



"An initiative of the Geauga Family First Council"

Strategic Action Plan
Work Group III
Gauga County, Ohio

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Partnerships for Success - Geauga County, Ohio Strategic Plan

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"An initiative of the Geauga Family First Council"

Executive Summary: Strategic Plan

In July 2004, Geauga County's Family First Council received a state grant to implement a progressive initiative, entitled *Partnerships for Success*, to address the needs of Geauga youth. Partnerships for Success (PfS) is comprised of four stages of work over a two-year period. The model followed in this process includes: 1) Identifying youth issues and needs – tasked to Work Group I (WGI); 2) Assessing existing youth resources and identifying the gaps between services and needs – tasked to Work Group II (WGII); 3) Establishing an action plan addressing the identified service gaps – tasked to Work Group III (WGIII); and 4) Implementing the completed plan throughout the second year – tasked to the Implementation team.

After studying extensive input from community surveys, focus groups and existing national, state and local data, WGI identified two targeted impacts that represent Geauga County's most significant youth concerns: **Reducing substance abuse** and **Enhancing emotional and mental health development** (suicide, depression, self-injury, and other issues such as stress, aggressive behavior, and self-control or coping problems that may lead to the more serious conditions - diagnosed or undiagnosed).

WGII then reviewed all available youth resources in the county and determined where gaps existed between the services and the targeted impacts already identified. These gaps included: 1) **Programs that build resiliency related to healthy development and anti-substance abuse values;** 2) **Family support/effectiveness/involvement that encourages healthy development and anti-substance abuse values;** 3) **Community norms supporting healthy development and anti-substance abuse values.** This work group emphasized that there is an evident lack of services in the area of prevention directed toward the general population of children – especially in early childhood.

After assessing previous work groups' conclusions, WGIII set to work to identify strategic actions addressing the identified issues that would be achieved in the following year. Their task was not to develop a comprehensive plan, but to identify primary strategic actions to address youth issues in the county. They determined that **establishing a program focused on building resiliency and developing anti-substance abuse values for young children should be the primary goal**. This opportunity would be available to *all* children at the prevention level if the program occurs within school curriculums. After extensive research into a large variety of existing programs, *All Stars*[™], an evidence-based program for 11-14 year olds, was selected because it met all the previously described criteria.

Primary strategy: Implement the All Stars program into at least two Geauga County school districts

The objective in the first PfS implementation year is to have a minimum of two Geauga County school districts implement the All Stars program. The ultimate goal for years to come is to have it implemented in every school district throughout the county.

Secondary strategy: Implement an awareness and education campaign that encourages parents to continually communicate to youth that underage alcohol consumption is unacceptable

This secondary strategy addresses another previously identified critical issue that kept resurfacing throughout the PfS process: *community norms that are tolerant of underage substance use*. Family involvement in setting community norms was identified as a significant issue for community members in both the Needs Assessment and Resource Assessment phases of PfS.

Future strategy: Implement a preventive mental health based program (such as DECA or Al's Pals) into preschool and elementary school curriculums.

Although PfS will not commit to achieving this strategy during the first implementation year, WGIII recognizes its importance, and will encourage community efforts to ensure follow through.

Extensive reports, including charts and statistics, for every phase of Geauga County PfS process can be found on the Family First Council website: www.GeaugaFFC.com.

Introduction

In 1998, Ohio was chosen as one of five original participants in the United States Office of Juvenile Justice and Delinquency Prevention's Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders Initiative. Comprehensive Strategy used a process focusing on community mobilization, assessment, and planning that proved to have enormous potential. The early successes of the **Ohio Comprehensive Strategy** counties led state leaders to invest in the development of a new generation model, **Partnerships for Success (PfS)**, sponsored by the **Ohio Family and Children First Cabinet Council**.

Partnerships for Success is a holistic and strategic approach to building a community's capacity to prevent and respond effectively to child and adolescent problem behaviors while promoting positive youth development. Communities implementing the PfS model learn to effectively mobilize and focus their efforts on identifying the risks affecting children and youth in their community and the protection and assets necessary to successfully transition these children and youth into adults who are able to lead productive lives.

Helping Ohio's children succeed in life and in school is the focus of the **Ohio Partnerships for Success Academy**, created as part of the Center for Learning Excellence at The Ohio State University. The Center received the contract to operate the Academy in support of the new **Ohio Family and Children First Partnerships for Success Initiative**.

The PfS Academy helps counties assess the risk factors that affect their children as well as the strengths and assets that help them succeed. All counties receive support from the PfS Academy as they work with public and nonprofit partners and community families to make the biggest impact possible for local children.

Principles for the PfS Success Initiative:

- **Involve the whole community.**
- **Plan all PfS activities around informative data.**
- **Give attention to both risk and protective factors in PfS planning.**
- **Consider evidence and feasibility in PfS decision making.**
- **Develop and enhance a comprehensive continuum of services and activities.**
- **Specify outcomes and the approach to be used in evaluation.**

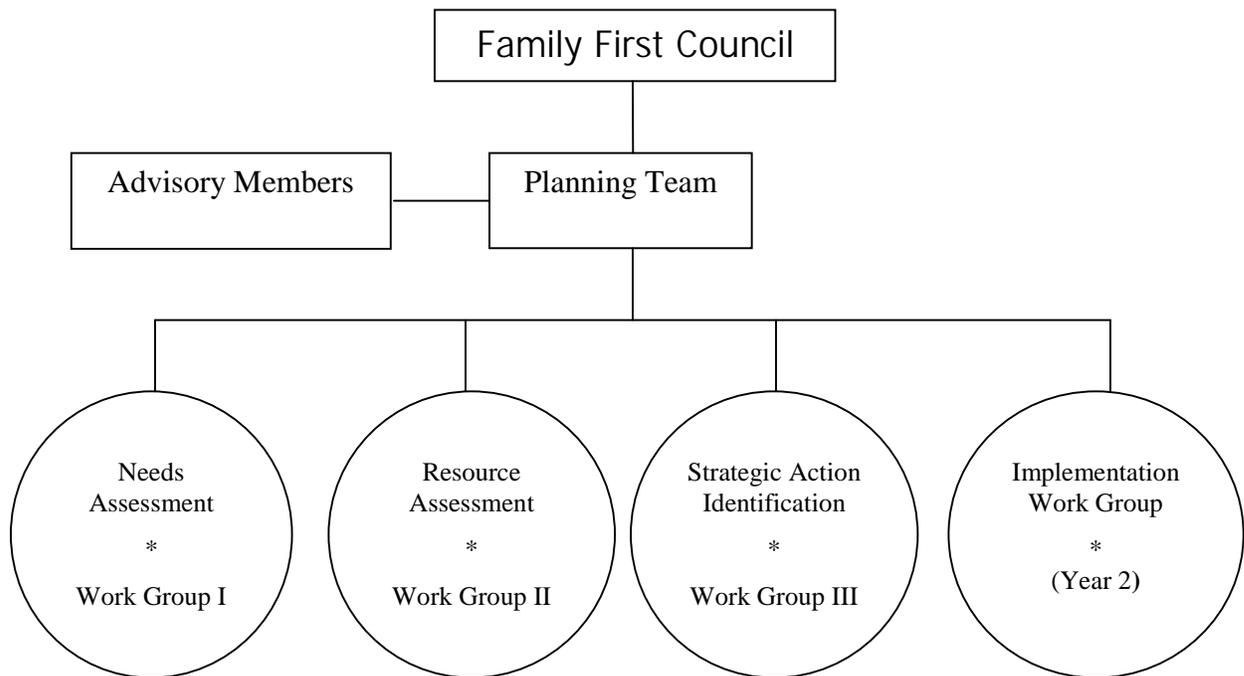
In July of 2004, Geauga County was selected as one of five counties to receive a two-year FY 2005-2006 Partnerships for Success (PfS) grant. This funding was to be used by a collaboration of agencies and organizations to assess the community and produce a strategic plan for Geauga County by June 30, 2005. The plan will then be implemented the following year with additional funding that is provided to execute and evaluate programs included in the plan.

Work Groups and Responsibilities

- 1) **Needs Assessment Work Group** (WGI) is charged with developing a profile of the needs of children and adolescents within the community. This group makes

recommendations about the Targeted Impacts, Risk Factors and Protective Factors that should be addressed based on relevant data and existing community values.

- 2) **Resource Assessment Work Group** (WGII) is charged with developing a profile of all of the organizations, programs, and activities dedicated to youth development in the community relative to the selected Targeted Impacts. This work group also must summarize this information in a manner that facilitates the identification of gaps between community needs and available community resources.
- 3) **Strategic Action Identification Work Group** (WGIII) is responsible for comparing the community needs with the available community resources, identifying gaps in services, developing recommendations for addressing those gaps, and drafting the PfS Strategic Plan.



Summary of Community Needs Assessment (WGI)

The Community Needs Assessment portion of the Geauga County PFS Initiative took place between December 2004 and March 2005. During this time, information was collected about current trends and problem behaviors as they relate to six potential **Targeted Impacts**, which include **reducing delinquency, enhancing emotional and mental health development, reducing teen pregnancy and/or related issues, reducing violence, reducing substance abuse and reducing barriers to school success.**

The fundamental questions being addressed:

1. What are the values of the Geauga County community in relation to the list of targeted impacts?
2. What do national, state and local data reveal about the above targeted impacts?
3. What are the prioritized targets for change (targeted impacts) in this community?
4. What factors (risk, protective, assets) are most closely associated with the selected targeted impacts?
5. What success measures can be identified for each targeted impact and risk/protective factor and asset that will be addressed?

The Targeted Impacts were assessed in several ways.

- A community-wide survey has been conducted in every school district in our county for 6th – 12th graders. The survey, **Communities That Care**, will provide significant, reliable results that will shed clarity on many aspects of youth needs in Geauga. The results will not be available until April 2005, but will be carefully reviewed by the entire PFS team and will impact PFS future planning and direction. This survey was jointly funded by a federal grant through Lake-Geauga Center on Alcoholism and funding from the Geauga Board of Mental Health & Recovery Services and Geauga Family First Council.
- A county-wide **household survey** was conducted and analyzed by Geauga Community Impact (GCI). GCI partners include United Way Services of Geauga County, Geauga County Board of Mental Health and Recovery Services, Geauga County Department of Aging, Geauga County Family First Council and Geauga County Job and Family Services. These organizations have joined together, obtaining the services of a research consultant, to assess community needs and to develop an action plan to address those needs. The percentages reported in the GCI survey are based on a weighted sample of adults and households responding.
- **Anecdotal evidence** was collected by interviewing community professionals and from other local sources.
- **Focus groups** made up of groups of middle school and high school students, teachers, parents, professionals and other community members were conducted to gather community input and assess community values.
- **'3x3'** national, state and local statistics inclusive of 3-year trends that relate to the Targeted Impacts were collected and assessed.

The observed community perception is that most of the identified Targeted Impacts are interrelated; each Impact is seen to happen along with, or as a result of, other Targeted Impacts. However, the most pressing needs identified at this time are:

- **Reducing Substance Abuse**

The community values assessment determined that substance abuse by youth is a priority concern of our community members. 33% of adults responding to the community survey perceived that teen alcohol and substance abuse is the primary issue. Substance abuse was ranked number one among the focus groups, especially among middle school and young adult focus groups. The young age of first use and the percentage of middle school age users is of extreme concern. Additionally, Geauga County's alcohol use and abuse trends and rates are higher than both state and national averages.

- **Enhancing Emotional and Mental Health Development**

Though the community survey contained no question that directly inquires about behaviors related to emotional and mental health, 30% of adults responding to the survey perceive that children/youth with serious behavior problems is an issue, and up to 32% perceive that children/youth with emotional issues is a serious problem. Most youth who participated in focus groups referred to friends who say they are depressed and/or have had suicidal tendencies. While the age of onset of emotional and mental health problems appears to be getting lower, these types of problems are often not understood or acknowledged by families or by the community at large.

It was indicated in every aspect of the research that emotional and mental health development and substance abuse were not only the primary concerns of the community, but also that one almost always followed the other.

The next step in the assessment process was to identify the **Risk and Protective Factors** that are affecting the health and development of our children in the identified areas. **Risk Factors** are those elements within an individual or community which are associated with elevated levels of problem behavior. **Protective factors** are those elements within an individual or community that serve as buffers against risk and enhance positive youth development. WGI's systematic review also determined which protective factors appear to be specific to our communities and to the present generation of youth. These are the common themes that were identified:

Family: Families have a major positive impact on a youth's development when they provide a stable, caring environment, an adult influence that is available and effectively encourages and models appropriate behavior, standards and values, and strong support of child's involvement in school (places strong value on education) and after-school activities. *(For the purpose of the PFS process, we want the definition of family to be as inclusive as necessary to most accurately reflect the support/resources needed to raise a child. This could include one or two parents, extended family, foster and adoptive parents, etc.)*

Constructive use of time: Constructive and positive use of time by youth, i.e. developing hobbies, special interests, volunteer opportunities, and activities they care about, significantly impacts their well-being.

Adult support: An adult who is close to, regularly involved with, and expresses an interest in a child tremendously influences his/her well-being.

Resilience: “The personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats or other stresses – and to go on with life with a sense of mastery, competence and hope.” *(Definition of Resiliency by the President’s New Freedom Commission on Mental Health)*

Most importantly, the community perception is that most of the identified Targeted Impacts are interrelated. Each Impact is seen to happen along with, or as a result of, other Targeted Impacts. The cause, effects and results are difficult to separate. It is very significant that the above Protective Factor trends are nearly universal to all the Targeted Impacts affecting Geauga youth. The PfS focus on these trends will enhance the overall development and health of our children.

*Note: Details of WGI’s process and resources can be found in the extended report and appendix at www.GeaugaFFC.com

Summary of Resource Assessment & Gap Analysis (WGII)

The second phase of the PfS process was assessing the community youth services and programs relative to the needs identified above.

The fundamental questions being addressed:

1. What community resources are currently devoted to addressing the identified Targeted Impacts and Risk and Protective Factors?
2. What types of services are available and which populations are these programs supporting?
3. What are the primary gaps between needs and services?

Information was solicited from all Geauga County youth service organizations. Each organization was then assessed according to ages served, types of services provided and eligibility requirements for participants. The Risk factors, Protective factors and Assets that they address were also identified.

Then, based on the previously identified Targeted Impacts and Risk and Protective Factors and the assessment of already available services, **three primary gaps** between needs and services (not determined in any priority order) were established:

1) **Gap: Programs for youth that will build resiliency resulting in healthy development and anti-substance values**

Risk Factor (RF), Protective Factor (PF) and Asset (A) gaps include:

- A Integrity*
- A Interpersonal competence*
- A Resistance skills*
- A Restraint*

The continuum of care: **gaps in the area of primary prevention. Proposed services or programs should be accessible to all people without qualification.**

The definition of resiliency as defined by the President's New Freedom Commission is "The personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats or other stresses – and to go on with life with a sense of mastery, competence and hope." Resiliency is not a static trait in youth, but is instead a dynamic process. It is the ongoing interaction of risk and protective factors as well as the individual's traits and abilities.

* These Assets are categories described in detail in the Search Institutes 40 Developmental Assets. Details can be found in the appendix of WGI report, or at <http://www.search-institute.org/assets/forty.htm>.

2) **Gap: Family support/effectiveness/involvement to support healthy development and anti-substance values**

Risk Factor (RF), Protective Factor (PF) and Asset (A) gaps:

- PF Families communicate supportively

- A Parent involvement in schooling
- PF Adult mentoring and/or supervision

The continuum of care: **gaps in the area of primary prevention. Proposed services or programs should be accessible to all people without qualification.**

3) **Gap: Community norms and programs supporting healthy development and anti-substance values**

Risk Factor (RF), Protective Factor (PF) and Asset (A) gaps:

- RF Community norms tolerant of substance abuse
- PF Community norms against substance abuse
- RF Lack of after-school supervision
- RF Lack of community support for our youth
- PF Positive adult role models

The continuum of care: **There is a lack of service across the continuum of care (prevention, intervention and treatment). Proposed services or programs should be accessible to all people without qualification.**

Additional notations from WGII:

1. There is a significant gap in service in the primary preventative area. Geauga County seemed to provide highly qualified services in the areas of intervention and treatment, but services offered in the areas of prevention are lacking.
2. Proposed services or programs should be accessible to all youth without qualification.
3. Affordability and accessibility of services was an issue for many youth. Although programs and services may be available, there are often costs associated that could make it prohibitive for many families. Due to the rural nature of Geauga's communities, transportation to services continues to surface as a primary concern.

*Note: Details of WGII's process and resources can be found in the extended report and appendix at www.GeaugaFFC.com

Strategic Action Plan Process (WGIII)

The final portion of the PfS planning process, tasked to Work Group III, was to develop strategies to be used in the detailed strategic action plan and be carried out in the final year of the project.

The fundamental questions being addressed:

1. Upon reviewing available data, what primary issues can be identified that relate to the Targeted Impacts and the identified gaps?
2. What strategic recommendations can be developed to reduce the risk factors and enhance the protective factors?

The task given to WGIII was not to develop a comprehensive strategic plan, but instead to identify one or a very limited number of strategic actions that could be implemented within one year, with measurable outcomes, to address the most urgent issues identified in Geauga County.

WGIII determined that resiliency is the primary issue that continues to surface throughout the PfS process (resiliency defined on page 9). Addressing resiliency, and especially how it relates to substance abuse, would address both of the identified Targeted Impacts and would put focus on two of the identified gaps (Gap #1 - building resiliency and Gap #2 - strengthening family support of youth). The goal would be to implement these strategies at the prevention level, targeting a young population and ensuring that the program is available to ALL children.

To meet the above criteria, the goal would be to select a program targeting both resiliency and substance abuse. WGIII also determined that the program should be implemented in public elementary or middle school curriculums to target a broad spectrum of children, addressing the “prevention for every child “ goal. Because of the PfS emphasis on evaluation and outcomes, the group only considered evidence-based, proven programs with clear guideline for an evaluation process.

WGIII extensively reviewed all programs on the Substance Abuse and Mental Health Services Administration (SAMHSA) website (<http://www.samhsa.gov/>) that address substance abuse and resiliency in young children. The following criteria were used to narrow the selection of potential programs:

- Identifies at least one of the following focuses in their program outcomes: building resiliency, developing emotional and mental health factors/assets, addressing substance abuse
- Available to ALL children at a prevention level (vs. intervention or treatment) through a universal means such as a school program
- Has strong evaluation and outcome measurements
- Receives strong endorsements from contacts made during our research
- Easily accessible information about the program and its outcomes
- Accessible facilitator or teacher training
- Acceptable cost for implementation
- Seems generally feasible to implement in our community
- Strives to develop resiliency at an early age

- Offers a booster or progressively developed program throughout follow-up years
- Is evidence-based as determined by a high level evaluation process such as SAMHSA
- Offers a parent component to assist with carryover to the home
- Has an alternative implementation option in the event that it is not possible to implement the program in schools

In addition to SAMHSA website (http://modelprograms.samhsa.gov/matrix_all.cfm) and its listing of evidence-based programs, model programs and promising programs, the WGIII members also reviewed *any* additional programs or strategies that were suggested from outside sources or identified during the research process. The group also met with local professionals to gather additional information and ideas regarding potential strategies. Some of the programs reviewed extensively include: Big Brothers Big Sisters, Life Skills, Life Quest Skills, Too Good for Drugs, Project Northland, Promoting Alternative Thinking Strategies (PATHS), Al's Pals, All Stars, Devereux Early Childhood Assessment (DECA), Drug Abuse Resistance Education (DARE), Harvesting Assets Needed for a Desirable Society (HANDS) and Youth Matters.

All Stars™ was selected because it meets nearly all aspects of the above criteria. All Stars is a school- or community-based program designed to delay and prevent high-risk behaviors in middle school-age adolescents (11 to 14 years old), including substance use, by fostering development of positive personal characteristics. A highly interactive program, All Stars involves 9 to 13 lessons during its first year and 7 to 8 booster lessons in its second year.

This decision and recommendation by WGIII is based on several impressive aspects: the parent component, the ability to implement the program as both an in-school (preferred) and after-school program (after-school could be used if we had trouble getting it into school curriculums in the early stages), a strong substance abuse focus and excellent booster programs that will provide a continuation of the All Stars Program after the first year. The group members also were able to make personal connections with a significant number of colleagues and local contacts who used All Stars and were highly satisfied with it.

All Stars is based on strong research that has identified the critical factors leading young people to begin experimenting with substances and participating in other high-risk behaviors. The program is designed to reinforce positive qualities that are typical of youth at this age.

From the All Stars Website: www.tanglewood.net

All Stars was pilot-tested from 1994 to 1995. The program was also field tested with an independent evaluation conducted by Dr. Nancy Harrington of the University of Kentucky from 1995 to 1998.

All evaluations have assessed targeted risk and protective factors. Independently evaluated field trials include an assessment of substance use, fighting, and sexual activity.

Outcomes

Short-term results for All Stars indicated:

- Improvements in each of the risk and protective factors targeted by the program
- A reduction in substance use
- A delay in the onset of sexual activity
- Better results with the teacher format than the specialist format

A Secondary strategy was also developed to address a major concern that has continued to surface throughout our PfS process: that there are community norms tolerant of underage consumption. Community surveys, focus groups, feedback from professionals and individual interviews show that there is a rising concern regarding parental and community attitudes which tolerate substance use in our children. Attitudes such as “It’s only beer”, “At least they are partying at my house where they are safe”, “All kids do it” must be addressed. The focus for the community norms strategy is on middle school parents and emphasizes educating parents on the dangers of the high risk behaviors and building their skills related to the solutions. The final goal is to get parents to effectively communicate anti-substance abuse values to their children.

WGIII remained concerned that All Stars would not address children in the originally targeted elementary and preschool age groups, so they added a third strategy to the plan: Implementation of a program (such as DECA or AI’s Pals) to address prevention and resiliency development in elementary and preschool age groups. Note that this is not a goal for our implementation year, but remains a strong recommendation to the Family First Council and all related collaborating agencies.

WGIII emphasizes that these strategies are just a beginning for our county. The Family First Council and all collaborating agencies see PfS as a first step, and will encourage expansion on the effort in years to come. Ultimately, (1) every school should carry evidence-based prevention programs for every child throughout these vulnerable years, and (2) every parent and community member should be committed to encouraging anti-substance values.

Strategic Action Plan

Geauga County Partnerships for Success, under the direction of the Geauga County Family First Council, performed an extensive assessment of the most critical needs of the children of Geauga County and the gaps in the related services provided for them. The results of the assessment were utilized to select specific strategic actions that would address those identified gaps. A complete report on this process and the resulting conclusion can be found on the Family First Council website at <http://www.geaugaffc.com/>.

In early stages of this process it was determined that the “Targeted Impact” for Geauga County youth would be twofold: to reduce substance abuse and enhance emotional and mental health development. This determination drove all other decisions in the strategic planning process. Further research showed that the most significant gap in the continuum of services for youth in this area is providing prevention opportunities that are accessible to every child.

In the final planning stage, an evidence-based program that provides prevention-driven curriculum was selected to implement on a pilot basis in the public school districts. It was also determined that an awareness campaign was needed to help mobilize our seemingly apathetic community to help establish norms against underage alcohol consumption.

The following strategic action steps, developed to address these specific areas, are not meant to be an overall strategic plan for our county’s youth. It is recognized that there are many significant needs – a significant portion is being met by well-managed, effective programs – and there are many areas that still need additional development and support by our county resources. In addition, the PFS team emphasizes that even in the area of prevention there is an exceptional need to address far more than the strategies we have committed to in the upcoming year. All of the community must recognize the importance of focusing our energies and resources on providing preventive measures for very young children, in all related settings, as well as for youth all the way through the high school ages.

Targeted Impact: To reduce substance abuse and enhance emotional and mental health development of Geauga County youth.

Strategies

Strategy 1: Implement All Stars™ program into at least two school districts in the county.*

The All Stars program has been proven to prevent high-risk behaviors in middle school-age adolescents (11 to 14 years old). This highly interactive program addresses both of Geauga county’s Targeted Impacts of substance abuse and enhancement of emotional and mental health development by fostering development of positive personal characteristics.

Although All Stars is recognized as an evidence-based program addressing substance abuse, its focus on development of personal characteristics and assets also places a heavy emphasis on enhancing emotional and mental well-being of youth. The program is

designed to reinforce positive qualities that are typical of youth at this age; it works to strengthen five specific qualities that are vital to achieving preventive effects:

- Developing positive ideals and future aspirations
- Establishing positive norms
- Building strong personal commitments
- Promoting bonding with school and community organizations
- Promoting positive parental attentiveness

Success measures:

- Annual reduction in the number of youth who report feeling that using alcohol is acceptable, as measured by the All Stars evaluation. *
- Improvement in positive evaluation results for qualities listed above in 90% of the youth participating.**

Strategy 2: Implement an awareness and education campaign that encourages parents to continually communicate to youth that underage alcohol consumption is unacceptable.*

Develop a marketing campaign that educates and mobilizes middle school parents to communicate positively with their children to encourage abstinence from substance abuse. The focus will be on discouraging the use of alcohol through a campaign which includes the use of billboards, mailers, flyers, presentations and other creative efforts.

Risk/protective factors and assets to be addressed:

A - Positive family communication. Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).

PF - Family members can communicate supportively

PF – Community norms against substance abuse

Success Measures:

- Increase the number of parents / children who report positive communications with children / parents regarding anti-substance annually.**

The following is a recommendation for future implementation with collaborative agencies or with additional funding as it becomes available.

Strategy 3: Implement a preventative mental health based program into preschool and elementary schools.*

These programs should focus on building assets in youth in very early years (the AI's Pals or DECA curriculum could be used).

* All strategic actions will be evaluated by the PfS teams and Family First Council on a continuous basis, adjusting strategies and implementation as needed to ensure most effective means of attaining stated goals.

**Success measures stated here may be further adjusted as more in-depth study is done in the implementation and evaluation process.

Definition of Terms

Family: For the purpose of the PfS process, we want the definition of family to be as inclusive as necessary to most accurately reflect the supports/resources needed to raise a child. This could include one or two parents, extended family, foster and adoptive parents, etc.

Resilience: “The personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats or other stresses – and to go on with life with a sense of mastery, competence and hope.” (*Definition of Resiliency by the President’s New Freedom Commission on Mental Health*)

Protective Factors: Those elements within an individual or community that serve as buffers against risk while enhancing positive youth development.

Risk Factors: Those elements within an individual or community that are associated with elevated levels of problem behavior.

Assets: The elements within individuals and the community that are generally associated with positive youth development outcomes.

Prevention: Programs/activities designed for all eligible participants and provided before any major problems are identified.

Early Intervention: Programs/activities designed for participants who have been identified as having problems but provided before those problems become entrenched.

Systems of Care / Treatment: Programs/activities designed for participants who have serious and chronic problems.

Continuum of care: Programs/activities designed to encourage healthy development as well as to address a range of problems through prevention, early intervention and/or treatment.

Gap: Specific areas identified in the community where services do not exist to meet identified youth needs.

Strategic Action Plan Chart

Through data analysis and community values assessment, the community determined the most pressing needs at this time (Targeted Impacts).

Reducing Substance Abuse

Enhancing Emotional and Mental Health Development.

Further investigation and review of data revealed several common themes in the protective factors related to Reducing Substance Abuse and Enhancing Emotional and Mental Health Development.

***It is very significant that the following Protective Factor trends are nearly universal to all the Targeted Impacts affecting Geauga youth. The PfS focus on these trends will enhance the overall development and health of our children.

Family (provide a stable, caring environment, encourages and models appropriate behavior, standards and values, and strongly support involvement in school and after-school activities)

Constructive and positive use of time

Adult support (an adult who is close to, regularly involved with, and expresses an interest in a child)

Resilience (qualities of a child who has developed strong coping skills, who feels empowered and who has developed a set of positive personal values has the resilience to adjust to a wide variety of risk factors)

Resources addressing the Targeted Impacts and the Identified Risk and Protective Factors and Assets

Gap in currently available resources: Community norms and programs supporting healthy development and anti-substance values

Gap in currently available resources: Family support/effectiveness/involvement to support healthy development and anti-substance values

Gap in currently available resources: Programs for youth that will build resiliency resulting in healthy development and anti-substance values

- 1) **To establish All Stars curriculums in county school districts - to focus on prevention through resiliency skills and substance abuse education.**
- 2) **Implement an awareness and education campaign that encourages parents to continually communicate to youth that underage alcohol consumption is unacceptable.**