



Wayne County Family and Children First Council

HB 289 County Biennial Plan

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A PLAN FOR JULY 2007 TO JUNE 2008
WAYNE COUNTY, OHIO
FAMILY & CHILDREN FIRST COUNCIL



Family & Children First
council

Wayne County, Ohio

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Biennial 289 Plan
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Executive Summary:

The Wayne County Family and Children First Council (to be referred to as Council) has been gathering information and data regarding the state of our County's children since 1990 (attached appendix A). At that time, Wayne County (along with Holmes County) began the task of assessing the needs of our County's children and the identification of service gaps. Many of the recommendations from that process have been instituted and become part of our County's ongoing landscape. The continuous need to reassess our progress towards achieving specific outcomes and re-identify our service gaps has resulted in the creation of Wayne County's base line data set document "What's Up With Our Kids." First produced in 2002, this document has become the template for all data compilation and analysis. To prepare for the Annual Plan, Council reviewed the original 2002 document (attached appendix B) and set about collecting data for "What's Up With our Kids, 2006." (attached appendix C)

In conjunction with this data process, Council held a Strategic Planning Retreat in May 2006. During this time Council members, the significant majority of whom attended (attached appendix D & E) reviewed our fifteen Partnerships for Success outcomes, and went about prioritizing this information. The end of the retreat identified three priorities and three Commitments for Child Well-being were recommended to the Planning Committee of Council for further processing and definition. These three priority commitments are: Children are Ready for School, Children and Youth Succeed in School, Youth Choose Healthy Behaviors.

Since the May retreat, the Planning Committee has met seventeen (17) times. The current committee is composed of the majority of Council members including all three parent representatives. During this time they reviewed each outcome indicator presented in "What's Up with Our Kids, 2006" to determine its ability to be tracked and our ability to impact the outcome.

Organizational Structure and Planning Process:

In 1999, Council began the planning process that continues today. The process has evolved and been refined each year, but it began with Council charging the Planning Committee with assessing needs of the community. Council members who volunteered to be on the Planning Committee represented the local Health Department, Mental Health & Recovery Board, Job & Family Services, Substance Abuse and Mental Health providers, Child & Family Health Services, United Way. Although committee membership has changed over the years, these representatives have been the constant core members. Recent meetings have included active participation of three family representatives on the Planning Committee.

Steps in community needs assessment from the initial activity to the present are:

1. Review of local agency plans and grants for common elements of community need
2. Assembly of Child & Family Health Services data indicators that were readily available and would not require special studies or surveys
3. Analysis of results of the Search Institute's Survey of Student Resources and Assets
4. Compilation of available data consistent with the Commitments to Child Well-Being and publication of data book "What's Up With Our Kids 2002".
5. Beginning the Partnerships for Success initiative
6. Holding a joint meeting of Council and PfS teams to select mutual data indicators
7. Council retreat to select priorities and reaffirm commitment to them
8. Update of data elements and publication of "What's Up With Our Kids" 2006
9. Comprehensive review of data elements in "What's Up With Our Kids 2006" to identify those related to retreat priorities.

This community planning and needs assessment process has been a significant commitment of Council, especially during the past eight years. The Planning Committee is Council's lead committee in community planning activities, but other committees, such as Prenatal to Five and program representatives for Help Me Grow, Child & Family Health Services and 21st Century Community Learning Centers, contribute expertise as applicable. A Council membership list, committee membership list, and Council by-laws are attached (appendix F, G, & H).

Needs Assessment:

- **Data Collection** – Since 1999, data-based needs assessment has been the primary focus of the Planning Committee. Early in the process, various options for determining community needs were considered including surveys, record searches and key informant forums. Initially committee members felt the information they wanted must be available within Council and community agencies. So rather than start a new initiative, the Planning Committee's first attempt at needs assessment involved looking at existing agency plans and grant awards for common elements of need. However, this activity was not particularly successful since each agency or grant recipient made the case for its own program needs rather than broader community needs.

The committee's next step in 2000 was to assemble Child and Family Health Services (CFHS) data indicators that were readily available and would not require special studies or surveys. The committee thought a good starting place would be CFHS information, typically related to what was known as maternal and child health services, since the county had a long history of such services. The decision was made to develop a "snapshot" report of those indicators that would provide a baseline for tracking the health of our county's residents and allow Council to measure success of its efforts. The identification, refinement and assembly of the CFHS data indicators took almost two years.

CFHS data then were assembled with results of the Search Institute's Survey of Student Resources and Assets administered in four of Wayne County's ten school districts in the fall of 2000. Identified data indicators were arranged in the report to be consistent with the then newly developed Commitments to Child Well-being. Indicators were published in the data report "What's Up With Our Kids" in 2002. The document became Council's first "snapshot" of indicators and the baseline for future data monitoring. Sources used for the document include local, county and statewide agencies and organizations as listed in the document.

The next major planning undertaking started in 2003 with the Partnerships for Success process. PfS became a significant part of Council planning since the Planning Committee was appointed by Council to serve as the PfS Advisory Group. A member of the Planning/PfS Committee served as resource person for each of the nine PfS groups established in the county. Each group looked at data available for their area (based on school districts) and selected

targeted impacts, risk and protective factors and outcome indicators. The lack of consistent, valid and relevant local data was of particular concern during this process.

The combination of these planning efforts resulted in identification of 79 indicators of child well-being. A major event in September 2004 was a joint meeting of Council and PfS community members to narrow this number and select mutual data indicators that would provide information on progress toward targeted impacts and outcomes. The joint meeting also assured that concerns and interests of the communities were represented by the PfS members and reflected in the day's efforts

Following that joint meeting, the Planning Committee and Council decided to update "What's Up With Our Kids" in an attempt to assess progress or lack thereof in each data indicator. The 2004 data update was made available in spreadsheet form to Council members, PfS groups and any other interested parties but was not published as a document. The decision was made in 2005 to again update the data in "What's Up With Our Kids" and to publish a second edition in 2006.

In May 2006, Council had its first retreat since 2003. Prior to the retreat, Council members reviewed the fifteen joint PfS/Council outcomes and data indicators generated during the data review and community input process of the nine PfS community planning groups. The retreat resulted in selection of three priority areas for the coming years.

Publication of "What's Up With Our Kids 2006" followed shortly after the retreat. The Planning Committee conducted an extensive review of the indicators in this document, considered areas of progress or unfavorable direction, and selected which indicators to discard as of no value, which indicators to track for long-term trends and which indicators to use as accountability measures for Council programs. The results of this process are reflected in sections that follow.

- **Priorities and Indicators** – In preparing for the publication of Commitments to Child Well-Being and indicators for "What's Up With Our Kids 2002", the Planning Committee and Council adopted a seventh commitment to be added to the State's six. This commitment was "Families and individuals live in safe and supportive communities." Indicators were selected for this countywide commitment and are in "What's Up With Our Kids

2002". A total of forty-three (43) indicators were included in the publication for the seven commitments.

These indicators combined with the PfS outcome indicators and success measures proved unwieldy for use in Council planning and progress evaluation. Council took several steps to narrow the focus to countywide outcomes.

First, PfS targeted impacts and outcome measures from the nine community groups were ranked into four countywide priority outcomes: 1) Reduce substance abuse, 2) Reduce behaviors associated with mental illness, 3) Increase school success, 4) and Increase the number of developmental assets in youth. These four priorities were considered complimentary and mutually inclusive and as such the following countywide PfS priority was developed: "Increase school success by decreasing substance abuse and decreasing negative behaviors in the family, school and community".

Then a joint meeting of Council and PfS community teams was held in September 2004. Efforts from this work-day resulted in fifteen (15) mutual indicators agreed to by all PfS communities and Council. These indicators are shown in Step A.

By 2005, Council had determined it needed to further refine and focus activities in preparation for development of its strategic plan. Subsequently a retreat was held in May 2006. One of the goals for the retreat was to identify priority commitments for the well-being of Wayne County youth. In preparation for the retreat, the Planning Committee organized the fifteen mutual Council/PfS indicators into three sub-groups and Council members selected two priority outcomes from each sub-group (attached appendix I).

During the retreat, Council members were divided into three groups to address priorities, outcomes, strategies and data indicators. By the end of the day's discussion, Council had linked the PfS indicators into three priority Commitments to Child Well-being.

In summary, the pathway followed to reach these priority commitments was this:

STEP A – Start with the fifteen joint PfS/ Council outcome indicators agreed to at the combined PfS/Council meeting.

SCHOOL

1. Increased school attendance
2. More parents involved in school conferences & teacher communication
3. Increased longevity of student in same school district
4. Decreased detentions, suspensions & expulsions from school
5. Increased performance on school proficiency exams
6. Decreased incidence of conflict in school & anti-social behavior

Behavioral Health (Alcohol, Tobacco, Drugs, Mental Health)

7. Reduction of violence, delinquency, crime & substance abuse
8. Higher age at first incidence of substance use, delinquency & crime
9. Reduction in availability of drugs & sales to minors
10. Increased availability of mental health services to communities & schools

Developmental Assets

11. Positive connection to at least one adult and one peer other than parents
12. Increased adult supervision before & after school
13. Increased number of developmental assets
14. Increased engagement of youth in positive activities
15. Increased percent of youth serving the community in useful roles.

STEP B – Narrow the focus to two outcome indicators in each of the three above areas (attached appendix J).

SCHOOL

1. Decreased detentions, suspensions & expulsions from school
2. Decreased incidence of conflict in school & anti-social behavior

Behavioral Health

3. Reduction of violence, delinquency, crime & substance abuse
4. Increased availability of mental health services to communities & schools

Developmental Assets (tie)

5. Increased adult supervision before & after school
6. Increased number of developmental assets
7. Increased engagement of youth in positive activities.

STEP C – Link the seven focus outcome indicators from Step B into priority Commitments to Child Well-being to guide Council’s plans and activities for at least the next two years.

1. Children are Ready for School
2. Children and Youth Succeed in School
3. Youth Choose Healthy Behaviors

Of these three priorities, it was decided to pay particular attention to “Children are Ready for School”. It is felt that if a child is not ready to learn and participate in school, it is unlikely that child will be successful in school and in choosing healthy behaviors that contribute to a successful life. Discussions by Council and its committees consistently return to the position that a solid foundation for children, including early intervention when needed, is the best protective factor for school success, avoidance or minimization of behavioral health problems and positive community involvement.

- **Short Term Outcomes and Success Measures** – After the Council retreat, the Planning Committee reviewed the indicators in “What’s Up With Our Kids 2006”, relating them to the three priority commitments. They then considered which indicators and related outcomes Council realistically could be accountable for in its activities rather than merely as a tracking of community status (attached appendix K). **The committee noted that for the commitment: Children are Ready for School; only one indicator was reported in “What’s Up With Our Kids, 2006”.** After much deliberation, it was decided that Help Me Grow (HMG) was the only program that was driven by Council as a collective rather than driven by a member agency.

In the past, HMG has been challenged in meeting its state-determined goals. Therefore, it seemed appropriate to Council to focus on improving its own program the first year by trying to meet State goals. HMG fit securely into the priority “Children will be ready for school”. The Planning Committee then began to develop short-term outcome measures and indicators for HMG that were adopted by Council for purposes of this plan. These Council outcomes are distinct from HMG program outcomes, although they are related and compatible.

Five short-term outcomes were selected along with a success indicator for each outcome. These outcomes for HMG are:

1. **Children with or at risk for developmental delays or disabilities will be identified.**
2. **Parents of newborns will receive a visit from a registered nurse to conduct a physical assessment of the newborn and mother as well as to provide information on child health and development plus community resources.**
3. **Children will be screened for health, hearing, vision and development.**
4. **Parents will have information on the importance of immunizations and routine pediatric health care.**
5. **Children receiving HMG services will make a successful transition to other services if needed at or before their third birthday.**

The success indicators that relate to the above outcomes are:

- 1. Of the state-estimated number of children up to age three with developmental delays, 85% will be identified and of those 85% identified, 90% will engage in services.**
- 2. All identified first-time mothers will be offered a newborn home visit to be conducted by a registered nurse.**
- 3. At least 10% of children, per most recent census data, under 36 months of age will be screened by HMG for health and developmental concerns at least once before turning 36 months old.**
- 4. At least 50% of children enrolled in HMG will be current on immunizations.**
- 5. There will be an overall increase in the number of HMG three-year old children who transition successfully. Success is defined as being placed in preschool and accepting services as needed or getting caught up developmentally and not needing services anymore or getting some form of appropriate home-based services.**

Council also has adopted long-term outcomes that will be used during the second year. These long-term outcomes will expand activities from birth-to-three year olds to birth-to-five or six year olds. Additionally, Council members having programs that help children prepare for school will share in the accountability for the commitment. Multiple Council members with multiple programs will share a collective accountability for these two long-term outcomes:

1. Children and parents in Wayne County will meet the Ohio School Readiness Initiative essential components for school readiness.
2. Children entering school in Wayne County will exhibit school readiness in applicable domains.

Resource Assessment / Gap Analysis:

Resource assessment and gap analysis encompassed two main areas: school readiness and positive youth development. For school readiness, many resources were identified within Council members and the community. Representatives to Council and the Planning Committee were involved in Community Action Head Start, Tri-County Educational Service Center, Success by Six, Job and Family Services Home Day Care, MOMS, Wayne County Board of MR/DD, Wayne County Public Library, Wooster Community Hospital and other programs for the very young.

Planning Committee asked local educators about availability of tools to assess school readiness. The feeling was that if children were not ready for school, the attainment of success in school would be hampered, perhaps permanently. Representatives from pre-schools, Head Start, elementary education, special education and others were invited to present information to the Planning Committee on how pre-school, kindergarten and school readiness was assessed. The Committee asked about tools used, long-term tracking of assessed children, lessons learned and “Promising Practices” or “Evidence-based” designations for various tools such as KRA-L (Kindergarten Readiness Assessment - Literacy) and the KEA (Kindergarten Early Assessment).

The Planning Committee could not readily identify a tool that offered predictive validity for tracking progress in school readiness. Although many methods and tools were identified, a particular assessment method or instrument did not appear to meet the expectations of the Committee. This lack of a comprehensive tool was seen as a significant gap in tracking progress toward the priority commitment to child well-being “Children are Ready for School”.

The Committee is aware of State initiatives in assessment and promotion of school readiness and will maintain awareness of these activities as they progress through local pre-school and elementary educators.

The second area of concern in resources and gap analysis was the method of assessing youth asset development related to the commitments “Children and Youth Succeed in School” and “Youth Choose Healthy Behaviors”.

Following the extensive review of data in “What’s Up With Our Kids, 2006”, the Planning Committee developed a better concept of the fact that many data elements they wanted to track as a measure of community health status did not assist them in evaluation of programs’ impact or effectiveness. The survey document previously considered to be a resource for assessment of youth assets, did not fulfill expectations.

Since 2000, the Wayne County Family and Children First Council has been committed to the assertion first presented at the 1997 President’s Summit for

America's Future that children have the need to develop certain fundamental resources. Further definition of the concept of developmental asset sets (both internal and external) was developed by the Search Institute. Council members intuitively agreed with the concept that when a youth has a majority of these assets in their lives, there is a "greater" likelihood of their meeting with success in school, in their families and personal relationships and in their communities.

Two asset surveys have been administered to Wayne County youth through county school systems, once in 2000 and again in 2005. A review of the outcomes as reported in "What's Up With Our Kids 2006" revealed that there were inconsistencies regarding the administration of the survey tool. First, different schools participated in the survey and consistency of how the instructions for its administration may have varied. Second, different grades were surveyed. This led the Planning Committee to reevaluate the process and the instrument used.

Of concern to the Planning Committee, aside from the concern that the administration of a Youth Asset tool was faulty, was that the tool that had been selected did not give us a valid indicator of the overall well being of our County's youth, nor was it a tool that had consistent school involvement or consistent comparative samples. It also became apparent that the tool, despite its popularity among many of Ohio's communities, had not passed the rigors required to be considered an evidence based tool or that it could produce the predictive validity that was desired. Finally, it was determined that the survey that had been used in the past was unwieldy at 143 questions, and a 45 minute administration time for classroom teachers. It also had been rejected by several school systems due to the types of questions being asked of their students.

Other school-based surveys, such as PRIDE, were available in some of the schools and provided valuable information on substance use. However, the scope of the tool did not address other aspects of school success, healthy behaviors and developmental assets.

After research and analysis of other survey options and upon recommendation from the Center for Learning Excellence of the Ohio State University, Planning Committee chose the Youth Asset Survey developed by Roy F. Oman, Ph.D., Associate Professor of the University of Oklahoma University Health Sciences Center. The Youth Asset Survey (YAS) with 37 questions (attached appendix L) measures ten youth developmental assets: Family Communication, Peer Role Models, Future Aspirations, Responsible Choices, Community Involvement, Non-Parental Role Models, Constructive Use of Time (groups, sports), Constructive Use of Time (religion), Good Health Practices and Cultural Respect.

In addition to information provided by Dr. Oman, YAS was reviewed by two outside sources: Dr. Michael Thompson from The College of Wooster and Case Western Reserve University doctoral candidate, Mike Vimont (attached appendix M). The survey instrument was determined by both advisors to be an appropriate tool for our assessment of overall youth assets in the community but should not be used for evaluation of specific program effectiveness. It was understood that Wayne County's implementation of the YAS would contribute to the research concerning its validity, as Wayne County would offer diversity of populations not previously surveyed.

The Planning Committee recommendation to Council was to transfer planning and implementation of YAS to the School/Community Partnership Committee where school partnership and commitment to this tool's administration will be decided. The School /Community Partnership Committee is represented on Council, and has a long standing history of creating community initiatives. (attached appendix N) In 2007 it is the commitment of Planning Committee that four schools will participate in the administration of the YAS and that this tool will be administered to 8th and 10th graders to the same schools over a ten-year commitment. It is this commitment to one survey, that we hope will show an on going temperature of the well being of our community's youth and offer Council and the County's leaders direction in school and community programming to meet our children's needs and the needs of their families.

YAS appears to be a valuable resource for general monitoring of school-age youth assets and can be related to the commitments "Children and Youth Succeed in School" and "Youth Choose Healthy Behaviors".

Strategies:

Strategies for the Wayne County Plan will address both short-term outcomes and longer-term progress toward the three priority commitments. In the short-term, the HMG program will focus on utilizing current resources to meet the indicators designated above. In some instances, information on the indicator is gathered sporadically or in a manner that is dependent on staff's recording of the information. Changes will be made internally to formalize procedures so a complete and consistent record will be available.

Additionally, during the coming year HMG will look more closely at reasons why families may decide not to participate in services and which identified barriers to service can be resolved more effectively.

Longer-term achievements involve more Council agencies, community organizations, parents and State resources to identify wider-based tools to generate data on school readiness. During the 2006 retreat, Council identified strategies and actions related to school readiness (attached appendix O). In addition to coordination with Success by Six, Prenatal to Five Committee and others, Council identified the need for resources to support intervention when school readiness programs and tests identify needed services.

As a next step, Planning Committee will ask Council members to identify school-readiness programs, instruments and data they have or are aware of that will allow for long-term assessment of progress toward school readiness. The specific identification of needs and identification of resources for needed interventions will move Council and the community from Children are Ready for School toward Children and Youth Succeed in School and Youth Choose Healthy Behaviors.