

Williams County
Needs Assessment Report
Partnerships for Success

Prepared January 2006
for Williams County Family Children First
Council Review

Partnerships for Success

Williams County

Needs Assessment Report

January 2006

Executive Summary Statement

Partnerships for Success (PfS) is a holistic and strategic approach to building a community's capacity to prevent and respond effectively to child and adolescent problem behaviors while promoting positive youth development. Communities implementing the PfS model learn to effectively mobilize and focus their efforts on identifying the risks affecting children and youth in their community and the protection and assets necessary to successfully transition these children into productive adults.

In 1998, Ohio was chosen as one of the five original participants in the United States Office of Juvenile Justice and Delinquency Prevention's "Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders" Initiative. Early successes in Ohio counties led state leaders to invest in the development of a new generation model, Partnerships for Success (PfS). Partnerships for Success, or PfS as it is known, is intended to function as an "operating system" for Family and Children First Councils in Ohio.

The Partnerships for Success model has helped other communities learn to effectively mobilize and focus efforts on identifying the risks affecting youth in their community and on identifying the protection and assets necessary to successfully transition these youth into adults able to lead productive lives. We believe it can do the same for Williams County.

A PfS Community Planning Team works with families and public, private and non-profit partners to develop and implement a community plan designed to have a significant and lasting positive impact on children and youth.

The community plan results from an examination of community data and is designed with a careful consideration of both the values and implementation capacity of a specific community. The plan is then implemented in the community and its effects are regularly monitored by the Community Planning Team.

Funding for the statewide PfS Initiative is provided by the Ohio Department of Job and Family Services. Administration is provided by the Ohio Department of Youth Services.

This new generation model was the basis by which the Partnerships for Success Academy, a project of the Center of Learning Excellence at The Ohio State University, developed a comprehensive planning and implementation model that is based on a set of guiding principles that are proven in effective prevention and reduction of youth problem behaviors and in promoting positive youth development. These principles are as follows:

1. Involving and Engaging the Entire Community

This guiding principle requires that all elements of the community be involved in planning, implementing, and evaluating the PfS Model. Actively engaging individuals from all fields that affect young people is likely to lead to a comprehensive community investment in sustainable solutions to significant community problems involving youth.

2. Balancing a Holistic Continuum of Approaches

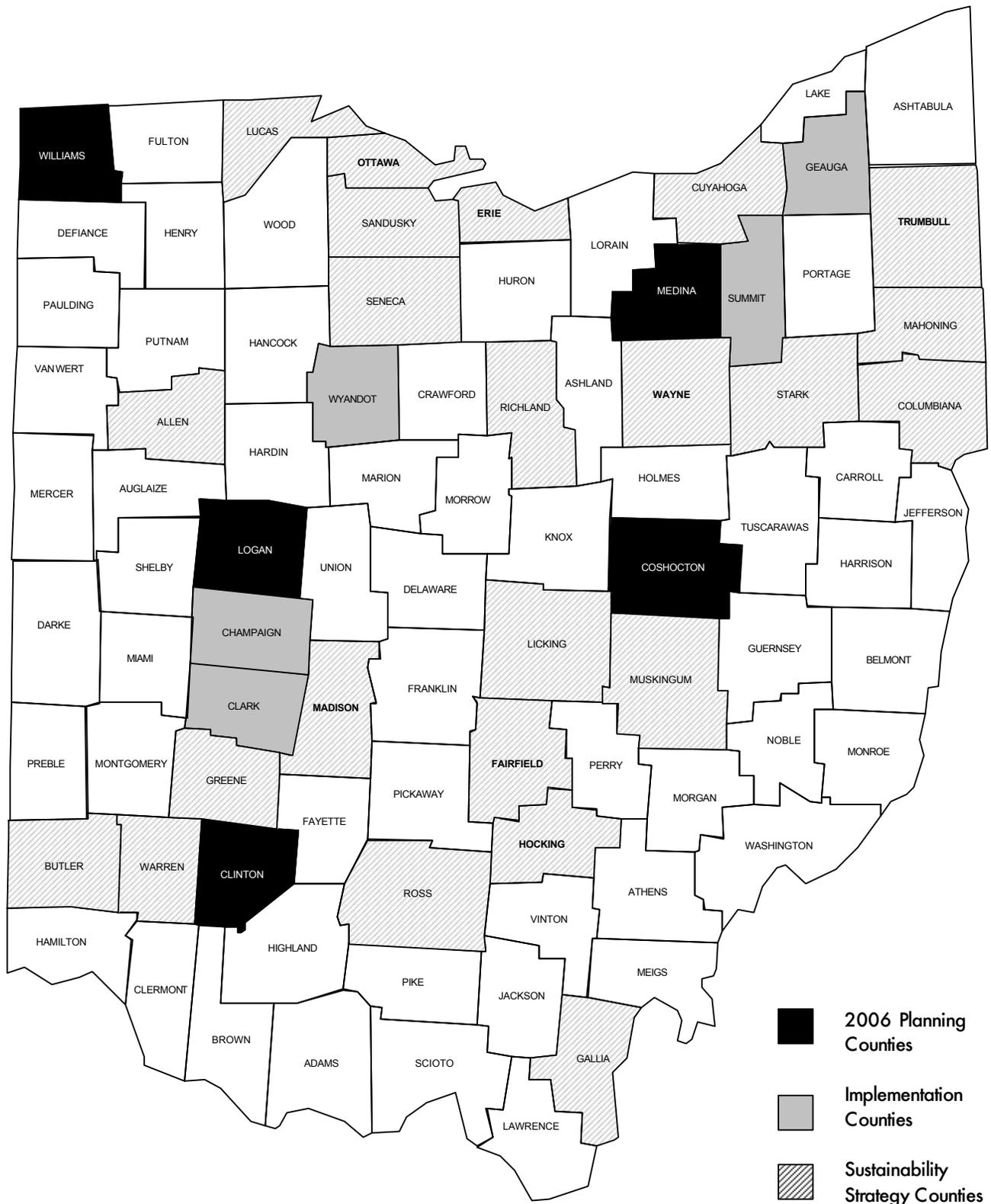
This guiding principle requires that a broad array of services and approaches be available to meet the needs of children and youth in the community. A continuum of services includes primary prevention programs, early intervention programs, and systems of care. These services and approaches should also include programs focused on reducing risks associated with problem behaviors and those focused on building community-wide assets that prepare children and youth to be fully engaged in their communities.

3. Making Data-Informed Decisions

This guiding principle requires that communities continually review data in order to define priorities and make decisions related to program implementation. Four levels of data-informed decisions are involved in PfS. First, data are used to determine the magnitude of problem behaviors in a community and prioritize efforts to respond to those problem behaviors. Second, data are used to identify levels of risk, protection, and assets that exist within the community to help target potentially effective strategies. Third, data are used to determine best practices related to implementation decisions for new programs. Programs with highly feasible approaches based on sound scientific evaluations are preferred. Finally, data are used to continually evaluate the progress of the PfS Initiative within the community.

Williams County's Partnerships for Success Involvement

In 2005, Williams County was one of five Ohio counties selected through a grant process to participate in Partnerships for Success.



Ohio County Profiles

Williams County

Population by Race	Number	Percent
Total Population	39,188	100.0%
White	37,760	96.4%
African-American	305	0.8%
Native American	161	0.4%
Asian	192	0.5%
Pacific Islander	0	0.0%
Other	543	1.4%
Two or More Races	227	0.6%
Hispanic (may be of any race)	1,046	2.7%
Total Minority	1,864	4.8%

Educational Attainment	Number	Percent
Persons 25 years and over	25,690	100.0%
No high school diploma	4,353	16.9%
High school graduate	12,499	48.7%
Some college, no degree	4,626	18.0%
Associate degree	1,461	5.7%
Bachelor's degree	1,848	7.2%
Master's degree or higher	903	3.5%

Family Type by Employment Status	Number	Percent
Total Families	10,715	100.0%
Married couple, husband and wife in labor force	5,526	51.6%
Married couple, husband in labor force, wife not	1,308	12.2%
Married couple, wife in labor force, husband not	567	5.3%
Married couple, husband and wife not in labor force	1,401	13.1%
Male householder, in labor force	536	5.0%
Male householder, not in labor force	88	0.8%
Female householder, in labor force	988	9.2%
Female householder, not in labor force	301	2.8%

Household Income in 1999	Number	Percent
Total Households	15,065	100.0%
Less than \$10,000	982	6.5%
\$10,000 to \$19,999	1,843	12.2%
\$20,000 to \$29,999	2,334	15.5%
\$30,000 to \$39,999	2,200	14.6%
\$40,000 to \$49,999	2,099	13.9%
\$50,000 to \$59,999	1,788	11.9%
\$60,000 to \$74,999	1,761	11.7%
\$75,000 to \$99,999	1,356	9.0%
\$100,000 to \$149,999	470	3.1%
\$150,000 to \$199,999	118	0.8%
\$200,000 or more	114	0.8%
Median household income	\$40,735	

Population by Age	Number	Percent
Total Population	39,188	100.0%
Under 6 years	3,025	7.7%
6 to 17 years	7,223	18.4%
18 to 24 years	3,250	8.3%
25 to 44 years	11,282	28.8%
45 to 64 years	8,976	22.9%
65 years and more	5,432	13.9%
Median Age	36.9	

Family Type by Presence of Own Children Under 18	Number	Percent
Total Families	10,715	100.0%
Married-couple families with own children	3,877	36.2%
Male householder, no wife present, with own children	395	3.7%
Female householder, no husband present, with own children	834	7.8%
Families with no own children	5,609	52.3%

Poverty Status in 1999 of Families By Family Type by Presence Of Related Children	Number	Percent
Total Families	10,715	100.0%
Family income above poverty level	10,298	96.1%
Family income below poverty level	417	3.9%
Married couple, with related children	106	25.4%
Male householder, no wife present, with related children	33	7.9%
Female householder, no husband present, with related children	147	35.3%
Families with no related children	131	31.4%

Ratio of Income in 1999 To Poverty Level	Number	Percent
Population for whom poverty status is determined	37,996	100.0%
Below 50% of poverty level	965	2.5%
50% to 99% of poverty level	1,321	3.5%
100% to 149% of poverty level	2,937	7.7%
150% to 199% of poverty level	3,934	10.4%
200% of poverty level or more	28,839	75.9%

Residence in 1995	Number	Percent
Population 5 years and over	36,702	100.0%
Same house in 1995	21,728	59.2%
Different house, same county	9,388	25.6%
Different county, same state	2,981	8.1%
Different state	2,444	6.7%
Puerto Rico or U.S. islands	0	0.0%
Foreign country	161	0.4%

Ohio County Profiles

Williams County

Travel Time To Work	Number	Percent
Workers 16 years and over	19,641	100.0%
Less than 15 minutes	8,754	44.6%
15 to 29 minutes	7,025	35.8%
30 to 44 minutes	2,090	10.6%
45 to 59 minutes	534	2.7%
60 minutes or more	671	3.4%
Worked at home	567	2.9%
Mean travel time	18.0 minutes	

Housing Units	Number	Percent
Total housing units	16,140	100.0%
Occupied housing units	15,105	93.6%
Owner occupied	11,598	71.9%
Renter occupied	3,507	21.7%
Vacant housing units	1,035	6.4%

Year Structure Built	Number	Percent
Total housing units	16,140	100.0%
Built 1995 to March 2000	1,421	8.8%
Built 1990 to 1994	975	6.0%
Built 1980 to 1989	1,458	9.0%
Built 1970 to 1979	2,608	16.2%
Built 1960 to 1969	1,886	11.7%
Built 1950 to 1959	1,649	10.2%
Built 1940 to 1949	1,084	6.7%
Built 1939 or earlier	5,059	31.3%
Median year built	1961	

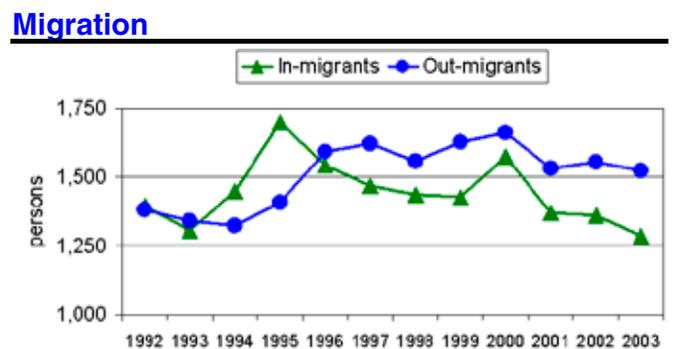
Value for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units	9,002	100.0%
Less than \$20,000	83	0.9%
\$20,000 to \$39,999	451	5.0%
\$40,000 to \$59,999	1,199	13.3%
\$60,000 to \$79,999	2,057	22.9%
\$80,000 to \$99,999	2,143	23.8%
\$100,000 to \$124,999	1,316	14.6%
\$125,000 to \$149,999	792	8.8%
\$150,000 to \$199,999	620	6.9%
\$200,000 to \$249,999	223	2.5%
\$250,000 to \$499,999	112	1.2%
\$500,000 to \$999,999	6	0.1%
\$1,000,000 or more	0	0.0%
Median value	\$85,700	

House Heating Fuel	Number	Percent
Occupied housing units	15,105	100.0%
Utility gas	8,596	56.9%
Bottled, tank or LP gas	3,037	20.1%
Electricity	2,350	15.6%
Fuel oil, kerosene, etc	649	4.3%
Coal, coke or wood	365	2.4%
Solar energy or other fuel	88	0.6%
No fuel used	20	0.1%

Gross Rent	Number	Percent
Specified renter-occupied housing units	3,421	100.0%
Less than \$100	7	0.2%
\$100 to \$199	166	4.9%
\$200 to \$299	242	7.1%
\$300 to \$399	559	16.3%
\$400 to \$499	863	25.2%
\$500 to \$599	741	21.7%
\$600 to \$699	427	12.5%
\$700 to \$799	153	4.5%
\$800 to \$899	37	1.1%
\$900 to \$999	4	0.1%
\$1,000 to \$1,499	26	0.8%
\$1,500 or more	0	0.0%
No cash rent	196	5.7%
Median gross rent	\$476	
Median gross rent as a percentage of household income in 1999	20.8	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units with a mortgage	5,943	100.0%
Less than \$400	201	3.4%
\$400 to \$599	1,194	20.1%
\$600 to \$799	1,750	29.4%
\$800 to \$999	1,307	22.0%
\$1,000 to \$1,249	784	13.2%
\$1,250 to \$1,499	433	7.3%
\$1,500 to \$1,999	192	3.2%
\$2,000 to \$2,999	67	1.1%
\$3,000 or more	15	0.3%
Median monthly owners cost	\$782	
Median monthly owners cost as a percentage of household income	19.3	

Vital Statistics	Number	Rate
Births / rate per 1,000 population	441	11.3
Teen births / rate per 1,000 females 15-19	75	56.1
Deaths / rate per 1,000 population	320	8.2
Marriages / rate per 1,000 population	274	7.0
Divorces / rate per 1,000 population	189	4.8



Ohio County Profiles**Williams County****Agriculture**

Land in farms (acres)	212,000
Number of farms	1,090
Average size (acres)	194
Total cash receipts	\$59,657,000
Per farm	\$54,731

Education

Public schools	19
Students (Average Daily Membership)	6,447
Teachers (Full Time Equivalent)	412.2
Student-teacher ratio	15.6
Expenditures per student	\$7,720
Graduation rate	93.3
Non-public schools	3
Students	304
4-year public universities	0
Branches	0
2-year public colleges	0
Private universities and colleges	0
Public libraries	2
Branch libraries	5

Transportation

Registered motor vehicles	48,484
Passenger cars	27,940
Noncommercial trucks	9,372
Total license revenue	\$1,317,045.77
Interstate highway miles	22.30
Turnpike miles	22.30
U.S. highway miles	80.55
State highway miles	104.97
Commercial airports	1

Voting

Number of precincts	44
Number of registered voters	26,722
Voted in 2004 election	18,991
Percent turnout	71.1%

Health Care

Physicians (MDs DOs)	39
Registered hospitals	2
Number of beds	126
Licensed nursing homes	3
Number of beds	362
Licensed residential care	1
Number of beds	48

State Parks, Forests, Nature Preserves, And Wildlife Areas

Facilities	5
Acreage	2,816.47

Communications

Television stations	0
Radio stations	3
Daily newspapers	1
Circulation	10,800

Crime

Total crimes reported in Uniform Crime Report	861
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Finance

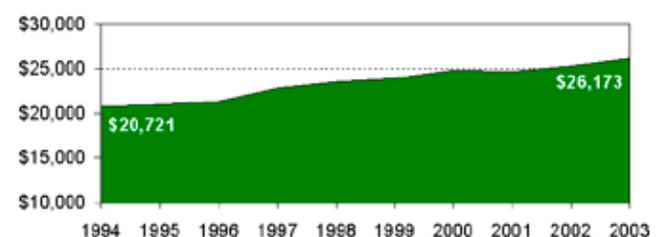
FDIC insured financial institutions (HQs)	2
Assets	\$174,865,000
Branch offices	25
Institutions represented	8

Transfer Payments

Total transfer payments	\$175,563,000
Payments to individuals	\$166,091,000
Retirement and disability	\$81,826,000
Medical payments	\$63,759,000
Income maintenance (Supplemental SSI, family assistance, food stamps, etc)	\$11,225,000
Unemployment benefits	\$6,648,000
Veterans benefits	\$2,314,000
Federal education and training assistance	\$181,000
Other payments to individuals	\$138,000
Total personal income	\$1,017,224,000
Dependency ratio	17.3%

Federal Expenditures

Direct expenditures or obligations	\$153,808,459
Retirement and disability	\$82,760,120
Other direct payments	\$44,914,770
Grant awards	\$18,508,963
Highway planning and construction	\$2,634,165
Temporary assistance to needy families	\$1,011,628
Medical assistance program	\$9,411,946
Procurement contract awards	\$2,037,188
Dept. of Defense	\$438,270
Salary and wages	\$5,587,418
Dept. of Defense	\$520,000
Other federal assistance	\$29,297,733
Direct loans	\$489,823
Guaranteed loans	\$5,963,860
Insurance	\$22,844,050

Per Capita Personal Income

Ohio County Profiles

Williams County

Civilian Labor Force	2000	2001	2002	2003	2004
Civilian labor force	21,200	20,700	20,100	19,800	19,500
Employed	20,400	19,600	18,800	18,400	18,300
Unemployed	700	1,100	1,300	1,400	1,200
Unemployment rate	3.5	5.1	6.3	6.9	6.4

Employment and Wages by Sector

NAICS Industrial Sector	Average Annual Employment		Total Wages (in thousands of dollars)	
	2002	2003	2002	2003
Total covered under Ohio UC Law	17,648	16,989	\$515,790	\$502,424
Private Sector	15,484	14,817	\$455,666	\$440,216
Agriculture, forestry, fishing and hunting	79	94	\$1,814	\$1,972
Mining	35	33	\$1,645	\$1,516
Utilities	-1	-1	\$0	\$0
Construction	491	468	\$16,480	\$15,888
Manufacturing	8,060	7,447	\$289,955	\$268,832
Wholesale trade	406	400	\$10,291	\$10,180
Retail trade	1,499	1,488	\$25,171	\$25,615
Transportation and warehousing	-1	-1	\$0	\$0
Information	155	162	\$4,139	\$4,524
Finance and insurance	346	344	\$11,333	\$12,374
Real estate and rental and leasing	107	100	\$1,546	\$1,601
Professional and technical services	125	128	\$3,138	\$3,824
Management of companies and enterprises	23	23	\$1,194	\$1,190
Administrative and waste services	338	295	\$5,128	\$4,619
Educational services	124	134	\$1,299	\$1,432
Health care and social assistance	1,494	1,509	\$49,729	\$51,600
Arts, entertainment, and recreation	102	100	\$1,260	\$1,268
Accommodation and food services	1,088	1,016	\$9,365	\$9,340
Other services, except public administration	703	694	\$11,348	\$11,349
State and Local Government	2,164	2,173	\$60,123	\$62,208
State government	140	136	\$5,117	\$5,266
Local government	2,024	2,037	\$55,006	\$56,942
Federal Government	98	97	\$3,474	\$3,491

-1 or \$0 indicates suppression for confidentiality

Major Employers

Allied Moulded Products Inc	Mfg
Bryan City Bd of Ed	Gov't
Community Hospitals of Williams Cnty	Service
Kuhi Kasei/Kampco Industries	Mfg
Letts Industries/Powers & Sons	Mfg
Midwest Stamping Co	Mfg
Plastech Engineered Products	Mfg
Spangler Candy Co	Mfg

Starting and

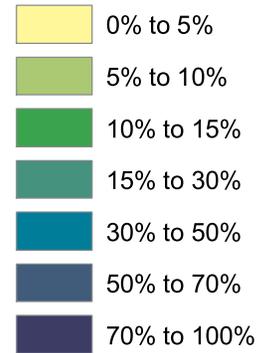
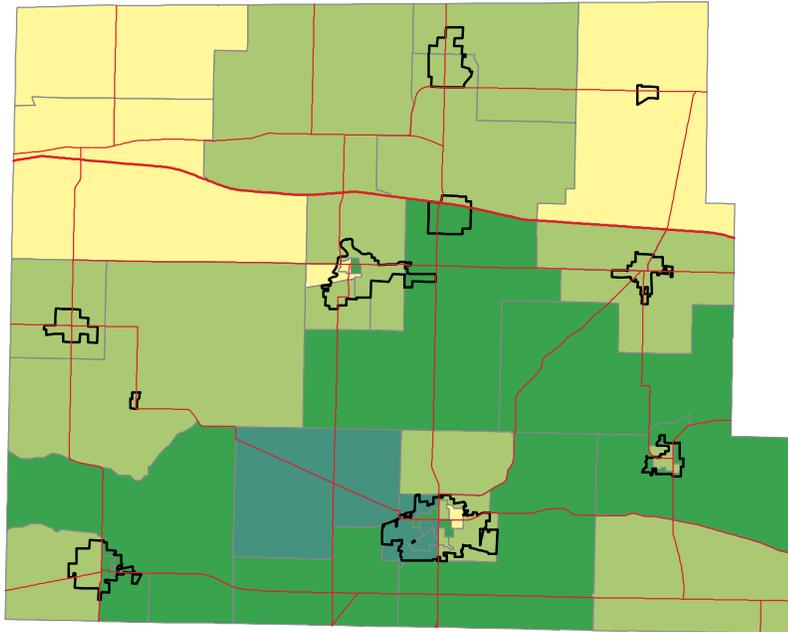
Active Businesses	2000	2001	2002	2003	2004
Business starts	75	58	64	72	71
Active businesses	862	852	851	848	871

Residential
Construction

	2000	2001	2002	2003	2004
Total units	170	168	163	162	133
Total valuation (000)	\$18,559	\$19,386	\$6,180	\$20,153	\$17,062
Total single-unit bldgs	141	131	161	140	113
Average cost per unit	\$117,757	\$135,320	\$37,734	\$137,880	\$140,796
Total multi-unit bldg units	29	37	2	22	20
Average cost per unit	\$67,414	\$44,842	\$52,500	\$38,636	\$57,600

Ohio County Profile – Williams County

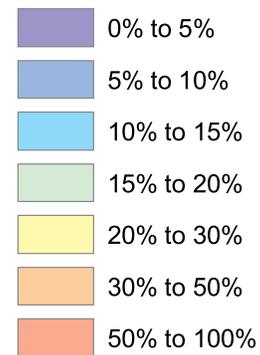
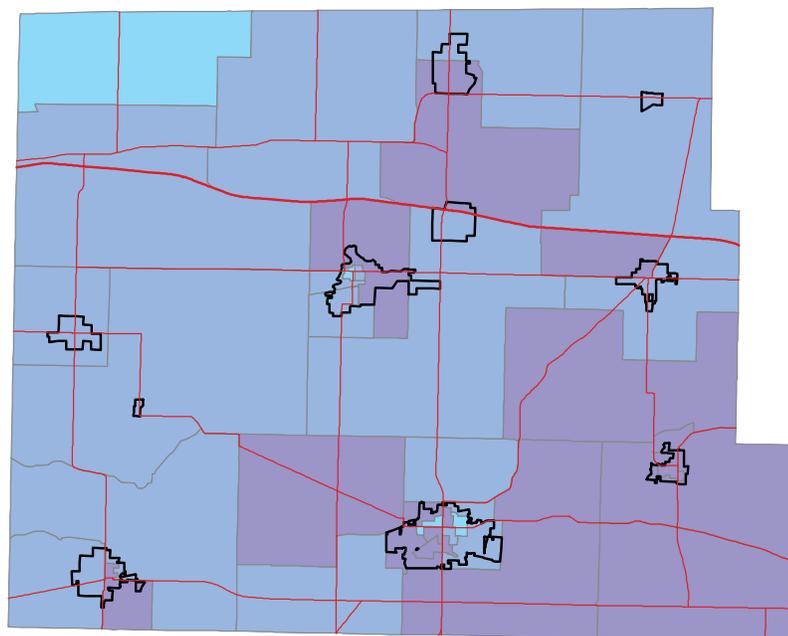
Percent of Persons 25 and Older
With a Bachelor's Degree or Greater
2000



Ohio -- 21.1%
Williams -- 10.7%

Source: Summary File 3, Census of Population and Housing,
U.S. Bureau of the Census, 2000.

Percent of Persons Living In Poverty
2000



Ohio -- 10.6%
Williams -- 6.0%

Calculation based on population for
whom poverty status is determined.

Source: Summary File 3, Census of Population and Housing,
U.S. Bureau of the Census, 2000.

PfS Planning Process

The PfS Planning Process is comprised of three basic activities:

1. **Needs Assessment** – The goal of the needs assessment is to define both broad targets for change in the community (targeted impacts), and factors (risk, protection, and assets) that are most closely associated with the selected targeted impacts.
2. **Resource Assessment** – The goal of the resource assessment is to create a realistic profile of current programs, services, and activities in the community related to the targeted impacts identified in the needs assessment.
3. **Identification of Strategic Actions** – The goal of gap analysis and strategic planning is to produce a gap analysis and a five-year strategic plan that indicates how best to address problem behaviors and promote positive youth development within the community.

Needs Assessment Process

Using these three guiding principles, a Needs Assessment Work Group consisting of the following members started working on October 13, 2005 to compile a report

Lou Levy, Needs Assessment Work Group Chair, Alcohol, Drug Addiction and Mental Health Services (ADAMhs) Board communications officer; Brenda Anders, Women & Family Services budget and finance manager; Dee Custar, Victim Offender Reconciliation Program past director; Kathleen Ewonus, Family and Children First Council parent representative; Pat Fullenkamp, Five County Alcohol/Drug Program clinical director; Carol Kurivial, Community Advocacy for Healthy Families member; Patsy Miller, Bryan Area Health Education Center director; Gene Rupp, Northwest Ohio Educational Service Center educational consultant; Melissa Rupp, Williams County Family and Children First Council coordinator; Beth Schweitzer, Combined Health Department of Williams County; and Diane Veres, North Central High School guidance counselor.

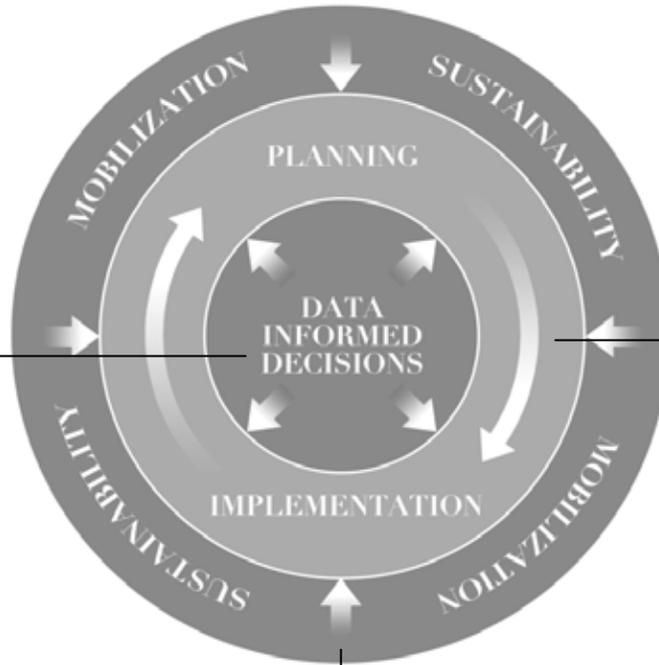
The Needs Assessment Process Step by Step

The Williams County Partnership for Success Needs Assessment Work Group met six times between October 2005 and January 2006. At those meetings group members discussed, deliberated, voted, and arrived at a consensus that two issues face youth of the county: teen pregnancy and mental health. Their decision was informed by data and tempered with their experience that addressing these critical issues will improve the quality of life for Williams County youth.

The PfS Needs Assessment establishes a data-informed profile of the community to use as a foundation for strategic planning. The general goal in PfS Needs assessment is to define both broad targets for change in the community (referred to as “Targeted Impacts”), and factors (Risk Factors, Protective Factors and Assets) that are most closely associated with the selected Targeted Impacts. A PfS Needs Assessment provides the FCF Council with the knowledge and tools needed to create a data-informed profile to use as a baseline for strategic planning.

Partnerships for Success Model

In analyzing the needs, the Work Group also reviewed the following success model including Targeted impact studies.



While the PFS Model is followed in a linear and chronological order, in reality the model revolves around a constant commitment to making data-informed decisions including:

- 1) Identifying Targeted Impacts.
- 2) Selecting Risk and Protective Factors or Assets.
- 3) Determining Evidence-Based and Feasible Practices to Address the Targeted Impacts.
- 4) Evaluating the Progress of PFS in the Community.

Success of the local PFS Initiative is contingent upon ongoing and sustained mobilization of the community. There are a variety of mobilization activities that should be conducted throughout the PFS Initiative to ensure long-term sustainability of the PFS Strategic Plan.

PFS Planning is comprised of three basic activities:

- 1) Needs Assessment– The goal of the needs assessment is to define both broad targets for change in the community (Targeted Impacts), and factors (risk, protection, and assets) that are most closely associated with the selected Targeted Impacts.
- 2) Resource Assessment– The goal of the resource assessment is to create a realistic profile of current programs, services, and activities in the community related to the Targeted Impacts identified in the needs assessment.
- 3) Identification of Strategic Actions– The goal of gap analysis and strategic planning is to produce a gap analysis and a strategic plan that indicates how best to address problem behaviors and promote positive youth development within the community.

PfS Targeted Impacts

Definition: Urgent issues that seriously affect the healthy development of a community's youth, and that instill communities with a sense of urgency for change. Thus, identification of the Targeted Impact(s) is a critically important step for a community because the Targeted Impact becomes the "big prize" that propels the PfS Model forward.

- Reduced delinquency
- Increased school success
- Reduced teen pregnancy
- Reduced substance abuse
- Reduced violence
- Reduced behaviors associated with mental illness

Risk Factors/Protective Factors/ Assets (RPAs)

Definition of Risk Factors: Increase levels of negative Targeted Impacts and decrease levels of positive Targeted Impacts.

Definition of Protective Factors: Decrease levels of negative Targeted Impacts and increase levels of positive Targeted Impacts. Protective Factors are thought to be independently related to specific Targeted Impacts.

Definition of Assets: Similar to protective factors in that they decrease levels of negative Targeted Impacts and increase levels of positive Targeted Impacts, but are thought to work together in an additive fashion. That is, the different assets listed on the matrix complement each other and increase each other's effects on Targeted Impacts. Thus, the more assets a community pursues the better.

The following four pages provide a detailed listing of RPAs.

Partnerships for Success

Risk Factors * for Targeted Impacts

RISK FACTORS	TARGETED IMPACTS						
	Reduce Delinquent Behavior	Increase School Success	Reduce Teen Pregnancy	Reduce Substance Abuse	Reduce Violence	Reduce Behaviors Associated with Mental Illness	
NEIGHBORHOOD RISK FACTORS (9)							
1. Availability of Drugs	✓			✓			
2. Availability of Firearms	✓				✓		
3. Community Norms Tolerant of Violence	✓				✓		
4. Community Norms Tolerant of Crime	✓				✓		
5. Community Norms Tolerant of Substance Abuse	✓			✓			
6. Low Neighborhood Attachment	✓	✓					
7. Community Disorganization	✓	✓	✓		✓		
8. Transitions and Mobility	✓	✓	✓	✓			✓
9. Poverty	✓	✓	✓	✓	✓		✓
FAMILY RISK FACTORS (5)							
10. Family History of Problem	✓	✓	✓	✓	✓		✓
11. Inconsistent and/or Inappropriate Discipline	✓	✓	✓	✓	✓		✓
12. Lack of Adult Monitoring and/or Supervision	✓	✓	✓	✓	✓		✓
13. Family Violence		✓			✓		✓
14. Favorable Family Attitudes toward Problem	✓	✓	✓	✓	✓		
SCHOOL RISK FACTORS (3)							
15. Antisocial Behavior	✓	✓					
16. Academic Failure	✓	✓	✓	✓			
17. Lack of Commitment to School	✓	✓	✓	✓			
PEER/INDIVIDUAL RISK FACTORS (4)							
18. Alienation from Mainstream	✓	✓	✓	✓	✓		
19. Favorable Attitudes Toward Problem Behavior	✓	✓	✓	✓	✓		✓
20. Friends Engage in Problem Behavior	✓	✓	✓	✓	✓		✓
21. Early Initiation in Problem Behavior	✓	✓		✓	✓		✓

*Borgensneider, 1996; Catalano, Hawkins, Berglund, Pollard & Arthur, 2002; Elliott, Wilson, Huizinga, Sampson et al, 1996; Jessor, Turbin & Costa, 1998; Lerner & Castellino, 2002; Sampson, Morenoff & Earls, 1999.

Partnerships for Success

Protective Factors* for Targeted Impacts

PROTECTIVE FACTORS	TARGETED IMPACTS					
	Reduce Delinquent Behavior	Increase School Success	Reduce Teen Pregnancy	Reduce Substance Abuse	Reduce Violence	Reduce Behaviors Associated w/ Mental Illness
NEIGHBORHOOD PROTECTIVE FACTORS (9)						
1. Access to Quality Prenatal Health Care						
2. Access to Quality Pediatric/ Adolescent Health Care						
3. Access to Quality Mental Health Care		✓	✓		✓	✓
4. Community Norms Against Violence					✓	
5. Community Norms Against Crime	✓					
6. Community Norms Against Substance Abuse	✓			✓		
7. Neighborhood Attachment & Organization	✓	✓			✓	
8. Residential Stability		✓				✓
9. Increase in Jobs with a Family Wage	✓	✓	✓	✓	✓	
FAMILY PROTECTIVE FACTORS (6)						
10. Consistent, Age-Appropriate Discipline	✓	✓	✓	✓	✓	✓
11. Adult Monitoring and/or Supervision	✓	✓	✓	✓	✓	✓
12. Family Problem-Solving Ability		✓		✓	✓	✓
13. Family Members can Communicate Supportively	✓	✓		✓	✓	✓
14. Significant Attachment to Pro-Social Adult	✓	✓	✓	✓	✓	✓
15. Family Members Value Education		✓	✓			
SCHOOL PROTECTIVE FACTORS (3)						
16. Parent-Teacher Cooperation		✓	✓			
17. Specialized Instruction for At-Risk Students		✓	✓			
18. School-to-Work Transition Programs		✓				
PEER/INDIVIDUAL PROTECTIVE FACTORS (4)						
19. Committed to some form of Pro-Social Ideology	✓	✓				
20. Pro-Social Attitudes	✓	✓				
21. Friends DO NOT Engage in Problem Behavior	✓	✓	✓	✓	✓	
22. Friends Disapprove of Problem Behavior	✓	✓	✓	✓	✓	

*Borgensneider, 1996; Catalano, Hawkins, Berglund, Pollard & Arthur, 2002; Elliott, Wilson, Huizinga, Sampson et al, 1996; Jessor, Turbin & Costa, 1998; Lerner & Castellino, 2002; Sampson, Morenoff & Earls, 1999.

Search Institute 40 Developmental Assets

Through extensive research, Search Institute has identified the following 40 building blocks of healthy development that help young people grow up healthy, caring, and responsible. The asset definitions shown in this chart are based on research on adolescents (6th to 12th grades).

EXTERNAL ASSETS

Support

- Family support- Family life provides high levels of love and support.
- Positive family communication- Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).
- Other adult relationships- Young person receives support from three or more nonparent adults.
- Caring neighborhood- Young person experiences caring neighbors.
- Caring school climate- School provides a caring, encouraging environment.
- Parent involvement in schooling- Parent(s) are actively involved in helping young person succeed in school.

Empowerment

- Community values youth-Young person perceives that adults in the community value youth.
- Youth as resources- Young people are given useful roles in the community.
- Service to others- Young person serves in the community one hour or more per week.
- Safety- Young person feels safe at home, at school, and in the neighborhood.

Boundaries and Expectations

- Family boundaries- Family has clear rules and consequences, and monitors the young person's whereabouts.
- School boundaries- School provides clear rules and consequences.
- Neighborhood boundaries- Neighbors take responsibility for monitoring young people's behavior.
- Adult role models- Parent(s) and other adults model positive, responsible behavior.
- Positive peer influence- Young person's best friends model responsible behavior.
- High expectations- Both parent(s) and teachers encourage the young person to do well.

Constructive Use of Time

- Creative activities- Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
- Youth programs- Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
- Religious community- Young person spends one hour or more per week in activities in a religious institution.
- Time at home- Young person is out with friends "with nothing special to do" two or fewer nights per week.

INTERNAL ASSETS

Com mitm ent to Learning

- Achievement motivation- Young person is motivated to do well in school.
- School engagement- Young person is actively engaged in learning.
- Homework- Young person reports doing at least one hour of homework every school day.
- Bonding to school- Young person cares about her or his school.
- Reading for pleasure- Young person reads for pleasure three or more hours per week.

Positive Values

- Caring- Young person places high value on helping other people.
- Equality and social justice- Young person places high value on promoting equality and reducing hunger and poverty.
- Integrity- Young person acts on convictions and stands up for her or his beliefs.
- Honesty- Young person "tells the truth even when it is not easy."
- Responsibility- Young person accepts and takes personal responsibility.
- Restraint- Young person believes it is important not to be sexually active or to use alcohol or other drugs.

Social Com petencies

- Planning and decision making- Young person knows how to plan ahead and make choices.
- Interpersonal competence- Young person has empathy, sensitivity, and friendship skills.
- Cultural competence- Young person has knowledge of and comfort with people of different cultural/ racial/ ethnic backgrounds.
- Resistance skills- Young person can resist negative peer pressure and dangerous situations.
- Peaceful conflict resolution- Young person seeks to resolve conflict nonviolently.

Positive Identity

- Personal power- Young person feels he or she has control over "things that happen to me."
- Self-esteem- Young person reports having a high self-esteem.
- Sense of purpose- Young person reports that "my life has a purpose."
- Positive view of personal future- Young person is optimistic about her or his personal future.

This list is an educational tool. It is not intended to be nor is it appropriate as a scientific measure of the developmental assets of individuals.

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Summary of Activities

The following is a summary of the activities that occurred during the Williams County Needs Assessment: (See Appendix A for References)

Step 1: Develop a PfS Workgroup charter.

The workgroup charter clearly defined the roles and responsibilities of the PfS Workgroup and was approved FCF Council.

Step 2: Select Targeted Impacts.

The targeted impacts are urgent issues that seriously affect the healthy development of a community's youth and that instill in communities a desire for change. Thus, identification of no more than three Targeted Impacts is a critical step for a community because the Targeted Impact becomes the "big prize" that propels the PfS Model forward. The following tasks were completed in order to select Targeted Impacts:

- Review Targeted Impacts: (1) identify sources for data on all Targeted Impacts; (2) collect data (including national, state and local data); and (3) collected archive reports
- Analyzed collected data and ranked Targeted Impacts
- Joined data with community values

Step 3: Draft a Preliminary Needs Assessment Report.

In the preliminary Needs Assessment Report the workgroup documented results of initial data collection efforts, selected Targeted Impacts and justification and identified opportunities, barriers and technical assistance required.

Step 4: Select risk factors, protective factors, and/or assets (RPAs).

After specific target impacts were prioritized, the next step in the PfS needs Assessment was to identify the "causes" or correlations of the Targeted Impacts. That is, what are the most influential factors that are related to each Target Impact? The following tasks were completed in order to select RPAs:

- Rank RPAs fro each targeted impact based on data
- Joined data with community values and selected a final set of RPAs linked to each priority targeted impact

Step 5: Draft a final Needs Assessment Report.

In the final Needs Assessment Report the workgroup adds information relevant to the selection of RPAs and justification to finalize the preliminary Needs Assessment Report. The report is submitted to the FCF Council for approval and subsequently the Resource Assessment Workgroup to support initiation of PfS Resource Assessment.

After the Needs Assessment Work Group's initial meeting on October 13 when they were introduced to the Partnerships for Success process, they met another five times (November 1, 15, 29, December 13, and January 3) in order to complete the charge: *To identify and prioritize adolescent behavior target impacts of Williams County.* The nine members of the work group used the step-by-step process spelled to gather and discuss existing data in the six target impact areas recommended by PfS:

- (1) reduced delinquency,
- (2) increased school success,
- (3) reduced teen pregnancy,
- (4) reduced substance abuse,
- (5) reduced violence, and
- (6) reduced behaviors associated with mental illness.

At those meetings group members discussed, deliberated, voted, and arrived at a consensus that two issues face youth of the county: teen pregnancy and mental health. Their decision was informed by data and tempered with their experience that addressing these critical issues will improve the quality of life for Williams County youth.

The data gathering portion of the process, while thorough, was also somewhat frustrating for the work group as in most of these areas they discovered the data was usually limited, often dated, and many times not collected in a way that made year-to-year comparisons reliable. For example, the Four County ADAMhs Board and others did an extensive survey of youth in 1997, but that youth needs survey was never updated. In another situation, the Williams County Combined Health Department attempted to survey youth in 2003, but only three county schools participated. Finally, at least two PRIDE surveys have been done (1999 and 2001), but the questions were not necessarily comparable to the other surveys and the 2001 Williams County results could not be located. Consequently, monitoring trends is difficult. Without a regular method of monitoring, Williams County youth health issues that is supported by the community, will be difficult to measure success of any initiative.

Therefore, as part of PfS planning, the work group strongly recommends that a process be initiated that leads to the regular monitoring of youth health issues. Questions from existing national survey tools should be used to allow regional, state, and national comparisons.

However, given the data that the work group was able to review, they pared the list of six target impact areas to four after an initial discussion. "Reduced delinquency" and "increased school success" were the first to be dropped. The work group's feeling was that delinquency was probably more a consequence or outcome of other issues than the primary problem. In addition, based on the school report cards, the work group felt that Williams County schools on the whole and compared to the state expectations are doing a reasonably good job (92% graduation rate).

Summary of Findings

Following the next round of discussions, we ranked the remaining four impact areas on a scale of 1 to 4, with 1 as the highest priority. The rankings were:

- (1) reduced teenage pregnancy,
- (2) reduced behaviors associated with mental illness,
- (3) reduced substance abuse, and
- (4) reduced violence.

At this point, the work group decided to focus on the two highest priorities and submit those to the Family and Children First Council with the recommendation to move ahead in the PfS process by focusing on reducing teenage pregnancy and behaviors associated with mental illness.

Detailed Process Williams County Workgroup Used to Arrive at Final Ranking

The needs assessment workgroup began their task by listing all possible data sources:

- School Report Cards – 3 years
- Youth Behavior Risk Surveys – 1997 & 2003
- Pride Survey
- Job & Family Services Data
- MACSIS
- Williams County Juvenile Court Statistics 2002-2004
- Police Arrest Records
- Teen Line Data
- Four County Youth Needs Assessment
- Williams County Health Habits Survey, September 2003
- 5-County Alcohol and Drug Data
- Williams County Teen Pregnancy statistic
- Ohio Department of Health Data
- Williams County Profile based on 2000 Census
- Williams County United Way Needs Assessment
- LEARN Project
- Williams County Health Department's Healthy People 2010

Final Ranking by the Needs Assessment Workgroup

Final Ranking by the Needs Assessment Workgroup

1. Reducing Teen Pregnancy
2. Reducing Behaviors Associated with Mental Illness
3. Reducing Substance Abuse
4. Reducing Delinquency
5. Reducing Violence
6. Increasing School Success

The needs assessment workgroup began their task by scheduling six meetings over the next three months with a timeline of tasks to be completed by each meeting. Members brainstormed and made a list of all possible data sources that might be accessed and collected locally. Each member was assigned data to gather.

They then returned to the second meeting to report what had been collected, the types of data contained in each. Discussion included:

- For which target impact this data was pertinent
- Usefulness of data
- Other data needed

Six subgroups were formed, one for each target impact area. Members were assigned according to their expertise or interest in that area. Each group was provided with copies of data sets pertinent to their targeted impact. Data sources used are listed in the Appendix.

Also, worksheet #1 was reviewed as each member is required to complete this worksheet for each targeted impact area after subgroup makes presentation. Worksheet #1 included in Appendix.

During the next two meetings presentations were made on targeted impact areas. Each member completed worksheet # 1: *Analysis of Needs--Collected Data* after discussion of each targeted impact area. Members were then asked to rank the Target impact areas based on interpretation of data so far. The rankings were as follows:

1. Reducing teen pregnancy
2. Reducing substance abuse
3. Reducing behaviors associated with mental illness
4. Reducing violence
5. Reducing delinquency
6. Increasing school success

After discussion of the rankings, it was decided to eliminate school success and delinquency in further discussions. The following are reasons for this decision:

School Success-Williams County Schools overall have been successful over the past three years in meeting graduation rates. State requirement is 90% graduation rate. Seven school districts' statistics over a 3 year period were reviewed and only 4 times out of a cumulative of 21 years was graduation rate not met and in those four times rate was always over 88%. Also, all seven districts in all three years exceeded required state rate of attendance of 93%. All but one school's performance index has trended upwards over past three years. Compared to other schools in the four county area, Williams County schools are doing well.

Delinquency- The statistics from the four years of Juvenile probation records from 2001 through 2004 showed a rise in delinquency cases only in 2002 and then a decrease below the 2002 level in 2003 and a further decrease in 2004. Bryan arrest records indicate a similar trend. National rates also revealed a decrease in teen delinquency rates.

Focusing on the top four ranked targeted impact areas will allow members to gather more information as needed including community values on these four areas. Members then reviewed Worksheet #2 – *Confirmation of Ranking of Targeted Impacts*. Each member was to fill out this sheet on the top four ranked targeted impacts and prepare for discussion at next meeting to reach a consensus on the final one or two top targeted impact areas for Williams County.

Before choosing a final ranking much discussion revolved around the top three ranked targeted impacts. Members agreed that the more complete and consistent the data, the easier it would be make a better case for their choices.

At this point the members also reviewed the United Way Community Leaders assessment which was done in 2005. Detailed subjective interviews were done with 25 community leaders in which they were asked to identify the greatest needs in the community. They also completed a survey tool in which they rated 71 issues on a scale from 1 to 4 with 1 being no problem, 2-some problem, 3-significant problem and 4-don't know. The scores were then compiled and those receiving the highest scores were recommended as areas needing to be addressed.

Teen pregnancy received the highest score and issues dealing with teen mental health received the third highest score.

The teen pregnancy rate was rated a critical issue in the 2005 United Way of Williams County needs assessment with a composite score of 2.667. (On this scale, a "3" is the highest score meaning a significant problem and a "1" is the lowest score meaning no problem. A "2" is a relatively low score meaning just some problem.)

Youth mental illness and emotional problems was rated a critical issue on the 2005 United Way of Williams County needs assessment with a composite score of 2.7727 (topped only by prescription drug assistance at 3.0 in the needs assessment).

All members completed worksheet # 2 on the top four impact areas. And discussed all four at length. Some of the observations were as follows:

Teen Pregnancy

- Statistics in this area are reported consistently and accurately on yearly basis and available over a long period of time.
- Statistics show that not much impact has been made in decreasing the rates.
- Williams County teen pregnancy rates have remained constant even though surrounding counties and state statistics have shown a decrease in teen pregnancy.
- In local surveys from 1997 to 2003 the number of teens reporting sexual activity has dropped yet the rate of pregnancy has not. Members of the group felt this was very significant.

Substance Abuse

- Williams County statistics are lower in relation to surrounding counties
 - Williams County Reported teen use- 22%, Henry County 29%
 - Williams County Teen Binge drinking – 11%, Henry and Fulton Counties-19%
 - Williams County Reported drinking and driving-10%, Henry County-21%, Fulton-27%
- Juvenile court cases related to substance abuse have remained fairly constant over the last several years
- Nationally statistics are showing a reduction in teen drug and alcohol use
- There are quite a few substance abuse programs in the county with significant funding for this issue
- From the little data available huffing, inhalant and methamphetamine use is decreasing

Teen Mental Health Issues

- Williams County Suicide Rate is High compared to surrounding counties although actual teen suicide numbers are not high, it is difficult to know if mental health issues were a significant problem for these cases
- 25% of Williams County youth report having been depressed
- 1 in 10 youth have attempted suicide
- Depression often related to drug and alcohol use
- Parents and teens lack understanding of mental health issues and how to access help

Violence

- Decrease in violent crimes in juvenile court statistics
- Issue of bullying discussed, but local statistics are unavailable

At this point the group rated the top four impact areas from 1 to 4 with 1 being top priority.

The ratings were then averaged with the following results:

- Teen Pregnancy: 1.7
- Mental Health Issues: 2.14
- Substance Abuse: 2.57
- Violence: 3.57

The group then agreed to focus on the top two impact areas of Teen Pregnancy and Behaviors associated with Mental Illness. They proceeded to utilize Worksheet number three during the discussion of choosing risk factors, protective factors and assets (RPAs) relating to each target impact.

The following section presents the work group’s choice of RPA’s of both the teen pregnancy and mental health areas with possible success measures for each. The rankings were reached after voting on the priorities and much discussion that lead to consensus building, not an absolute majority rule.

Teen Pregnancy:

Risk Factors	Protective factors	Assets	Internal Assets
Poverty	Adult Monitoring	Family support	Integrity
Family History	Consistent & appropriate discipline	Positive Faith Community	Responsible
Inconsistent Discipline	Role Model-Caring adult	Other adult role model/relationships	Restraint
Parental monitoring	Friends not engaging in behavior	Volunteer/Service	Decision Making
Family violence	Disapproval of behavior	High Expectations	Resistance Skills
Academic Failure		Positive Peer Influence	
Friends engage in problem behavior			

Narrowed down to the following 4 to rank on Worksheet #3

- Peer approval / disapproval
- Role Model/Other pro-social adult
- Family Support Systems both internal and external
- Positive Self Esteem/ Self Identity

Success Measure: Reduce the number of teen pregnancies

Mental Health Issues

Risk Factors	Protective Factors	Assets	Internal Assets
Family History	Access to quality pediatric health care	Family Support	Social Competency
Inconsistent/Inappropriate Discipline	Family Support	Monitoring & Supervision	Responsibility
Friends engaging in behavior	Monitoring & Supervision		Positive Identity
Environmental stressors			

Narrowed down to the following 4 for ranking on Worksheet #3

Family History
 Access to Quality Pediatric Health Care
 Family Support
 Positive Identity

Success Measure: Increase in number of parents and youth reporting an understanding of mental health issues and how to access help.

Initial results of the 1997 Four County Youth Needs Assessment made the following observations:

Sexual Behavior: Sexual activity among teens is somewhat less in 1997 than in 1991. Overall 46.5% of the high school students reported being sexually active in the current survey compared to 52.6% in 1991. However, among high school seniors, 62% say they are sexually active. In comparing 1997 to 1991, less high school students are sexually active but more 6-8th graders are sexually active. In the four county area, 16.9% of 7th graders and 23.4% of 8th graders reported being sexually active, both higher than in 1991.

Needs Assessment Work Group Recommendations

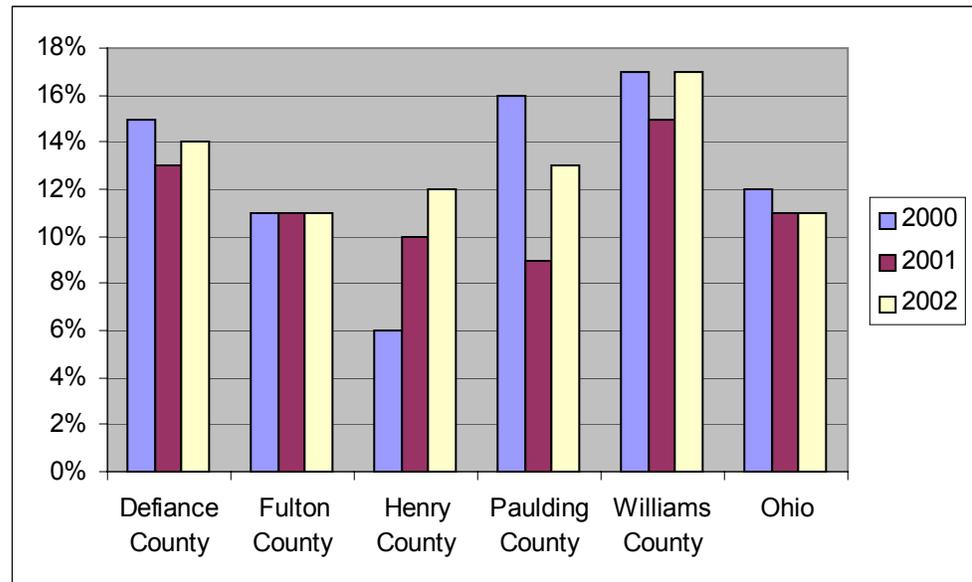
The following section presents the work group's summary of both the teen pregnancy and mental health areas with possible success measures for each. The rankings were reached after voting on the priorities and much discussion that lead to consensus building, not an absolute majority rule.

1. Reduce Teen Pregnancy

a. Some of the data that we reviewed for this impact area includes the following:

- 1) In a three-year period (2000 – 2002), Williams County has consistently had a higher rate of teen births to total births when compared to neighboring rural counties and the State of Ohio. (Health Department data)

Locale	2000	2001	2002
Defiance County	15%	13%	14%
Fulton County	11%	11%	11%
Henry County	6%	10%	12%
Paulding County	16%	9%	13%
Williams County	17%	15%	17%
Ohio	12%	11%	11%



- 2) This consistently high rate has occurred over a 10-year period of time when the self-reported number of teens having sexual intercourse has dropped, indicating that perhaps self-reporting has been inaccurate in Williams County, when compared to the very high teen birth rate.

Ohio	1993 = 55% to 2003 = 42%
Four County area	1991 = 53% to 1997 = 47%
Williams County	2003 = 26%

- 3) The teen pregnancy rate was rated a critical issue in the 2005 United Way of Williams County needs assessment with a composite score of 2.667. (On this scale, a “3” is the highest score meaning a significant problem and a “1” is the lowest score meaning no problem. A “2” is a relatively low score meaning just some problem.) (See Appendix B for more details.)

b. General Measures of Success

- 1) Reduce the number/rate of pregnancies among Williams County teens, 18 years of age and younger.
- 2) Decrease the number of unmarried teens, 18 and under, who self-report having sexual intercourse
- 3) Increase the number of physicians who routinely ask about sexual activity during office visits and physicals (including sports physicals).

c. Associated risk factors, protective factors, and assets (RPAs) in rank order

- 1) Family support – 1997 youth needs assessment identified who youth most admired (mother, 38%; father, 12%; sibling, 9%; other relative, 7%; friend, 9%) and who they go to with a problem (mother, 38%; sibling, 9%; father, 5%; friend, 29%). Other youth data presented said 76% of youth discuss have discussed issues of sexuality with their parents, 28% had sexual activity while an adult was in the house, 44% had sexual activity when no adult was in the house, and 93% of youth who reported being sexually active, their parents were divorced or legally separated.

Measure of Success: Increase number of youth reporting good communication with parents.

- 2) Peer support or disapproval – Note that youth whose peers are sexually active are at a much higher risk of being sexually active themselves.

Measure of Success: Increase awareness of the Williams County teen pregnancy rate and its consequences.

- 3) Role model/pro-social adult – (Note: Two work group members explained a program that is active in some Williams County schools in which girls at risk of becoming sexually active and pregnant meet monthly with health department personnel. Once this program was explained, other work group members explained they would have rated this RPA higher if they had been aware of the program and its impact beforehand.)

Mentoring was noted as an activity that could have a significant positive impact on youth in areas beyond teenage pregnancy.

Measure of Success: Increase the number of adult to youth mentor dyads created and functioning, especially for at risk youth.

- 4) Positive self-identity

Measure of Success: Increase the number of youth reporting positive self-image.

(Note: Although it wasn't among the RPAs to be reviewed, work group members agreed that sexual abstinence is the best and preferred method of reducing the number of teen pregnancies; however, many work group members were concerned that especially older teens who are sexually active need to be made aware of information about where to learn about contraceptives, testing and the importance of pre-natal care.)

Supporting Evidence for the Needs Assessment Work Group's Recommendations

(From the Healthy People – Williams County 2010 report and Youth Healthy Habits Survey 2003)

Responsible Sexual Behaviors

Background

Unintended pregnancies and sexually transmitted diseases (STDs) can result from irresponsible sexual behaviors. The United States has one of the highest teen pregnancy rates for industrialized countries and Williams County is not immune to this epidemic. Though the number of teen births has declined recently, early sexual activity can lead to other health, social, and psychological consequences, such as multiple partners and STDs. Almost 4 million of the new cases of STDs each year occur in teens.

The cost to the U.S. taxpayers for teen pregnancy is estimated at between \$7 billion and \$15 billion each year. The total cost of the most common STDs and their complications is conservatively estimated at \$17 billion annually.

Recommendations and Findings

- = Healthy People – Williams County 2010
 - o Youth Healthy Habits Survey 2003
- Education youth and adults on what is responsible sexual behavior
 - o 23% of youth have NOT discussed sexuality with their parents
- Increase the awareness, knowledge, detection, and treatment of STDs
 - o 10% of youth reported not using a condom the last time they had intercourse
- Improve the local data collection system about STDs such as age groups and improving reporting
 - o 4% have had a STD
- Expand the outreach to at-risk youth
- Promote abstinence
 - o 73% have not had intercourse
- Increase after school programs to promote healthy lifestyle behaviors
 - o 6% of youth report not using any method to prevent pregnancy or STD the last time they had intercourse
- Emphasize self-responsibility for actions
- Expand the use of mentoring
- Offer programs and information to parents on how to talk with their children about this issue
 - o 77% of youth have discussed sexuality with their parents
- Education and counsel adult and teen males on their responsibilities

2. Behaviors associated with mental health issues

a. **Some of the data that the work group reviewed for this impact area include the following:**

- 1) As many as 25 percent of Williams County youth report symptoms consistent with clinical depression (2003 Williams County youth needs assessment).
- 2) Slightly more than 1 in 10 Williams County youth report that they have attempted suicide – slightly higher than the national average (1997 and 2003 surveys).
- 3) Youth mental illness and emotional problems was rated a critical issue on the 2005 United Way of Williams County needs assessment with a composite score of 2.7727 (topped only by prescription drug assistance at 3.0 in the needs assessment).
- 4) Other data used to review the need for increasing vigilance in this field is outlined below:

- Of the students that report NOT having an adult to talk to, 78.5% don't think they would attempt suicide, while 21.5% think they might attempt it. Conversely, of the students that report HAVING an adult to talk to, 90.7% don't think they would attempt suicide, while 8.8% feel they might.

- There is also a correlation between feeling lonely and considering hurting themselves, and between feeling lonely and sexual activity between both males and females as the data below suggests:

Kids reporting never feeling lonely 91.1% NEVER considering hurting themselves

Kids reported sometimes feeling lonely 38.2 % considered hurting themselves

- Of the 15.5 % of males that reported physical abuse, 23.5% reported having attempted suicide, yet, of the 14.6% of females that reported physical abuse, 43.2% reported having attempted suicide

- Of the 10.5% of all males that reported a suicide attempt, only 4.3% reported sexual abuse, while of the 14.6% of females that reported a suicide attempt, 38.5% reported sexual abuse.

- Of the Males reporting depressive symptoms, 6.6% reported sexual abuse and again, the data suggests that of the females reporting depressive symptoms, 29.4% reported sexual abuse.

b. General Measures of Success

- 1) Increase the number of parents and youth who report an understanding of mental health issues.
- 2) Reduce the number of Williams County youth who report suicide ideation and attempts.
- 3) Increase the number of physicians who routinely ask mental health questions during office visits and physicals (including sports physicals).

c. Associated risk factors, protective factors, and assets in rank order

- 1) Family support

Measure of success: Increase availability of and participation in support groups for families and youth with behavioral, emotional or mental health problems.

- 2) Positive identity

Measure of success: Increase the number of youth who report that they feel they have control over “things that happen to me.”

- 3) Access to quality pediatric health care

It was noted that there are few psychiatrists or psychologists in the area who specialize in youth. Families often must travel to Toledo or farther. Further, the local pediatricians and other family practice physicians who likely see the youth first may not be adequately trained or comfortable treating youth who present with mental health problems.

Measure of success: Increase the number of psychiatrists and/or psychologists in the area who specialize in youth. Offer regular CME training in youth mental health diagnosis and treatment to our area physicians.

- 4) Family history

Mood disorders seem to be genetically passed on to children. However, families may not recognize the disorders or share the information with their children.

Measure of success: Increase awareness of mental illness, especially mood disorders, through the school curriculum.

3. Reduced Substance Abuse

a. Initial results of the 1997 Four County Youth Needs Assessment made the following observations:

- Alcohol use – the percentage of teens who report regular alcohol use is currently about 29% - a figure which has not changed much over the last 10 years.
- Drug use – after staying at 6% in 1986 and 1991, the numbers of teens saying that they are regular drug users (primarily marijuana) has doubled to 12%.
- More recent information suggests that alcohol use among teens is currently about 21.9% which is lower than in the 1997 findings. Accordingly, only about 6% of teens report being regular users of illegal drugs or controlled substances. This figure has dropped from 1997 when it was at 12%.

b. When asked questions regarding drug and alcohol abuse, an Ohio Statewide Survey compiled some of the following data:

- | | |
|-----------------------------------|-----------------------------------|
| • When you drink alcohol at home? | • Do you use drugs at home? |
| 6th graders 90% reported never | 6th graders 98.2 % reported never |
| 8th graders 79% reported never | 8th graders 94.6% reported never |
| JrHs 84% reported never | JrHs 96.3 % reported never |
- Clearly, the education and commitment of our community is making an impact on our children. However, it is interesting to note that a parent’s role in the influence of their children is in great need of improvement. When children were asked if their parents ever spoke with them regarding these issues, the results strongly support the need for deep rooted, further conversation and activity in these regards.

c. The result of the question, “Do your parents talk with you about the problems of alcohol/drugs?” provides some startling results:

- 6th graders only 19.7 % of children reported “a lot” to this question, while a full 14.6 % reported “never”
- 8th graders only 9.2 % reported “a lot” while 17.7 % reported “never”
- JrHs Students only 14.1% reported “a lot” while 16.3 % reported “never”
- Other answers included “often” - at around 14.5% average; “sometimes” - with a 32% average; and “seldom” - with a 23% average.
- These results provide a direct correlation for the need for parent interaction.

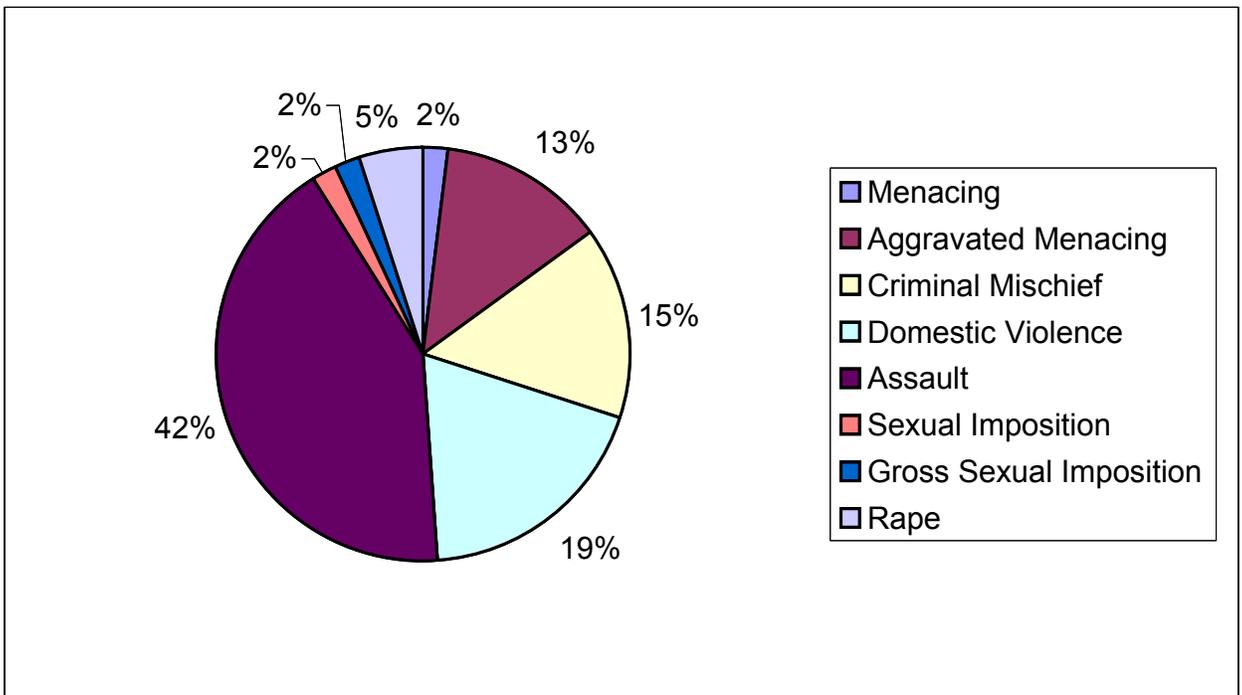
4. Reduced Violence

Reports on Teen Violence suggest a decrease in teen violent crimes in the years from 2001- 2004. For the purpose of this report, we are looking at violence as an act that occurs from one person to another person, including hitting (physical aggression), intimidation, menacing or threatening or implying physical harm, or the use or possession of a weapon.

The following graph provides the breakdown of this violent crime.

2001-2004 Violent Crime

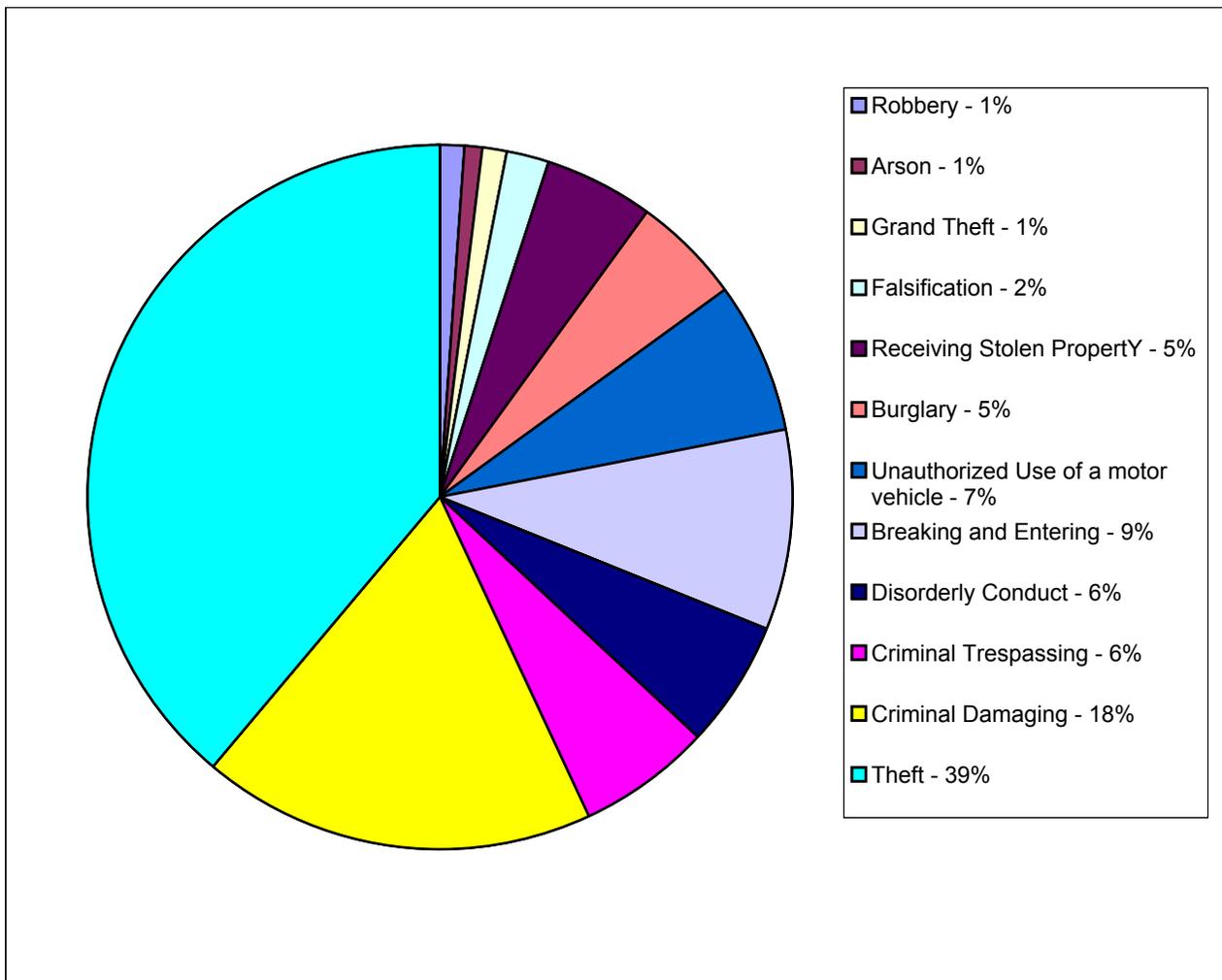
Menacing	2%
Aggravated Menacing	13%
Criminal Mischief	15%
Domestic Violence	19%
Assault	42%
Sexual Imposition	2%
Gross Sexual Imposition	2%
Rape	5%



5. Reduced Delinquency

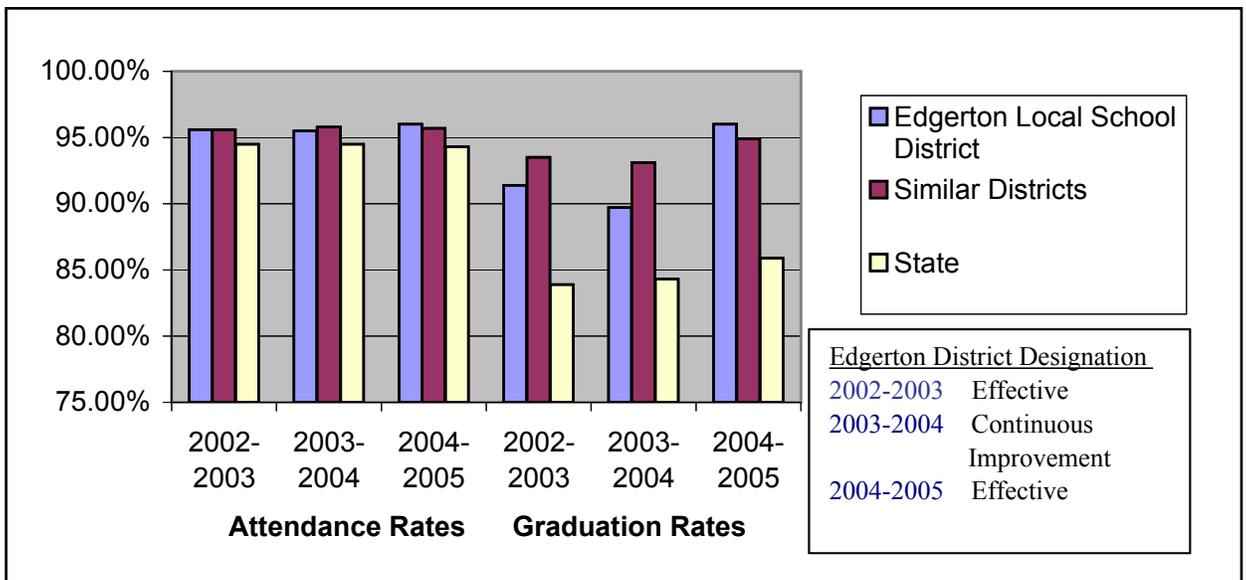
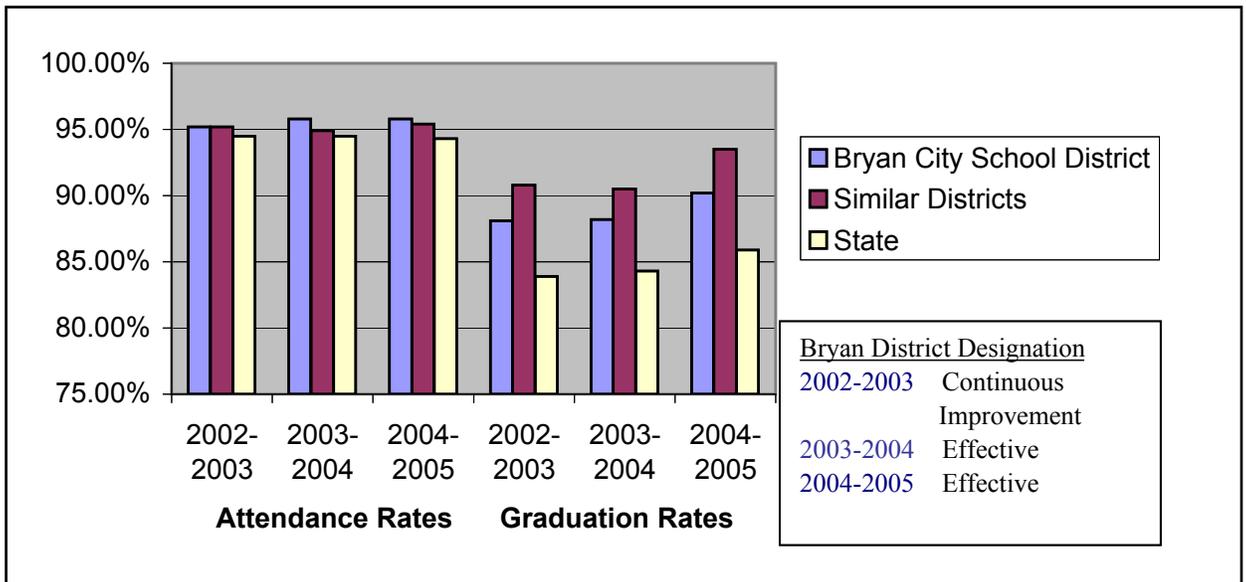
Reports on Teen Delinquency also suggest a decrease in teen delinquency in the years from 2001-2004. For the purpose of this report, a general description of delinquent offenses would be considered any incident that would be considered a crime if committed by an adult. These offenses include property crimes, including but not limited to theft, receiving stolen property, criminal damaging and criminal trespassing as well as robbery, burglary and breaking and entering and arson. Offenses also include public nuisance charges such as disorderly conduct and public indecency.

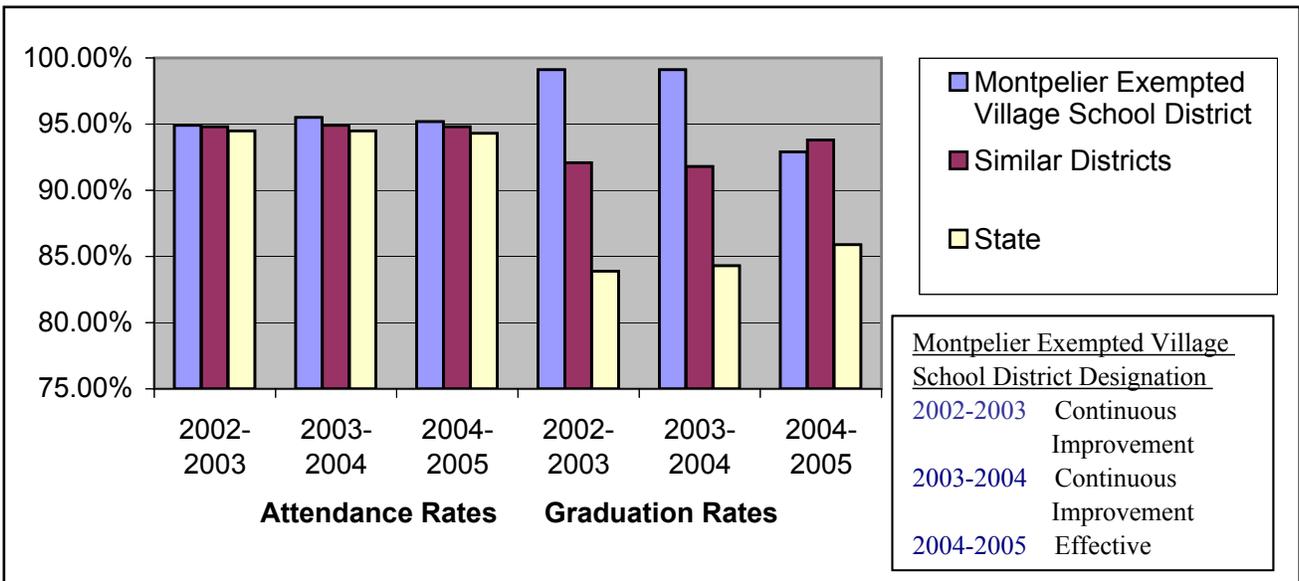
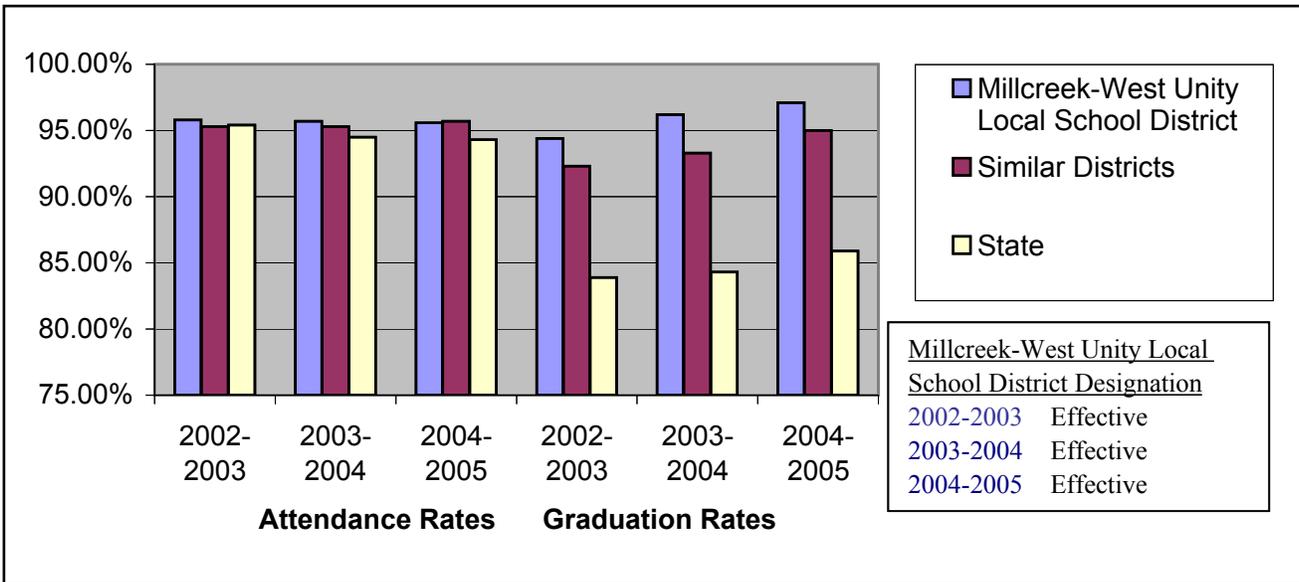
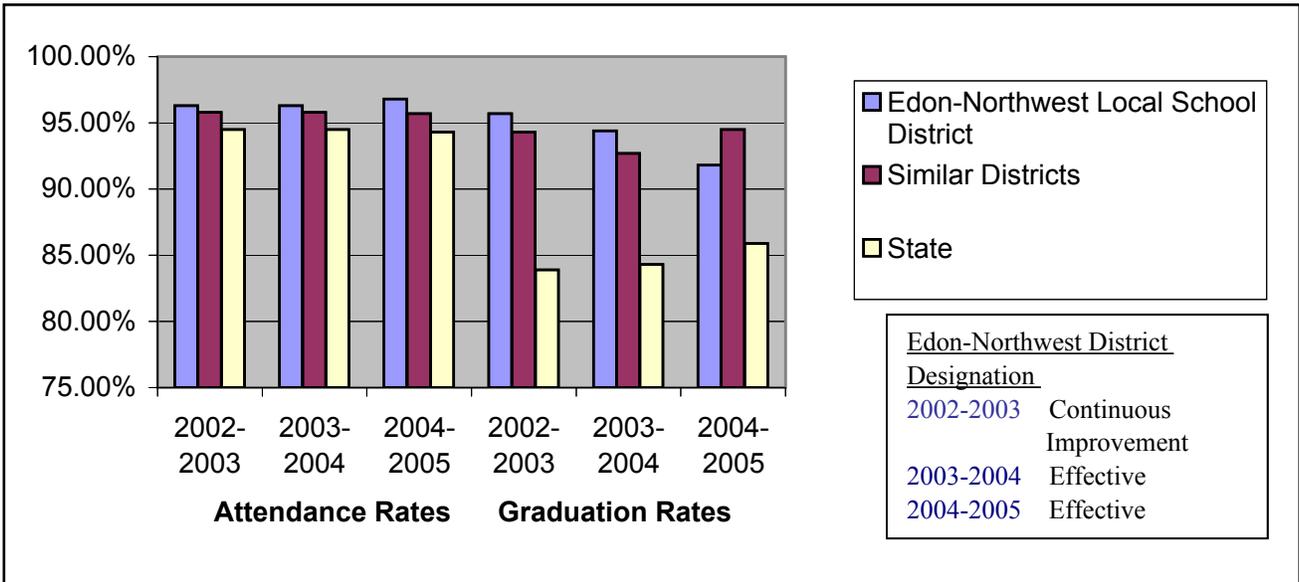
The following graph provides the breakdown of acts of Teen Delinquency:

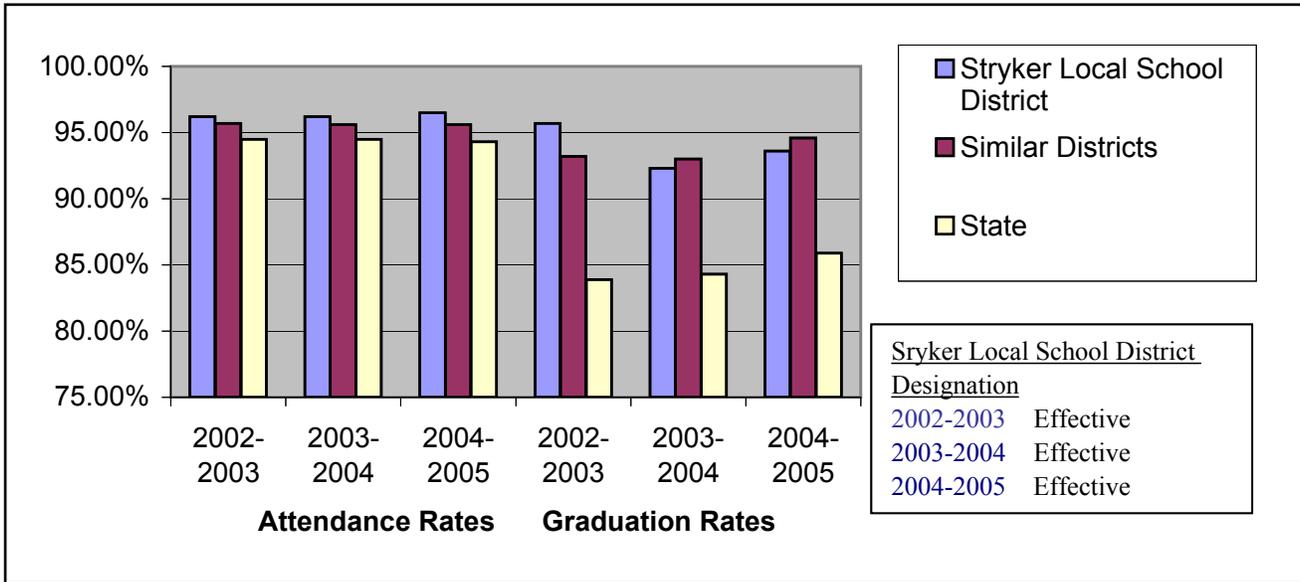
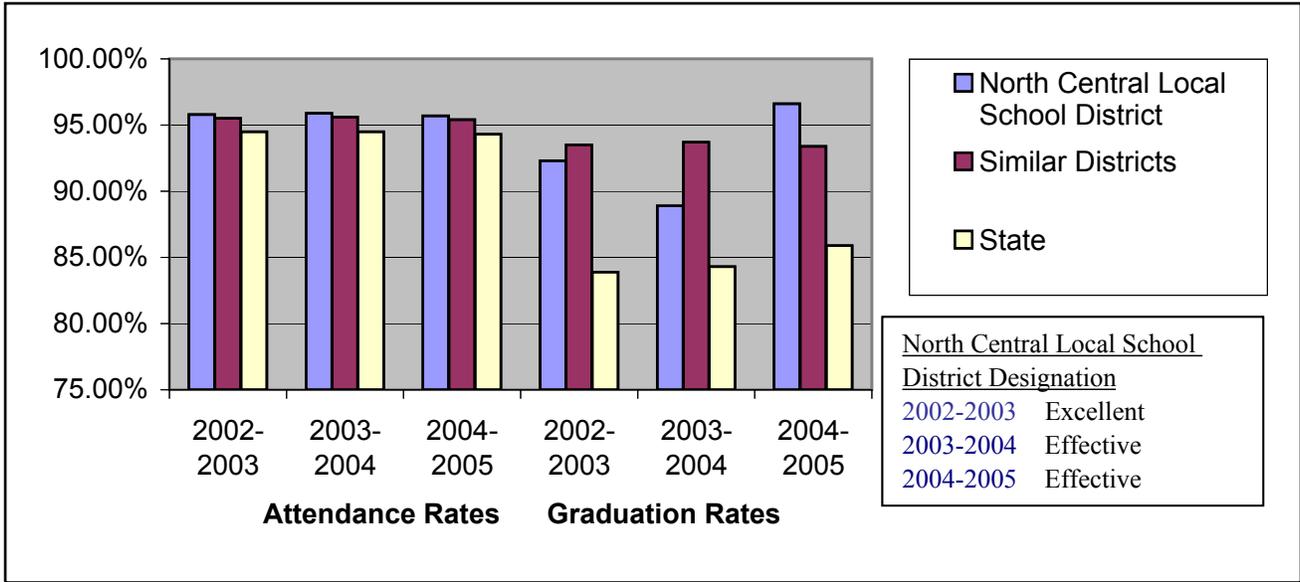


6. Increased School Success

The designations for the Ohio Department of Education Schools Report Card are: Excellent, Effective, Continuous Improvement, Academic Watch or Academic Emergency. Results of schools in Williams County show that two school systems stayed at the same designation over a three year-period, while results at other schools fluctuated back and forth over the three year period. A 90% graduation rate was reported in at least four of the Williams County schools over the past three years. District Ratings, attendance rates and graduation rates follow for the Williams County School Systems.







Appendix A

Needs Assessment Work Group Members:

Lou Levy (Chairperson), ADAMhs Board Communications Director
Kathleen Ewonus, Family Children First Council Parent Representative
Patsy Miller: BAHEC Director
Dee Custar, Williams County Board of Health Member, Former VORP Director
Diane Veres, North Central Schools Guidance Counselor
Brenda Anders, Financial Officer, Women & Family Services
Pat Fullenkamp: 5-Co. Alcohol & Drug Clinical Director
Carol Kurivial, Educator, Community Advocates for Health Families Member
Gene Rupp: NWOESC
Scribes & Facilitators: Melissa Rupp, Williams County Family Children First Coordinator; Beth Schweitzer, Williams County Partnerships for Success Coordinator
Consultant: Fred Coulter, Defiance College Professor of Education

Data Sources Utilized:

School Report Cards – 3 years
Youth Behavior Risk Surveys – 1997 & 2003
Pride Survey
Job & Family Services Data
MACSIS
Williams County Juvenile Court Statistics 2002-2004
Police Arrest Records
Teen Line Data
Four County Youth Needs Assessment
Williams County Health Habits Survey, September 2003
5-County Alcohol and Drug Data
Williams County Teen Pregnancy statistic
Ohio Department of Health Data
Williams County Profile based on 2000 Census
Williams County United Way Needs Assessment
LEARN Project
Williams County Health Department's Healthy People 2010

Data Assignments:

Diane Veres: School Report Cards

Dee Custar: Truancy Records, Juvenile Court Records

Pat Fullenkamp: Department of Youth Services, First Call for Help Teenline

Lou Levy: MACSIS

Brenda Anders: ODH Website, Census/Maumee Valley Planning

Carol Kurivial: Law Enforcement Records, United Way

Patsy Miller: Job and Family Services Data

Beth Schweitzer: Youth Behavior Survey, Sarah's House-Violence, Relative Health
Department Surveys

Kathleen Ewonus: WEDCO, Churches, Misc., Chamber of Commerces

Needs Assessment Group Meeting Schedule:

11/1/05 1-3 p.m.

Everyone bring data gathered

Determine gaps in data

Assign impact areas and divide data for individuals to review

11/15/05 **2-4 p.m.**

Presentations on data findings

11/29/05 1-3p.m

12/15/05 1-3p.m.

All data collected and evaluated

1/3/06 1-3p.m.

Finalize findings to prepare for printing

Completed product done by January 11

Presentation to Family Children First Council on January 25

Williams County Partnerships for Success Initiative Needs Assessment Workgroup Charter

PfS Mission: Facilitate collaboration of the community to enable citizens to build capacity at the county level to prevent and respond effectively to child and adolescent problem behaviors while promoting positive youth development

Needs Assessment Workgroup Mission: Identify and prioritize adolescent behavior target impacts of Williams County

Workgroup Purpose:

- Gather information and data
- Prioritize
- Document
- Pass findings on to Resource Assessment Workgroup

Background: Maximizing resources through collaboration and cooperation

Parameters: Maximum of \$10,000.00 to use if needed. Utilize existing data and gather lacking information (if possible), complete data collection and evaluation by January 11, 2006 and have final report done by January 25, 2006

What Workgroup has Authority to do: Investigate, survey, make recommendations

Expected Product: Needs assessment evaluation with prioritized target impacts report

Meeting Frequency and Duration: Every two weeks lasting no longer than two hours.

Workgroup Chair: Lou Levy

Workgroup Membership:

Lou Levy: ADAMhs Board; T-761 SR 66; Archbold, 43502; 419-267-3355; lougoblu@bnnorth.net
Kathleen Ewonus: 12143 Co. Rd. E-35, Bryan, 43506; 419-636-6286; sci7@adelphia.net
Patsy Miller: BAHEC; 443 West High St., Bryan, 43506; 419-630-2106; bahec@chwchospital.com
Dee Custar: 11261 Route 127, West Unity, 43570; 419-924-5158; dandeecust@cs.com
Diane Veres: North Central Schools, 400 Baubice, Pioneer, 43554; 419-737-2366; pio_hs_dv@nwoca.org
Brenda Anders: Women & Family Services 508 Wayne Ave., Defiance, 43512; 419-782-4906; wfsbudfin@defnet.com
Carol Kurivial: 116 Brown Drive, Bryan, 43506; 419-636-5233; kurivial@cityofbryan.net
Pat Fullenkamp: 5-Co. Drug & Alcohol; 830 S. Clinton St., Defiance, 43512; 419-782-9920; fullencamp@watchtv.net
Kayren Woolum; NOCAC; 1933 East Second St., Defiance, 43512; 419-784-2150 ext. 105; dirchild@nocac.org
Gene Rupp: NWOESC; 1410 West High St.; Bryan, 43506; 419-636-5078; nwoesc_gru@nwoca.org

Facilitator: Lou Levy

Scribe: Beth Schweitzer

Approved: _____(FCFC Chair) Approved: _____(FCFC Coor.)

Appendix B

Introduction

The United Way of Williams County initiated a process to assess community needs, and the services provided or lacking in meeting those needs. This type of information is critical to our organization and community partners in making funding decisions, evaluation existing program and seeking new opportunities to improve the quality of life for our residents.

List of Most Critical Issues or Unmet Needs

Volunteers of the United Way determined that an average ranking of 2.6 or higher on the survey instrument would indicate the issue to be a tier one issue – one of the most critical social issues facing our county. Lack of critical needs does not mean the issue or need does not exist, but rather that the need is being adequately addressed.

Tier One Issues – Critical:

- Rate of teen pregnancy
- Prescription drug assistance
- Youth mental illness/emotional problems
- Drugs/Alcohol/tobacco abuse
- Parenting skills education
- Budgeting skills education/ debt counseling
- Other Addictions (gambling, pornography) etc.
- Transportation for homeless to job sites

While addressing the issues, several factors were used to determine responses received by the community. If the composite score was above 2.6, the critical need element was addressed. Within these community issues, the following specific items were considered important or critical:

Community Issues Comments Received by Respondents

Life Skills Training

- o School is addressing- need parental involvement at an earlier age
- o Huge gaps for parenting, life skills, debt counseling
- o These programs are only available to those who have done something wrong (forced program)
- o Big problem – schools dropped life skills training

Parenting Skills Education

- o Need to better prepare parents for all stages – they have little support
- o Need parental training
- o Increasing need for parenting skills education for parents and teens
- o There is a lack of training and role modeling

Rate of teen pregnancy

- o Health Dept, Women & Family Services, Ridge Project are addressing. But, contraceptives do not reach the teens as needed
- o Gaps with unreported pregnancy

Mentoring of Youth

- o Needs more volunteers
- o Need more adult and family involvement. Hard to find adult volunteers for youth activities
- o Need more adult mentors

Youth mental illness/emotional problems

- o Kids are cutting themselves- 20 kids are hard core
- o Big issue – guidance department can't handle it all. Social Worker paid for by grant money helps in Montpelier schools
- o Growing need for family based services
- o Severe behavior problems have increased in last 5 years
- o MRDD students participate in activities at the Y.

Drug/alcohol/tobacco prevention

- o Health Department – Five County Drug & Alcohol
- o In-house counseling attempted for kids who break the rules
- o Exposure and environment. Good programs, be when reacclimated with home environment, problems occur again.
- o Programs are available

Conclusions

- Need for greater community coordination in solutions- cannot be handled by any one program or sector
- Greater church involvement in coordinated efforts rather than focus on programs within their own congregation
- Money is not the only problem, how do we motivate adult volunteers to work with kids/teens? (role modeling, tutoring, etc.)
- Significant need for life skills education in parenting, budgeting, etc. How do we motivate target population to participate?

Information as taken from the United Way Community Needs Assessment – 2005
United Way of Williams County