

# Partnerships for Success

## Williams County Strategic Action Plan

June 2006

## Executive Summary

### Background

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 2005, the Williams County Family Children First Council submitted a proposal for Partnerships for Success grant. Williams County was one of five Ohio counties selected for the 2005-2006 planning/implementation years to participate in Partnerships for Success. A total of 33 Ohio counties are now in the Partnerships for Success process.

### Critical Planning Elements

Partnerships for Success is guided by 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*
  - a. All elements of the community should be involved in planning, implementing, and evaluating the PFS Model.
2. *Balancing a Holistic Continuum of Approaches*
  - a. A broad array of services and approaches need to be available to meet the needs of children and youth in the community.
  - b. A continuum of services includes primary prevention programs, early intervention programs, and systems of care.
3. *Making Data-Informed Decisions*
  - a. Communities should continually review data in order to define priorities and make decisions related to program implementation

The PfS Planning Process is comprised of three basic activities. For each of these activities workgroups comprised of a diverse group of community members were established. Each workgroup presented their recommendations to the Williams County Family Children First Council for approval.

### *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 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.

## Community Priorities

During the needs assessment process the following six targeted impacts were examined: reducing teen delinquency, reducing teen violence, increasing school success, reducing teen substance abuse, reducing teen pregnancy, reducing teen behaviors associated with mental illness. The workgroup determined the following to be the priority impacts along with the protective factors to target during the implementation year:

- Reduce Teen Pregnancy - Pro-social adult role model
- Reduce Behaviors Associated with Mental Health Issues - Family Support

## Community Strategies

After reviewing the Resource Assessment Workgroups report on resources available in the community to address teen pregnancy and teen mental health issues, a workgroup of community members identified strategies they believed would most effectively fill the gaps in services in Williams County.

The following will be the first steps the county will take to address the two priority issues:

- Implement *School/Community Program for Sexual Risk Reduction of Teens* in one or more Williams County school districts
- Enhance *Choosing the Best* by adding at least one more grade level at currently participating schools and implement in at least one additional school in county
- Implement *Families and Schools Together (FAST)* in at least one additional Williams County community
- Implement *Signs of Suicide (SOS)* in all Williams County High Schools and enhance with new resources offered by developer of program

# Acknowledgements

Thank you to the following community members who served on workgroups in the Partnerships for Success planning process. Your hard work and dedication is sincerely appreciated.

## Needs Assessment Workgroup

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 Healthy Families (CAHF) Member  
Gene Rupp – Northwest Ohio Educational Service Center, Education Consultant  
Consultant - Fred Coulter, Defiance College Professor of Education

## Community Resource Assessment Workgroup

Joe Dildine (Chairperson) - Executive Director First Call for Help  
Jeff Dick - OSU Extension Agent, 4-H Youth Development  
Donna Ferrebee -Sarah's House  
Joyce Hahn – GRADS, Four County Joint Vocational School  
Barb Oyer – North Central Schools Guidance Counselor  
Tom Schweitzer – Executive Director, Sarah's House  
Dennis Myers – Children's Coordinator, Williams County MRDD

## Strategic Assessment Implementation Workgroup

Steve Bird (Chairperson) – Williams County Juvenile Judge  
Jean Wise (Co-Chair) – Williams County Health Commissioner  
Cheryl Robbins – Executive Director Center for Child and Family Advocacy  
Laurie Clark – Project Respect, Community Pregnancy Centers  
Tom Schweitzer – Executive Director Sarah's House  
Bobbie Johnson - Williams County Teen Task Force  
Lou Levy – Communications Director Four County ADAMhs Board  
Emily Ebaugh - Bryan City School Board and Internal Revenue Service

## PfS Core Team

Kathy Short - Executive Director Four County Family Center  
Jon Ely – Williams County Juvenile Probation, LANCE Director  
Kerri Gearhart – Northwest Ohio Educational Service Center, Special Education Consultant  
Patsy Miller – Director, Bryan Area Health Education Center  
Melissa J. Rupp – Williams County Family Children First Coordinator  
Beth Schweitzer – Partnerships for Success Coordinator

# Section 1: Background

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

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 the Community Planning Team regularly monitors its effects.

The Ohio Department of Job and Family Services provide funding for the statewide PFS Initiative. The Ohio Department of Youth Services provides administration.

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 is used to determine the magnitude of problem behaviors in a community and prioritize efforts to respond to those problem behaviors.

Second, data is used to identify levels of risk, protection, and assets that exist within the community to help target potentially effective strategies.

Third, data is 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 is used to continually evaluate the progress of the PfS Initiative within the community.

## Williams County Partnerships for Success Involvement

In 2005, the Williams County Family Children First Council submitted a proposal for a Partnerships for Success grant. Williams County was one of five Ohio counties selected to participate in the 2005-2006 planning implementation year. A total of 38 Ohio counties are now in the Partnerships for Success process.

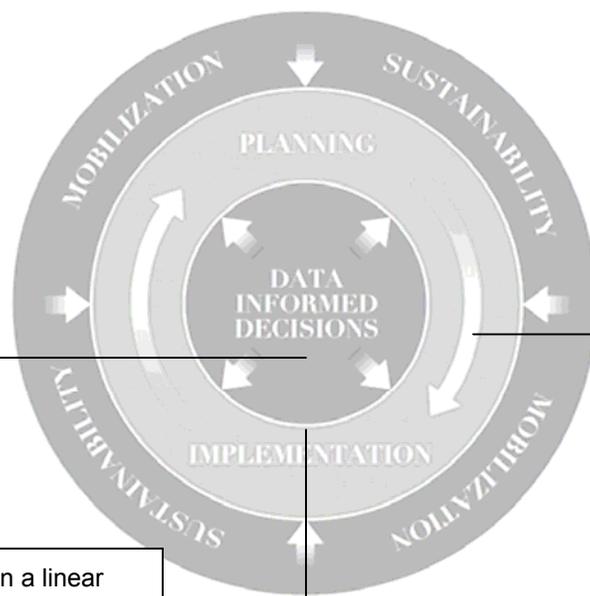
### The PfS Planning Process is comprised of three basic activities:

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.

## Partnerships for Success Model



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, 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.

## Section 2: Needs Assessment

### The Process

After the Needs Assessment Work Group's initial meeting on October 13, 2005 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 workgroup 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).

### **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 is 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.

## **Needs Assessment Work Group Recommendations**

The following section presents the work group's summary of both the teen pregnancy and mental

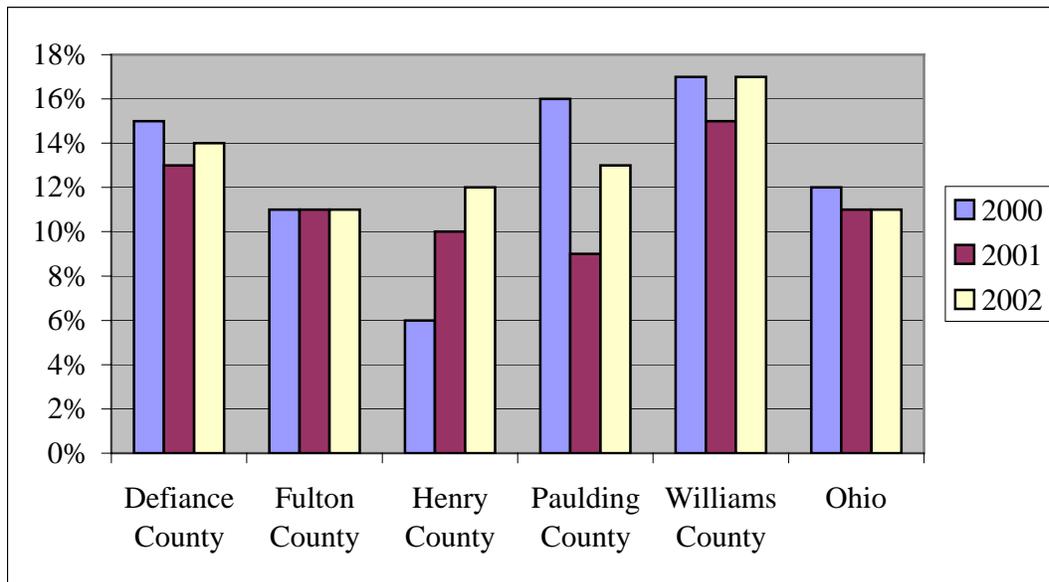
health areas with possible success measures for each. The rankings were reached after voting on the priorities and much discussion that lead to consensus building, not an absolute majority rule.

**1. Reduce Teen Pregnancy**

**a. Some of the data 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 %
<b>Williams County</b>	<b>17%</b>	<b>15%</b>	<b>17%</b>
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 1 993 = 55% to 2003 = 42%  
 Four County area 1 991 = 53% to 1997 = 47%  
 Williams County 2 003 = 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.)

#### **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.)*

## 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 3 8.2 % 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.

## Section 3: Resource Assessment

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.

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

# Resource Assessment Workgroup Findings

## Breakdown of Types of Agencies Responding to PCR Tool Request

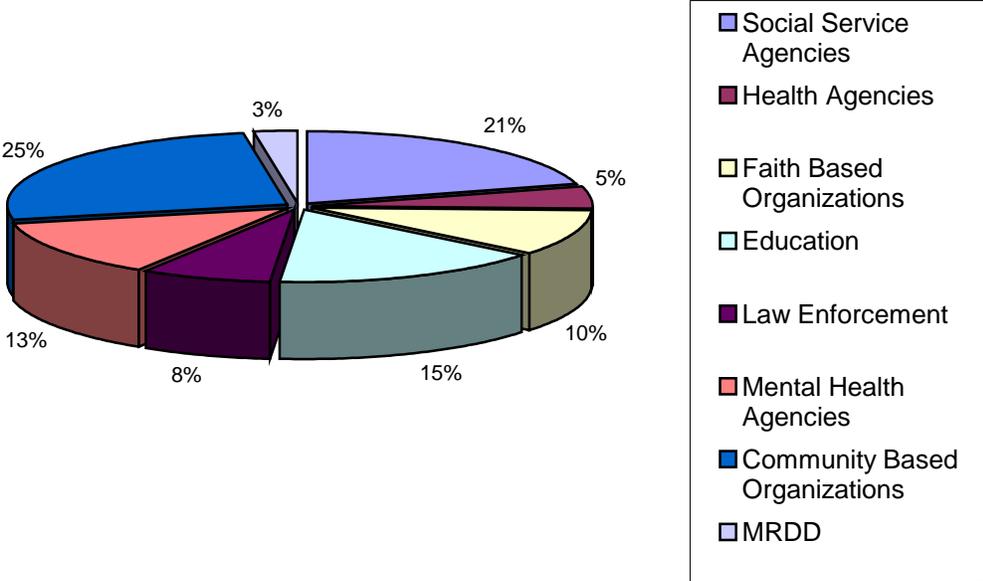


Figure 1. Breakdown by percentages of Types of agencies responding to PCR Tool Request

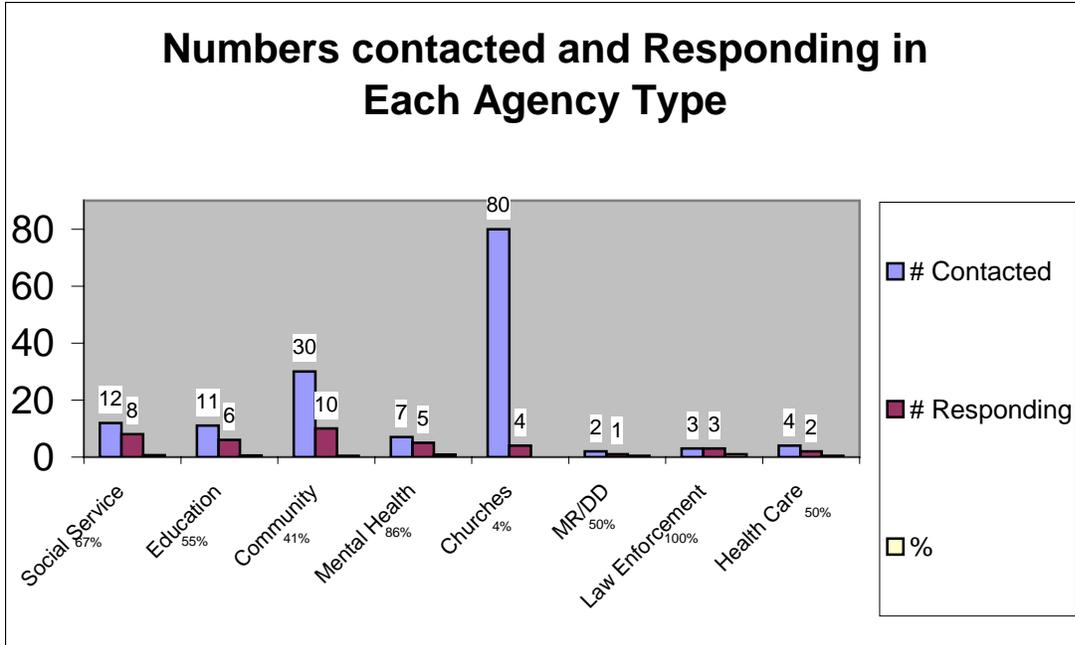


Figure 2. Numbers contacted and responding by agency type

### PCR Tool Completed By

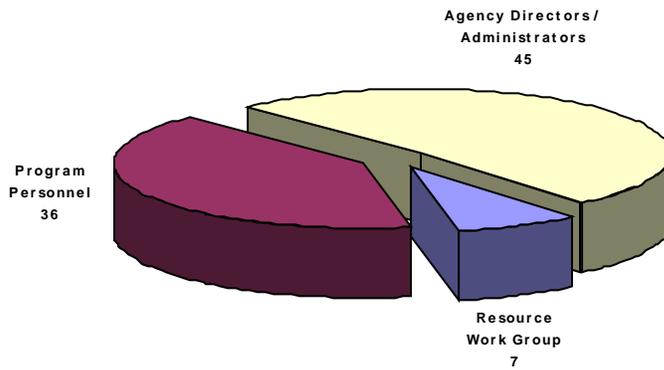


Figure 3. Breakdown by number of who provided program information on each PCR tool

## 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

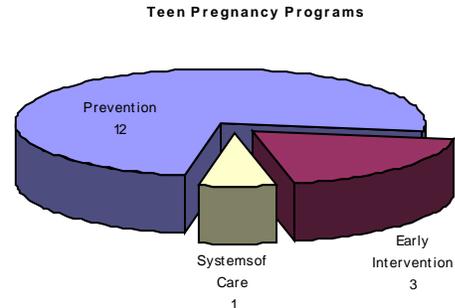
### Type of Evaluation Key:

- 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

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

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

- 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\*

<b>Organization</b>	<b>Program</b>	<b>Type of intervention</b>	<b>Ages Served</b>	<b>RPA</b>	<b>Evaluation Type</b>
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	System of Care	0-18	1	a,c,d

	Respite				
First Call for Help	Teen Line	Prevention	0-18	1,2,3,	a,b,c,e

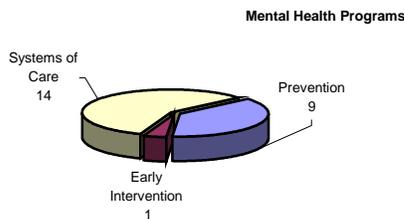
24 programs were indicated as specifically target Mental Health Issues

- 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	a,b,c,d,e

				Prev	
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	System of Care	13-18	2,4-MI	a,d,e

	Counseling				
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.

<p>RPA Key Teen Pregnancy</p> <ol style="list-style-type: none"> <li>1. Pro-social Adult Role Model</li> <li>2. Family Support</li> <li>3. Peer/Individual Disapproval of Behavior</li> <li>4. Positive Identity/Self-Esteem</li> </ol>
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<p>RPA Key Behaviors Associated with Mental Illness:</p> <ol style="list-style-type: none"> <li>1. Family Support</li> <li>2. Positive Identity/Self-Esteem</li> <li>3. Access to Pediatric Mental Health Care</li> <li>4. Family History of Problem</li> </ol>
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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	Children's Theater	Prevention	8-18	1,2,4-TP	A,c

Community Theater	Workshop			2-MI	
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

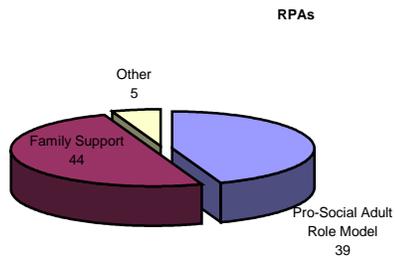
#### General Programming-24 programs

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

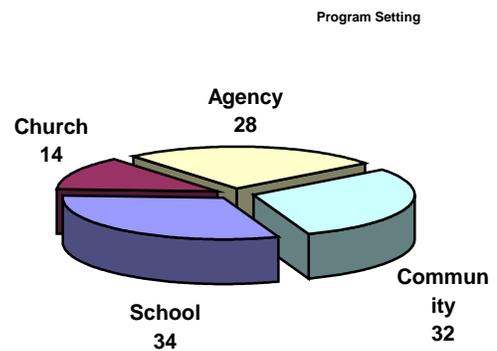
#### Observations:

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.

## Section 4: Strategic Assessment

The Strategic Assessment Implementation (SAI) Workgroup was comprised of representatives from a variety of agencies. Two of the members were from the Needs Assessment and Resource Assessment Workgroups. They met ten times in May and June of 2006.

The workgroup decided early in process to use the term mental health instead of mental illness in discussions, public awareness and in written materials documenting process.

### Strategic Assessment Process

Utilizing the Williams County Needs Assessment and Resource Assessment Reports and Recommendations, the SAI Workgroup started the process of choosing strategies to address the two targeted impact areas of Reducing Teen pregnancy and Reducing Teen Behaviors Associated with Mental Health Issues. They considered the following fundamental questions:

- What discrepancies exist between community needs and community resources? What Gaps are there
- What strategies will allow us to achieve progress toward Targeted Impacts?
- What evidence is there to support these strategies?
- Are these strategies feasible?
- How will these strategies be implemented?

The Needs Assessment Workgroups reviewed the data collected and considered community values and views 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

The SAI workgroup then reviewed the results and recommendations of the Resource Assessment Workgroup. Keeping in mind the risk factors, protective factors and assets (RPAs) identified by the Needs Assessment. Many issues were discussed and deliberated. The group voted to determine the number one and two gaps to address. Following are gaps identified:

#### Teen Pregnancy

1. Lack of prevention for ages 9-13 y/o
2. Pro-social adult role model programs with fidelity
3. Parent involvement
4. Limited continuity of programming
5. Lack of after school/summer programming
6. Little access for sexually active youth to birth control

#### Mental Health

1. Prevention programming at all ages
2. Education at all levels (youth, parents, physicians, educators)/awareness of signs and symptoms
3. Availability of programs
4. Funding for programs
5. Financial needs for mid-income families

#### Infrastructure

1. Incomplete data
2. No tools to show trends
3. No system for data collection/repository

## Teen Pregnancy - Target Impact # 1

The SAI workgroup recognizes that impacting teen pregnancy will require a multi-faceted approach. All members recognized that abstinence is the best choice for teens because of its effectiveness. Also, community values in Williams County are conservative and its members view abstinence as the choice that should be promoted.

However, giving teens access to contraceptive information and to contraception if they are sexually active is still important. Reliance on contraceptive education alone is not sufficient. It is essential to have multiple approaches to preventing teen pregnancy. It is unrealistic to think that individuals or groups will always be able to put aside their deeply held beliefs on this issue and agree on one single way to reduce teen pregnancy. Often the best strategy is “unity of goal, but tolerance for a diversity of means.”<sup>i</sup>

Research has identified highly effective sex education and HIV prevention programs that affect multiple behaviors and/or achieve positive health impacts. Behavioral outcomes have included the following:

- Delaying the initiation of sex
- Reducing the frequency of sex
- Reducing number of new partners, and the
- Reducing incidence of unprotected sex, and/or
- Increasing the use of condoms and contraception among sexually active participants.
- Long-term impacts have included lower STD and/or pregnancy rates.<sup>ii</sup>

Evaluations of comprehensive sex education and HIV/STI prevention programs show the following:

- They do not increase rates of sexual initiation
- They do not lower the age at which youth initiate sex
- They do not increase the frequency of sex or the number of sex partners among sexually active youth.<sup>iii</sup>

Preventing teen pregnancy is an effective way to improve overall child and family well-being and to reduce child poverty and out-of-wedlock childbearing. Those with the goals of creating better schools, a more productive work force, less poverty and fewer out of wedlock births should recognize that reducing adolescent pregnancy and childbearing is a highly leveraged and cost-effective way of achieving these broader social objectives.<sup>iv</sup>

Parents can do much more to help. In a recent survey done by the *National Campaign to Prevent Teen Pregnancy*, teens cited parents more than any other source as having most influence over their sexual decision-making. Research confirms that parents are a very important influence on whether their daughters become pregnant or sons cause a pregnancy.<sup>v</sup>

The SAI Workgroup reviewed several evidence-based programs utilizing multiple approaches. The group was in general agreement that our community may not be receptive at this time to the

components of providing contraceptives to teens and providing transportation to family planning clinics. Some members felt this component should not be suggested as a strategy at this time. However, they were in agreement that teens who are sexually active and do not intend to practice abstinence, need to have information about contraception as well as where they may seek services.

Research shows that effective evidence based programs cause the adolescent pregnancy rates to drop dramatically during the full implementation period. However, secondary analysis reveals that in subsequent years after important elements of the program are discontinued, the teen pregnancy rate often returns to pre-intervention levels in the target community.<sup>vi</sup> Therefore, this punctuates the fact that once effective programs have been implemented, they must be offered on an ongoing basis to truly impact the problem of teen pregnancy.

In choosing strategies to address teen pregnancy in Williams County, the workgroup considered the protective factor of pro-social adult role models including both youth's parents and other adult mentors. They coupled this with identified gaps of limited pregnancy prevention programming at the 9-13 age group and lack of formal pro-social adult role model (mentoring) programs

Strategy specifics are outlined in PfS Worksheet # 7 as follows:

**Targeted Impact:**

Reduce Teen Pregnancy

*Supporting data:*

- *Williams County's Teen Pregnancy rate for the three years from 2000-2002 averaged 16% compared to Ohio's rate of 11% for the same time period*
- *Williams County's 2002 rate was 17% compared 11-14% in surrounding neighboring rural counties and was higher than the any of these counties in 2000 and 2001*

**Success Measure:**

Reduce the rate of pregnancies among Williams County teens age 18 years of age and younger  
Decrease number of unmarried teens who self report engaging in sexual intercourse

**Protective Factor Addressed:**

Increase the number of prosocial adult role models trained and actively mentoring youth

**Strategy:**

1. Implement *School/Community Program for Sexual Risk Reduction of Teens* in one or more Williams County school districts
2. Enhance *Choosing the Best* by adding at least one more grade level at currently participating schools and implement in at least one additional school in county

## **Evidence:**

### **1. School/Community Program for Sexual Risk Reduction among Teens**

Developed by Murray Vincent, Ed.D

Evidence Based program endorsed by Program Archive on Sexuality, Health And Adolescence (PASHA). To be accepted as a PASHA endorsed program, evaluation criteria must include in experimental or quasi-experimental design and pre-test and post-test assessments.

Evaluated by a five-member independent scientific expert panel for review and scoring according to the following criteria:

1. Scientific rigor of evaluation
2. Follow-up assessment at least six months beyond end of intervention period
3. Target youth age 10-19 years of age
4. Positive impact on one or more fertility-related and/or STD/HIV/AIDS-related risk behaviors for one or more subgroup of teens.<sup>vii</sup>

This program is a community-wide public outreach campaign. It incorporates multiple forms of outreach and public education to engage the entire community in preventing pregnancy among unmarried adolescents. Public schools, universities, church groups and civic organizations are all targeted as sites for training workshops concerning human physiology, sexual development, self-concept and sexual awareness, values clarification and communication skills. Abstinence is promoted as the preferred sexual health decision in all activities; for teens that do choose to become sexually active, effective contraception is encouraged.

Program components:

Adult involvement, group discussion, lectures, public service announcements, role play, peer education training program, workshops addressing parenting skills and social relation between children and adults, graduate level sex education courses for teachers.

Impact of program in intervention counties:

- Reduced teen pregnancy rates
- Delayed initiation of sexual intercourse
- Increased condom use

### **2. Choosing the Best**

Evidence-based Abstinence education for Middle school students done in 8 sessions in the classroom  
2005 US. Department of Health and Human Services - Longitudinal/Behaviors Outcome Study revealed

- Statistically significant decrease in the initiation of teen sex of 47%
- Statistically significant improvement in five of the six intervening attitudinal variable associated with delaying sexual intercourse

1994-95 Northwestern University Medical School Pre-/Post test analysis revealed

- 75% of student indicated an intention be abstinent until marriage
- 60% of students who had previously had sex indicated an intention to be abstinent

The Curriculum contains the most current medical information available, including updates statistics regarding STDs, pregnancy, and the emotional consequences of teen sex. *Choosing the Best* PATH incorporates the latest research from sources such as peer-reviewed, published journals and government agency publications and has been reviewed and approved by a team of medical experts that comprise the *Choosing the Best* Medical Advisory Board

Choosing the Best utilized the following five keys to effective abstinence and relationship education:

- Motivational Learning Environment
- Medical Learning Model
- Relationship Education and Refusal Skills
- Parent Involvement
- Character Education

The eight sessions use videos and classroom discussion. Videos that open each lesson lead to discussion. In each 50 minute segment, the student learn the facts about risks and consequences of sex before marriage, as well as the benefits of choosing healthy relations ships. Step by step, students develop the skills, character, and commitment to remain abstinent until marriage. Discuss emotion consequences of sexual activity, the risks of STDs and HIV/AIDS, peer pressure, refusal skills, self-discipline and setting boundaries, encouragement of active commitment of abstinence until marriage.<sup>viii</sup>

### Action Steps:

#### **School/Community Program for Sexual Risk Reduction Teens**

1. Identify potential school/s to implement program
2. Gain commitment from school
3. Identify potential funding sources
4. Conduct media campaign

#### **Choosing the Best**

1. Contact current school using program to request increase in one additional grade level
2. Gain commitment to expand
3. Identify additional school to implement and gain commitment to participate
4. Conduct Media Campaign

### Needed Resources:

- Funding
- Personnel to administer program
- Project coordinator for School Community Project
- On site coordinator at participating schools for School & Community Project

## Behaviors Associated with Mental Health Issues - Target Impact #2

Mental health, as defined in the Surgeon General’s Report on Mental Health is the *successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning emotional growth, resilience, and self-esteem.* The Surgeon General goes on to say that Americans are inundated with messages about *success*—in school, in a profession, in parenting, in relationships—without appreciating that successful performance rests on a foundation of mental health.<sup>ix</sup>

According to the landmark “Global Burden of Disease” study, commissioned by the World Health Organization and the World Bank, 4 of the 10 leading causes of disability for persons age 5 and older are mental disorders. Among developed nations, including the United States, major depression is the leading cause of disability. Mental disorders also are tragic contributors to mortality, with suicide perennially representing one of the leading preventable causes of death in the United States and worldwide.<sup>x</sup>

Perhaps the most striking finding of the landmark Global Burden of Disease study is that the impact of mental illness on overall health and productivity in the United States and throughout the world is profoundly under recognized. Mental illness is the second leading cause of disability and premature mortality. Mental disorders collectively account for more than 15 percent of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer. These data underscore the importance and urgency of treating and preventing mental disorders and of promoting mental health in our society.<sup>xi</sup>

The Surgeon General reports that approximately one in five children and adolescents experience the signs and symptoms of a diagnosable mental disorder during the course of a year. Mental disorders and mental health problems appear in families of all social classes and of all backgrounds. No one is immune.<sup>xii</sup>

The single explicit recommendation of the report is to ***seek help if you have a mental health problem or think you have symptoms of a mental disorder.*** Even though there are many treatment options and many possible ways of obtaining a treatment of choice, nearly half of all Americans who have a severe mental illness do not seek treatment. The foremost barrier making people reluctant to seek help is the stigma that many in our society attach to mental illness and to people who have a mental illness. Stigma tragically deprives people of their dignity and interferes with their full participation in society. It must be overcome.<sup>xiii</sup>

Recent research points to public schools as the major providers of mental health services for school-aged children. Some of the key findings of the current study *School Mental Health Services in the United States, 2002-2003*, are as follows:

- Nearly three quarters (73%) of the schools reported that “social, interpersonal, or family problems” were the most frequent mental health problems for students.
- One- fifth of students on average received some type of school-supported mental health services in the school year prior to study.
- School nurses spent approximately a third of their time providing mental health services.
- Financial constraints of families and inadequate school mental health resources were the most frequently cited barriers to providing mental health services.
- One-third of districts reported funding for mental health services had *decreased* since the beginning of the 2000-2001 school year, while over two thirds of districts reported that the need for mental health services *increased*.
- Sixty percent of districts reported that since the previous year, referrals to community-based providers had *increased*. One third reported that the availability of outside providers to deliver services to students had *decreased*.<sup>xiv</sup>

In choosing strategies to target behaviors associated with mental health, specifically depression and suicide, the workgroup considered the protective factor of family support along with the identified gaps of prevention programming at all ages and increasing awareness of mental health issues, signs and symptoms of depression, to youth, parents and all adults.

### Targeted Impact:

Reducing Teen Behaviors Associated with Mental Health Issues

*Supporting Data:*

- *25% of Williams County Youth report symptoms consistent with clinical depression*
- *Over 1 in 10 Williams County Youth report attempting suicide*

### Success Measure:

Increase number of parents and youth who report an understanding of mental health issues

Increase the number of families who seek mental health services when needed

Reduce the number of Williams county youth who report suicide ideations and attempts

### Protective Factor Addressed:

Increase the availability of education and support for families and youth in order to promote good mental health and promote healthy family functioning.

### Strategy:

1. Implement Families and SchoolsTogether (FAST) in at least one additional Williams County community
2. Implement Signs of Suicide (SOS) in all Williams County High Schools and enhance with new resources offered by developer of program

## Evidence:

### **1. Families and Schools Together – FAST**

Evidence -Based Substance Abuse and Mental Health Service Administration (SAMHSA) model Program

Office of Juvenile Justice and Delinquency Prevention recognizes as Family Strengthening Program of Education for At-Risk Students, U.S. Department of Education

FAST is multifamily group intervention designed to build protective factors and reduce the risk factors associated with substance abuse and related problem behaviors for children 4 to 12 and their parents. FAST systematically applies research on family stress theory, family systems theory, social ecological theory, and community development strategies to achieve its four goals:

- Enhance family functioning
- Prevention of school failure by the targeted child
- Prevention of substance abuse by the child and other family members
- Reduced stress from daily life situation for parents and children

One of the primary strategies of FAST is parent empowerment: parents receive support to be the primary prevention agents for their own children. Entire families participate in program activities that are designed to build parental respect in children, improve intra-family bonds, and enhance the family-school relationship

Program components:

Collaborative team of parents, trained professionals and school personnel recruit then deliver FAST program components to 10 to 20 families at a time. Multifamily support groups held weekly for 8 to 12 weeks. Include family meals and family communication games, self-help parents support group, multifamily meetings monthly after families graduate from the 8-week FAST program.<sup>xv</sup>

### **2. Signs of Suicide-SOS**

Four County Family Center currently has a grant to implement this program in any school in four county area that requests it. It is currently being done in one school district in Williams County.

Evidence Based and SAMHSA recognized prevention program

It is a school based prevention program that incorporates two prominent suicide prevention strategies in a single program. It raises awareness of suicide and its related issues with a brief screening for depression and other risky factors. The education component is expected to reduce suicidality by increasing students understanding of and promoting more adaptive attitudes toward depression and suicidal behavior. Results of the SOS Prevention program are:

- Increase in average number of youth seeking counseling for depression/suicidality in the 30 days following program.

- Increase in the average number of youth seeking counseling for depression/suicidality on behalf of a friend in the 30 days following the program
- The average number of youth seeking counseling for depression/suicidality for himself or herself or a friend remained high in the 3 months following the program.<sup>xvi</sup>

### Action Steps:

1. Develop ongoing media campaign to promote youth mental health awareness
2. Identify potential school/community to implement program
3. Gain commitment from schools
4. Identify potential funding sources

### Needed Resources:

- Funding
- Mental health professionals available for possible referrals

## Strategy to Address Infrastructure Gap

During the needs assessment process, the workgroup made the recommendation 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.

Partnerships for Success will contract with Northwest Ohio Hospital Council to conduct a Youth Risk Behavior Survey (YRBS). The Center for Disease Control and Prevention developed the YRBS to measure behavior that contribute to the leading causes of death, disease and injury affecting the nation's youth.

The questions to appear on the survey will be chosen with the input of a variety of community partners including school personnel, mental health, public health, faith community, and OSU Extension.

The survey will be administered to a sampling of Williams County youth grades 6-12 in the fall of 2006.

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<sup>v</sup> Ibid.

<sup>vi</sup> Users Guide for School/Community Program for Sexual Risk Reduction among Teens. Sociometrics Corporation, Los Altos, CA

<sup>vii</sup> The National Campaign to Prevent Teen Pregnancy (2004). *Making the List: Understanding, Selecting, and Replicating Effective Teen Pregnancy Prevention Programs*. Washington DC: Julie Solomon, PhD. and Josefina J. Card, Ph.D

<sup>viii</sup> [www.choosingthebest.org](http://www.choosingthebest.org)

<sup>ix</sup> Mental Health: A Report of the Surgeon General. (1999) U.S. Public Health Service. Washington, DC. David Satcher, M.D. Ph.D. Surgeon General.

<sup>x</sup> Ibid.

<sup>xi</sup> Ibid.

<sup>xii</sup> Ibid.

<sup>xiii</sup> Ibid.

<sup>xiv</sup> *School Mental Health Services in the United States, 2002-2003*.

<sup>xv</sup> FAST National Training and Evaluation Center Program Guide. [www.fastnational.org](http://www.fastnational.org). Madison, WI.

<sup>xvi</sup> American Journal of Public Health. *An Outcome Evaluation of the SOS Suicide Prevention Program*. March 2004. Robert H. Aseltine Jr. PhD., and Robert DeMartino, MD.

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