

PREPARED FOR BY THE MERCYHURST UNIVERSITY CIVIC INSTITUTE AND PENN  
STATE BEHREND CORE ON BEHALF OF THE ERIE COUNTY POLICY & PLANNING  
COUNCIL'S RESOURCE & PLANNING AND POSITIVE YOUTH DEVELOPMENT  
SUBCOMMITTEES



Community Action Plan

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Erie County

**November 2017**

*The Erie County Policy and Planning Council for Children and Families (PPC) is a county wide collaborative where members share information and work together to promote a flourishing, asset rich community. The PPC supports sound decision making and research-based programs providing opportunities for youth and families to grow and thrive.*

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## *Executive Summary*

This plan describes the ways to address the priority risk and protective factors identified in Erie County's *Communities That Care* effort. The *Communities That Care (CTC)* system is a way for members of a community to work together to promote positive youth development and reduce risks. The system was developed by Dr. J. David Hawkins and Dr. Richard F. Catalano. Their research has identified risk factors that predict youth problem behaviors and protective factors that buffer children from risk and help them succeed in life.

Erie County developed its outcome-based plan after the Erie County Policy and Planning Council Data and Assessment Committee and utilizing the Pennsylvania Youth Survey and reviewing other local archival data identified three risk factors and three protective factors as priorities for community planning:

Priority Risk Factors:

- I. *Family Management Problems*
- II. *Family History of Antisocial Behavior*
- III. *Low Perceived Risk of Drug Use*

Priority Protective Factors:

- I. *Community Rewards for Prosocial Involvement*
- II. *School Opportunities for Prosocial Involvement*
- III. *Religiosity*

After the Data and Assessment Committee completed their work, the Resource and Planning Committee of the Erie County Policy and Planning Council was charged with identifying gaps, barriers, and other issues relative to programs addressing the prioritized risk factors within the Erie County. With training assistance from the Penn State EPIS Center, the committee conducted an agency survey from December 2015-February 2016 to assess existing services. Their findings were reviewed, discussed and compiled into a report that offered the following recommendations:

- *Barriers to overall service provision*
  - Further examine service placement, transportation, treatment mobility, and interpretation services as barriers to parent and youth access.
  - Examine the appropriateness of adding targeted evidence-based programs for at-risk groups (e.g., inner-city families, disabled youth, refugees).
  - Increase staff and program development of family engagement services and outreach.
- *Family Management Problems and Family History of Antisocial Behavior*
  - Where possible, assist existing programs in finding opportunities to obtain technical assistance and to evaluate their effectiveness.

- Examine potential evidence-based practices (Lifeskills, The Incredible Years, etc.) that may better address family-based strategies for change.
- Develop a resource guide for providers about existing evidence-based programs (Blueprints or SAMSHA) that address the priority risk factors.
- Develop or expand programs that reach youth and families in the preventative stage, prior to the manifestation of problem behavior.
- Increase family awareness of developmental milestones and the importance of following their child's development.
- *Low Perceived Risk of Drug Use*
  - Gather more data about low perceived risk of drug use through interviews and surveys with school personnel, service providers, law enforcement officials, youth, and parents.
  - Work with the Erie County Office of Drug & Alcohol Abuse to implement programming related to Low Perceived Risk of Drug Use.
- *Collaboration and communication*
  - Enhance the collaboration and communication between existing programs, especially those that target our priority risk and protective factors.
  - Improve coordination with other initiatives and groups that may already be addressing these gaps (e.g., Erie Together, Community Schools Initiative, Erie Coalition for a Trauma-Informed Community, STOP of Erie County).
  - Increase means for screening and referral for elementary-school children, including better linkages between schools, families, and providers (Community Schools Initiative).
  - Strengthen links for all services with medical providers and other medical settings.
  - Strengthen outreach into minority communities with neighborhood leaders and faith leaders.
  - Use multiple modalities to increase information and outreach education about supporting, enhancing, and sustaining family life through all developmental stages, including television, radio, newsprint, media campaigns, social media workshops, fairs, and workplace presentations in addition to formal services.

The drafting of this document (the Erie County Community Action Plan) was the next step in the *Communities That Care* process. Over the course of a series of meetings during March 2016-June 2017, the Resource and Planning Committee members debated and discussed policies, practices, and programs relative to the identified risk and protective factors and made recommendations.

The following are the strategies identified by the Resource and Planning Committee selected to address the prioritized risk factors:

- Family History of Antisocial Behaviors

- Professional development: Increase education and training among service providers, school personnel and other key service access points on eliminating challenges of parents/families seeking help, specifically confidentiality, stigma & trust (service presence is not enough- there need to be relationships built)
- Work towards a seamless communication strategy across systems and critical transition points (early childhood, early intervention, elementary/middle/high school) so that high risk youth have fluid supports throughout all stages of development.
- Promote & support efforts to increase trauma informed care.
- Establish a campaign to educate the public on why it is important to share information and seek help.
- Increase supports for key transition points for youth: early childhood into kindergarten and youth transitioning from placements to home (establish a toolkit, resources for parents/families, possibly utilizing supports such as PTO/PTAs)
- Support and promote the community schools model, encouraging all schools to have an identified contact/liaison person between the schools and parents.
- Reach out to medical community to engage in awareness and increase referrals for behavioral problems to appropriate services and supports.
- Family Management Problems
  - Promote general community awareness regarding age appropriate proper limit setting and discipline among families.
  - Increase awareness of child development stages and age appropriate behavior and parent/family responses.
  - Continue to promote evidence-based and evidence-informed parenting classes and resources.
- Low Perceived Risk of Drug Use
  - Promote *Hidden in Plain Sight* opportunities for parents, community members, faith leaders and others to learn about the warning signs of drug use.
  - Encourage schools to value and institute drug prevention programming
  - Develop a messaging campaign to parents (legal doesn't mean safe and bystander perspective- how can you help your family member or child).
  - Support strategies developed by the Heroin Taskforce Prevention Committee.

The following are the strategies identified by the Resource and Planning Committee selected to address the prioritized protective factors:

- Community Rewards for Prosocial Involvement
  - Improve coordination with other initiatives that are addressing community rewards for prosocial involvement (e.g., Erie Together).
  - Deliver Positive Youth Development (PYD) Week programming which includes a press conference, awards for youth or youth groups, and an overall theme of celebrating the achievements of youth.

- Develop a social messaging campaign to improve social norms recognizing positive youth achievements.
  - Support and expand asset training and formal and informal mentoring training for Erie County residents.
  - Support and expand informal and formal mentoring opportunities in Erie County.
  - Support and expand the PYD networking breakfasts to more prominently highlight youth accomplishments.
  - Invest in the expansion and promotion of existing resources that connect community volunteers with opportunities to volunteer with children.
  - Identify barriers to community member engagement in mentoring and volunteering opportunities with youth and develop strategies to overcome these barriers.
  - Encourage funders to include community rewards for prosocial behavior as a criterion in services they fund.
- **School Opportunities for Prosocial Involvement**
    - Continue to support and increase capacity for existing PYD-related programs.
    - Augment the Community Schools strategy by assisting in the implementation of school opportunities for prosocial involvement.
    - Support efforts by schools and other community partners in increasing programming that addresses school opportunities for prosocial involvement
    - Create PYD Student Leadership teams in Erie County high schools to increase student involvement in creating school-based activities and school decision making processes in cooperation with school administrators.
    - Develop new formal mentoring sites at area schools and community centers.
    - Support and sustain existing mentoring programs to serve Erie County youth.
    - Host PYD Youth Summit twice a year for Erie County middle school and high school students to celebrate, connect, and empower youth to be a voice for positive change in their schools and community.
    - Increase mentor and asset trainings for students and school personal in Erie County.
    - Identify ways for community members to connect and mentor youth in existing clubs and organizations.
- **Religiosity**
    - Continue positive messaging campaign.
    - Conduct religiosity climate survey.
    - Pursue and help foster collaborations between religious institutions and their respective community service providers.
    - Explore potential collaborations between positive messaging campaign and public health agencies.

## **Introduction**

### ***Purpose and Use of the Plan***

Erie County presents its 2017-2022 Community Action Plan. This plan will describe the changes we want for our community, the programs, policies and practices that will be implemented to address the community's identified priority risk and protective factors, and the outcomes that will measure the progress toward our community's vision.

Erie County implemented the *Communities That Care* process to help achieve the community's vision that all young people in Erie County grow up supported and nurtured by their families, schools and community, and become healthy adults who contribute positively to society.

### ***Prevention Science Overview***

The *Communities That Care* system helps community members work together to efficiently and effectively promote positive youth development. The system was developed by Dr. J. David Hawkins and Dr. Richard F. Catalano of the Social Development Research Group at the University of Washington, Seattle. It is based on their research, which has identified risk factors that predict youth problem behaviors and protective factors that buffer children from risk and help them succeed in life.

### ***Community Involvement***

The Erie County Policy and Planning Council for Children and Families is comprised of community members from public and private institutions including local government, education, health, law enforcement, local business and private social services.

Key leaders who have been involved in the creation of the community action plan include:

Charlotte Berringer, Erie County Department of Health  
Abbe Biebel, Penn State Behrend CORE & PYD  
Bob Blakely, Erie County Juvenile Probation  
April Bush, Erie County Office of Drug & Alcohol Abuse  
Dave Deter, Erie Redevelopment Authority  
John DiMattio, Erie County Office of Drug & Alcohol Abuse  
Amy Eisert, Mercyhurst University Civic Institute  
Mary Kay Eisert, Erie Roadcrew  
Bea Habursky, City of Erie School District  
Michelle Harkins, Early Connections  
Melanie Hetzel-Riggin, Penn State Behrend CORE  
James Hodge, Penn State Behrend CORE & PYD  
Rob Iddings, Sarah A. Reed Children's Center  
Mike Jaruszewicz, United Way of Erie  
Angie Kownacki, City of Erie School District  
Danny Jones, GECAC  
Stephanie Lindenberger, Women's Care Center

Jeff Natalie, Millcreek Community Hospital  
Charisse Nixon, Penn State Behrend CORE  
Lana Rees, Erie County Office of Children and Youth  
James Sherrod, Martin Luther King Center

### ***The Community Planning***

A key goal of the *Communities That Care* process is to develop a Community Action Plan that builds on the data-based assessment of a community's priorities, strengths and resources. This plan focuses on the priority risk factors and draws on community resources and strengths. It also addresses resource gaps, issues and barriers by recommending new, tested, effective programs or systems-change strategies.

The Erie County plan accomplishes this goal by identifying specific desired outcomes for each selected program, policy or practice; for the priority risk and protective factors on which the plan is focused; and for adolescent problem behaviors. It describes how each selected program, policy and practice will work to bring about desired changes in Erie County's youth and presents preliminary recommendations for how these strategies will be implemented in the community.

### ***How the Information was Collected and Drafted***

Erie County developed its community prevention plan based upon the prioritized risk factors that were identified through the work conducted by the Data and Assessment Committee of the Erie County Policy and Planning Council for Children and Families (see Erie County Community Assessment Report for detailed information). Their assessment identified three risk factors as priorities for community planning: community disorganization, family conflict, and parental attitudes favorable towards problem behaviors.

### ***How to use the plan***

The Community Action Plan is intended to help guide the Erie County Policy and Planning Council for Children and Families and the Community Action Plan Coordinator to develop implementation, evaluation and budgeting efforts for the selected programs, policies and practices while aligning those efforts to existing efforts. While the plan is holistic in addressing all youth risky behaviors, the plan serves as the prevention prong of the Unified Erie Violence Reduction Strategy.

## ***The Community Plan Development***

### ***Data collection efforts***

The Data and Assessment Committee collected and analyzed data on Erie County including data from the Pennsylvania Youth Survey and additional archival community data (births to teens, arrests, child abuse rates, juvenile placement rates, etc). With input from the committee

members, they identified priority risk factors to address, as well as community strengths to build on. The Community Assessment Report details the results of this work.

### ***Prioritization process***

Based on the analysis of the data and input from the community, the following risk and protective factors were identified as priorities for community attention:

#### **Risk Factors:**

- *Family management problems*
- *Family history of antisocial behavior*
- *Low perceived risk of drug use*

#### **Protective Factors:**

- *Community rewards for prosocial involvement*
- *School opportunities for prosocial involvement*
- *Religiosity*

These risk and protective factors were selected as priorities for prevention action primarily because data indicated that the risk factors are elevated and the protective factors are lacking throughout Erie County.

### ***Existing resources, gaps, issues and barriers***

The Resource and Planning Subcommittee developed a community survey based upon the three prioritized risk factors to identify existing resources, gaps, issues, and barriers that exist within the community relative to those risk factors. Surveys were sent to 133 programs/services and 70 responded. Based on the assessment information derived from that survey, the Resource and Planning Committee's resource assessment concluded that:

- The Resource and Planning Subcommittee reports: There are many programs & resources in our community that directly or indirectly focus on our priority risk factors. These programs are run by caring, dedicated, and hard-working staff and often times face gaps, issues and barriers such as:
  - family engagement
  - long-term funding
  - transportation
  - treatment mobility
  - language interpretation
  - volunteer or parental support
  - reaching capacity

- There are several resources, programs, and organizations in Erie County that address Family Management Problems and Family History of Antisocial Behavior; however, the effectiveness of many of these identified resources is unclear
  - The percent of programs targeting Family History of Antisocial Behavior have decreased since the February 2012 Community Resource Assessment Report
- There are limited resources, programs, and services that have Low Perceived Risk of Drug Use as a strong focus throughout Erie County
- There are few primary prevention programs in Erie County that identify a strong focus on the priority risk factors; most services are intervention strategies.
- Barriers to communication and coordination among programs and services continue to exist in Erie County.
- Access and awareness regarding effective programs and services in the community by both referral sources and potential clients that address the priority risk factors warrants further examination.
  - Erie County is resource rich with evidence-based programs; however, the utilization, fidelity, and target populations being served by those programs warrant further examination. (Evidence-based program for purposes of this plan is defined as programs included as promising or model programs on the Blueprints Programs or be on the SAMHSA National Registry of Evidence-based Programs and Practices list.)

### *Recommendations*

- *Barriers to Service*
  - Further examine service placement, transportation, treatment mobility, and interpretation services as barriers to parent and youth access.
  - Examine the appropriateness of adding targeted evidence-based programs for at-risk groups (e.g., inner-city families, disabled youth, refugees).
  - Increase staff and program development of family engagement services and outreach.
- *Family Management Problems and Family History of Antisocial Behavior*
  - Where possible, assist existing programs in finding opportunities to obtain technical assistance and to evaluate their effectiveness.
  - Examine potential evidence-based practices (Lifeskills, The Incredible Years, etc.) that may better address family-based strategies for change.
  - Develop a resource guide for providers about existing evidence-based programs (Blueprints or SAMSHA) that address the priority risk factors.
  - Develop or expand programs that reach youth and families in the preventative stage, prior to the manifestation of problem behavior.

- Increase family awareness of developmental milestones and the importance of following their child's development.
- *Low Perceived Risk of Drug Use*
  - Gather more data about low perceived risk of drug use through interviews and surveys with school personnel, service providers, law enforcement officials, youth, and parents.
  - Work with the Erie County Office of Drug & Alcohol Abuse to implement programming related to Low Perceived Risk of Drug Use
- *Collaboration and Communication*
  - Enhance the collaboration and communication between existing programs, especially those that target our priority risk and protective factors.
  - Improve coordination with other initiatives and groups that may already be addressing these gaps (e.g., Erie Together, Community Schools Initiative, Erie Coalition for a Trauma-Informed Community, STOP of Erie County).
  - Increase means for screening and referral for elementary-school children, including better linkages between schools, families, and providers (Community Schools Initiative)
  - Strengthen links for all services with medical providers other medical settings
  - Strengthen outreach into minority communities with neighborhood leaders and faith leaders.
  - Use multiple modalities to increase information and outreach education about supporting, enhancing, and sustaining family life through all developmental stages, including television, radio, newsprint, media campaigns, social media workshops, fairs, workplace presentations in addition to formal services.

## Community Planning Results

### *Community Level Outcomes*

Erie County developed outcomes for the following identified risk factors:

- *Family management problems*
  - Description: Family management is about setting clear expectations for behavior, monitoring the actual behaviors, and providing appropriate and consistent rewards/punishments for behaviors. Parents who provide unclear expectations for behavior, few and inconsistent rewards for positive behavior and extremely severe or inconsistent punishment for unwanted behavior, and/or fail to monitor their child's behavior, increase their child's risk for drug abuse, delinquency, teen pregnancy, school drop-out, and violence.
  - Objective: To decrease the percentage of youth at risk because of poor family management as reported by the Pennsylvania Youth Survey from 41% to 36% by 2021.
  
- *Family history of antisocial behavior*
  - Description: In a family with a history of addiction to alcohol or other drugs, children are at an increased risk of developing alcohol or other drug problems themselves. Similarly, children of teenage mothers are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves. This applies not only to substance abuse, teen pregnancy and school drop-out, but also to delinquency and violence.
  - Objective: To decrease the percentage of youth at risk because of a family history of antisocial behavior as reported by the Pennsylvania Youth Survey from 40% to 35% by 2021.
  
- *Low perceived risk of drug use*
  - Description: The perception of harm from drug use is related to both experimentation and regular use. The less harm that an adolescent perceives as the result of drug use, the more likely it is that he or she will use drugs.
  - Objective: To decrease the percentage of youth at risk because of low perceived risk of drug use as reported by the Pennsylvania Youth Survey from 50% to 45% by 2021.

## **Risk factor: Family Management Problems**

### *Selected Strategies*

- Increase supports and services that are addressing the prevention of family management problems.
  - Provide information about evidence-based prevention programs to potential service providers and community groups who work with families (see Table 1) and support implementation efforts.
  - Seek funding to sponsor training and certification for prevention providers of evidence-based prevention practices that address family management problems.
  - Market adopted prevention practices and seek broad acceptance of public health benefits to improve family management.
- Assist existing programs addressing family management in utilization of best practice protocols engaging parents/families and in connecting with technical assistance providers to evaluate the effectiveness of these programs.
- Invest in the promotion of current community assets by increasing awareness and expanding utilization of proven effective services that engage families in family management improvement.
  - Strengthen connections and referrals from: medical providers, faith based leaders, and neighborhood leaders.
- Encourage local funders to include family management as a priority in services they fund.
- Increase family awareness of developmental milestones, proper limit setting and discipline and the importance of following their child's development.

### *Program Level Outcomes*

- Have the number of evidence based programs implemented in Erie County addressing family management problems increased.
- Has the utilization and referrals of existing evidence based programs in Erie County increased.
- Have local funders prioritizing family management as a funding consideration.
- Have trainings been held with the medical community, faith based organizations and neighborhoods regarding evidence based program availability.
- Has a messaging campaign to increase knowledge among parents relative to family management, proper limit setting and age appropriate limit setting been established.

### *Preliminary Implementation Plans*

- Promote the Youth Work Awards with special recognition on an award for youth workers demonstrating strong abilities to engage with parents and families.
- Make existing providers aware of evidence-based programs and strategies addressing family management problems.

- Educate medical providers, faith based organizations and neighborhood groups on available services addressing family management problems through outreach and training.
- Outreach to local funders so they are aware of the priority risk and protective factors as outlined in the Community Action Plan of 2017.
- Develop a social media campaign/resource to educate parents and families on the importance of proper limit setting and discipline.
- Work with early childhood providers on expanding education and awareness of appropriate developmental milestones of children and youth.

**Risk factor: Family History of Antisocial Behavior**

*Selected Strategies*

- Increase supports and services that are addressing cycle of family history of antisocial behaviors.
  - Provide information about evidence-based prevention programs to potential service providers and community groups who work with families (see Table 1) and support implementation efforts.
  - Seek funding to sponsor training and certification for prevention providers of evidence-based prevention practices that address family history of antisocial behaviors.
  - Market adopted prevention practices and seek broad acceptance of public health benefits to address family history of antisocial behavior.
- Assist existing programs addressing family history of antisocial behavior in utilization of best practice protocols engaging parents/families and in connecting with technical assistance providers to evaluate the effectiveness of these programs.
- Invest in the promotion of current community assets by increasing awareness and expanding utilization of proven effective services that address family history of antisocial behavior.
  - Strengthen connections and referrals from: medical providers, faith based leaders, and neighborhood leaders.
- Encourage local funders to include family history of antisocial behavior as a priority in services they fund.
- Increase the use of formal and informal mentoring programs that already exist in the community (Big Brothers Big Sisters, Positive Youth Development, the Mentor Project, More Caps and Gowns, etc.) in order to increase positive role models and decrease the impact of family history of antisocial behavior.
  - Increase community member involvement in mentoring through awareness and training.
  - Support training opportunities for mentors.

- Increase youth referrals to mentoring programs.
- Assist programs in connecting with technical assistance providers to evaluate the effectiveness of their programs.
- Support the Erie School District's Community Schools strategy by assisting in organizing and connecting school and community resources around student success.
- Support and promote broader acceptance and support for community schools model, encouraging school systems throughout Erie County to have an identified contact/liaison person between the schools and parents.
- Increase education and training among service providers, school personnel and other key service access points on eliminating challenges of parents/families seeking help, specifically confidentiality, stigma & trust (service presence is not enough- there need to be relationships built).
- Increase supports for key transition points for youth: early childhood into kindergarten and youth transitioning from placements to home (establish a toolkit, resources for parents/families, possibly utilizing supports such as PTO/PTAs)
- Work towards a seamless communication strategy across systems and critical transition points (early childhood, early intervention, elementary/middle/high school) so that high risk youth have fluid supports throughout all stages of development.
- Promote & support efforts to increase trauma informed care.
- Reach out to medical community to engage in awareness and increase referrals for behavioral problems to appropriate services and supports.

*Program Level Outcomes*

- Have the number of programs addressing family history of antisocial behaviors in Erie County been increased.
- Have the number of families referred and utilizing existing resources and services addressing family history of antisocial behaviors in Erie County been increased.
- Have local funders prioritized family history of antisocial behaviors as a funding consideration.
- Have training opportunities of school personnel on confidentiality, trust and stigma been provided.
- Has a list of mentoring opportunities been compiled and distributed.
- Have the number of individuals signing up as mentors and mentees in the identified programs increased.
- Has a cross system communication strategy for key youth transition points been established.
- Have supports and resources (toolkit) been created for critical transition points for youth and families.

### *Preliminary Implementation Plans*

- Update the Evidence Based Program Directory every 6 months or as needed.
- Meet with 211 representative to incorporate evidence based programs as key words.
- Increase ways to promote 211 and the Evidence Based Program Directory to increase awareness and access to supports and services for families.
- Compile a list of trainings & best practices that already exist addressing family history of antisocial behaviors.
- Specifically target the medical community and Neighborhood Resource Organization to expand awareness and utilization of evidence based programs.
- Identify partners and funding to expand training opportunities that are not readily available.
- Work with the Erie County Department of Health and Trauma Coalition to establish a list of health and mental health risks tied to family history of antisocial behaviors and work towards public communication of these findings.
- Evaluate the current use of the Family Engagement Memorandum of Understanding and look for opportunities to engage more agencies in its utilization.
- Compile a list of existing mentoring programs, including eligibility criteria and contact information for both potential mentors and mentees.
- Promote available mentoring opportunities.
- Establish communication between Community Schools and the Community Action Plan Coordinator to identify ways the efforts can work in conjunction.
- Examine best practices in increasing confidentiality and trust and reducing stigma within school settings and seek implementation of those practices throughout schools in Erie County.
- Identify existing Parent Teacher Organizations and Parent Teacher Associations throughout Erie County and include them in training opportunities to increase parent engagement in schools.
- Identify how transitions are currently handled within school settings (survey) and evaluate what tools might be necessary to strengthen those transition points.

### **Risk factor: Low Perceived Risk of Drug Use**

#### *Selected Strategies:*

- Increase supports and services that are addressing low perceived risk of drug use.
  - Provide information about evidence-based prevention programs to potential service providers and community groups who work with families (see Table 1) and support implementation efforts.
  - Seek funding to sponsor training and certification for prevention providers of evidence-based prevention practices that address low perceived risk of drug use.
  - Market adopted prevention practices and seek broad acceptance of public health benefits to address low perceived risk of drug use.

- Assess existing county funded programming to maximize efforts to implement evidence-based efforts.
- Support efforts by schools and other community partners in increasing programming that addresses low perceived risk of drug use.
  - Provide details about evidence-based programs that address this priority risk factor (see Table 1) to agencies and organizations who could implement these programs.
  - Encourage funders to include low perceived risk of drug use as a criterion in services they fund.
- Invest in the promotion of current community assets by increasing awareness and expanding utilization of proven effective services that address low perceived risk of drug use.
  - Strengthen connections and referrals from: medical providers, faith based leaders, and neighborhood leaders.
- Encourage local funders to include low perceived risk of drug use as a priority in services they fund.
- Support the efforts of the Heroin Overdose Community Awareness Task Force in their comprehensive plan for public awareness and education on drug use and abuse.
- Assist schools and other community partners that work with youth in collecting additional data about the prevalence and impact of low perceived risk of drug use on negative youth outcomes.
- Incorporate low perceived risk of drug use in the social media campaign/resource to educate parents and families on the importance of proper limit setting and discipline.

#### *Program Level Outcomes*

- Has a communication strategy with the Heroin Taskforce and other drug & alcohol coalitions been established.
- Have local funders prioritized low perceived risk of drug use as a consideration for funding.
- Have funding opportunities been identified and shared among community partners.

#### *Preliminary Implementation Plans*

- Create a list of existing evidence based programs addressing low perceived risk of drug use.
- Identify any funding opportunities to expand programming and share and promote those opportunities with community and school partners.
- Establish a communication strategy with the Heroin Taskforce to ensure coordination of prevention efforts.

## **Protective Factors**

The Priority Protective Factors for Erie County, PA are as follows:

- Community Rewards for Prosocial Involvement
  - Description: Students who feel recognized and rewarded by members of their community are less likely to engage in negative behaviors, because that recognition helps increase a student's self-esteem and the feeling of being bonded to that community.
  - Objective: To increase the percentage of youth protected through the factor of community rewards for prosocial involvement as measured by the Pennsylvania Youth Survey, from 43% to 48% by 2021.
- School Opportunities for Prosocial Involvement
  - Description: Giving students opportunities to participate in important activities in school helps reduce the likelihood that they will become involved in problem behaviors. Students who feel they have opportunities to be involved are more likely to contribute to school activity. This bond can protect a student from engaging in behaviors that violate socially accepted standards.
  - Objective: To increase the percentage of youth protected through the factor of school opportunities for prosocial involvement, as measured by the Pennsylvania Youth Survey from 49% to 54% by 2021.
- Religiosity
  - Description: Religious institutions can help students develop firm prosocial beliefs. Students who have high levels of religious connection are less vulnerable to becoming involved in antisocial behaviors because they have already adopted a social norm against those activities. Young people who regularly attend religious services are less likely to engage in problem behaviors.
  - Objective: To increase the percentage of youth protected through the factor of religiosity, as measured by the Pennsylvania Youth Survey, from 37% to at or above a score of 42% by 2021.

### **Protective factor: Community Rewards for Prosocial Involvement**

#### *Selected Strategies:*

- Improve coordination with other initiatives that are addressing community rewards for prosocial involvement (e.g., Erie Together).
- Deliver Positive Youth Development (PYD) Week programming which includes a press conference, awards for youth or youth groups, and an overall theme of celebrating the achievements of youth.

- Develop a social messaging campaign to improve social norms recognizing positive youth achievements.
- Support and expand asset training and formal and informal mentoring training for Erie County residents.
- Support and expand informal and formal mentoring opportunities in Erie County.
- Support and expand the PYD networking breakfasts to more prominently highlight youth accomplishments.
- Invest in the expansion and promotion of existing resources that connect community volunteers with opportunities to volunteer with youth.
  - Encourage community organizations to promote and contribute to database.
  - Create and publicize new meaningful volunteer opportunities.
- Identify barriers to community member engagement in mentoring and volunteering opportunities with youth, and develop strategies to overcome these barriers.
- Encourage funders to include community rewards for prosocial behavior as a criterion in services they fund.

*Program Level Outcomes:*

- Whether PYD Week programming is launched in Spring 2018 and each year thereafter.
  - Number of PYD Week awards given to youth.
- Whether asset and mentoring trainings are delivered for community members.
  - Number of asset trainings and community members reached.
- Whether PYD Networking Breakfasts are implemented.
  - Number of Networking Breakfasts.
- Whether the existing volunteer database is more effectively promoted and expanded.
- Whether additional formal and informal mentoring programs are created.
  - Number of new formal and informal mentoring programs and sites.

*Preliminary Implementation Plans:*

- The Erie County Policy and Planning Council for Children and Families will work to educate the community and key leaders on the importance of developing and promoting community rewards for prosocial behaviors for youth to improve overall community health.
- The Erie County Policy and Planning Council for Children and Families will task the PYD Initiative, housed at the Susan Hirt Hagen Center for Community Outreach, Research, and Evaluation (CORE) at Penn State Behrend, to establish a subcommittee to develop and implement PYD Week programming and networking breakfasts. They will also explore initial social messaging campaign ideas.
- Existing training regarding the developmental assets and informal and formal mentoring will be scheduled at regular intervals for community members and specific agencies.
- The countywide prevention plan, in addition to the supporting documentation of the community assessment and community resource assessment, will be shared with local funders so they are aware of the prioritized protective factors.

## **Protective factor: School Opportunities for Prosocial Involvement**

### *Selected Strategies:*

- Continue to support and increase capacity for existing PYD-related programs.
- Augment the Community Schools strategy by assisting in the implementation of school opportunities for prosocial involvement.
- Support efforts by schools and other community partners in increasing programming that addresses school opportunities for prosocial involvement
- Create PYD Student Leadership teams in Erie County high schools to increase student involvement in creating school-based activities and school decision making processes in cooperation with school administrators.
- Develop new formal mentoring sites at area schools and community centers.
- Support and sustain existing mentoring programs to serve Erie County youth.
- Host PYD Youth Summit twice a year for Erie County middle school and high school students to celebrate, connect, and empower youth to be a voice for positive change in their schools and community.
  - Students will be primarily responsible for the development of the events and activities in their schools to promote prosocial involvement and foster positive social change in cooperation with PYD staff and school administration.
- Increase mentor and asset trainings for students and school personal in Erie County.
- Identify ways for community members to connect and mentor youth in existing clubs and organizations.

### *Program Level Outcomes:*

- Whether PYD Student Leadership groups are created in Erie County high schools.
  - Number of functioning PYD Student Leadership groups
- Whether PYD Youth Summits are held.
  - Number of PYD Youth Summits
- Whether new mentoring programs are developed and sustained in Erie County.
- Whether mentor and asset trainings are provided for students and school personnel in Erie County.
  - Number of mentor and asset trainings provided and people reached

### *Preliminary Implementation Plans:*

- Create PYD School Team with community school liaisons, community members and school personnel to open dialog and share ideas about ways to create and encourage opportunities for prosocial involvement in Erie County schools.
- Work towards enhancing existing PYD programming in schools and expanding the network of schools trained in the assets and in informal and formal mentoring. Plan and implement a PYD Youth Summit.

- Work towards developing and sustaining effective, multi-tier mentoring programs to serve youth in Erie County.

**Protective factor: Religiosity**

*Selected Strategies:*

- Continue positive messaging campaign.
  - Continue positive messaging campaign targeting youth and families in Erie County that promotes the many benefits of regularly attending a place of worship.
  - Continue seeking funds to support this campaign.
- Conduct religiosity climate survey.
  - Facilitate survey via online, paper, and in-person interviews to gather information from youth, families, and religious leaders on the overall reach and impact of the positive messaging campaign.
  - Compile, analyze, and share results with families and religious institutions in Erie.
- Pursue and help foster collaborations between religious institutions and their respective community service providers.
- Explore potential collaborations between positive messaging campaign and public health agencies.

*Program Level Outcomes:*

- Whether religiosity climate survey is administered.
  - Number of survey responses and in-person interviews.
  - Report created and shared with community.
- Whether collaborations between religious institutions and community service providers are strengthened or created.
  - Number of collaborations strengthened/created.

*Preliminary Implementation Plans:*

- Create and facilitate religiosity climate survey in Erie County.
- Contact religious institutions and community service providers to create and support meaningful collaborations.

**Next Steps**

- The plan will be shared with the public.
- The community plan will be provided to the Community Action Plan Coordinator and Positive Youth Development Coordinator to begin implementation efforts.
- The CAP and PYD Coordinators will communicate regarding convening meetings.
- The CAP and PYD Coordinators will evaluate current committee structure and representation and make any necessary changes to implement strategies for the 2017

plan. This may require the establishment of new and/or ad hoc subcommittees.

- The Erie County Policy and Planning Council will convene the Funding Committee to start seeking resources necessary for the implementation of the identified strategies.
- Baseline data and an evaluation process will be identified in order to begin tracking outcomes and progress towards achieving program level outcomes.
- The release of the 2017 Pennsylvania Youth Survey data will also result in reconvening of the Data and Assessment Committee to identify if any additional risk factors need to be addressed and strategies amended to the current plan.

**Table 1. Suggested Evidence-Based Programs to address Priority Risk Factors**

<b>Name</b>	<b>Description</b>	<b>Program Setting</b>	<b>Intervention Type</b>	<b>Age</b>	<b>Priority Risk Factors</b>
GUIDING GOOD CHOICES	A family competency training program to enhance parenting behaviors and skills, to enhance effective child management behaviors and parent-child interactions and bonding, to teach children skills to resist peer influence, and to reduce adolescent problem behaviors.	School	Universal	Early Adolescence (12-14) - Middle School	Family Management Problems, Low Perceived Risk of Drug Use
INCREDIBLE YEARS (CHILD)	A child treatment program used by counselors and therapists in a small group setting to treat children with conduct problems, ADHD, and internalizing problems by enhancing social competence, positive peer interactions, conflict management strategies, emotional literacy, and anger management. The small group treatment program is delivered in 18-22 weekly 2-hour sessions.	Community (e.g., religious, recreation) School	Selective Indicated	Early Childhood (3-4) - Preschool Late Childhood (5-11) - K/Elementary	Family Management Problems
INCREDIBLE YEARS (PARENTS)	A group-based parenting program that strengthens parent competencies to promote young children's social, emotional, and academic competence and prevent the development of conduct problems, delivered in weekly group sessions for 3-5 months	Community Hospital/Medical Center Mental Health Center School	Universal Selective Indicated	Early Childhood (3-4) - Preschool Late Childhood (5-11) - K/Elementary	Family Management Problems, Family History of Antisocial Behavior

LIFESKILLS TRAINING (LST)	A classroom-based, 3-year, middle school substance abuse prevention program to prevent teenage drug and alcohol abuse, adolescent tobacco use, violence and other risk behaviors. The life skills curriculum teaches students self-management skills, social skills, and drug awareness and resistance skills.	School	Universal	Early Adolescence (12-14)	Low Perceived Risk of Drug Use
PARENT MANAGEMENT TRAINING	A group- or individual-based parent training program that teaches effective family management strategies and parenting skills, including skill encouragement, setting limits/positive discipline, monitoring, problem solving, and positive involvement, in order to reduce antisocial and behavior problems in children.	Community (e.g., religious, recreation) Mental Health/Treatment Center	Selective Indicated	Early Childhood through Late Adolescence (3-18)	Family Management Problems
POSITIVE FAMILY SUPPORT-FAMILY CHECK-UP	A family-based, 3-tiered intervention that targets adolescent problem behavior at the universal, selected, and indicated levels. Goals are to reduce problem behavior and risk for substance abuse and depression, improve family management practices and communication skills as well as adolescents' self-regulation skills and prosocial behaviors.	School	Universal Selective Indicated	Early Adolescence (12-14) - Middle School	Family Management Problems
PROJECT NORTHLAND	Provides classroom curricula, peer leadership, youth-driven extra-curricular activities, parent involvement programs, and	School	Universal	Early Adolescence (12-14) -	Low Perceived Risk of Drug Use

	community activism to reduce teen alcohol use, improve parent-child communication about alcohol use, increase students' self-efficacy to resist alcohol and understanding of alcohol use norms, and reduce students' ease of access to alcohol in their communities.			Middle School Late Adolescence (15-18) - High School	
PROJECT TOWARDS NO DRUG ABUSE	A classroom-based high school substance abuse program to promote drug awareness and prevent teen drinking, smoking, marijuana, and other hard drug use. The TND curriculum teaches students skills in self-control, communication, resource acquisition, and decision-making.	School	Universal Selective	Late Adolescence (15-18) - High School	Low Perceived Risk of Drug Use
STRENGTHENING FAMILIES	A 7-session group parenting and youth skills program that includes separate weekly parent effectiveness training and child skills-building, followed by a family session to promote good parenting skills and positive family relationships, proven to reduce aggressive and hostile behavior, substance abuse in adolescence, and improve family relationships.	Community (e.g., religious, recreation) School	Universal	Early Adolescence (12-14) - Middle School	Family Management Problems, Low Perceived Risk of Drug Use
STRONG AFRICAN AMERICAN FAMILIES	A 7-week interactive educational program for African American parents and their early adolescent children that includes separate	Community (e.g., religious, recreation) School	Universal	Late Childhood (5-11) - K/Elementary	Family Management Problems, Low

	weekly parent and child skills-building followed by a family session to reduce adolescent substance use, conduct problems, and sexual involvement				Perceived Risk of Drug Use
TRIPLE P SYSTEM	A public health approach to reach all parents in a community to enhance parental competence and prevent or alter dysfunctional parenting practices, thereby reducing family risk factors both for child maltreatment and for children's behavioral and emotional problems.	Community (e.g., religious, recreation) Home Hospital/Medical Center Mental Health/Treatment Center School	Universal Selective	Infant (0-2) Early Childhood (3-4) - Preschool Late Childhood (5-11) - K/Elementary Adult	Family Management Problems

*Note.* Additional information for all programs, including program outcomes, program costs, funding strategies, training and technical assistance details, research support, additional demographic information, references, and contact information for program training can be found at <http://www.blueprintsprograms.com/>.  
 Universal Prevention = Entire Population; Selective Prevention = Elevated Risk; Indicated Prevention = Early Symptoms of Problem