

**An Evaluation of PCCD's Communities that Care  
Delinquency Prevention Initiative**

*Final Report*

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**Submitted by**

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## INTRODUCTION

The Prevention Research Center at Penn State University has conducted an evaluation of PCCD's Communities that Care (CTC) Delinquency Prevention Initiative in Pennsylvania. This report summarizes our evaluation.

### Evaluation Goals

As stated in the original evaluation proposal, there are three main goals involved in the evaluation of CTC. Presentation of the results of the evaluation will be organized around these three goals:

1. To develop a **proactive model of partnership with PCCD and CTC sites** to develop a useful and **responsive model of evaluation**. Such a model should follow the tenets of **action research** in which participants provide input to the evaluation, and in turn, the evaluation provides data that serves to improve the quality and delivery of services to communities.
2. To provide an **evaluation of the phases of early implementation, CTC processes, and sustainability**.
3. To develop a **conceptual and statistical plan for long-term evaluation/outcome of CTC**.

### Methods: Who, What, When, and How?

#### Who was evaluated?

This evaluation focused on the first three cohorts or "cycles" of CTC communities. Cycle 1 was comprised of eight counties. One of these counties, Allegheny, included two different sites which were evaluated separately, for a total of nine counties. Cycle 2 included 6 counties, and Cycle 3 included 6 counties. Because a national evaluation utilizing a case-study method was simultaneously being carried out by Caliber Associates, a few counties within these three cycles were not included in our evaluation in order not to over-burden these sites.

#### What was evaluated?

The evaluation focused on a number of features of CTC, including:

- the **readiness** of CTC sites to take on the complex collaborative project;
- the **characteristics of the individuals** participating in the Prevention Boards;
- the **internal communication and functioning** of the Prevention Boards;
- the **relationships of the Prevention Boards to other community organizations**;
- the **fidelity** of the process to the CTC model;
- the perceptions of community members regarding the **effectiveness** of their CTC project;
- community-level **outcomes** hypothesized to be affected by CTC;
- the success of communities in **institutionalizing** of local Prevention boards and activities.

### When were CTC sites evaluated?

The main interview-based evaluation of sites occurred in a staggered manner. Interviews for Cycle 1 occurred in the Fall of 1999. Cycle 1 was already post-PCCD's 3-year funding at that point. Cycle 2 interviews took place in the Spring of 1999, 1.5 years into its 3 year-funding process. Cycle 2 counties were re-visited in the Fall and Winter of 2000. Cycle 3, which began functioning in January of 1998, was visited about 2 years into the 3 year funding cycle in the Winter of 2000.

### How was information collected and analyzed?

Data collection took place through multiple channels. We collected each CTC project's PCCD grant applications and periodic reports. We also asked each project for annual reports, media coverage, or program evaluations related to their activities. The CTC technical assistance staff at Shippensburg University provided us with ratings of each CTC project. In addition to these sources of information, we undertook comprehensive interviews at each site.

During the first several months of the evaluation project we developed an extensive interview protocol for CTC project directors and key leaders based in part on the Hawkins and Catalano instruments and the workbooks provided by Caliber Associates. The full 167-item interview for CTC project directors requires approximately three hours to complete. Approximately ten key leaders in each community were asked a shorter version of this interview that took one hour to complete. The interviews were programmed for administration on a laptop. Quantitative data from the interviews were entered directly into a dataset. Open-ended questions yielding qualitative data were coded by research staff into categories. Attached to the written version of this report in Appendix A are:

1. Program Director's Interview
2. Key Leader's Interview
3. Construct Dictionary of Measures derived from Interviews

We also developed several other measures to collect data from sites. For example, we developed an interview regarding post-funding sustainability of the CTC project. This interview was administered to program directors between one and two years after PCCD funding had ended. We also asked local team members to report on the informal ties they had to other CTC members, as well as the frequency with which they spoke to other CTC members. These measures are also attached in Appendix A.

Finally, we developed scales for our research staff to rate the communities on a number of dimensions. For these ratings, research staff relied on their informal knowledge of the communities and CTC projects gained while in the field in addition to a review of all interview responses for each community.

## EVALUATION FINDINGS I:

### **Proactive, Action Research Evaluation**

The action research goal of the ongoing feedback on the evaluation was primarily met by our early reporting of qualitative findings to PCCD throughout the evaluation process. We found, for example, that key leaders were generally enthusiastic about the CTC process and found the risk and protective factor approach easy to understand. However, we also found a few areas of difficulty where PCCD, state technical assistance staff, or local project directors needed to take action. The following are some of the more important early difficulties we reported, our recommended solutions, and the action steps that were taken subsequently.

#### **Assimilating New Staff and Board Members**

Need. Sites were doing a variable job in **assimilating new staff and board members**. The current system for **training and updating** new CTC participants could be strengthened to provide systematic training for new members.

Proposed Solution. Special training sessions, at both the local and state levels, should be organized for new participants. Training materials should be developed for use at the local level, and abridged training sessions should be developed at the state or regional levels.

Steps Taken. Technical assistant staff agreed that new training materials and formats were needed to assimilate new board members. Technical assistance staff committed to providing such tools.

#### **Providing More Guidance on Program Selection, Implementation, and Evaluation**

Need. While the trainings are valuable, community leaders express the need for **more guidance specifically in program selection, implementation, and evaluation**. In addition, many sites were not using Promising Approaches.

Proposed Solution. Enhanced technical assistance is required on-site in the context of ongoing consultant-project relationships. Technical assistance solutions are described further below. PCCD could also consider applying more stringent criteria in funding proposals relating to the incorporation of evidence-backed Promising Approaches.

Steps Taken. The technical assistance staff was expanded to allow for on-site guidance and consultation (see below). Funding proposals have been screened by PCCD more rigorously for assuring evidence-based programs are incorporated into plans.

### **Planning for Sustainability**

**Need.** CTC projects expend considerable energy in the beginning planning phases of the project, but do not necessarily focus on creating sustainable systems. In other words, **long-term sustainability** of the CTC coalition and planning processes give way to immediate needs and tasks. At its worst, CTC funding is seen as the end-goal and the creation of an ongoing science-based prevention framework is ignored.

**Proposed Solutions.** Coordinated action at several levels is necessary to enhance sustainability after the funding period.

1. Increased attention to sustainability issues should be given in the initial trainings. Technical assistance (see below) should be developed that explicitly addresses these issues.

**Steps Taken.** Sustainability issues have received more attention at local and statewide levels. For example, an entire session of one workshop at the 2001 Statewide CTC Conference focused on this issue.

2. Local CTC leaders should ensure that key local institutional and business leaders (see below) who control resources in the community both buy-into and participate in the process.

**Steps Taken.** Efforts to engage business leaders have moved forward (see below).

3. Third, PCCD should use a combination of rewards and accountability in order to ensure that communities begin the cycle of risk assessment once again in the third year of funding. For example, risk assessment could be required at the beginning of Year 3 of the funding cycle, with funding contingent on completed report. Alternatively, risk assessment could be required at the end of 3 years of funding, with no further PCCD Prevention funding allowed for the community unless the re-assessment is completed. In addition, PCCD should consider partial funding of CTC program directors in Years 4 and 5, with the rest of the funding coming from local sources, in order to encourage continued institutionalization of the project.

**Steps Taken.** In response to the need for improved planning and accountability, planning grants to sites were substantially enhanced and lengthened. Planning/assessment grants for recent cycles are now provided for a three-year period. This provides personnel and funding for ongoing risk and resources assessment. However, Federal Title V funding still limits CTC site operations to three years of funding.

### **Engaging the Business Community**

**Need.** Local CTC projects have had difficulty in obtaining participation by key leaders of the **local business community**. These areas of weakness may be associated with the tendency of local CTC projects to simply reject the risk factor of Severe Economic Deprivation as a target factor out of hand. Local boards feel that there is little that can be done to address this risk factor. It should be noted that economic distress is a regular feature of most CTC target areas, both rural and urban.

**Proposed Solution.** Enhanced attention to the importance of the business community for project success, as well as strategies of obtaining such cooperation, should be given in the trainings and through enhanced technical assistance. At the state level, PCCD should contact state-level economic development and business groups to facilitate local contacts. For example, contacts could be made with the Dept of Community and Economic Development, state-wide or regional business (e.g. phone company, utilities, banks), University and government-based small business organizations, and regional business organizations, in order to identify interested players and cooperative strategies.

**Steps Taken.** Collaboration with America's Promise has facilitated involvement of local business leaders. Additional plans for engaging business leaders in CTC have been under discussion.

### **Integration with Other State-Level Initiatives**

**Need.** There is a need for greater **state-level integration of CTC/FSSR and other state-initiated collaborative community processes**. Partnerships across collaborations operate well in some cases, but poorly in others. There is considerable overlap between the FSSR collaborative focus and the CTC planning approach. However, CTC in some cases has lost its science-base and prevention-focus when merged into larger collaborations, especially when ongoing funding is provided to the other collaboration but not to CTC. In addition, the need for integration with other state-wide initiatives (SHIP, Weed & Seed, Tobacco Initiative) was also noted.

**Proposed Solution.** Technical assistance on integration at the local level would be useful and is desired by numerous communities. However, an increased level of cooperation/integration at the state level is necessary. Local FSSR, CTC, and other boards should have guidance in how to cooperate in a way that promotes the integrity and continued functioning of each system.

**Steps Taken.** State-level coordination between CTC, FSSR, and other collaborative models has taken place through the State Collaborative Board. Working relationships have been developed at the local level, guided by a recognition of what each collaborative brings to the table. Collaboration between FSSR and CTC technical assistance staffs has also increased the framework for cooperation.

### **Enhanced Technical Assistance**

**Need.** Several strands of the evaluation results so far point to a need for **closer support for communities through technical assistance.**

**Proposed Solution.** The state's technical assistance capacity should be strengthened in several ways. Technical consultants should be assigned to work with specific counties, perhaps through a regional approach. These consultants would then be able to spend more time on-site, attend meetings, and respond to questions with knowledge of local context.

**Steps Taken.** The number of technical assistance consultants has tripled. Further, technical assistance has been regionalized such that each consultant is able to make regular site visits, become familiar with the projects in a region, and provide technical assistance to sites throughout the process from their inception through board operations.

## EVALUATION FINDINGS II:

### Evaluation of CTC Processes

Given the large number of domains of CTC functioning that we assessed, the most important findings are described here in summary form. Further details can be found in the series of papers appended to this report.

#### **Does attendance at CTC training sessions yield tangible benefits?**

This evaluation was not designed with the issue of training in mind. Further, because the evaluation only began two years or more after participants attended training sessions, the retrospective approach taken here can be questioned. Nonetheless, given the investment of resources into training in the CTC model, it was judged as important to try to address the question of whether training yields benefits to individuals or CTC projects as a whole.

The CTC evaluation found that training is positively, albeit modestly, linked with participant attitudes and knowledge, and with internal functioning of the CTC coalition. However, attendance at training was not linked to perceived CTC efficacy. Some of the evidence suggests that the long-term influence of training may be found at the group or coalition level, not at the individual level. In other words, in some cases training has a positive effect on the functioning of the local CTC project as a whole although there was less evidence for an effect on individual, specific members. One possible explanation is that the individual members of CTC coalitions are already fairly committed and knowledgeable in the areas of prevention, and that further training had little effect on them as individuals. Alternatively, the effects of the trainings on increasing participant knowledge wore off over the long period of time between the training and our evaluation. However, the experience and scaffolding provided by the training may have resulted in a more coherent and better functioning CTC project, and that these effects were maintained over time. See Appendix B for an in-depth report on findings on training.

#### **Do local CTC leaders' reports of need for technical assistance reflect actual problems?**

The provision of technical assistance is an intervention designed to foster capacity and troubleshoot problems. A basic question for any intervention, whether medical or psychosocial, is whether the intervention is applied where and when needed. Thus, some assessment and diagnosis is needed in order to guide intervention. In the case of community programs such as CTC, the outside assessment and evaluation of each site can become expensive. It is thus important to know whether local CTC team member reports' can guide technical assistance staff to devote their time to the places where their help is in fact needed.

Our evaluation results indicates that local leaders in CTC sites where there are more difficulties do tend to report a need for more T.A. than local leaders in other sites. However, local leaders' reports of specific areas where T.A. is needed did not match up with problem areas identified in the course of the evaluation. Thus, T.A. providers can rely to some extent on local leaders reports about whether the local site is experiencing difficulty and requires additional T.A.

However, after identifying sites in need, T.A. staff should pursue on-site assessment to determine specific areas that need further attention. See Appendix C for an in-depth report on findings on technical assistance.

### **Does the level of a community's readiness relate to CTC success?**

The question of readiness is an important practical question. If the level of readiness in a community matters, then funding a community, which is not quite ready to take on a complicated collaborative project, might not be an efficient use of resources. However, given the training and funding provided to communities, it may be that readiness is less important than the skills and attitudes developed in the CTC process. Thus, whether or not a community's level of overall readiness should be taken into account in funding decisions is an important question.

The evaluation of CTC found that community readiness is highly related to both the quality of the communication and functioning of the CTC Prevention Board, as well as to the perceived effectiveness of CTC. These results strongly suggest that community readiness is a key factor influencing the success of CTC. Communities which are not "ready"—that is, do not have local leadership structures accustomed to resolving conflict, incorporating democratic decision-making, and effectively dealing with problems—may require periods in which such capacities are fostered before initiating CTC.

### **Is the coalition model an important part of CTC success?**

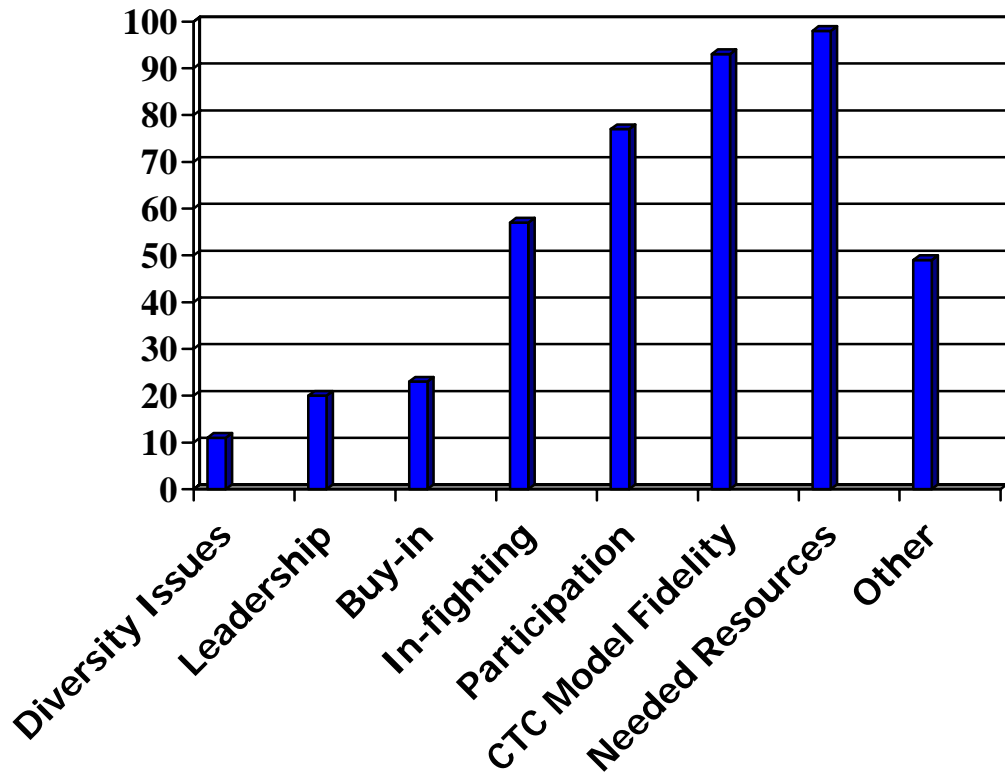
The process of planning for and implementing prevention programs in CTC is specifically handled through a community coalition, termed the Prevention Board. However, it is possible that such tasks may be handled by a small number of active CTC members or staff. If so, the smooth functioning of the CTC coalition as a whole may not affect the effectiveness of the prevention planning and implementation. If this is the case, then the funding and effort devoted to forming and sustaining the coalition model may be unnecessary.

We tested the importance of the coalition aspect of the CTC model by examining the relationship of the internal functioning of the CTC coalition to the effectiveness of CTC. We found a strong relationship existed between the two, indicating that indeed the quality of the functioning of the coalition (or Prevention Board) is important for determining the effectiveness of CTC. See Appendix D for an in-depth report on findings on the effects of the coalition's operation.

### **What are the barriers that local CTC projects face in implementing the model?**

Given that the functioning of the coalition is an important aspect of CTC, it is important to understand what factors facilitate or block successful coalition functioning. We found that communities that experienced the greatest difficulties also had the highest levels of turnover. We could not, however, determine from our quantitative data whether high turnover leads to difficulty or difficulty leads to high turnover. Our qualitative impression is that the relationship between turnover and coalition problems is reciprocal.

As part of the main key leader interview, we asked respondents to name the three most important barriers experienced by their CTC coalition. The results are presented in the graph below; the scale is the number of times each category was mentioned as a first, second, or third most important barrier. The results suggest that diversity, leadership, and community buy-in are not significant problems across most sites. However, local CTC sites struggle more with finding sufficient resources, maintaining the integrity of the model (i.e. fidelity), and obtaining sufficient participation from community members. In-fighting among CTC members was also cited as a frequent concern. Although turnover is not the most frequently cited barrier, it is important to note that it is the only barrier listed below that is associated with our measures of perceived CTC effectiveness. That is, in communities where in-fighting was highest, the perceived effectiveness of the CTC project was lowest. Thus, while it is important to pay attention to the barriers reported most often as problematic (fidelity, resources), it might be that addressing issues of in-fighting are a key to fostering CTC success. Our findings regarding turnover may be related: In CTC projects experiencing the most difficulty, a complex process may take place in which in-fighting leads to discouragement, leading to withdrawal of some members, and finally increased in-fighting among those who remain. It may be crucial, therefore, for technical assistance staff to promptly and accurately diagnosis situations in which the natural occurrence of conflict leads to division instead of compromise and resolution.



### **What factors lead to sustainability of CTC after state funding ends?**

By assessing sustainability in a short questionnaire administered to program directors after PCCD funding ended, we were able to examine the precursors to successful sustainability/institutionalization.

A first question we addressed was how to measure sustainability. Based on conceptual reasoning and empirical data, it was considered to be comprised of three aspects. In the present study, three indices of sustainability are assessed that are derived directly from the CTC model. First, in order to conduct comprehensive programming, it is necessary that the structure of an active community board exist. Second, in order to maintain current and develop new prevention activities, initiatives towards new funding are crucial following the expiration of initial funding. Third, in ensuring that appropriate prevention activities are supported, ongoing community risk-assessments are necessary. Of these variables, we propose that the continuing nature of board activity is an essential indicator of institutionalization, and thus weighted it twice greater than the other two variables. From these weighted variables, we suggest a composite score of the level of institutionalization for each county. Of the 20 counties studied, 4 (20%) had a score of 4 (the highest level of institutionalization), 3 (15%) had a score of 3, 2 (10%) had a score of 2, 5 (25%) had a score of 1, and 6 (30%) had no detectable signs of institutionalization. Thus, 35% of the sites were showing clear sustainability, and an equal percentage showed no continuation of activity two-years post-funding.

We are currently conducting analyses on this data (these data were not planned as part of this original project). In preliminary analyses, we have found that self-rated knowledge of key leaders (two to three years prior) and internal functioning (again, during the funding period) both were significantly related to the continuation of board activity post-funding. In addition, we found that ratings of sites by the state-wide technical assistants were significantly related to the continuing nature of board activity. In addition, we have explored the role of community readiness in predicting sustainability; it does not have a direct effect. Instead, these results indicate that community readiness led to better functioning of the CTC project during its funding, which in turn leads to greater sustainability of the CTC model after the funding period.

## **EVALUATION FINDINGS III:**

### **Evaluation of Community Level Outcomes**

The goal of these analyses was to examine whether sites in which CTC has operated would have lower levels of youth delinquency or other relevant community-level outcomes, compared to sites that did not have CTC. However, as the evaluation of CTC was not designed

as a randomized trial, there are considerable difficulties in resolving the issue of which other counties in PA to use as comparison communities. With the assistance of Wayne Osgood, a statistical model was developed to demonstrate how community-level outcomes could be evaluated. Sources of data were identified and outcome indicators were collected for each community.

The results presented examine whether there is an impact of CTC on outcomes in those counties that implemented CTC compared with counties that did not. An impact would be a noticeable decline in the rates of deleterious outcomes in the years following the implementation of the program, relative to any changes observed in non-CTC counties. As CTC is primarily focused on reducing the rates of youth delinquency and other problem behaviors, we examined whether counties utilizing the CTC model would show lower rates of delinquency. We also examine other outcomes (poverty, child abuse) that were not expected to change in the initial years of CTC.

Four outcome variables from state record databases were examined:

1. **Delinquency** – total number of Part I offenses for juveniles under the age of 18 (Source = Uniform Crime Reports, detailed data from PCCD & ICPSR).
2. **Teen Births** – total number of births to women aged 19 and under, married or unmarried (Source = Pennsylvania Vital Statistics).
3. **Child Abuse (Substantiated)** – total number of (substantiated) child abuse cases that were investigated and confirmed for children aged 0-17 (Source = PA Child Abuse Report).
4. **Free and Reduced Lunches** – proportion of enrolled students receiving free and reduced lunches for public schools only (Source = PA Department of Education).

#### Counties Included in the Sample

The central issue for these analyses was to have reasonably comparable samples of counties that did and did not implement the CTC program. To determine this, we identified five risk factors (measured in 1994) that differentiated CTC and non-CTC counties. The variables were:

- 1) the log of the population size of the county
- 2) the homeless assistance rate
- 3) TANF rate
- 4) teen birth rate
- 5) an ethnic heterogeneity index based on 5 racial/ethnic groups

These factors were utilized in a propensity analysis in which we assessed the likelihood of each PA county becoming a CTC county, and we eliminated those counties in each group that fell outside the range of the other group.

- 5 CTC counties are excluded in the present analyses as dissimilar from all non-CTC counties: Fayette, Lycoming, Allegheny, Erie, and Philadelphia.
- 14 non-CTC counties were excluded in the present analyses as dissimilar from all CTC counties: Pike, Montour, Union, Sullivan, Cameron, Juniata, Wyoming, Potter, Huntingdon, Susquehanna, Columbia, Clarion, Elk, and Clinton.

As a result, the analysis compares 15 CTC counties to 33 non-CTC counties in between 1992 and 1998. CTC counties are divided by Cycle; Cycle 1 began in 1995; Cycle 2 began in 1997 and Cycle 3 began in 1998. Note: There is only an initial year of data for Cycle 3 and only two years of data after initiation on Cycle 2. 1999 data on delinquency in Pennsylvania was not available at the time of these analyses.

## Results

- Delinquency
  - Delinquency rates went up by a non-significant 5% upon the start of CTC. That was followed by a 6% decline per year, which is of borderline statistical significance ( $p=.10$ ) (see Figures 1 and 2).
  - The years of follow-up are so limited for cycles 2 & 3 that the increase looks more prominent than the decrease in results so far.
  - Another year or two of data would be helpful in analyzing these trends.
- Rates of Teen Pregnancy, Child Abuse, and Poverty (Free and Reduced Lunch)
  - There were no significant patterns of change in these outcomes as a result of CTC.

## Interpretation

The results of this evaluation of CTC are encouraging. Cycles 1 and 2 show a clear trend indicating an initial small rise in delinquency and then a decline, compared to non-CTC counties. Unfortunately, the changes were moderate in size and did not reach conventional levels of statistical significance. Thus, it would be speculation to interpret these results as demonstrating program benefits. Additional years of follow-up data would greatly enhance the analysis by adding statistical power and providing further years of study for Cycles 2 and 3.

We view the results of these analyses as a demonstration rather than a true test of CTC effectiveness. Given the relatively small amount of funds provided for the CTC process in each county, it was not expected that CTC would have a marked effect on the rates of major problem behaviors during the first years of operation.

## Concluding Comments

The current project evaluated the first 21 sites of CTC in Pennsylvania. At the time, CTC was a pioneering effort and the goals of this evaluation were to both provide ongoing action research to improve this quickly growing state initiative, as well as to understand how various facets of the CTC process (training, technical assistance, state-level decision on funding and evaluation) could be improved. It in addition, it should be noted that two central features of the CTC model were not yet well-developed: (1) assessment of risk and protective factors, (2) the linkage of risk and protective factor assessments to decision-making on the implementation of empirically-validated programs.

Since that time, CTC has developed a compendium that provides detailed information on effective prevention programs and ties them directly to risk factor assessment. In addition, PA has now adopted the PA Youth Survey that provides efficient and valid data for school-aged populations on risk and protective factors. Thus, in the early cycles that were studied in this evaluation, sites were hampered by the difficult processes of a more laborious process for risk and resource assessment as well as less direction on the adoption and implementation of research-based programs.

In part, as a result of this evaluation (as well as the foresight of PCCD staff), numerous changes have been made in the PA CTC process – many of them detailed in the Evaluation I findings of this report. These include the adoption of the PA Youth Survey, the further development and refinement of technical assistance, the more careful scrutiny of grant applications in more recent cycles in regarding to both the selection and planning for the use of research-based programs. In addition, the development of the Research-Based Delinquency Prevention Program of funding through PCCD has created an even greater focus for CTC sites on the need to adopt effective programs and to implement them with fidelity.

During the past three years, CTC has experience extensive evolution and refinement of its model. It is clear that Pennsylvania is the leading state in the adoption of this model and this is recognized not only by the scope and growth of the program, but also through its decision to develop its own capacity for further training and technical assistance within the state. As a result of being a strong and persistent early adopter, it has also experienced the “growing pains” of identifying needs that were not clearly anticipated by the program’s developers. These include ongoing technical assistance, planning for sustainability, and training for new program staff and board members. Pennsylvania has not only noted the needs (as contained in this report) but has responded by vigorously investing in the CTC program to fill the necessary gaps.

The funding of the current evaluation was restricted to studying the first three cycles of PA counties – cycles that began in 1994, 1996, and 1997. Since this time, over 100 additional communities have received CTC training and funding. The tremendous development of CTC in PA has created a transformation in thinking regarding the importance and nature of prevention activities at both the state and local level. Further action research should be conducted to study the effectiveness of recent modifications in training and funding to examine further needs for adjustment in the CTC model as well as to begin to examine the longer-term impact on community level outcomes for youth.