected: DHS receives monthly reports, including names of families enrolled and the number of days they have been served. Reports include information about program strategies and progress, but do not include outcomes.

Existing Evaluations: A technical report was completed by the DHS OIM in 2009.

Prevention Goals: To improve maternal and child physical health and child development; increase parent's understanding of child; assist with providing tangible goods necessary for child safety and well-being

Providers: Three providers serving the McKeesport, Hill District, Oakland, Northside, and Southside communities.

Evaluation: There is an interest in the evaluation of this program, particularly for child welfare outcomes. At this time, limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected. Developing outcome measures throughout OCS's Bureau of Outreach and Prevention is a priority.

Category: Prevent Intervention

HEAD START

Target population: Families with children ages 3–5, income less than 100 percent of poverty line; 40 percent can be 100–150 percent of poverty line; 10 percent can be over income; serves all Allegheny County excluding Pittsburgh

Program Description: Head Start is an educational program that aims to improve a child's readiness for kindergarten. The program encourages parental involvement and provides a range of individualized educational services in the areas of language development, math, science, and social skills. Early childhood development, behavioral health, and nutrition awareness are also parts of the program, as are health screenings and immunizations.

Data Collected: Demographics, school year, family structure, special needs, disability status, characteristics of parents, caregiver information/demographics. These data are available in the DHS Data Warehouse.

Existing Evaluations: NA

Prevention Goals: Increase number of children who are kindergarten-ready; prevent children from falling behind in school (if students starts out behind, gaps in achievement could grow, leading to negative outcomes later); prevent children from dropping out of school

Providers: Allegheny Intermediate Unit, Pittsburgh Public Schools, Council of Three Rivers American Indians Centers

Evaluation: No interest has been expressed in evaluating the program at this time. There are limitations to evaluation using these data because DHS only receives data from the Allegheny Intermediate Unit (AIU); although the AIU is the largest Head Start provider, data from other providers is needed for a comprehensive evaluation. Evaluation opportunities for this program recently expanded when a data sharing agreement was established between DHS and PPS: children's academic performance can now be tracked over time.

Category: Early Intervention

HEALTHY INFANTS FOR PREGNANT TEENS AND WOMEN

Target population: Pregnant women and teens with disabilities and special health care needs

Program Description: Staff members, trained as doulas, support women and teens with disabilities and special health-care needs. Support continues throughout pregnancy and the first year of the baby's life.

Data Collected: General client service and provider information for program monitoring which includes roster of individuals served, duration, monthly service reports, and fiscal information.

Existing Evaluations: NA

Prevention Goals: Prevent infant mortality and low birth weight; promote healthy child development; prevent pregnancy-related health complications for women with special health care needs

Providers: Every Child, Inc.

Evaluation: Evaluative data for this program is not available. Prior to evaluation, outcome measures must be identified and data collection methods must be developed and implemented. Putting these data collection mechanisms into place is a higher priority at this time than evaluation.

Category: Prevent Intervention, Early Intervention

HEALTHY START

Target population: Pregnant and parenting women; target service areas include: North Side, Center City, East End and Wilkinsburg, South Side, Duquesne, Braddock, and the western communities

Program Description: Healthy Start focuses on fighting infant mortality and reducing the number of low birth weight babies in southwestern Pennsylvania. The program focuses on the need to strengthen community systems of care. It addresses the full range of health-related needs of women and infants by increasing awareness of infant mortality, streamlining and coordinating services, and building partnerships of commitment among families, volunteers, businesses, and service providers. Healthy Start offers case management/care coordination and outreach programs targeting pregnant and parenting women.

Data Collected: General client service and provider information for program monitoring which includes roster of individuals served, duration, monthly service reports, and fiscal information

Existing Evaluations: NA

Prevention Goals: Prevent infant mortality and low birth weight babies; reduce health disparities

Providers: Healthy Start, Inc.

Evaluation: Evaluative data for this program is not available. Prior to evaluation, outcome measures must be identified and data collection methods must be developed and implemented. Putting these data collection mechanisms into place is a higher priority at this time than evaluation.

Category: Prevent Intervention

INUA UBUNTU

Target population: African American males referred to child welfare services in neighborhoods served by CYF's East, Central, and North Regional Offices

Program Description: Inua Ubuntu is a program designed to redefine African American male youths' interactions with the child welfare system in a way that will ultimately decrease system involvement and improve outcomes for these youth. When CYF receives a referral for a family with an African American or biracial male child in a targeted community, the designated community lead is contacted and a cultural consultant collaborates with a CYF caseworker during the initial home visit. Following the visit, CYF defers to community leaders to address the needs of the children and family when possible, and the community administers a family plan, protection, and services. System diversion may be achieved by using a number of community resources, including in-home supports, community services, and a continuum of alternate care by the birth parent. The four guiding principles of the initiative are collaboration, communication, commitment, and culture.

Data Collected: Data submitted to DHS semi-annually include the number of families served and the number of youth entering placement; providers have data on all services provided to families, including those not involved in the child welfare system.

Existing Evaluations: The program is in its developing stages and evaluation has not been conducted.

Prevention Goals: Reduce the rate of African American male children accepted for child welfare services; reduce the number of African American male children entering out-of-home placement

Providers: Multiple providers

Evaluation: There are sufficient data to conduct trend analyses for child welfare involvement in the target communities. There will also be more evaluation potential for this program as it develops. Statistical analysis and case reviews could be used to determine how well these strategies work for achieving the desired prevention goals. The information necessary to conduct these more detailed analyses may not be in DHS records, but it would be available from the providers (e.g. services provided to families). The program is still relatively new, and more time needs to pass before enough data is available. The Chapin Hall Center for State Foster Care and Adoption Data has been contracted to complete an evaluation in the future.

Category: Early Intervention

SAFE START

Target population: Children ages birth to 6

Program Description: The purpose of the Safe Start Project is to build a safe, non-punitive environment where education/training is provided to increase the awareness among parents, professionals and the greater community about the effects of witnessing violence upon children, birth to 6 years old. Safe Start assists them in developing skills to address such effects; interventions and support services are available to children who witness violence (and their families) to attempt to mitigate the negative impact of their experience and promote their continued healthy development.

Data Collected: Very little data is collected on families involved. There are concerns about data accuracy and reliability.

Existing Evaluations: BIM has constructed evaluation methods; however, an internal evaluation has not been conducted. United Way conducted an evaluation of the ACT Against Violence: Parents Raising Safe Kids Program (ACT) in July 2009 (part of Safe Start). Safe Start is also included in a United Way report on training.

Prevention Goals: Increase healthy child development and family stability

Providers: This prevention program is administered directly by DHS OCS staff.

Evaluation: No reliable data for this program are available. Prior to evaluation, outcome measures must be identified and data collection methods must be developed and implemented. Putting these data collection mechanisms into place is a higher priority at this time than evaluation.

Category: Prevent Intervention, Early Intervention

SYSTEM OF CARE INITIATIVE (SOCI)

Target population: Children and young adults ages birth to 25, with emotional and behavioral challenges who are involved with more than one child-serving system

Program Description: Participants in SOCI are youth with serious emotional disturbances (SED). A system of care is a method of providing services that brings together the consumer, the family, professionals from interrelated fields, and community members in a coordinated network to meet the young person's mental health needs within the consumer's neighborhood. SOCI is a consumer-driven, strengths-based program that aims to empower consumers, families, and communities to manage and advocate for their needs and realize their dreams.

The System of Care Initiative was created from three SAMHSA System of Care Grants. These include: Starting Early Together (SET) program for children ages birth to 6, Community Connections for Families (CCF) for youths ages 6 to 14, and Partnerships for Youth Transition (PYT) for youths and adults ages 14 to 25. The CCF and PYT grant demonstrations ended in July 2009 and the SET grant demonstration will end in September 2011.

Data Collected: Both qualitative and quantitative data are collected in the following areas: demographics, child and family risk factors, child functioning, caregiver strain, system impact, system utilization, services and costs, parental stress, exposure to trauma, and several other measures. Much of this data was collected as part of the longitudinal national System of Care grant study.

Existing Evaluations: The Chapin Hall Center for State Foster Care and Adoption Data completed an evaluation of SOCI in January 2011. Internal evaluations of SET, CCF and PYT have been conducted by the SOCI Quality Assurance team. Both qualitative and quantitative methods were used. SOCI staff also engaged in ongoing evaluation and quality improvement efforts.

Prevention Goals: Improve child functioning; improve family functioning; reduce caregiver stress; improve coordination; improve service/system integration

Providers: NA

Evaluation: Evaluation is integrated into SOCI processes through continuous quality improvement efforts. No interest in further evaluation has been expressed at this time.

Category: Intervention Services

Family Development

DHS contracts with numerous providers to serve the families of Allegheny County with the goal of strengthening families and improving family functioning. Many of these provide programs that target the parents of young children, especially those at risk of involvement in the child welfare system. Services provided to parents help to enhance their parenting skills, build confidence, offer support, increase family cohesion, and increase the strength of the families' natural supports.

Prevention Goals

Figure 11 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where family development programs are focused. Some programs are comprised of multiple services or functions that serve different preventive purposes. These programs may appear more than once on the chart. However, most programs appear only in the category of prevention that is most directly tied to that program.

Prevention programs targeting parents and family development primarily engage in *Preventing Intervention*, and *Early Intervention*. The goal is to provide appropriate information and resources for families that will allow them to improve functioning within and outside their homes, promote healthy child development, and avoid unnecessary or negative system involvement in the future.

Each family development program has unique outcome goals based on the varying populations served. However, there are two prevention goals that are common to family development programs across the prevention spectrum. The first is to improve family functioning within the home, and providers use several different strategies to accomplish this goal. The second prevention goal is to prevent involvement with CYF due to child abuse or neglect.

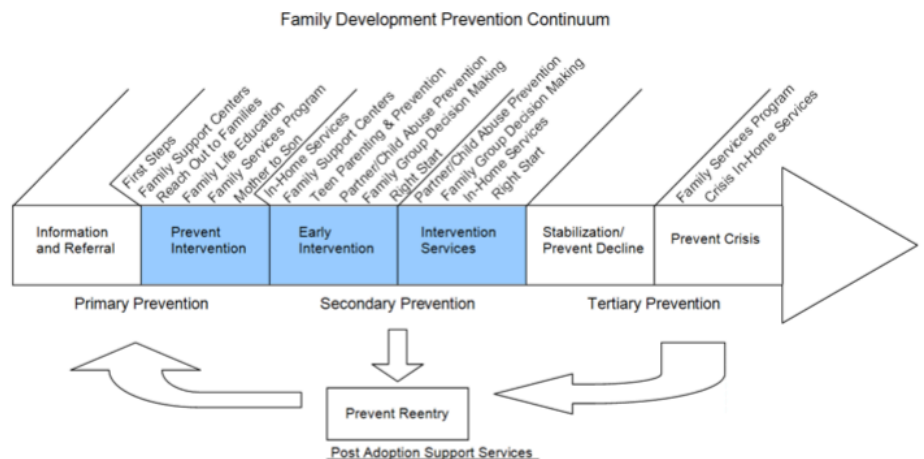


Figure 11: Major Areas of Prevention within Family Development

Evaluation

Within Family Development, the main priorities for evaluation are Family Support Centers (FSCs), First Steps, in-home services, and Family Group Decision Making (FGDM). Prevention of future involvement in CYF is an important outcome measure for all programs. However, current evaluation priorities for FSCs are focused on the centers' abilities to improve parents' skills and confidence levels. Substantial data are available for FSCs, whereas more data collection is required for an evaluation of First Steps, and data quality and robustness continues to improve for in-home services. Evaluations of FGDM and in-home services are currently underway and are likely to continue on an ongoing basis.

Beyond these services, no other interest in evaluation of Family Development programs has been expressed. Given the data currently available, most programs could be evaluated in their effectiveness at preventing future CYF involvement, but more data collection would be needed to evaluate other prevention goals.

Prevention Programs and Services

CRISIS IN-HOME SERVICES

Target population: Families at imminent risk for child removal, child abuse and/or neglect

Program Description: Intensive in-home services initiated within 25 hours of referral, focusing on crisis intervention strategies that may also include the provision of family counseling, parenting classes, child abuse prevention training, life skills training, and/or family reunification services at the family's home. Families may also be assisted with services to address other sources of family crisis, such as eviction or lack of access to food.

Data Collected: General client service and provider information for program monitoring which includes roster of individuals served, duration, monthly service reports, and fiscal information.

Existing Evaluations: Evaluation is in progress with Chapin Hall's Center for State Foster Care and Adoption Data.

Prevention Goals: Prevent out-of-home placement; prevent child abuse or neglect

Providers: Auberle, Greater Valley Community Services

Evaluation: There is significant interest in better understanding the impact of in-home services and how well they prevent out-of-home placements. The data necessary to evaluate these questions have not been available in the past. Evalu-

ation is currently in progress with Chapin Hall's Center for State Foster Care and Adoption Data. Additionally, the capacity to continue such evaluation in the future is enhanced by the new KIDS data system.

Category: Prevent Crisis

FAMILY GROUP DECISION MAKING (FGDM)

Target population: And family active with CYF with an interest in participating, particularly those with children at risk of removal

Program Description: Family Group Decision Making is a voluntary process for families involved with CYF to participate in the process of planning to keep their child(ren) safe. FGDM relies on rethinking the concept of child welfare and is based on the premise that when presented with the critical challenge of keeping children safe, those who know and care about the family will make healthy decisions about what needs to be done. Parents meet with extended family and community partners to develop a Family Plan. The approach is strengths-based, family-drive, and culturally competent. FGDM Family Advocates guide the process, and the Family Plan outlines responsibilities for each person involved.

Data Collected: Contract monitors receive monthly reports with referral and service data such as the number of referrals, families accepted for service, families not accepted for service, cases closed, conferences completed, children served, families served, total number of family conferences, etc. The data is tracked by the family unit, not by individual children.

Existing Evaluations: Evaluation is currently in progress. No formal evaluations have been completed to date, although the data has been analyzed informally for administrative review.

Prevention Goals: Prevent out-of-home placement; engagement of families and natural supports in case planning for their children

Providers: Touching Families, Inc., Macedonia Family and Community Enrichment (F.A.C.E.), Center for Family Excellence

Evaluation: Evaluation of FGDM is in progress with Chapin Hall's Center for State Foster Care and Adoption Data. Evaluation to date has been delayed by inconsistencies in the reporting of the data. Data quality has recently improved, facilitating current and future evaluation of FGDM.

Category: Early Intervention, Intervention Services

FAMILY LIFE EDUCATION PROGRAM

Target population: Families with young children residing in the North Side and several adjoining communities

Program Description: The objectives of this program are to improve parent-child communication, develop appropriate parenting skills, and help families establish important family dynamics, including the development of clear roles, rules, and consequences.

Consumers of this program will receive individualized in-home service plans. The case manager screens children for potential delays, then designs and implements home sessions that assist parents in improving their child's development. A family systems approach is used in working with families in an attempt to identify and build on family strengths. The service also provides families with practical education and training on daily living skills.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and dates that services began and terminated.

Existing Evaluations: NA

Prevention Goals: Improve parenting skills; increase age-appropriate health care screenings; prevent/minimize developmental delays in children; prevent entry into child welfare system

Providers: The NorthShore Community Alliance

Evaluation: Evaluation of this program has not been identified as a priority. There are sufficient data available to see if the program is effective in preventing child welfare involvement in the future. Further data collection would be necessary in order to evaluate the other prevention goals.

Category: Prevent Intervention

FAMILY SERVICES PROGRAM

Target population: Residents of the North Side and several adjoining communities

Program Description: Consumers of this program have their needs assessed by a case manager, who then works with the consumer to develop an in-home service plan to outline appropriate goals and interventions. Home visits, supportive

counseling, and guidance are provided as needed, which assists consumers facing problems and crises to re-establish stability within their home.

The case manager also provides practical education and training on skills necessary to adequately perform the activities of daily life. Homemaking services are also provided to consumers who have no family or other responsible person available to provide these services.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and dates that services began and terminated.

Existing Evaluations: NA

Prevention Goals: Prevent crisis; improve parenting skills; improve decision making and knowledge in life skills; increase appropriate utilization of community resources

Providers: The NorthShore Community Alliance

Evaluation: Evaluation of this program has not been identified as a priority. In order to evaluate this program, there would need to be additional data collection around outcomes.

Category: Prevent Intervention, Prevent Crisis

FAMILY SUPPORT CENTERS

Target population: Families with children ages 0–5

Program Description: Family Support programs promote the healthy development and growth of young children by supporting the families and communities in which they live. They are designed to increase the strength and stability of families, to increase parents' confidence in their parenting abilities, and to afford children a stable and supportive family environment. Family Support Centers provide services to families including regular one-on-one home visits, center-based parent groups, child development screenings, goal planning, referrals and service coordination, and other services. They are also friendly community places where families can drop in to interact with each other and with staff members.

Data Collected: The FSCs' LIFT data system contains a rich amount of data. Fields include all consumer contact information, demographics, evaluations and assessments, income sources, specific activities and services received, etc. These

data are available to DHS upon request. Extracts sent to the DHS Data Warehouse include consumer information, family information, demographics, employment, and duration of service.

Existing Evaluations: DARE completed a report on training and technical assistance (provided by the University of Pittsburgh's Office of Child Development) received by FSC staff in January 2010. Further, in March 2010, researchers from the Indiana University of Pennsylvania started an assessment of the Family Development Credential's impact on School Readiness outcomes for children.

Prevention Goals: To promote healthy development, positive child development through effective parenting and early intervention and outreach, as well as economic self-sufficiency, and preservation of the family unit; prevent child welfare involvement

Providers: DHS funds 27 Family Support Centers administered by 11 distinct providers (lead agencies)

Evaluation: Evaluation of Family Support Centers is a priority. Current evaluation priorities are focused on the centers' abilities to improve parents' skills and confidence levels. Prevention of future involvement in CYF is also an important outcome measure. Significant amounts of data are available for FSCs, facilitating future research efforts with minimal additional information collection needed.

Category: Prevent Intervention, Early Intervention

FIRST STEPS

Target population: Pregnant women and families in Allegheny County with infants (ages 6 months or younger). First Steps families may participate in the program until their youngest child turns six years old.

Program Description: The First Steps program serves pregnant women and families with infants. Families receive home visits that include child development screenings, goal planning, parenting education, nutrition, and preventive health care. Necessary tangible goods such as cribs or changing tables are also available through this program.

Data Collected: DHS receives monthly reports, including names of families enrolled and the number of days they have been served. Reports include information about program strategies and progress, but do not include outcomes.

Existing Evaluations: A technical report was completed by DHS OIM in 2009.

Prevention Goals: To improve maternal and child physical health and child development; increase parent's understanding of child; assist with providing tangible goods necessary for child safety and well-being

Providers: Three providers serving the McKeesport, Hill District, Oakland, Northside, and Southside communities.

Evaluation: There is an interest in the evaluation of this program, particularly for child welfare outcomes. At this time, limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected. Developing outcome measures throughout OCS's Bureau of Outreach and Prevention is a priority.

Category: Prevent Intervention

IN-HOME SERVICES

Target population: Families at risk for child abuse and/or neglect

Program Description: In-home services may include family counseling, parenting classes, child abuse prevention training, life skills training, crisis intervention, and family reunification services at the family's home. Services are provided on a continuum, tailored for each family's situation. A strong component of every in-home service is teaching family members to use and get involved with community-based services, rather than services provided by the child welfare system.

Data Collected: General client service and provider information for program monitoring which includes roster of individuals served, duration, monthly service reports and fiscal information

Existing Evaluations: Evaluation is in progress with Chapin Hall's Center for State Foster Care and Adoption Data.

Prevention Goals: Prevent out-of-home placement; prevent child abuse or neglect

Providers: Multiple

Evaluation: There is significant interest in better understanding the impact of in-home services and how well they prevent out-of-home placements. The data necessary to evaluate these questions have not been available in the past. Evaluation is currently in progress with Chapin Hall's Center for State Foster Care and Adoption Data. Additionally, the capacity to continue such evaluation in the future is enhanced by the new KIDS data system.

Category: Early Intervention, Intervention Services

INTIMATE PARTNER ABUSE/CHILD ABUSE PREVENTION

Target population: (1) Child welfare caseworkers and (2) Child welfare clients living with domestic violence

Program Description: The Women's Center and Shelter provides training to new child welfare caseworkers that help them to identify victims of domestic violence, and Domestic Violence Advocates (DVA) work with child welfare clients and caseworkers on issues related to domestic violence.

Services available to clients through the Women's Center and Shelter include shelter, individual and support group counseling, therapy for mothers and their children, legal advocacy, and civil legal representation. In some instances, caseworkers recommend mothers come into shelter and leave the abuser as a means of preventing their child's placement into foster care.

The DVA works with the client and the child welfare system to meet the client's needs and bring in other service providers as needed. The DVA also attends the service plan meetings and consults with caseworkers about the dynamics of intimate partner abuse within the case. Ongoing case monitoring occurs to prevent foster placement.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and dates that services began and terminated.

Program outcome measures include hours of advocacy clients receive, hours of training caseworkers receive, and case consultation DVAs provide to caseworkers.

Existing Evaluations: NA

Prevention Goals: Prevent foster care placement; inform victims of abuse of the domestic abuse services available to them by the DVA; connect victims with other services as needed

Providers: Women's Center and Shelter of Greater Pittsburgh

Evaluation: There is the potential to evaluate whether or not this program prevents foster care placement given the data collected, but no interest in evaluation has been expressed.

Category: Early Intervention, Intervention Services

MOTHER TO SON

Target population: Single moms with African American sons (ages 8–17)

Program Description: To strengthen African American families by creating a stable home environment through the support and utilization of community resources, and by actively networking with new and existing organizations and agencies. Mentoring services are available for the youth. The goal is to improve the quality of life for single mothers and sons.

Data Collected: DHS receives monthly reports, including names of families enrolled and the number of days they have been served. Reports include information about program strategies and progress, but do not include outcomes.

Existing Evaluations: NA

Prevention Goals: To improve family dynamics and quality of life; prevent/reduce friction in the home.

Providers: Small Seeds Development, Inc.

Evaluation: There is an interest in the evaluation of this program. At this time, limited data are available. Prior to evaluation, outcome measures need to be developed, and data related to these outcomes must be collected. Developing outcome measures throughout OCS's Bureau of Outreach and Prevention is a priority.

Category: Prevent Intervention

POST-ADOPTION SUPPORT SERVICES

Target population: Families adopting children involved in the child welfare system

Program Description: Post adoption services are designed to ensure that families adopting children have the supports they need as they adjust to their new living arrangement and responsibilities. The services are supported in Pennsylvania by the Pennsylvania Statewide Adoption and Permanency Network (SWAN). Services include connection to social services, support groups for parents, and respite programs.

Data Collected: General client service and provider information for program monitoring which includes roster of individuals served, duration, monthly service reports, and fiscal information

Existing Evaluations: NA

Prevention Goals: Prevents reentry into the child welfare system; support family's positive transition into permanency

Providers: Every Child, Inc.

Evaluation: Evaluative data for this program are not available. Prior to evaluation, outcome measures must be identified and the appropriate data collection methods must be developed and implemented. Putting these data collection mechanisms into place is a higher priority at this time than evaluation.

Category: Prevent Reentry

REACH OUT TO FAMILIES

Target population: Families at risk of entering the CYF system in the future

Program Description: Families with children of any age are provided with support and prevention services designed to assist those parents with life stressors and risk factors that increase the likelihood of child abuse and neglect. Service plans are developed, and possible services provided include home visiting, parent education classes, support groups, and the parenting WARMLINE at Family Resources. About 75 clients are served per year.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and dates that services began and terminated.

Existing Evaluations: NA

Prevention Goals: Prevent child abuse and neglect; improve parenting skills; increase use of discipline strategies that do not rely on physical force; increase social and emotional supports

Providers: Family Resources

Evaluation: This program is not a priority for evaluation at this point. There are sufficient data available to see if the program is effective in preventing child welfare involvement in the future if such evaluation becomes a priority. Further data collection would be necessary in order to evaluate the other prevention goals.

Category: Prevent Intervention

RIGHT START

Target population: Families adjudicated or reported for child abuse or neglect

Program Description: The goal of Right Start is to strengthen families reported for child abuse or neglect by helping them meet critical needs and develop the

nurturing skills that will allow their children to remain at home. Specialists help families learn to manage daily hassles in ways that promote healthy relationships within the family. They also give special attention to helping parents address the developmental needs of the children in the home.

Parents attend "Values for Life" group sessions that combine further training with the opportunity to network with other parents and encourage one another to use positive parenting methods. Parent competency in recognizing and implementing the values is monitored throughout their participation in Right Start.

Data Collected: General client service and provider information for program monitoring which includes roster of individuals served, duration, monthly service reports, and fiscal information

Existing Evaluations: NA

Prevention Goals: Prevent child abuse and neglect; improve parenting skills; improve family functioning; improve child development

Providers: Center for Family Excellence

Evaluation: There is an interest in the evaluation of this program. At this time, evaluative data for this program are not available. Prior to evaluation, outcome measures must be identified and the appropriate data collection methods must be developed and implemented. Putting these data collection mechanisms into place is a higher priority at this time than evaluation.

Category: Early Intervention, Intervention Services

TEEN PARENTING AND PREVENTION

Target population: Teenagers ages 12–20 residing in the City of Clairton and surrounding communities who meet CSBG income guidelines and are either pregnant, at risk of an unplanned pregnancy, or have children

Program Description: Teens' needs are assessed and met through program enrollment (prenatal care, housing, etc.). Teens attend weekly group meetings to discuss personal and parenting concerns as well as listen to various guest speakers. Programming includes self-sufficiency planning by helping youth with job readiness, budgeting, and other related skills. Teens who are already parents receive parenting education/mentoring.

Data Collected: DHS receives semi-annual reports that contain client service statistics and client service outcomes for the year to-date.

Existing Evaluations: NA

Prevention Goals: Improve family functioning and parenting skills; receive information and be able to access appropriate services; improve or maintain healthy behavior; avoid at-risk behavior; promote self-sufficiency; prevent unemployment

Providers: Arsenal Family and Children's Services

Evaluation: This program has not been identified as a priority for evaluation. There are several questions of potential interest related to prevention. Some could be evaluated using available data (e.g. prevention of future child welfare involvement), but others would require greater, project-specific data collection (e.g. are clients obtaining and maintaining employment?).

Category: Early Intervention

DHS-WIDE

DHS provides a breadth of services to a number of different demographic groups with varying needs. The blend of services and supports received are unique to the needs of each consumer, and there are numerous methods for accessing services. Due to the wide range of services within the Department, coordinating service provision and communication is an important objective of DHS, and the Executive Office and the Office of Community Relations (OCR), in conjunction with each program office, carry out activities that further that goal.

Many individuals and families receive services from just one or two programs or providers, so coordinating those services with their personal schedules is not overly challenging. However, others need multiple services from multiple providers; these complex scenarios create a web of care that can be uncoordinated, difficult to navigate, and less effective. For these multi-system-involved consumers, there are DHS-wide planning entities designed to coordinate planning, decision-making, and service delivery in order to achieve the best outcomes possible. These services are described in this section, along with tools used across the Department to improve communication and quality of care.

Prevention Goals

Figure 12 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where DHS-wide programs are focused. Some programs are comprised of multiple services or functions that serve different preventive purposes. These programs may appear more than once on the chart.

Prevention efforts in DHS-wide programs and services are primarily focused on *Intervention Services* and *Preventing a Crisis*. Two prevention goals that are both intertwined and common to most programs are the prevention of further penetration into DHS services, and the prevention of negative outcomes that result from uncoordinated care. These two goals are closely linked: DHS believes that coordinated care can improve the quality and effectiveness of the services received by consumers, which in turn can prevent deeper DHS involvement in the future. Services of this nature are classified as *Intervention Services*.

DHS-Wide

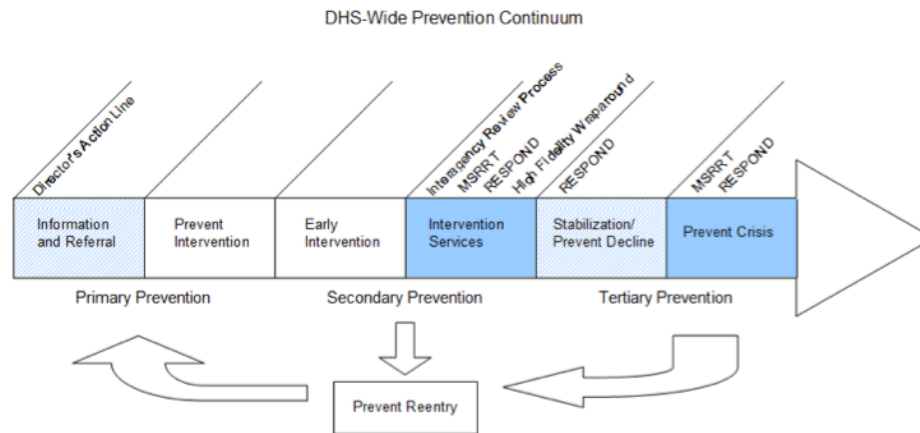


Figure 12: Major Areas of Prevention for DHS-Wide Services

Evaluation

Evaluation is underway or has been completed for the programs and services provided DHS-wide for which evaluation is deemed appropriate and high-priority. This evaluation is primarily focused on High Fidelity Wraparound and the RESPOND program. There is also interest in the evaluation of the MSRRT process in the future.

Prevention Programs and Services

DIRECTOR'S ACTION LINE (DAL)

Target population: All stakeholders, including DHS consumers and concerned parties (e.g. school personnel)

Program Description: The DAL is a telephone-based inquiry and complaint service for all DHS services. It originally handled only CYF concerns, but was expanded after its first year to serve all DHS programs. DAL staff members address calls within three days, following up with the caller to see if their issue was resolved. Walk-ins visits are also taken. The DAL phone number is on all DHS brochures and county business cards.

Data Collected: All data are entered in DialTrac. As much information is gathered as possible regarding case information and the complaint, including case identification numbers and the names of staff members involved with the case.

Existing Evaluations: NA; monthly reports are generated for the DHS Director and OCR Deputy Director that show DHS-wide trends and the kinds of complaints registered. Office-specific reports are generated for the Deputy Directors of each program office.

Prevention Goals: Prevents poor work performance, consumer dissatisfaction, and undesirable trends in performance

Providers: OCR staff

Evaluation: Evaluation of this service as a prevention measure is not appropriate since its primary purpose is not prevention, even though it may prevent unwanted outcomes.

Category: Information and Referral

INTERAGENCY REVIEW PROCESS

Target population: Youth with complex needs and involved in multiple systems

Program Description: The Interagency Review Process provides a method to develop, implement and monitor a comprehensive plan for youth involved in more than one system, having complex needs that cannot be met with traditional service options. The plan typically includes a full continuum of services and tangible assistance as needed to support the youth.

Each child and his/her family are joined in the planning process by representatives of the DHS Executive Office and all appropriate systems. Members of the Multi-System Rapid Response Team (MSRRT) also participate in the County Interagency Review Process. The group develops a plan of action for each child, outlining specific tasks and designating individuals to perform those tasks. Follow up is conducted after 30 days to ensure that appropriate action is being taken.

Data Collected: Demographics, system involvement, outcome of interagency meetings, and progress on action items

Existing Evaluations: NA

Prevention Goals: Prevent youth from penetrating further into the system; improve care through coordination of services to avoid missing opportunities to meet consumers' needs

Providers: The team is comprised of DHS staff from multiple offices.

Evaluation: No interest in evaluation has been expressed at this time. Currently, available data could be used to track future system involvement, but prevention analysis would require additional data collection and the development of program-specific outcome measures.

Category: Intervention Services

MULTI–SYSTEM RAPID RESPONSE TEAM (MSRRT)

Target population: Youth with complex needs and involved in multiple systems

Program Description: The Multi–system Rapid Response Team is the second most intensive level of involvement offered to families in Allegheny County to assist them in meeting the complex needs of their multi–system–involved child.

The cross–systems MSRRT regularly convenes representatives from each child–serving system to identify trends and gaps in services and to carry out proactive planning and tracking. In addition, the MSRRT gathers for urgent meetings to review and perform “responsive planning” for children at imminent risk of losing their placement; these are youth for whom all viable options and appropriate resources have been explored (including review by the County Interagency Review Team) or for whom special services are needed that do not currently exist in the system. Families are referred to the MSRRT process by the MSRRT representative of the lead DHS Program Office.

MSRRT staff members strategically develop viable plans that maximize the potential of each child or youth referred to them while minimizing barriers to service and treatment and enhancing resources available to service providers. In this way, the MSRRT ensures that supports and services are provided to individuals in the most integrated, effective, and efficient manner.

Data Collected: Demographics, system involvement, diagnosis, outcomes of interagency meetings, placement dates, and locations

Existing Evaluations: NA

Prevention Goals: Prevent youth from penetrating further into the system; improve care through coordination of services to avoid missing opportunities to meet consumers’ needs

Providers: The team is comprised of DHS staff from multiple offices.

Evaluation: There is interest in evaluating the MSRRT process in order to determine how effective the process is for improving outcomes for youth. Limited analysis could be conducted with current data, such as examining systems usage and placement stability. However, due to the complexity of the challenges these youth face, additional qualitative research would be an important component to an effective evaluation.

Category: Intervention Services, Prevent Crisis

RESIDENTIAL ENHANCEMENT SERVICE PLANNING OPPORTUNITIES FOR NEW DIRECTIONS PROGRAM (RESPOND)

Target population: Primarily youth with diagnoses of mental retardation and autism whose needs have not been met, even when all child-serving systems work in concert

Program Description: RESPOND is an intensive residential treatment program designed to assist youth whose complex needs pose the most difficult challenges. Individuals often have a history of one or more challenging behaviors, such as inappropriate sexual behaviors, severe aggressive, assaultive or self-injurious behavior, limited cognitive functioning, and medical problems. The needs of these children exceed the staffing ratios and behavioral intervention capacities of specialized residential treatment facilities.

RESPOND's program capacity is limited to six youth at any given time, and staff-to-child ratios range from 4:1 to 1:1, depending on the needs of the youth. The children are provided with whatever it takes to attain a long-term quality life with the least supervision and support required. RESPOND operates using a collaborative model that integrates effective clinical treatment with principles of psychiatric rehabilitation and community support programs. The residential staffs in each home are highly skilled individuals with experience working with children and youth with complex needs, and are supported by a shared Mobile Treatment Team (MTT).

Data Collected: A significant amount of information is recorded, including consumer information, individual service plans (updated every six months), medications, aggressive episodes, staffing ratios, sleep patterns, etc.

Existing Evaluations: Annual reports; report completed by DHS DARE in May 2011

Prevention Goals: Prevent inpatient psychiatric care or frequent hospitalizations; prevent challenges caused by lack of fully coordinated care; increase safety for program participants and community

Providers: DHS staff from all programs offices, WPIC, Laurel Highlands, Family Links

Evaluation: An evaluation was recently completed which examined costs, quantitative outcomes, and qualitative feedback from families involved in the process. There is no interest in additional evaluation at this time.

Category: Intervention Services, Stabilization/Prevent Decline, Prevent Crisis

HIGH FIDELITY WRAPAROUND

Target population: Targets vary with funding stream; generally, target populations include youth involved in JPT (youth with behavioral health diagnosis at risk of placement or high usage of services), FAST (youth active in child welfare and juvenile justice – in placement less than 15 months), and/or CYF (youth 12–18 entering shelter for second or more time)

Program Description: High Fidelity Wraparound is a family-driven, team-based planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes. Goals of the process include maximizing cross-systems engagement and engaging in holistic family planning. Team composition varies for each family, but teams frequently include family members, a trained facilitator, youth and family support partners, school personnel, therapists, probation officers, and many others.

Data Collected: Demographics, composition of team members, wraparound phase, all contacts and meetings, service plan, crisis plan, and strengths, needs and cultural discovery; there are also web-based surveys completed by family members, including the Perceptions of Opportunity Survey, Caregiver Strain Questionnaire, and the Child Outcomes Survey.

Existing Evaluations: Evaluation consisting of interviews of multiple team members using the WFI (Wraparound Fidelity Index) tool is ongoing. Results are collected quarterly and performance in Allegheny County is compared to performance in prior quarters, as well as to the national average. Data from the WFI is entered into Wraparound Online Data Entry and Reporting System (WONDERS). Additionally, a cost and outcomes analysis was performed by DHS DARE in partnership with CCBH in May 2011.

Prevention Goals: Prevent families from entering the system/penetrating further into the system by identifying appropriate responses to their needs; prevent out-of-home placement; increase natural supports and strengthen families

Providers: Human Services Administration Organization, Allegheny Children's Initiative, Family Resources, Allegheny Family Network, Gwen's Girls

Evaluation: Evaluating High Fidelity Wraparound has been and continues to be a priority. In addition to the ongoing evaluation using the WFI, a cost and outcome analysis was performed in May 2011: a report will be forthcoming. As the number of web-based surveys increases with time, there is interest in evaluating the results from the surveys. Additionally, the Chapin Hall Center for State Foster Care and Adoption Data has been contracted to complete an evaluation in the future.

Category: Intervention Services

DISABILITIES

As defined by the Americans with Disabilities Act, Section 503 of the Rehabilitation Act of 1973 and Section 188 of the Workforce Investment Act, a disability is a physical or mental impairment that substantially limits one or more major life activities. DHS strives to help those with disabilities by meeting their needs before crises arise. DHS services that lend support to the disabled population of Allegheny County are concentrated in the Office of Community Relations (OCR) and the Office of Intellectual Disabilities (OID). OCR houses the Disability Connection and Allegheny LINK to Aging and Disability Resources. OID activities are driven by the state's Office of Developmental Programs (ODP) service definitions. The service definitions are a comprehensive list of services that can be funded through Pennsylvania Waiver service programs.

The nature of DHS involvement with individuals with disabilities differs from involvement with other populations because the aim is not to prevent the disability, but to provide appropriate support that protects their rights and supports their ability to live and work in Allegheny County. Given this difference, few programs would be the subject of a preventive evaluation. Prior to outlining these programs and services, the following text will describe processes in place in OID to ensure proactive planning and enable appropriate evaluation – processes which would be important to any evaluation including consumers receiving services from OID.

Services and eligibility criteria for OID are defined by state guidelines. To qualify for intellectual disability services, individuals must possess an IQ of less than 70 and a mental retardation diagnosis. To qualify for developmental disabilities services, individuals must demonstrate significant impairment in three or more areas of major life activity. The onset of mental retardation and/or developmental disabilities must manifest prior to age 22. If eligible, OID authorizes services for individuals based upon their identified needs and the available service capacity.

The Prioritization of Urgency of Need for Services (PUNS) is used to determine the category of urgency in which an individual's needs fall. The Emergency PUNS status refers to individuals that need to be served now, and cannot wait until some later date. Needs should be captured in the Emergency category if there are current needs or anticipated needs within the next six months. The Critical PUNS status describes those individuals who will need services in the near future (within two years) but do not require services immediately. The Planning PUNS is for people who have requested services, are determined not to need services within the next two years, but who are expected to require services in fewer than five years. This Priority PUNS tracking is captured in HCSIS. Another component of planning is the person's Individual Support Plan. The plan identifies individual preferences, current supports, and desired outcomes.

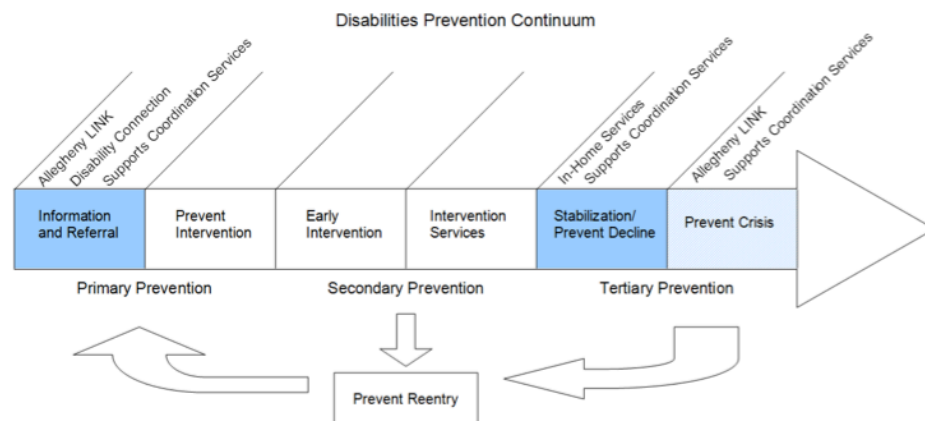
Disabilities

In OID, the aim of assessment activities is to ensure consistency of record and determine whether or not an individual is in emergency status. Through increased file reliability and decreased numbers of people in emergency status, OID can monitor the priority planning list for individuals most likely to need services. Since implementation of a PUNS review process three years ago, the number of people on the priority list has decreased from 500 to 300. Root cause analysis of adverse events plays a significant role in developing action plans for prevention. Types of analysis that further inform preventive action include risk management, provider monitoring, and individual reviews of persons identified with emergency needs.

Prevention Goals

Prevention goals vary by office. In OCR, prevention efforts focus upon streamlining access to services through education. For the purposes of this scan, we categorize prevention in OID as those services that mitigate the need for more intensive services. Both OCR and OID offer services representing various sections of the prevention continuum. Nevertheless, the majority of disability-related services fall into *Information and Referral* and tertiary prevention.

Figure 13 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where disabilities programs are focused. Some programs are comprised of multiple services or functions that serve different preventive purposes. These programs may appear more than once on the chart.



Evaluation

Prevention evaluation is not a priority for services available to consumers with disabilities. More often, data are used to track trends and outcomes, which can be analyzed to improve planning and service delivery. Administrators are more interested in knowing how well services are meeting consumers' needs than the degree to which the services are preventive. Data monitoring is also used to proactively identify risk and compliance, which may have preventive implications; however, evaluating these secondary outcomes is not currently a priority.

Evaluation capacity varies between OCR and OID. Some tracking and assessment is currently performed in OCR, and there is interest in expanding this capacity. Within OID, a significant amount of information is collected and stored in the state Home and Community Services Information System (HCSIS). However, logistical challenges in using this data exist, such as the limited exchange of information between HCSIS and ECAPS and frequent changes to policy and practice at the state level. At the same time, the capacity for data analysis has been enhanced. Evaluation now takes place to assess provider billing errors, gaps in services, and OID's ability to meet emergency needs.

Prevention Programs and Services

ALLEGHENY LINK TO AGING AND DISABILITY SERVICES

Target population: People who are 60 or older, support someone that is 60 or older, have a disability, support someone who has a disability, or simply have questions or concerns about disability or aging issues

Program Description: Individuals may call the Allegheny Link for information on all services available to assist older adults and people with disabilities to maintain their independence, dignity, and quality of life.

The goal of the Allegheny Link is to "simplify and streamline access to long-term living services and supports; provide assistance to consumers who are seeking services and making long-term living decisions; and to increase awareness and provide reliable information."

The services provided by the Allegheny Link include information and referral, eligibility screening, options counseling, application assistance, intensive case management and follow up. The majority of callers are under the age of 60. The most common calls concern people with physical disabilities, followed by people with mental health disorders.

Data Collected: Demographics, income, reason for call (need), steps taken to resolve need, service/program to which the caller was referred, number of trainings, amount of outreach, and number of contacts; the consumer's satisfaction with the

Disabilities

program, services provided, accessibility and referral process is also collected. The Link has its own tracking and uses the PA state Link data system; data are not included in the Data Warehouse.

Existing Evaluations: DHS DARE completed an evaluation of call volume, service needs (topics), actions taken, characteristics of callers, and results of satisfaction surveys in June 2011; there are also quarterly reports and annual statistical analyses completed on an ongoing basis.

Prevention Goals: Streamline access to services; provide information to enable appropriate planning; prevent harm/hardship due to lack of information about resources; prevent avoidable emergencies resulting from mismanagement of medications, money, etc.; prevent anxiety, other intangibles; prevent need for more intensive services; increase capacity for services through establishment of new liaisons; build knowledge base of agency partners and community

Providers: DHS OCR staff

Evaluation: An analysis was completed in June 2011, and further evaluation is not a priority at this time. Concerns from administrators related to future evaluation are that there are no dedicated analysts for the program, and the Consumer Satisfaction Survey was last revised in 2007.

Category: Information and Referral, Prevent Crisis

DISABILITY CONNECTION

Target population: Any Allegheny County resident with questions about disability-related issues

Program Description: One function of the Disability Connection is to address disability-related questions submitted to any of the County information lines by directing callers to resources that already exist in the community. In addition, the Connection has its own toll-free information line that is available to the public and to County employees.

Data Collected: Number of calls tracked

Existing Evaluations: NA

Prevention Goals: Provide individuals with information about services available to people with disabilities and when it may be appropriate to access such services, enabling appropriate planning; prevent harm/hardship due to lack of information about resources; identify systemic gaps in service provision

Providers: OCR Staff

Disabilities

Evaluation: This service is not appropriate for prevention evaluation. However, there is interest in tracking and analyzing themes contained in narratives that are compiled in SPSS.

Category: Information and Referral

IN-HOME SERVICES

Target population: Residents of the City of Pittsburgh with a disability

Program Description: In-home services are provided to consumers who are able to remain in their homes but who need some assistance to do so safely. Generic homemaker services are provided if there is no family member or responsible party available and willing to provide such services, or if that individual needs occasional relief.

Services are provided according to priority of needs, and they consist of emergency-based personal care or home help, personal care on an on-going basis, instructional services, caretaker relief, and home help on an on-going basis.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Also, monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and the dates that services began and terminated.

Existing Evaluations: NA

Prevention Goals: Prevent early placement by helping participants stay in their homes; provide participants with clean, healthy, and safe home environments; prevent/reduce social isolation; help participants gain awareness of their own needs and strategies to best meet those needs

Providers: Community Human Services Corporation, Northern Home Care, Inc.

Evaluation: In-home services would be challenging to evaluate for prevention, and the research questions of interest to program administrators focus on better understanding the characteristics of consumers using these services and how well the services meet consumer needs rather than looking at prevention outcomes.

Category: Stabilization/Prevent Decline, Prevent Crisis

Disabilities

SUPPORTS COORDINATION SERVICES

Target population: Anyone ages 3 and older with an intellectual disability as specified by ODP eligibility criteria

Program Description: Supports Coordinators work with consumers and their families to locate, coordinate, and monitor services. Through the development of an Individual Service Plan, the Supports Coordinator determines individual need and the appropriate category of urgency for services. While many of the programs and services offered through OID are Waiver-funded and not available to individuals on the waiting list, supports coordination is available to all consumers. In the absence of funding for Waiver programs, Supports Coordinators continue to assist consumers in accessing other services and supports that will meet their needs.

Data Collected: Data are stored in HCSIS: data include alternative identifiers (social security number, medical assistance number, BSU number), demographics, address, insurance information, medical assistance information (number, provider of service), mental retardation diagnosis (including level), contacts, and consumer provider relationship.

Existing Evaluations: NA

Prevention Goals: To better identify and address people's emergency needs; to promote being safe and healthy, engaging in meaningful life activities, and having personal choice in one's life

Providers: Familylinks, Rankin Christian Center, Staunton Clinic Valley Medical Facilities

Evaluation: There is no interest in prevention-related evaluation at this time. OID prioritizes the evaluation of provider data to proactively identify concerns (including staffing issues, financial risk and quality of services, etc.).

Category: Information and Referral, Stabilization/Prevent Decline, Prevent Crisis

INDIVIDUAL AND COMMUNITY HEALTH

Individual and community health are discussed simultaneously because they are naturally intertwined. The health of an individual impacts his/her community, and the health of a community impacts the individual. DHS provides services to county residents that address their mental and physical well-being, as well as the safety of the communities in which they live.

Categories of programs listed in this section include Community Safety/Violence Reduction and Prevention, Drug and Alcohol, Justice-Related Services, and Mental Health.

Community Safety/Violence Reduction And Prevention

DHS provides services that are not targeted to a specific demographic or individual, but rather to the community at large. Several factors contribute to the vulnerability of a community, increasing the risk to its members of experiencing violence, a crisis, or other form of safety risk. These factors include, but are not limited to, natural or manmade disasters, gang violence, ethnic conflict, and a lack of safety measures that prevent crimes of opportunity. The following programs are in place to address these causes and others that create vulnerabilities, and to meet the needs of communities in ways that may reduce risk, increase safety, and improve the quality of living for residents.

Prevention Goals

The prevention goals of DHS community safety and violence reduction programs are varied and numerous. There are no goals that appear multiple times, likely because there are so many factors that contribute to the safety of a community, and these programs each have unique niches in the effort to make Allegheny County neighborhoods safer places to live.

Figure 14 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where Community Safety/Violence Reduction and Prevention programs are focused. Prevention efforts are concentrated in two categories on the continuum: *Prevent Intervention* and *Early Intervention*. These programs most frequently are trying to create safe neighborhoods and prevent violence by acting proactively, reducing the need for intervention once violence or disaster has occurred.

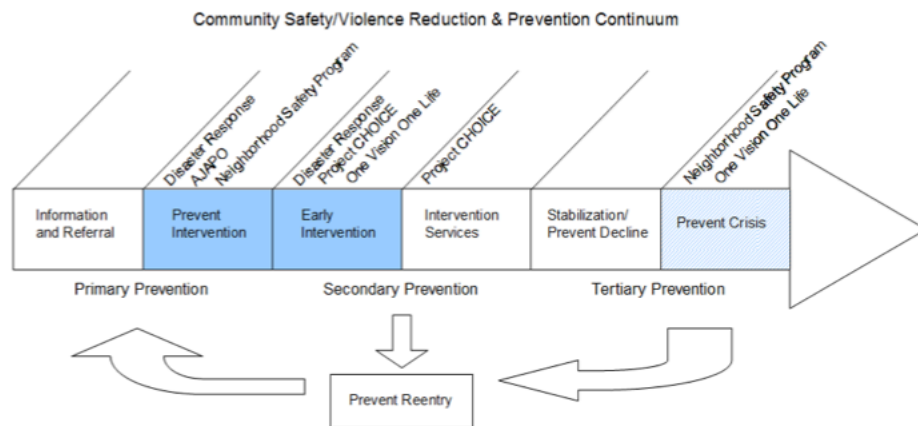


Figure 14: Major Areas of Prevention within Community Safety Programs

Evaluation

There is currently no interest in prevention evaluation for any of Community Safety/Violence Reduction and Prevention programs. Evaluation has already been conducted on One Vision One Life, and evaluation for most of the other programs would not be possible, or would require new data collection because the data necessary for evaluation is not currently available.

Prevention Programs and Services

ACCULTURATION FOR JUSTICE, ACCESS AND PEACE OUTREACH (AJAPO)

Target population: Refugees and immigrants

Program Description: AJAPO is a word in the Yoruba language meaning “link-age.” The program has helped refugees and immigrants by providing assistance and encouraging their integration while supporting their efforts to maintain their original cultures. AJAPO nurtures the new entrants, educating them about civic responsibilities, economic self-sufficiency, acculturation, language, life skills, and leadership. The provider is located in the Hill District.

Data Collected: None

Existing Evaluations: NA

Prevention Goals: Promote family cohesion and empowerment

Providers: Acculturation for Justice, Access and Peace Outreach

Evaluation: This program is not a priority for evaluation at this time. Data are not collected on the families involved, so any future evaluation would first require the collection of data.

Category: Prevent Intervention

DISASTER RESPONSE

Target population: All community members exposed to a disaster or crisis

Program Description: The DHS Office of Behavioral Health staff and provider agencies respond to community disasters or crises – such as flooding, hurricanes, fires, and violence – via Disaster Crisis Outreach Response Teams (DCORT). These teams provide support to residents without requiring them to formally enter the behavioral health system.

Data Collected: Houses visited, telephone calls made, specific needs, services received; data do not include names and other identifying information.

Existing Evaluations: N/A

Prevention Goals: Provide support during a difficult circumstance; prevent the development of ongoing needs; prevent system involvement

Providers: DCORT teams include OBH staff and provider staff

Evaluation: No interest in evaluating this service has been expressed, and evaluation of its preventive effectiveness is not possible given current data collection. Personal information is not collected for individuals receiving service, so there is no way to track future involvement with behavioral health services after the initial response.

Category: Prevent Intervention, Early Intervention

NEIGHBORHOOD SAFETY PROGRAM

Target population: Low-income Allegheny County residents who reside outside the City of Pittsburgh. All participants must be at or below 200 percent of the Federal Poverty Income Guidelines.

Program Description: Providers install home safety and security hardware, including deadbolt locks, smoke detectors with escape lights, carbon monoxide detectors, fire extinguishers, door peepholes, and house numbers.

A responsible household member receives instruction on the proper use of the installed safety equipment, and they may make service calls. However, priority service is given to victims of domestic violence and/or property crimes as well as others (such as the elderly, persons living with disabilities, and female-headed households) who are vulnerable to harsh environmental conditions. A maximum of 85 unduplicated clients are served each year.

Data Collected: DHS receives semi-annual reports from the provider that contains client service statistics and client service outcomes for the year to-date. Outcomes include: (1) 100% of 70 eligible consumers will have achieved safe stable housing; (2) 100% of 70 eligible consumers will have home safety hazards ameliorated.

Existing Evaluations: NA

Prevention Goals: Help consumers achieve safe and stable housing; ameliorate home safety hazards

Providers: Pittsburgh Community Services, Inc.

Evaluation: There is no interest in evaluation of this program. The program does not currently collect the data necessary to evaluate whether the safety and security devices installed in these homes prevent crime or accidents/injury due to unsafe living conditions.

Category: Prevent Intervention, Prevent Crisis

ONE VISION ONE LIFE

Target population: Neighborhoods of Homewood/Garfield, Northside, Hill District, South Pittsburgh, and Pleasant Ridge

Program Description: One Vision One Life aims to reduce violence in targeted, high-crime communities. A trained team of Community Coordinators uses street level intelligence to intervene in disputes and incidents in order to deescalate situations before they become shootings and homicides. One Vision One Life has a six-point plan to stop the shooting in targeted neighborhoods. The six points are:

- Mediate and intervene in conflicts
- Outreach to and provide alternatives for most at-risk persons
- Build strong community coalitions
- Publicize a unified message: "No Shooting"
- Provide a rapid response to all shootings in target areas
- Establish programs for at-risk youth

Data Collected: Data collection captures the number of conflict mediations, the number of clients on caseloads, neighborhood risk levels, and shooting reviews.

Existing Evaluations: A RAND/Michigan State evaluation funded by the U.S. Department of Justice and the Richard K. Mellon Foundation was completed in June 2010.

Prevention Goals: Reduce crime; prevent the next shooting; prevent retaliation; reduce risk of gang involvement; reduce risk of stressors that lead to violence

Providers: One Vision One Life

Evaluation: An evaluation was completed by RAND in June 2010, and there is no interest in further evaluation at this time.

Category: Early Intervention; Prevent Crisis

PROJECT CHOICE

Target population: First-time and/or non-serious juvenile offenders with a disability

Program Description: Program participants are assessed and a written, individualized plan is developed. Participants receive help to complete vocational activities, stay in school, and/or plan for post-secondary education training. They also receive referrals to address identified needs that cannot be met by the agency. The program helps participants develop the defenses needed to resist behaviors that could lead to criminal offenses and/or gang involvement; it also aids participants in becoming competitively employed and in securing the necessary long-term supports needed for success after their completion of the program.

Participants engage in weekly group sessions, tutoring, one-on-one meetings with counselors, vocational evaluations, work evaluations, school visits, meetings, development activities, job clubs, and internships.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and the year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and the dates services began and terminated.

Outcome measures include the percentage of youth staying in school and/or continuing to plan for post-secondary education training, becoming employed, engaging in criminal activities, joining gangs, and completing vocational activities incorporated in their IEPs/MAPS that are designated for Life's Work to implement.

Existing Evaluations: NA

Prevention Goals: Prevent dropping out of school; prevent involvement with criminal activities; prevent joining gangs; prevent unemployment

Providers: Life's Work of Western PA

Individual & Community Health

Evaluation: There are potential prevention questions of interest, but limited data are available to support these evaluations, and enhancing data collection to capture the data would be difficult because the outcomes of interest would primarily need to be collected post program participation.

Category: Early Intervention, Intervention Services

Drug And Alcohol

Drug and alcohol services are available through DHS for adults, adolescents, and children. Available services include prevention, intervention, detoxification, residential, outpatient treatment, and partial hospitalization. The majority of drug and alcohol prevention activities supported by DHS are targeted to youth and adolescents, and about 85 percent of those are school-based services.

Allegheny County's drug and alcohol service delivery is driven by the Pennsylvania Department of Health's Bureau of Drug and Alcohol Programs (BDAP). BDAP has adopted six major federal strategies for the delivery of prevention services, and programs are defined by three Institute of Medicine prevention classifications.

Please note: Although programs and services in Allegheny County's Bureau of Drug and Alcohol Services operate under BDAP's well-defined definition of prevention, all programs highlighted here will be discussed in terms of the definition developed for all of DHS in order to maintain consistency throughout this report. These are not strict labels and definitions defined by the programs, but rather labels designated for research purposes.

Allegheny County contracts with twelve prevention providers. These providers offer participants of all ages a multitude of services. Due to the large quantity of programs available and the fact that many of these programs have similar prevention goals, an exhaustive list is not included below. Rather, just the top three youth-serving programs are described, along with all of the adult-serving prevention programs. Since the list is not exhaustive, take note of the six strategies listed below, as DHS-funded providers do have programs and services that utilize each of the strategies. About two-thirds of total services fall into the Education strategy.

The six federal strategies include:

- **Education** – This strategy utilizes two-way communication in activities designed to affect life and social skills, decision-making, refusal skills, and systematic judgment abilities of youth in an effort to reduce the usage of alcohol, tobacco, and other drugs.
- **Information dissemination** – Information related to the nature, extent, and effects of substance use, abuse, and addiction is distributed to youth, parents, and other adults. This communication is one-way, and frequently distributed at health fairs, speaking engagements, and media campaigns.
- **Alternative activities** – This strategy provides youth with healthy activities to engage in as a means to reduce the appeal of substance use or reduce

youths' exposure to situations that involve substance use. Activities include educational or skill-building activities, such as field trips, community service projects, job readiness workshops, etc.

- **Problem identification and referral** – These services target youth who are at high risk of succumbing to peer pressure regarding substance use, or who have engaged in their first illicit drug use, to assess if their behavior can be reversed through education. Referrals are then made to appropriate parties.
- **Community-based process** – This process is designed to build community capacity to provide prevention and treatment services for alcohol, tobacco, and other drug abuse disorders. Activities include organizing, planning, interagency collaboration, coalition building, and networking among organizations such as schools, government, community groups, etc.
- **Environmental** – This strategy aims to reduce the abuse of drugs and alcohol by establishing or changing written and unwritten community standards, codes, ordinances, and attitudes. Activities include legal and regulatory initiatives, as well as action-oriented initiatives.

Prevention Goals

Figure 15 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where drug and alcohol services are focused. Services to youth are all concentrated in *Preventing Intervention*, often accomplished by targeting at-risk populations. Services for adults fall mostly within tertiary prevention, where the primary goal is to prevent a crisis from occurring.

The bulk of drug and alcohol prevention services target youth and are provided in schools. While curricula vary by program because they are designed for specific age groups and focus on different substances, the programs do have a common prevention goal. That goal is to provide youth with the tools they need to prevent them from engaging in alcohol, tobacco, or other drug use. Or, if a youth is already experimenting with those substances, the goal is to educate and intervene early enough to prevent him or her from becoming a substance abuser in the future.

Some services are provided to adults in their communities. These services have two main objectives. The first is to provide support and stability for individuals recovering from addiction. The second is to prevent crises for users and their communities by reducing the risks frequently associated with drug use, such as birth defects, overdose and the spread of infectious diseases.

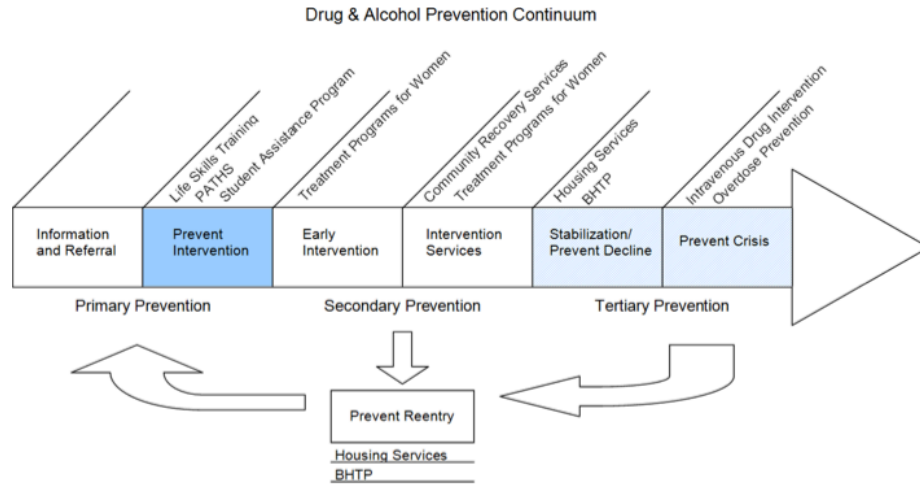


Figure 15: Major Areas of Prevention within Drug and Alcohol

Evaluation

Many of the preventive drug and alcohol programs are evidence-based, removing the need for prevention evaluation at the local level. However, interest has been expressed in evaluating these programs' fidelity to evidence-based models and in gauging the effectiveness of the local adaptations. Some data are already available to support this evaluation, but depending on the program and the project scope, additional data collection may be required.

Beyond this evaluation of the evidence-based programs, no other priorities have been expressed at this time. If priorities were to change for these other programs, current data collection would support evaluation related to prevention of future system involvement, but evaluation tied to other outcomes would require additional data collection. Data from all providers are stored in the state's web-based Performance Based Prevention System (PBPS).

Prevention Programs and Services

BEHAVIORAL HEALTH TRANSPORTATION PROGRAM (BHTP)

Target population: Consumers of behavioral health services who have difficulty accessing services due to transportation barriers

Program Description: The BHTP will provide up to 12 months of bus passes to consumers of mental health services and up to three months of passes to consumers of drug and alcohol treatment services. Consumers may apply for an eligibility extension through the agency that coordinates their participation in the program upon the recommendation of the agency and approval by Traveler's Aid and OBH. DA extensions are granted for one additional month, and MH for three additional

months. Consumers must demonstrate both the need for and usage of the bus pass. Additionally, transportation support vouchers may be provided to consumers who are not able to use public transportation.

Data Collected: Consumers receiving service, longitudinal surveys regarding transportation access, and attendance at appointments

Existing Evaluations: An evaluation was completed by OIM staff in April 2008.

Prevention Goals: Increase attendance at appointments; increase adherence to treatment plan; prevent degradation of condition due to an inability to access services; enhance community integration

Providers: Traveler's Aid Society

Evaluation: No interest in additional evaluation has been expressed. Additional data collection would be necessary for any evaluation.

Category: Stabilization/Prevent Decline, Prevent Reentry

COMMUNITY RECOVERY SERVICES

Target population: Adults in recovery from addiction who are residing in the community

Program Description: Staff recruit, enroll, and support individuals in their recovery from addiction, and provide support group meetings for those in recovery. Staff go directly to places where people addicted to drugs and alcohol spend their time and establish contact with them. Clients are identified when they express an interest in recovery. Staff work to build the trust of their client and then assess his or her needs, develop an appropriate recovery plan, and assist the person in accessing the necessary support services. Staff are available whenever needed, 24 hours a day, seven days a week.

Services may include admission to a detoxification program, enrollment in a residential treatment program, Bridge housing, attendance at 12-Step meetings, etc. If the clients are not in a residential program, they are encouraged to attend a life-skills and support group meeting. Staff members also help clients access medical care, mental health counseling, job search assistance and/or job training, housing, family connections, and any other needs that are identified.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and the year to-date, the number of service units (hours) delivered during the month, and the number of service units delivered during the year to-date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and the dates services began and terminated.

Existing Evaluations: NA

Prevention Goals: Prevent relapse into drug and alcohol use; provide support during the recovery process; stay out of prison; establish permanent housing; reconnect with family; obtain employment

Providers: East Liberty Family Health Care Center

Evaluation: This program has not been identified as a priority for evaluation. However, DHS administrators are interested in whether clients relapse into detoxification, residential, and more costly DA services. Some of this evaluation could be completed with the data that are available.

Category: Intervention Services

HOUSING SERVICES

Target population: Individuals in need of supportive housing who have completed a treatment program

Program Description: Temporary housing is available for people who have received drug or alcohol treatment and need housing support. Housing may be in the form of a recovery house (six to 12 months) or a half-way house (six months). Half-way houses have a minimal amount of treatment, but provide stability while the resident tries to restore self-sufficiency through education, employment, training, etc.

Data Collected: Client roster

Existing Evaluations: NA

Prevention Goals: Provide stability during recovery; prevent relapse into substance abuse

Providers: Next Step Foundation, Pyramid

Evaluation: No interest has been expressed in evaluating these services. Evaluation beyond system reentry would require additional data collection.

Category: Stabilization/Prevent Decline

INTRAVENOUS DRUG INTERVENTION

Target population: Injection drug users; outreach sites are located in Oakland and the Hill District

Program Description: Prevention Point Pittsburgh (PPP) aims to promote and advocate for the reduction of harm associated with injection drug use. PPP also provides individualized risk-reduction health education, and free onsite HIV/Hepatitis C testing.

Data Collected: Number of people served; no identifying information is collected on participants

Existing Evaluations: NA

Prevention Goals: Prevent spread of blood-borne infections (e.g. HIV/AIDS, Hepatitis C, etc.); reduce the negative effects of drug use to both the user and the community

Providers: Prevention Point Pittsburgh

Evaluation: No interest in evaluation has been expressed. Evaluating this program would be very challenging because participants are not identified. If evaluation was desired in the future, DHS and Prevention Point data sources would not be sufficient, and it would be necessary to collaborate with outside organizations.

Category: Prevent Crisis

LIFE SKILLS TRAINING

Target population: Elementary (ages 8–11) and middle school (ages 11–14) children

Program Description: Life Skills Training seeks to influence major social and psychological factors related to the initiation and early use of substances. The program has distinct elementary and middle school curricula that are delivered in a series of classroom sessions over three years. The sessions use lecture, discussion, coaching, and practice to enhance students' self-esteem, feelings of self-efficacy, ability to make decisions, and ability to resist peer and media pressure.

Data Collected: Number of participants, demographics, pre- and post-test data, amount and type of informative materials distributed; data are stored in the state's web-based Performance Based Prevention System (PBPS).

Existing Evaluations: NA

Prevention Goals: Prevent substance abuse and violence; enhance self-esteem; enhance ability to resist peer pressure; improve decision-making skills

Providers: Multiple

Evaluation: No interest in evaluation has been expressed. This is an evidence-based program, so evaluating this program for preventive effectiveness at the local level is not a priority. The implementation of the program and its fidelity to the national model would be more appropriate for evaluation if there was interest in the future. This would require additional data collection.

Category: Prevent Intervention

OVERDOSE PREVENTION

Target population: At-risk populations: primarily county jail inmates, but also individuals accessing the Oakland outreach site

Program Description: Prevention Point provides training on Overdose Prevention and Response to individuals at risk of drug overdose, professionals who work with individuals at risk, and other individuals (e.g. family and friends) who might be present at the scene of an overdose and thus in a position to save someone's life.

Trainings provide practical information about ways to reduce the risk of overdose, how to identify symptoms of an overdose, and what to do (and what NOT to do) if you are present when someone overdoses. Prevention Point also offers a Naloxone Prescription Program at the Oakland site. Naloxone is a safe and effective drug that quickly reverses an opiate overdose and is often used by paramedics.

Data Collected: Number of people served, pre- and post-test evaluations; no identifying information is collected on participants.

Existing Evaluations: NA

Prevention Goals: Prevent overdose; increase knowledge about how to effectively respond to an overdose

Providers: Prevention Point Pittsburgh

Evaluation: No interest in evaluation has been expressed. Evaluating this program would be very challenging because participants are not identified. If evaluation was desired in the future, DHS and Prevention Point data sources would not be sufficient, and it would be necessary to conduct more data collection or collaborate with outside organizations.

Category: Prevent Crisis

TREATMENT PROGRAMS FOR WOMEN

Target population: Pregnant or parenting women in need of drug or alcohol treatment

Program Description: Two providers in Allegheny County have programs specifically designed to meet the needs of pregnant or parenting women who are receiving treatment for substance abuse. These programs offer drug and alcohol treatment, counseling, assessment and referral, and some other specialized services.

Sojourner House is a faith-based residential rehabilitation facility where addicted women learn to break the cycles of poverty and chemical abuse while in their own apartment with their children. Their three-pronged program emphasizes counseling, life skills, and parenting.

POWER Connection receives referrals from CYF and Magee–Womens Hospital. The goal of the program is to help women gain a deeper understanding of how their substance use has impacted their lives. They are supported by addiction counselors, offered mentoring and treatment services, and connected to other appropriate resources and supports.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and year to–date, number of service units (hours) delivered during the month, and the number of service units delivered during the year to–date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients’ names and the dates services began and terminated.

Existing Evaluations: An evaluation of POWER Connection was completed by DHS OIM in October 2004.

Prevention Goals: Stop the cycle of addiction; prevent developmental delays in children due to substance abuse; prevent relapse into substance abuse; promote mental health; promote stability

Providers: P.O.W.E.R., Sojourner House

Evaluation: There is some interest in the completion of an updated evaluation of POWER Connection. No interest has been expressed in an evaluation of the Sojourner House at this time. Current methods of data collection would allow for some prevention evaluation. Future drug and alcohol system involvement could be tracked, as well as developmental or educational indicators for the effected children.

Category: Prevent Intervention, Intervention Services

PROMOTING ALTERNATIVE THINKING STRATEGIES (PATHS)

Target population: Elementary school children, ages 5–12

Program Description: PATHS is a comprehensive program for promoting emotional and social competencies and reducing aggression and acting–out behaviors in elementary school–aged children, while simultaneously enhancing the education process in the classroom. This K–6 curriculum is used by educators and counselors as a multiyear prevention model.

Data Collected: Number of participants, demographics, pre– and post–test data, amount and type of informative materials distributed; data are stored in the state’s web–based Performance Based Prevention System (PBPS).

Existing Evaluations: NA

Prevention Goals: Prevent aggression and acting out; promote healthy emotional and social development in children

Providers: Multiple

Evaluation: No interest in evaluation has been expressed. This is an evidence-based program, so evaluating this program for preventive effectiveness at the local level is not a priority. The implementation of the program and its fidelity to the national model would be more appropriate for evaluation if there was interest in the future. This would require additional data collection.

Category: Prevent Intervention

STUDENT ASSISTANCE PROGRAM (SAP)

Target population: Youth with substance abuse problems

Program Description: The Student Assistance Program uses a systematic team approach to help students with drug and/or alcohol abuse problems get the help they need to succeed in school. The team includes various representatives from the school and from outside community agencies. These professionals work with families to eliminate barriers to learning and identify which services would help the student succeed. Services include assessment, consultation, referral, and small group education.

Data Collected: Number of participants, demographics, services provided; data are stored in the state's web-based Performance Based Prevention System (PBPS).

Existing Evaluations: NA

Prevention Goals: Prevent poor academic achievement; prevent development of ongoing substance abuse in early users

Providers: Multiple

Evaluation: No interest in evaluation has been expressed. Evaluation of educational outcomes and system involvement over time is possible with the data available.

Category: Early Intervention

Justice–Related Services

Justice–related services are provided through OBH to individuals with mental illness and/or a substance use disorder who become involved with the criminal justice system. Behavioral health concerns are often a contributing factor to these individuals' contact with the justice system, or their inability to navigate the system successfully. For example, individuals with mental illness may miss required court dates, appointments with court personnel, and/or appointments with mental health providers. Consequences for these inactions could include arrest and lapses in necessary medication.

Additionally, traditional means of punishment and rehabilitation in the justice system are not designed to meet the needs of individuals with mental illness and substance use disorders. Incarcerating individuals with behavioral health issues may merely exacerbate their condition rather than address it, increasing the likelihood they will reenter the criminal justice system or have other basic needs that go unmet when they return to the community.

Services are designed to divert individuals away from incarceration, to promote a successful transition back into the community, and to reduce the likelihood of that individual returning to incarceration. Services are provided both during and after court proceedings and/or incarceration. Regardless of whether a person is being diverted from jail or supported in his or her re–entry from jail, support is available to assist in basic life needs, employment, benefits acquisition, and behavioral health services.

Prevention Goals

Figure 16 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where justice–related services are focused. Some programs are comprised of multiple services or functions that serve different preventive purposes. These programs may appear more than once on the chart. However, most programs appear only in the category of prevention that is most directly tied to that program.

The primary prevention goal among justice–related services prevention programs is to facilitate a successful reentry into the community in order to prevent recidivism. Facilitating successful reentries decreases the likelihood of ex–offenders becoming homeless, relapsing into substance abuse, harming themselves or others, and reentering the justice system. Another common goal is to emphasize treatment over punishment for individuals with underlying issues that lead to their criminal acts. This prevents unnecessary incarceration, decreases the likelihood of recidivism, and increases public safety.

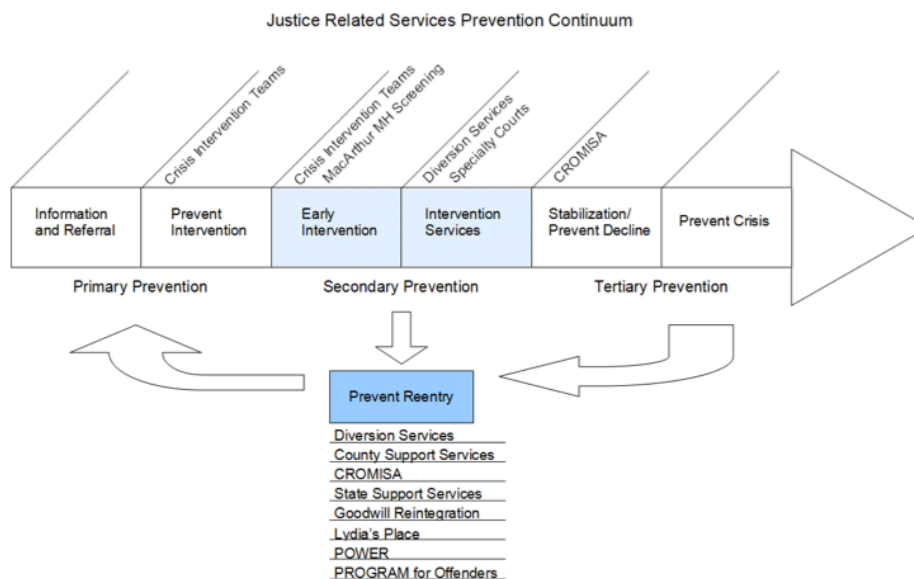


Figure 16: Major Areas of Prevention within Justice-Related Services

Evaluation

There has been a significant amount of evaluation of justice-related services. Several evaluations have been completed, and some evaluation efforts are currently in progress. Programs with existing evaluations are not an evaluation priority at this time. Among the few programs lacking evaluation, no interest has been expressed. If priorities were to change, there is enough data for these programs to evaluate the prevention of recidivism, but evaluation of the prevention of other outcomes would require additional data collection.

In general, administrators are interested in more quality management evaluation and improving consistency in data collection.

Prevention Programs and Services

CRISIS INTERVENTION TEAMS (CIT)

Target population: (1) Local police departments and (2) individuals with mental illness or co-occurring disorders who may become involved with the police

Program Description: The police-based Crisis Intervention Team model consists of a 40-hour, week-long training that provides officers with information and skills to better address situations that involve individuals with mental illness or those in emotional distress. Officers are taught de-escalation techniques, the basics of mental disorders, and the basics of psychiatric medications and effects. They also learn about referral options for persons with mental illness that they may employ in situations in which an arrest is not required.

In addition to this training, a triage site exists where police officers can divert individuals with mental illnesses or co-occurring disorders deemed to be in crisis and in need of immediate mental health care. This Central Recovery Center allows diverted individuals access to assessment and treatment while providing police with a quick method of dropping off individuals for treatment.

Data Collected: Numbers of officers and others trained, pre- and post-tests to measure attitudes toward mental illness, traditional course evaluations. The CRC collects data on how many people arrive from CIT officers, are brought in by non-CIT officers, or walk-in; CRC also tracks how long consumers stay and their disposition out.

Existing Evaluations: Evaluation completed by Beth Nolan (University of Pittsburgh Evaluation Institute) using the data collection and evaluation techniques listed above

Prevention Goals: Decriminalize mental illness; prevent incarceration of individuals with mental illness; improve interactions between the police and individuals with mental disorders; prevent injury to police and public

Providers: OBH staff provide training to police officers; Mercy Behavioral Health operates the Central Recovery Center.

Evaluation: Evaluation of this program using pre- and post-testing and tracking drop-off has already been conducted and will be available on the DHS web site. Additional data collection and analysis to support an opportunity for CIT Expansion is underway. There is interest in further evaluation that examines the impact of the training in the streets. Administrators would like this evaluation to include qualitative feedback from officers regarding how the training has impacted their interactions with individuals with mental illness.

Category: Prevent Intervention, Early Intervention

CROMISA – COMMUNITY RE-INTEGRATION OF OFFENDERS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE

Target population: Men with co-occurring mental illness and substance use disorder who are on probation or parole

Program Description: CROMISA is a voluntary program that provides treatment, training, and recovery-oriented services. Services include mental health treatment, drug and alcohol treatment, family therapy, education, job-skills training, life-skills training, recovery meetings, and socialization.

Data Collected: Data include demographics, active clients, referrals, hospitalizations, number of clients worked with in State Correctional Institutions and county jails, cases closed, CROMISA admissions, etc.

Existing Evaluations: There are existing reports; the most recent one was conducted by CART.

Prevention Goals: Prevent recidivism; prevent relapse into substance abuse; prevent aggravation of behavioral health concerns that could be sparked by poor transitions back into the community; promote self-sufficiency; increase public safety

Providers: DHS staff

Evaluation: No interest in evaluation has been expressed. There is the potential to use DHS and other community providers' data systems for further prevention evaluation in the future. Existing data could be used to evaluate the prevention of recidivism, hospitalizations, and activity in other DHS systems.

Category: Stabilization/Prevent Decline, Prevent Reentry

GOODWILL REINTEGRATION PROGRAMS

Target population: Male inmates who have 90–190 days remaining on a sentence in the Allegheny County Jail

Program Description: Individuals enrolled in the program engage in Life Skills Education Services prior to release and Case Management after their release from the Allegheny County Jail (ACJ). Life Skills Educational sessions include topics such as self-awareness, goal setting, character building, anger management, and conflict resolution. Skill-building sessions focus on communication, health and wellness, applying for jobs, appropriate job behaviors, and mock interviewing.

Each participant works with a Reintegration Specialist to implement his/her Individualized Reintegration Plan (IRP). Each plan contains action steps for addressing the individual's needs in five life domains: Employment, Health and Wellness, Basic Life Needs, Housing, and Family. The Specialist conducts family meetings, job site visits, etc. to encourage adherence to the IRP. Participants are tracked for 12 months upon release.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and the year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and the dates services began and terminated.

Existing Evaluations: NA

Prevention Goals: Prevent recidivism; promote successful reentry into community (education, housing, income, etc.); prevent relapse into substance abuse; achieve access to health care services; improve parenting skills

Providers: Goodwill of Southwestern PA

Evaluation: No interest in evaluation has been expressed. Given current data collection, some evaluation for prevention of reentry into DHS or criminal justice systems could be completed. Evaluation for other outcomes (employment, housing, etc.) would require further data collection.

Category: Prevent Reentry

JUSTICE-RELATED COUNTY SUPPORT SERVICES

Target population: All persons with mental illness at the Allegheny County Jail referred from the point of formal arraignment to the time of sentencing

Program Description: Service Coordination is provided to all individuals referred from the point of formal arraignment to the time of sentencing. Support services continue for up to 60 days after release from the ACJ, or for 60 days after sentencing.

The Support Specialist is responsible for presenting a service plan to the Court of Common Pleas that includes housing, treatment, and linkages with community supports and case management. They also conduct regular compliance reporting, provide contingency funds for basic items during early transition into the community, and provide technical assistance to case management services and community providers to ensure continuity of care and adherence to the service plan.

Data Collected: Data collected include active clients, demographics, dispositions, progress notes, referrals, cases closed, hospitalizations, number of clients released from ACJ, etc.

Existing Evaluations: There are existing reports: the most recent one was conducted by CART.

Prevention Goals: Prevent recidivism; increase access to appropriate treatment; increase community supports; prevent aggravation of behavioral health concerns that could be sparked by poor transitions back into the community

Providers: DHS staff

Evaluation: There is no interest in prevention evaluation at this time. There is potential to use DHS and other community providers' data systems for further evaluation in the future. Existing data could be used to evaluate the prevention of recidivism, hospitalizations, and activity in other DHS systems.

Category: Stabilization/Prevent Decline, Prevent Reentry

JUSTICE-RELATED DIVERSION SERVICES

Target population: Persons with mental illness and/or co-occurring mental illness and substance use disorder who encounter the criminal justice system

Program Description: Justice-Related Diversion Services are comprised of an array of supports to assist persons with mental illness and/or co-occurring disorders during or prior to their preliminary hearing. Diversion Services include:

- Coordination of services with a Service Coordination Unit and other agencies for individuals released from the ACJ prior to or at the preliminary hearing
- Presentation of a service plan to the District Courts that includes housing, treatment services, and linkage with community supports and case management
- Ensuring a smooth transition into the community by working in collaboration with the ACJ, District Courts, Behavioral Health Service Coordination Units, and other community providers
- Providing written referrals to the Justice-Related Support Services or Mental Health Court for individuals who will be proceeding to trial
- Providing contingency funds for basic items during early transition into the community

Data Collected: Demographics, active clients, referrals, hospitalizations, number of clients engaged in ACJ, cases closed, etc.

Existing Evaluations: NA

Prevention Goals: Decriminalize mental illness; address root causes for repeat offenders; emphasize treatment rather than punishment; increase public safety; prevent reentry; facilitate smooth transition into community

Providers: DHS JRS staff

Evaluation: There is no interest in evaluation specific to the preventive nature of this program. If priorities change in the future, current data collection would support some level of evaluation. The prevention of entry and reentry into the county jail could be evaluated, but more data would need to be collected to evaluate the other prevention goals.

Category: Intervention Services

JUSTICE-RELATED STATE SUPPORT SERVICES

Target population: Persons with mental illness or co-occurring disorders who have completed their maximum state prison sentences

Program Description: This program, formerly known as the “Max Out” program, links a Justice-Related State Support Specialist (Specialist) with an inmate, if he or she chooses to participate, while the inmate is nearing the expiration of his or her maximum prison sentence in a state correctional institution.

A release plan that addresses that individual’s particular strengths and challenges is developed so that an inmate may leave prison with supports in place to help reintegrate into the community as a productive, valuable, and valued member of society.

Individuals served by this program return to Allegheny County with no parole, have a history of mental illness (often with substance misuse), and are at the highest risk of re-arrest.

Data Collected: Data include demographics, active clients, referrals, hospitalizations, number of clients worked with in State Correctional Institutions and county jails, cases closed, CROMISA admissions, etc.

Existing Evaluations: Evaluation completed in 2005 by Ash Institute

Prevention Goals: Prevent recidivism; increase community supports; prevent aggravation of behavioral health concerns that could be sparked by poor transitions back into the community

Providers: DHS JRS staff

Evaluation: An evaluation was recently completed of these services. No interest has been expressed in additional evaluation of these services as prevention services.

Category: Prevent Reentry

LYDIA’S PLACE REINTEGRATION PROGRAMS

Target population: Female offenders reentering the community

Program Description: Clients at Lydia’s Place are identified through outreach or referral. They undergo a needs assessment and receive an individualized case service plan based on the needs identified jointly by the caseworker and client. Case management services include family reunification, housing, employment assistance, counseling, substance abuse, criminal behaviors, domestic and child abuse issues, prior history of emotional trauma, etc.

Individual & Community Health

Individualized counseling is available, and it is also based on an individualized service plan. Clients are assisted with coping skills and problem solving to alleviate stress due to institutionalization or post-incarceration readjustment anxiety, emotional trauma, and any other behavioral or mental health problem.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and the year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and the dates services began and terminated.

Existing Evaluations: NA

Prevention Goals: Prevent recidivism; promote successful reentry into community (education, housing, income, etc.); prevent relapse into substance abuse; achieve access to health care services; improve parenting skills

Providers: Lydia's Place, Inc.

Evaluation: No interest in evaluation has been expressed. Given current data collection, some evaluation for prevention of reentry into DHS or criminal justice systems could be completed. Evaluation for other outcomes (employment, housing, etc.) would require further data collection.

Category: Prevent Reentry

MACARTHUR MENTAL HEALTH SCREENING FOR YOUTH IN JUVENILE JUSTICE SYSTEM

Target population: Youth referred to the Juvenile Probation Office for a misdemeanor offense

Program Description: This mental health screening is administered to youth who become involved with the juvenile justice system through a misdemeanor offense. The purpose of the screening is to identify youth who are acting out due to mental health needs that are not being addressed. Reductions in fines and community service hours are used as incentives to encourage youth to participate in the screening when it is offered to them. Youth who are flagged in the screening, agree to participate in further assessments, and access services are able to have all their fines and community service hours waived.

Data Collected: The provider has more data available than is reported to DHS through monthly reports, which include the number of youth screened and their demographics.

Existing Evaluations: NA

Prevention Goals: Prevent criminalization due to unaddressed mental health needs; prevent incarceration; prevent other negative outcomes resulting from untreated mental health needs

Providers: HSAO

Evaluation: Evaluation of this service is not a priority, though it is of interest given that the program has been in operation for several years. Prevention of future involvement with the criminal justice system could easily be tracked given current data collection. One challenge to evaluating the service for its preventive effectiveness would be defining appropriate outcome measures. Additional data would need to be collected prior to this evaluation.

Category: Early Intervention

POWER REINTEGRATION PROGRAM

Target population: Female offenders with drug and alcohol issues who will be re-entering the community; offenders in the HOPE Pod of the Allegheny County Jail

Program Description: The Reintegration Program is designed to meet the needs of women with alcohol or other drug problems that are, or have been, incarcerated in the ACJ or an alternative housing program. The program helps women make a successful reintegration back to the community once released. This process often begins while a woman is still incarcerated. Specifically, POWER offers the following services: psycho-educational groups, mentoring, and assessments.

Data Collected: DHS receives monthly service reports that include summary service statistics for the month and the year to-date, number of service units (hours) delivered during the month, and number of service units delivered during the year to-date. Monthly client rosters are submitted that tie into the summary service statistics; these include clients' names and the dates services began and terminated.

Existing Evaluations: NA

Prevention Goals: Prevent relapse into substance abuse; prevent recidivism; promote successful reentry into community (education, housing, income, etc.)

Providers: POWER

Evaluation: No interest in evaluation has been expressed. Given current data collection, some evaluation for prevention of reentry into DHS or criminal justice systems could be completed. Evaluation for other outcomes (employment, housing, etc.) would require further data collection.

Category: Prevent Reentry

THE PROGRAM FOR OFFENDERS

Target population: High-risk female offenders who will be reentering the community

Program Description: THE PROGRAM provides comprehensive case management and support services to high-risk women. An assessment is completed at enrollment, a written plan toward self-sufficiency is developed, and services are provided as needed to implement the plan.

Clients are referred as necessary to housing assistance, outpatient substance abuse treatment, trauma support groups, mental health counseling, adult basic education, GED preparation, life skills and financial literacy classes, parenting classes, family therapy, computer education, job readiness classes, and job placement assistance.

Data Collected: DHS receives semi-annual reports that contain client service statistics and client service outcomes for the year to-date. Data are collected on measurable outcomes, and they include obtaining full-time employment, increasing skills necessary for employment, obtaining driver's license and transportation, improving life skills, improving family functioning, achieving and maintaining safe/stable housing, improving health status/behavior, avoiding risky behavior, and remaining drug- and alcohol-free.

Existing Evaluations: NA

Prevention Goals: Prevent recidivism; prevent relapse into substance abuse; promote successful reentry into community (education, housing, income, etc.); enhance access to resources

Providers: The PROGRAM for Offenders, Inc.

Evaluation: No interest in evaluation has been expressed. Given current data collection, an evaluation on outcomes and system involvement could be completed if this program became a priority for evaluation.

Category: Prevent Reentry

SPECIALTY COURTS

Target population: Non-violent, repeat offenders with treatable root causes that qualify them for specialty courts

Program Description: Allegheny County has specialty courts for veterans, mentally ill offenders, drug-abusing offenders, individuals charged with prostitution, and individuals charged with DUI. (DHS has minimal involvement with the

veterans, prostitution, and DUI courts.) These courts are for nonviolent offenders and are designed to address the root causes of the offenders' acts. They emphasize treatment over punishment.

Offenders are typically required to complete a set of services; if they do so, their charges are dropped or reduced to more minor charges.

Data Collected: Demographics, active clients, recidivism rates, hospitalizations, status of reviews, clients in and released from ACJ, referrals, evaluations and referrals to courts, clients refused, cases closed, etc.

Existing Evaluations: RAND report: "Justice, Treatment and Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court"

Prevention Goals: Prevent recidivism; decriminalize mental illness; address root causes for repeat offenders; emphasize treatment rather than punishment; increase public safety; prevent victimization

Providers: Multiple – Allegheny County Courts, DHS, community providers

Evaluation: Some evaluation has already been conducted, and no interest in further evaluation of specialty courts has been expressed by DHS staff. There is potential to use DHS and other community providers' data systems for further prevention evaluation in the future. Existing data could be used to evaluate the prevention of recidivism, victimization, and activity in other DHS systems.

Category: Intervention Services

Mental Health

Residents of all ages in Allegheny County have access to numerous mental health services. Services range from an immediate response to a mental health crisis or emergency to long-term treatment. These services include, but are not limited to, recovery and rehabilitation, peer support, community information, case management, housing support, and outreach and consultation services.

Many individuals receiving mental health services also utilize other social services, both within and outside of DHS. Mental health treatment is often more effective when these services are coordinated successfully. A consumer's treatment and services may be coordinated by an individual Service Coordinator, or by a Community Treatment Team. If a person is involved with multiple systems of care, Service Coordinators strive to ensure that the systems are working together to best serve the needs of the consumer. Community Treatment Teams provide coordinated mental health services such as assessment, evaluation, diagnosis, collaborative treatment planning, and individual or group therapies. These services come in many forms, and are available in home, community, and provider settings.

Prevention Goals

Figure 17 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where mental health programs are focused. Some programs are comprised of multiple services or functions that serve different preventive purposes. These programs may appear more than once on the chart.

The primary goals of mental health services are often to promote wellness and build resiliency. Although prevention may not always be the primary goal, mental health services often serve some preventive purpose. The prevention goals or outcomes associated with mental health programs are numerous and varied, falling across multiple categories of the prevention continuum. There is a wide variation in goals, with very few that span multiple programs. The goals that do appear more than once include preventing harm to self or others and preventing decompensation or degradation of condition.

The bulk of mental health prevention services fall into tertiary prevention, and they aim to provide support and stabilization for an individual, preventing a decline or circumstance that may lead to a crisis. At the same time, mental health services are also focused on primary prevention, striving to provide assistance and service to someone before his or her needs escalate.

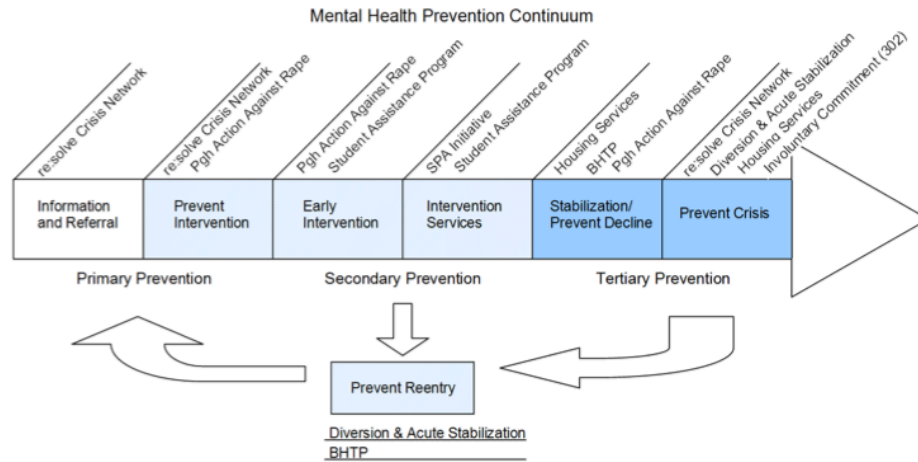


Figure 17: Major Areas of Prevention within Mental Health

Evaluation

The only programs identified as priorities for evaluation at this time are the housing programs, and there are data available to support such evaluation. For the remaining mental health programs, evaluation is already underway, or an evaluation related to prevention is not appropriate.

Prevention Programs and Services

BEHAVIORAL HEALTH TRANSPORTATION PROGRAM (BHTP)

Target population: Consumers of behavioral health services who have difficulty accessing services due to transportation barriers

Program Description: The BHTP provides up to 12 months of bus passes to consumers of mental health services, and up to three months of passes to consumers of drug and alcohol treatment services. Consumers may apply for an eligibility extension through the agency that coordinates their participation in the program upon the recommendation of the agency and approval by Traveler's Aid and OBH. DA extensions are granted for one additional month and MH for three additional months. Both the need for the bus pass and use of the pass are required. Additionally, transportation support vouchers may be provided to consumers who are not able to use public transportation.

Data Collected: Consumers receiving service; longitudinal surveys regarding transportation access and attendance at appointments

Existing Evaluations: An evaluation was completed by OIM in April 2008.

Prevention Goals: Increase attendance at appointments; increase adherence to treatment plan; prevent degradation of condition due to an inability to access services; enhance community integration

Providers: Traveler's Aid Society

Evaluation: No interest in additional evaluation has been expressed. Additional data collection would be necessary for any evaluation.

Category: Stabilization/Prevent Decline, Prevent Reentry

DIVERSION AND ACUTE STABILIZATION (DAS) UNITS

Target population: Individuals experiencing a mental health crisis

Program Description: Diversion and Acute Stabilization is a voluntary, temporary therapeutic residential environment in a community setting. It is a short-term, intensive residential treatment program to be utilized as an inpatient diversion alternative or as a step-down from inpatient care. The program diverts the need for acute inpatient care by providing immediate support to individuals experiencing or at risk of experiencing a crisis.

Data Collected: Data indicating involvement are stored in ECAPS; more detailed data are stored in CCBH and ACHI's data systems.

Existing Evaluations: NA

Prevention Goals: Prevent inpatient admission; keep consumers and community safe during a crisis; facilitate effective reentry into community or less restrictive settings

Providers: Mercy Behavioral Health, Turtle Creek, Family Services, Chartiers

Evaluation: DHS is not the primary funder, and there is no interest in evaluation. Evaluation would require collaboration with ACHI or CCBH.

Category: Prevent Crisis, Prevent Reentry

HOUSING SERVICES

Target population: Individuals with mental health disorders who need short- or long-term housing stability

Program Description: A spectrum of housing supports is available for individuals with mental health disorders, depending on their level of functioning or need. The supports are listed below from most to least intensive.

Long-term structured residence (LTSR) – locked treatment facility; most people are committed to this program; expectation is that they will recover and discharge or step down; only one LTSR with treatment services on-site

Community Residential Rehabilitation (CRR) – group homes and apartments that are staffed 24/7; consumers stay temporarily and learn the skills necessary to live independently

Comprehensive Mental Health Personal Care Home (CMHPCH) – group living setting with personal services; considered “housing is home” (available as long as consumer is able to pay rent)

24 Hour supportive housing – group living and apartment settings that are staffed 24/7; leases may be held in both the provider’s and the individual’s name, or just in the individual’s name; considered “housing is home” (available as long as consumer is able to pay rent)

Permanent Supportive Housing (PSH) – most independent housing option; leases to apartments are held in consumer’s name; considered “housing is home” (available as long as consumer is able to pay rent)

Data Collected: Consumer information, landlord and residential referrals; data are stored in ECAPS.

Existing Evaluations: ACHI wrote a report focusing on the PSH program in 2010.

Prevention Goals: Prevent homelessness; prevent decompensation; provide a safe living environment; provide stability

Providers: Multiple providers at each level of service

Evaluation: There is interest in evaluating the impact of supportive housing services. Some evaluation has been completed by ACHI on Permanent Supportive Housing, but a more comprehensive study continues to be of interest. Current data availability would support an evaluation of the impact of participation in housing programs on mental health service utilization and select outcomes.

Category: Stabilization/Prevent Decline, Prevent Crisis (only LTSR)

INVOLUNTARY COMMITMENT (302)

Target population: Individuals who are a danger to themselves or others due to a mental illness

Program Description: An involuntary commitment is an application for emergency evaluation and treatment for a person who is determined dangerous to him/herself or others due to a mental illness. Dangerousness is determined based on the following criteria:

- Danger to self
- Danger to others
- Inability to care for self that risks imminent danger to the person

In every 302, a petitioner is required to sign the 302 and appear at a hearing, if necessary. A petitioner must have first-hand knowledge of the dangerous conduct and be willing to go to an emergency room or to the Office of Behavioral Health to sign the 302 form.

Once a 302 is authorized, the individual will be taken to an emergency room by the police or ambulance for an evaluation by a physician to determine if they need to be admitted for involuntary psychiatric inpatient treatment. If the individual is admitted, he or she may be kept no longer than 120 hours unless a petition for a 303–Extended Emergency Involuntary Treatment is filed by the hospital.

Data Collected: Monthly data is collected on the number of commitments by hospital. There is also information collected on the calls that come in through OBH's emergency hotline.

Existing Evaluations: NA

Prevention Goals: Prevent imminent harm to self or others due to mental illness

Providers: OBH staff, re:solve, and community hospitals are all involved at different points in the process.

Evaluation: No interest in the evaluation of involuntary commitments has been expressed at this time. The amount of information available is also very limited. Basic information, such as demographics, is not recorded. There is interest in expanding the amount of data available in the database.

Category: Prevent Crisis

PITTSBURGH ACTION AGAINST RAPE (PAAR)

Target population: Survivors of sexual violence

Program Description: PAAR engages in primary prevention activities through education and policy work. Counseling services are also available to survivors of sexual violence to help them cope with the potentially long-lasting effects of sexual violence. Child victims of sexual abuse need expert counseling to help them overcome their feelings of guilt, shame, and confusion about the abuse. Parents and guardians are an integral part of their children's lives so PAAR offers family therapy as well.

Individual & Community Health

Individual and group counseling are available to adult survivors to help them manage their emotions and reclaim their body and spirit to begin healing. Consumers work with their counselor to understand the effects abuse has had on their lives, and with time, learn to trust, communicate, and make empowering choices.

Data Collected: General client service and provider information for program monitoring which includes roster of individuals served, duration, monthly service reports, and fiscal information

Existing Evaluations: NA

Prevention Goals: Minimize the disabling effects of sexual violence on survivors

Providers: Pittsburgh Action Against Rape

Evaluation: Evaluation of this program is not currently a priority. If it became a priority, it could be very challenging due to the sensitive nature of the service provided and the lack of evaluative data available. Enhanced data collection methods and outcome measures would need to be developed and implemented prior to prevention-based evaluation.

Category: Information and Referral, Prevent Intervention, Early Intervention; Prevent Decline

RE:SOLVE CRISIS NETWORK

Target population: Any Allegheny County resident experiencing a behavioral health need or crisis

Program Description: This network provides telephone, mobile, walk-in, and overnight residential crisis intervention services to any Allegheny County resident. Services are available 24 hours a day, 365 days a year. Services include crisis counseling and support over the phone by a trained counselor, information about how to access needed services, and access and referral to additional crisis, treatment, and behavioral health supports.

Data Collected: Re:solve collects data on call volume and consumers served by demographics, zip codes, type of service, and problem/reason for service; data indicating involvement with re:solve are stored in ECAPS.

Existing Evaluations: Re:solve actively tracks trends in service. Evaluation is in progress with Bazelon and the University of Pittsburgh.

Prevention Goals: Avert a crisis; prevent a potential crisis situation from becoming a crisis; prevent harm to self or others; help people feel more comfortable in their situation

Providers: Western Psychiatric Institute and Clinic

Evaluation: Evaluation is in progress and there is no interest in further evaluation at this time.

Category: Information and Referral, Prevent Intervention, Prevent Crisis

SINGLE POINT OF ACCOUNTABILITY (SPA) INITIATIVE

Target population: Consumers receiving service coordination for behavioral health services

Program Description: The SPA initiative is being implemented incrementally for both adults and children. It is an attempt to provide each consumer with someone to turn to no matter what the issue is. This is accomplished by establishing the Service Coordinator or the Community Treatment Team as the primary contact who coordinates all services for a consumer, and who works with that consumer to determine the appropriate supports.

This initiative transforms the staff member's role from case manager to service coordinator. It also changes the way services are financed, named, and delivered, and how staff are trained and supervised. This is a recovery-oriented service that utilizes natural supports and seeks to assist the person served to achieve recovery, increased family functioning, employment, or other meaningful activity.

Data Collected: Consumer satisfaction (collected periodically)

Existing Evaluations: Baseline evaluations of consumer satisfaction have been completed (with the help of Consumer Action and Response Team (CART), the University of Pittsburgh School of Social Work, Community Care Behavioral Health, Allegheny Health Choices, Inc. and Family Services). Follow-ups are planned for the future to track progress.

Prevention Goals: Prevent prolonged need for service; prevent poor/ineffective service and treatment received as a result of poor coordination; increase natural supports and consumer voice

Providers: All behavioral health providers

Evaluation: There are already plans in place to continue evaluation of this initiative as it develops. The preventive elements of this program are not strong enough to justify a new evaluation method to measure the initiative's preventive effectiveness.

Category: Intervention Services

STUDENT ASSISTANCE PROGRAM

Target population: School-age youth exhibiting emotional or behavioral challenges

Program Description: This is a prevention program provided in every middle and senior high school in Allegheny County. Through this program, school personnel are trained to identify potential emotional or behavioral issues that may be causing a child to experience barriers to learning. In collaboration with the family and school personnel, a SAP Liaison will provide treatment suggestions and offer assistance in obtaining mental health services, if needed. The goal of the program is to improve the child's success at school.

Data Collected: DHS receives a quarterly report that documents the number of youth who were referred, screened, referred for formal evaluation, received a mental health or drug and alcohol diagnosis, attended the recommended treatment, etc. Individual identifying information is not included. The reports do provide breakdowns by demographics and school district.

Existing Evaluations: Annual satisfaction surveys are administered to school personnel by DHS.

Prevention Goals: Prevent emotional or behavioral challenges from creating barriers to success in an educational environment; prevent behavioral health concerns from going unaddressed

Providers: There are nine contracted providers for this service.

Evaluation: There is no interest in additional evaluation at this time. Identified barriers to evaluation are the lack of individual-level data, and the policy that SAP Liaisons are not permitted to retain records for greater than one year.

Category: Early Intervention, Intervention Services

OLDER ADULTS

The Area Agency on Aging is the DHS program office that serves Allegheny County's aging population, defined primarily as adults age 60 and over. The AAA sponsors many programs and activities that promote the well-being of older adults and allow them to function as fully and independently as possible in safe environments.

AAA funds or provides a wide range of services for seniors that support them at all different levels of activity, functioning, and independence. AAA staff are able to provide information and referral to appropriate community services, public benefits, and AAA services based on a consumer's level of need. Senior centers, volunteer opportunities, and employment programs are some of the available resources for seniors who are more active and independent. These programs not only benefit seniors directly, but they engage and establish relationships with seniors while they are healthy, increasing the potential that they will utilize AAA services once they need more intensive support services.

As seniors become more dependent on external care, they can take advantage of meal delivery, in-home services, and a nursing home transition program – just a few of the services that can help them remain living in the community safely. These programs, and some of those listed above, are described in greater detail below. Additional supports that are available but are not a priority for this report include services such as transportation, flu shots, summer farmers market vouchers, etc.

The majority of services offered through AAA are contracted out to provider agencies. For example, provider agencies run senior centers, meal delivery services, and in-home services. AAA staff primarily provide oversight, information and referral, and care management services.

Prevention Goals

AAA services are primarily designed to promote older adults' well-being and ability to function as independently as possible. In doing so, the services also serve many preventive functions. The services offered by AAA cover the full prevention continuum, with the greatest concentration of falling in the category *Stabilization/Prevent Decline*. Programs here include case management and in-home services that support individuals living in the community who need some level of assistance with daily living or household tasks.

Across the full continuum, there are several prevention outcomes or goals common to the programs and services offered by the AAA. Most of these goals are supported by programs categorized as tertiary prevention. The main goals are as follows:

Older Adults

- Prevent factors that would reduce or limit independence
- Prevent social isolation
- Prevent/minimize caregiver stress
- Prevent early entry into nursing facilities
- Maintain health

Figure 18 places each program described in this section on the prevention continuum, highlighting the major levels of prevention where aging programs are focused. Some programs are comprised of multiple services or functions that serve different preventive purposes. These programs may appear more than once on the chart. However, most programs appear only in the category of prevention that is most directly tied to that program.

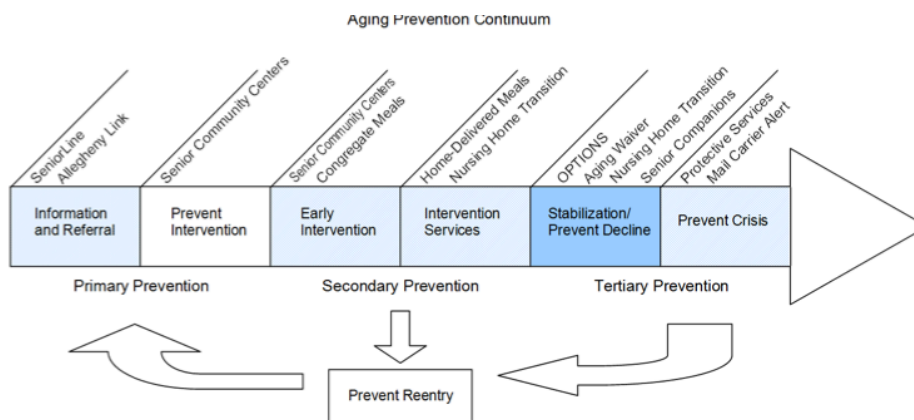


Figure 18: Major Areas of Prevention for Older Adults

Evaluation

The OPTIONS program has been identified as the primary program of interest for prevention evaluation within AAA. At the same time, there are numerous opportunities for evaluation and benchmarking. Potential research questions have been identified for the Aging Waiver, In-Home Services, and Protective Services. Outcome measures do not exist for most aging programs, and multiple staff members expressed an interest in developing such measures.

The data system used for many Aging programs, SAMS, is a data-rich system with great capabilities. However, the system's design creates challenges for any evaluations that span programs, even within AAA. An additional challenge is that limited data are collected for clients who are not care-managed, so evaluation of some programs would require greater data collection.

Prevention Programs and Services

AGING WAIVER

Target population: Seniors age 60 and older who have been determined to be nursing-home eligible, meet income requirements, and wish to remain living in the community

Program Description: The Pennsylvania Department of Aging Waiver (Aging Waiver, formerly known as the PDA Waiver) program is a long-term care option for income-qualified individuals who are eligible for placement in a nursing home but wish to remain in their own home or other community setting. The Aging Waiver is designed for Allegheny County residents, aged 60 years and older, who meet the following requirements:

- Determined to be medically eligible for nursing facility level of care
- Meet all financial eligibility requirements for participation in the Medical Assistance Program, as determined by the County Assistance Office
- Can be safely served in a community-based program

Participants receive care management and in-home services, including home modifications, delivered meals, medical supplies and equipment, adult day services, counseling, companions, respite care, emergency response systems, and transportation to medical appointments.

Data Collected: Extensive data are collected and recorded in SAMS. Data collected on all consumers include service orders, assessments, medical information, mental health, activities of daily living (ADLs), instrumental activities of daily living (IADLs), mobility, physical environment, preferences, financial resources, nutrition, emotional status/behavior, social participation, formal services, abuse/domestic violence, cognitive functioning, informal supports, and placement options. Other data include Caregivers Stress Interviews (in SAMS) and consumer satisfaction surveys (in person and by phone).

Existing Evaluations: No outcome-based evaluations have been completed. The state has recently begun benchmarking Waiver data. Customer satisfaction surveys (telephone and in-home interviews) have been conducted.

Prevention Goals: Keep people independent; prevent/minimize caregiver stress; prevent/delay the need to enter nursing facilities; bring consumers out of nursing homes; prevent hospitalizations; provide participants with a clean, healthy and safe environment; prevent/reduce social isolation

Providers: AAA staff serve as care managers; numerous service providers

Older Adults

Evaluation: There is interest in developing outcome measures and conducting evaluation of the Waiver program. One topic of interest is the impact of the Waiver program on the number of hospitalizations individuals with chronic conditions experience. A challenge to this evaluation (and others that are similar) is that historical (pre-program) data are not readily available, and the program is not designed as a medical model with this goal in mind (i.e. does not do medication management). DHS is also interested in evaluating consumers' progress on goals set by their care managers. SAMS has substantial data available, but additional data collection would need to be conducted for some of these evaluation projects. Finally, there is some interest in evaluating in-home services by program administrators, particularly how in-home services impact the FNM of recipients, medications, etc., and how length of time spent in the program affects outcomes. Evaluation of in-home services may be challenging given the structure of SAMS, but a significant amount of data is available, making these evaluations a possibility.

Category: Stabilization/Prevent Decline, Prevent Crisis

ALLEGHENY LINK TO AGING AND DISABILITY RESOURCES

Target population: People who are 60 or older, support someone that is 60 or older, have a disability, support someone who has a disability, or simply have questions or concerns about disability or aging issues

Program Description: Individuals may call the Allegheny Link for information on all services available to assist older adults and people with disabilities to maintain their independence, dignity, and quality of life.

The mission of the Allegheny Link is to "simplify and streamline access to long-term living services and supports; provide assistance to consumers who are seeking services and making long-term living decisions; and to increase awareness and provide reliable information."

The services provided by the Allegheny Link include information and referral, eligibility screening, options counseling, application assistance, and follow up. The majority of callers are under the age of 60, reporting physical disabilities most frequently, followed by mental health disorders.

Data Collected: Demographics, income, reason for call (need), steps taken to resolve need, service/program to which the caller was referred, number of trainings, amount of outreach, and number of contacts; the consumer's satisfaction with the program, services provided, accessibility and referral process is also collected. The Link has its own tracking and uses the PA state Link data system; data are not included in the Data Warehouse.

Older Adults

Existing Evaluations: DHS DARE completed an evaluation of call volume, service needs (topics), actions taken, characteristics of callers, and results of satisfaction surveys in June 2011; there are also quarterly reports and annual statistical analyses completed on an ongoing basis.

Prevention Goals: Streamline access to services; provide information to enable appropriate planning; prevent harm/hardship due to lack of information about resources; prevent avoidable emergencies resulting from mismanagement of medications, money, etc.; prevent anxiety, other intangibles; prevent need for more intensive services; increase capacity for services through establishment of new liaisons; build knowledge base of agency partners and community

Providers: DHS OCR staff

Evaluation: An analysis was completed in June 2011, and further evaluation is not a priority at this time. Concerns from administrators related to future evaluation are that there are no dedicated analysts for the program, and the Consumer Satisfaction Survey was last revised in 2007.

Category: Information and Referral

CONGREGATE MEALS

Target population: Adults age 60 or older residing in Allegheny County

Program Description: The purpose of the congregate meal program is to provide a meal that meets one-third of the daily Required Dietary Allowance to older adults participating in providers' senior center network. Meals provided at the centers promote nutrition and socialization. They are particularly important for seniors who rely on medications to regulate their health because medications are often most effective when taken with meals.

Data Collected: Data on consumers and service utilization are available through the SAMS database, and include demographics, service usage, and nutrition assessment. Information related to modified diet requests are housed separately in an Access database.

Existing Evaluations: On a monthly basis, AAA requests that providers submit consumer feedback on the quality of the meals. This information is reviewed with food providers for their action on these matters. AAA also performs an on-site Commissary Review of food providers each contract year. Finally, AAA creates the menus with food providers to assure compliance to state and federal nutrition guidelines.

Prevention Goals: Maintain or improve physical health through nutrition; reduce or avoid social isolation

Older Adults

Providers: 17 providers operating 59 Senior Centers

Evaluation: Evaluation of this program is not a priority and would be difficult given the limited amount of information collected from participants. More medical information would be needed to assess the preventive effectiveness of the program. Evaluation concerns include the fact that food preferences are very personal, and vary widely. It is difficult to measure the impact of the meal versus satisfaction with the food.

Category: Prevent Intervention, Early Intervention

HOME-DELIVERED MEALS

Target population: Home-bound older adults, who need a meal, cannot prepare a meal safely, and have no other meal options

Program Description: The purposes of the home-delivered meals program are to provide nutritious meals and home visits for home-bound older adults. Each of these elements contributes to overall health and well-being. This is particularly true for seniors who rely on medications to regulate their health because medications are often most effective when taken with meals.

Data Collected: Data on consumers and service utilization are available through the SAMS database and include demographics, service usage, and nutrition assessment. Information related to modified diet requests are housed separately in an Access database.

Existing Evaluations: On a monthly basis, AAA requests that providers submit consumer feedback on the quality of the meals. This information is reviewed with food providers for their action on these matters. AAA also performs an on-site Commissary Review of food providers each contract year. Finally, AAA creates the menus with food providers to assure compliance to state and federal nutrition guidelines.

Prevention Goals: Maintain or improve physical health through nutrition; reduce or avoid social isolation; prevent unnecessary and premature institutionalization by linking homebound older adults with the next level of support services that can help them remain safely in their homes

Providers: 15 provider agencies

Evaluation: Evaluation of this program is not a priority and would be difficult given the limited amount of information collected from participants. More medical information would be needed to assess the preventive effectiveness of the program. Evaluation concerns include the fact that food preferences are very personal, and vary widely. It is difficult to measure the impact of the meal versus satisfaction with the food.

Older Adults

Category: Prevent Intervention, Intervention Services

MAIL CARRIER ALERT

Target population: Anyone living alone who is age 60 or older or disabled and residing in Allegheny County

Program Description: Individuals concerned about living alone may contact the AAA if they would like to participate in this program. The USPS mail carrier will monitor the mail, and if mail starts to pile up at the residence of a participant, the postal service will contact AAA for follow-up.

Data Collected: NA

Existing Evaluations: NA

Prevention Goals: Prevent severe distress or death due to inability to access help

Providers: USPS

Evaluation: There is no interest in evaluating this program, and while it does serve a preventive function, it would not be appropriate for evaluation.

Category: Prevent Crisis

NURSING HOME TRANSITION PROGRAM

Target population: Individuals ages 60 and older, or age 18 and older with a physical disability that will last for at least 12 months

Program Description: The Nursing Home Transition Program (NHT) is a program that offers older adults and people with disabilities who reside in a nursing facility the alternative to live in a home environment with the assistance of home and community based services.

Support is available for those who wish to return to their homes or to live independently in an apartment or house. Funding may be available to help with one-time expenses such as security deposits, home modifications for accessibility, essential furnishings, and other moving expenses.

Data Collected: Demographic information, current contacts, primary care provider, etc.; information about other AAA services to which the consumer is connected would be recorded in SAMS in accordance with the data collection practices of those programs.

Existing Evaluations: NA

Prevention Goals: Retain independence; prevent long term stays in nursing home facilities for individuals who want, and are able, to live safely in the community

Older Adults

Providers: AAA staff serve as liaisons to existing community resources.

Evaluation: There is no interest in the evaluation of this program at this time. If it were to be evaluated in the future, the impact of the program on AAA service utilization could be measured, but additional data collection would be required to evaluate participants' reentry into nursing facilities.

Category: Intervention Services, Stabilization/Prevent Decline

OPTIONS

Target population: Persons age 60 and older who need help to remain in their own home

Program Description: Care Management provides community-based services to support a consumer's highest level of functioning, in order to promote and maintain the consumer's independence. Available in-home services include personal care services, Family Caregiver Support Program, senior companion services, counseling, home-delivered meals, home health services, home support, environmental modifications, respite care, medical equipment and supplies, older adult daily living centers, Personal Emergency Response System, and transportation. The waiting list for services is prioritized by the consumer's functional needs measurement (FNM) score.

OPTIONS differs from the Waiver in that there are no income or asset limits, consumers may be eligible even if they are not nursing-home eligible, and there are sliding scale payments for services. The intensity and frequency of services provided to these consumers are less than those of the services provided to Waiver participants.

Data Collected: Extensive data are collected and recorded in SAMS. Data collected on all consumers include FNM score, service orders, assessments, medical information, mental health, activities of daily living (ADLs), instrumental activities of daily living (IADLs), mobility, physical environment, preferences, financial resources, nutrition, emotional status/behavior, social participation, formal services, abuse/domestic violence, cognitive functioning, informal supports, and placement options.

Other data collected include Caregivers Stress Interviews (in SAMS) and consumer satisfaction surveys (from provider and care manager agencies – in person and by phone).

Existing Evaluations: Customer satisfaction surveys (telephone and in-home interviews) have been conducted.

Older Adults

Prevention Goals: Keep people independent; prevent/minimize caregiver stress; prevent/delay the need to enter nursing facilities; prevent hospitalizations; provide participants with a clean, healthy and safe environment; prevent/reduce social isolation

Providers: Four providers for care management; numerous service providers

Evaluation: Evaluation of this program is a priority for AAA. Administrators would like to better understand the impact of the OPTIONS program. There are significant amounts of data available, and there are no apparent gaps within the program's data collection methods that would delay evaluation. The challenge would be identifying a control population (individuals with similar demographics and medical conditions) if a comparison study is desired.

Category: Stabilization/Prevent Decline, Prevent Crisis

PROTECTIVE SERVICES

Target population: Adults ages 60 and older who are at risk of abuse or neglect (including self-neglect)

Program Description: Activities, resources and supports to detect, prevent, reduce or eliminate abuse, neglect (including self-neglect), financial exploitation, and abandonment of older adults. Anyone may report a case, and the criteria for an eligible report of need are as follows:

- Reside within Allegheny County
- Be 60 years or older
- Have no responsible caregiver
- Be incapacitated (unable to perform tasks necessary to maintain physical or mental health)
- At imminent risk or danger to person or property

In Allegheny County and across Pennsylvania, about 80 percent of reports are unsubstantiated. Of the substantiated reports, about 60 percent are self-neglect, 20 percent financial exploitation, and 20 percent abuse. This program differs with child protective services in that adults have a right to self-determination, which means that they can refuse service or refuse to file charges as long as they are considered to be competent.

Data Collected: Information collected includes demographics, living arrangements, reporter characteristics, reporter's observations on the problem/situation, caretaker information, report of need summary, and outcome of investigation. Data are stored in SAMS.

Older Adults

Existing Evaluations: N/A; the state has recently begun benchmarking Protective Services data; a state-mandated monitoring tool is used for the program.

Prevention Goals: Prevent abuse, neglect, exploitation or abandonment; prevent nursing facilities from providing sub-par care; enforce correct reporting procedures

Providers: Eastern Area Adult Services, Ursuline, Lutheran Service Society (providers perform the investigations)

Evaluation: There is an interest in focusing more on prevention efforts within this program. Evaluation efforts are very challenging with the SAMS system because data cannot easily be pulled, and the process for custom reporting is cumbersome. Another challenge is the sensitivity of the content of the information, especially the identity of mandated reporters. There is the potential to engage in case reviews in order to identify and address system issues.

Category: Prevent Crisis

SENIOR COMMUNITY CENTERS

Target population: Adults age 60 or older residing in Allegheny County

Program Description: Senior Community Centers promote the social, emotional, and physical well-being of older adults by providing and supporting community-based services and activities. These centers provide access to social, recreational, educational, information and referral, and health/wellness activities.

Data Collected: AAA and providers survey consumers on self-reported benefits of program participation. Additionally, data on consumers and service utilization are available through the SAMS database and include demographics, service usage, and nutrition assessment. Information related to modified diet requests are housed separately in an Access database.

Existing Evaluations: The most recent AAA survey was completed in October 2009 and is available electronically. All providers are working on a "Program Evaluation" methodology and plan as a part of the AAA Quality Standards initiative.

Prevention Goals: Reduce or avoid social isolation; maintain or improve physical health through exercise; delay or avoid disease and disability

Providers: 17 providers operating 59 senior centers

Evaluation: Evaluation of senior centers is not a priority and would be difficult given the limited amount of information collected from participants. More medical information would be needed to assess the preventive effectiveness of the programs. A potential concern of greater data collection is that it may be a deterrent

Older Adults

for program participation. Any evaluation process must also be sensitive to the consumers' tolerance of being surveyed. Another concern is that senior centers vary greatly from site to site in terms of resources and programs offered. This makes it difficult to compare across providers and makes it difficult to identify network-wide trends.

Category: Information and Referral, Prevent Intervention, Early Intervention

SENIOR COMPANIONS

Target population: Seniors who are physically healthy and enjoy helping others through friendly visiting; Seniors who live within the community but need assistance with some tasks necessary to maintain independence and are interested in social interaction with another senior

Program Description: The Senior Companions program allows healthy older adults to help other adults live independently. Companions provide support to family caregivers and assist with grocery shopping and other daily tasks necessary to maintaining independence. Companions allow many older adults to continue living at home, without the need to acquire more expensive and more impersonal care.

Consumers who are visited by Companions benefit from assistance with daily tasks, encouragement to remain active, and friendship; it is also helpful for these consumers to have someone to watch out for extra care needs or help with medicines.

Companions benefit from training, an annual physical exam, supplemental insurance, a small stipend for those who qualify, help with meal and transportation costs, the satisfaction of helping another, and friendship.

Data Collected: Number of adults matched and number of volunteer hours. For consumers, data are gathered related to demographics, health problems (if available), and eligibility for respite care. For companions, data are gathered related to demographics, medical status (limited), and public income sources. Data are collected in Voltrax.

Existing Evaluations: A program evaluation was completed in February 2010 through the Bayer Nonprofit Center of Robert Morris University; current reports include the number of people matched, where participants are located, and gender of participants.

Prevention Goals: Relieve caregiver stress; allow seniors to live at home longer; prevent isolation; connect seniors with necessary services as the need develops

Providers: 18 volunteer stations that monitor 100+ companions

Older Adults

Evaluation: There is no expressed interest in evaluating this program. Due to the limited amount of information collected, prevention evaluation would require greater data collection. Any new efforts would need to be sensitive to consumers' tolerance for being surveyed.

Category: Information and Referral, Stabilization/Prevent Decline, Prevent Crisis

SENIORLINE

Target population: Anyone seeking information on services available to older adults in Allegheny County

Program Description: The SeniorLine is the central point of contact for aging-related services. Seniors or advocates (friends, family, and community members) may call to request information or receive referrals to available services. It connects individuals to senior center activities, care management, home health services, etc.

Data Collected: Name, topic of interest, action taken by care manager, who referred caller, and senior/advocate status; all printed materials that are mailed to callers are tracked; all data are entered into SAMS.

Existing Evaluations: NA; there is a report on system-wide call characteristics and topics covered.

Prevention Goals: Provide individuals with information about services available to seniors and when it may be appropriate to access such services; enable appropriate planning; prevent harm/hardship due to lack of information about resources

Providers: AAA care managers answer SeniorLine; 18 partner agencies also provide information and referral services.

Evaluation: Interest in evaluating this service through a quality improvement lens has been expressed. However, prevention evaluation capabilities are limited since detailed data are not collected from individuals that call strictly for information and referral. Without this information, tracking effects on future system usage is not possible. Collecting this information is not likely to be beneficial since it would deter people from calling and would provide little research value.

Category: Information and Referral

Next Steps

This report on prevention programs was the first step to establishing a prevention-based research agenda for DHS. The report finds that there are evaluation priorities for prevention programs and services throughout each program office of DHS. At the same time, many programs lack the outcome measures and data collection necessary to support prevention-oriented evaluations. Based on these findings, multiple next steps are outlined below.

Share Findings

DARE staff will present office-specific findings in report briefs to senior staff and other stakeholders, informing them of overall issues or trends. These briefs will also identify strengths, areas for improvement, and potential programs for evaluation.

Outcome Measures

Interest in the development, implementation, and tracking of meaningful outcome measures was expressed across the whole Department. DARE will work with program offices to assist in the development of meaningful outcome measures to be tracked and reported by DHS staff and contracted provider agencies.

Data Collection

Several programs are not ready for evaluation because the data to support such evaluation are not currently being collected. Part of this challenge is addressed through the development of meaningful outcome measures. However, data must be collected reliably on these measures, and DARE will continue to work with program offices and BIM to encourage the design and deployment of data collection measures that are meaningful and accessible.

A critical element to this collaboration will be continuing to educate program administrators on the importance of systematically collecting client data and outcome measures from DHS staff and provider agencies as a means for evaluating the impact and effectiveness of a program. These reporting requirements should clearly be outlined in contract agreements. The information collected and analyzed in this report will be shared with stakeholders as a means of identifying deficits in data collection and data availability.

Next Steps

Utilize New Resources

As new resources and data systems become available, new evaluation opportunities arise. A recent example is the implementation of the KIDS database, used to track child welfare and other consumer information. The way in which data are stored in this dynamic system creates new opportunities for evaluation of child welfare outcomes that have not existed in the past. Another example is data provided by the Pittsburgh Public Schools (PPS) per a new data-sharing agreement. This partnership allows DHS and PPS to better understand the youth each system serves and helps with the development of effective policies and interventions. DHS DARE will continue to seek out and take advantage of strategic partnerships with other governmental agencies and organizations serving DHS consumers.

Project Evaluations

A prevention-based research agenda will be developed based on the findings of this report. Much of this evaluative work will be initiated by and accomplished within the DHS DARE office. There is also the potential to partner with experts and organizations in the community in order to perform program evaluations. Some of the programs and services identified as top priorities for evaluation include the Urban League Housing Assistance Program, Inua Ubuntu, High Fidelity Wraparound, Family Support Centers, Mental Health Supportive Housing, Crisis Intervention Teams, POWER Connection, and OPTIONS.