Warren County Family and Children First Council Shared Plan for SFYs 17-19

Current FCFC Initiatives: Violence Free Coalition, Suicide Prevention Coalition, Teen Alliance Council, Project AWARE, Project ENGAGE, Coordinated Care, Early Childhood Committee, Success for School-Aged Youth Committee, Substance Abuse Prevention Coalition of Warren County.

Shared Priorities

Prevention of Drug Use and Addiction in Youth



- 1. Increased awareness and education regarding the prevention of drug use and addition among youth.
- 2. Tobacco policy development and implementation.
- 3. Increased healthy connections

Shared Measurement

1a- Increased educational opportunities/trainings for school staff, parents and youth.
1b- PRIDE Survey results will

1b- PRIDE Survey results will trend in positive direction.

1c- Increase number of schools participating in Teen Alliance Council annual youth summits to provide education to youth.

2a- Increase the number of

tobacco free campuses across the county through tobacco use/smoking bans and/or limitation policies in agencies and non-profits.

3a- Teen Alliance Council meets with staff leaders from Violence Free and SAPC, youth membership increases

3b- Increase RE-DO anti-bullying – asset building program

Mutually Reinforcing Activities

- 1. Hire full time Substance Use Disorder (SUD) Prevention Program Specialist to work with youth.
- Expand Operation Street Smart offerings for parents and school staff
- Drug take-back days
- Provide online screenings for drug abuse and provide freestanding mobile kiosks that have these screening tools loaded on them.
- Apply for Drug Free Communities Grant in March 2017 for federal year '17.
- 2. Policies being drafted and enforced regarding tobacco use/smoking across the county: Solutions, Talbert House, WCCS, 500 Elderly Housing Units, and MHRS are establishing tobacco free campuses.
- Secure a fulltime person to increase education regarding tobacco-free living.
- 3. Building a social media presence regarding healthy behaviors and relationships



Shared Priorities

Shared Outcomes

Shared Measurement

Mutually Reinforcing Activities

Mental Health Awareness and Treatment for Youth

1. Increased awareness of mental issues impacting youth 2. Youth receive mental health prevention and treatment.

1a. Increase number of people trained in mental health first aid and collect evaluation data. 1b. Increase QPR trainings 1c. PRIDE survey results 2a. Decrease deaths by suicide among youth. 2b. Increase number of youth participating in mental health prevention groups including after-school and summer programs to build trusting relationships with caring adults and other youth. Impact measured via

pre and post-tests.



- 1. Youth mental health first aid, QPR,
- Introduce new parenting program specifically designed to reduce community and family violence.
- -Hire FTE Early Childhood Mental Health Prevention Specialists.
- -Support Project AWARE grant-driven assignment in sustaining trainings and resources around the county regarding youth and mental health
- -Provide trauma training for early childhood providers.
- 2. Project ENGAGE if state funding available.
- -hire three FTE school-based prevention specialists.

Needs Assessment

List any community plans that were incorporated into this process. Include only those plans that are written, data informed, and have identified priorities (e.g. FCE, CCIP, United Way, MHRB plan):

- 1. Warren County Community Health Improvement Plan, 2016
- 2. Project AWARE, 2014
- 3. Project ENGAGE, 2016
- 2. Identify alternative needs assessment methods or data sets that were utilized to identify the Shared Priorities:
 - Warren County FCFC Community Report, 2015
 - Warren County Student PRIDE survey results 2014 and 2016
 - Warren County Health District Community Needs Assessment, 2016
 - Head Start Community Assessment, 2015
- 3. Identify any barriers experienced in this process (i.e. plan collection, availability of data, language issues, etc.):
 Although the process was valuable in that it brought people together to examine community needs and the systems to address those needs, it was an awkward, labor intensive process one that was more complex than necessary with cumbersome Word documents that mandated the use of unfriendly formatting fields. Too much time was spent formatting the documents time that should have been spent doing our real work.
- 4. Identify any successes/how this process has worked to strengthen the council and county collaboration:

Personnel from various county agencies are working together more closely to address the identified priorities. The team that worked on the Shared Plan identified and wrote up far more than what this form could possibly capture. We identified shared common goals and priorities across the agencies. Even though we have shared needs, there is not a lot of duplication. We discovered new projects and developed new partnerships.

Shared Outcome: **1.** Increased awareness and education regarding the prevention of drug use and addition among youth. (Shared Priority 1: Prevention of Drug Use and Addiction in Youth)

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Increased educational opportunities/trainings for school staff, parents and youth.	Data: Operation Street Smart is offered one time per year Year of Data: 2016	Data: 0 Year of Data: 2017- 2019	NA
PRIDE Survey results will trend in positive direction.	Data: 6.2% of youth have used prescription drugs, 20.3% have used alcohol., 13.9% have used marijuana, and 11.6% have used cigarettes in the past 30 days Year of Data: 2016	Data: 0 Year of Data: 2017- 2019	NA
Increase number of schools participating in Teen Alliance Council annual youth summits to provide education to youth.	Data: Three schools participated (47 students) Year of Data: Feb. 2016	Data: NA Year of Data: 2017 2019	NA

- List the data source(s) for the indicator(s):
 Solutions data collection, PRIDE survey, MHRS data collection
- 2. Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.): N/A

Report on Indicator Data (Provide data for each outcome indicator listed on the Shared Plan. List only ONE outcome per page. This page can be duplicated as needed).

Shared Outcome:

2. Tobacco policy development and implementation

(Shared Priority 1: Prevention of Drug Use and Addiction in Youth)

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Increase the number of tobacco free campuses across the county through tobacco use/smoking bans and/or limitation policies in agencies and non-profits	Data: Hospitals, Health Department, some schools, all county owned facilities are currently tobacco free. Year of Data: 2016	Data: NA Year of Data: 2017- 2019	NA
	Data: Year of Data:	Data: Year of Data:	
	Data: Year of Data:	Data: Year of Data:	

- **3.** List the data source(s) for the indicator(s): FCFC survey of member representatives.
- **4.** Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.): N/A

Shared Outcome: **3.** Increased healthy connections

(Shared Priority 1: Prevention of Drug Use and Addiction in Youth)

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Teen Alliance Council meets with staff leaders from Violence Free and SAPC, youth membership increases	Data: Nine students from three schools participated in the TAC Year of Data: 2015-16	Data: NA Year of Data: 2017- 2019	NA
Increase RE-DO anti-bullying – asset building program offerings	Data: 6 of 8 school districts (Provided in 8 of the 16 Middle/HS locations) provided REDO. Year of Data: 2015-16	Data: 0 Year of Data: 2017- 2019	NA
	Data: Year of Data:	Data: Year of Data:	

5. List the data source(s) for the indicator(s): Solutions, Violence Free Coalition

6. Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.): N/A

Shared Outcome: 1. Increased awareness of mental issues impacting youth

(Shared Priority 2: Increase Mental Health Awareness and Treatment for Youth)

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Increase number of people trained in mental health first aid and collect evaluation data,	Data: 220 people trained in youth mental health first aid Year of Data: 2016	Data: Year of Data: 2017- 2019	
Increase QPR trainings	Data: 22 trainings provided at five locations in three years. Trained approx. 558 people. Year of Data: June 2014 – June 2016	Data: Year of Data: 2017- 2019	
PRIDE survey results	Data: 11.3% of youth have thought about committing suicide often or a lot whereas 7.1% responded as such in 2014 Year of Data: 2015	Data: Year of Data: 2017- 2019	

7. List the data source(s) for the indicator(s): MHRS, PRIDE survey, FCFC member survey

8. Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.): N/A

Shared Outcome: 2. Youth receive mental health treatment

(Shared Priority 2: Increase Mental Health Awareness and Treatment for Youth)

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Decrease deaths by suicide among youth.	Data: Thirteen Warren youth ages 0-21 have died by suicide in a five year period Year of Data: 2010 through 2014	Data: Year of Data: 2017- 2019	
Increase number of youth participating in mental health prevention groups.	Data: School-based participants in Warren and Clinton Counties averaged 758 per month. Year of Data: July 2014-June 2015	Data: Year of Data: 2017- 2019	
	Data: Year of Data:	Data: Year of Data:	

9. List the data source(s) for the indicator(s):
Warren County Coroner/Health Department, Suicide Prevention Coalition, Solutions, MHRS, School districts

10. Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.): N/A