GREENE COUNTY
FAMILY AND CHILDREN FIRST COUNCIL

HB289 COUNTY PLAN

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PLEASE
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GREENE COUNTY HB289 PLAN
TABLE OF CONTENTS

			EXECUTIVE SUMMARY	*i*
I.			ORGANIZATIONAL STRUCTURE AND PLANING PROCESS	*1*
II.			NEEDS ASSESSMENT	
	A.		DATA COLLECTION	*3*
	B.		PRIORITIES AND INDICATORS	
		1.	CHILDREN ARE READY FOR SCHOOL	*5*
		2.	YOUTH CHOOSE HEALTHY BEHAVIORS	*6*
	C.		SHORT-TERM OUTCOMES AND SUCCESS MEASURES	
		1.	CHILDREN ARE READY FOR SCHOOL	*8*
		2.	MIDDLE SCHOOL SUBSTANCE ABUSE	*9*
III.			RESOURCES	
	A.		SCHOOL READINESS	*14*
	B.		MIDDLE SCHOOL SUBSTANCE ABUSE	*21*
IV.			STRATEGIES	
	A.		INFRA-STRUCTURE STRATEGIES	*25*
	B.		IMPLEMENTATION STRATEGIES	25

APPENDICES

ONE	STATUS OF CHILDREN AND YOUTH IN GREENE COUNTY	A-1
TWO	COUNTY-SPECIFIC DATA: DADS	A-64
THREE	RESULTS OF ASSET SURVEY	A-77
FOUR	SCHOOL READINESS RISK SURVEY	A-79
FIVE	SCHOOL READINESS RESOURCE SURVEY	A-84
SIX	MIDDLE SCHOOL SUBSTANCE ABUSE RISK SURVEY	A-88
SEVEN	MIDDLE SCHOOL SUBSTANCE ABUSE RESOURCE SURVEY	A-93
EIGHT	MIDDLE SCHOOL SUBSTANCE ABUSE AND OTHER PROBLEM BEHAVIORS	A-96
NINE	KINDERGARTEN READINESS ASSESSMENT-LITERACY (KRA-L)	A-100
TEN	INFORMATION ABOUT THE EARLY LEARNING INITIATIVE (ELI)	A-116
ELEVEN	CHILD CARE CENTER SITES SERVING INFANTS	A-119
TWELVE	CHILD CARE CENTER SITES SERVING TODDLERS	A-124
THIRTEEN	CHILD CARE CENTER SITES SERVING PRE-SCHOOLERS	A-129
FOURTEEN	INFORMATION ABOUT THE PARENTS AS TEACHERS PROGRAM	A-135
FIFTEEN	THE PARENTS AS TEACHERS PROGRAM: ITS IMPACT ON SCHOOL READINESS AND LATER SCHOOL ACHIEVEMENT	A-145
SIXTEEN	INFORMATION ABOUT THE STRENGTHENING FAMILIES PROGRAM	A-152

GREENE COUNTY FAMILY AND CHILDREN FIRST COUNCIL
HB289 COUNTY PLAN

I. ORGANIZATIONAL STRUCTURE AND PLANNING PROCESS

HB289, which amended the legislation associated with Family and Children First Councils (i.e., ORC121.37), requires each Council to develop a plan. The plan is designed to identify the Council's priorities, indicators for measuring those priorities, and strategies to move the indicators in the desired direction. In order to facilitate the development of this plan, the Greene County Family and Children First Council (GCFCFC) formed a Community Leadership Team. The Team included members of the Council's Steering Committee, including Family Representatives, as well as representatives from each of the following Greene County communities: Beavercreek, Bellbrook/Sugarcreek, Cedarville, Fairborn, Jamestown, Xenia, and Yellow Springs. Community representatives were adults active in the Council's Partnership for Success (PfS) initiative and knowledgeable about their respective community's needs, resources, and values. In addition, staff members from the Greene County Family and Children First Department (i.e., the Help Me Grow Project Director and the Intersystem Family Stability Coordinator) were asked to participate on the Team. The Director of the Council chaired the meetings. This structure was used in Greene County's Partnerships for Success (PfS) planning process in State Fiscal Year 2003 and was seen as having two advantages. First, the structure helped to engage the Council's leadership. Second, the structure ensured the continuing input of the diverse communities within the County. The Team met in December 2006, January 2007, March 2007, April 2007, and June 2007. Members of the Community Leadership Team are listed in TABLE ONE.

While the Community Leadership Team helped to steer the planning process, input and feedback was continually sought from a number of existing groups, as well as from both adult and youth community members. Updates were provided to, and input was solicited from, the full Council at its meetings in November 2006, February 2007, May 2007, and June 2007.

In order to establish local priorities and measurable indicators, the needs assessment portion of the planning process was organized around a logic model framework. The process

initially focused on the identification of long-term outcomes and indicators, and then moved to a focus on more intermediate and short-term outcomes and indicators as the process evolved. Resource information about the services, programs, and resources currently targeting these outcomes was also collected. As a final step, specific strategies addressing the identified outcomes and indicators were developed.

TABLE ONE
MEMBERS OF THE COMMUNITY LEADERSHIP TEAM

BARB BIZZARRO*	FAIRBORN CITY SCHOOLS/FAIRBORN PfS REP
BETH BRENNAMAN	FOUR OAKS EARLY INTERVENTION/EARLY CHILDHOOD COORDINATING COLLABORATIVE
BETH BRIDGEMAN	GREENE COUNTY OSU EXTENSION/YELLOW SPRINGS PfS REP
DEBBIE CUSTER*	JAMESTOWN FAMILY RESOURCE CENTER-FAMILY AND CHILDREN FIRST DEPARTMENT/JAMESTOWN PfS REP
TOM GELHAUSEN	PROGRAM DIRECTOR-GREENE COUNTY JUVENILE COURT/XENIA PfS REP
SUE GIGA	DIRECTOR-GREENE COUNTY FAMILY AND CHILDREN FIRST COUNCIL
MEG GILLIS	DIRECTOR-GREENE COUNTY UNITED WAY
DAVE GOLDBERG	MEDICAL DIRECTOR-GREENE MEMORIAL HOSPITAL
KATHY GORBY	COUNCIL ON RURAL SERVICE PROGRAMS-HEADSTART PROVIDER
PAM HAMER	HELP ME GROW PROJECT DIRECTOR-FAMILY AND CHILDREN FIRST DEPARTMENT
JOHN LAROCK	SUPERINTENDENT-GREENE COUNTY BOARD OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
RENEE LAMMERS	INTERSYSTEM FAMILY STABILITY COORDINATOR-FAMILY AND CHILDREN FIRST DEPARTMENT
SUSAN LOPEZ	BELLBROOK/SUGARCREEK FAMILY RESOURCE CENTER/FAMILY AND CHILDREN FIRST DEPARTMENT/BELLBROOK-SUGARCREEK PfS REP
MARK MCDONNELL	HEALTH COMMISSIONER-GREENE COUNTY COMBINED HEALTH DISTRICT
LINDA MCNELLY	CEDARVILLE PfS REP
JARROD MARTIN	CITY COUNCIL-CITY OF BEAVERCREEK
PHIL MASTEN	DIRECTOR-GREENE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
DAVE NUSCHER	EXECUTIVE DIRECTOR-INTEGRATED YOUTH SERVICES
LEAH PHAM	GREENE COUNTY FCFC FAMILY REP
RHONDA REAGH	EXECUTIVE DIRECTOR-GREENE COUNTY CHILDRENS SERVICES BOARD
KAREN SCHMITT	SCHOOL PSYCHOLOGIST-BEAVERCREEK CITY SCHOOLS
CHRIS TANNREUTHER*	GREENE COUNTY FAMILY REP
TERRY THOMAS	SUPERINTENDENT-GREENE COUNTY EDUCATIONAL SERVICE CENTER
JULIE VANN	BEAVERCREEK PfS REP
BILL VOSKUHL	PROGRAM DIRECTOR-GREENE COUNTY JUVENILE COURT
KENT YOUNGMAN	MENTAL HEALTH & RECOVERY BOARD

* INDICATES MEMBERS WHO WERE UNABLE TO ATTEND MEETINGS BUT WHO RECEIVED MEETING MINUTES AND WHO WERE CONSULTED, AS NEEDED, THROUGHOUT THE PROCESS.

II. NEEDS ASSESSMENT

A. DATA COLLECTION

The data collection process can best be described as "data informed", rather than "data driven". Quantitative data from a wide variety of sources were reviewed; however, community values were also considered in decision-making.

Three large-scale data sources were used. First, Wright State University's Center for Urban and Public Affairs (WSU-CUPA) conducted a comprehensive review of existing information. The report, *Status of Children and Youth in Greene County* (December 2006), was organized around Ohio's Six Commitments to Child Well-Being: EXPECTANT PARENTS AND NEWBORNS THRIVE, INFANTS AND TODDLERS THRIVE, CHILDREN ARE READY FOR SCHOOL, CHILDREN AND YOUTH SUCCEED IN SCHOOL, CHILDREN AND YOUTH ENGAGE IN HEALTHY BEHAVIORS and YOUTH SUCCESSFULLY TRANSITION INTO ADULTHOOD. In the report, county-specific data were compared to state and national figures. In addition, Greene County data was compared to seven other counties considered similar to Greene in size, proximity to an urban county, and suburban composition. The report is included as Appendix One. Second, data from the Dayton Area Drug Survey (DADS) was examined. DADS is a regional survey that has been conducted for many years. The survey is conducted every two years by Wright State University's Center for Interventions, Treatment, and Addictions Research (WSU-CITAR). Information is collected from area youth about substance abuse and other problem behaviors. For the purposes of this report, several special reports were generated, allowing for study of county-specific information over time and grade levels. Close to 5,000 youth (in grades 7 through 12) participated in the survey in 2006. This was one of the few areas for which broad-based data, gathered directly from Greene County youth, existed. Appendix Two includes county-specific data from the database maintained for DADS data. Third, WSU-CUPA collected asset data from 7th and 8th graders in the Greene County schools. These assets have been shown to be protective factors for a wide range of youth problem behaviors (e.g., school failure and substance abuse). Students were provided a list of the 40 assets from the Search Institute and asked to indicate whether or not they perceived they had each in their life. Close to 2,000 students participated, creating a clear picture of the extent to which Greene County youth perceive the presence and absence of specific assets. See Appendix Three.

As the planning process evolved, several smaller-scale surveys were used to gather information about the perceptions of Greene County youth, adults, and service providers. Two risk factor surveys and two resource surveys were used. (See Appendices Four through Seven.) Information from these surveys was used to guide the selection of short-term priorities and indicators, as well as to identify and refine strategies. In addition, information was both collected from, and shared with, relevant existing groups and organizations throughout the planning process. Groups consulted during the planning process included the Greene County Substance Abuse Taskforce, the Council's Parenting Taskforce, and the County's Early Childhood Coordinating Collaborative (A Better Childhood). Interviews were also conducted with numerous individuals, as specific outcomes and strategies were considered.

Several comments about the data collection process are worth noting. First, the Community Leadership Team approached the data with a "healthy skepticism". As an example, Greene County's percentage for low birth rate compared unfavorably among the eight peer counties considered (Figure 1-10, Appendix One). Additional data, provided by the Greene County Combined Health District (from the Ohio Department of Health), however, indicated that the year considered (i.e., 2002) did not reflect a trend. Equally, concerns were raised about the extent to which certain indicators measure levels of system functioning rather that actual child well-being. For example, of the eight counties considered, Greene County had the highest rate of juvenile crime (Figure 6-3; Appendix One). This rating was not seen as reflecting greater crime but rather as reflecting greater levels of arrest and prosecution. Similarly, Greene County had the highest rate of new reports of child neglect (Figure 6-14; Appendix One). This was not seen as reflecting unusually high levels of child neglect but, rather, as reflecting strong levels of identification and referral. Finally, there was some concern about the extent to which county differences in tracking and definition contribute to rankings. Greene County's high figures for new reports of child neglect (Figure 6-14; Appendix One) and low figures for child dependency (Figure 6-16; Appendix One), for example, was seen as reflecting cross-county differences in how cases are categorized rather than differences in what is actually happening with children and families.

Second, quantitative data and community values were not seen as mutually exclusive. At several points, the discussion generated by the data helped to clarify community values. At other points, the identification of community values led to the need for additional data. For example, at one Community Leadership Team meeting, a question was raised about the extent to which youth substance abuse was associated with other youth problem behaviors. To address this question, a special analysis of DADS data was conducted. With few exceptions, the analysis indicated substance abuse was strongly associated with a variety of other problems. The association was found regardless of the survey year considered and regardless of the substance considered. As examples, students who reported smoking in the last 30 days were four and a half times more likely to report that they had carried a weapon to school; 16.7% of the students who reported not using marijuana reported being in a fight compared to 39.2% of the students who reported using marijuana at least once; and more than half of the students reporting alcohol use in the past 30 days reported they had been in trouble with the police. (See Appendix Eight).

Third, the data collection process was not as "neat" or as "linear" as expected. Throughout the year, data was often "revisited" in light of new information. This often meant that additional individuals and groups had to be consulted before the process continued. For example, when identifying and refining strategies, feedback from staff members working with specific programs was needed to move the process forward. Discussions were held with school personnel to help identify strategies that would be supportive and complementary of existing school-based efforts. Although the process involved bringing many different perspectives to "the table", it was equally important to continually expand the table as the process unfolded.

B. PRIORITIES AND INDICATORS

Greene County has selected two commitments to focus on in the coming biennium: CHILDREN ARE READY FOR SCHOOL and CHILDREN AND YOUTH ENGAGE IN HEALTHY BEHAVIORS.

1. CHILDREN ARE READY FOR SCHOOL

Greene County has long recognized that the most effective and cost-efficient interventions address problems early. Providers and community representatives reported concern over the number of children who were entering kindergarten unprepared. Despite Greene County's relatively healthy demographics in terms of income and education, there were several indicators that suggested many children were at-risk for not being ready for school. In the literature, poverty is a major risk factor. In 1999, 10.4% of Greene County children under the age of five were living in poverty (Figure 3-3; Appendix 1). Second, although Greene County ranked sixth in size of youth population, it ranked third in the number of grandparents serving as caregivers for children (Figure 2-7; Appendix 1). Although reliable data is not available, it was believed that many of these children had early childhood experiences that did not prepare them for school. Third, Greene County's proportion of three- and four-year olds enrolled in preschool was 48.2%, only slightly greater than the state figure of 47.3% and less than the national figure of 49.3% (Figure 3-1; Appendix 1). Finally, among the eight peer counties, Greene County had the second lowest rate for uninsured children (6.6%; Figure 2-1; Appendix 1).

The indicator selected to measure change in this priority was the extent to which children entering kindergarten had adequate levels of early reading skills. The selection of a primary indicator for this priority was not easy. Locally, as well as in the literature, school readiness is recognized as a multi-dimensional concept incorporating cognitive, socio-behavioral, and health components. For many of the potential indicators of school readiness, reliable and timely data simply does not exist. The Ohio Department of Education (ODE), however, has recently developed a brief assessment targeting early reading skills, the Kindergarten Readiness Assessment-Literacy (KRA-L). The KRA-L measures six readiness activities: answering who, what, when, why and how questions; sentence repetition; rhyming identification; rhyming production; letter identification; and initial sounds. All school districts have been required to collect this information from children entering kindergarten. For additional information about the KRA-L, see Appendix Nine.

County-specific data, obtained from ODE's Office of Early Learning and School Readiness, indicates that the average KRA-L scores for the seven districts in Greene County was only slightly above the state average in both school year 2005/2006 (20.48 vs. 19.6) and in school year 2006/2007 (20.80 vs. 19.6). District-specific scores, in school year 2006/2007, ranged from 17.15 to 24.15. With some exceptions, district-specific KRA-L scores were associated with the district's median income. The two lowest scores were in Fairborn and Xenia, the two districts that serve areas of the County with the lowest median incomes.

We have set two goals in this area. First, by school year 2008/2009, we hope to increase the average district KRA-L by one point. Data from school year 2007/2008 will be used as a baseline. Second, we hope to have all seven districts at, or above, the state average, in school year 2008/2009.

2. YOUTH CHOOSE HEALTHY BEHAVIORS

In the area of Youth Choose Healthy Behaviors, members of the Community Leadership Team were particularly interested in the area of youth substance abuse. This interest was prompted by a number of factors. First, evidence of the community's concern for youth substance abuse was drawn from the efforts to reduce substance abuse in all local school districts and a wide range of human/social/health agencies. Youth substance abuse was identified as a cross-community priority in our Partnership for Success planning process, meaning all communities identified this as an area of concern. In addition, the County has an active Substance Abuse Taskforce, under the leadership of Integrated Youth Services, the not-for-profit agency that provides publicly funded behavioral health services for Greene County youth.

TABLE TWO shows Greene County figures for reported "life-time" use for tobacco, alcohol, and marijuana. Of all of the substances considered, these three were the most frequently reported. Life-time use figures reflect the percentage of youth who indicated they had used at least once. As shown, rates for tobacco have increased and rates for alcohol and marijuana have decreased only slightly since 2003.

TABLE TWO
SELF-REPORTED LIFETIME USE (PERCENT)
GREENE COUNTY YOUTH

	2003/2004	2005/2006
CIGARETTES	40.2	46.0
ALCOHOL	63.5	61.0
MARIJUANA	30.4	29.6

(Source: County Data, DADS, Various Editions)

The decision was made to focus attention on use in middle school. As shown in TABLE THREE, reported recent use (i.e., use in the past 30 days) of all three substances increases with age. For example, 45.0% of 12th graders reported having used alcohol in the past 30 days, compared to only 2.7% of 7th graders. In addition, the data clearly showed that recent

use rates increase significantly during the middle school years. This was true of all three substances. When comparing recent use in 7th and in 9th grade, the percent of youth reporting recent use roughly triples for tobacco and alcohol. The increase for marijuana is even greater.

TABLE THREE
PERCENT OF YOUTH REPORTING USE IN THE LAST 30 DAYS

SUBSTANCE	7TH	9th	12TH
TOBACCO	4.4	13.5	21.2
ALCOHOL	9.2	25.8	45.0
MARIJUANA	2.7	12.8	15.2

In general, recent use rates have been dropping; however, among 9th graders, rates have actually increased in the past few years. TABLE FOUR compares the percentages of 9th graders reporting they had used tobacco, alcohol, and marijuana in the past 30 days in 2004 and in 2006. Recent use of alcohol has increased slightly. Larger increases were noted for tobacco and for marijuana. See Appendix Two.

TABLE FOUR
REPORTED USE IN THE LAST 30 DAYS AMONG 9TH GRADERS
2004 & 2006
(PERCENT REPORTING USE)

SUBSTANCE	2004	2006
TOBACCO	9.7	13.5
ALCOHOL	25.1	25.8
MARIJUANA	7.2	12.8

Our goals in this area are to decrease the percentages of 9th graders reporting recent use of tobacco, alcohol, and marijuana. By the next administration of the survey (i.e., 2008), we hope to reduce each percent by at least one point: tobacco, 12.5%; alcohol, 24.8%, marijuana, 11.8%.

C. SHORT-TERM OUTCOMES AND SUCCESS MEASURES

For both School Readiness and Middle School Substance Abuse, the selection of short-term outcomes was guided by the identification of local risk factors. For School Readiness, information was also collected on the perceived strengths and weaknesses of current resources in the County, as well as the perceived importance of resource types in preparing children for school. For Middle School Substance Abuse, information was also collected about internal and external youth development assets. These assets have been shown to be protective factors for a wide range of adolescent problem behaviors, including substance abuse.

1. CHILDREN ARE READY FOR SCHOOL

A local survey was conducted to identify the most relevant risk factors associated with school readiness in Greene County. See Appendix Four. Thirty surveys were completed. Respondents included 13 parents and 22 providers working with children birth through five. It was possible for a respondent to be included in both categories. In the survey, respondents were asked to indicate the extent to which each of 11 risk factors, drawn from the literature, was a school readiness risk factor within Greene County. Respondents were asked to rate each factor on a 5-point scale from "not a factor" (0) to "a very large factor" (4). The results are shown in TABLE FIVE. Risk factors are listed in order of perceived importance. As shown, the three highest risk factors identified were: lack of literacy activities at home, mother's education level, and poverty.

TABLE FIVE
LOCAL SCHOOL READINESS RISK FACTORS

RISK FACTORS	RATING
LACK OF HOME LITERACY ACTIVITIES	3.00
MOTHER'S EDUCATION LEVEL	2.72
POVERTY	2.56
FAMILY MOBILITY	2.50
TEEN MOTHERS	2.40
CONCENTRATED HIGH POVERTY NEIGHBORHOOD	2.33
MOTHER'S UNMARRIED STATUS	2.13
SINGLE PARENT	1.79
HEALTH CARE	1.64
RACE	1.14
MOTHER'S LANGUAGE NOT ENGLISH	1.05

The survey also asked respondents to identify the single greatest risk factor associated with school readiness in Greene County. Lack of home literacy activities were identified as the most critical risk factor by 12 of the respondents. Six respondents indicated poverty and five indicated mother's low education level. Less than five respondents indicated each of the other factors.

The School Readiness Risk Survey also asked respondents to assess current strengths and weaknesses of local resources. Respondents were asked to rate each of sixteen types of resources, associated with school readiness in the literature. Ratings ranged from "0" (poor) to "4" (excellent). TABLE SIX shows the results. Higher scores reflect greater strength. Resources are listed from weakest to strongest. As noted, the five resource areas rated weakest were: Programs to Reduce Parental Conflict, Children's Dental Care, Programs Promoting Home Literacy Activities, Programs Dealing with Socio-Behavioral Issues and Early Childcare Practices. Respondents were also asked to identify, from the list of 16 resource types, the most important for school readiness. The two resource types cited most frequently were (1) Programs to Address Child Emotional and Behavioral Problems and (2) Programs to Strengthen Good Parenting. The former received a relatively low rating on 1.82; the former, a moderate rating of 2.31.

TABLE SIX
STRENGTHS AND WEAKNESSES OF CURRENT SCHOOL READINESS RESOURCES

RESOURCE TYPE	AVERAGE RATING
PROGRAMS TO REDUCE PARENTAL CONFLICT	1.48
CHILDHOOD DENTAL HEALTH CARE	1.79
PROGRAMS PROMOTING HOME LITERACY	1.80
PROGRAMS TO ADDRESS CHILD EMOTIONAL & BEHAVIORAL PROBLEMS	**1.82**
EARLY CHILDCARE PRACTICES	1.85
CHILDCARE SUBSIDIES	2.04
PROGRAMS TO ADDRESS UNINTENTIONAL CHILDHOOD INJURIES	2.08
NURSE HOME VISITING PROGRAMS	2.09
PROGRAMS TO ADDRESS LEAD EXPOSURE	2.11
JOB TRAINING/EDUCATION FOR PARENTS	2.30
PROGRAMS TO STRENGTHEN GOOD PARENTING	**2.31**
NUTRITION SERVICES	2.43
EARLY CHILDHOOD CARE/EDUCATION	2.52
PRESCHOOL PROGRAMS	2.77
GENERAL CHILDHOOD HEALTH SERVICES	2.86
IMMUNIZATIONS SERVICES	3.21

The data collected, and the discussion it generated, lead to the selection of three short-term outcomes. First, to increase home literacy activities. Lack of home literacy activities was identified as the highest risk factor for children not being ready for school (TABLE FIVE) and current programs of this type were identified as relatively weak (TABLE SIX). Second, to decrease emotional and behavioral problems of children before they enter school. Socio-behavioral problems was not listed as a risk factor; however, anecdotal comments from both providers and parents indicated concerns in this area and current programs were considered relatively weak (TABLE SIX). Third, to increase parenting skills among parents with children ages birth through five. The top three risk factors identified (i.e., lack of home literacy skills, mother's education level, and poverty) were all seen as associated with the likelihood that parents may need help in developing the competencies and skills to help their children be ready for school.

2. YOUTH CHOOSE HEALTHY BEHAVIORS- MIDDLE SCHOOL SUBSTANCE ABUSE

a. RISK FACTORS

A local survey was also conducted to identify the most critical risk factors associated with substance abuse in middle school. See Appendix Six. The survey was distributed to members of the Substance Abuse Taskforce. Members were asked to complete the survey and to ask others, who were not on the taskforce, to also complete the survey. Respondents included five teenagers, nine parents with school age children, two individuals working for law enforcement, two individuals working for the schools, and eight individuals working for health/human/social service agencies. One respondent did not identify a category and one noted "Greene County Resident". In a few cases, respondents checked more than one

category. In total 25 surveys were collected through the taskforce. The survey was also distributed to youth currently receiving alcohol and drug treatment services. Twenty-five surveys were completed by these youth.

Respondents were asked to review a list of 13 substance abuse risk factors and to select the five factors they thought were most important to target if we want to reduce youth substance abuse in Greene County. The results are shown in TABLE SEVEN. There were both similarities and differences when the responses of the two groups were compared. Availability of Alcohol and Other Drugs was identified as a critical risk factor by both groups, and Poverty was infrequently identified by both groups. On the other hand, youth in treatment were more likely to identify Lack of Commitment to School and Having Friends that Abuse as critical risk factors but less likely to identify Inappropriate/Inconsistent Discipline. For the surveys collected through the taskforce, the three highest risk factors were Lack of Adult Supervision and Monitoring, Availability of Alcohol and Other Drugs, and Family History of Abuse. Among teens currently in alcohol/drug treatment, the three most critical risk factors were Having Friends that Abuse, Availability of Alcohol and Other Drugs, and Having Peers that Support Abuse. Having Friends that Abuse, Availability of Alcohol and Other Drugs, and Lack of Adult Supervision and Monitoring were identified as the three most important factors when the results of both survey administrations were combined. At least fourteen respondents, in each group of 25, identified these three factors as critical risk factors.

TABLE SEVEN
MOST CRITICAL RISK FACTORS
(FOR MIDDLE SCHOOL SUBSTANCE ABUSE)

FACTOR	TASKFORCE N=25	TREATMENT YOUTH N=25	TOTAL N=50
AVAILABILITY OF ALCOHOL & OTHER DRUGS	17	20	37
COMMUNITY NORMS THAT TOLERATE ABUSE	7	7	14
TRANSITIONS AND MOBILITY	2	2	4
POVERTY	3	3	6
FAMILY HISTORY OF ABUSE PROBLEMS	16	14	30
INCONSISTENT/INAPPROPRIATE DISCIPLINE	6	0	6
LACK OF ADULT SUPERVISION/MONITORING	18	14	32
FAMILY ATTITUDES SUPPORTING ABUSE	12	8	20
ACADEMIC FAILURE	6	7	13
LACK OF COMMITMENT TO SCHOOL	6	12	18
BEING ALIENATED FROM THE MAINSTREAM	2	3	5
HAVING PEERS THAT SUPPORT ABUSE	14	17	31
HAVING FRIENDS THAT ABUSE	15	25	40

b. ASSETS

The survey also asked respondents to identify the internal and external assets most closely associated with avoiding youth substance abuse. TABLE EIGHT shows the results. Among the external assets, Family Support was identified by most respondents as a critical factor by both groups of respondents. Youth in treatment were more likely to identify Family Support,

Positive Peer influences, and Youth Spends Time at Home. They were less likely to identify Positive Family Communication, Family Sets Clear Boundaries, and Neighborhood Sets Clear Boundaries. When both groups were combined, the most important assets identified were Family Support, Positive Peer Influences, Youth Involved in Clubs/Sports, Supportive Adult Role Models, and Family Sets Clear Boundaries. Among Internal Assets, Honesty and Responsibility were most likely to be identified as a critical factor by both groups. School factors, such as Does Homework Regularly and Cares about School were more likely to be identified by the youth in treatment. When responses were combined, the following internal assets were identified: Honesty, Responsibility, Motivation to Achieve in School, and Self-Esteem.

TABLE EIGHT
INTERNAL AND EXTERNAL ASSETS MOST CLOSELY RELATED ASSOCIATED YOUTH SUBSTANCE ABUSE

EXTERNAL ASSET	TASKFORCE N=25	TREATMENT YOUTH N=25	TOTAL N=50
FAMILY SUPPORT	15	21	36
POSITIVE FAMILY COMMUNICATION	15	5	20
POSITIVE RELATIONSHIPS WITH NON-PARENT ADULTS	5	7	12
CARING NEIGHBORHOOD	4	2	6
CARING SCHOOL	6	6	12
PARENT INVOLVEMENT IN SCHOOL	6	3	9
COMMUNITY VALUES YOUTH	2	2	4
YOUTH ARE GIVEN USEFUL ROLES	6	6	12
YOUTH PROVIDE SERVICE TO OTHERS	1	0	1
YOUTH FEELS SAFE	3	7	10
FAMILY SETS CLEAR BOUNDRIES	12	4	16
SCHOOL SETS CLEAR BOUNDRIES	6	3	9
NEIGHBORHOOD SETS CLEAR BOUNDRIES	7	1	8
SUPPORTIVE ADULT ROLE MODELS	8	11	19
POSITIVE PEER INFLUENCES	10	17	27
HIGH EXPECTATIONS	2	3	5
YOUTH INVOLVED IN ART, MUSIC ETC.	5	8	13
YOUTH INVOLVED IN SPORTS, CLUBS ETC	9	11	20
YOUTH INVOLVED IN RELIGIOUS ACTIVITES	5	4	9
YOUTH SPENDS TIME AT HOME	4	11	15
INTERNAL ASSETS			
MOTIVATION TO ACHIEVE IN SCHOOL	8	18	26
ENGAGEMENT IN THE LEARNING PROCESS	3	3	6
DOES HOMEWORK REGULARLY	4	9	13
CARES ABOUT SCHOOL	5	9	14
READS FOR PLEASURE	2	3	5
VALUES HELPING OTHERS	7	9	16
VALUES PROMOTING EQUALITY, JUSTICE, ETC.	2	1	3
ACTS ON CONVICTIONS (INTEGRITY)	5	0	5
HONESTY	13	22	35

RESPONSIBILITY	16	19	35
RESTRAINT	4	6	10
PLANNING AND DECISION MAKING SKILLS	8	6	14
INTERPERSONAL COMPETENCY	2	1	3
CULTURAL COMPETENCY	1	1	2
RESISTANCE SKILLS	7	6	13
PEACEFUL CONFLICT RESOLUTION SKILLS	4	2	6
SENSE OF PERSONAL POWER	5	3	8
SELF-ESTEEM	10	12	22
SENSE OF PURPOSE	9	6	15
POSITIVE VIEW OF PERSONAL FUTURE	7	8	15

A separate, large-scale survey was conducted to assess the extent to which 7th and 8th graders, in Greene County, perceived they had each of the 40 assets in their life. Data were collected from all seven school districts in the County. In total, 1,755 surveys were completed. The three most frequently reported assets were Both My Parents and Teachers Encourage Me to Do Well (93.8%), My Family Life Provides a High Level of Love and Support (93%) and I Have Empathy, Sensitivity, and Friendship Skills (93%). The three least likely reported assets were I Serve in the Community One Hour or more per Week (19.5%), I Read for Pleasure Three Hours or More per Week (32.8%), and I Spend One or More Hours a Week in Religious Activities (43.3%). Appendix Three includes a summary of the percent of youth reporting each asset.

Based on the data reviewed, and the discussion it generated, two short-term outcome areas were selected. The first outcome selected was to reduce the availability of tobacco. The availability of alcohol and other drugs was identified as a critical risk factor. (See TABLE SEVEN.) Although the availability of tobacco was not directly addressed in the survey, there was data from other sources that indicated it was a logical starting point. Information from Integrated Youth Services, the agency providing publicly funded behavioral health services for youth, indicated that two-thirds of the youth in treatment for alcohol and drug problems were smoking at intake. Tobacco use was also identified as a "gateway drug", often the first used. The most common ages reported for first use of tobacco, among youth in treatment, were ten and eleven. Thirteen was the most commonly reported age of first use for marijuana and for alcohol. Reducing the availability of tobacco was seen as a good first step in the coming biennium, with efforts in later years shifting to alcohol and other drugs.

The second short-term outcome selected was to increase parenting education and support for parents with youth in late elementary school through middle school. As noted in TABLES SEVEN and EIGHT, a cluster of risk and asset factors relate to parenting: Lack of Adult Supervision and Monitoring, Family Support, and Family Sets Clear Boundaries.

III. RESOURCES

In designing the resource assessment process, the decision was made not to attempt a comprehensive review of existing programs. We wanted the resource assessment to answer the following questions: (1) Does the information support, and/or more clearly refine, the short-term outcomes identified in Section II? (2) Does the information suggest additional short-term outcomes? Given the time and resources available, as well as these questions, it was decided a focused assessment was both more feasible and more valuable.

A. SCHOOL READINESS

There were two components in the resource assessment for School Readiness. First we wanted to gather information about the early childcare available for Greene County families with children under five. Early childcare can be an important factor in preparing children for school. Although information for children under three was not available, we knew forty-eight percent of three and four year olds in Greene County were enrolled in pre-school in 2000 (Appendix One; Figure 3-1). We wanted to get a general picture of the types of care available. Information was obtained from the Child Care database maintained by the Ohio Department of Job and Family Services (ODJFS) (http://www.odjfs.state.oh.us).

Thirty-four center-based programs were listed for infant care (birth through 18 months). TABLE NINE shows the number of programs, by type and location. Fifteen of these programs were identified as Full Time Centers; seven as Full and Part Time centers; and three as Head Start Centers. Appendix Eleven lists the center programs and indicates whether or not the center is an Early Learning Initiative (ELI) provider. ELI is a collaborative partnership between the Ohio Department of Education (ODE) and the ODJFS. The initiative is designed to provide educational experiences so children will enter school ready for success in learning while meeting the child care needs of working families. (See Appendix Ten for additional information.) ELI provider status was seen as an indicator of quality although it was recognized that centers that were not ELI providers could also have high quality programs. Eight of the 25 centers were identified as ELI providers.

Thirty-seven programs were listed for toddler care (18 months through three years). TABLE TEN shows the number of programs, by type and location. Eighteen of these programs were identified as Full-Time Centers; five as Part-Time Centers; 11 Full- and Part-Time centers; three as Head Start Centers. Appendix Twelve lists the center programs and indicates

whether or not the center is an ELI provider. Eight of the 37 programs were identified as ELI providers.

TABLE NINE
ODJFS CHILD CARE LISTINGS FOR INFANTS

TYPE (TOTAL NUMBER)	LOCATION	NUMBER
FULL-TIME CENTER (15)	BEAVERCREEK	3
	FAIRBORN	5
	DAYTON	1
	JAMESTOWN	1
	XENIA	4
	WILBERFORCE	1
FULL- & PART-TIME CENTER (7)	BEAVERCREEK	2
	CEDARVILLE	1
	BELLBROOK/SUGARCREEK	1
	FAIRBORN	1
	XENIA	1
	YELLOW SPRINGS	1
HEAD START CENTER (3)	FAIRBORN	1
	WILBERFORCE	1
	XENIA	1

TABLE TEN
ODJFS CHILD CARE LISTINGS FOR TODDLERS

TYPE (TOTAL NUMBER)	LOCATION	NUMBER
FULL-TIME CENTER (18)	BEAVERCREEK	5
	FAIRBORN	6
	DAYTON	1
	JAMESTOWN	1
	XENIA	4
	WILBERFORCE	1
PART- TIME CENTERS (5)	BEAVERCREEK	1
	DAYTON	1
	XENIA	3
FULL- & PART-TIME CENTER (11)	BEAVERCREEK	5
	CEDARVILLE	1
	BELLBROOK/SUGARCREEK	1
	FAIRBORN	1
	XENIA	2
	YELLOW SPRINGS	1
HEAD START CENTER (3)	FAIRBORN	1
	WILBERFORCE	1
	XENIA	1

Forty-six programs were listed for pre-school care (three years through kindergarten). TABLE ELEVEN shows the number of programs, by type and location. Twenty of these programs were identified as Full-Time Centers; seven as Part-Time Centers; 13 as Full- and Part-Time centers; six as Head Start Centers. Appendix Thirteen lists the centers and indicates weather or not the center is an ELI provider. Eleven of the 46 centers were identified as ELI providers.

TABLE ELEVEN
ODJFS CHILD CARE LISTINGS FOR PRE-SCHOOLERS

TYPE (TOTAL NUMBER)	LOCATION	NUMBER
FULL-TIME CENTER (20)	BEAVERCREEK	5
	FAIRBORN	7
	DAYTON	1
	JAMESTOWN	1
	XENIA	5
	WILBERFORCE	1
PART-TIME CENTER (7)	BEAVERCREEK	1
	BELLBROOK/SUGARCREEK	2
	DAYTON	1
	XENIA	3
FULL- & PART-TIME CENTERS (13)	BEAVERCREEK	6
	BELLBROOK/SUGARCREEK	1
	CEDARVILLE	1
	FAIRBORN	1
	XENIA	2
	YELLOW SPRINGS	2
HEAD START CENTERS	FAIRBORN	2
	JAMESTOWN	1
	XENIA	3

As would be expected, the information reviewed indicated a concentration of child care in Beavercreek, Fairborn, and Xenia. These three communities are the three largest in the County. At least some types of care are also available in the "outlying" communities (e.g., Jamestown and Yellow Springs). Head Start centers are appropriately situated in areas of the County with the highest concentrations of low-income families; however, low-income families in other areas of the County have greater distances to travel.

The current review of child care programs was very limited. ODJFS's database does not, currently, fully address issues of quality of care. We know little about the extent to which settings help to prepare children for school although anecdotal evidence suggests practices vary widely. In addition, given the challenges and changes child care providers are facing, we know little about the strengths and weakness of programs and how best to assist providers in improving the quality of care.

Clearly, although child care quality is a critical factor in preparing children for school, additional work is needed to identify specific interventions. This led to our adding an infra-structure strategy to better position us to identify and address weaknesses and gaps in the future. See Section IV-Strategies.

In addition to reviewing child care resources, a survey was developed to collect local program information from nine programs identified as critical in helping Greene County children prepare for school. These programs were selected because of the relatively large numbers of children they serve and because they tend to target populations at-risk (e.g., low income families). While limited in scope, the survey sought to gain a better understanding of these programs and the challenges they face. TABLE TWELVE lists the programs surveyed and provides brief descriptions of the services provided, the target populations, and the numbers served (in a 12 month period).

TABLE TWELVE

PROGRAM DESCRIPTION, TARGET POPULATION, AND NUMBER SERVED (IN LAST 12 MONTHS)

PROGRAM/ORGANIZATION(S)	SERVICES	TARGET POPULATION, NUMBERS SERVED
ELI (GCDJFS)	CHILD CARE SUBSIDIES	LOW INCOME; CHILDREN 3-5 PARENT MUST BE EMPLOYED OR IN APPROVED TRAINING *1,079 CHILDREN*
GRADUATION, REALITY, AND DUAL SKILLS (GRADS) (GREENE COUNTY CAREER CENTER)	EDUCATION AND SUPPORT	PREGNANT AND PARENTING TEENS; ENROLLED IN SCHOOL *108 TEENS*
FAIRBORN CITY SCHOOLS PRESCHOOL	PRESCHOOL SERVICES THERAPIES AND SPECIAL EDUCATION INTERVENTIONS	PRE-SCHOOLERS WITH DISABILITIES (2/3 OF POPULATION); SERVES FAIRBORN *108 CHILDREN*
GREENE COUNTY ESC PRESCHOOL PROGRAMS	PRESCHOOL SERVICES. THERAPIES AND SPECIAL EDUCATION INTERVENTIONS	PRE-SCHOOLERS WITH DISABILITIES (2/3 OF POPULATION); SERVES JAMESTOWN, CEDARVILLE, YELLOW SPRINGS, AND XENIA *118 CHILDREN*

HEAD START /EARLY HEAD START (COUNCIL ON RURAL SERVICE PROGRAMS)(CORSP)	CENTER-BASED AND HOME-BASED SERVICES (HEAD START) HOME- BASED SERVICES (EARLY HEAD START)	LOW INCOME FAMILIES WITH CHILDREN 3-5 LOW INCOME FAMILIES WITH CHILDREN BIRTH-THREE *421 CHILDREN*
HELP ME GROW (FAMILY & CHILDREN FIRST-CENTRAL OFFICE; SERVICE PROVIDERS: HEALTH DISTRICT, CORSP, MRDD)	NEWBORN HOME VISITS SERVICE COORDINATION DEVELOPMENTAL SCREENINGS REFERRALS FOR DEVELOPMENTAL EVALUATIONS AND SPECIALIZED SERVICES ON-GOING HOME VISITING PARENT EDUCATION FAMILY SUPPORTS TRANSITION SERVICES	FAMILIES WITH CHILDREN BIRTH THROUGH THREE; ON-GOING SERVICES PROVIDED TO FAMILIES WITH CHILDREN WHO HAVE A DISABILITY OR DELAY OR ARE AT-RISK FOR DELAYS *554 NEW CHILDREN SERVED IN SFY06*
EARLY CHILDHOOD MENTAL HEALTH SERVICES (INTEGRATED YOUTH SERVICES)	CONSULTATION ASSESSMENT PSYCHIATRIC EVALUATION AND MEDICATION MANAGEMENT GROUP AND FAMILY COUNSELING PARTIAL HOSPITALIZATION	GREENE COUNTY CHILDREN BIRTH THOUGH SIX; CHILD CARE PROVIDERS (CONSULTATION) *150 CHILDREN (TREATMENT; 80 CHILDREN (CONSULTATION)*

Programs completing the survey were asked to indicate if they had a waiting list, were at capacity, or could serve more. TABLE THIRTEEN shows the responses. As shown, some programs, or some program components, are at or over capacity while others could serve more.

TABLE THIRTEEN

EXTENT TO WHICH PROGRAMS ARE AT CAPACITY

PROGRAM	WAITING LIST	AT CAPACITY	COULD SERVE MORE
SUBSIDIZED CHILD CARE/ELI			X
GRADS		X	
FAIRBORN PRESCHOOL	X (FOR TYPICALLY DEVELOPING)		
GCESC PRESCHOOL			X
HEAD START/EARLY HEAD START	X (AT SOME SITES)	X (AT SOME SITES)	
HELP ME GROW		X (FOR ON-GOING SERVICES)	X (FOR NEWBORN HOME VISITS)
FOUR OAKS EARLY INTERVENTION			X
WIC		X	
EARLY CHILDHOOD MENTAL HEALTH	X (SOME COMPONENTS)		X (SOME COMPONENTS)

Programs completing the survey were also asked to indicate program concerns. TABLE FOURTEEN shows the responses. As noted, almost all of the programs identified one or more barriers. Potential Participant Awareness was mentioned by seven of the eight programs. There were other common barriers. Six of the eight programs indicated Limited Funding, Transportation, and Eligibility Criteria. Four of the seven programs indicated Cost to Participants. Unstable Funding and Difficulty Getting Referrals were not listed as barriers by any of the programs. Only two programs, Help Me Grow and Early Childhood Mental Health, indicated Referral Sources Not Being Aware, as a problem. The information suggests that more families could benefit from the programs currently available if awareness among potential participants increased. At the same time, as noted above, some of these programs are at capacity, at least for some components of their program.

TABLE FOURTEEN
PROGRAM CONCERNS

PROGRAM	1	2	3	4	5	6	7	8	9
SUBSIDIZED CHILD CARE/ELI			X	X			X	X	X
FAIRBORN PRESCHOOL				X			X FOR TYPICALLY DEVELOPING	X FOR TYPICALLY DEVELOPING	
GCESC PRESCHOOL	X			X			X	X FOR PRIVATE PAYS	X AT NO CHARGE
HEAD START/EARLY HEAD START	X		X	X				X ELI FAMILIES	X
HELP ME GROW	X		X	X	X		X FOR SERVICES		
FOUR OAKS EARLY INTERVENTION	X			X					X
WIC	X						X		X
EARLY CHILDHOOD MENTAL HEALTH	X	X		X	X		X		X SOME SERVICES

NOTE. THE GRADS PROGRAM INDICATED NONE

1= LIMITED FUNDING
2=UNSTABLE/UNCERTAIN FUNDING
3=POTENTIAL PARTICIPANTS NOT MOTIVATED
4=POTENTIAL PARTICIPANTS NOT AWARE OF SERVICES
5=REFERRAL SOURCES NOT AWARE
6=DIFFICULTY GETTING REFERRALS
7=TRANSPORTATION BARRIERS
8=COSTS TO PARTICIPANTS AS BARRIER
9=ELIGIBILITY CRITERIA LIMITS WHO WE SERVE

The information collected led us to add “increasing awareness” as a short-term indicator. Seven of the eight programs identifying program concerns identified “potential participants not aware of services” as a concern. Given the size of these programs, and their critical role in helping to prepare children for school, efforts need to be made to increase awareness of services among parents. It is hoped that additional state financial support, targeting the birth through five population, will help with funding concerns.

B. MIDDLE SCHOOL SUBSTANCE ABUSE

As with School Readiness, we took a very focused approach to assessing resources targeting Middle School Substance Abuse. As a first step, we reviewed information about alcohol and other drug treatment services. Data indicated that the number of youth in treatment has been increasing steadily since 2003. See TABLE FIFTEEN (Figure 6-21; Appendix 1). The data was a good example of how statistics can reflect revenue and program availability, rather than actual need. The increasing numbers were not seen as reflecting increasing use among teens but rather increasing revenue and programming to address teen use.

TABLE FIFTEEN
TEENS RECEIVING ALCOHOL OR DRUG TREATMENT

YEAR	NUMBER SERVED
2003	39
2004	67
2005	128
2006	189

Integrated Youth Services is the only publicly funded alcohol and drug treatment provider for youth in Greene County. We requested, and received, descriptive information about teens currently receiving treatment services. Information was available for 61 teens. Of these, 30 (49%) had a diagnosis of abuse and 31 (51%) had a diagnosis of dependence. The most common age at intake was 16 although the most common age for first use was much younger (i.e., for both alcohol and for marijuana). About one-third of the teens reported first using tobacco before the age of 12. Fifty-one of the 61 teens (84%) reported legal issues at intake and 30 (49%) of the 61 reported committing an alcohol or other drug related offense. Forty-seven of the 61 teens (77%) reported school problems at intake and 47 (77%) had been suspended from school in the past year. Forty-three (70%) reported experiencing Attention Deficit/Hyperactivity symptoms. Fifty, of the 61 (82%), reported family problems. Almost all of the youth had been referred by Juvenile Court (48; 79%). Only three teens (5%) had been referred from the schools. Parents were noted as the referral source for nine of the teens (15%) and one had been referred from the agency's mental health program. This information was seen as supportive of the selection of youth substance abuse as a outcome area, the selection of middle school youth as a targeted age group, and the short term outcome of increasing parenting skills and supports.

We also collected detailed information from Integrated Youth Services and from Juvenile Court, the two organizations seen as most critically involved with youth substance abuse. See Appendix Seven. Integrated Youth Services provided information for the agency's Prevention Program and for the agency's Treatment Program. In prevention activities, the agency served approximately 450 children (ages 4-11) and 200 teens (12-18) in the past year. Activities are provided in the schools, as well as for high-risk groups (e.g., children in mental health programs and youth involved in Juvenile Court programs). The agency also hosted a number of Community Forums on topics such as underage drinking. Given the agency's current funding, the program is identified as operating "at capacity". Greene County has

approximately 35,000 youth (birth through 18). Current funding allows for one prevention specialist. The two program concerns identified were limited funding and potential participants not aware of services.

Integrated Youth Services provides the following services for youth with alcohol and other drug problems: assessment, outpatient individual and group counseling, and intensive outpatient services. The agency does not provide residential or inpatient services and reports funding for such services is very limited. Approximately 175 teens and five children under the age of 12 are served in a year. The agency reports being "at capacity" in terms of the treatment program. Program concerns include limited funding, unstable/uncertain funding, potential participants not motivated, potential participants not aware of services, and transportation as program concerns.

Juvenile Court provided information about nine programs targeting substance abuse: Strengthening Families, Intensive Probation Tutoring, Teen Court, Diversion Awareness Groups, Diversion Community Service, Building Personal Power Skills (Managing Anger), Carteens, Insight Development Program, and Hope. TABLE SIXTEEN provides a brief description of the services available, the target population, and the numbers served. In reference to numbers served, staff members were asked to estimate the number served in 12 months. As noted, for most programs, services are designed for youth involved with Juvenile Court either through the Diversion Program or more formally.

TABLE SIXTEEN
JUVENILE COURT PROGRAMS TARGETING SUBSTANCE ABUSE

PROGRAM	SERVICES	TARGET POPULATION
STRENGTHENING FAMILIES	PARENT AND YOUTH EDUCATION AND SUPPORT	FAMILIES WITH YOUTH 5-14; OPEN TO ALL GREENE COUNTY FAMILIES *200 YOUTH; 200 PARENTS*
INTENSIVE PROBATION TUTORING	VOLUNTEERS HELP YOUTH WITH HOMEWORK AND IN SOME CASES GED PREPARATION	YOUTH ON PROBATION (12-18)
TEEN COURT	TEEN COURT IS A PROCESS THROUGH WHICH YOUTH GET TO EXPERIENCE "BOTH SIDES"-FIRST AS DEFENDENTS AND THEN AS PARTICIPANTS MAKING DISPOSITION DECISIONS FOR OTHER TEENS	MISDEMEANOR OFFENDERS UNDER THE AGE OF 18 *141 TEENS*
DIVERSION AWARENESS GROUPS	DISCUSSION BASED GROUPS TO EDUCATE YOUTH ABOUT RULES, CHOICES, CONSEQUENCES, AND IMPACT ON VICTIMS	MISDEMEANOR OFFENDERS UNDER THE AGE OF 18 *480 TEENS; 23 CHILDREN*
DIVERSION COMMUNITY SERVICE	PROVIDES COMMUNITY SERVICE OPPORTUNITIES	YOUTH IN THE COURT'S DIVERSION PROGRAM *105 TEENS; 23 CHILDREN*
BUILDING	SIX-SESSION PROGRAM TO HELP TEENS	2 TRACKS: ONE FOR

PERSONAL POWER SKILLS	LEARN TO BETTER MANAGE ANGER	YOUNGER YOUTH (12-14) IN DIVERSION AND ONE FOR OLDER YOUTH (14-17) WHO ARE FORMALLY INVOLVED IN COURT *240 TEENS*
CARTEENS	MANDATORY TRAFFIC EDUCATION PROGRAM	YOUTH INVOLVED IN THE COURT DUE TO DRIVING VIOLATIONS *450 TEENS*
INSIGHT DEVELOPMENT PROGRAM	QUARTERLY SERIES OF LECTURES AND DISCUSSIONS TO HELP TEENS LEARN SOCIALLY ACCEPTABLE WAYS OF EXPRESSING THEIR EMOTIONS	COURT INVOLVED YOUTH *80-90 TEENS*
HOPE	VOLUNTEER-BASED MENTORING PROGRAM	COURT INVOLVED YOUTH *500 TEENS*

TABLE SEVENTEEN shows the extent to which each of the Juvenile Court Programs was seen as being "at capacity". As noted, the results were mixed. Several programs were identified as being at capacity while others were seen as being able to serve additional youth.

TABLE SEVENTEEN
CAPACITY LEVELS FOR JUVENILE COURT PROGRAMS

PROGRAM	WAITING LIST	AT CAPACITY	COULD SERVE MORE
STRENGTHENING FAMILIES			X
INTENSIVE PROBATION TUTORING			X
TEEN COURT		X	
DIVERSION AWARENESS GROUPS		X	
DIVERSION COMMUNITY SERVICE		X	
BUILDING PERSONAL POWER SKILLS			X
CARTEENS		X	
INSIGHT DEVELOPMENT PROGRAM		X	
HOPE			X

Juvenile Court staff were asked about program concerns. The only concern to be frequently identified was transportation. For the Strengthening Families Program, the only program open to non-court involved youth and families, two concerns were identified: unstable/uncertain funding and transportation.

Given the time and resources available, no attempt was made to identify specific school-based or community-based programs. Several discussions occurred, however, with staff from the two largest districts about current programming and current gaps. The purpose of these discussions was to ensure planned strategies would complement and support current school efforts. In both districts, there were numerous programs to educate youth about the dangers of tobacco, alcohol, and other drug use. Such efforts included incorporation of materials into health curriculum and specific programs targeting various grade levels (e.g.,

Project Alert, DARE, PALS). Both districts reported having some form of Student Assistance to help students identified as having problems and some activities to increase awareness of the dangers of underage drinking. In both districts there was support for the strategy of increasing parenting skills.

Efforts in this area also led to the awareness of the need to work more closely and directly with school districts to learn more about current programs and challenges, as well as to identify specific interventions. This led to the addition of an infra-structure strategy described in the following section.

IV. STRATEGIES

Several strategies were developed to address the outcomes and indicators identified in the needs assessment and resource assessment phases. We have divided these strategies into "infra-structure" strategies and "implementation strategies". The former type involves gathering additional information and strengthening existing relationships to better identify how we can effectively address both School Readiness and Middle School Substance Abuse.

A. INFRA-STRUCTURE STRATEGIES

We have two infra-structure strategies for the coming year. First, additional information is needed about the strengths, weaknesses, and challenges of child care providers in Greene County. During SFY2008, we will be surveying providers. We hope this information will be helpful in identifying specific interventions to help Greene County youth be prepared for school success.

Second, some of the risk factors associated with Middle School Substance Abuse can only be addressed by working closely with specific school districts. In reviewing district-specific data, it is clear that districts differ in the challenges they face. In addition, districts and communities differ in the programs and resources they possess. While some county-wide programs can be effective, we also believe, we need to learn more. In SFY2008, the Council's Steering Committee plans to start this process by hosting informal discussions with each of the districts.

B. IMPLEMENTATION STRATEGIES

Seven implement strategies have also been developed. Four of them focus on School Readiness; three on Middle School Substance Abuse.

1. SCHOOL READINESS

SCHOOL READINESS STRATEGY 1: PARENTS AS TEACHERS

SCHOOL READINESS STRATEGY #1 is to initiate a PARENTS AS TEACHERS (PAT) Program for families with children ages birth through three. PAT provides high-quality parent education to develop and strengthen the skills parents need to enhance the development of their children from birth through three via home visiting and parent support activities. The program is rated as a "promising practice" by the Promising Practice Network. (Please see Appendix Fourteen for additional program information.)

In SFY2007, as a part of our ABC Blueprint Plan, Greene County has been preparing to implement the PAT Program. Use of this program was prompted by a need for a common framework for local home visiting service providers, as well as a desire to move toward more evidence-based programming in the area of school readiness. Thirteen educators, from six programs providing home visiting have completed the required training and are committed to using the program in the coming year. Participating programs include: Help Me Grow (Home Visiting Program Component), the Board of Mental Retardation and Developmental Disabilities, GRADS-Greene County Career Center, Integrated Youth Services (community mental health), the Greene County Combined Health District and the Council on Rural Service Programs (Early Head Start and Head Start Programs).

Process goals for the coming biennium include serving a minimum of 65 families and providing a minimum of 780 hours of face-to-face services with participating families, over the year. The outcome evaluation plan is currently being developed by a committee of the Early Childhood Coordinating Committee (ECCC) (in Greene County: A Better Childhood County Collaborative Group) and will include measures of parenting skills and child development. Results of a recent study on the impact of the program are very promising. (See Appendix Fifteen.)

SCHOOL READINESS STRATEGY #2:

INCREASE AWARENESS, AMONG PARENTS (AND SERVICE PROVIDERS WORKING WITH THIS POPULATION), ABOUT SCHOOL READINESS AND THINGS THEY CAN DO TO HELP THEIR CHILD BE READY FOR SCHOOL.

One strategy promoted by Maryland's "Ready at Five Partnership", for supporting school readiness is to build public awareness and understanding of the importance of quality early learning experiences. Benefits associated with this strategy include: increasing understanding of the early years, promoting the skills and experiences young children need to succeed in school, and improving the awareness and quality of early learning.

Two types of activities will be undertaken in the coming biennium: disseminating information and holding special events. A great deal of quality information exists regarding what parents, and providers working with parents, can do to help children be ready for school. Existing information will be supplemented by locally developed information and distributed through the media and in human/social/health agencies. The ECCC currently produces and distributes a bi-monthly parent newsletter. Our strategy in the coming year is to strengthen this publication by (1) incorporating a greater focus on school readiness and home literacy activities and (2) expanding distribution through the addition of a method for electronic distribution. In addition to hard copies, parents and providers will be able to sign-up to receive the information, on a regular basis, electronically in the form of e-newsletters. The primary process measure for this activity will be volume of distribution. Our goal is to be distributing 75 newsletters electronically by the end of SFY2008 and 150 by the end of SFY2009. Individuals receiving the material electronically will also be asked, at the end of each year, to assess the usefulness and impact of the material.

Locally, we think more could be done to help parents of three and four year olds understand and prepare their children for kindergarten. Through a cross-system effort, a minimum of two Pre-school Jamborees will be held each year, working with a local school district. The jamboree will focus on school expectations and local resources. The process goal for this activity includes participation, with a minimum of 25 parents participating at each event. In terms of outcome, participants will be surveyed at the end of each event to assess usefulness and impact. No relevant baseline data in this area exists; however, data on outcome will be tracked and reported at the end of the year.

SCHOOL READINESS STRATEGY #3: READY TO READ

Our third strategy in the school readiness area is to initiate the Ready to Read Program in Greene County. This program specifically addresses the need to increase home-based literacy activities with pre-school children. The program is designed to both strengthen existing activities and to start new activities. Organizational leadership in this strategy will be provided by the Greene County Public Library System, working closely with local early childhood providers. Ready to Read focuses on six pre-reading skills every child needs before kindergarten: letter knowledge, phonological awareness, narrative skills, print motivation, vocabulary, and print awareness. Library staff will be receiving training in Fall 2007. Based on this training, specific activities and timelines will be developed.

Process objectives include tracking of participation (i.e., parent participation) and cross-system partnerships strengthened. Outcome/chance measures being considered for SFY2008 include post-event parent and provider surveys, and increases in circulation levels of relevant library materials.

SCHOOL READINESS STRATEGY #4:

INCREASE ACCESS TO EARLY CHILDHOOD BEHAVIORAL HEALTH SERVICES

We recognize that school readiness goes well beyond academic content and also implies the child has the social and behavioral skills to thrive in a classroom environment. Early identification of, and interventions to address, behavioral issues in very young children, must also be considered. Our local School Readiness Strategy #4 is designed to expand and strengthen existing behaviorally focused services targeting youth under five. Local programs targeting behavioral problems in the preschool population were rated weak in our resource assessment. Greene County has long recognized that the earlier the intervention, the more likely change will occur and the more cost-efficient the intervention. Often, however, behavioral problems are not identified or addressed until the child enters school.

Effectively addressing the behavioral health needs of very young children presents several challenges to the community mental health system. Traditional methods of service delivery simply are not developmentally appropriate for the pre-school population. Integrated Youth Services (IYS), the community mental health system in Greene County, has been very active in meeting this challenge in the last year. Working with early child care providers, IYS offered intensive outpatient groups last summer and will be continuing these services in this summer. Social Skill and Relationship group work with the preschool population is also being provided. The agency has also spent considerable time strengthening staff skills in working with young children. Several staff members have completed intensive training in Dyadic Developmental Psychotherapy, an approach that is not exclusive to, but has applications for work with, very young children. IYS staff members have also been trained in the Parents as Teachers Program and in Theraplay.

Current data from our local mental health agency for youth indicate 108 youth under five are currently receiving services. This represents 8.28% of the population being served. SFY2007 data will be collected at the end of the year and used as a baseline. Our goal is to increase the numbers served 5% in SFY2008 and an additional 5% in SFY2009. The agency collects outcome data using the Ohio Scales; however, the instruments used are not considered a good measure of change for the pre-school population. We will be exploring alternative measures during SFY2008. Ideally, we would like measures for parent, child, and family functioning. In the interim, we will be tracking change through treatment plan updates.

B. MIDDLE SCHOOL SUBSTANCE ABUSE

MIDDLE SCHOOL SUBSTANCE ABUSE STRATEGY #1:

EXPAND AND ENHANCE STRENGTHENING FAMILIES PROGRAMMING

Strengthening Families programming, for families with youth ages 10 through 14, has been provided in Greene County since SFY2004. In SFY2007, programming was added for families with younger children (ages 6 through 10). Strengthening Families has been identified as a "Model Program" by the US Department of Education, the National Institute on Drug Abuse, the Office of Juvenile Justice and Delinquency Prevention, and the Center for Substance Abuse Prevention. Descriptions and information about both programs are provided in Appendices Twelve and Thirteen. In the past year, 15 facilitators from eight different organizations have received training in the Strengthening Families Program for families with children ages 6 through 10. The program specifically addresses several of the risk factors associated in our local needs assessment (e.g., family support, family communication and boundary setting). Additional program information is provided in Appendix Sixteen.

The process goal for this strategy is to increase the number of families served by 5% in SFY2008 and 5% in SFY2009. In addition, the program's Booster Component will be added. This component provides additional services for families who have completed the basic curriculum. At a minimum, 15 families will participate in this program component in SFY2008 and in SFY2009.

The initial evaluation of the program, completed in SFY2006, showed positive outcomes in family functioning. This evaluation was completed by the Pacific Institute for Research and Evaluation, an independent evaluator, associated with the SAMHSA/SIG funding received in the first three years of programming. A local outcome evaluation plan is currently being developed by the Greene County Juvenile Court (the organization that provides the program) and the Mental Health and Recovery Board.

MIDDLE SCHOOL SUBSTANCE ABUSE STRATEGY #2:

INCREASE AWARENESS OF THE PROBLEM BEHAVIORS ASSOCIATED WITH THE MIDDLE SCHOOL YEARS AND WHAT PARENTS CAN DO TO HELP THEIR CHILDREN REMAIN DRUG-FREE

Local needs assessment data indicate that many youth begin to use tobacco, alcohol, and marijuana in middle school and that use of all three substances is closely related to a variety of other problem behaviors (e.g., fighting, truancy, and getting in trouble with the police). Currently, there are numerous educational programs for youth but relatively little work is being done with parents. This strategy is designed to increase parental knowledge of the risks associated with the middle school years and the existing resources available to help parents support their children during these years. This strategy has two components.

The first component is to develop and implement a cross-system workshop, targeting parents of 5th and 6th graders. In SFY2008, the program will be piloted in one middle school. Our primary process goal is to have a minimum of 25 parents attend. Participants will be surveyed at the end of the workshop to assess impact. A second middle school will be added to the programming in SFY2009.

The second component involves the development of an electronic newsletter for parents of youth in 5th grade through middle school. Parents will be able to sign-up to receive information though quarterly e-newsletters. The primary process measure for this activity will be volume of distribution. Our goal for SFY2008 is to have 75 parents receiving the newsletter by the end of the year. Our goal for SFY2009 is to increase this number to 100. Individuals receiving the material electronically will also be asked, at the end of each year to assess the usefulness and impact of the material.

MIDDLE SCHOOL SUBSTANCE ABUSE STRATEGY #3:

STRENGTHEN EXISTING ACTIVITIES IN THE AREA OF COMPLIANCE CHECKS

Availability of drugs emerged as a major risk factor during our needs assessment. For many youth tobacco is the first substance used. According to the Centers for Disease Control, prevention of the initiation of tobacco use among young people and enforcement of tobacco control policies deters violators and sends a message to the public that these policies are important. Activities to restrict minor's access to tobacco products is considered an important component. (Best Practices for Comprehensive Tobacco Control Programs: Executive Summary).

Our third strategy to reduce middle school substance abuse is to strengthen current efforts in the area of tobacco compliance checks. Tobacco compliance checks have been conducted by the Greene County Combined Health District for several years. The non-compliance rate in Fall 2005 was 21.8; in Fall 2006, 18.8. Two weaknesses in current programming have been identified. First, compliance checks are only conducted in some Greene County communities. Second, the number of youth engaged has been limited. Approximately six youth participated last year.

Our goals for SFY2008 include increasing the number of participating communities from four to six and to increase the number of youth participating from six to twelve. Compliance rates will be tracked in SFY2008 and used as a baseline, to set outcome goals for the following year. We hope to reduce non-compliance by at least 2% in SFY2009.