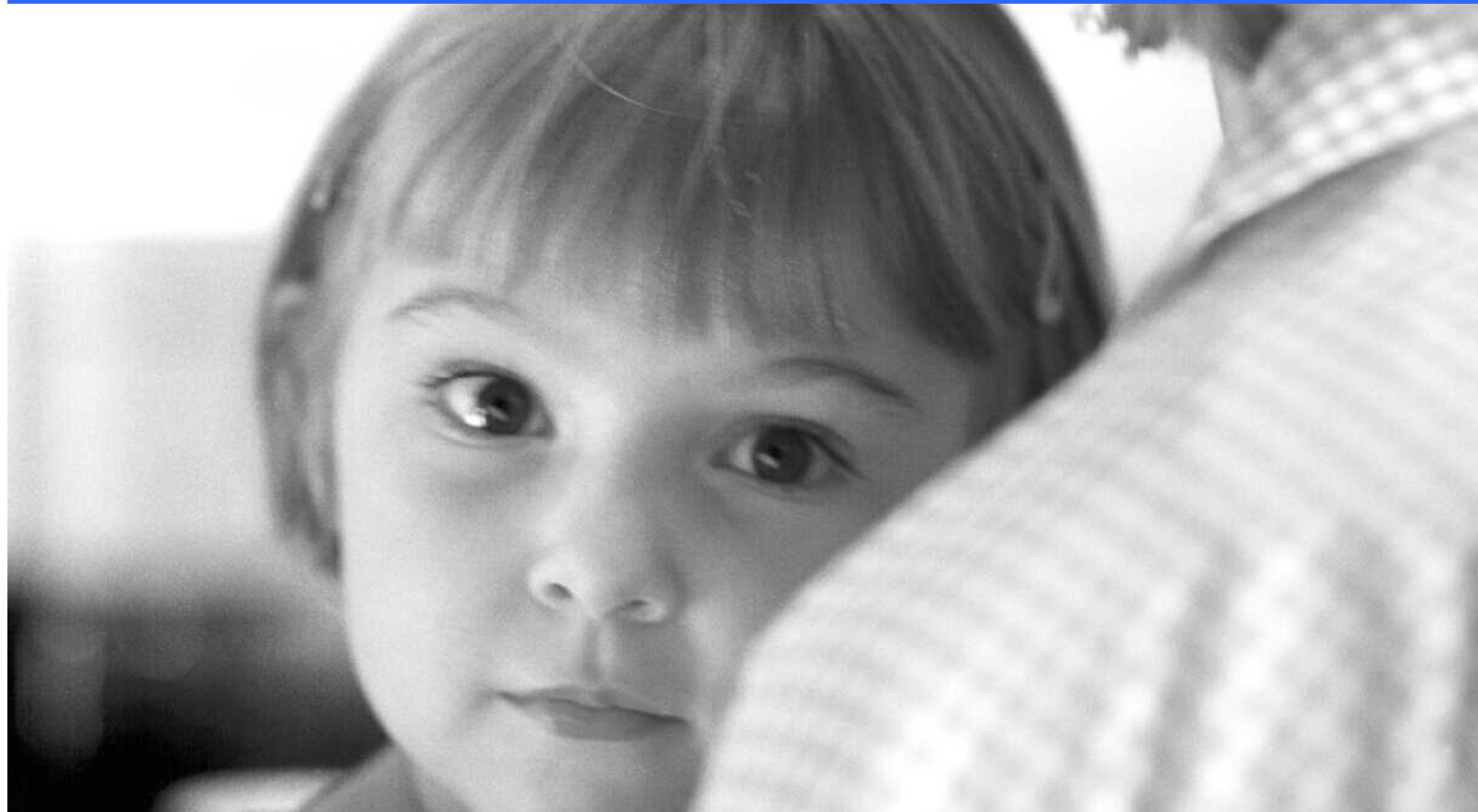


Progress Report



2004-05



**Sponsored by:
The McKean County Collaborative Board**



McKean County Collaborative Board

Background

This report highlights the progress of the McKean County community, the Collaborative Board, and the projects supported by the Board.

The first part of the document contains community statistics related to four goal areas set by the Collaborative Board.

1. Health Start—Children are born healthy, thrive and are ready for school.
2. Stable Families—Families provide a stable and supportive environment for children.
3. Healthy Youth—Children and youth are involved in healthy behaviors and do not engage in high risk behaviors.
4. Community Collaboration—The McKean County Collaborative Board will work together to improve the lives of children and families.

The second part of the report contains updates on projects the Collaborative Board is involved with and supporting.

The purpose of this report is not to provide a comprehensive community assessment of all needs of children and families. The purpose of the report is to help the Collaborative Board understand their goals, and how community and program outcomes impact those goals.

Eleven key indicators (statistics) are measured in this report. These indicators were carefully chosen by the McKean County Collaborative Board's Evaluation Committee. During the Collaborative Board meetings in the Summer and Fall of 2005, members rated the progress of each indicator and overall goal. The results will help the Collaborative Board understand future challenges and opportunities facing children and families in McKean County.

A "thank you" is extended to the Evaluation Committee who helped design this report, and Collaborative Board members who rated goal areas and indicators.

Table of Contents

BACKGROUND	.....2
RATING GUIDE	.....4
SUMMARY OF RESULTS	.....5
Section 1.	
COLLABORATIVE BOARD GOAL AREAS	.....6
1. Healthy Start	.....7
Infants born at low birth weight	.....8
Lack of early prenatal care	.....9
Readiness for school	.....10
2. Stable Families	.....11
Child abuse and neglect	.....12
Youth in out-of-home placements	.....13
Persons in poverty	.....14
3. Healthy Youth	.....15
Substance use among youth	.....16
Teen pregnancy	.....18
Sexually transmitted diseases	.....19
Death rate for persons age 15-19	.....20
4. Community Collaboration	.....21
Collaborative Board Self-Assessment	.....22
Section 2.	
PROJECT UPDATES	.....23
1. Otto-Eldred Communities That Care	.....24
2. Bradford PROSPER Project	.....25
3. McKean County Tobacco Coalition	.....26
4. Abstinence Education Special Congressional Initiative	.....27
5. McKean County Family Centers	.....28
6. Big Brothers Big Sisters of McKean County	.....29
7. McKean County Dental Center	.....30
8. McKean County State Incentive Grant Projects	.....31

Rating Guide

Commendable	5 This top rating is issued when an indicator is achieving, or is close to achieving, the desired result with consistent, sustainable progress, meaning that at least three consecutive years have passed with significant improvement.
Promising	4 This rating means that an indicator is not yet achieving the desired result, but shows consistent progress in that direction. This rating generally requires at least three straight years of significant improvement.
Mixed	3 This middle rating is presented for indicators that are not at an acceptable level and for which there is inconsistent, or insufficient progress.
Challenging	2 Indicators with this rating show a troubling condition with major obstacles that must be addressed. The “Challenging” score is given when the condition is clearly in an undesirable position with little or no signs of improvement.
Problematic	1 This lowest rating represents a very troubling condition or one that is worsening on a consistent basis. This rating suggests that there is a long way to go just to reverse the negative trend and begin moving toward the desired result.
Insufficient Data	* Indicators that are not rated receive an asterisk.

Collaborative Board Goal Areas

Summary of Results

Overall Rating	Goals and Indicators	Indicator Ratings
<p>3 Mixed</p>	<p>Healthy Start Children are born healthy, thrive and are ready for school.</p> <ul style="list-style-type: none"> • Infants born at low birth weight • Lack of early prenatal care • Readiness for school 	<p>3 4 *</p>
<p>2 Challenging</p>	<p>Stable Families Families provide a stable and supportive environment for children.</p> <ul style="list-style-type: none"> • Child abuse and neglect • Youth in out-of-home placements • Persons in poverty 	<p>1 * 2</p>
<p>3 Mixed</p>	<p>Healthy Youth Children and youth are involved in healthy behaviors and do not engage in high risk behaviors.</p> <ul style="list-style-type: none"> • Substance use among youth grades 6-12 • Teen pregnancy • Sexually transmitted diseases • Death rate for persons age 15-19 	<p>2 4 3 3</p>
<p>4 Promising</p>	<p>Community Collaboration The McKean County community will work together to improve the lives of its children and families.</p> <ul style="list-style-type: none"> • Collaborative Board Self-Assessment 	<p>4</p>



Section 1.

Collaborative Board Goal Areas

- 1. Healthy Start**
- 2. Stable Families**
- 3. Healthy Youth**
- 4. Community Collaboration**

Goal 1

Overall Rating

3
Mixed

HEALTHY START

Children are born healthy, thrive and are ready for school.

Indicators of progress:

- Infants born at low birth weight
- Lack of early prenatal care
- Readiness for school

Infants born at low birth weight

Rating

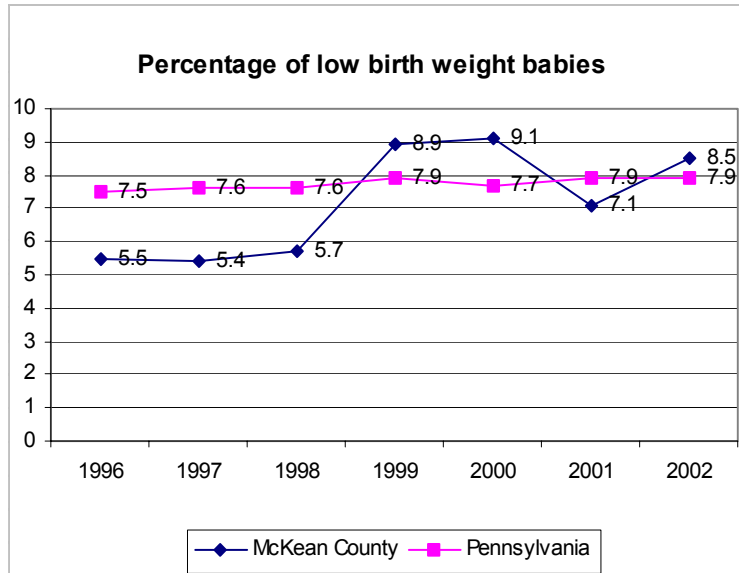
3

Mixed

The percentage of low birth weight babies in McKean County has increased since 1998.

Forty babies, or 8.5% of all McKean County infants were born at low birth weight in 2002. The Pennsylvania average was 7.9%.

HEALTHY START



Source: Department of Health, Bureau of Health Statistics.

About the data

There are around 500 births annually in McKean County. The percentage of low birth weight babies in McKean County has increased since 1998. The rate in McKean County was 8.5% in 2002 (approximately 40 babies) while the Pennsylvania average was 7.9%.

A baby born at a low birth weight does not have as strong of a future as an infant born at a healthy weight. Low birth weight is defined as weighing around five and a half pounds, or 2500 grams. Most infants that die in their first month are born at low birth weight. Some of the factors that contribute to low birth weight are smoking during pregnancy, inadequate prenatal care, poverty and substance abuse. In the five years from 1998-2002 there were 15 infant deaths (rate of 6.1) to children under the age of five—the state average was 7.2. (Source: Bureau of Health Statistics, Department of Health)

Lack of early prenatal care

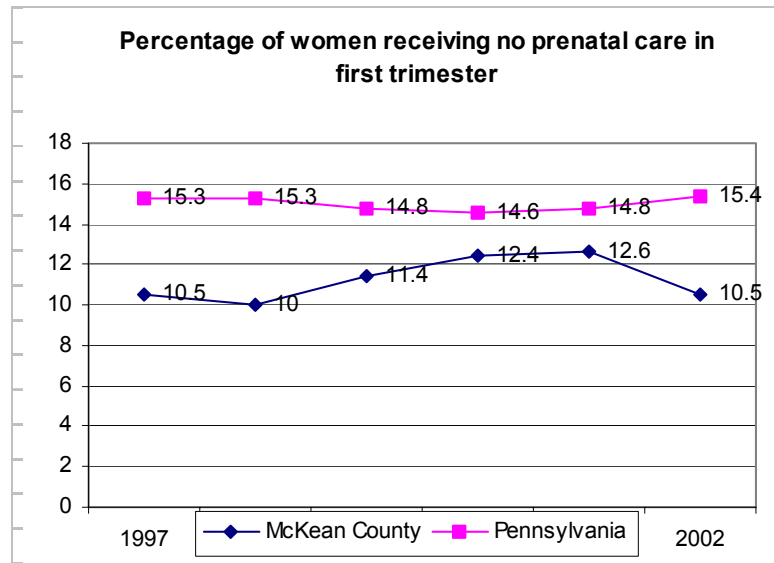
Rating

4

Promising

The percentage of women in McKean County receiving no prenatal care in the first trimester is below the Pennsylvania average.

HEALTHY START



Source: Department of Health, Bureau of Health Statistics.

About the data

Prenatal care that begins early and continues throughout pregnancy is essential for a healthy pregnancy and healthy baby. Poverty, lack of regular health care, substance abuse, and mental health issues are barriers to regular health care. Successful outreach programs such as that provided through the Healthy Beginnings Plus Program are critical for improving the chances that women will secure and maintain early prenatal care.

The percentage of women in McKean County receiving no prenatal care in the first trimester is below the Pennsylvania average.

Readiness for school

HEALTHY START

Rating

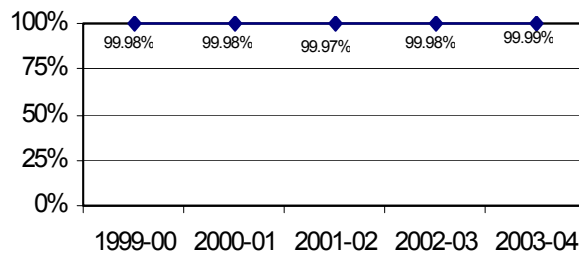
*

Insufficient Data

In recent years, less first graders are being retained. While this progress is promising, feedback from local early childhood educators points to other challenges.

They feel that children are less prepared than ever before, especially in social and emotional development.

McKean County Public Schools
Percentage of first graders being promoted



	Enrolled	Retained	% Enrolled
1999-00	514	12	99.98
2000-01	583	12	99.98
2001-02	557	18	99.97
2002-03	550	10	99.98
2003-04	489	5	99.99

Source: McKean County School Districts

About the data

In order to succeed throughout the school years, children must enter school ready and able to learn. Once a child falls behind in the early grades, it is more difficult to achieve later in life. Because children in McKean County (and Pennsylvania) are not universally screened prior to school entry, there is no way of knowing exactly how many children are entering school unprepared. Therefore, the Evaluation Committee of the McKean County Collaborative Board chose *early retentions* as a way of tracking children falling behind in the early grades.

With the advent of federal *No Child Left Behind* regulations that focus on early learning outcomes, early retention is less common in schools. In 2001-02, 18 first graders were retained. In 2003-04, this number declined to 5 first graders. While this progress is promising, feedback from local early childhood educators points to other challenges. They feel that children are less prepared to enter school than ever before, especially in the area of social and emotional development. Diligent parenting and formal programs such as private preschools, Pre-K classrooms, Head Start, Family Centers and Family Literacy provides preparation for school, however, many McKean County children are not engaged in this kind of learning environment.

Goal 2

Overall Rating

**2
Challenging**

Stable Families

Families provide a stable and supportive environment for children.

Indicators of progress:

- Child abuse and neglect
- Youth in out-of-home placements
- Persons in poverty

Child abuse and neglect

Rating

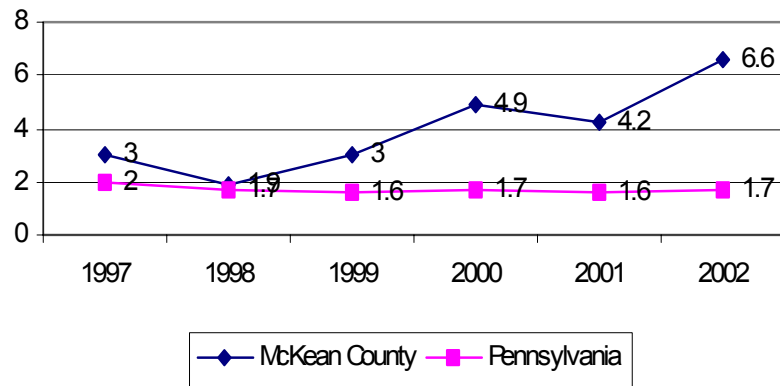
1

Problematic

The number of substantiated child abuse cases in McKean County has been steadily rising, and is well above state averages.

FAMILY STABILITY

Substantiated reports of child abuse
per 1,000 children



Data Source: PA Department of Public Welfare, Child Abuse Annual Reports.

About the data

The term substantiated child abuse refers to reports of child abuse that are either "founded" or "indicated". "Founded" reports are those in which there has been a judicial adjudication of child abuse based on a finding. "Indicated" reports are determinations of substantial evidence of alleged child abuse based on medical evidence, an investigation, or an admission by the perpetrator.

Children that are maltreated are more likely to perform poorly in school, have physical and behavioral health problems, and be arrested as juveniles and adults. Young children versus older children are more likely to experience child abuse and neglect. Nationwide in 2003 children ages three and under had a child maltreatment rate of 16.4 per 1000 compared to 5.8 per 100 for children ages 16-17. (Source: ChildTrends.org)

The number of substantiated child abuse cases in McKean County has been steadily rising, and is well above state averages.

Youth in out-of-home placements

Rating

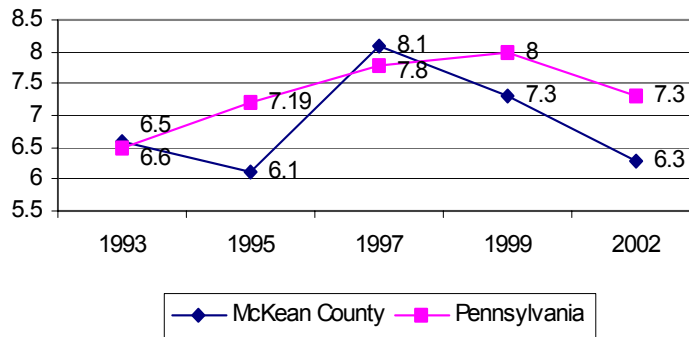
*

Insufficient Data

Out-of-home placement numbers as calculated in this statistic do not include children placed in relative care by the local child welfare agency .

FAMILY STABILITY

Children under 18 in out-of-home placements
per 1,000 children



Source: *State of the Child in Pennsylvania Fact Books*.

About the data

The number of children in out-of-home placements reflects general social conditions, as well as the condition of the families involved. Out-of-home placement in McKean County generally stays below state averages. In recent years, McKean County has increased its commitment to community-based services, which may have had an impact on the decline in placement numbers since 1997. Efforts to decrease the average length of stay in placement is currently a concerted effort through the local Children and Youth Agency and a newly formed Permanency Barriers Advisory Board. This group is working on identifying the more predominant barriers to achieving permanency, and as a goal would like to reduce the average length of placement to a minimum of 12 months.

Persons in Poverty

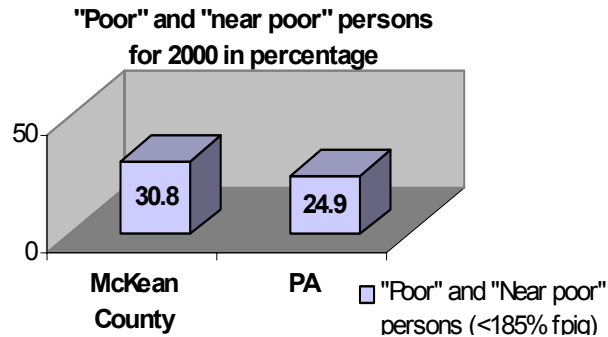
Rating

2

Challenging

30.8% of McKean County residents are "poor" or "near poor" compared to 24.9% in Pennsylvania.

FAMILY STABILITY



Source: State of the Child—2004, Pennsylvania Partnerships for Children

About the data

In 2000, 13.1% of McKean County residents were "poor" (< 100% fpiq) compared to an 11% state average. This is slightly down from the 1990 census when 14.9% in McKean County and 11.1% statewide were in poverty.

"Poverty" is often strictly defined as under the 100% level of the federal poverty income guidelines (fpiq). However, those with income levels between 100% and 185% of poverty can be working full-time, still need help meeting their basic needs, and are maintaining only a minimum standard of living. They can realistically be defined as "near poor". In 2000, 30.8% of McKean County residents were "poor or near poor" compared to a 24.9% state average.

Consider these facts from the McKean County Assistance Office based on April 2005 participation rates:

- 19.3% of the county population received Medical Assistance compared to a 14.4% state average.
- 11.8% elected to receive Food Stamps (8.4% was the state average).
- 2.9% received Cash Assistance compared to a 2.6% state average.

PERCENTAGE OF 2004 FEDERAL POVERTY INCOME GUIDELINES	* PROGRAMS USING THIS ELIGIBILITY LEVEL IN PENNSYLVANIA	1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	FOR EACH ADDITIONAL PERSON ADD:
100%	Medicaid (MA) [ages 6 through 18 years] Head Start, Early Head Start	\$9,310	\$12,490	\$15,670	\$18,850	\$22,030	\$25,210	\$3,180
130%	Free School Lunch & Breakfast Food Stamps (approximately)	\$12,103	\$16,237	\$20,371	\$24,505	\$28,639	\$32,773	\$4,134
133%	Medicaid (MA) [ages 1 through 5 years]	\$12,382	\$16,612	\$20,841	\$25,071	\$29,300	\$33,529	\$4,229
135%	LIHEAP	\$12,569	\$16,862	\$21,155	\$25,448	\$29,741	\$34,034	\$4,293
185%	Medicaid (MA) [pregnant women and infants under 1 year] WIC Reduced Price School Lunch & Breakfast	\$17,224	\$23,107	\$28,990	\$34,873	\$40,756	\$46,639	\$5,883
200%	No-cost CHIP [birth through 18 years] adultBasic Subsidized Child Day Care Family Savings Accounts	\$18,620	\$24,980	\$31,340	\$37,700	\$44,060	\$50,420	\$6,360
235%	Reduced-cost CHIP [ages birth through 18 years]	\$21,879	\$29,352	\$36,825	\$44,298	\$51,771	\$59,244	\$7,473

*general program eligibility guidelines

Goal 3

Overall Rating

3

Mixed

Healthy Youth

Children and youth are involved in healthy behaviors and do not engage in high risk behaviors.

Indicators of progress

- Substance use among youth grades 6-12
- Teen pregnancy
- Sexually transmitted diseases
- Death rate for persons ages 15-19

Substance use among youth grades 6-12

Rating

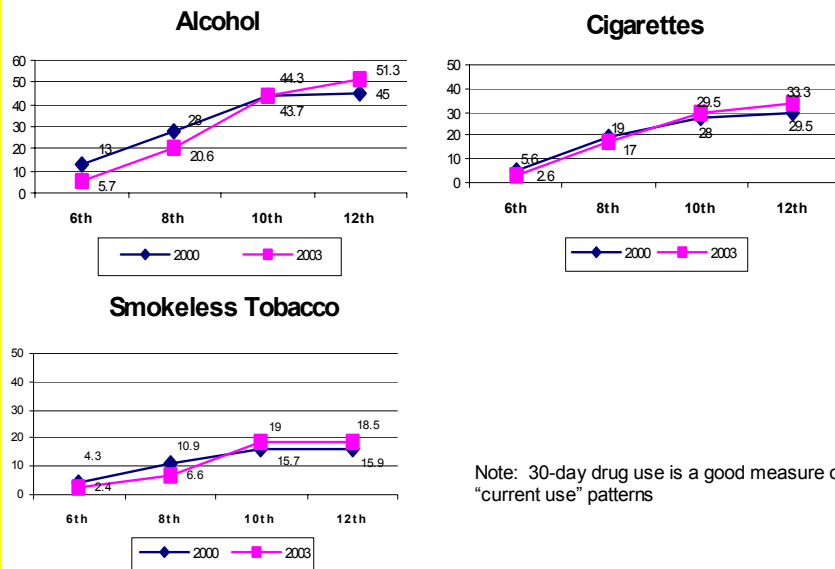
2

Challenging

In 2003 students in McKean County report higher average levels of cigarette, smokeless tobacco and alcohol use than their national counterparts.

HEALTHY YOUTH

McKean County 30-day drug use in percentage by grade



Note: 30-day drug use is a good measure of "current use" patterns

About the data

Substance abuse remains a problem among McKean County youth. Use of alcohol, tobacco and marijuana are the three most often used substances. Substance use is detrimental to physical health, interferes with educational achievement, and can lead to other problem behaviors.

The Communities That Care Youth Survey is conducted every three years in McKean County and is based on self-reports by all 6th, 8th, 10th and 12th grade students surveyed.

The following patterns with alcohol, cigarettes, and spit tobacco use are worth highlighting.

- Rates of use increased as students entered higher grades.
- Older youth in the 10th and 12th grades reported increased usage rates between the years 2000 to 2003, while younger youth reported decreases.
- In 2003 students in all grades reported higher average levels of cigarette, smokeless tobacco and alcohol use than their national counterparts.

Source: 2000 and 2003 Communities That Care Youth Surveys in McKean County.

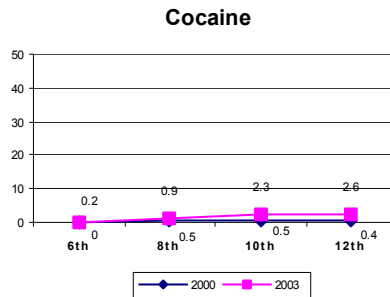
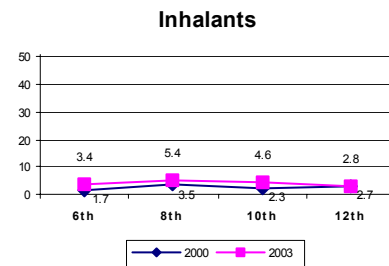
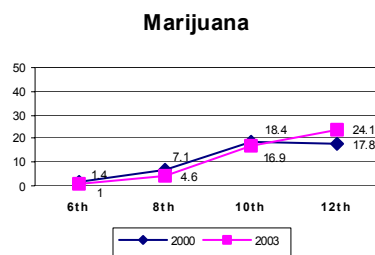
Substance use among youth grades 6-12, cont.

Marijuana use in the 12th grade increased from 2000 to 2003 and is above state averages.

Inhalant use in all grades exceeds state averages.

HEALTHY YOUTH

McKean County 30-day drug use in percentage by grade



Note: 30-day drug use is a good measure of "current use" patterns

About the data

The following patterns with marijuana, inhalants and cocaine use are worth highlighting.

- As with other substances, rates of marijuana use increased as students entered higher grades. Marijuana use in the 12th grade increased between the years 2000 to 2003 and is above state averages.
- Inhalant use in all grades exceeded state averages. Unlike use patterns with other substances, inhalant use in McKean County did not progressively increase as students progressed into higher grades—it peaked in the 8th grade. This may be because inhalants are relatively easy for younger students to obtain.
- While cocaine use increased between the years 2000 to 2003, McKean County rates are below state averages.

Source: 2000 and 2003 Communities That Care Youth Surveys in McKean County.

Teen Pregnancy

Rating

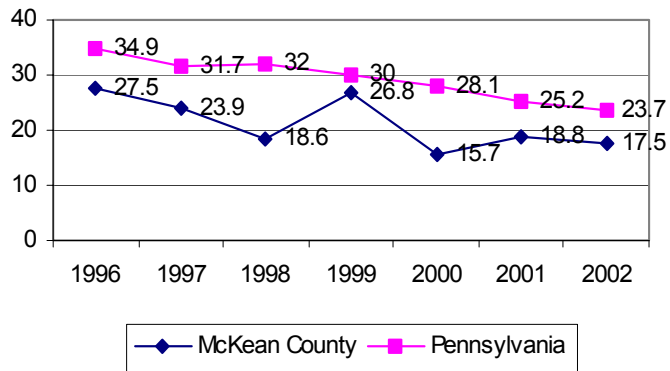
4

Promising

Teen pregnancy in McKean County has been declining since 1996.

HEALTHY YOUTH

Reported pregnancy rate
15-17 year olds
per 1,000



Source: Department of Health, Bureau of Health Statistics.

About the data

Pregnancies among teens present numerous challenges to both mother and child. Teens have a much higher rate of pregnancy complications, including premature births, low birth weight babies, and miscarriages. Teenage mothers often delay or fail to complete their educations, and are more likely to live in poverty. Teen pregnancy in McKean County has been declining since 1996.

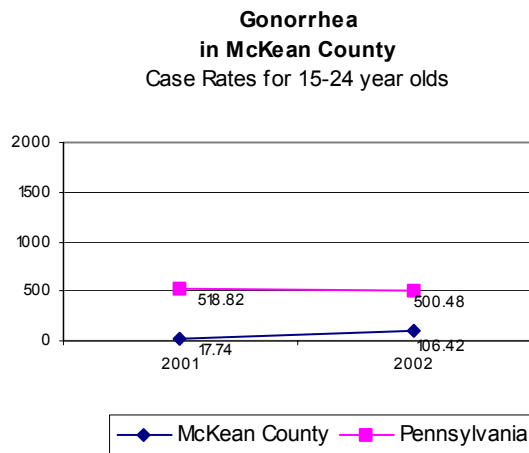
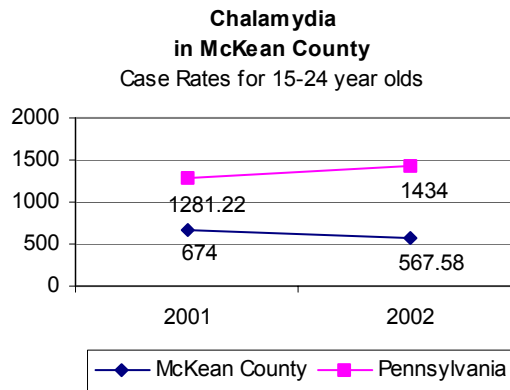
Sexually transmitted disease

Rating

**3
Mixed**

The sexually transmitted disease (STD) rate for McKean County youth is low and well below state averages.

HEALTHY YOUTH



Source: Department of Health, Bureau of Health Statistics.
<http://webserver.health.state.pa.us/health/std/>

About the data

Overall, the sexually transmitted disease (STD) rate for McKean County youth is low and well below state averages.

Death rate for persons ages 15-19

Rating

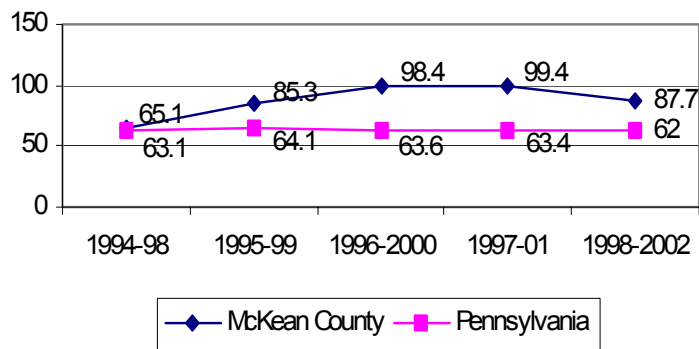
3
Mixed

The adolescent death rate in McKean County is above state averages.

In the five years from 1999 to 2003, there were 12 deaths in McKean County for 15-19 year olds.

HEALTHY YOUTH

Adolescent death rate for ages 15-19
per 100,000



Source: Department of Health, Bureau of Health Statistics.

About the data

The death rate for McKean County youth ages 15-19 from all causes, is above state averages. Due to the relatively low census in McKean County, it may more meaningful to look at the actual number of youth deaths and their causes.

According to the Department of Health, Bureau of Health Statistics, in the five years from 1999 to 2003, there were 12 deaths in McKean County for 15-19 year olds—7 due to motor vehicle accidents, 2 due to other accidents, 1 malignant neoplasm, 1 homicide and 1 suicide.

Goal 4

**Overall
rating**

**4
Promising**

COMMUNITY COLLABORATION

The McKean County Collaborative Board will work together to improve the lives of children and families.

Indicators of progress:

- Collaborative Board Self-Assessment

Goal 4

Collaborative Board Self Assessment

Rating

4
Promising

Overall, the Board's perception of itself is positive.

COMMUNITY COLLABORATION

Collaboration!

How are we doing?

Area of Collaboration	2001 Results	2003 Results	2005 Results
Governance and Leadership	3.57	3.67	4.67
Public Support/Will and Communications	3.09	2	3.75
Accountability for Results	4.02	4.67	5
Service Strategies and Capacity Building	3.69	3.75	5
Financing and Resource Development	3.80	4.5	4.9
Professional Development and Training	3.14	1.5	3
Systems Change and Policy Reform	3.82	3.5	4.9

About the data

Every two years the McKean County Collaborative Board rates itself in several areas of collaboration. A tool called the Collaborative Board Assessment tool (CAT) is utilized for this assessment. The CAT tool was developed for Collaborative Boards by the Center for Schools and Communities, in conjunction with the Department of Welfare, Office of Children, Youth and Families .

The CAT is scaled from 1 to 5, with 5 being the highest score. Scores represent progress in the areas of system change—1 is minimal progress, 2 is some, 3 is moderate, 4 is major and 5 is exceptional. Overall, the Board's perception of itself is quite positive. In 2005, areas showing exceptional progress were Accountability for Results, and Service Strategies and Capacity Building. Two weaker areas were identified and need more focus in the future. They were Professional Development and Training, and Public Support/Will and Communications.



Progress Report 2006

Project Updates

- 1. Otto-Eldred Communities That Care**
- 2. Bradford PROSPER Project**
- 3. McKean County Tobacco Coalition**
- 4. McKean County Family Centers**
- 6. Big Brothers Big Sisters of McKean County**
- 7. McKean County Dental Center**
- 8. McKean County State Incentive Grant Projects**

Otto-Eldred Communities That Care

Report Period
7/02-6/06

Number Served

**Preparing for School
Success**

24 parents

**Strengthening
Families Program**

199 families

**Teen Outreach
Program**

78 youth

**Bullying Prevention
Training**

**15 school and
community members**

**Communities That
Care Youth Surveying**

230 students

Projects

Communities That Care projects in Otto-Eldred are a collection of drug prevention and family strengthening programs funded by the Pennsylvania Commission on Crime and Delinquency to the McKean County Commissioners. The Otto-Eldred Family Center (program of The Guidance Center) is the sub contracted agency operating the projects.

Preparing for School Success

A workshop that helps parents of elementary age children (grades K-3) learn and practice the skills necessary to support their child's success in school – and in life.

Strengthening Families Program

A workshop series for parents and youth ages 10-14 designed to increase self-efficacy, discipline and monitoring among parents and resistance to peer pressure among middle school youth, an age range where problem behaviors peak.

Teen Outreach Program

An ongoing program for youth age 11-18 years that promotes positive youth development by providing community service opportunities for young people.

Olweus Bullying Prevention Program

Training was provided to approximately 15 school and community members in how to detect, monitor and address bullying behaviors.

Youth Surveying:

Approximately 230 students participate in youth surveying every other year. With the results, the Communities That Care Task Force prioritizes the highest risks facing youth.

Outcomes

Preparing for School Success:

- 82% of participants increased their knowledge of home routines to support their child's learning.
- 90% increased their parent knowledge of effective encouragement and praise.
- 79% increased their knowledge in the developmental steps focused on reading writing speaking listening or math.

Creating Lasting Family Connections/Strengthening Families Program:

- 91% of parent participants increased their knowledge of alcohol, tobacco and other drug use among teens.
- 52% increased the frequency of family meetings held in the home.
- 84% increased positive communication skills in their family.

Youth surveying is conducted every other year to gather information on what places youth most at risk. Information from the survey is utilized to plan strategies. On September 23, 2006 the Otto-Eldred Communities That Care Task Force prioritized the following risks to youth.

1. Favorable Attitudes Toward the Problem Behavior
2. Favorable Parental Attitudes and Involvement in the Problem Behavior
3. Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime
4. Friends Who Engage in the Problem Behavior

Barriers

- Recruitment and retention of parent participants to workshops

Bradford PROSPER Project

Report Period

10/1/05-9/30/06

Number Served

Strengthening Families Program and the All Stars Project

508 youth

32 families

Project

PROSPER is a collaborative, school-based drug prevention project funded by the National Institute on Drug Abuse. The project aims to prevent and delay the onset of alcohol, tobacco and other drug use and strengthen resilience in Bradford middle school youth and their families through the implementation of two programs—the Strengthening Families Program and the All Stars Project. In addition, PROSPER aims to create a sustainable infrastructure for implementation of high-quality programming through a collaboration between Penn State Cooperative Extension, the local public schools, community organizations involved with prevention and youth development, and Penn State University-based prevention scientists.

Strengthening Families Program

The Strengthening Families Program (SFP) is a model family skill-building curriculum designed for parents and youth ages 10-14. It helps prevent teen substance abuse and other behavior problems, strengthen parenting skills and build family strengths.

All Stars Project

The All Stars Program is a model school-based curriculum designed to reduce substance use in 11-14 year olds. It is a highly interactive program involving 23 lessons integrated into regular classroom health instruction.

Outcomes

- The PROSPER Project has been cited as a *Program of Distinction* by the National 4-H Headquarters.
- The Bradford project is implementing the evidence-based programs with high quality, as indicated through implementation monitoring.
- The Bradford project has obtained local and state funds to sustain programming.
- Youth are showing significant reduction in use of a range of substances, as compared to youth in control communities.
- Youths' time together with their families has improved (e.g. cohesion and parent-child activities).
- Youth report parents using improved child management techniques (e.g., effective discipline).

Note: A 5 year extensive program evaluation is being conducted by the Penn State Prevention Research Center and will be available at the close of the project.

Barriers

- The sustainability barrier has been overcome as The Guidance Center has been awarded a grant to sustain and expand the Strengthening Families Project throughout McKean County (including Bradford).
- Continued need to obtain grass roots support from within the community and to continue to gain community exposure.

McKean County Tobacco Coalition

Report Period

7/05-6/06

Projects

The McKean County Tobacco Coalition is a committee of the McKean County Collaborative Board. The group works on public awareness activities promoting the dangers of tobacco and second hand smoke.

Outcomes

- Created and placed a billboard promoting the Quitline at the University of Pittsburgh at Bradford's Baseball Field.
- Created and placed a billboard promoting the Quitline at the McKean County Fairgrounds.
- Conducted restaurant checks throughout the county for the department of Health. Surveyed 79 restaurants and 42 were totally smoke-free.
- Worked on increasing the number of coalition members.
- Had great success securing funding from the primary contactor.

Barriers

- Manpower and time to complete tasks.

McKean County Family Centers

Report Period

7/05-6/06

Number Served

682 Families

547 adults

142 fathers

508 preschoolers

410 youth (6-18)

Projects

There are five Family Centers in McKean County—located in Bradford, Kane, Otto-Eldred, Port Allegany and Smethport—funded through the Pennsylvania Family Center Initiative, and through local United Way, Human Service Development Funds, Children and Youth Services, and various donations. The Family Centers work holistically with children, youth and families and offer services that include home visits for families with young children, early childhood developmental screenings, parent workshops, youth workshops, parent-child activity groups, fatherhood groups, and after school activities for young children.

Outcomes

Last year, 20005-06, an annual survey called *Your View of the Family Center*, indicated that families felt welcomed and heard at the Family Centers.

- 94% felt they were able to freely give program feedback to the Family Center.
- 97% felt they were able to talk to staff about family concerns.
- 100% felt they were able to get answers to questions.
- 95% felt that if the program did not offer what they needed, that staff would help them find another way to get it.
- 97% felt that every family was welcome at the program, no matter what its beliefs or lifestyles were.

The effectiveness of the Bradford Family Center was also assessed through this survey. The results showed that services helped parents become more skilled in parenting.

- 97% indicated that services strengthened the way they parent.
- 85% felt services increased their self-esteem.
- 86% felt services increased their self-control.
- 87% felt services increased their decision-making skills.
- 89% felt services increased their communication skills.
- 92% felt services increased their ability to use resources.
- 87% felt services increased their goal-setting skills.

Services also helped children increase child development skills.

- 96% felt their child's self-esteem increased.
- 98% felt their child's language increased.
- 98% felt their child's social-emotional development increased.
- 98% felt their child's communication skills increased.

Barriers

Recruitment and retention of participants is a challenge for Family Centers.

Big Brothers Big Sisters of McKean County

Report Period

7/1/05-6/30/06

Number Served

209 youth

Project

The Big Brothers Big Sisters of McKean County is a program dedicated to serving children ages 6-12 in the community through mentoring relationships with a quality adult volunteer. These adult mentors help children increase their self-esteem and reach their highest potential. Matches complete community service projects in order to give back to the community. A new mentoring component added in 2003 called Education Mentoring allows adult volunteers or high school volunteers to mentor young people needing tutoring support as well as a caring relationship.

Outcomes

The statistics below are based on the results from the Performance Based Outcome Evaluation surveys completed by the parents and volunteers.

Community-Based Mentoring Program Outcomes

- 79% of targeted youth had higher levels of self-confidence
- 74% gained in social competence
- 78% showed improvement in caring

School-Based Mentoring Program Outcomes

- 70% of targeted youth had higher levels of self-confidence
- 73% gained in social competence
- 65% showed improvement in caring

Strategic Growth Goals

Of the 16,457 youth in McKean County, 3,291 of them are considered "at risk". One of the strategic goals of the program is to reach 5%, or 165, at-risk children by the year 2006. In 2004-06, the program served 133 children. In 2005-06 the program served 196 children. This program growth is positive, and a great start toward reaching a 2010 goal of serving 330 children.

Barriers

- Recruiting male volunteers
- Retention of volunteers
- Lack of funding for adequate staffing

McKean County Dental Center

Report Period

8/03-604

Number Served

3,961 patient visits

Project

The McKean County Dental Center is a dental treatment office initially funded with a Department of Health challenge Grant and matched locally with funding from the Blaisdell Foundation and Highmark Blue Cross. It opened in September 2002. The facility targets approximately 17,053 low-income children and adults in McKean county. Recipients of Medicaid, CHIP, the uninsured and underinsured now have access to dental care through this program operated by the Bradford Regional Medical Center and staffed with one full-time and one part-time dentist, hygienist, dental assistants and receptionist.

Outcomes

- Additional staff and expansion of space are accruing as a result of the overwhelming response to the services of the clinic.
- The clinic will be moving to a new space in August 2005, increasing operatory space from three to six. A part-time dentist has been hired to assist with the additional volumes and procedures that are currently being referred out such as extractions will now be handled internally.

Barriers

Scheduling for the clinic has been difficult due to “no shows”. Several policies has been put in place to resolve this problem. Patients are called to remind of appointment the day prior, and the schedule is double booked to allow for no shows.

McKean County State Incentive Grant Projects

Report Period

10/1/04-9/30/06

Number Served

Strengthening
Families Program

91 youth and parents

Project

Funding from the Bureau of Drug and Alcohol Programs (PA Department of Health) funds the Strengthening Families Program in the Kane Area School District. The Strengthening Families Program is a 7 week workshop series for sixth graders and their parents. In the classes parents and children are taught individual skills, then are brought together to improve family communication .

The goal of the program is to delay the onset of substance use in youth and to study the use of "evidence-based" prevention programs that help youth avoid alcohol and drug use. The Guidance Center operates the programs in partnership with the Kane Area School District and Penn State Cooperative Extension.

Outcome section continued on next page

Barriers

Recruitment of parent participants is a challenge. A lot of time and resources are invested in recruitment and retention.

they were better at explaining to their children the reasons for rules (1.320 gain), as well as the specific consequences for not following rules about alcohol use (1.130 gain).

- **Stronger home environment to support youth.** Parents reported improvements were made within their family environment as a result of the program. They indicated they take more time to do something fun together as a family (.820 gain), find ways to keep their child involved in family work, like chores (1.020 gain), and spend more special time one-on-one with their youth (.800 gain).
- **Improved family communication.** Overall, family communication was the most significant area of improvement reported by both the youth and parents. Survey results show that families gained the necessary insight and techniques needed for effective give and take communication. Youth reported appreciating their parents more (.62 gain), more frequent family meetings (.75 gain), listening to their parent's point of view (1.040 gain) and understanding their family's values and beliefs (.54 gain). Parents reported communicating more to their child about how they feel when he or she misbehaves (1.160 gain), including their child more in family decision-making (1.280 gain), having a greater understanding their child's point of view (1.240 gain) and using complements and rewards more frequently when rules or chores are adhered to (1.060 gain).

Parents and youth were also surveyed using a pre and post test required by the federal government called the GPRA. Results were available for 53 youth and 59 parents. The average length between pre- and post-testing was 16 days. The most significant improvements for youth were evidenced in attitudes toward use, perceived risks, and peer attitude scores. For parents, the most significant improvements were noted in attitudes and beliefs scores.

Youth results:

- No change in the alcohol, tobacco and other drugs score— pre-test mean was 1.01 and post-test mean was 1.01.
- .05 reduction in the attitudes towards use score— pre-test mean was 1.10 and post-test mean was 1.05.
- .15 reduction in the perceived risk score— pre-test mean was 1.04 and post-test mean was .89.
- .10 reduction in the peer attitude score— pre-test mean was 1.18 and post-test mean was 1.08.

Adult results:

- .03 reduction in the alcohol, tobacco and other drugs score—pre-test mean was 1.19 and post-test mean was 1.16.
 - .07 reduction in the attitudes and beliefs score— pre-test mean was 1.67 and post-test mean was 1.60.