



**PUBLIC HEALTH
COMMISSION**

**ON PREVENTING VIOLENCE AND
PROMOTING COMMUNITY MENTAL HEALTH**

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Special acknowledgement to the community members who gave generously of their time and expertise in the development of this report including:

Dr. Ron Voorhees who as the first Co-Chair of the Commission was instrumental in crafting the structure and strategy for the Commission. Additionally, we are most appreciative of the invaluable insights provided in presentations by Commander RaShall Brackney, City of Pittsburgh Police, Rashad Byrdsong, Community Empowerment Association, Richard Carrington, Voice Against Violence, Hon. Michael Cherepko, City of McKeesport , Alicia Chico, Allegheny Intermediate Unit 3, Erin Dalton, Department of Human Services, Richard Garland, University of Pittsburgh, Mark Holtzman, McKeesport School District, Dr. Rolf Loeber, University of Pittsburgh, Dr. Ed Mulvey, University of Pittsburgh, Khalid Raheem , National Council for Urban Peace and Justice, Dr. James Schuster, Community Care Dr. Walter Smith, Department of Human Services, Asst. U.S Atty. Soo Song, Office of the U. s. Attorney, Dr Susan Tarasevich, University of Pittsburgh, Dr. Jerome Taylor, Center for Family Excellence, Dr. Ken Thompson, University of Pittsburgh, Patricia Valentine, Department of Human Services, Dr. Dara Ware Allen, Pittsburgh Public Schools and Janet Yuhasz, Pittsburgh Public Schools.



CALL TO ACTION

Recognizing that “Community violence is a public health problem (and that) in order for us to have any impact at all on this issue, we need to start approaching it from a public health perspective,” Allegheny County Executive Rich Fitzgerald announced the formation of the Public Health Commission on Preventing Violence and Promoting Community Mental Health (hereinafter referred to as Commission) on May 9, 2013.

Specifically, the objectives of the Commission were to:

1. Identify best practices in violence prevention on a local, state, federal and international level which are applicable to Allegheny County
2. Identify ways to maximize the impact of existing resources and efforts in Allegheny County aimed at reducing violence in order to gather information and data on what activities are impactful
3. Identify strategies to reduce the hurdles and stigma associated with seeking mental health services that prevent individuals from getting assistance or treatment
4. Recommend means to increase community involvement in creating safe and connected neighborhoods
5. Recommend local approaches that can be utilized by community groups to engage their residents in a common goal of reducing violence and promoting mental health
6. Recommend policies and actions to the Allegheny County Executive that the County can adopt, implement or offer that will reduce violence and promote positive mental health.

To fulfill this charge, and recognizing that expertise from the broad spectrum of the community was critical to this process, the Commission was composed of:

- **Dr. Karen Hacker**, Co-Chair , Director of the Allegheny County Health Department
- **Rev. Earlene Coleman** Co-Chair, Bethlehem Baptist Church of McKeesport



- **Dr. Ralph L. Bangs**, Associate Director of the Center on Race & Social Problems in the School of Social Work at the University of Pittsburgh and is Co-Director of the Urban & Regional Analysis Program in the University Center for Social & Urban Research.
- **T. Rashad Byrdsong**, President and CEO of the Community Empowerment Association, Inc.
- **Chief Ophelia Coleman**, Chief of Police in the Borough of Wilkinsburg
- **Valerie Dixon**, Executive Director of the Prevent Another Crime Today (PACT) Initiative and Co-Convener of the Coalition Against Violence’s “Strategies for Change”
- **The Honorable Wayne D. Fontana**, State Senator for the 42nd Legislative District
- **The Honorable Ed Gainey**, State Representative for the 24th Legislative District
- **Richard Garland**, Coordinator of the Center for Health Equity’s Violence Prevention Project at the University of Pittsburgh’s School of Public Health.
- **Dr. Mary Ellen Smith Glasgow**, Dean of Duquesne University’s School of Nursing
- **Rev. Glenn Grayson**, Pastor of Wesley Center A.M.E. Zion Church in the Hill District
- **Mark P. Holtzman, Jr.**, Principal, McKeesport Area High School and Technology Center,
- **Kevin Jenkins**, Director of Community Initiatives and Senior Program Officer for the Pittsburgh Foundation
- **Magdeline Jensen**, CEO of YWCA Greater Pittsburgh
- **Marcia A. Martin**, Vice President of Gateway Health
- **Beth Monteverde**, Executive Director of Residential Care Services
- **Wilford Payne**, Executive Director of Primary Care Health Services
- **Dr. Loren H. Roth**, the Associate Senior Vice Chancellor for Clinical Policy and Planning, Health Sciences, University of Pittsburgh and Professor of Psychiatry for the School of Medicine and Professor of Health Policy & Management at the Graduate School of Public Health
- **Joni Schwager**, Executive Director, Staunton Farm Foundation
- **Patricia L. Valentine**, Deputy Director for Integrated Program Services, Allegheny County Department of Human Services
- **The Honorable Jake Wheatley**, State Representative for the 19th Legislative District
- **The Honorable Joseph K. Williams, III**, Judge in the Criminal division of the Allegheny County Court of Common Pleas
- **Dr. Karl E. Williams**, Allegheny County Medical Examiner

Staff:

- *Austin Davis, Office of the County Executive*
- *Dr. Mary Esther Van Shura, Office of the County Executive*

In forming the Commission composed of members of the legislature, community, faith-based groups, academia, government, police and recognized leaders in the fields of mental health, it was expected that there will be “an enhanced understanding and awareness of the impact that violence and mental health has on children, families, and communities. Through identification and development of local approaches and inclusive community actions, the County can assist in building communities that are safe and secure.” (Allegheny County, Office of the County Executive, Press Release, May 9, 2013)

It is within this context that the Commission assembled and reviewed the myriad of variables that influence this public health problem. As such, the Commission respectfully recommends the creation of a Public Health Collaborative charged with implementing ten (10) action steps involving:

RECOMMENDATION: Create a Public Health Collaborative including the following specific actions related to each topic.

With respect to preventing violence, we recommend the following:

Action # 1: Implement evidenced- based programs such as SNAP (Stop Now and Plan) and other self-control programs in the earliest years to deter involvement in the criminal justice system in areas with high levels of violence.

Action # 2: Train and support community leaders (both formal and informal) to coordinate and implement evidenced-based programs related to reducing youth violence to ensure accountability and sustainability.

Action #3: Redesign police strategies which embrace evidence-based programs which focus on the small number of serious, violent offenders to exert influence and raise their risk of apprehension and intervention which reduces the likelihood of further acts of violence.

Action # 4: Develop a template that can be accessed by municipal police forces that involves an approach to direct and/or connect youth with the wide array of appropriate services and strategies to increase community trust of police.

Action # 5: Establish a protocol for school administrators when violence occurs.

With respect to mental health, we recommend the following actions:

Action # 6: Expand Family Support Centers services to mental health first aid and social services in all communities experiencing high rates of violence.

Action # 7: Implement the Trauma Informed Care model consistently throughout the County.

Action # 8: Promote programs that reduce stigma and cultural barriers for seeking mental health

Action # 9: Advocate for hospitals to coordinate discharge plans from partial and in-patient hospitalizations with school personnel and parents and guardians to share appropriate behavioral health information with schools.

Action # 10: Charge a short-term interdisciplinary group to develop an assessment tool for the behavioral health needs of students.

Methodology

As a means to fulfill the charge of the County Executive, the Committee engaged in an extensive review of research, reviewed best practices implemented both nationally and locally, and interfaced with professionals engaged in research and program implementation related to the issue of violence and community mental health.

To ensure a thorough review of the issues, the Commission was divided into two (2) separate committees of Preventing Violence and Promoting Community Mental Health so that each topic could be thoroughly reviewed in the context of the identified outcome. To accomplish this, each subcommittee met monthly from June 2013 through April 2014 with a final meeting of the Commission in August 2014.

The process for the subcommittee meetings involved:

1. Determination of the focus for each respective committee due to the broad nature of issues of violence and community mental health. After considerable discussion, it was concluded that while levels of violence can be measured with respect to levels of homicide, numbers of incidents involving guns or other weapons, interpersonal violence, etc., the focus of the subcommittee would be on the prevention of violence resulting in death of youth. From a community mental health perspective, it was agreed that while mental health traditionally is viewed by the incidence and prevalence of mental health diagnoses and related support services, the committee concluded that community mental health and common wellness was a broader issue related to an array of psychosocial, structural, cultural and financial issues and therefore recommendations would be crafted within that context.
2. Identification of best practices and reference materials for review related to these practices which was updated and disseminated to the group.
3. Delineation of topics for review in a series of panels to the respective subcommittees.
4. Identification of community leaders and experts in the field that would address the subcommittees in selected topics.
5. Panel discussion with members of the respective subcommittees.

After appropriate review of the issues by a series of panel presentations from academic, educational and community leaders, recommendations were developed for the committee of the whole for consideration by the County Executive.



National Landscape

“We won’t be able to stop every violent act, but if there is even one thing we can do to prevent any of these events, we have an obligation, all of us, to try” President Barack Obama

With the attention of the nation focused on developing strategies to address the extremely distressing acts of mass violence experienced in New Hampshire, Virginia and Colorado, President Obama announced the “Now is the Time” plan (White House, 2013) focused on reducing gun violence, making schools safer, and increasing access to mental health services.

The plan released on January 13, 2013 specifically promotes a variety of strategies involving :

- Closing background checks loopholes to keep guns out of dangerous hands
- Banning military-style assault weapons and high capacity magazines’ and taking other common-sense steps to reduce gun violence
- Making schools safer
- Increasing access to mental health services

From a Congressional perspective, numerous pieces of legislation were also crafted including:

- The Public Safety and Second Amendment Rights Protection Act (S. 649, 113th Congress, 2013) sponsored by Senators Toomey (PA) and Manchin (W. VA.) that would require states and the federal government to send all necessary records on criminals and the violently mentally ill to the National Instant Criminal Background Check System (NICS). The bill extends the existing background check system to gun shows and online sales.
- The “Helping Families in Mental Health Crisis Act” (HR 3717) by Congressman Tim Murphy (PA-18) by which he suggests that the bill “fixes the nation’s broken mental health system by focusing programs and resources on psychiatric care for patients and families most in need of services” (Murphy, 2013)



Compounding the issue is the fact that U.S. Department of Justice revealed that “ In 2012, for the second consecutive year, violent and property crime rates increased for U.S. residents age 12 or older “ with an overall increase in violent crime from “22.6 victimizations per 1,000 persons in 2011 to 26.1 in 2012 “ However, when classified by crime type, the increase was “largely due to an increase in simple assault.” Despite this increase, the government also noted that from 2002 to 2011, the homicide rate declined from 6.1 to 5.1 per 100,000, with the majority of the decline occurring from 2008 to 2011. (U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2013)

From a mental health perspective, the National Alliance on Mental Illness (NAMI, 2014) revealed that :

- One in four adults experience mental illness in a given year.
- One in 17 adults have with a serious mental illness such as schizophrenia, major depression or bipolar disorder.
- In the age cohort of 13 years to 18 years, approximately 20 % experience mental health challenges annually.
- Approximately 60% of adults and almost half of youth aged 8 years to fifteen years had not received services in the previous year.
- Approximately 20% of state prisoners and 21% of local jail prisoners have a recent history of a mental health condition.
- Seventy percent of youth in juvenile justice systems have at least one mental health condition.

From a regional federal perspective, the U. S. Attorney’s office has implemented numerous strategies to address issues of violence involving:

- Prosecution: Target chronic violent offenders and focus on community impact prosecutions.
- Prevention: Mentoring program, outreach to schools especially with cybercrime issues, safe neighborhoods initiatives and development of police-community trust.
- Reentry: Programs that ensure successful reintegration into society

Additionally, the U. S. Attorney convened a community engagement project to improve police and community relations. The basis is the “Perez Principles” (former Deputy Attorney General and now U.S. Secretary of Labor) of reducing crime and increasing public safety, ensuring policing respects the law and the Constitution and ensuring and enhancing respect for and from law enforcement .

Commonwealth Landscape

With respect to violence, the Advisory Committee on Violence Prevention of the Joint State Government Commission in December 2013 indicated that that “On a state-to-state comparison, Pennsylvania, with an overall state rate of violent crime of 355 per 100,000 inhabitants ranks 30th overall, at a slightly lower rate than the national average of 386.3”. From a Metropolitan Statistical area review (MSA), they cited statistics that although the Pittsburgh MSA had the fifth highest homicide rate of 299.7/100,000 individuals, it was lower than the state average. (Joint State Government Commission, December, 2013)

From a mental health perspective, the National Alliance on Mental illness revealed that of the approximately 12.4 Pennsylvania million residents, “close to 448,000 adults live with serious mental illness and about 129,000 children live with serious mental health conditions.” It also highlighted that from a criminal justice perspective, that “In 2006, 4,323 children were incarcerated in Pennsylvania’s juvenile justice system. Nationally, approximately 70 percent of youth in juvenile justice systems experience mental health disorders, with 20 percent experiencing a severe mental health condition. In 2008, approximately 11,800 adults with mental illnesses were incarcerated in prisons in Pennsylvania. (NAMI, State Advocacy, 2010)

After a comprehensive analysis of issues related to violent crime and mass shootings, as well as, other issues including but not limited to mental illness and treatment, firearms regulation, school security, etc., the Advisory Committee on Violence Prevention of the Joint State Government Commission issued an array of recommendations.

Although all the recommendations in the report are relevant to our community, for the purposes of this report, the salient issues related to guns, mental health and children schools are:

- “Pennsylvania already requires background checks for all transfers of handguns except those between family members and requires background checks for the retail transfer of long-guns. The background checks required under Pennsylvania law prior to the purchase of a firearm suffice and need not be expanded further.



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- “Weapons at local government meetings should not be banned, because it would impinge on an individual’s constitutional right to bear arms without producing any measureable safety benefit.
- The term “adjudicated incompetent” should be replaced with a reference to “adjudicated incapacitated”.
(Editor’s Note: While the term adjudicated incompetent is still at times referenced in Pennsylvania law, the term adjudicated incapacitated is the more appropriate term. The status of a person is considered “incapacitated “ when an “adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that he is partially or totally unable to manage his financial resources or to meet the essential requirements for his physical health or safety. Allegheny County Department of Human Services)
- The General Assembly should consider whether all involuntary commitments under Section 302 of the Mental Health Procedures Act should result in firearms disqualifications. To the extent they do result in disqualification, there should be a simplified path to restoration of firearms rights in certain circumstances.
- Add a provision to the Uniform Firearms Act to require individuals to take reasonable safety precautions when firearms are in a home where children are present.
- The Mental Health Procedures Act (MHPA) should be thoroughly reviewed to determine whether to amend involuntary commitment standards to assure greater access to treatment or to add alternatives to treatment, such as assisted outpatient treatment.
- Schools should be receptive to receiving advice and training on creating safe school environments. School teachers and administrators should not be solely responsible for investigations and assessments.”

- All schools should have access to mental health services for their students and early intervention programs to detect and prevent potentially violent behavior. This includes school counselors, social workers, school nurses, deans, guidance counselors, psychiatrists and psychologists, as well as other mental health professionals and staff dedicated to maintaining the social and mental health of the student body. Schools, police and mental health services should coordinate activities on the local level. Additionally, the Pennsylvania Departments of Education, Public Welfare and Health should coordinate at the state level to ensure a continuum of services for children needing support from any of the departmental programs.
- Additional education and training, which promotes mental health awareness and early intervention should be provided to individuals (such as laypersons, first responders and law enforcement personnel) who come in contact with individuals who are mentally ill, developmentally disabled, or otherwise impaired, and should be made part of continuing education curricula.
- Additional funding for community mental health services is desperately needed. Insurance coverage parity for mental disorders should continue and Medicaid expansion funds available under federal law should be provided for more community mental health services.” (Joint State Government Commission, December 2013)

Local Landscape

Overall, the Pittsburgh Regional Quality of Life survey, a joint report by Pittsburgh Today and the University Center for Social and Urban Research of the University of Pittsburgh revealed that “When asked to rate the region as a place to live in terms of overall quality of life, a total of 81% rated it as either “good” (29%), “very good,” (38%), or “excellent” (14%). African American residents rated both their neighborhoods and the broader region less positively in terms of overall quality of life. However, African Americans did not report lower overall life satisfaction or happiness.” (Pittsburgh Regional Quality of Life Survey, July, 2012)

From an economic perspective, the survey revealed that the “overall view of the prospects for the local economy were generally more positive than those for the nation as a whole...Despite their significantly greater difficulties paying for housing and other basic necessities, African American residents tended to be more optimistic about the national and regional economy as well as their own personal economic prospects.” From a public safety perspective, the survey indicated that “Rates of property (15%) and violent crime victimization (2%) reported in the survey were similar to recent national benchmarks (though slightly higher)... Males and younger residents were more likely to report being property crime victims, while African Americans and City of Pittsburgh residents were more likely to report being violent crime victims. In general, residents of the region feel safe in their neighborhoods and believe that the police do a good job in providing protection. African Americans, younger residents, and those with lower incomes tended to report feeling less safe and rated police protection less positively.” (Pittsburgh Regional Quality of Life, 2012)

Editor’s Note: It should be noted that data related to perceptions may have changed since the survey was conducted

While the overall perceptions of the general public were positive, the challenging crime statistics confirm the accuracy of the perception of our youth and African American community especially in specific neighborhoods and communities in our county. Disturbingly, County data (Department of Human Services, 2013) shows that “the density of homicides that occurred from 2005 through 2011 in Allegheny County... (were highest in) hot-spots within the City of Pittsburgh ...as well as clusters outside of the city...(that) includes Braddock, Clairton, Duquesne, Clairton, Homestead, McKeesport and North Braddock. (*Refer maps on pages 50 and 51*) In reviewing the homicides occurring from January 1 through June 5 2014, additional areas experiencing this issue were the neighborhoods of Knoxville and Larimer in the City of Pittsburgh and other communities such as McKees Rocks, Penn Hills and Wilkinsburg.



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From a health and socioeconomic perspective, Allegheny County which is an urbanized area of 1.2 million people living in 130 different municipalities, including the City of Pittsburgh and its 90 neighborhoods has wide health and income disparities among these municipalities and neighborhoods, with indicators of poor community health (high rates of violence, obesity, smoking) concentrated in the areas that suffered most during the decline of the steel industry and from decades of housing discrimination .

Compounding this situation is the fact that the national program entitled Healthy People 2010's goal established a goal of the rate of homicide of 3.0 per 100,000 for the County (Allegheny County Health Department: Mortality Report 2009-2010). Yet, a review of rates indicated that seven percent (7%) of Allegheny County communities have a homicide rate of 12.0 per 100,000 or higher and 48 percent (48%) of City of Pittsburgh neighborhoods have a homicide rate of 12.0 per 100,000 or higher. (Dalton et al, 2013)

Communities challenged by these statistics are Duquesne, Wilkesburg, Braddock, Clairton, North Braddock, McKeesport, Homestead and the City of Pittsburgh. "When examining homicide rates (number of homicides per 100,000 people), a few additional areas emerge, including Mount Oliver, a borough completely surrounded by the City of Pittsburgh, and Elizabeth, a small, densely populated area in the southeastern-most corner of Allegheny County. " (Dalton, 2013)

From a racial review, the county reported that eighty-six percent (86%) of those murdered in Pittsburgh during the years 2000 through 2012 were African American and eight-five percent (85%) were male. (Allegheny County, Department of Human Services, October 2013) As alarming is the fact that the effect on their life expectancy is severe as an Allegheny County Health Department study found that over this time African American males lost a total of 2,467 years of potential life, due to assault. This was 75 percent of the County's total years of potential life lost when layered on top of other health disparities. (Allegheny County, Department of Health, 2012) When the Allegheny County Health Department's Office of Epidemiology and Biostatistics examined disparities related to age-adjusted mortality across race and education, it was revealed that both race and education played a major role in mortality rates. (Ajang, 2005)

From a mental health perspective, Allegheny County's \$97 million budget for services, in combination with HealthChoices Behavioral Health funding, serves approximately 60,000 individuals in a wide array of services. These services include but are not limited to acute services such as crisis intervention, In-patient hospitalization, Acute partial hospitalization, individual and group treatment, psychiatric evaluation, medication management, Case Management, wrap around services for children and adolescents (Therapeutic Staff Support, Behavior Management and Mobile Treatment) and community treatment teams - highly supportive and intensive treatment teams which provide comprehensive mental health services as well as Drug and Alcohol services for those in need. Services that may be responsive to ongoing mental health needs also include housing services, Social Rehabilitation, Employment Support Services, Peer Support, Psychiatric Rehabilitation, Community-based Services, School-based services, and Justice-related Service System interventions such as Mental Health Court and Veterans Court .

While there are many mental health services, several challenges exist which render access to services challenging for people in certain situations. For instance, third party payers such as Medicare and private insurance do not pay for housing. Stable housing is critical to the stability and ongoing health of any individual, but especially those with serious psychiatric symptoms. People without stable housing often experience instability in other parts of their lives such as nutrition, social support and access to services. Additionally, some of the more 'up front affordable' plans in the Health Insurance marketplace include very high deductible responsibilities for mental health and drug and alcohol services, which can compromise people's ability to afford treatment. Very importantly, the processes of application for Medical Assistance, Social Security Income/Social Security Disability and other benefits are often lengthy, confusing and frustrating, leading people who are least able to tolerate these frustrations with little hope of success in acquiring the very benefits that could help their mental and physical health status.

An additional challenge is related to the location of facilities. A review of the Community Need Index with an overlay of MH Service Facilities indicates that while mobile services are available throughout county, service locations are not concentrated in areas of highest need. (Refer to maps on pages 46-47)

RECOMMENDATION: Create a Public Health Collaborative

Challenge:

Currently, Allegheny County allocates approximately \$53 million for placement and probation services for youth and \$100 million for behavioral health services via a State block grant. While the services of these delivery systems are clearly recognized and applauded, the lack of coordination with the Department of Health on youth violence prevention and simultaneous promotion of mental health within numerous municipalities contributes to the challenging statistics in our most vulnerable communities. Highlighting this lack of coordination is the fact that the websites for the Departments of Health and Human Services or to some degree, the Office of the Medical Examiner do not have cross-referencing or linkages with respect to issues that effect all the entities.

Although the County has had nationally-recognized success using a coordinated process at reducing recidivism, parallel coordinated energies have not been directed to the prevention issues that would reduce the incidence of youth violence and eventual use of the justice system. In fact, a recent report by the Department of Human Services entitled “Reducing Street Violence in Allegheny County” indicated that “Reducing violence in the next five years also means taking steps to prevent youth from becoming enmeshed in violence and providing a pathway out of criminal involvement.” (Allegheny County Department of Human Services, 2014)

Considerations:

Historically, governments throughout the world have used a “criminal justice approach to preventing violence at-tempts to deter potentially violent behavior at the individual level”. While this strategy clearly has merit, the WHO concluded that “it is not sufficient for the primary prevention of interpersonal violence and the mitigation of its consequences at the population level.” (World Health Organization, 2002, 2004)

Given this, it espouses the belief that a more appropriate strategy would be a public health approach which aims to provide the maximum benefit for the largest number of people. Therefore it recommends that governments:



- Define the magnitude, scope, characteristics and consequences of such violence through the systematic collection of information.
- Identify and research the risk and protective factors that increase or decrease the likelihood of violence, including those that can be modified through interventions.
- Determine what works in preventing violence by developing and evaluating interventions tailored to the demographic and socioeconomic characteristics of the groups in which they are to be implemented.
- Implement effective and promising interventions in a wide range of settings and, through ongoing monitoring of their effects on the risk factors and the target problem, to evaluate their impact and cost-effectiveness.”

More importantly, the WHO (World Health Organization, 2002, 2004) proclaimed that “the health sector,... is the natural leader as it is explicitly designed to define, understand, and address population-wide health challenges, and at the societal level it is the health sector that carries the major burden of care arising from the consequences of violence.” Additionally, the WHO indicated that the interrelationship of societal, situational factors and the trauma-related experiences will be major influence on the level of violence within a community.

Recognizing a more comprehensive public health approach, numerous effective models have been developed and adopted by cities throughout the nation as a means to reduce youth violence. In essence their energies reflect the position espoused by Hemenway and Miller (2013) in the New England Journal of Medicine in an article entitled a “Public Health Approach to the Prevention of Gun Violence” that it is critical to focus “on prevention — usually as far upstream as possible.”

Specific examples of this “upstream approach” are the cities of Minneapolis and Milwaukee described as follows:

Minneapolis

The Minneapolis Blueprint for Action to Prevent Youth Violence (2013) embraced a multi-faceted, multi-sector, multi-year master plan to address the issue of violence with youth. The four primary goals of this initiative are to:

- Connect youth to trusted adults
- Intervene at the first sign of risk
- Restore youth that have gone down the wrong path
- Unlearn the culture of violence

Using 22 indicators correlated to the four goals, Minneapolis realized a “59% reduction in juvenile violent crime, 66% reduction in incidents involving guns and juveniles, 39% reduction in firearm-related injuries in youth and young adults” from 2006 to 2011. (Minneapolis Blueprint for Action to Prevent Youth Violence (2013))

Milwaukee:

Essentially, the Milwaukee Commission’s goal (Milwaukee Homicide Review Commission, 2014) is to reduce homicides and nonfatal shootings through an extensive interdisciplinary process. The Commission’s activities are a four stage process that involves:

- **Real-Time Review:** A review by the municipal police department including an immediate response, investigation, increased patrols, and apprehension of identified subjects. Within 48 hours, social services agencies are contacted to provide immediate crisis intervention, case management, mentoring, emotional support, mental health counseling, and home-based health care to victims’ families.
- **Criminal Justice Review:** A monthly assessment of each homicide by various groups including community–police liaison, district officers, and members of the violent crimes, gang crimes, homicide, and vice units. Others include the District Attorney, the City Attorney, the U.S. Attorney’s Office, public school system, housing authority, medical examiner, and various other federal agencies
- **Community Service Provider Review:** An analysis of cases to determine the community variables that impacted the crime. Such a review provides a means to increase awareness within the community of such variables as well as serving as a means to prevent additional crime.
- **Community Review:** A mechanism to educate and engage community members in the variety of aspects of crime within their respective community.

An additional strategy employed by various municipalities such as Baltimore and Brooklyn is the CURE process of violence interrupters by which individuals committed to ending violence by investing significant energy to learn more of the community's insights and the view of gang members regarding disagreements between groups. This approach involves the detection of likelihood of violence, mediation of disputes, and act as a source of information for law enforcement. To facilitate these objectives, trained outreach workers connect group members with human services. In a few instances, "interrupters" have interfaced with law enforcement entities and the Courts to move individuals at high risk of being shot to another region of the state or the country. As violence interrupters often have their own criminal histories, law enforcement professionals at times rejects their assistance. However studies of these programs indicated that they have reduced retaliatory killings and increased the flow of street-level intelligence to police. Because of this, it is critical that the merits of the approach be evaluated.

From another perspective, the Pennsylvania Commission on Crime and Delinquency (2014) oversees four (4) regional Criminal Justice Advisory Boards (CJAB) charged with the oversight of a comprehensive strategy to reduce crime through the implementation of evidence-based programs. Within the western region, the current design engages the heralded Jail Collaborative, an interdisciplinary process involving government agencies, court officials, service providers, ex-offenders, faith-based community organizations, families and the community aimed at reducing recidivism. Due to this initiative, significant gains have been made in reducing recidivism and justice related expenses in our county.

From a neighborhood perspective, Voices Against Violence, a neighborhood organization which operates on the premise that the energy for solving issues within community must come from the network of community members that are focused on a common goal to eliminate violence. In fact, the non-profit indicated that a significant percentage of youth involved in the program have completed high school. In reviewing this work in the southern neighborhoods of the City of Pittsburgh, several elements were identified that sustain and enhance the programs including the development of a continuum of intervention which interfaces with the local magistrates and other judicial officials, psychological services, job training etc.

Additionally, in reviewing a presentation entitled “ A Comprehensive Violence Reduction Plan Using a Public Health Approach” provided by the Community Empowerment Association (CEA) that cited that a healthy black community is comprised of strong institutions such as schools, libraries, hospitals, social clubs, employment opportunities, educational opportunities, it was concluded that it is critical to engage these established entities when addressing violence.

While generally violence is viewed as Interpersonal violence or the breakdown of community and family relationships demonstrated through the dramatic increase of black on black crime, gang violence, and the frequent lack of a positive value system, the CEA indicated that parallel energy must be directed by government to address structural violence which was defined as unaddressed historical social and political impediments that have continued to contribute to the barriers for a healthy community in predominately low-income African American communities.

From another perspective, the PITT Public Health Community Violence Prevention Project in the Center for Health Equity, Graduate School of Public Health, University of Pittsburgh (2012) echoed the need for a systems approach and that communities need to:

- Identify and involve the natural support networks of at-risk youth and specifically, engage those at risk who are not currently involved in mandated health or behavior programs.
- Ensure the availability of comprehensive and integrated services for youth and family members at risk for violence.
- Change community-wide perceptions of violence
- Enhance the homicide review process in order to generate a comprehensive understanding of the cases, contributing factors, and potential solutions.

Action:

Acknowledging that this Commission embraced the first three aspects of the WHO's recommendations regarding systematic collection of information involving the magnitude, mapping and characteristics of violence, delineation of factors that effect the incidence of violence, and research that identifies interventions congruent to the demographic and socioeconomic characteristics experienced in areas of high violence, it is concluded that it is the appropriate time for the implementation of evidenced-based interventions in targeted areas under the auspices of a recognized structure

To accomplish this, we specifically recommend a Public Health Collaborative be formed that could operate under the auspices of the Community Justice Advisory Board (CJAB) or as a separate entity. The primary focus of the collaborative will be building healthy communities by developing a multi-faceted, multi-level approach with respect to justice-related activities, economic, physical and mental health components.

Initially, the core elements of the collaborative will be:

1. Examine best practices related to the development of a collaborative to determine the most appropriate structure for replication
2. Conduct on-going research to determine best practices of Homicide Reviews
3. Identify specific objective(s) related to a decrease in the level of violence within a certain time period
4. Recruitment of community members representing an array of areas of expertise including health, juvenile justice, economic development, social service, education, mental health and faith-based leaders that will commit to a monthly meeting.
5. Selection of an evidenced-based national model for implementation.
6. Selection of an evaluation process and commitment to timeline for evaluation.
7. Implementation of a pilot by the selection of four communities (two neighborhoods within the City of Pittsburgh and two communities outside the City) that experience high levels of violence as measured by homicide statistics.

Action # 1: Implement evidenced- based programs such as SNAP (Stop Now and Plan) and other self-control programs in the earliest years to deter involvement in the criminal justice system in areas with high levels of violence.

Challenge:

Currently the County spends approximately \$11 million for Shuman Juvenile Detention Center serving an average 3,500 youths per year of which repeat admissions account for 40%. After an initial stay and assessment, juvenile court renders a decision on the release of youth to Home or Foster Placement, Residential Treatment Programs, Day Treatment, Group Homes, State Youth Development Centers, transferred to other jurisdictions, Children and Youth Services or services within the mental health or intellectual disability system.

Considerations:

The Pittsburgh Youth Study one of the most heralded longitudinal studies in the United States by the Department of Psychiatry, University of Pittsburgh, School of Medicine revealed that the “risk of later violence, serious offenses and chronic offending is two to three times higher for early onset offenders as compared to later onset offenders”. Additionally, the economic impact of serious offenses committed by youth who had committed less serious offenses in their earlier years of development were approximate \$400,000 as compared to the approximate \$150,000 for offenders whose more negative behavior started at a later age.

Further scrutiny of the study that commenced in 1987 indicated that it is critical that investigators “must focus on the fact that whether developmental sequences in changes of behavior represent system- ic changes in behavior.” To illustrate this conceptual framework, the researchers identified three developmental pathways of :

1. Authority Conflict : Exhibit behaviors prior to the age of 12 beginning at stubbornness, defiance such as refusal to authority avoidance such as truancy.
2. Covert: Behaviors beginning with issues such as shoplifting, vandalism and then escalating to issues such as auto theft, etc.
3. Overt: Exhibit behavior of minor aggression such as bullying, physical fighting such as gang fighting and physical fighting, escalating to Violence such as rape and attack, and then homicide. (National Criminal Justice Reference Service)



As important to this sequential process is the recognition that adolescents are qualitatively different with respect to self-recognition, heightened sensitivity to peers and less able to make rational decisions especially during times of stress. Therefore, additional testimony by professionals of the University of Pittsburgh's Department of Psychiatry espoused the belief that interventions should be crafted to reflect these realities. To accomplish this, multi-systemic therapy, and family functional therapy as appropriate mechanisms to deal with violent youth rather than a reliance on boot camps and gun buy-back programs that are generally ineffective in reducing crime was advocated. Due to the wide array of programs that have been employed, it was noted that interventions should be evaluated in the context of cost-effectiveness.

While several programs have been determined to be effective to promote protective factors associated with non-violence, the SNAP (Stop Now and Plan) developed by the Child Institute in Toronto has been particularly successful in developing skills in children under the age of 12. In Allegheny County, this cognitive behavioral approach was first successfully embraced by Auberle in 2007 and subsequently by Holy Family Institute as a mechanism to deter later violence by the development of appropriate behavior strategies. A recent study of the Auberle SNAP® Program (Auberle, 2013) reported the following impact on children served:

- 79% decrease for depressive behavior
- 75% decrease in social problems
- 76% decrease in attention problems
- 79% decrease in rule breaking
- 81% decrease in externalizing behavior
- 87% decrease in aggression

More concretely, Auberle reported that "Of the 252 youth who participated in the program, 150 were over the age of criminal responsibility (age ten) at the conclusion of the study. To date, a relatively small number (25) have had contact with juvenile probation". Currently, the SNAP program is implemented with youth and their families by Auberle and/or Holy Family Institute. Holy Family's service involves the western municipalities of McKees Rocks, Stowe Township via the Sto-Rox School District, Moon, Kennedy Township, and within the City of Pittsburgh in the neighborhoods of Sheraden, West End, Manchester via the school, Hill District, Southside, Beltzhoover and Carrick. Auberle serves Duquesne, Clairton, McKeesport School district involving McKeesport and White Oak, Duquesne, Clairton, W. Mifflin, communities of the Woodland Hills School district and the neighborhoods of East Liberty, Hill District, and Homewood. (*Refer to map on page 56*)

Action:

The County should expand the sites offering SNAP programs to areas experiencing high levels of youth violence and traditionally underserved for this type of service.

To ensure the efficacy and fidelity of this process, it is also recommended that the programs embrace the following criteria referenced by Augimeri (2011) reported in International Journal of Child, Youth and Family Studies with respect to the adherence to the Model:

1. Restraint from making Modifications
2. Training and On-going consultation
3. Engagement in Ongoing Fidelity/Integrity Audits
4. Selecting the Right staff

Action # 2 : Train and support community leaders (both formal and informal) to coordinate and implement evidenced-based programs related to reducing youth violence to ensure accountability and sustainability.

Challenge:

Although communities generally have programs directed toward youth development, as well as, municipal leaders that dedicate significant energy to issues of public safety, many leaders both formal and informal do not have the opportunity to receive training in the content or availability of the vast array of services and evidenced-based interventions. Because of this, numerous programs lack fidelity to the elements of the programs as originally designed and/or funded. More distressing is the fact that programs that were deemed successful are frequently discontinued due to a change in leadership or lack of sustainable funding.

Considerations:

In reviewing the efforts of the McKeesport Select Committee on Crime and Violence it was revealed that the collaborative effort of key stakeholders which included but was not limited to municipal leaders, ministers, school board members, medical specialists, non-profits, law enforcement was a key element in its success. The primary focus of the initiative which meets bi-weekly was youth and youth development activities.

The most successful elements of this approach as revealed by the Mayor was the passion of the members of the committee, the coordination with various groups and the development of a consistent message to be embraced throughout the community. The message of “Respect, Dignity, Love and Hope “ is consistently displayed throughout the community on signs, yard signs, business signs, billboards, etc. Other successful aspects of the initiative were attributed to the crime suppression program developed in conjunction with the Office of the District Attorney.

Despite the success of the program and recognition within the community, the major barrier was the costs to expand the program and ensure its viability.



From a school perspective, educational leaders of the McKeesport High School advocated for an expansion of a mentoring program which focuses on identifying and creating students leaders from an at-risk population of students. To accomplish this, two former teachers serve as volunteer mentors to interface with students identified by the Principal for support. Essentially, this is a hands-on approach addressing issues of truancy, violence, and academic challenges. However, it was noted that the most successful element of this program is in building relationships with at-risk students.

The barriers identified were the funding of the program and the scarcity of appropriate role models within the community. Compounding this problem was the constant turnover in personnel and community composition. The issue of sustainability was also referenced for the successful Career Literacy for African American Youth (CLAAY) program that was discontinued in past years.

Action:

Accepting the premise that the “level of youth violence in society can be viewed as an indicator of youths’ ability to control their behavior and the adequacy of socializing agents...(it is important) ...to supervise or channel youth behavior to acceptable norms. “ (Federal Interagency Forum on Child and Family Statistics, 2013). Because of this, it is critical that all leaders, both formal and informal, know the proper techniques for supervising and channeling youth behavior.

To accomplish this, it is recommended that a training plan be developed for all leaders, both formal and informal that can be easily accessed. To accomplish this, we recommend that once developed, training would be coordinated within collaborative entities such as the Council of Governments (COG) (Refer to map on page 54) outside the City and within police zones (Refer to map on page 55) or Council districts in the City of Pittsburgh.

Given that a latter recommendation embraces this implementation design, the training plan should be coordinated with training of Trauma Informed Care (Refer to Action #7)

Action #3: Redesign police strategies which embrace evidence-based programs which focus on the small number of serious, violent offenders to exert influence and raise their risk of apprehension which reduces the likelihood of further acts of violence.

Challenge:

According to observations by the ethnographer E. Anderson as referenced by J. Rich et al (2009) “Respect, defined as receiving the deference that one deserves, is a central part of how young urban men make their way through the dangerous world in which they live... The code of the street dictates that when someone disrespects you, whether physically, emotionally, or materially, you must respond aggressively to regain your respect. The idea is especially salient for victims of violence, since an act of violence committed against them is viewed as extreme disrespect.” He further notes that “The code of the street is actually a cultural adaptation to a profound lack of faith in the police and the judicial system... (Because of this) they maintain the belief that if they face a threat, they must ‘handle it’ themselves.” Research shows that the numbers of those who opt to “handle it themselves” is actually a small number of serious violent offenders in communities.

Considerations:

While numerous strategies have been employed as previously referenced in the national landscape, several local strategies have been or being implemented that focus on these specific outcomes. With respect to the “violence interrupter” strategy, there has been one local program entitled “One Vision, One Life” that used street level intelligence to develop and implement a violence intervention strategy. The program’s implemented various strategies including mediation, messaging and activities for youth. Despite significant efforts, the program was discontinued due to a variety of factors including the lack of fidelity to the original design and established evaluation protocols and sustainable funding (RAND, 2010)

The newly-formed Community Violence Prevention Project, modeled on a promising practice in Baltimore, is trying to stem the tide of retribution killings. Operated by the University of Pittsburgh, Graduate School of Public Health, it engages gunshot victims in services and supports when they arrive at a local trauma hospital. The initiative also conducts homicide reviews. The Community Violence Prevention Project will begin measuring its impact on shootings after it is fully implemented.



Action:

We concur with the finding of the recent report entitled “Research and Recommendations: Reducing Street Violence in Allegheny County developed by the Allegheny County Department of Human Services (2014) that recommended that we replicate a national process that brings together law enforcement, public health, the community, faith-based and other community organizations, and community members in regular reviews of the shootings in the city or an area, with sharing and analysis of information that help to pinpoint ways of preventing shootings.

Considering that a small group of individuals are perpetrators of the majority of violent crime in a specified geographical location, it was the consensus of the group that it is critical to engage the community in developing strategies for combating violence using a homicide review process. Additionally, violence interruptions were also considered to be an appropriate strategy.

The process for this action step should involve:

- 1) Real-time reviews to initiate problem-solving strategies and to notify social services within 48 hours so that providers can initiate crisis intervention, support, and home-based care for families affected by the incidents.
- 2) Monthly public health-criminal justice reviews of homicides.
- 3) Community service provider reviews with service providers to broaden understanding of the homicides (beyond the facts identified in the monthly sessions) and to identify community-level factors that may have contributed to them
- 4) Community reviews, open to all interested members of the community that provide the opportunity for discussions about the nature of homicides and shootings and interventions, and to develop specific recommendations for reducing violence in their neighborhoods.
- 5) Utilization of information garnered from groups serving as “ violence interrupters”

Action # 4: Develop a template that can be accessed by municipal police forces that involves an approach to direct and/or connect youth with the wide array of appropriate services.

Challenge:

Historically, anecdotal evidence suggests that interactions with community members especially youth have a criminal justice point of departure rather than analyzing the behavior from a social service perspective. In fact, police have observed that some members require social or mental health services as a first step approach rather than arrest. While this is recognized, easily-accessed protocols for municipal police regarding the wide array of available services is not widely available.

Considerations:

From a local perspective, the committee was extremely impressed with the process created and successfully implemented in the East Hills neighborhood of Police Zone 5 of the City of Pittsburgh (Refer to map on page 55) which embraced a social service model rather than a criminal justice approach and to some degree mirrored the blueprint process. Evidence of the success of this process was attributed to the fact that the neighborhood which historically had high levels of violence did not have an incidence of homicide for seventeen months.

Essentially, the process implemented in Zone 5 of the City of Pittsburgh placed emphasis on a change in the culture of police and community relations. To accomplish this, the zone embraced a multi-faceted, multi-sector and multi- year approach that involved the implementation of a high scorch method that focuses on arresting the most violent offenders in the community followed by the implementation of the public health approach.

The primary focus was on the development of community trust by having police officers interface with community members at their homes to solicit their views as to how the quality of life could be improved in their community. To facilitate this, the police asked neighbors to identify three people that they felt, if removed from the community, would increase the quality of life for the entire neighborhood.



Subsequently, this program was expanded on the Northside of the City using an innovative technique by which a team of police and professionals including social workers worked directly with individuals in crisis. A key element of this program was placing a social worker in a police car to immediately assess the situation replacing the traditional office referral process by which social services were contacted later. It was emphasized that for this process to be successful, formal and informal leaders of the community must be engaged.

Some of the challenges that were identified was the lack of data sharing from police being cross-referenced with data from Children Youth and Families division (CYF) within the County. In fact, it was observed that if greater emphasis was placed on truancy being treated as a threat to the health and safety of the child not being in the school rather than an act of defiance, more progress could occur when intervening with families and youth that are prone to violence.”

Action:

After soliciting input from a variety of entities including municipal police and county police, school personnel, staff of the Departments of Human Services and Health, social services, and youth-related agencies, create a template delineating the wide array of services that can be used by municipal and county police when interacting with the community.

Action # 5: Implement a systematic response that involves establishing a protocol for school administrators when violence occurs

Challenge:

Despite the significant incidence of violence within some of the communities involving students of our school districts, no established protocols exist for educational leaders to interface with mental health specialists in a systematic manner. While it is recognized that contact does occur when violence first occurs, the development of strategies to prevent and subsequently address the multiple reactions particularly long-term effects to witnessing violence and/or experiencing the loss of a fellow student is not apparent. Additionally, anecdotal evidence suggests that educational leaders do not have adequate training in the broad array of issues related to mental health or in the intricacies of the mental health system that support communities in crisis. Because of this, there is not a perception of a shared responsibility by the community of the whole to address the issues plaguing a specific community.

Considerations:

During testimony of community leaders, it was revealed that once an issue of violence occurs within a community, especially with a homicide of a teen, minimal focus is directed to the effects the violence had on the members of the community nor is a thorough analysis of the environmental factors that contributed to the problem performed. In fact, it was revealed that in communities with the highest levels of violence, minimal media attention and ultimately community support (both financial and emotional) is directed to assist the community leaders charged with addressing the community problems. Because of this, some members of the community have concluded that there is a disregard for the loss of life of youth in our most challenged communities which has contributed to the feeling of hopelessness in the community.

Because of this, the many of the positions espoused by Hemenway and Miller (2013) in the New England Journal of Medicine in an article entitled a “Public Health Approach to the Prevention of Gun Violence” is appropriate especially the observation that it is critical to focus “on prevention — usually as far upstream as possible.”



Action:

It is recommended that a defined protocol be established which is activated by the school administrator that mandates the involvement of mental health specialists to address the immediate and long-term effects of the act of violence.

Although it is not within the jurisdiction of the County, advocacy to the Commonwealth's Department of Education to ensure that all institutions of higher learning charged with training future educational administrators have an established curriculum on the issues related to mental health is appropriate.

It is also recommended that local colleges and universities with academic programs that educate nurses, health professionals, psychologists, teachers, social workers, etc. incorporate individual and community mental-health content and clinical practica to better serve the community as appropriate for the respective disciplines

Action # 6: Expand Family Support Centers services to mental health first aid and social services in all communities experiencing high rates of violence.

Challenge:

Currently, there are 25 Family Support Centers in Allegheny County that receive County funding from the Department of Human Services. (Refer to map on page 53)The scope of services for this program that serves primarily families with children ages birth to five years include six (6) core services of child development support, goal planning, health insurance support, medical support, parenting education, and prenatal care. Optional services include, but not limited to, after school, career-readiness training, counseling, child care, housing assistance, literacy programs, parenting support groups, substance abuse support, and visiting nurses. Because of this, there is clearly inconsistency in the delivery of services especially related to the issues of community mental health.

Considerations:

The consensus of the Commission is that the defining characteristics to achieve the highest level of community mental health includes:

- Ensuring a sense of hope
- Guarantee natural and professional supports
- Recognize cultural perceptions especially stigma which may increase resistance to seek mental health services
- Define the variables within an environment that traumatize community members
- Develop a consistent messaging campaign to promote use of professional services

In reviewing salient issues related to mental health with professionals from Western Psychiatric Institute & Clinic (WPIC), it was determined that the post crisis evaluation operated by re:resolve should be recognized for the coordination that occurs with various entities such as emergency room staff, police, mental health providers, etc.



Despite that coordination, several barriers exist including the lack of capacity for serving individuals with behavioral health needs, significant waiting lists, and misinterpretation or overly rigorous interpretation of confidentiality laws that prohibit the easy exchange of information which at times compromised the ability to do broad reviews of the mental status of individuals. Additionally, while services are easily arranged for students during the school years, upon graduation or withdrawal from school, coordination does not occur. (Refer to maps on pages 45-48)

It should also be highlighted that individuals with mental health issues are more likely to be a victim of violence rather than the perpetrator. Therefore, the lack of easily accessed mental health services within defined geographical boundaries compromises the recovery of individuals who are victims of crime.

One means of facilitating access to appropriate mental health services has been the development of Mental Health First Aid piloted in the United States in 2008. Similar in concept to the traditional first aid CPR training which has a certification that is renewed every three years, this process heralded by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (2014) is an education program to increase knowledge of mental health, change perceptions and attitudes and provide instruction of appropriate responses.

Action:

It is critical that access to strategies to promote positive community mental health be readily available within communities. Coupled with the observations of the Preventing Violence subcommittee that believed that it is critical to recognize the unique factors within each community and the importance of developing strategies tailored to those variables, Family Support Centers are a natural option to address the challenging issues facing our communities. In fact, it was the consensus of the subcommittee that the highest quality of service occurs when natural and professional supports are blended within communities.

After analyzing the locations of the current Family Support Centers with the areas of highest need based on levels of violence, we would recommend that all Family Support Centers should be enhanced to ensure that programs are consistently delivered at each center. More importantly, all centers should have eight (8) core services including mental health first aid and social services.

Action # 7: Implement the Trauma Informed Care model consistently throughout the County.

Challenge:

Unfortunately, approximately 26% of American children will be exposed to a traumatic event before the age of four. Defined as “witnessing or experiencing physical or sexual abuse, violence in families and communities, loss of a loved one, etc.” (CDC’s Adverse Childhood Experiences study (2011)) the implications are life long resulting in a wide array of medical and mental health issues related to victimization. In fact, the CDC study found the annual financial burden to society of childhood abuse and trauma is estimated to be \$103 billion. From a violence/aggression perspective, the report noted that children exposed to trauma were more apt to be aggressive and present oppositional behaviors therefore requiring more intense interventions in the earliest years of development.

From a County perspective, in an effort to protect children from abuse and neglect, the Office of Children, Youth and Families (CYF) provides a wide range of preventive, protection, and supportive services to work with children and families, with emphasis on family preservation. To accomplish this, CYF contracts for the placement of youth and the delivery of in-home programs to youth at an annual cost of approximately \$76,400,000.

Considerations:

Historically, the Disease model has been widely used by human service systems by which human problems and disease related to the various aspects of the social, emotional and physiological process were deemed to be able to be diagnosed, treated and alleviated. While this model has clearly reaped a myriad of benefits such as extending the length and quality of human life in past century, understanding of the etiology, diagnosis and treatment of specific diseases and disorders, understanding the physiology and biology of mental disorders, etc., several limitations of this model have been witnessed. Some limitations are that highly complex diseases that have a multifaceted interaction of social, emotional and physiological factors are not a subject of focus, prevention and public health aspects of diseases and disorders, are not addressed, resistance to diagnoses and associated labels due to stigma, and an inability to address problems common to very large segments of a population such as depression, and violence.



Because of these challenges, a more widely accepted model in recent decades is the Stress model that recognizes that Stress is the emotional and physiological response to change resulting in human adaptation. While numerous variations of this model have been embraced, the Trauma Informed Care model applies to specific types of overwhelming events and circumstances with specific treatments. Recognizing that trauma is defined as an real or perceived event that threatens survival and triggers a need for complex adaptive responses, it can be easily concluded that youth experiencing or witnessing violence are subjected to trauma and require an appropriate intervention. Additional attention should also be directed to the professionals that interface with youth.

Given this, the National Child Traumatic Stress Network (2012) identified twelve (12) core concepts that must be considered in addressing trauma that includes:

1. Traumatic experiences are inherently complex
2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences and current circumstances
3. Traumatic events often generate secondary adversities, life changes and distressing reminders in children's daily lives
4. Children can exhibit a wide range of reactions to trauma and loss
5. Danger and safety are core concerns in the lives of traumatized children
6. Traumatic experiences affect the family and broader care systems
7. Protective and promotive factors can reduce the adverse impact of trauma
8. Trauma and posttraumatic adversities can strongly influence development
9. Developmental neurobiology underlies children's reactions to traumatic experiences
10. Culture is closely interwoven with traumatic experiences, response and recovery
11. Challenges to the social contract including legal and ethical issues affect trauma response and recovery
12. Working with trauma-exposed children can evoke distress in providers that can make it more difficult for them to provide good care.

Recognizing the significance of these core concepts of trauma, Allegheny County has been aggressively implementing a process to train professionals in the elements of Trauma Informed Care. As of April 2014, approximately 800 providers have been trained by the Office of Behavioral Health (OBH) Bureau of Children and Adolescents Mental Health Services, known as the Children's Team.

Action:

Given the strong foundation that the County has developed, it is recommended that a more coordinated process occur to train all community stakeholders (hospitals, community leaders, educational partners, municipal leaders, etc.) in the elements of Trauma Informed Care to ensure that all areas of the County are involved. This is particularly important due to the transient nature of society as evidenced by the significant number of children experiencing homelessness and transferring to various schools districts during the school year.

To accomplish this, it is recommended that a training plan be developed for all providers along currently existing collaborative entities such as the Council of Governments (COG) outside the City and within police zones or Council districts in the City of Pittsburgh.

Action #8: Promote programs that reduce stigma and cultural barriers for seeking mental health.

Challenge:

There is a high disparity of use of mental health services by the African American community due to a variety of factors. Although county statistics are not available, NAMI's Multicultural Action Center (NAMI, 2014) reported that :

- Culture biases against mental health professionals and health care professionals in general prevent many African Americans from accessing care due to prior experiences with historical misdiagnoses, inadequate treatment, and a lack of cultural understanding
- African Americans tend to rely on family, religious and social communities for emotional support, rather than turning to health care professionals, even though this may at times be necessary.
- Social circumstances often serve as an indicator for the likelihood of developing a mental illness.
- Children in foster care and the child welfare system are more likely to develop mental illnesses. African American children comprise 45% of the public foster care population.

With respect to refugees, the Refugee Health Technical Assistance Center (2011) reported that for refugee populations, the identification and treatment of mental health problems has lagged far behind screening for health related issues such as infectious disease. Because of this, “Complex and varied cultural contexts and languages, scattered refugee populations and the relative lack of evidence-based programs have made it difficult to carry out concerted and standardized efforts”. The most common mental health diagnoses associated with refugee populations include post-traumatic stress disorder (PTSD), major depression, generalized anxiety,” etc.

From a County perspective, subcommittee members noted that some members of the Bhutanese, Somali-Bantu, Burmese-Karen, Iraqi communities, estimated to be approximately 4000 individuals, exhibit mental health challenges due to their experiences with trauma, loss, changes in family relationships, and cultural stresses.



Considerations:

Recognizing that African Americans are less likely to access mental health services due to stigma and a cultural barriers, the committee reviewed the research at the Center for Family Excellence at the University of Pittsburgh that espoused the adoption of five (5) transformogenic norms to overcome the cultural barriers to seek and utilize mental health services:

- Allocentric World View: A view that we are all our brother's (sisters) keeper
- Spiritual Integration: A prevailing sense of hope
- Axiological Integration: Commitment to the values of love and respect
- Cultural Emancipation: Elimination of historical racial stereotypes and promotion of more positive imagery and language
- Homeothermic-Like Adaptation: A cultural shift that emphasis "just practices" and not "best practices"

From a different viewpoint, leaders of the National Council on Urban Peace and Justice reviewed the "Rights of Passage" program implemented on the north side of the City of Pittsburgh. Essentially, this program attributed its success to the male-to-male mentoring program. Additionally, a mental health referral network was established by which members of gangs, or formerly incarcerated gang members could access appropriate mental health services. This entity provided a crisis intervention program in both the city and select school districts within the county. Basically, the program was a preventive measure so that gang violence would not occur. Unfortunately, due to a lack of funding these programs using a targeted preventive approach have been discontinued.

Psychiatric issues frequently manifest much later by an individual and therefore, officials from Western Psychiatric Institute and Clinic (WPIIC) advocated that the system must be redesigned to anticipate and serve these individuals and communities. From a clinical perspective, the psychologists urged the development of a process to do intensive outreach to the African American community due to the high disparity of use of mental health services by the community. It was also advocated that further review of the mental health issues that are emerging with our refugee population due to their significant traumatic experiences is appropriate.

Action:

Develop a promotional program to increase the utilization of mental health services by accenting a prevailing sense of hope through positive cultural imagery. By such a program using a wide array of traditional and social media, stigma and cultural barriers can be overcome and ultimately improve the mental health status of the community.

Action # 9 : Advocate for hospitals and/or behavioral health organizations to coordinate discharge plans from partial and in-patient hospitalizations with school personnel and parents and guardians to share behavioral health information with schools; Advocate for a consistent implementation of the Pennsylvania Youth Survey (PAYS) in all school districts within the county.

Challenge:

Allegheny County is composed of forty-three schools districts including the Pittsburgh Public Schools and the forty-two schools districts within the Allegheny Intermediate Unit 3 structure (Refer to map on page 52) serving the approximate 212,000 children age 5-19. (Census, 2010). At any given point in time, children may require more intense mental health services involving partial hospitalization and in-patient hospitalization services.

Essentially, partial hospitalization applies to individuals deemed to require a more intense treatment than provided in a outpatient setting. Through interventions involving a minimum of ten hours a week over a three day period, individuals have access to treatment options to address mental health, as well as, access to an array of support services such as vocational assessment, housing assistance, medical and dental care. With respect to in-patient hospitalizations, an individual is deemed appropriate for in-patient services if they have been determined to be danger to self or others. In-patient hospitalizations can be voluntary for individuals over age 14 or by a parent or legal guardian for youth under the age of 14. For those requiring an involuntary commitment, admissions occur if the individual exhibits behaviors deemed as dangerous to self or others within the past thirty days.

While the efficacy of these options were not within the purview of this review for youth having mental health issues, it was concluded that the lack of coordination by entities providing these services compromise youth due to the lack of coordination with school personnel upon discharge from these services back to the schools. While actual data to the incidence of this issue was not available, anecdotal evidence presented by representatives of the Pittsburgh Public Schools, Allegheny Intermediate Unit 3 and the Addiction Medical Services, WPIC, UPMC suggested that numerous school districts are challenged by educating youth that are receiving mental health services or receiving a medication regime that is not known to the school nurses. A significant challenge in the lack of data is the fact that the Pittsburgh Public Schools do not participate in the Pennsylvania Youth Survey (PAYS) and only thirteen districts in school districts outside the City participated in the 2013 survey which assesses the level of knowledge and behaviors related to alcohol, drugs, and violence



Considerations:

After a partial or in-patient hospitalization of a student, the committee concluded that it is imperative that schools receive detailed discharge summaries and care plans before the child returns to school. Having discharge summaries and care plans available to school social workers and/or counselors, ensures that the child receives the appropriate level of support services, safety nets and academic supports.

Additionally, many students upon discharge continue a medication regime that at times involves the use of a psychotropic drug. Therefore, it is critically important for a child's continued stability and well-being for the appropriate school personnel to be knowledgeable of the physical health and mental status of a student especially after a student receives more intense mental health treatment.

Recognizing the broad spectrum of need of students within the school districts of Allegheny County, the lack of a consistent participation in PAYS prevents a more comprehensive analysis of the needs of youth, both physically and behaviorally to occur. With this data, more detailed and accurate community profiles could be developed with respect to violence and other mental health service delivery systems.

Action:

Develop a working group of community liaisons from our health care systems to develop a protocol including education of the parties, that promotes the sharing of relevant aspects of the discharge plans from partial and in-patient hospitalizations with school personnel with approval of parents/guardians as appropriate. Additionally, as a means to evaluate the community mental health with respect to the behavioral health needs of our youth, advocate for a consistent participation of the Pennsylvania Youth Survey (PAYS) in all school districts within the county.

It is recommended that the Allegheny County Department of Health assume the leadership for ensuring that these actions occur.

Action # 10: Identify a short-term interdisciplinary group to develop an assessment tool for the behavioral health needs of students.

Challenge:

Currently, the State Department of Health, Bureau of Community Health Systems (2014) requires fourteen (14) different screenings for youth including areas such as vision, hearing, immunizations. Additionally, as of the school year of 2007-2008, Body Mass Index screenings were mandatory for youth aged Kindergarten to twelfth grade. Responsibility for securing the data and subsequent filing in aggregate format with the Commonwealth is under the jurisdiction of school nurses. However, it should be noted that current Pennsylvania law requires one nurse per 1500 youth in a school district.

While the standard medical examination record requires a physician to certify various medical conditions including drug and alcohol issues, no specific reference is cited related to mental health. Physicians do have the option of referencing a mental health issue in the category of “other” but without a specific category, issues related to mental health may not be addressed appropriately.

Considerations:

With the national recognition of the alarming incidence and prevalence of childhood obesity, the State Departments of School Health across the nation added a BMI Index Screening (body mass index) to the other health screenings performed annually. With this index, a health warning can be issued for a school-aged child as a preventive measure against future health related conditions. Because of this, a similar index with respect to mental health would facilitate the identification of the emotional, behavioral and social characteristics of a child prior to the progression of the particular mental health challenge. As there is a designated cycle for physical health, the assessment of mental health should be coordinated.

While the Commission realizes that an adoption of a mental health index is not within the purview of county government, advocacy to the Commonwealth for such action is clearly warranted.



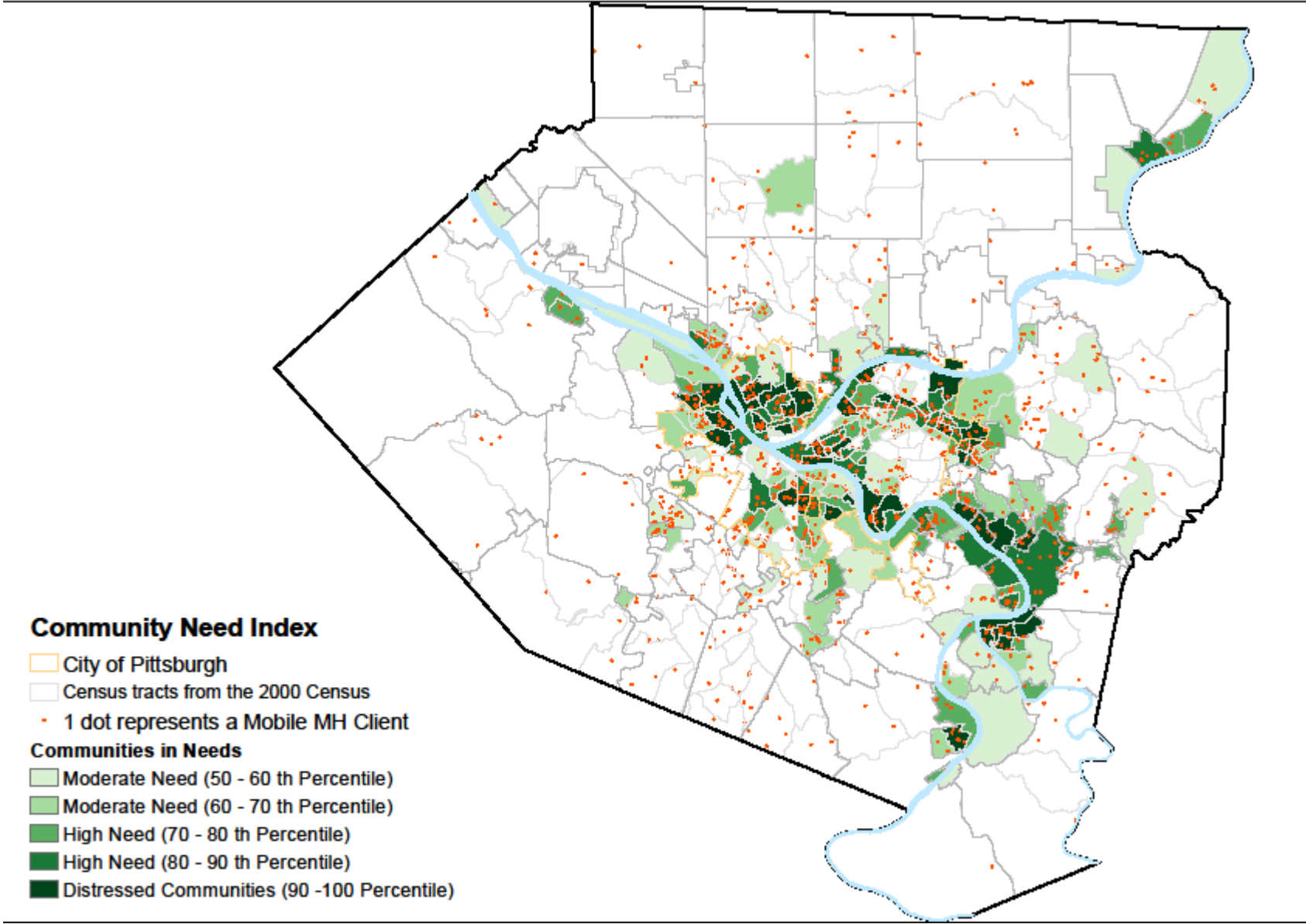
Action:

As this issue is under the jurisdiction of the Commonwealth and related to the mandated responsibilities of school districts, it is recommended that a short-term interdisciplinary group be assembled to develop a specific proposal for consideration by the State to develop a behavioral health screening tool. The committee composition should include at a minimum, a representative of the Allegheny County Department of Health, Allegheny County Department of Human Services, mental health specialists, behavioral health specialists of local hospital systems, representatives of the Student Support Services of the Pittsburgh Public Schools, Social Services of the Allegheny Intermediate Unit 3 and school nurse personnel from school districts with a high incidence of violence and behavioral health.

It is recommended that the Allegheny County Department of Health assume the leadership for ensuring that these actions occur.



Allegheny County
Municipalities



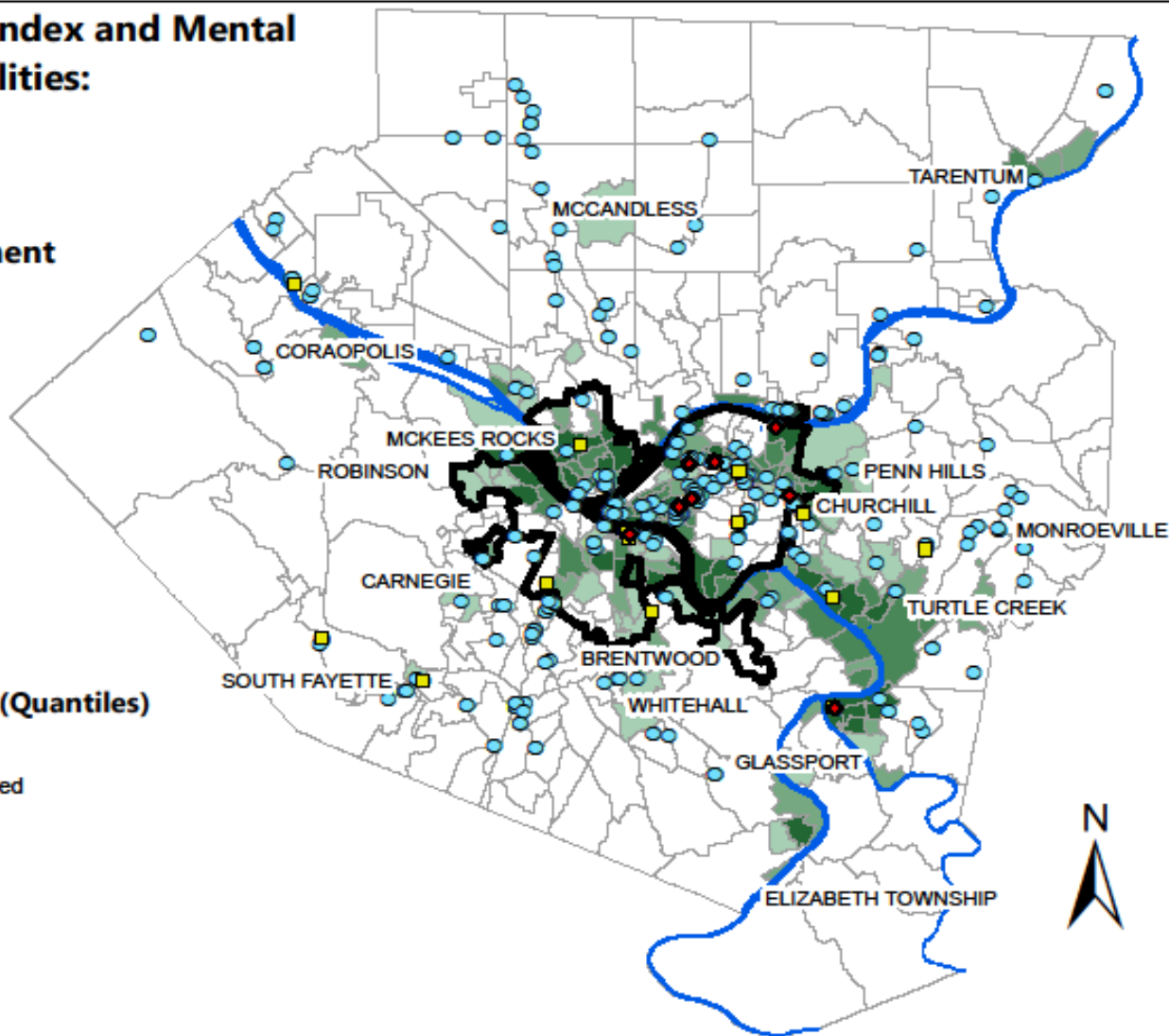
Community Need Index and Mental Health Service Facilities: Allegheny County

Crisis, Outpatient, and Admin Management locations

- ◆ Crisis
- Admin Management
- Outpatient
- Waterways
- Pittsburgh Border
- Census Tract Boundaries

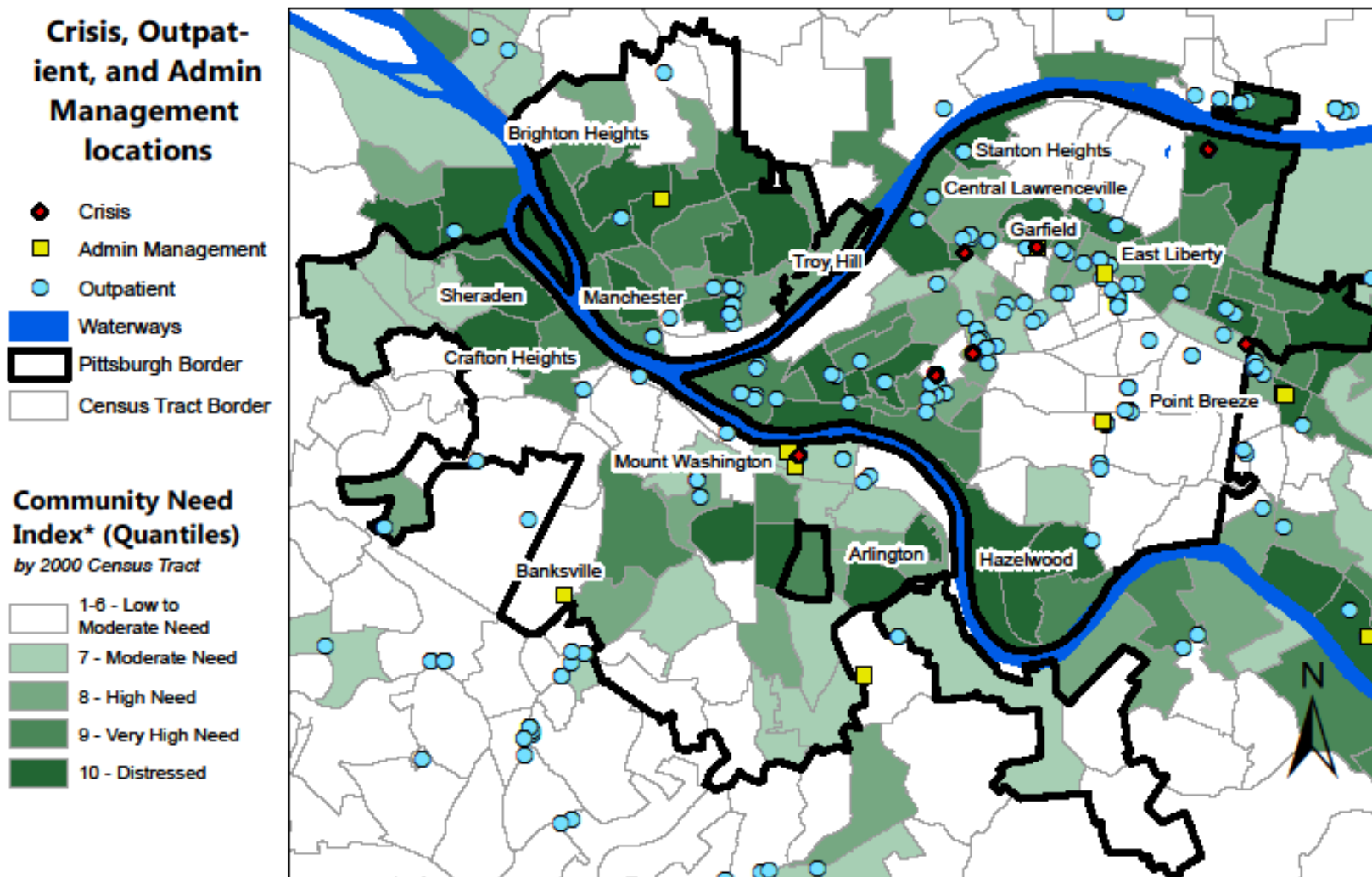
Community Need Index (Quantiles) by 2000 Census Tract

- 1-6 - Low to Moderate Need
- 7 - Moderate Need
- 8 - High Need
- 9 - Very High Need
- 10 - Distressed



Notes: Geocoded locations approximated in some instances. Location markers are subject to visual overlapping in cases when multiple facilities exist at the same location. Community Needs metric created using US Census variables for poverty, female heads-of-household, high school dropout rates, young male unemployment, building vacancy, and rates of families without vehicles. Source: 2005-2009 American Community Survey. Map produced by DHS Office of Data Analysis, Research and Evaluation. Last updated: 2/26/14, KJ.

Community Need Index and Mental Health Service Facilities: Pittsburgh



Notes: Geocoded locations approximated in some instances. Location markers are subject to visual overlapping in cases when multiple facilities exist at the same location. Community Needs metric created using US Census variables for poverty, female heads-of-household, high school dropout rates, young male unemployment, building vacancy, and rates of families without vehicles. Source: 2005-2009 American Community Survey. Map produced by DHS Office of Data Analysis, Research and Evaluation. Last updated: 2/28/14, K.J.

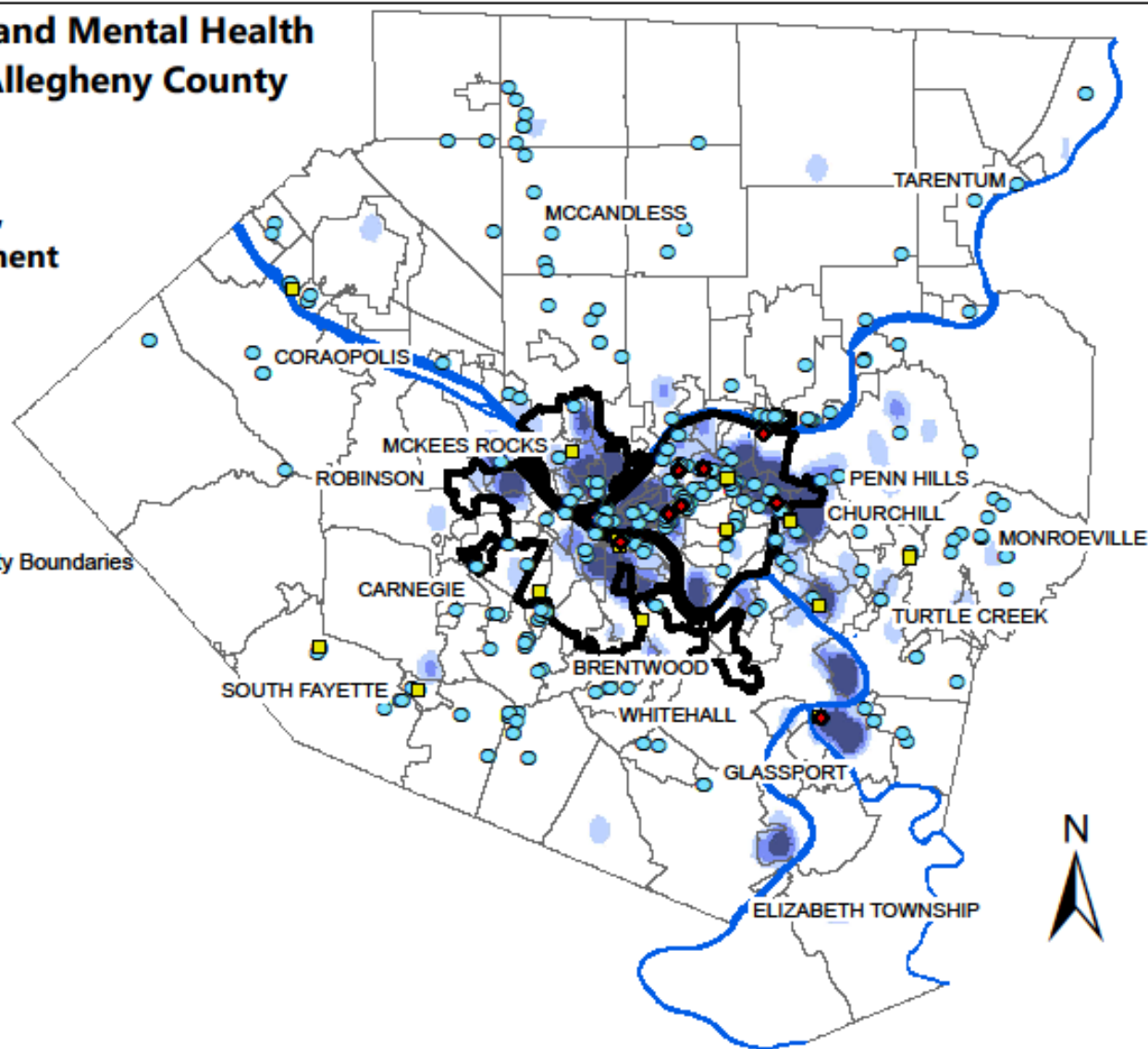
Homicide Density and Mental Health Service Facilities: Allegheny County

Crisis, Outpatient, and Admin Management locations

- ◆ Crisis
- Admin Management
- Outpatient
- Waterways
- Pittsburgh Border
- Neighborhood/Municipality Boundaries

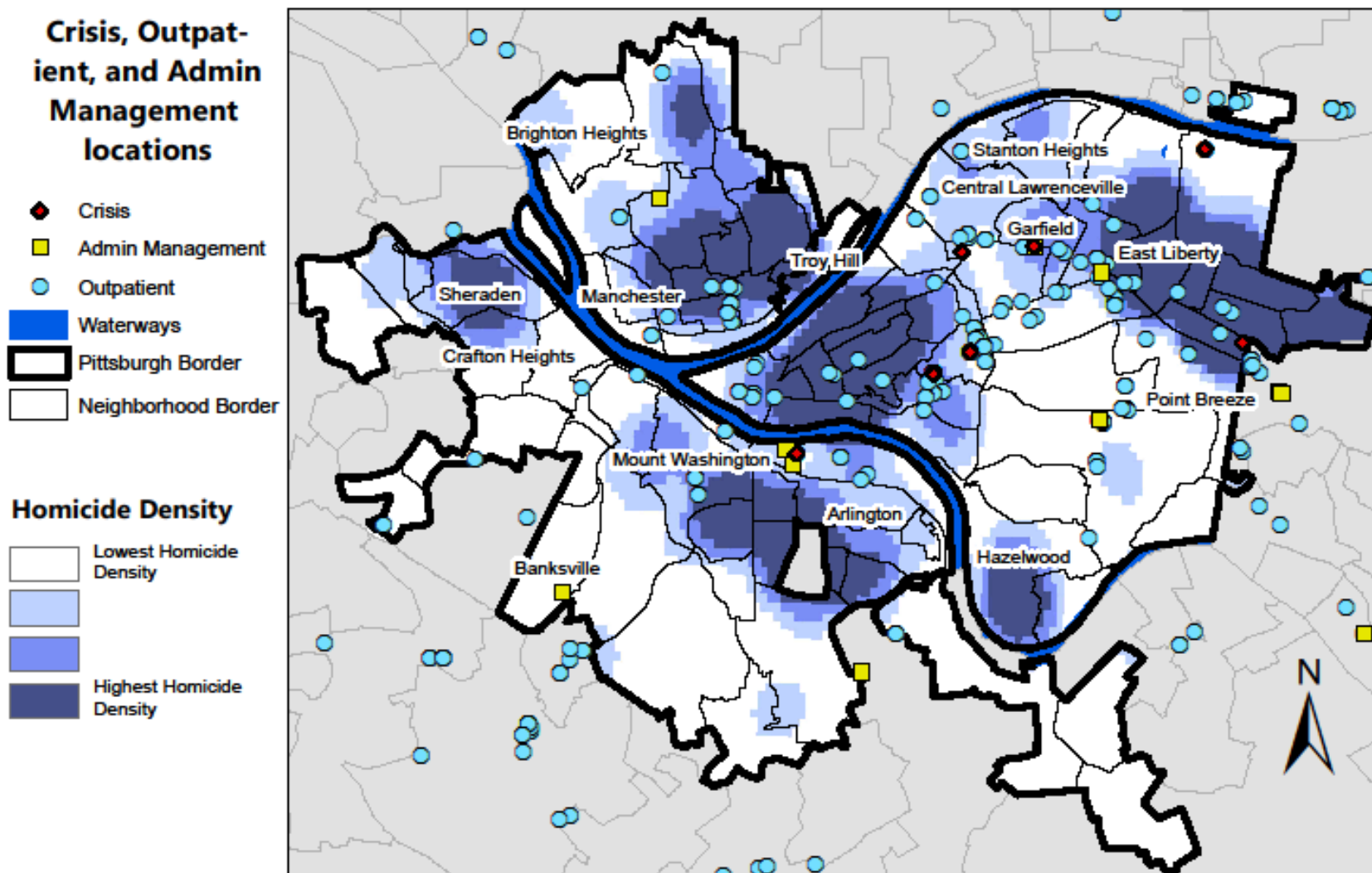
Homicide Density

- Lowest Homicide Density
-
-
- Highest Homicide Density

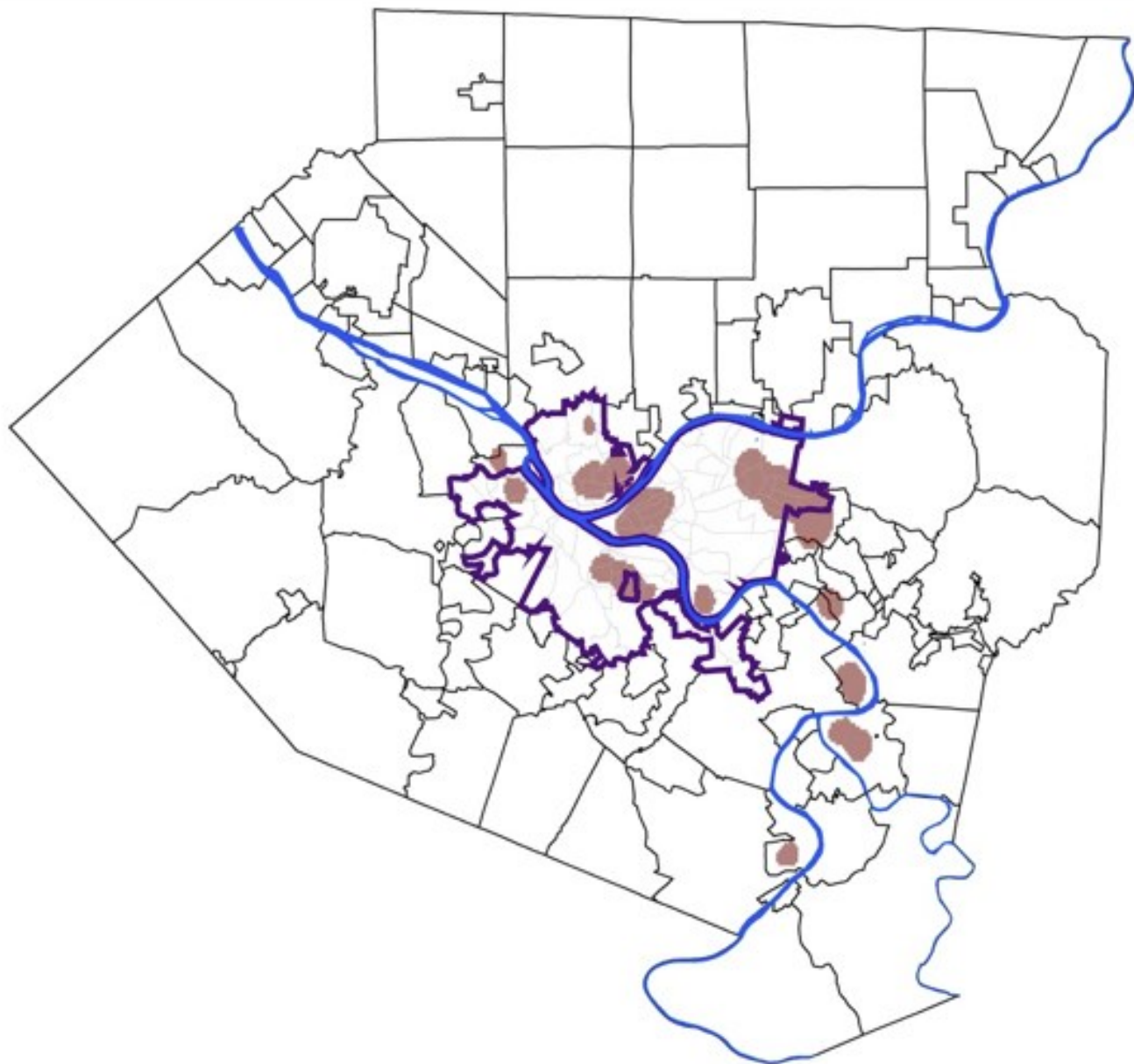


Notes: Geocoded locations approximated in some instances. Location markers are subject to visual overlapping in cases when multiple facilities exist at the same location. Density Map is divided into four standard deviation classes. Homicide data based on Allegheny County Medical Examiner data from 1-1-2005 through 12-31-2011. Map produced by DHS Office of Data Analysis, Research and Evaluation. Last updated: 2/28/14, KJ.

Homicide Density and Mental Health Service Facilities: Pittsburgh



Notes: Geocoded locations approximated in some instances. Location markers are subject to visual overlapping in cases when multiple facilities exist at the same location. Density Map is divided into four standard deviation classes. Homicide data based on Allegheny County Medical Examiner data from 1-1-2005 through 12-31-2011. Map produced by DHS Office of Data Analysis, Research and Evaluation. Last updated: 2/26/14, KJ.

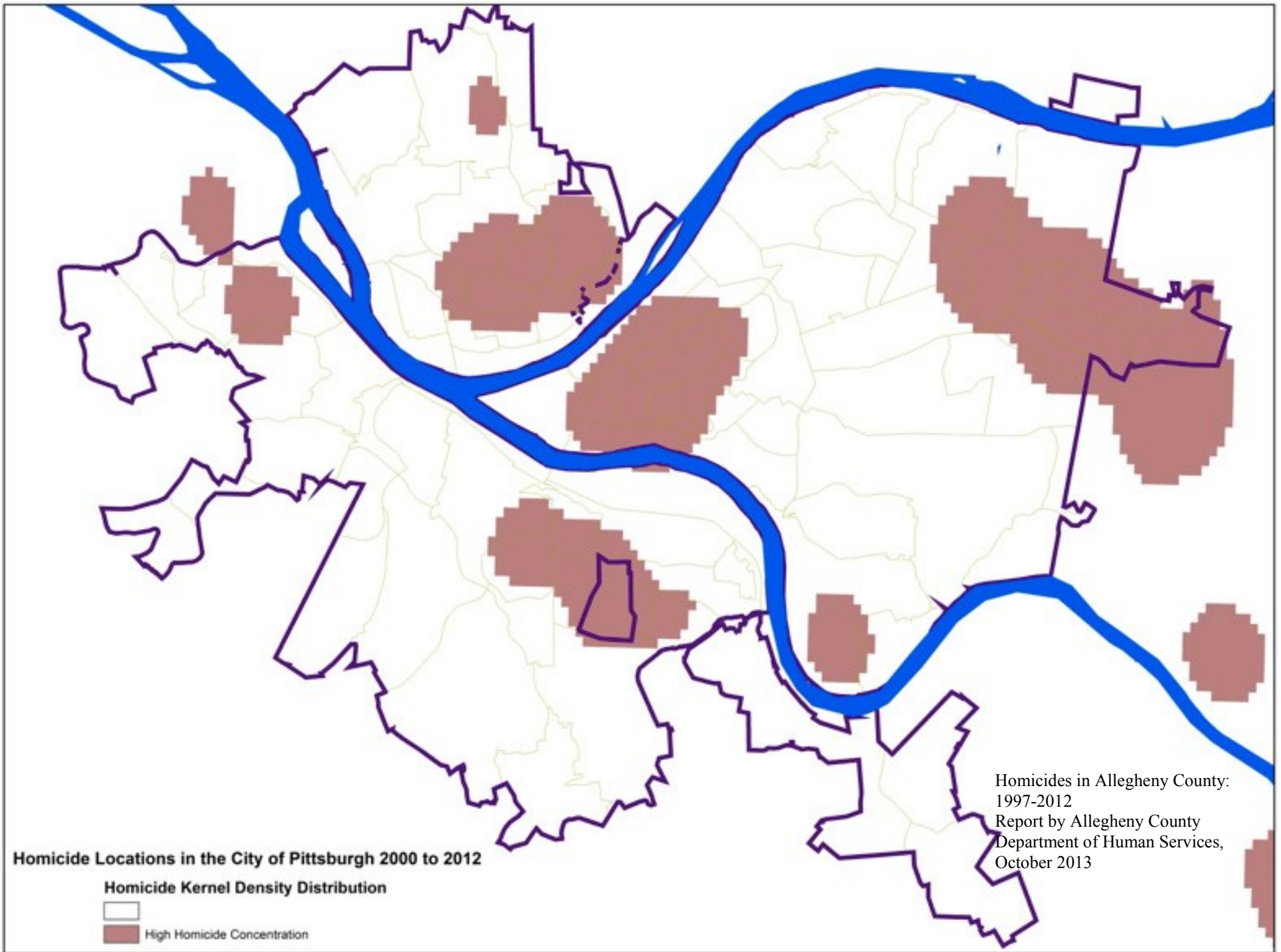


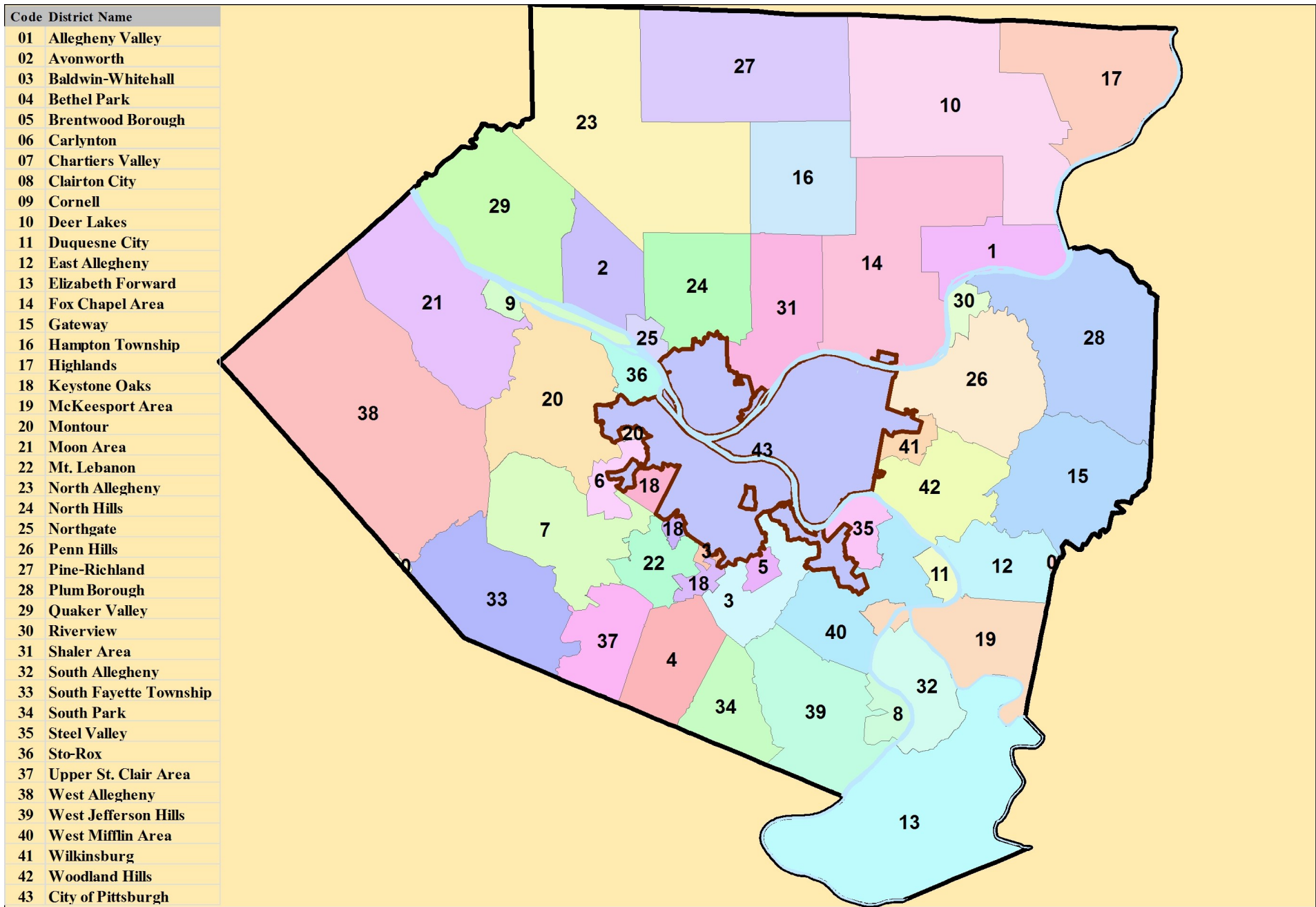
High Densities of Homicides in Allegheny County 2000 to 2012

Homicide Kernel Density Distribution





Homicides in Allegheny County: 2000-2012
Report by Allegheny County Department of Human
Services, October 2013

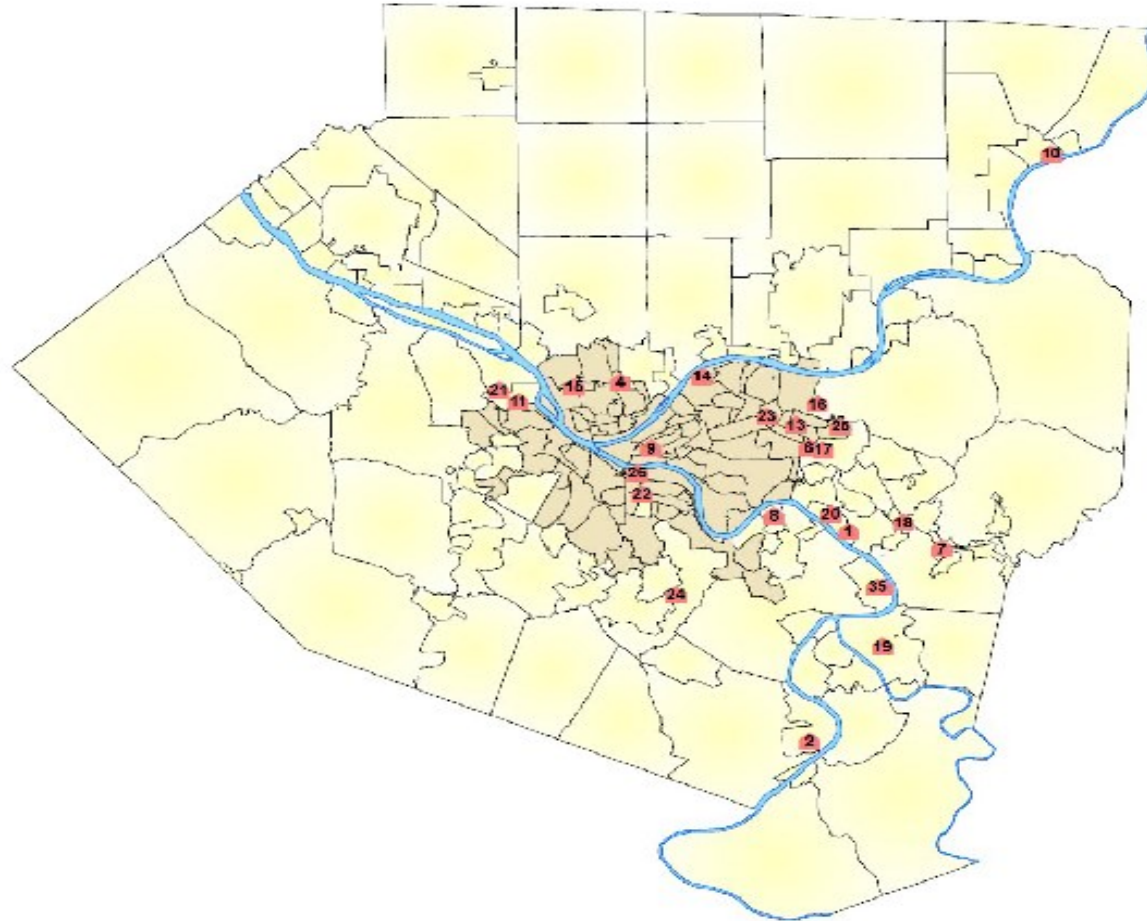




City of Pittsburgh and Schools Districts of the AIU

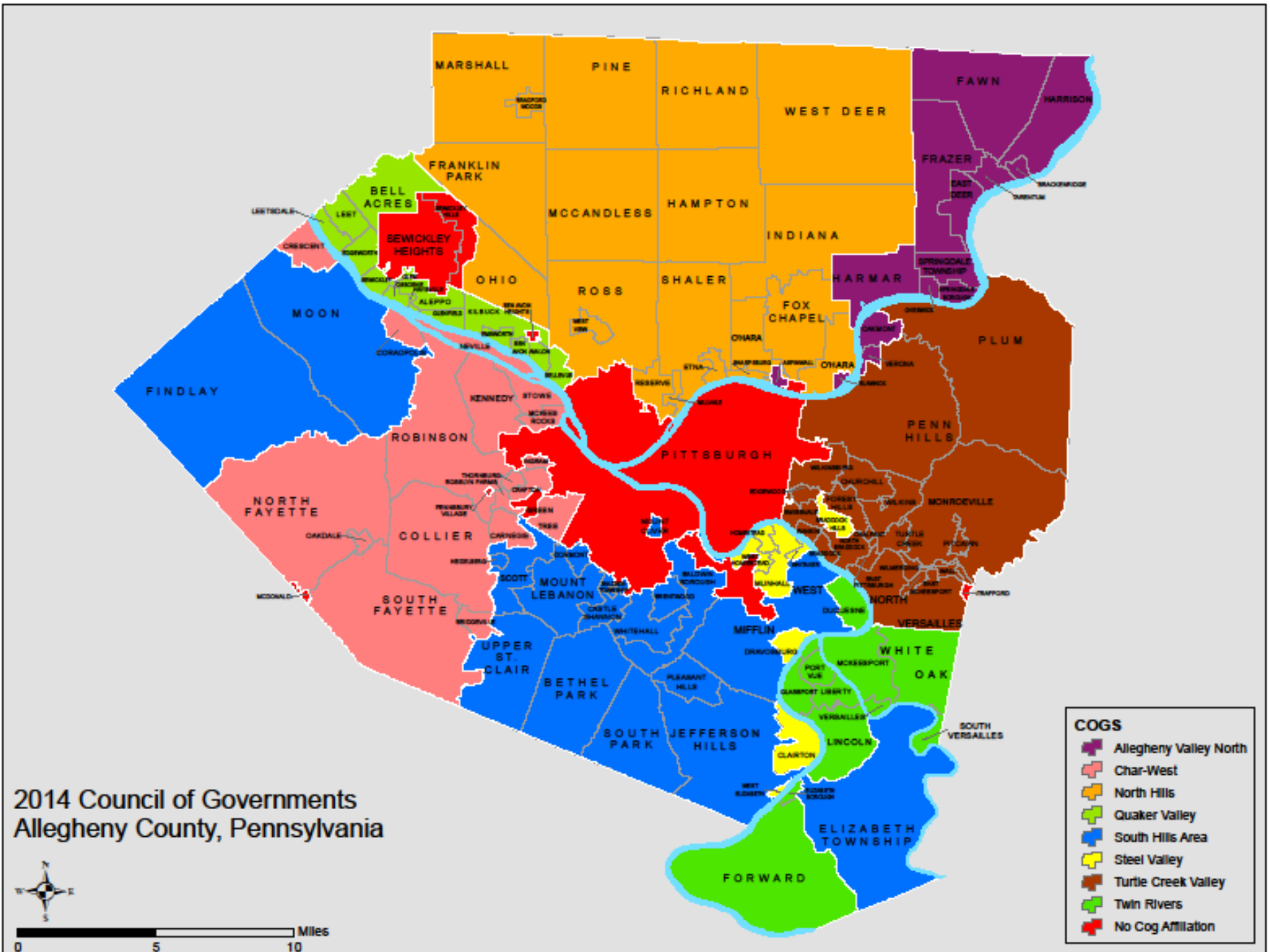
 Pittsburgh City Boundary  Major Waterways

Allegheny County Family Support Centers

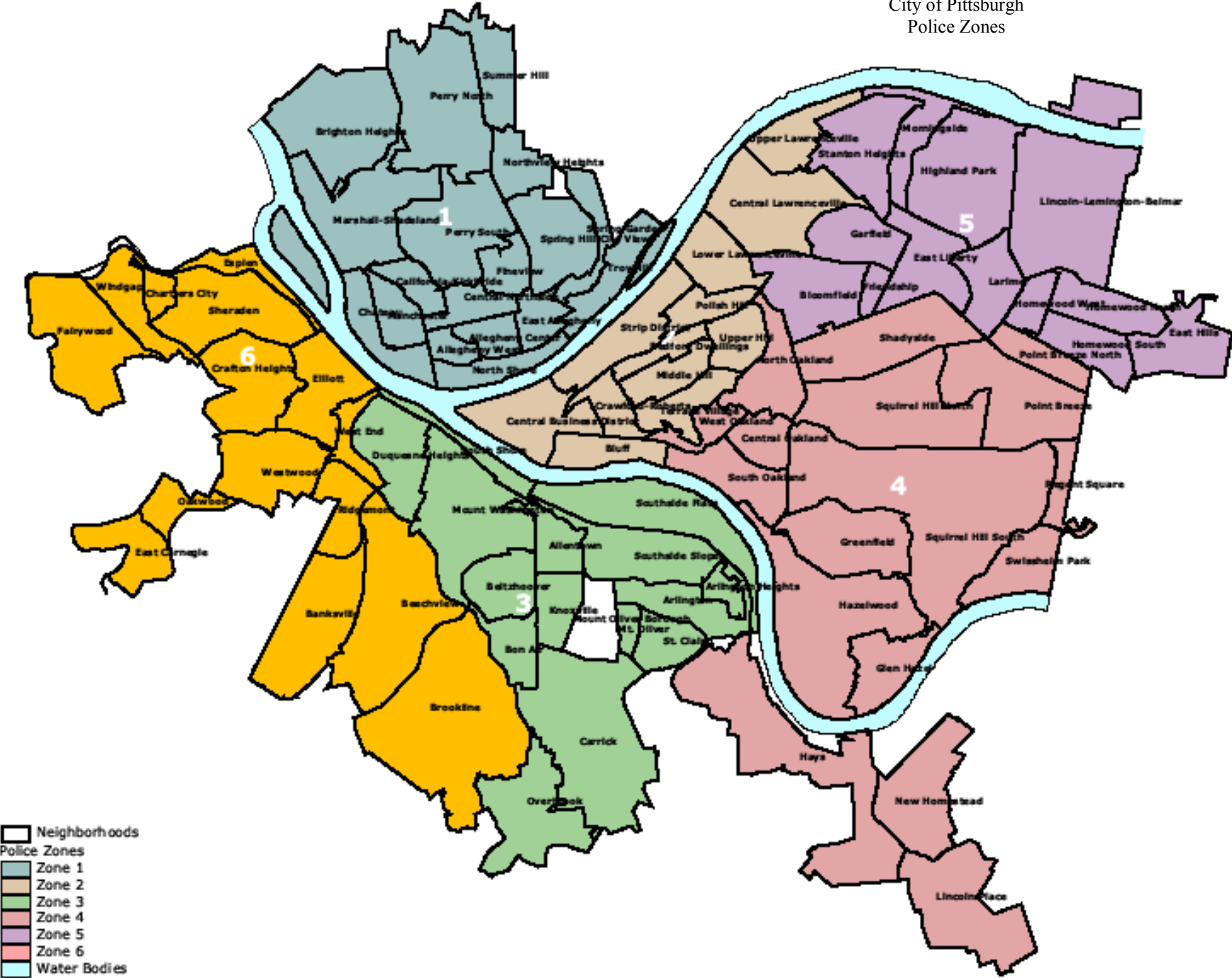


Center ID	Center Name	Center ID	Center Name
1	Braddock Family Care Connection	16	Lincoln Park Family Center
2	Clairton Family Center	19	McKeesport Family Center
3	Duquesne Family Center	4	Northview Heights Family Support Center
5	Duquesne Family Support Center	11	Positive Parenting Program
7	East Allegheny Family Center	24	Prospect Park Family Center
25	East Hills Family Support Center	15	Providence Family Support Center
23	East Liberty Family Support Center	20	Rankin Family Care Connection
10	Highlands Family Center	8	Steel Valley Family Center
9	Hill District Center for Nurturing Families	21	Sto Rox Family Center
22	Hilltop Family Care Connection (Mt. Oliver)	18	Turtle Creek Family Care Connection
13	Homewood - Brushston Family Support Center	6	Wilkinsburg Family Center
26	Latino Family Center	17	Wilkinsburg Family Support Center
14	Lawrenceville Family Care Connection		

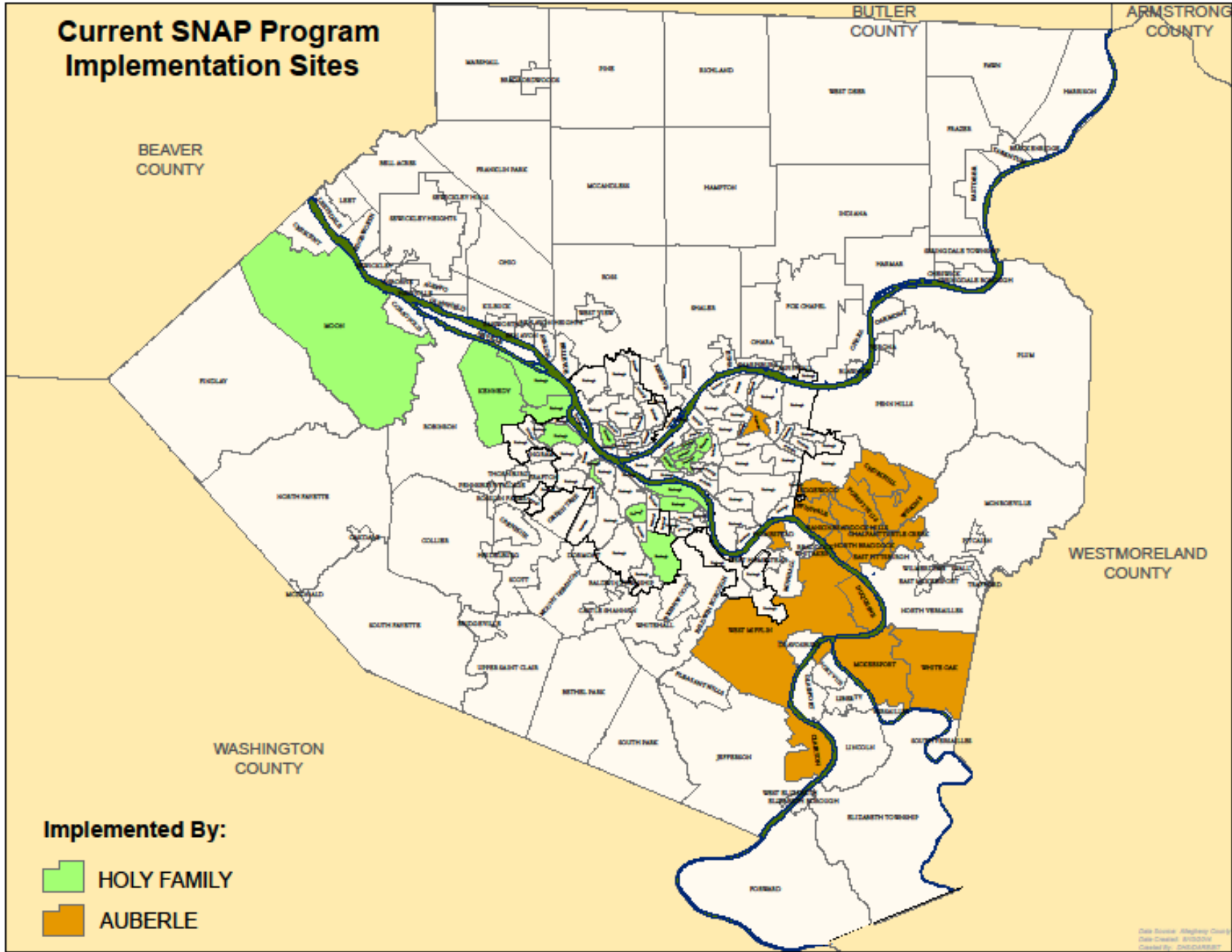
DHS DARE rmb 7/14/14



City of Pittsburgh
Police Zones



Current SNAP Program Implementation Sites



Implemented By:

- HOLY FAMILY
- AUBERLE

Data Source: Allegheny County
Data Current: 8/15/2014
Created By: 08/05/2014

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