

***Williams County
Resource Workgroup
Assessment Report***
Partnerships for Success

***For Presentation to Williams County Family
Children First Council
May 2006***

Table of Contents

Introduction.....	1-2
Needs Assessment Results.....	2-3
Resource Assessment Workgroup Process	3-5
Resource Assessment Findings	5-14
Recommendations.....	15
Limitations	15-16



Introduction

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.

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.

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. (See Partnerships for Success State Map, Appendix A)

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.

The Needs Assessment Results

In October of 2005 a group of nine community members formed the Williams County Needs Assessment Workgroup. Their charge was: ***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
- (6) reduced behaviors associated with mental illness.

After reviewing the data collected and considering community values and views regarding the target impact areas, group members discussed, deliberated, voted, and arrived at a consensus ***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.*** 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.

After choosing the two target impacts, the group proceeded to identify the risk factors, protective factors, and assets, which would address these. They identified the following:

Teen Pregnancy

1. Pro-social adult role model
2. Family Support
3. Peer/Individual Disapproval of Behavior
4. Positive Identity/Self-Esteem

Behaviors Associated with Mental Illness

1. Family Support
2. Positive Identity/Self-Esteem
3. Access to Pediatric Mental Health Care
4. Family History of Problem

Community Resource Assessment Workgroup Process

The goal of the Community Resource Assessment (CRA) Workgroup was to create a list of available programs, services, activities and intervention systems in Williams County that related to the two target impact areas identified by the Community Needs Assessment Workgroup. Members of the CRA Workgroup were tasked with identifying service providers in Williams County, conducting interviews to collect the necessary data, inputting the collected information into a database, analyzing resource assessment data, generating resource reports, profiling community resources and drafting a final resource assessment report. The goal of this process was to identify strengths and service gaps existing in Williams County. The CRA Workgroup explored possible solutions to these service gaps, including enhancing current program and implementing additional services.

Resource Assessment Step by Step

Following is a summary of the steps followed to achieve the above stated goals:

Step 1: Develop a PfS Workgroup Charter. The workgroup charter should clearly define the roles and responsibilities of the Resource Assessment Workgroup and be approved by FCF council. (Workgroup charter is in Appendix)

Step 2: Create a resource database. The creation of a resource database allows Resource Assessment workgroup to create a variety of reposts. A resource database should be developed based on the Profiling Community resources Tool (Worksheet #5). (See appendix for PCR Tool)

Step 3: Profile community resources. A profile of each of the community resources relevant to selected Targeted Impacts should be developed. The following tasks should be completed in order to profile community resources:

- Identify and make a list of programs related to the Targeted Impacts selected by the Needs Assessment workgroup as priorities
- Identify contacts and addresses of the agencies that provide the programs identified on the provider list
- Make changes or additions to the Profiling Community Resources (PCR) Tool if desired
- Designate a central location where resource data will be housed and appoint a person to be responsible for keeping the data
- Prepare addressed and stamped envelopes to include with the Profiling PCR Tool
- Prepare a cover letter explaining the reasons why the resource assessment is being conducted
- Send the cover letter, PCR Tool and return envelope to the agency contact of each program on initial list
- Send reminder post cards or make follow up phone calls to non-responders

Step 4: Analyze PfS Resource Assessment Data. Resource Assessment data collected should be entered into the database in a systematic fashion with quality checks for accuracy. The database should be used to summarize resource assessment information by profile area and generate desired reports designed to illuminate gaps in services.

Step 5: Draft a PfS Resource Assessment Report. The Resource Assessment Report should document a description of the PfS Resource Assessment, a summary of the PCR Tool and all reports generated by profile area. This report is submitted to the FCF Council for approval

The Community Resource Assessment Workgroup met initially to identify program/service providers in Williams County who addressed the two targeted impact areas identified by the Community Needs Assessment Workgroup. The CRA Workgroup recognized 200 existing programs/services that addressed the targeted impact areas. The Workgroup also scheduled three community gatherings where service providers could attend to receive guidance on completing the PCR Tool. The gatherings were scheduled in various areas throughout Williams County. A PfS introduction letter, the PCR Tool, summary from the Community Needs Assessment and an invitation to three different community gatherings were mailed to all identified providers. (Documents in Appendix)

The CRA Workgroup reconvened after the mass mailing to develop a “map” for use with the PCR Tool so that Workgroup members could assist the providers in completing the tool when they attended one of the community gatherings. Each question of the PCR Tool was defined in an effort to collect consistent

and valid data. Each member of the Workgroup received a copy of the “map” to use with the service providers they would be assisting. (Map included in appendix)

The first two community gatherings were not well attended. The Core Team and CRA made 80 personal contacts with each of the individuals who had not responded. The third community gathering was very successful and many PCR Tools were completed. The collected data was entered into the Resource Database and analyzed by the Workgroup.

The following sections of this report provide:

1. Information on agencies contacted and responding with completed PCR Tools
2. Programs targeting Teen Pregnancy
3. Programs targeting Behaviors associated with mental illness
4. Programs targeting substance abuse, delinquency and general youth behaviors
5. Data compiled from reports
6. Observations, conclusions, and recommendations
7. Limitations of process
8. Appendix

Resource Assessment Workgroup Findings

Breakdown of Types of Agencies Responding to PCR Tool Request

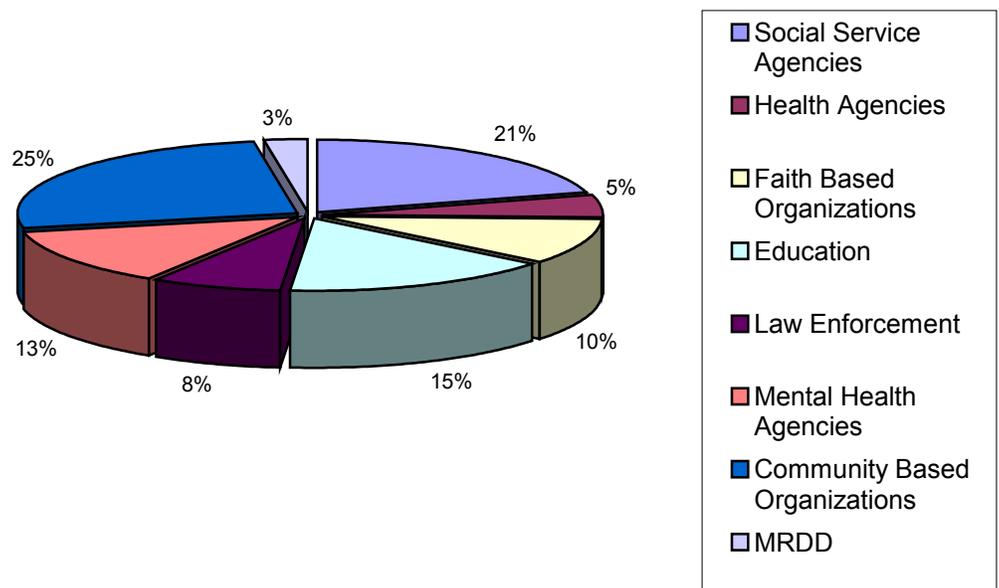


Figure 1. Breakdown by percentages of Types of agencies responding to PCR Tool Request

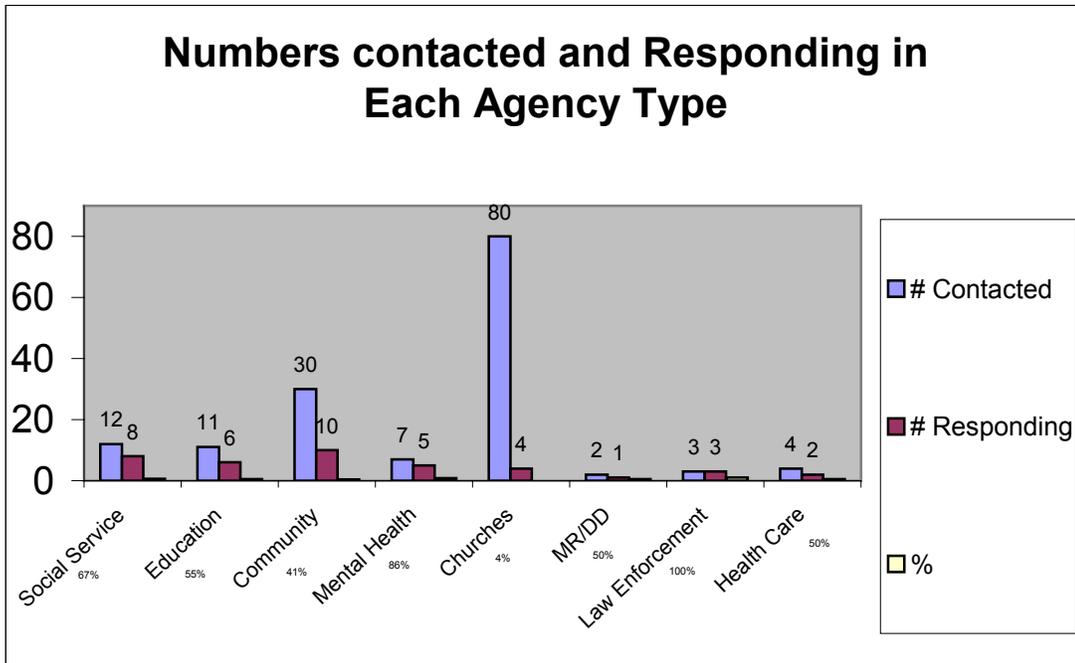


Figure 2. Numbers contacted and responding by agency type

PCR Tool Completed By

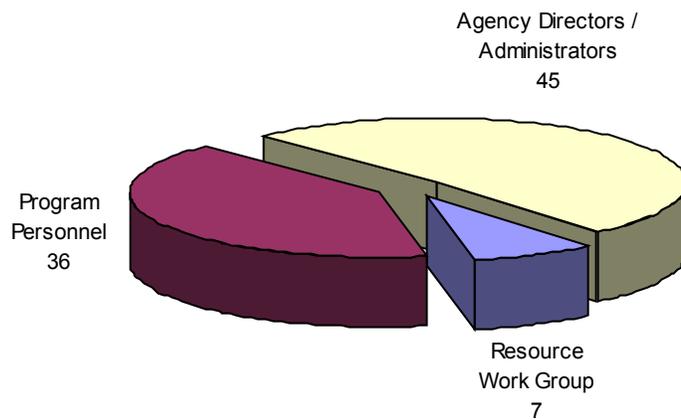


Figure 3. Breakdown by number of who provided program information on each PCR tool

Programs Addressing Teen Pregnancy-Target Impact #1

RPA Key:

1. Pro-social Adult Role Model
2. Family Support
3. Peer/Individual Disapproval of Behavior
4. Positive Identity/Self-Esteem

Type of Evaluation Key:

- a. Anecdotal Reports from participants and staff
- b. Literature documenting a sound underlying principle
- c. Local data documenting participant satisfaction
- d. Local data documenting change in knowledge, attitude or behaviors
- e. Evidence based approach documented by literature/experts

Organization	Program	Type of intervention	Ages Served	RPA	Evaluation Type
Edgerton High School	Family Planning	Prevention	13-15	1,3	a
Millcreek West Unity HS	Sex Respect	Prevention	13-15	1,3	--
Women & Family Services	Family Planning	Prevention	13-18	1,2,4	a,c,d,e
Community Pregnancy Centers	Pregnancy Counsel	System of Care	13-18	1,4	a,b,c,d,e
Community Pregnancy Centers	Project Respect	Prevention	13-18	1,2,4	a,b,c,d,e
Williams County Health Dept	High Risk Support Groups	Early Intervention	13-15	1,3,4	a,c,d
Teen Task Force	Tough Topics/Teen Choices	Prevention	13-14	2,3,4	c
GRADS-4-Co, Career Center	Real Care Baby	Prevention	16-18	3,4	a,b
GRADS-4-Co. Career Center	Empathy Belly	Prevention	13-18	3,4	a,b,c
GRADS-4-Co. Career Center	GRADS	Early Intervention	13-18	1,2,3,4	a,b,e
Sarah's House	Healthy Dating Relationships	Prevention	11-18	1,3,4	a
Williams County Health Dept.	Parent/Child Sexuality Education	Prevention	8-16	1,2,3,4	a,b,c
BAHEC	Baby Think It Over	Prevention	9-18	2,3	a,c,d
North Central High School	Parenting Class/Baby Think it Over	Prevention	13-18	1,4	a,e
Four County Family Center	It Takes Two	Early Intervention	-----	1,4	a,b,c,d
Edgerton High School	Family Planning Effective Living	Prevention	13-15	1,3	a

A total of 16 programs were reported specifically addressing teen pregnancy.

- 12 are Prevention
- 3 are Early Intervention
- 1 System of Care

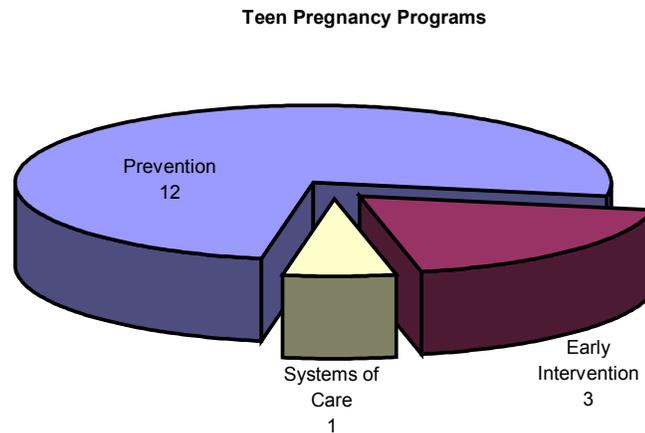


Figure 4. Indicates most programming as prevention

Twelve of these programs address the RPA of a Pro-social adult role model

Three target children before reaching adolescence

Two of these programs targeting pre-adolescents include the pro-social adult role model factor

Observations of Resource Group:

1. Few prevention programs start before adolescence or before the age where initiation of problem behavior may possibly occur
2. Prevention (and early intervention for that matter) need a pro-social adult role model on a consistent basis such as a mentor or a relationship preferably one-to one contact, not just a one time speaker or minimal contact through one or two meetings, or adult addressing large groups
3. 2 early intervention programs focus specifically on mentoring

Programs Targeting Behaviors Associated with Mental Illness- Target Impact #2

RPA Key:

1. Family Support
2. Positive Identity/Self-Esteem
3. Access to Pediatric Mental Health Care
4. Family History of Problem

Type of Evaluation Key:

- a. Anecdotal Reports from participants and staff
- b. Literature documenting a sound underlying principle
- c. Local data documenting participant satisfaction
- d. Local data documenting change in knowledge, attitude or behaviors
- e. Evidence based approach documented by literature/experts

RPA's may also be pertinent to Teen Pregnancy as indicated by TP*

Organization	Program	Type of intervention	Ages Served	RPA	Evaluation Type
Millcreek West Unity Schools	Red Flags-Suicide prevention	Prevention	13-15	2,3	
North Central Schools	Signs of Suicide	Prevention	9-18	2,4 (1-TP)*	a,e
Four County Family Center	FAST	Prevention	----	1,2	c,d
Four County Family Center	Family Matters	System of Care	-----	1,2	a,c,d,e
Four County Family Center	Outpatient Counseling	System of Care	-----	1,2,4	b,c,d
Four County Family Center	Case Management	System of Care	-----	1,2,4	b,c,d
Four County Family Center	Home-based Counseling	System of Care	----	1,2,4	b,c,d
Four County Family Center	Psychiatric services	System of Care	----	2,3,4	b,c,d
Maumee Valley Guidance Center	Focus Groups	Prevention	9-18	2 (1,3,TP)	a,b,c,e
Maumee Valley Guidance Center & Edgerton High School	Too Cool	Prevention	6-8	2 (1-TP)	a,c
Maumee Valley Guidance Center	Psychiatric Services	System of Care	4-18	1,2,3,4	a,b,e
Maumee Valley Guidance Center	Psychological testing	Early Intervention	4-18	1,4	a,c,e
Maumee Valley Guidance Center	Suicide Prevention	Prevention	9-15	4 (1,3-TP)	a,b,c
Maumee Valley Guidance Center	Individual/Family Therapy	System of Care	4-18	1,2,3,4,	a,b,c,e
Catholic Charities	Batterers Intervention	System of Care	Over 18	2	b,d,e

Sarah's House	Family Violence	Prevention	9-18	2	a
Roger Carlson	Individual & Family Counseling	System of Care	4-18	1,2,4	a,b,e
Community Hospitals & Wellness Centers	Individual Counseling	System of Care	13-Over 18	???	???
Bryan Psychological Services	Individual & Family Counseling	System of Care	0-18	1,2,4	a,b,d
Center for Child and Family Advocacy	Adolescent Sex Offender Group	System of Care	13-18	1,2,4 (1,3-TP)	a,b,c,d
Center for Child and Family Advocacy	Victim Counseling	System of Care	0-18	1,2,4	a,b,c
North Central Schools	SOAR	Prevention	4-18	2 (1,3-TP)	a,b,c,e
Adriel Foster Care	Mental Health Respite	System of Care	0-18	1	a,c,d
First Call for Help	Teen Line	Prevention	0-18	1,2,3,	a,b,c,e

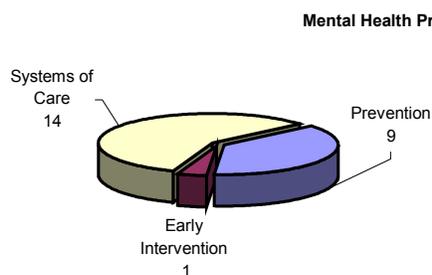
24 programs were indicated as specifically target Mental Health Issues

- 9 are prevention
- 1 Early Intervention
- 14 Systems of Care

Out of 9 Prevention programs only 1 addresses family support, the number one RPA for addressing mental health issues

Observations of Resource Group Regarding Mental Illness Programming:

1. There are a limited number of early intervention programs (only 1)
2. Of the 9 prevention programs only 1 includes the suggested RPA of family Support
3. 11 prevention programs with family support factor are offered by non-mental health providers- primarily through schools, churches and community
4. Of the 11 programs 6 or 55% were offered through churches- Many families are not linked with a faith based groups so may have limited access to resource programs increasing family support



Programs Targeting Substance Abuse

Some of these programs also address RPA's Pertinent to Teen Pregnancy and Mental Health Issues
(See above tables for RPA and Evaluation Keys) TP*-Teen Pregnancy/ MI*-Mental Illness

Organization	Program	Type of intervention	Ages Served	RPA	Evaluation Type
Bryan High School	Group Counseling/ Students of Alcoholics	Early Intervention	13-18	1,3,4-TP* 2- MI*	c
Williams County Sheriff	DARE	Prevention	6-18	1,3-TP	b,c,d,e
Women & Family Services	5-A's Counseling	System of Care	13-18	Tob Ed.	b,b,c,d,e
Women & Family Services	Smoking Cessation	System of Care	Over 18	Tob, Ed.	a,b,c,d,e
Women & Family Services	Art Outreach	Prevention	6-18	Tob Prev	a,b,c,d,e
Women & Family Services	Fresh Start Family	Early Intervention	13-18	Tob Cess & Ed	a,b,c,d,e
Women & Family Services	N-O-T	Prevention	4-18	Tob Prev	a,b,c,d,e
Women & Family Services	ATS Alternate to Suspension	System of Care	13-18	Tob Ed & Cess	a,b,c,d,e
Edgerton Elementary	Just Say No Club	Prevention	9-12	2-MI 3,4-TP	a,c
5-County Alcohol/Drug	Prevention Program	Prevention	0-18	3-TP	a,d
5-County Alcohol/Drug	Outpatient SA Treatment	System of Care	9-18	1,2,4,MI 1,3TP	a,b,c,e
Williams County Health Dept.	TEG-Tobacco ED	Early Intervention	9-18	2-MI 1,2-TP	a,c,d,e
Williams County Health Dept	TAP-Tobacco Cess.	System of Care	16-18	1-MI 3.TP	a,c,d,e
Edgerton Elementary School	Drug and Alcohol Program	Prevention	6-8	4-TP 2-MI	a,c

Substance Abuse Programs – 14 programs

Observations:

Many of these programs have the pro-social adult role model factor

Enhancement of these programs to promote this factor could address other problem behaviors such as teen pregnancy

Following are programs that address youth with a variety of Problem Behaviors- Primarily Delinquency

Some of the RPAs are pertinent to Reducing Teen Pregnancy-TP* and Reducing Behaviors associated with Mental Illness-MI*

Organization	Program	Type of intervention	Ages Served	RPA	Evaluation Type
Wms Co. Juvenile Probation	Character First	Early Intervention	9-12	1-MI*	a,c
Wms Co. Juvenile Probation	Diversion	Early Intervention	6-18	1,2,3,4-TP*	a,d
Wms Co. Juvenile Probation	Community Service	Early Intervention	13-18	2-MI	---
Wms Co. Juvenile Probation	LANCE	System of Care	13-18	1,3,4-TP	a,d
Wms Co. Juvenile Probation	Electronic Monitoring	System of Care	13-18	1-MI	d
NW Ohio Juvenile Detention Center	Mental Health & Drug and Alcohol Counseling	System of Care	13-18	2,4-MI	a,d,e
Department of Youth Services	Serving Delinquent Youth	System of Care	16-18	2-MI	a,e

A total of seven Programs address juvenile offenders

- 2 of these are Early Intervention
- 1 addresses Pro-social Adult Role Model
- 1 Addresses Family Support

The following Programs do not target a specific problem behavior but address a variety of the chosen RPAs.

RPA Key Teen Pregnancy

1. Pro-social Adult Role Model
2. Family Support
3. Peer/Individual Disapproval of Behavior
4. Positive Identity/Self-Esteem

RPA Key Behaviors Associated with Mental Illness:

1. Family Support
2. Positive Identity/Self-Esteem
3. Access to Pediatric Mental Health Care
4. Family History of Problem

Organization	Program	Type of intervention	Ages Served	RPA	Evaluation Type
New Hope Community Church	MOPS-Mothers of Preschoolers	Prevention	0-5	1-MI	A,b,c,e
New Hope Community Church	Family Ties	Prevention	3-14	1-MI	A,b
New Hope Community Church	MOMS Connect	Prevention	6-18	1-MI	A,b,c,e
Big Brothers/Big Sisters	Adult Mentoring Program	Early Intervention	6-15	1,4-TP 2-MI	A,b,c,d,e
Williams Co. Public Library	Story Time	Prevention	0-12	1,2,4-TP 12-MI	A,b,c
Zion Lutheran Church	Vacation Bible School	Prevention	0-18	1,2,3,4-TP	a
Zion Lutheran Church	Catechism	Prevention	13-18	3,4-TP 2-MI	A
Zion Lutheran Church	Youth Sunday School	Prevention	4-18	1,4-TP 2-MI	a
Girl Scouts	Girl Scouting	Prevention	4-18	1,3,4-TP 2-MI	e
Williams County Community Theater	Children's Theater Workshop	Prevention	8-18	1,2,4-TP 2-MI	A,c
OSU Extension	Children's Safety Fair	Prevention	5-12	1-TP	c
OSU Extension	4-H	Prevention	4-18	4-TP, 2-MI	A,c,d,e
OSU Extension	4-H Camping	Prevention	6-18	4-TP 2MI	A,c,d,e
Women & Family Services	Stewards of Children	Prevention	0-18	2-TP 1-MI	A,b,c,d,e
Women & Family Services	I-Safe	Prevention	0-18	2-TP 1-MI	B,e
St Patrick's Church	Religion Education	Prevention	13-18	1,2,3,4-TP 1,2-MI	A,c
United Way	Dolly Parton Imagination Library	Prevention	0-5	2,4-TP 1-MI	A,b
Enrichment Center	Help Me Grow	Early Intervention	0-3	1,2,3-TP	A,c,d,e
Enrichment Center	Summer Enrichment Program	Early Intervention	0-3	1,4-TP 2-MI	c
St Patrick's School	School Curriculum	Prevention	4-15	1,2,3,4-TP 1,2-MI	A,b,c,d
Wms, Co. Job & Family Services	Parenting Classes	Prevention	0-18	2,4-TP 1,2-MI	a
Edon United Methodist Church	Youth Activities	Prevention	13-18	1,2,3,4-TP 1,2-MI	A,b
Bryan High School	Group Guidance Activities	Early Intervention	16-18	1-TP	d
Williams Co. YMCA	Youth Programs	Prevention	4-18	1,4-TP 2-MI	a,e
Williams Co. YMCA	Aquatics Programs	Prevention	0-15	1,4-TP 2-MI	a,e

Bryan Parks & Rec.	Multiple Programs	Prevention	0-18	???	c
Women & Family Services	Child Abuse Prevention Education	Prevention	5-12	4-TP 2MI	a,c,d,e

General Programming-24 programs

- 11 address Family Support
- 15 address Pro-social adult role model

Observations:

1. 11 prevention programs with family support factor are offered by non-mental health providers- primarily through schools, churches and community
2. Of the 11 programs 6 or 55% were offered through churches- Many families are not linked with a faith based groups so may have limited access to resource programs increasing family support

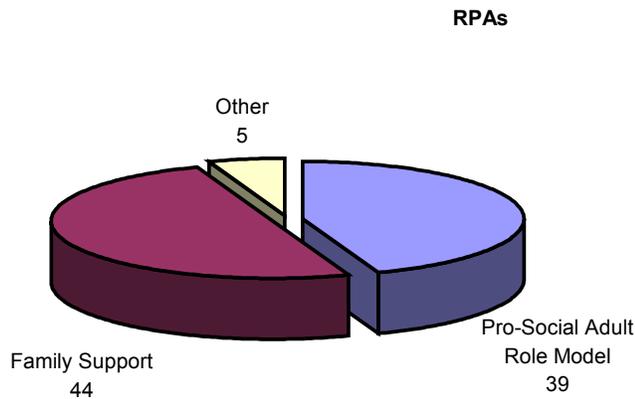


Figure 5. Number of total programs addressing different RPAs requested

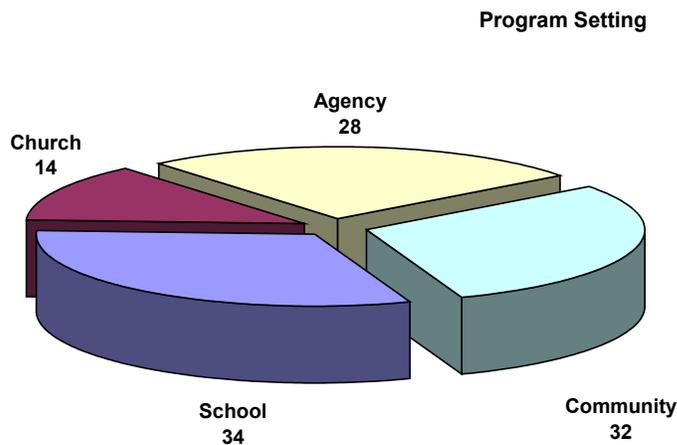


Figure 6. Locations where programs are delivered to children

Recommendations

Of the 88 programs identified during our survey, only 18% addressed our target of Teen pregnancy and 27% addressed our target of Mental Illness, while 42% of all programs claimed to be evidence-based. One task facing our Gap Analysis and Strategic Planning Workgroup will be to validate the evidence-based claims; so future funders are cognizant of the validity of the program they might be considering for funding.

Significantly absent from our data is evidence of a pro-social adult role model in our target-area programming. Of the 88 programs reporting, less than 15% evidenced use of the pro-social adult role model. However, programs addressing issues other than our target areas tend to rely on pro-social adult role models as a core ingredient of their program. It is recommended that the Gap Analysis and Strategic Planning Workgroup look at the effectiveness of role modeling and evidence-based practices for incorporating it into local programming.

Analysis of the protective factors reported by our respondents revealed that only 0.04% of our targeted programs focused on early intervention, while 16% of all programs addressed early intervention. Preliminary discussions within the Resource Assessment group focused on the need to provide early intervention as a means of truly reducing the targeted problem areas within the community. It is recommended that the Gap Analysis and Strategic Planning Workgroup validate the effectiveness of early intervention versus prevention or systems of care as a means of actually reducing targeted problem areas.

Finally, as previously suggested by prior counties, it is recommended that a specific population be targeted for programming in the next two years. This will concentrate the limited available resources, thereby enhancing our chances for success.

Limitations

After reviewing the various methods of engaging the local community other counties had tried, our Resource Assessment group chose to set up three public focus groups in three different towns in hopes of capturing the maximum number of respondents for turning in/completing the PCR tool. Like others before us, we ran into difficulty trying to garner what we considered an adequate response from the community. Below are listed the difficulties we ran into.

1. The short time frame for conducting the resource assessment hindered our ability to follow up with alternate forms of contact once the deadline for the initial response had passed. In a few cases, we were able to make additional contact after an initial 'no response' or a 'regrets' response. Several/if not all of these became participating respondents after the second, more personal, contact was made.
2. We discovered that, in some cases, the wrong person (e.g., administrator versus counselor) in the agency/program received the PCR tool for completion and didn't pass the tool on to the individual who could have completed the tool.
3. In several cases, the person receiving the tools was the correct person, but they failed to understand the connection between their programming and our RPAs. This resulted in a 'regrets' response to our focus group invitation.
4. The Partnerships for Success timing for our Resource Assessment group was poor with respect to our schools. We were entering the Spring Break period and semester testing. Many of our school administrators and counselors could not attend the meetings.
5. It appeared evident that many of our respondents did not understand the differences between evaluation types (e.g., evidence-based versus anecdotal). This leads to a less-than-accurate survey of program types.
6. Finally, many of our respondents found it difficult to leave work to participate in our focus groups.

Appendix Contents

Workgroup Charter

Letter to Providers

Risk Factors, Protective Factors, Assets

Return Card

PCR Tool

PCR Message Map

Williams County Partnerships for Success Initiative Resource 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

Workgroup Purpose: Identify programs and services that focus on the target areas of reducing teen pregnancy and reducing teen mental health issues and their identified RPAs and finding the resources that address these

Background: 211 being promoted in Williams County, ADAMhs board doing resource assessments, health department assessments, moving to evidence based programs in order to receive funding.

Parameters: \$5000.00 will be provided for assessment process. No case specific data will be requested or accepted during resource assessment process, only programmatic information. All data will be collected by March 31 and report will be completed by for FCFC review by April 7, 2006

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

Expected Product: Comprehensive data base of services in Williams County focusing on targeted impact areas of teen pregnancy and teen mental illness

Meeting Frequency and Duration: Minimum of two meetings a month in February and March, 2006

Workgroup Chair: Joe Dildine

Workgroup Membership:

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February 18, 2006

Dear Service Provider:

You are receiving this letter because your agency/organization provides services and programs targeted at children and teens in Williams County. Your help is needed in compiling a comprehensive resource database of any programs that especially target teen pregnancy prevention and teen mental health issues. To enable this process to be as clear and efficient as possible I want to provide you with the following background information.

In August of 2005, a grant was received by the Williams County Family and Children First Council to implement a process known as Partnerships for Success (PFS). The primary goal of PFS is to identify and prioritize our county's most urgent and problematic teen issues and then develop a multi-year plan to address those issues.

To begin this process a needs assessment workgroup collected data and community perceptions on a variety of target areas. Over a three-month period, the group identified **reducing teen pregnancies and reducing behaviors associated with mental illness as the two areas to address initially.** In addition, the group identified risk factors that lead to these behaviors, as well as the protective factors and assets that help keep teens from becoming involved in these risky behaviors. A resource assessment workgroup has been formed to identify the resources in Williams County that address the risk factors, protective factors and assets (known as the RPAs for short) that impact these two areas. Therefore, **keep in mind that you may have programs that you don't think of as specifically addressing teen pregnancy or mental health, but do address the RPAs identified by the needs assessment workgroup.**

To facilitate the collection of information on the programs you provide to children and youth, meetings at three different locations and on three different dates have been set. You need only attend one meeting. At these meetings workgroup members will assist you in filling out a form, Profiling Community Resource Tool (PCR) that provides the information needed to create a comprehensive database. (That form is also included in this mailing). This process should take 20 minutes at the most. After completing the PCR Tool, a meal will be provided for you. The dates, times and locations of the three meetings are.

Friday, March 3, 2006 at Orchard Hills Country Club Bryan, 7:30 a.m. to 10:00 a.m.

Wednesday, March 8, 2006 at the Ramada Inn, north of Montpelier, 11:00 a.m. to 1:30 p.m.

Thursday, March 30, 2006 at Sam's in Blakeslee, 11:00 a.m. to 1:30 p.m.

Enclosed in this mailing is a copy of the form that needs to be completed on each program your organization offers. So, if you have three different programs that address teen pregnancy or mental health and the identified RPAs, then three different forms will be filled out. (Please make copies if you need more than one form). Please have these completed as much as possible when you attend the meeting, a face-to-face interview will be held to “fine tune” the form.

You will also find a sheet with the risk factors, protective factors and assets pertaining to the two target impact areas, teen pregnancy and teen mental health. This should help you determine what programs are pertinent to addressing the selected RPAs.

A response card has been included for your convenience. I do ask that just one spokesperson from your organization attend. The information needed is indicated on this card. Because there may be some agencies and organizations that provide services pertinent to teen pregnancy and mental health that we have missed identifying, the resource assessment team is asking for your help. On the return card indicate others you know that provide pertinent programming. They will be contacted if they are not already on the provider list. Please fill out the return card as completely as possible and return it as soon as possible before the meeting you plan to attend.

Thank you so much for your response to and assistance with this huge task. The goal is to have the resource assessment and a written report completed by the middle of April. If you have more questions, please feel free to contact me at the Williams County Health Department by calling 419-485-3141 or via e-mail at bs@saa.net.

Yours truly,

Beth Schweitzer
PfS Coordinator

Enc.

Following are some statistics on two targeted impact areas, some general ways success would be measured, and brief description of risk factors, protective factors and assets impacting the two.

Reduced Teen Pregnancy

- (1) Over the last three years, Williams County has consistently had a higher rate of teen births than neighboring rural counties and the State of Ohio. (See accompanying data from the health department for details.)
- (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.
- (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.)

General Measures of Success...

- (1) Decrease the number pregnancies of Williams County teens, 18 years of age and younger.
- (2) Increase the number of physicians who routinely ask about sexual activity during office visits and physicals (including sports physicals).
- (3) Increase the number of Williams County teens self-reporting not engaging in sexual intercourse

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 things with 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 sexually active youth come from a divorced family.

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

- (2) Peer support or disapproval – It is noted 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 – 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.

Behaviors associated with mental health issues –

- (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).

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).

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

- (1) Family support – 2.0
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 – 2.0
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 – 2.6
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 – 2.6
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.

Dear Resource Assessment Team:

I will attend:

_____ March 3	Name: _____
_____ March 8	Agency: _____
_____ March 30	Phone & E-mail _____

_____ I cannot attend any of the meetings,
I can arrange another time to talk with you. _____ Yes _____ No

5 other agencies/people that should be contacted:

Profiling Community Resources Tool (PCR Tool)

Instructions: Answer the following questions for each service/program/activity you identified in your community resource assessment. Document all services provided, including those that your own agency may provide. Complete a separate PCR Tool Form for each service/program/activity.

1. Reporter: Who is reporting this information?

Name: _____ Date completed: _____

Which of the following best describes you?

_____ Resource Assessment Workgroup Member

_____ Program Personnel

_____ Other, please describe _____

Email: _____ Phone Number: _____

2. Program Name and Address

Program Name: _____

Address: _____

3. Intent: Describe the purpose of this program/activity in a few sentences. Specify Targeted Impact the program/activity designed to effect.

4. Outcome Factors: Is this program/activity designed to reduce a Risk Factor, enhance a Protective Factor/increase an Asset or address some other target of change? Check the best descriptor.

_____ Reduce a Risk Factor – Which? _____

_____ Enhance a Protective Factor – Which? _____

_____ Increase an Asset – Which? _____

_____ Increase/decrease some other target of change. Please describe _____

5. Participant Characteristics: Describe the following characteristics of the total population this program/activity served in the previous year. Write the approximate number of the total population served by the program that fall into each category.

Gender	Number	Percentage
Male		
Female		
Age	Number	Percentage
0-3 Years		
4-5		
6-8		
9-12		
13-15		
16-18		
Over 18		
Race/Ethnicity	Number	Percentage
African-American		
Asian		
Hispanic		
White		
Other or of mixed race		

6. Cost Per Participant: What is the average (mean) dollar amount per participant for the previous year?

7. Type of Prevention/Intervention: What type of program/activity is this?
Check the description that best fits.

- Prevention.** This program/activity is designed for all eligible participants and is provided before any major problems are identified.
- Early Intervention.** This program/activity is designed for participants who have been identified as having problems but before those problems become entrenched.
- Systems of Care.** This program/activity is designed for participants who have serious and chronic problems.

8. Evidence of Effectiveness: What type of information is being used to suggest that this program/activity is effective? Check all that apply.

- Anecdotal reports from participants and staff.
 - Literature documenting a sound underlying principle. (No hard data but based on principles that have been proven effective)
 - Local data documenting participant satisfaction with the program.
 - Local data documenting change in knowledge, attitude, or behavior.
 - Evidence-based approach as documented by literature/experts.
 - Other, please describe _____
-

9. Delivery Site: From what location is this program/activity delivered? Check the answer that fits best.

- School Agency Church Community
- Other, please describe _____

10. Geographical Location: What counties, school districts, townships, neighborhoods, and zip codes are served by this program/activity?

- County/Counties: _____
- School Districts: _____
- Townships: _____
- Neighborhoods: _____
- Zip Codes: _____

11. Barriers to Implementation: What kind of obstacles have hindered this program/activity?

External

- Funding Cuts No shows Recruitment difficulties
 - Other, please describe _____
-

Internal

_____ Staff training issues _____ Staff turnover

_____ Other, please describe _____

12. Funding: Please list the current funders for your program and the approximate amount they have invested during the last twelve months. Please provide the amount of funding in dollars.

<u>Name of Funder</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Note: The PCR Tool is currently under review. If your county plans to begin the PFS Resource Assessment prior to the PFS Timeline provided, please contact your PFS Coach to discuss the status of the tool.

-PCR Interview Message Map

1. Reporter
 - ✓ Person who runs the program is program personnel
 - ✓ Agency administrator
 - ✓ One of resource group members - us
2. Program name & address
 - ✓ Get Name of agency and the name of the program - e.g. Baby Think it Over, High Risk Teen Support Group
 - ✓ Address where person running program can be reached- contact
 - ✓ Where is the program actually conducted at? (Williams County Address)
3. Intent
 - ✓ Which of our target impacts does this address
 - ✓ Any other ones--
 - ✓ Primary goal of program
4. Outcome Factors
 - ✓ Risk Factor –
 - ✓ Lack of Family Support,
 - ✓ Peer Support of Inappropriate Action,
 - ✓ Family History of Mental Illness,
 - ✓ Lack of Physicians Recognizing Symptoms or giving information
 - ✓ Protective Factors –
 - ✓ Provides contact with peers who do not support inappropriate activity or promotes positive peer culture
 - ✓ Provides Positive Role Models or pro-social adult interaction
 - ✓ Assets –
 - ✓ Builds positive self image, self esteem
5. Participant Characteristics- we will keep original and give new form if they have not been able to answer as we would like them to try to come up with demographics even if not exact. Give your best estimation.
 - ✓ Boys and/or girls
 - ✓ What ages
 - ✓ Race

6. Cost per participant per year
 - ✓ How many hours per year at what cost per hour/frontline & administrative personnel multiply
 - ✓ Cost of mileage to get to location
 - ✓ Cost of materials used
 - ✓ Add above costs & divide by # of children/youth reached
 - ✓ Give us what figures you can, e.g unit cost per hour – Clarify why you can't give cost per child, context

7. Type of Prevention/Intervention – If does both indicate #1 & #2e
 - ✓ Prevention
 - i. Appropriate for general population
 - ii. No problem identified
 - ✓ Early Intervention
 - i. Smaller identified group
 - ii. May have risk factors which will lead to behavior
 - iii. Problems not entrenched

 - ✓ System of Care
 - youth involved in activity
 - problem is chronic
 - small population

8. Evidence of Effectiveness
 - ✓ Did you do any research on programs similar
 - ✓ Do you do client satisfaction surveys
 - ✓ Is there scientific research that shows this program works
 - ✓ Is there a scientific model you followed?

9. Community is a program where the agency will go a variety of places
 - school- in school programs, only delivered through the schools
 - agency- client comes to the location for services
 - church – youth group or faith based

10. Geographic – as is

11. What has been your experience in your agency? Don't have them indicate something that could be a problem.

12. Don't press, give best estimate. Encourage them to name funders even if don't know or are unwilling to give dollar amounts.