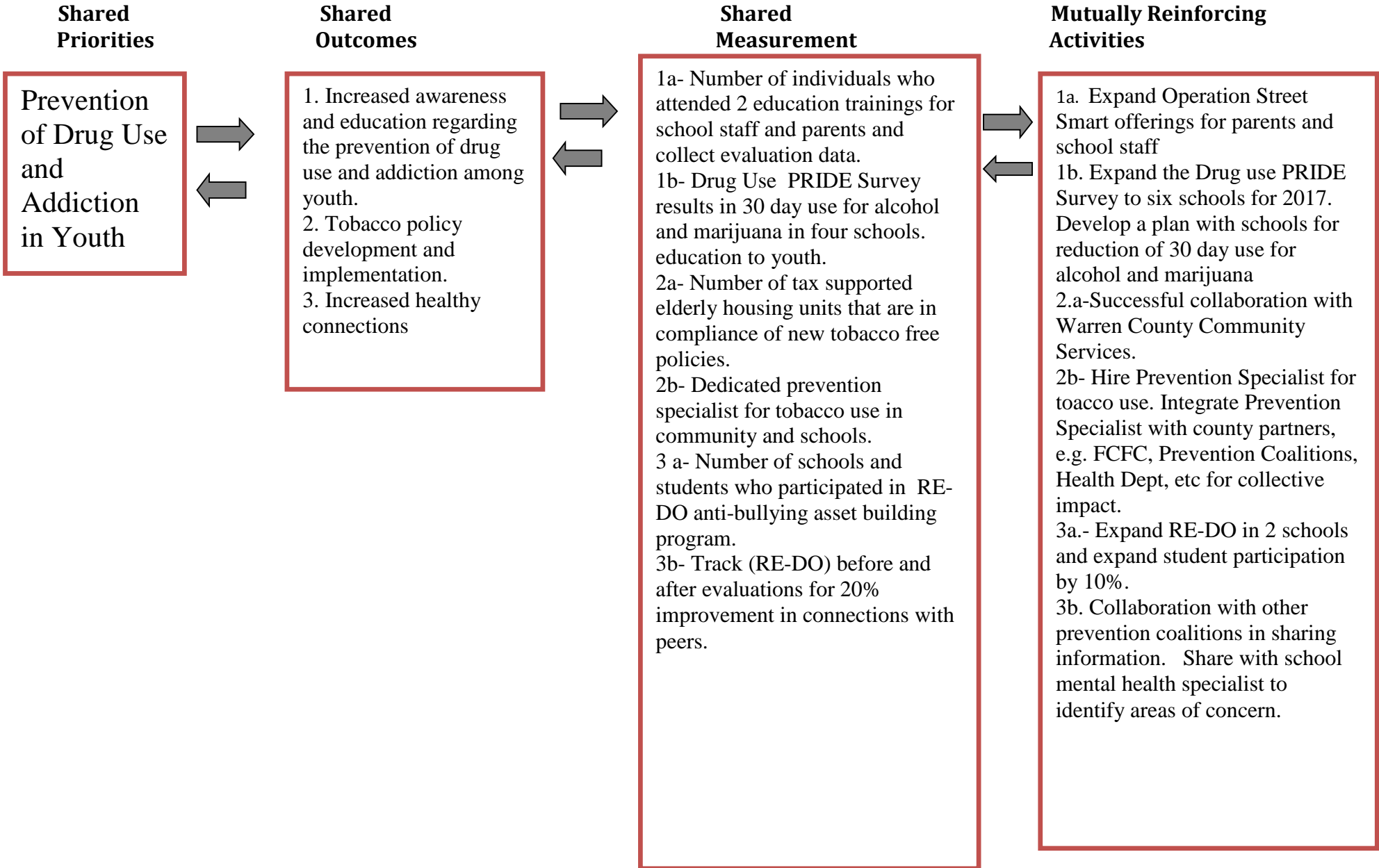


Warren County Family and Children First Council Shared Plan for SFYs 17-19

FCFC Partner 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.

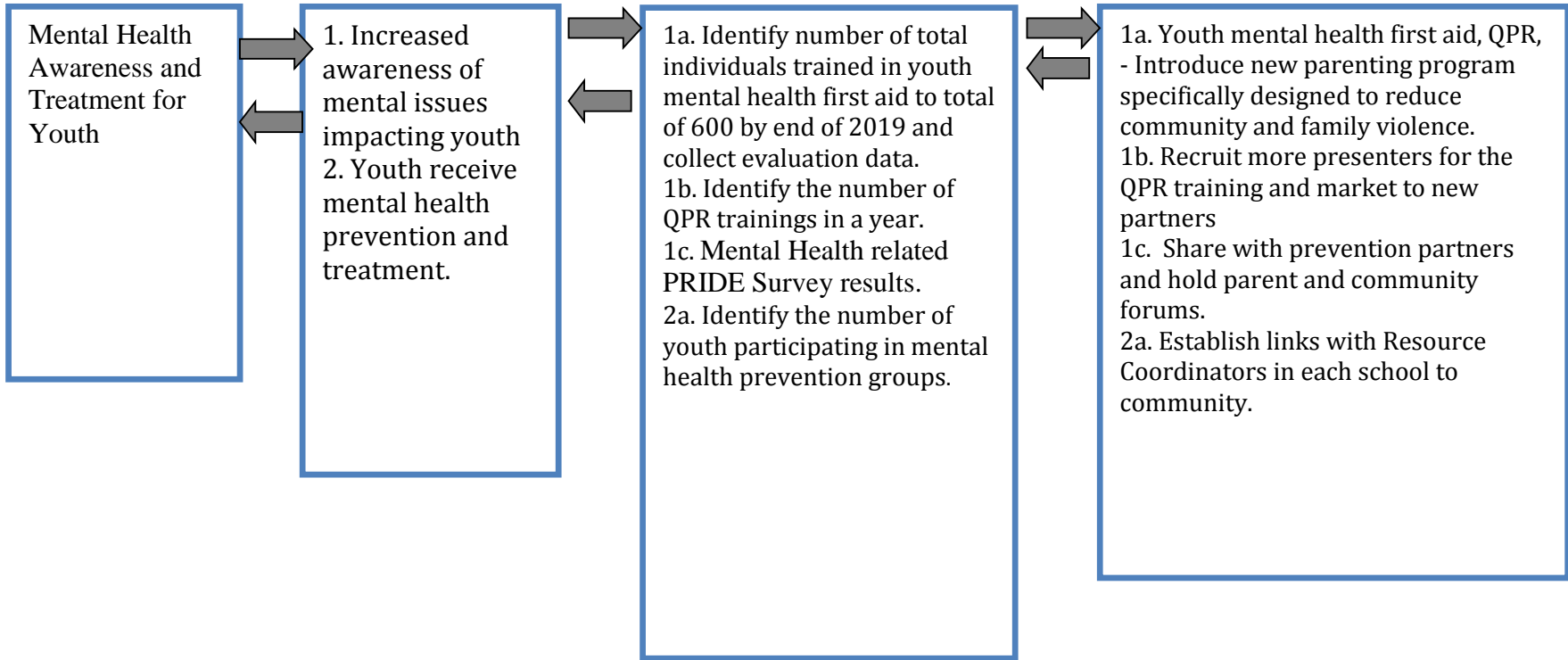


Shared Priorities

Shared Outcomes

Shared Measurement

Mutually Reinforcing Activities



Were there any modifications from last year's plan? Yes No

If yes, please identify the types of changes made by checking the appropriate boxes below:

Priorities Last year the shared priorities were Child and Youth Engage in Healthy Behaviors with tracking done on Devereaux Early Childhood Assessment. So all subsequent areas have changed focus for the plan.

Outcomes

Indicators

Strategies

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

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
- Violence Free Data Report to DELTA 2016
- Substance Abuse Prevention Coalition Annual Evaluation Report 2016

1. Identify any barriers experienced in this process (i.e. plan collection, availability of data, language issues, etc.):

Thin staffing throughout FCFC membership organizations impacts the ability to get people together. Although common in outcome goals, the mission of these organizations is specific and does not easily lend to macro level efforts. This is especially true in small organizations that spend a lot of time and energy on fund raising to survive. There is also a lot of staffing turnover, lack of funding, little resources to start up new programs and group efforts that require time and resources that should be used for their crisis priorities. There has been a concerted effort to have a community footprint on the state plan and the involvement for that has been comprehensive and positive. However, there is a high turnover in the leadership and staff that work collaboratively on this priorities and thus there is a learning curve that exists as well as changed priorities for partners because of program and funding priorities.

2. 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 documented far more than what this form could 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. There is increased interest and credibility when there is a united commitment to bring together a variety of interests to intersect on the respective priorities. There has also been leveraging for partners with their respective grant funding as it connects to sustainability and community collaboration.

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: **1. Increased awareness and education regarding the prevention of drug use and addiction 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)
1a - Provide at least one educational training for school staff and at least one county-wide for parents.	Data: Operation Street Smart is offered one-two time per year Year of Data: 2016	Year of Data: 2017-2019 Two were completed for school staff and community.	NC-
1b - Drug Use related 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	Year of Data: 2017-2019 Schools are being recruited for participation in the Pride Survey that will be completed this fall.	NA- currently in transition with a new Coalition Coordinator and comparison results not available until later in year after Pride Survey is completed in participating schools.

1. List the data source(s) for the indicator(s):
 1. Operation Street Smart data
 2. Drug Use Pride Survey
 3. Pride Surveys Questionnaire Executive Summary by Prevention First
 4. Mental Health and Recovery Services data collection and analysis reports

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

Collaborative opportunities are more evident when looking at the mutually reinforcing activities and there is community focus and buy in to leverage partnerships. There will be a review of the use of Operation Street Smart data for measuring increased awareness of prevention of drug use and addiction in youth

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)
2a - Achieve full compliance of new tobacco-free policies in all 10 of the tax-supported elderly housing units.	Data: Ten elderly housing units have new (2017) tobacco free policies that are in process of transitioning residents for full compliance.	Data: Tobacco free policies approved by a partner agency, Board of Trustees of Warren County Community Services Year of Data: 2017 - 2019 None available until end of year.	No available data until end of year.
2b - Incorporate a tobacco prevention specialist into 2 county-wide teams and introduce the prevention services to all 8 schools within 16 months of hire.	Data; Newly hired tobacco prevention specialist effective June 2017.Data: Year of Data:	Data: Employed specialist on board Year of Data: 2017 - 2019	No available data for cited time frame as not sufficient time to assess.

3. List the data source(s) for the indicator(s):

FCFC survey of member representatives
 Solutions Community Counseling and Recovery Centers community plan

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

N/A at this time as the tobacco policies and employment of a tobacco prevention specialist have happened too recently to note change.

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: **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)
3a – Number of schools and students who participated in (RE-DO) anti-bulling asset building program.	Data: 2014-15 school year, 2,191 students participated	Data: 2017 - 2019 Data still being collected and reviewed	Not available at this time expected by end of year.
3b – Report before and after (RE-DO) evaluations for at least a 20 % improvement in connections with peers.	Data: 2016-2017 Warren Co. Collection process still being reviewed.	Data: 2017 - 2019 None available	Not available

5. List the data source(s) for the indicator(s):

Violence Free Coalition Reports
 Solutions Community Counseling and Recovery Centers reports

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

N/A There has been changes in the evaluation design and this process is still being reviewed by the partner agencies for consistency.

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: **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)
1a - Increase number of total individuals trained in youth mental health first aid to total of 600 by end of 2019 and collect evaluation data.	Data: 514 people trained in youth mental health first aid over past 3 years Year of Data: 2015	Year of Data: 2017-2019 Data to be available at end of year.	Not available
1b - Increase QPR trainings to 4 per year	Data: 22 trainings provided at five locations in three years. Trained approx. 558 people. Year of Data: June 2014 - June 2016	Year of Data: 2017-2019 Data to be available by end of year.	Not available
1c - Mental Health related PRIDE Survey results will trend in positive direction.	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	Year of Data: 2017-2019 Data update needs to be verified	Not available

7. List the data source(s) for the indicator(s):
 Mental Health and Recovery Services annual reports
 Solutions Community Counseling and Recovery
 Warren County Student PRIDE survey results 2014 and 2016
 Prevention First Summary of Questionnaire for grades 7 through 12, January 2016
8. Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.): Data still needs to be secured for shared measurement indicators, the plan is for the respective prevention coalitions to review, report, and prioritize needed actions for

partners. There will be a review of data collection on the mental health for youth and QPR, other groups also provide this training and there are some challenges with obtaining accurate information.

There has been a change in personnel in the last month and statistics need to be verified for reporting the Pride Survey results and mental health.