

# Pennsylvania's Outcomes Framework

*Improving outcomes for children and families through a shared community agenda*

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## **Pennsylvania's Outcomes Framework Reference Sections**

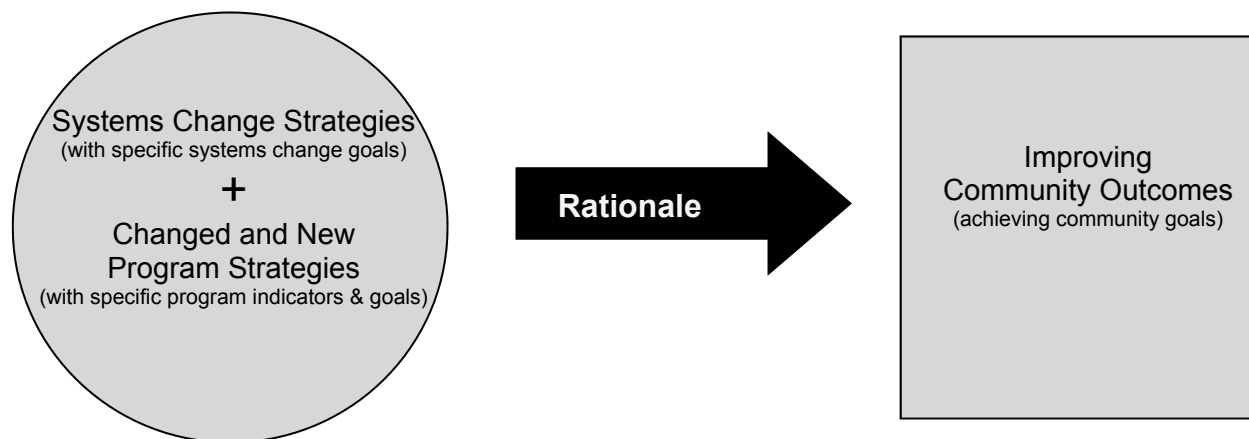
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## Outcomes Terminology – A Visual Depiction

Pennsylvanians want to improve outcomes for children, families, and their communities. They also recognize that improving these outcomes requires change. This change likely will require new programs (to fill gaps and identify more effective approaches) and systems improvements (to make better use of existing public funding and redirect funds accordingly).

Pennsylvanians also want this work to be accountable for achieving these outcomes. Ultimately, this requires developing appropriate systems for holding programs and systems improvement efforts accountable, while continually connecting these activities to community outcomes. This requires developing measurement and accountability at three different levels – the community level, the systems level, and the program level. It also requires a terminology for knowing at what level discussions are being conducted. The following pages develop and describe this terminology. The Chart below shows a graphical representation.

At the community level are **community outcome areas, community outcome indicators, and specific community goals**. At the program level are **program outcome areas, program outcome indicators, and specific program goals**. At the system level are **systems change areas, systems change indicators, and specific systems change goals**. Connecting **specific program goals** and **specific systems change goals** is a **rationale** for how those **strategies** can – taken together over a long enough period of time with sufficient strengths – achieve community goals.



# FSSR Terminology – Outcomes, Indicators, and Measures

There have been a number of different terms used to describe different concepts, measurements, and objectives related to outcomes. In part, this is because people sometimes talk about outcomes from the perspective of the overall well-being in the community, sometimes from the perspective of individual programs, and sometimes from the perspective of systems reform efforts. In part, this is because the same term (e.g. outcome, result, impact) may be used by different individuals to refer to different things.

The following provides the terminology that will be employed in the FSSR Initiative for different key definitions – particularly to distinguish among community, program, and systems levels.

## Community Level

**Community Outcome Area:** A broad and clearly understood condition or aspect of child, family, or community well-being. This condition or aspect is not directly measurable and is likely to require several different quantifiable measures.

Examples: Prenatal and infant health; school readiness, stable and self-sufficient families

**Community Outcome Indicator:** A quantifiable measure of that condition or aspect of well-being that can be obtained on a community and state level over time.

Examples: Infant mortality rate, low birthweight rate; median family income, welfare participation rate; level of adolescent drug use, teen parenting rate, and juvenile delinquency rate

**Specific Community Outcome Goal:** A community outcome indicator with a specific desired level or rate of improvement.

Examples: Reduce infant mortality to 6 per 1000; increase median family income by 20%; reduce juvenile delinquency to 12 per 1,000 youth

## Program Level

**Program Outcome Area:** A broad and clearly understood condition or aspect of child, family, or community well-being. These are the same as community outcome areas but are applied specifically to the people the program is designed to serve or impact.

Examples: same as for community outcome areas

**Program Outcome Indicator.** A quantifiable measure of that condition or aspect of well-being that can be obtained for the people the program is designed to serve. The may include both short-term outcome indicators (at the end of program participation) and long-term outcome indicators (over a much longer, follow-up period). Some program outcome indicators may be the same as community outcome indicators, but others may measure changes that cannot be measured at the community level or that are very specific to the program's goals.

Examples: low birthweight, abstinence from tobacco use during pregnancy, improved weight gain during pregnancy

**Specific Program Outcome Goal:** A specific measure used to determine whether a program has produced an impact for program participants.

Examples: reduced smoking during pregnancy of program participants; 35% increase in job holding of welfare recipients served; reduced instances of disruptive acts in classroom and school absences for children in school-based services program; no recidivism of delinquent youth served in program.

## Systems Level

**Systems Change Area:** A broad and clearly understood attribute of a system or systems. This attribute is not directly measurable and is likely to require several different quantifiable measures.

Examples: governance and leadership; results-based accountability; professional development and training

**Systems Change Indicator:** A quantifiable measure of that attribute that can be obtained about the system over time.

Examples: active functioning collaborative board; outcomes used in accountability structures for systems; culturally competent programs and services

**Specific Systems Change Goal:** A systems change indicator with a specific desired level or rate of improvement.

Examples: members take actions within own organizations, based upon board actions; 90% of programs and services have specific program outcome goals that are tracked and used to assess effectiveness; new staff in systems help systems better reflect the diversity of the populations they serve

In addition to these definitions, there are a number of other important terms and definitions that will be used for evaluation and accountability purposes in developing outcome-based systems. These are described below.

## Related Terms

**Strategy:** Structured set of activities designed to achieve specific program outcome goals or specific systems change goals.

Examples: implementing a nurse home visiting program; establishing an outcome indicator tracking system; establishing guidelines for accountability

**Rationale:** the conceptual and empirical basis by which strategies are connected to outcome areas and indicators and to achieving outcome indicator goals. For programs and processes, this involves explaining how achieving performance measures can lead to achieving outcome indicator goals. For systems change efforts, this involves explaining how achieving systems performance measures can lead to achieving outcome indicator goals. There should be a rationale (theory of change, logic model) for adopting any strategy. The stronger the conceptual and empirical base, the stronger the rationale.

**Program Implementation Measure:** A specific measure used to determine whether a program has been implemented as designed:

Examples: number of pregnant women attending training in nutrition; number of welfare families completing job search program; number of youth participating in at least one activity at youth center over last month

**Systems Change Implementation Measure:** A specific measure used to determine whether a systems change activity has been implemented as designed:

Examples: completion of a cross-training curricula with participation from four different systems; convening of four community meetings to seek additional parent and community representatives for collaborative board.

Note: While it is essential to identify and track both specific program outcome goals and specific systems change goals, it also is important to identify and track program implementation measures and systems change implementation measures. The implementation measures are needed to answer the question, "Did you do what you said you were going to do?" The goals are needed to answer the question, "Did it work?" Both questions need to be answered to conclude whether the program or system change strategy is an effective one.

## Community Outcome Areas and Community Outcome Indicators

The following **community outcome areas** and **community outcome indicators** are based upon the new definitions of these terms. They are adapted from and represent a refinement of the earlier FSSR list, with attention to desired outcomes for other child and family focused Pennsylvania Initiatives.<sup>1</sup>

These community outcomes areas and indicators represent the long-term goals for FSSR and other Pennsylvania Initiatives – “the eye on the prize.” While actions FSSR sites take may not directly or immediately impact these community outcomes and indicators, there should be a **rationale** that connects these actions to the outcomes and indicators and a commitment to building and strengthening effective **strategies** so they can achieve these outcomes.

On this list are both “primary indicators” and “secondary indicators.” “Primarily indicators” should be available for all local jurisdictions on at least an annual basis and meet most of the standards of representing a good measure of underlying well-being (see the attached Table, “Criteria of Indicators for Child Well-Being”). The secondary indicators, while still having value, either are those that are not available for all local jurisdictions, represent measures of effort as well as underlying well-being, or have other challenges attached to their interpretation. Where possible, preference should be given to using primary measures.

Some communities have other indicators they wish to use in one or more of these community outcome areas. Communities may use other indicators as well as those presented in this document, but it is the expectation that communities select at least some indicators from the list of primary indicators presented below.

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<sup>1</sup> Some of the indicators on the earlier list were program outcome indicators and are not included here. Others appeared under a number of outcome areas and were included only once on this list. Others were not easily or uniformly obtainable or very reliable and were not included on this list. Separate lists of program outcome indicators and systems change areas and indicators are provided later in this appendix.

## Pennsylvania Outcomes Framework Community Outcome Areas and Indicators

Outcome Area: <b>Prenatal and Infant Health</b>	
Primary Indicators	<ul style="list-style-type: none"> <li>• Low birth weight</li> <li>• Early entry into prenatal care</li> <li>• Infant mortality</li> </ul>
Secondary Indicator	<ul style="list-style-type: none"> <li>• Reported smoking, drinking, drug use during pregnancy</li> </ul>
Outcome Area: <b>Healthy Child Development</b>	
Primary Indicator	<ul style="list-style-type: none"> <li>• On-time immunization schedules</li> </ul>
Secondary Indicators	<ul style="list-style-type: none"> <li>• Identification and treatment of health conditions (vision, hearing, developmental delays)</li> <li>• Health insurance coverage</li> <li>• Medicaid/CHIP enrollment</li> </ul>
Outcome Area: <b>Healthy Youth Development</b>	
Primary Indicators	<ul style="list-style-type: none"> <li>• Births to adolescents</li> <li>• Juvenile delinquency petitions</li> </ul>
Secondary Indicators	<ul style="list-style-type: none"> <li>• Student assistance program identification</li> <li>• Reported adolescent alcohol, tobacco, and drug use and anti-social behavior (Pennsylvania Youth Survey)</li> <li>• Homicides, suicides, and accidental deaths (15-19, 15-24)</li> </ul>

Outcome Area: <b>Children Ready for School</b>	
Primary Indicators	<p>None*</p> <p>* Without some uniform assessment tool administered to children at the start of kindergarten or first grade, preferably across cognitive, social, and emotional development issues, there is no direct measure of all (or a representative sample of) child development at the time of school entry (or at any pre-school age). The best available indicators relate to program participation rather than to actual child development. Some school districts may be conducting assessments of children at school-entry that can serve as good primary indicators of school readiness.</p>
Secondary Indicator	<ul style="list-style-type: none"> <li>• Head Start enrollment</li> <li>• Grade retention (K-2 years)</li> <li>• Early intervention program participation rate</li> </ul>
Outcome Area: <b>Children Succeeding in School</b>	
Primary Indicators	<ul style="list-style-type: none"> <li>• Test scores at mid-elementary, middle school, and high school level</li> <li>• High school graduation/drop-out rate</li> </ul>
Secondary Indicators	<ul style="list-style-type: none"> <li>• School attendance (especially 7-12)</li> <li>• School attachment/commitment to school (Pennsylvania Youth Survey)</li> <li>• Special education participation rates (K-6; 7-12)</li> <li>• Percentage seniors with post high school education plans</li> </ul>
Outcome Area: <b>Safe Families and Communities</b>	
Primary Indicators	<ul style="list-style-type: none"> <li>• Abuse and neglect/re-abuse</li> <li>• Out-of-home placements</li> <li>• Index crime rates – adults</li> <li>• Index crime rates – juveniles</li> </ul>
Secondary Indicators	<ul style="list-style-type: none"> <li>• Family violence/domestic abuse data</li> <li>• DUI arrest data</li> </ul>
Outcome Area: <b>Stable and Self-Sufficient Families</b>	
Primary Indicators	<ul style="list-style-type: none"> <li>• Child poverty/Free and reduced price lunch</li> <li>• Family employment</li> </ul>

Total number of Indicators: 14 primary indicators 16 secondary indicators

## Criteria for Indicators of Child Well-Being

1. Comprehensive coverage. Indicators should assess well-being across a broad array of outcomes, behaviors, and processes.
2. Children of all ages. Age-appropriate indicators are needed at every age from birth through adolescence and covering the transition into adulthood.
3. Clear and comprehensible. Indicators should be easily and readily understood by the public.
4. Positive outcomes. Indicators should assess positive as well as negative aspects of well-being.
5. Depth, breadth, and duration. Indicators are needed that assess dispersion across given measures of well-being, children's duration in a status, and cumulative risk factors experienced by children.
6. Common interpretation. Indicators should have the same meaning in varied population sub-groups.
7. Consistency over time. Indicators should have the same meaning over time.
8. Forward-looking. Indicators should be collected now that anticipate the future and provide baseline data for subsequent trends.
9. Rigorous methods. Coverage of the population measured should be complete or very high, and data collection procedures should be rigorous and consistent over time.
10. Geographically detailed. Indicators should be developed not only at the national, but also at the state and local level.
11. Cost efficient. Strategies to expand and improve the data system need to be thoughtful, well-planned, and economically efficient.
12. Reflective of social growth. Some indicators should allow us to track progress in meeting national, state, and local goals for child well-being.
13. Adjusted for demographic trends. Indicators, or a sub-set of indicators, should be developed that control or adjust for changes in the composition of the population over time which confound the ability to track well-being. Alternatively, indicators should be available for population sub-groups that are sufficiently narrow to permit conclusions within that sub-group.

Source: Moore, Kristin. *Criteria for Indicators of Child Well-Being*. Washington, D.C.: Child Trends, 1994.

## Program Outcome Areas and Specific Program Outcome Goals

In addition to establishing broad community outcomes areas and tracking community outcome indicators, FSSR sites will develop **strategies** that, over the long term, can help achieve community goals for improving those outcomes and indicators.

Some of these will be new or revised **programs** designed to achieve specific outcomes for the children and families they serve. For each **program**, FSSR sites should establish specific **program outcome goals** they hope to achieve that will be used to track and assess progress. Sites also must develop a **rationale** for how these programs and program outcome goals can lead to improving community outcomes.

Each **program** may have its own set of **program outcome goals**, but these should be connected in some way to **program outcome areas**. Each must be measurable over time.

Provided below is an illustrative list of **specific program outcome goals** under each of the broad program outcome areas. Each of these is related to improvements in performance and is related to the specific persons who the program serves. While the specific quantification of the goals are likely to be unique to each program, they are expressed below in more general terms, with a specific example of a quantification provided in parenthesis for the first enumerated goal.

Increased participation in prenatal and postnatal care (90% of all infants of teen mothers will have all recommended well-baby check-ups during the first year)

Increased enrollment in public or private health insurance (the outreach program will enroll 150 new children in CHIP during the next eighteen months)

Decrease in youth risk behaviors (less than ten percent of the youth in the program will test positive for alcohol or drug use from random drug tests)

Improved parental knowledge of child development (90% of parents will show significant gains on parenting knowledge from a parenting education program, based upon validated pre- and post-tests)

Increased parent involvement in school (90% of parents of program children will attend parent teacher conferences and 50% will volunteer for classroom service)

Improved parental discipline practices (Parent-child observations by more home visitors will report increased parent attention to children and parents will report greater satisfaction with their interactions with and abilities to relate to their children)

Improved establishment of family self-sufficiency plans and first steps in meeting those plans (90% of initially enrolled parents will develop self-sufficiency goals and steps toward those goals, with 60% achieving two or more steps over the first three months).

## Pennsylvania Outcomes Framework – Program Outcome Areas and Goals

Outcome Area: <b>Prenatal and Infant Health, Healthy Child Development and Healthy Youth Development</b>	
<b>Prenatal and Infant Health</b>	
Program Outcome Goals	<ul style="list-style-type: none"> <li>• Increased participation in prenatal and postnatal care</li> <li>• Reduction in risk behaviors (smoking, alcohol and drug use)</li> <li>• Reduction in low birth weight births</li> <li>• Establishment of a regular source of infant care (medical home)</li> </ul>
<b>Healthy Child Development</b>	
Program Outcome Goals	<ul style="list-style-type: none"> <li>• Increased enrollment in public or private health insurance</li> <li>• Increased in regular check-ups for primary and preventive services – medical and dental care, vision and hearing screening</li> <li>• Improved Immunization rates</li> <li>• Improved identification and referral of child health problems, including vision and hearing</li> </ul>
<b>Healthy Youth Development</b>	
Program Outcome Goals	<ul style="list-style-type: none"> <li>• Decrease in youth risk behaviors (smoking and drinking)</li> <li>• Reduction in second pregnancies (when program serves teen mothers)</li> <li>• Improved attachment to school</li> <li>• Increased youth involvement in pro-social activities (volunteering at school and community levels)</li> <li>• Improvements in youth connections with positive role models</li> <li>• Greater youth sense of personal responsibility</li> <li>• Reduction in recidivism to juvenile court (when program serves delinquent youth)</li> </ul>

Outcome Area: <b>Children Ready for School</b>	
Program Outcome Goals	<ul style="list-style-type: none"> <li>• Improved parental knowledge of child development (discipline, nurturing, parenting skills)</li> <li>• Increased parent involvement in family-child language and literacy activities</li> <li>• Greater pre-school participation</li> <li>• Increased screening, detection, and response to developmental delays</li> <li>• Greater childhood achievement of developmental milestones according to validated tests</li> </ul>
Outcome Area: <b>Children Succeeding in School</b>	
Program Outcome Goals	<ul style="list-style-type: none"> <li>• Increased parent involvement in school</li> <li>• Improved child grade point average</li> <li>• Improved reading by third grade</li> <li>• Reduced truancy/school absence</li> <li>• Reduced drop-out rate (programs serving youth at-risk of drop-out)</li> <li>• Movement toward on-grade school performance (programs serving youth behind in school)</li> <li>• Student reporting of greater satisfaction with school, belief in value of education, and personal ability to succeed in school</li> </ul>
Outcome Area: <b>Safe Families and Communities</b>	
Program Outcome Goals	<ul style="list-style-type: none"> <li>• Improved parental discipline practices</li> <li>• Reduction in parental substance abuse and drug involvement</li> <li>• Better response to family mental health and disability issues</li> <li>• Reduced instances of re-occurrence of abuse</li> <li>• Greater child stability in placement and contact with birth family</li> <li>• Great connection of families to social support systems (faith communities, community organizations)</li> <li>• Increased levels of neighborhood involvement on safety issues and concerns</li> </ul>
Outcome Area: <b>Stable and Self-Sufficient Families</b>	
Program Outcome Goals	<ul style="list-style-type: none"> <li>• Improved establishment of family self-sufficiency plans and first steps in meeting those plans</li> <li>• Improved housing stability and quality</li> <li>• Increased parental educational attainment</li> <li>• Increased parental attachment to workforce</li> <li>• Increased retention and advancement within workforce</li> </ul>

# Systems Change Areas, Systems Change Indicators, and Systems Change Goals

While new programs can fill gaps to meet needs, address certain populations that require additional support, and identify better ways of working with children and families, the vast bulk of Pennsylvania's funding for children and family is within large public systems (education, health care, human services, juvenile justice, employment and training, etc.). Improving how these systems operate is essential to affecting **community outcomes areas** and **community outcome indicators**.

FSSR has established seven **systems change areas** that are recognized as important for improving systems performance in achieving better results for children and families. Sites have developed **strategies** for systems reform that are based upon **systems change goals**. The following provides some illustrations of possible **systems change goals** for sites to use in measuring their progress in achieving improvements in the **systems change areas** that they are seeking to improve.

The following **systems change areas** (underlined) are the same as those that have been included in prior FSSR RFA's. Under each are a series of sample **systems change indicators** (bold statements) and **systems change goals** related to those indicators (the bulleted statements). The systems change areas have been defined by FSSR, but the indicators and goals are designed to be illustrative rather than inclusive of all indicators and systems change goals communities may choose. In the end, the systems change goals are likely to be much more specific when developed at the community level, as many will be expressed in numerical terms or with reference to specific data or measurement systems.

## Governance and Leadership (Systems Change Area)

### **Active functioning collaborative board** (systems change indicator)

- Regular meetings with established agenda, decisions reached, and actions taken, record of activities (sample systems change goal)
- Members take actions within organizations, based upon board decisions (sample systems change goal)
- Members see collaborative success as key to own success and organizational success (sample systems change goal)

### **Sustained collaborative leadership**

- New membership recruited and assumes leadership roles over time
- Active participation of all elements of community maintained over time
- Training system enables new board members to quickly understand goals and operation of collaborative and their roles and responsibilities as part of the collaborative

### **Active parent involvement across collaborative efforts**

- At least 25% of participating board members represent parents
- Parents involved in all significant projects and take leadership on community interests
- Leadership development pathways, including a plan and curricula, exist for parents and other community members

### **Positive and productive linkages with other community initiatives**

- Collaborative has identified and knowledgeable of other, related community collaboratives and initiatives and is reflected in collaborative's actions
- Collaborative members provide connecting link across different initiative planning efforts
- Collaborative coordinates efforts with related collaboratives and initiatives to minimize duplication of effort and improve productivity
- Collaborative integrates efforts with other collaboratives and initiatives where appropriate to create more seamless community system of supports

## **Board evaluates and improves operations through use of CAT or a similar tool**

- Priorities set and successful actions taken on all priorities
- Overall score improves

## Systems Change and Policy Reforms

### **Seamless services provided across systems**

- Referrals from one system to another handled in timely fashion
- Fewer instances of multiple case managers for the same family
- Consumers report continuity and consistency of services over time

### **Services effectively administered**

- Duplication of service provision to same families reduced
- Access to services, including geographic access, improved
- Services not penalized for efficiencies, but allowed to redirect resources to prevention and early intervention without losing allocations

### **Policies support flexible and individually-tailored services**

- Waivers reduce barriers to using funding in most efficient manner
- Non-traditional services provided (without additional bureaucratic obstacles), when they are most helpful in achieving child and family outcomes
- Services reduce risk factors and build protective factors
- Consumers more involved in own plans

## Results-Based Accountability, Outcomes, and Evaluation

### **Collaborative establishes and tracks community child and family indicators**

- Regular reports on child and family well-being published and made available
- Common outcomes and language (community, program, and system) shared across systems and community initiatives

### **Data collected, evaluated, and used in decision-making**

- Community indicators used to establish priorities
- Performance targets established for programs and used to assess program effectiveness
- Systems performance targets established and used to assess systems improvement
- Funding decisions based upon outcomes evaluation

### **Collaborative has and implements a plan to evaluate progress toward desired outcomes**

- Evaluation strategies developed for all actions taken
- Data routinely used in planning and decision-making, with course changes made as a result of information gathered
- Interim measures used to refine and adapt strategies

### **Outcomes become part of accountability structure for all systems**

- Common outcomes are basis of partnerships

## Capacity Building and Service Strategies

### **Expanded Prevention and Early Intervention Services**

- Increased enrollment and/or funding of families not previously served by formal systems
- Increased availability of help in non-traditional settings

**Greater connections of services to voluntary community supports**

- Formal systems proactively reach out to natural systems and include those supports in case plans
- More volunteers and self-help groups participate with formal systems

**Strength-based and family-centered approaches used by child and family serving organizations**

- Consumers report more involvement and satisfaction with service delivery
- Service plans reflect family as well as individual issues
- Service plans identify and build upon family and community strengths and demonstrate family involvement
- Services bolster protective factors

**Community-based approaches employed**

- Reliance upon remote and institutional services reduced
- More neighborhood-based services created, identified, and used
- Formal systems conduct regular outreach within neighborhoods

**Financing Strategies and Resource Development****Collaborative understands existing resource allocations for children and families in community and flow of funding**

- Collaborative completed community resource assessment that includes financial information
- Collaborative makes optimal use of need-based budget
- Collaborative tracks spending by consumer groups as well as by categorical funding streams (including identification of multi-system families and resources devoted to them)
- Collaborative identifies potential returns-on-investment from prevention efforts and “costs of failure” embedded in the current system

**Increased private sector investments**

- Business and industry contribute direct resources
- United Way and foundations target resources to high priority child and family issues.
- Social organizations develop campaigns and provide support

**Redeployed public investments to prevention and early intervention programs and services**

- Incentives in systems directed toward prevention and early intervention services
- Systems reduce reliance upon high-cost placement services, with redirection of savings to more community-based prevention services
- Formal systems (education, health, child welfare, juvenile justice, mental health, substance abuse) internally redirect resources to more prevention services
- Agencies pool resources for common purposes

**Communications/Developing Public Will****Broad Community Commitment to Addressing Child and Family Needs**

- Communications plan on child and family outcomes reaches public through variety of channels (report card, focus groups, meeting reports, press, etc.)
- Children and family issues rank high on community list of priorities (e.g. chamber of commerce and united way make children’s issue a priority)
- Press provides extensive coverage of collaborative activities and children and family issues

**Collaborative understands how institutions are organized and how they can be enlisted**

- Cross-systems information is included in orientation materials to new collaborative members

**Community understands and is involved in mission and purpose of collaborative**

- Community members call collaborative for help and information
- --Community members volunteer to help collaborative in areas of----Collaborative seeks and receives guidance from community (through focus groups, meetings, etc.)

**Professional Development and Training****Consistency in working with children and families across systems**

- Training dollars and resources are pooled and integrated plan established
- Cross-system training and communication provides understanding across workers in different systems
- Workers report understanding of other systems and agreement with those systems' values and operation

**Culturally competent programs and services**

- Staff in systems reflect the diversity of the populations they serve
- Consumers report services are respectful and knowledgeable of them and their culture

**Communities have a professional development and training strategy**

- Plans develops knowledge, development, and principles across all systems (with principles necessarily incorporating values of family support)
- Plans based upon state-of-the-art knowledge of empirical evidence and best practices
- Parents and consumers developed and included as trainers and experts in professional development and training
- Workers report confidence in meeting child and family needs
- Consumers report high level of competence and professionalism of the staff that serves them

# Sources for Community-Level Indicator Data

## Sources for Community-Level Indicator Data

P: Primary S: Secondary

Revised 11/21/03

Community-Level Outcome #1					
Prenatal and Infant Health / Healthy Child and Youth Development					
Outcome Indicators		Definition	Data Source(s)	Geographic Area Covered by Data Source(s)	Years for Which Data is / will be Available
P	<b>Low Birth Weight</b>	Birth weight below 5 pounds 9 oz (2499 grams or less )	<b>Department of Health (DOH) Bureau of Health Statistics</b> Birth Statistics <a href="http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&amp;Q=201652">http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&amp;Q=201652</a>	State and county.  For municipalities, see report on lower part of web page	1990-2002
P	<b>Early Entry into Prenatal Care</b>	No Prenatal Care in First Trimester	<b>DOH Bureau of Health Statistics</b> Birth Statistics <a href="http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&amp;Q=201652">http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&amp;Q=201652</a>	State and county	1990-2002
P	<b>Infant Mortality</b>	Rate of infant deaths between ages of birth and first birthday	<b>DOH Bureau of Health Statistics</b> Death Statistics <a href="http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&amp;Q=201652">http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&amp;Q=201652</a>	State, county, and municipality	1990-2002
S	<b>Reported Use During Pregnancy: Smoking</b>	Tobacco Use During Pregnancy	<b>DOH Bureau of Health Statistics</b> <a href="http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&amp;Q=201652">http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&amp;Q=201652</a>	State and county  Selected major municipalities	1995  1996
S	<b>Reported Use During Pregnancy: Drinking</b>	Live Births With Fetal Alcohol Syndrome	<b>DOH Bureau of Health Statistics</b> Hospital and Ambulatory Surgery Center Data Standard Output Reports 1998-1999 <a href="http://www.dsf.health.state.pa.us/health/CWP/view.asp?A=175&amp;QUESTION_ID=229358">http://www.dsf.health.state.pa.us/health/CWP/view.asp?A=175&amp;QUESTION_ID=229358</a> <b>Select #14</b>	State, county and hospital	July 1, 1998 - June 30, 1999
S	<b>Reported Use During Pregnancy: Drug Use</b>	Live births exposed to illegal drugs before birth	<b>DOH Bureau of Health Statistics</b> Hospital and Ambulatory Surgery Center Data Standard Output Reports 1998-1999 <a href="http://www.dsf.health.state.pa.us/health/CWP/view.asp?A=175&amp;QUESTION_ID=229358">http://www.dsf.health.state.pa.us/health/CWP/view.asp?A=175&amp;QUESTION_ID=229358</a> <b>Select #14</b>	State, county and hospital	July 1, 1998 - June 30, 1999



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<b>Community-Level Outcome #2</b>					
<b>Healthy Child Development</b>					
<b>Outcome Indicators</b>		<b>Definition</b>	<b>Data Source(s)</b>	<b>Geographic Area Covered by Data Source(s)</b>	<b>Years for Which Data is / will be Available</b>
<b>S</b>	<b>PA Children's Health Insurance Program (CHIP) Enrollment</b>	Number of children enrolled in CHIP	<b>DOH Department of Insurance</b> <a href="http://www.ins.state.pa.us/ins/cwp/view.asp?a=1279&amp;q=527075&amp;insNav=1">http://www.ins.state.pa.us/ins/cwp/view.asp?a=1279&amp;q=527075&amp;insNav=1</a>  <a href="http://www.ins.state.pa.us/ins/cwp/view.asp?a=1279&amp;q=527110">http://www.ins.state.pa.us/ins/cwp/view.asp?a=1279&amp;q=527110</a>	State  County	Also gives reports back to 1998  Information covers the last 6 months.
<b>S</b>	<b>Medicaid Enrollment</b>	Number of persons eligible for medical assistance	<b>DPW Office of Income Maintenance</b> <a href="http://www.dpw.state.pa.us/oim/oimstats.asp">http://www.dpw.state.pa.us/oim/oimstats.asp</a> Complete the fields on this page to obtain statistics on county caseloads	County	1999-2003

## Sources for Community-Level Indicator Data

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Community-Level Outcome #3					
Healthy Youth Development					
Outcome Indicators		Definition	Data Source(s)	Geographic Area Covered by Data Source(s)	Years for Which Data is / will be Available
P	<b>Births to Adolescents</b>	Children born to single mothers under age 20	<b>DOH Bureau of Health Statistics</b> Hospitals via birth certificates <a href="http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&amp;Q=201652">http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&amp;Q=201652</a>	State, county	1990-2002
P	<b>Juvenile Delinquency Petitions</b>	Number of Juvenile Dispositions. Note: A "disposition" is defined as a referral disposed by the problem department and/or the court. A juvenile can therefore have several dispositions at one time. Number of Juvenile Delinquency petitions are not counted by JCJC.	<b>Juvenile Court Judges Commission</b> For more information contact Director of Statistical Analysis Center at Shippensburg University 717-477-1412. <a href="http://sites.state.pa.us/PA_Exec/JCJC/statistics/statistics.htm">http://sites.state.pa.us/PA_Exec/JCJC/statistics/statistics.htm</a>	State, county	1995-2001
			Municipality information from <b>local police</b> .	Local municipality	As determined locally
			<b>PA State Police</b> Uniform Crime Report. Previous years are available in hard copy. <a href="http://ucr.psp.state.pa.us/UCR/ComMain.asp?SID=">http://ucr.psp.state.pa.us/UCR/ComMain.asp?SID=</a>	County and municipality	1999-2002
S	<b>Student Assistance Program (SAP)</b>	Number of referrals by age, grade and sex	<b>PDE</b> SAP Performance Measures <a href="http://www.sap.state.pa.us/DesktopDefault.aspx">http://www.sap.state.pa.us/DesktopDefault.aspx</a>  For local stats, contact <b>school or district</b> .	County and State  School and district	1996-2000  As determined locally



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<b>Community-Level Outcome #4</b>				
<b>Children Ready for School</b>				
<p>There are no Primary Indicators for this outcome. Without a uniform assessment tool administered to children at the start of kindergarten or first grade, preferably across cognitive, social, and emotional development issues, there is no direct measure of all (or a representative sample of) child development at the time of school entry (or at any pre-school age). The best available indicators relate to program participation rather than to actual child development. Some school districts are conducting assessments at school entry that can serve as good primary indicators of school readiness.</p>				
Outcome Indicators	Definition	Data Source(s)	Geographic Area Covered by Data Source(s)	Years for Which Data is / will be Available
<b>S</b>	<b>Head Start Enrollment</b>	Number of children enrolled in Head Start  <b>PA Head Start Association</b> <a href="http://www.paheadstart.org/countylsthprograms.html">http://www.paheadstart.org/countylsthprograms.html</a> Call local Head Start office for local numbers and for waiting list numbers, (important to include). Because HS is not full day, numbers may not necessarily be a good indication of need. Needs assessment are done every three years.  <a href="http://www.paheadstart.org/factsonheadstart.html">http://www.paheadstart.org/factsonheadstart.html</a>	County          State	Determined locally          2002-2003
<b>S</b>	<b>Grade Retention, Early Years (K-2)</b>	Number of children needing grade retention  <b>PDE Statistics</b> <a href="http://www.pde.state.pa.us/k12statistics/cwp/view.asp?a=3&amp;Q=70724">http://www.pde.state.pa.us/k12statistics/cwp/view.asp?a=3&amp;Q=70724</a>	School District, County	Annually, collected in October. Web site is updated in May. Online: back to 1995, and projected out 10 years. Call PDE for earlier information.
<b>S</b>	<b>Early Intervention Program Participation Rate, Birth to 3 years</b>	Number of children participating in Early Intervention aged birth to three years  <b>DPW</b> Early Intervention Reporting System (EIRS or Early Intervention Reporting System) Data Base./ Cont Call local MH/MR Early Intervention coordinator for specific county data.	County	From approximately 1990.

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Community-Level Outcome #5					
Children Succeeding in School					
Outcome Indicators		Definition	Data Source(s)	Geographic Area Covered by Data Source(s)	Years for Which Data is / will be Available
P	<b>Test Scores at Mid-Elementary, Middle School and High School Levels</b>	Reported test scores	<b>PDE</b> PA School Profiles <a href="http://www.paprofiles.org/">http://www.paprofiles.org/</a> and <a href="http://www.paprofiles.org/pa0102/datafiles/datafiledocumentation.htm">http://www.paprofiles.org/pa0102/datafiles/datafiledocumentation.htm</a>	State, county, district, school	Collected in October, web site is updated annually in May.
P	<b>High School Graduation and Dropout Rates</b>	Number graduated and dropped out	<b>PDE</b> PA School Profiles <a href="http://www.paprofiles.org/">http://www.paprofiles.org/</a> and <a href="http://www.paprofiles.org/pa0102/datafiles/datafiledocumentation.htm">http://www.paprofiles.org/pa0102/datafiles/datafiledocumentation.htm</a>	State, county, district, school	Collected in October, web site is updated annually in May.
S	<b>School Attendance, Grades 7-12</b>	Attendance	<b>PDE</b> PA School Profiles <a href="http://www.paprofiles.org/">http://www.paprofiles.org/</a> and <a href="http://www.paprofiles.org/pa0102/datafiles/datafiledocumentation.htm">http://www.paprofiles.org/pa0102/datafiles/datafiledocumentation.htm</a>	State, county, district, school	Collected in October, web site is updated annually in May.
S	<b>Student Assistance Program (SAP)</b>	Number of referrals by age, grade and sex	<b>PDE</b> SAP Performance Measures <a href="http://www.sap.state.pa.us/DesktopDefault.aspx">http://www.sap.state.pa.us/DesktopDefault.aspx</a>  For local stats, contact <b>school or district</b> .	State, county  District, school	1996-2000  Determined by local source

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<b>Community-Level Outcome #5</b>					
<b>Children Succeeding in School</b>					
<b>Outcome Indicators</b>		<b>Definition</b>	<b>Data Source(s)</b>	<b>Geographic Area Covered by Data Source(s)</b>	<b>Years for Which Data is / will be Available</b>
<b>S</b>	<b>School Attachment</b>	Children's attachment to school and its environment	<p>Identified national <b>School Domain</b> areas that could be measured annually: Early and Persistent Anti-Social Behavior, Academic Failure Beginning in Late Elementary School, or Lack of Commitment to School. (For more on above, see <b>Communities That Care: Prevention Strategies - A Research Guide to What Works</b>) Each of these are measured utilizing a combination of available local and state sources of information such as attendance, drop out rates, etc., as well as the sample in the PA Youth Survey.</p> <p><b>PCCD PA Youth Survey</b> (Voluntary by school district) <a href="http://www.pccd.state.pa.us/pccd/cwp/view.asp?a=1389&amp;Q=572841&amp;pccdPNavCtr=#33570">http://www.pccd.state.pa.us/pccd/cwp/view.asp?a=1389&amp;Q=572841&amp;pccdPNavCtr=#33570</a></p>	<p>School Domain information can be collected from local sources, mostly school districts. See National Center for Education Statistics <a href="http://nces.ed.gov/">http://nces.ed.gov/</a></p> <p>School District</p>	<p>School Domain National information is available for 85 – 90.</p> <p>Biannually</p>
<b>S</b>	<b>Special Education Participation Rates, K-6 and 7-12</b>	Number of children receiving Special Education services	<p><b>PDE</b> Status Report on Education in PA <a href="http://www.pde.state.pa.us/k12statistics/cwp/view.asp?a=3&amp;Q=84388">http://www.pde.state.pa.us/k12statistics/cwp/view.asp?a=3&amp;Q=84388</a> Table #19</p> <p>Special Ed Statistical Summaries <a href="http://ed.hbg.psu.edu/ssr2000.htm">http://ed.hbg.psu.edu/ssr2000.htm</a></p> <p>School or district</p>	<p>State</p> <p>Intermediate Unit</p> <p>School District</p>	<p>1999-2002</p> <p>1990-2002</p> <p>As per local</p>
<b>S</b>	<b>Seniors with Post High School Education Plans</b>	Number of seniors with post high school plans	<p><b>PDE</b> K-12 School Statistics Public, Private and Nonpublic Schools, High School Graduates <a href="http://www.pde.state.pa.us/k12statistics/cwp/view.asp?a=3&amp;Q=70801">http://www.pde.state.pa.us/k12statistics/cwp/view.asp?a=3&amp;Q=70801</a></p>	<p>County, School District</p>	<p>1996-2002</p>

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Community-Level Outcome #6				
Safe Families and Communities				
Outcome Indicators	Definition	Data Source(s)	Geographic Area Covered by Data Source(s)	Years for Which Data is / will be Available
<b>P</b>	<b>Abuse and Neglect / Re-occurrence of abuse and neglect</b>	<p><b>DPW</b>  <b>Child Abuse Annual Report</b>  <a href="http://www.dpw.state.pa.us/ocvf/cw/abuse/Links.asp">http://www.dpw.state.pa.us/ocvf/cw/abuse/Links.asp</a>                      Status of Evaluation, Rates of Reporting and Substantiation by County</p>	County	2001, 2002
		<p><b>PA Domestic Violence</b>                      Collected monthly                      Available: Numbers of adults and children being served, as well as number of counseling hours is available. Access local information by calling local domestic violence programs.</p>	County	Reported monthly and annually back to 1975.
<b>P</b>	<b>Out of Home Placements</b>	<p><b>PA Partnerships for Children</b>                      The State of the Child in Pennsylvania: A 2002 Guide to Child Well-Being in Pennsylvania                      This guide can be ordered online at  <a href="http://www.papartnerships.org/resources.asp">http://www.papartnerships.org/resources.asp</a></p>	State, County	1997-1999
		<p>Call local Children and Youth for more information on placement</p>	County	As per local
<b>P</b>	<b>Index Crime Data: Adult</b>	<p>Homicide, Rape, Robbery, Aggravated Assault, Burglary, Theft, Arson.</p> <p><b>PA State Police</b>                      Uniform Crime Report  <a href="http://ucrreport.psp.state.pa.us/UCR/Reporting/Annual/AnnualSumArrestUI.asp">http://ucrreport.psp.state.pa.us/UCR/Reporting/Annual/AnnualSumArrestUI.asp</a>                      or  <a href="http://ucrreport.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp?rbSet=4">http://ucrreport.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp?rbSet=4</a></p>	State, region, municipality, college, county	Annually
<b>P</b>	<b>Index Crime Data: Juvenile</b>	<p>Homicide, Rape, Robbery, Aggravated Assault, Burglary, Theft, Arson.</p> <p><b>PA State Police</b>                      Uniform Crime Report, Part II  <a href="http://ucrreport.psp.state.pa.us/UCR/Reporting/Annual/AnnualSumArrestUI.asp">http://ucrreport.psp.state.pa.us/UCR/Reporting/Annual/AnnualSumArrestUI.asp</a>                      or  <a href="http://ucrreport.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp?rbSet=4">http://ucrreport.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp?rbSet=4</a></p>	State, region, municipality, college, county	Annually

## Sources for Community-Level Indicator Data

P: Primary S: Secondary

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Community-Level Outcome #6					
Safe Families and Communities					
Outcome Indicators		Definition	Data Source(s)	Geographic Area Covered by Data Source(s)	Years for Which Data is / will be Available
<b>S</b>	<b>Family Violence/Domestic Abuse</b>	Number of incidents of family violence or domestic abuse	<b>PA State Police</b> Uniform Crime Report <a href="http://ucrreport.psp.state.pa.us/UCR/Reporting/Annual/AnnualSumArrestUI.asp">http://ucrreport.psp.state.pa.us/UCR/Reporting/Annual/AnnualSumArrestUI.asp</a> or <a href="http://ucrreport.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp?rbSet=4">http://ucrreport.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp?rbSet=4</a>	State, region, municipality, college, county	Annually
<b>S</b>	<b>DUI Arrests</b>	Number of Driving Under the Influence arrests	<b>PA State Police</b> Uniform Crime Report, Part II <a href="http://ucrreport.psp.state.pa.us/UCR/Reporting/Annual/AnnualSumArrestUI.asp">http://ucrreport.psp.state.pa.us/UCR/Reporting/Annual/AnnualSumArrestUI.asp</a> or <a href="http://ucrreport.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp?rbSet=4">http://ucrreport.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp?rbSet=4</a>	State, region, municipality, college, county	Annually

## Sources for Community-Level Indicator Data

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Community-Level Outcome #7					
Stable and Self Sufficient Families					
Outcome Indicators		Definition	Data Source(s)	Geographic Area Covered by Data Source(s)	Years for Which Data is / will be Available
P	<b>Child Poverty / Free and Reduced Price Lunch</b>	Percent of children eligible for the National School Lunch Program	<b>PDE Division of Food and Nutrition</b> <a href="http://www.pde.state.pa.us/food_nutrition/cwp/view.asp?a=5&amp;Q=45622&amp;food_nutritionNav= 3296 &amp;food_nutritionNav= 4098 3285 ">http://www.pde.state.pa.us/food_nutrition/cwp/view.asp?a=5&amp;Q=45622&amp;food_nutritionNav= 3296 &amp;food_nutritionNav= 4098 3285 </a>	School District, School building	1998-2002
P	<b>Family Employment</b>	Over age 16, without jobs, but available and actively looking for work	<b>US Census</b> See Economic Survey of county <a href="http://www.census.gov/acs/www/Products/Profiles/Single/2000/ACS/PA.htm">http://www.census.gov/acs/www/Products/Profiles/Single/2000/ACS/PA.htm</a>  <b>PA Department of Labor and Industry</b> General information can be found at the PA Labor Market Data Base System (PALMIDS) at <a href="http://www.palmids.state.pa.us/default.asp">http://www.palmids.state.pa.us/default.asp</a>  Regular unemployment information is collected through state Employment offices. Employment information is collected through businesses' tax information, on the state level.	State, county, larger municipalities   State, county	Census data collected monthly. City data available since 1979, state data available since 1950, county data since 1970, US data since 1920's.