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INTRODUCTION

Partnerships for Success (PfS) 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 all children and youth into adulthood.

In 1998, Ohio was one of the five states chosen to participate in the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders Initiative. 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 is sponsored by the Ohio Family and Children First (OFCF) Cabinet Council.

The Partnerships for Success Academy is a project of the Center for Learning Excellence, an initiative of the John Glenn Institute for Public Service and Public Policy at The Ohio State University. The faculty and staff members associated with the PfS Academy have developed a comprehensive planning and implementation model that is based on a set of guiding principles that have been articulated in the literature on the effective prevention and reduction of youth problem behaviors and the promotion of positive youth development. These guiding principles are as follows:

1. Involving and Engaging the Entire Community

This guiding principle requires that all elements of the community be involved in planning, implementation, and evaluating the PfS Model. Actively engaging individuals from all fields that affect young people is likely to lead to a comprehensive community investment in sustainable solutions to significant community problems involving youth.

2. Balancing a Holistic Continuum of Approaches

This guiding principle requires that a broad array of services and approaches be available to meet the needs of children and youth in the community. A continuum of services includes primary prevention programs, early intervention programs, and systems of care. These services and approaches should also include programs focused on reducing risks associated with problem behaviors and those focused on building community-wide assets that prepare children and youth to be fully engaged in their communities.

3. Making Data-Informed Decisions

This guiding principle requires that communities continually review data in order to define priorities and make decisions related to program implementation. Four levels of data-informed decisions are involved in PfS. First, data are used to determine the magnitude of behaviors in a community and prioritize efforts to respond to those problem behaviors. Second, data are used to identify levels of risk, protection, and assets that exist within the community to help target potentially effective strategies. Third, data are used to determine the best practices related to implementation decisions for new programs. Programs with highly feasible approaches based on sound scientific evaluations are preferred. Finally data are used to continually evaluate the progress of PfS within the community.

Partnerships for Success is designed to function as an operating system for Ohio's Family and Children First Councils. The local FCF Council is a collaboration that functions to address youth and family development issues within the community. This collaboration is made up of representatives from health and human services delivery systems along with governmental and community representatives that have a common stake in child and family well-being. PfS provides a series of tools for managing this collaboration and bringing about specific and meaningful results.

Pickaway County is fortunate to be able to use the PfS plan as the Family and Children First Council Annual Plan. The Annual Plan is newly mandated by HB 289 and will define local priorities to increase child well-being, outline a process to achieve the priorities, and measure the outcomes. Family and Children First Council serves as the agent to bring together organizations addressing the needs of children and youth to ensure that a balance exists between the programs and services that reduce risk, enhance protection, and build assets. The recommendations for activities lead to collective problem-solving and implementation of quality programming that produces the desired priorities. As outcomes are achieved across multiple programs, indicators of child well-being and family well-being change in a positive direction.

The commitments of child well-being as defined by the state are:

- Expectant parents and newborns thrive
- Infants and toddlers thrive
- Children are ready for school
- Children and youth succeed in school
- Youth choose healthy behaviors
- Youth successfully transition into adulthood

Pickaway County's Partnerships for Success Initiative

In 2006 Pickaway County was one of six counties selected to participate in the Partnerships for Success Initiative, Planning Year 2007. During the first year, our county will collect, assess, and analyze pertinent local data on youth and family service delivery systems; establish strategic priorities; and develop a strategic PfS plan. The PfS plan will also serve as the Annual Plan for Pickaway County Family and Children First Council as mandated by House Bill 289.

The **PfS Needs Assessment** establishes a data-informed profile of the community that can be utilized as a foundation for strategic planning. Not only will it define a goal for PfS and the FCFC Annual Plan, but it will provide a road map for future planning for all agencies and organizations serving children and families. The general goal in PfS Needs Assessment is to define both broad targets for change in the community and factors that are most closely associated with the targets.

Long-Term Outcome	Intermediate-Term Outcome	Short-Term Outcome	Strategy
<ul style="list-style-type: none"> - Commitment to Child Well- Being 	<ul style="list-style-type: none"> - Targeted Impact - Priority Area 	<ul style="list-style-type: none"> - Risk Factor - Protective Factor - Asset 	<ul style="list-style-type: none"> - Enhance existing program - New program

The long-term, intermediate-term, and short-term outcomes that the Family and Children First Council decides to focus their efforts on become the prizes that propel the implementation of strategies. This can become the way Council conducts business to ensure the most return of invested resources. Thus, data collection efforts are a critical step in the needs assessment process. Data is used in PfS to prioritize the long-term, intermediate-term, and short-term outcomes based upon how strongly each is related to the successful development of youth and how amenable each is to change.

Following data collection and needs determination, the **Resource Assessment Workgroup** takes over and researches the community resources that are devoted to achieving the prioritized Commitment to Child Well-Being and whether or not these efforts are effective. The goal of Resource Assessment is to create a profile of current programs, services, and activities in the community related to the prioritized indicators as determined by the Needs Assessment Workgroup. This profile will ultimately allow Pickaway County to define gaps in services.

The final stage in the Strategic Planning phase of Partnerships for Success is Strategic Action Identification. Members of the **Strategic Action Identification Workgroup** take over from the Resource Assessment Workgroup and analyze their findings in conjunction with the findings of the Needs Assessment Workgroup. The goal of the Strategic Action Identification Workgroup is to produce a gap analysis based on the PfS Needs Assessment and the PfS Resource Assessment and develop a strategic plan that outlines strategies to fill the identified gaps.

A Community Leader Orientation was held on September 13, 2006 to introduce the model overview, identify mobilization strategies, gain broader community support, and to establish critical community partnerships. Pickaway County Family and Children First Council members were encouraged to be a part of the process for completion of their Annual Plan due in June 2007. An advantage of the PfS process is that it can be unique to each county and meet the needs of the county found by the data. The Pickaway County Partnerships for Success initiative will result in actions that will ultimately benefit youth and families of Pickaway County.

An Example of the PfS Process Relating to Local Needs:

"The PFS process was a very valuable experience for me. As the Director of a United Way Agency, the data collection and review process opened my eyes to many of the critical needs facing our community. It also helped to organize these needs based upon age groups. It was also extremely valuable to listen to the input from others on our committee and gain a better understanding of what programs and services are currently available in our community. The information I learned has already been beneficial in our YMCA's planning for 2007." **Paul Westenheffer, Pickaway County YMCA**

Long-Term Outcome Prioritization

Final Ranking for the Ohio's Commitments to Child Well-Being:

1. Children and Youth Succeed in School
2. Children Are Ready For School
3. Children and Youth Choose Healthy Behaviors
4. Infants and Toddlers Thrive
5. Expectant Parents and Newborns Thrive
6. Youth Successfully Transition Into Adulthood

Needs Assessment Workgroup

During the Pickaway County Community Leaders Orientation, following a PfS Model Overview, attendees were invited to be a part of the Partnerships for Success process by joining the Needs Assessment Workgroup, Resource Assessment Workgroup, and/or the Strategic Action Planning Workgroup. Personal contacts were made by the PfS Coordinator to invite other community leaders that were unable to attend the Community Leaders Orientation.

How the Workgroup Arrived at the Final Ranking

Those committing to the Needs Assessment Workgroup began by writing a Workgroup Charter (See Appendix) to define membership, purpose, workgroup timeline, and expected products. The Needs Assessment Workgroup then began collecting data around the Ohio's Commitments to Child Well-Being to determine a long-term outcome. The workgroup divided into six subcommittees, one for each of the commitments. Each subcommittee met independently of the larger group to collect and review data concerning their commitment. The data was submitted with a completed Indicator Profile Template (see Appendix) to better enable organization and comparison of data. The subcommittees presented key data to the large group.

Upon completion of review of data, the workgroup completed an Analysis of Need: Long-Term Outcome Worksheet for each of the Commitments to Child Well-Being. The group felt comfortable doing this worksheet as a group and easily came to consensus on the questions asked on the worksheet. The Needs Assessment Workgroup chairperson recorded the answers for documentation. The Analysis of Need: Long-Term Outcome Worksheet was designed to guide the members step-by-step through analyzing each piece of data. Following completion of data analysis using the Worksheet, the Workgroup members were asked to rank each Commitment to Child Well-Being based on the data presented. Those rankings were then tallied to reach the following preliminary ranking:

1. Children Are Ready For School
2. Children and Youth Succeed In School
3. Children and Youth Choose Healthy Behaviors
4. Infants and Toddlers Thrive
5. Expectant Parents and Newborns Thrive
6. Youth Successfully Transition Into Adulthood

Following the preliminary ranking of the Commitments to Child Well-Being the group met to challenge decisions based on community values. Members reviewed the recent report from the Pickaway County Facilitated Discussion Groups, November – December 2006. Information was also available from a recent survey distributed in local middle and high schools by the Youth Advisory Council. Recent Community Needs Assessments completed by United Way, the Health Department, and Pickaway Community Action/Head Start were reviewed and discussed. As a group, the Confirmation of Long-Term Outcome Rankings Worksheet was completed to challenge the rankings. This worksheet was designed to assist the Workgroup in the process of final ranking with consideration of community values. Each member of the group again ranked the Commitments to Child Well-Being and the preliminary ranking did change. The Workgroup moved Children and Youth Succeed in School from #2 to #1 in the final ranking and Children are Ready for School from #1 to #2 in the final ranking.

Final Ranking for Long-Term Outcome (Ohio's Commitments to Child Well-Being):

1. Children and Youth Succeed in School
2. Children Are Ready for School
3. Children and Youth Choose Healthy Behaviors
4. Infants and Toddlers Thrive
5. Expectant Parents and Newborns Thrive
6. Youth Successfully Transition Into Adulthood

The Needs Assessment Workgroup felt such compassion and commitment to each of the Commitments to Child Well-Being, they ranked all six commitments and will report the ranking to Pickaway County Family and Children First Council. Based on the extensive data collection and community values research conducted by the PfS Needs Assessment, members will share the findings and determination of needs with agencies for further action outside this PfS process.

An Example of the PfS Process Relating to Local Needs:

The Workgroup spent much time discussing the indicator for percent of third graders with obvious dental needs. 34.8% of Pickaway County third graders have dental needs compared to the state average of 25.1%. The data related to dental needs for our county is so significant that the Workgroup decided this area needs to be addressed on a different level than PfS. The ratio of population to primary care dentist in Pickaway County for 2000 was 3817:1 while the state ratio was 2166:1. More recent ODH reports show Pickaway County was 5937:1 with Ohio ratio at 2229:1. The Workgroup will suggest to Family and Children First Council that this be addressed as a county need and that a consortium be developed to continue the efforts of addressing dental needs in the county.

Data Relevant to Long-Term Outcome Prioritization

Commitment: Expectant Parents and Newborns Thrive

One indicator of concern for this commitment in our county included data for rate of tobacco use while pregnant. In 2001, the national rate was 12.2%, state rate was 18.9% and Pickaway County rate was 24.1%. The Pickaway County Health Department received a three year grant in 2003 from the Ohio Tobacco Prevention Foundation which included goals for reducing tobacco use among pregnant women. The current funding does not include goals for pregnant women but pregnant women are now referred to the Ohio Tobacco Quit Line.

The percent of children born into poverty is another indicator of expectant parents and newborns thrive. The current economic status of the county presents an accurate picture of this long-term outcome. Between 2000 and 2005 there has been a 12.7% decrease in employment with the loss of 2150 jobs related to local plant closures. The poverty level in Pickaway County has increased from 10.6% in 2000 to 12.1% in 2003 and 17.5% in 2005.

Another indicator for expectant parents and newborns thrive is the percent of children who live past their first birthday. Ohio Department of Health statistics for 2002 show that Pickaway County had a least preferred level for the number of deaths 28 days to 11 months of age per 1000 live births. This information is reviewed annually by a local Child Fatality Review Board.

Commitment: Newborns and Infants Thrive

Data was reviewed for the percent of infants and toddlers with primary caregivers with a high school degree or GED. The 2000 U.S. Census shows that educational attainment for persons 25 years and older as high school graduate is 77.2% for Pickaway County compared to 83% for Ohio and 80.4% for U.S.

Another indicator of concern for newborns and infants thrive reviewed by the workgroup included mother marital status. In the report, "America's Children in Brief: Key National Indicators of Well-Being, 2006", in 2004, children living in female-householder families with no husband present continued to experience a higher poverty rate (42%) than children living in married-couple families (9%). In 2000, Pickaway County had 31% births to unmarried parents compared to 34% for Ohio births. In 2002, Pickaway County had 31.3% births to unmarried parents compared to 35% for Ohio births. The U.S. Census reports Pickaway County with 27.4% families with female householder with no husband present below the poverty level. The PCSAO Factbook, 8th Edition reports Pickaway County with 35% of households with two parents. The Workgroup discussed the need to address these statistics and provide programs that support female householders. A report from the Children's Defense Fund in 2003 reported 17.3% mother's without a high school diploma in Pickaway County. The Workgroup discussed the fact the GRADS (Graduation, Reality, and Dual-Role Skills) program has been cut from Circleville City, Logan Elm, and Westfall Schools which supported pregnant and parenting teens.

The workgroup also reviewed data regarding grandparents raising grandchildren as an indicator of newborns and infants thrive. Nationally, 4.5 million children are living in grandparent-headed

households (6.3% of all children under age 18). This represents a 30% increase from 1990 to 2000. In Ohio, there are 157,298 children living in grandparent-headed households (5.4% of all children in the state). In Pickaway County, 225 children are reported as grandparents raising grandchildren. A Facilitated Discussion Group of grandparents raising grandchildren in November 2006 noted their needs for support relating to guardianship, legal issues, medical needs, school enrollment, and connection to schools and the community. Pickaway County Job and Family Services noted that current assistance is available upon meeting specific criteria and past funding to support grandparents raising grandchildren is no longer available.

Commitment: Children Are Ready For School

It was difficult to collect local data for the indicators that children are ready for school. State and national data was not always available for information or comparison. Ohio Family and Children First Council states that Ohio strives to ensure that preschoolers are physically capable of meeting the demands of school, have the requisite pre-literacy skills to succeed, develop prosocial skills, gain skills to control their own behavior, and live in families and communities that support their education. The Pickaway County PfS Needs Assessment Workgroup identified these indicators as very important but difficult to measure to support prioritization. The Workgroup feels it is important for existing programs and schools to implement surveys and screenings that will provide measurement meaningful for our county.

The percent of 3 and 4 year olds enrolled in preschool in 2000 was reported as 40.4% for Pickaway County, 47.3% for Ohio, and 40% for U.S. The 2005 PICCA Community Assessment reported 917 (34%) children in Pickaway County were enrolled in licensed preschool programs. Imbalances in preschool access and quality provide challenges for schools as children enter kindergarten. The Children's Defense Fund reported that the percentage of Head Start slots filled in Pickaway County was 98%. The "Quality Counts 2007" report by Education Week magazine, released in January 2007, shows that Ohio is below the national average in preschool and kindergarten enrollment, which is often considered key to school success.

Local information on the percent of preschool children who have been screened for vision, hearing, and oral health could not be collected. The National Survey of Children's Health reports in 2003 that 61.2% of Ohio children ages 0-17 received both a preventative medical visit and a preventative dental care visit compared to 58.8% nationally. A national report from the Center for Health and Health Care in Schools reports 25% of children living in poverty have not seen a dentist before entering kindergarten. It is estimated that more than 51 million school hours are lost each year to dental-related illness. The 2005 PICCA Community Assessment reported that of 21 licensed day care/preschool programs in the county 10 provide vision and hearing screenings and 6 provide dental services. The Pickaway County Head Start provides comprehensive health services (including vision, hearing, and oral health) to more than 250 preschool children annually. These services are limited to the Head Start enrollee and not family members.

The Workgroup discussed the indicator measuring the percent of parents/family members who understand Ohio's academic content standards. The Ohio Department of Education conducted a one-time survey in 2002 and 30% of parents surveyed with children in public schools stated they

were “very familiar” or “somewhat familiar” with the new standards. In Pickaway County, the Children’s Trust Fund grant provides funding for kindergarten packets to be distributed that includes information on the Ohio Early Learning Content Standards. In 2006, 748 packets were distributed during kindergarten registration. Each school district is also responsible for sharing information on the Ohio Academic Standards. There is currently not any tracking or survey given to assess awareness.

Other indicators for this commitment that are also included in other commitments include percent of children living in communities with high rates of high school completion and percent of preschool children living in poverty.

Commitment: Children and Youth Succeed in School

The following information for each school district was reviewed as indicators of children and youth succeeding in school.

Circleville City Schools:

State Indicators Met	11/25 (2005-06) 11/23 (2004-05)
Average Daily Student Enrollment	2398
Attendance Rate	93.5% (The state requirement is 93%)
Economically Disadvantaged	33.7%
Graduation Rate	83.6% (The state requirement is 90%)

Logan Elm Local School District:

State Indicators Met	19/25 (2005-06) 17/23 (2004-05)
Average Daily Student Enrollment	2318
Attendance Rate	94.5% (The state requirement is 93%)
Economically Disadvantaged	24.3%
Graduation Rate	94.4% (The state requirement is 90%)

Teays Valley Local School District:

State Indicators Met	20/25 (2005-06) 14/23 (2004-05)
Average Daily Student Enrollment	3343
Attendance Rate	94.8% (The state requirement is 93%)
Economically Disadvantaged	20.6%
Graduation Rate	94.4% (The state requirement is 90%)

Westfall Local School District:

State Indicators Met	20/25 (2005-06) 14/23 (2004-05)
Average Daily Student Enrollment	1682
Attendance Rate	94.7% (The state requirement is 93%)
Economically Disadvantaged	28.2%
Graduation Rate	93.8% (The state requirement is 90%)

Another indicator of children and youth succeed in school reviewed by the workgroup included the percent of students who report parental involvement with their education. Local and state

strategies for measurement do not exist at this time but because parent involvement with their child's education has been associated with better grades and test scores, higher attendance rates, more completion of homework, higher graduation rates, more involvement in extra-curricular activities, improved attitudes, and better all-around behavior the workgroup did discuss national data from Search Institute. A survey administered in 2003 by Search Institute reports 29% of parent involvement in schooling. A recent analysis of parent involvement by Search Institute for the General Mills Foundation found that 6th - 12th grade students with involved parents tend to be more motivated in school and more committed to continuing education beyond high school. Similarly, a Child Trends report suggests that parent involvement is a more powerful predictor of student behavior than family income.

The group addresses the importance of a holistic approach to school success which includes addressing both academic and non-academic factors. Important to this group is addressing prevention and early intervention programs for emerging problem behaviors that become more prevalent in other commitments. We fully support Ohio's commitment to children and youth succeeding in school with a focus on health and safety as children are beginning to develop their own decision-making skills in support of healthy choices. We support the rationale that parental involvement with their child's education has been associated with school success and the more assets a youth has the less likely he/she will be involved in risky behaviors.

Commitment: Children and Youth Choose Healthy Behaviors

Pickaway County is fortunate to have local data from the Pickaway County Health Watch that is administered every two years to seventh, ninth, and eleventh graders. Several of the indicators for this commitment are tracked in the Health Watch survey. This information can be compared to state and national numbers. The Teen Task Force, a committee of Family and Children First Council, meets to discuss teen health, teen life style issues, and transitions into adulthood.

The Pickaway County Health Watch 2003 and 2005: Analysis of Student Surveys reports tobacco use was consistent with Ohio and U.S. data. The noteworthy part of the tobacco use information is those that would consider a cessation program. The Pickaway County Health Department offered various types of youth cessation programs from 2002 through 2005 but funding cuts have caused the discontinuation of those programs.

Another indicator of children and youth choose health behaviors is the percent of youth who do not drink. Although local reported alcohol use is also consistent with Ohio and U.S. data, 20% of youth in Pickaway County did report they have had a binge drinking experience. Binge drinking is defined as having five or more drinks in a short period of time. In a survey distributed by the Youth Advisory Group to 714 teens in all four area high schools, 643 teens rated alcohol and drug use as one of the top three teen issues in Pickaway County. A Smart and Sober Town Hall Meeting was held in May 2006 with approximately 30 attending to discuss underage drinking in Pickaway County. There has been no follow-up to this initial discussion.

The annual birth rate to teenagers is an indicator of children and youth choose healthy behaviors. In 2003, 77 Pickaway County teens, age 15-19, gave birth making the county's teen birth rate 61.4 per one thousand teens. This compares to Ohio's birth rate of 53.4. A report from CDC's

National Center for Health Statistics summarizes (2004 birth data for the United States) "... the teenage birth rates declined again in 2004, but at a much slower pace than observed since the declines started after 1991." The survey results from a Community Needs Assessment distributed by the United Way of Pickaway County in 2005 identified teenage pregnancy as the top concern for our county. A focus group conducted by the Pickaway County Health Department in December 2004 listed teenage pregnancy as one of the top three concerns for our county. The Pickaway County Health Watch 2003 and 2005 Analysis of Student Survey also reports, "early sexual behavior is a risk factor for youth of this county." In the Youth Advisory Committee (YAC) Survey distributed to 714 teens in all four area high schools, 690 teens rated teen sexuality as one of the top three most important issues facing young people in Pickaway County.

The following indicators for children and youth choose healthy behaviors were also discussed:

- Percent of children and parents who demonstrate effective monitoring skills
- Number of community assets available in support of positive youth development
- Percent of adolescents who identify meaningful non-familial adult involvement in their lives
- Percent of children and youth involved in extracurricular school activities

Local data has not been collected around these protective factors for children and youth. The workgroup did review data collected by a Search Institute Survey conducted in 2003. All of these indicators are important for better developmental outcomes, preventing problem behavior, developing pro-social relationships, and transitioning into a responsible adult role. The Ohio Family and Children First Council report in their 2004 Indicator Manual, "Asset assessments like those used by the SEARCH Institute need to be considered for administration statewide."

The Pickaway Health Watch 2005 included the addition of several questions relating to assets, including the following:

Overall, I like myself.

I feel support from my family.

I feel support from people at school.

I feel support from people in my community.

I feel support from my friends.

Assets are difficult to quantify, but as our community embraces building assets for youth, we will track changes in these statistics over the years. The results of the Health Watch surveys will also be shared with schools and agencies that deal with adolescent behaviors.

Commitment: Youth Successfully Transition Into Adulthood

The final conclusion of the workgroup for this outcome included the need for tracking information around the indicators. It was difficult to collect information for comparison or for determining any trends. The workgroup agreed that communities with considerable developmental assets that support positive youth development are more likely to have youth

successfully transition into adulthood. This includes more access to community service and higher education.

A recent presentation from the Pickaway County Higher Education Initiative Committee reported 11.4% of persons 25 and older with a Bachelor' Degree or Greater for Pickaway County compared to 21.1% for Ohio and 24.4% for U.S. This local initiative will provide for a part-time coordinator to begin addressing this issue. The workgroup discussed the affects adult educational attainment has on expectant parents and newborns thrive, infants and toddlers thrive, children are ready for school, children and youth succeed in school, and youth successfully transition into adulthood. It is also a community issue that affects economic growth and development, poverty levels, and local business.

Pickaway County Juvenile Court served 292 juveniles in 2005. Of the 292, 7% were for felony charges and 93% were for misdemeanors. In 2004, 375 juveniles were served with 5% felonies and 95% misdemeanors. In 2003, 390 juveniles were served with 4% felonies and 96% misdemeanors. The Department of Youth Services reports a 45% decrease in felonies from 198 to 2004 for the state of Ohio.

A Children's Defense Fund report released in 2006, reported the following Juvenile Justice Statistics:

Number of youth adjudicated delinquent	36
Number of youth committed to DYS	6
Commitment rate	16.67%
Number of males adjudicated delinquent	31
Number of males committed to DYS	6
Number of females adjudicated delinquent	5
Number of females committed DYS	0
Number of white youth adjudicated delinquent	35
Number of white youth committed to DYS	6
Number of black youth adjudicated delinquent	1
Number of black youth committed to DYS	0

Sustained and meaningful involvement in community activities is a protective factor for youth and an important mechanism for transitioning into a responsible adult role model. In 2003, the National Survey of Children's Health reported 60.2% of youth (ages 12-17) participated in volunteer work or community service during the past 12 months. The Ohio Youth Risk Survey reported 60% of students (grades 9-12) spend one or more hours on volunteer work, community service, or help people outside of their home without getting paid in an average month. A local survey given in 2003 to 654 students in three of the local high schools reported 21% of students participate in at least one community service project each year. The Workgroup discussed the need for youth to be able to obtain ideas and places for youth service activities. This information will be shared with the Teen Task Force, the Youth Advisory Council, Pickaway County United Way, and other local agencies serving youth.

Ranking for Long-Term Outcomes:

Upon confirming the rankings for long-term outcomes, the group recommended that Expectant Parents and Newborns Thrive remain as number 5 and Youth Successfully Transition Into Adulthood remain as number 6 but wanted to vote again to determine numbers 1 through 4. The voting changed as below:

Infants and Toddlers Thrive

Rank	1(HIGHEST)	2	3	4	5	6(LOWEST)
Votes	2	4	3	3	0	0

Children Are Ready For School

Rank	1(HIGHEST)	2	3	4	5	6(LOWEST)
Votes	1	8	2	1	0	0

Children and Youth Succeed In School

Rank	1(HIGHEST)	2	3	4	5	6(LOWEST)
Votes	9	0	3	0	0	0

Youth Choose Healthy Behaviors

Rank	1(HIGHEST)	2	3	4	5	6(LOWEST)
Votes	0	0	4	8	0	0

Intermediate-Term Prioritization

In terms of PfS Needs Assessment, potential intermediate-term outcomes are defined as factors that contribute to the prioritized long-term outcome. An intermediate-term outcome is usually the result of the accumulation of multiple programmatic (short-term) outcomes. In order to identify potential intermediate-term outcomes, the Needs Assessment Workgroup began by reviewing the indicators that were analyzed in the assessment of children and youth succeed in school. The indicators are, in fact, the factors that contribute to the respective long-term outcome.

The Needs Assessment Workgroup reviewed data for the following indicators:

- Percent of students who report parental involvement with their education
- Percent of students passing achievement tests
- Percent of third graders with obvious dental needs
- Percent of school age children living in poverty
- Percent of children in communities with sufficient access to high quality after-school programming
- Percent of students entering 9th grade who graduate from high school
- Percent of high school graduates who continue their education

The Needs Assessment Workgroup spent time discussing community values data because of the difficulty to collect local data for some of the indicators. The Workgroup came up with a list of contributing factors for each of the indicators and found some trends of contributing factors. These trends included building community assets, effective parenting skills, behaviors associated with mental illness and addictions, and relationships between schools, parents, and the community.

The following questions were discussed for each indicator:

1. The number of people who are affected
2. The severity of the need associated with the indicator
3. If meaningful action related to this indicator is best taken by a community collaboration
4. If feasible actions can be taken to address this indicator

The Workgroup came to consensus that the percent of students passing achievement tests would be recommended for the intermediate-term outcome for the Needs Assessment process. They agreed that all the contributing factors determined by the group would have the most impact for increasing the percent of students passing achievement tests. The group addresses the importance of a holistic approach to school success which includes addressing both academic and non-academic factors. The Workgroup also reviewed information from the Ohio Department of Education's Community Collaboration Model for School Improvement, 2004. The long-term outcome of this model is for all children to succeed in school and are prepared for a successful transition to adulthood.

Short-Term Outcome Prioritization

In terms of the PfS Needs Assessment, potential short-term outcomes are defined as factors that contribute to the prioritized intermediate-term outcome. A short-term outcome is the immediate result of a program intervention. In order to identify short-term outcomes, the Needs Assessment Workgroup considered the risk factors, protective factors, and assets that are associated with increasing the percent of students passing achievement tests. As risk factors are decreased, there is an increased likelihood that the outcome will be achieved. As protective factors are enhanced, there is an increased likelihood that the outcome will be achieved. Similar to protective factors, as the number of assets are increased, there is an increased likelihood that the outcome will be achieved.

The Workgroup prioritized the following short-term outcomes that affect increasing the percent of students passing achievement tests based on the understanding of the status of Pickaway County and taking into consideration community values data:

- Adult monitoring
- Family members value education
- Academic failure
- Early initiation in problem behavior
- Consistent age-appropriate discipline
- Significant attachment to pro-social adult

Finally, the Workgroup collectively discussed the needs data by asking the following questions in order to rank the short-term outcomes.

1. Number of people who experience the need associated with this short-term outcome
2. Severity of the need associated with this short-term outcome.
3. Meaningful action related to this short-term outcome is best taken by a community collaboration
4. There are feasible actions that can be taken to address this short-term outcome

Adult monitoring and consistent age-appropriate discipline tied for first, family members value education and significant attachment to pro-social adult tied for second, and academic failure and early initiation in problem behavior tied for third. The group came to consensus to include the top four short-term outcomes as the priorities for Pickaway County to stay consistent with their support of a holistic approach to school success which includes addressing both academic and non-academic factors. The following logic model was completed to illustrate desired results and activities at various levels.

Supplement to Needs Assessment Report

This supplement to the Needs Assessment Final Report is being written in response to the Partnerships for Success Academy Needs Assessment Staffing Summary. This supplement will better clarify the process the workgroup utilized in their identification of intermediate term outcomes. A lesson learned from the Needs Assessment Workgroup was that because of difficulties collecting local data, the outcomes are not reflective of being data-driven. The workgroup also had difficulties distinguishing outcomes and not strategies. Reviewing the logic model process helped the group step back to determine an intermediate goal that could be measured to assure that children and youth succeed in school.

Data and Discussion Relevant to Intermediate-Term Outcome Prioritization

Indicator: Percent of students who report parental involvement with their education.

There was not any local or state data to support this contributing factor but the group did discuss the research from Search Institute and a report from Child Trends that suggest parent involvement correlates with school success. This indicator was considered to be the top priority of school success and would address the non-academic barriers to school success. The group felt that a contributing factor for this indicator is parenting skills. A parents' level of education also contributes to the ability to help with homework and the parents comfort level to be involved in school activities. Another contributing factor discussed was family composition. The Facilitated Discussions Group Report shows that grandparents raising grandchildren feel disconnected with the schools. Pickaway County statistics also show that there is a high percentage of female householders and these mothers may experience stress with jobs, childcare, school, and managing the home – leaving little time for homework and school activities. The group discussed concerns with more opportunities for involvement at the preschool level and decreasing from elementary school to middle school to high school.

Indicator: Percent of students passing achievement tests.

Three of our four school districts were designated “Effective” and one school district is designated “Continuous Improvement” for the 2005-2006 School Year Report Card. The schools are committed to higher achievement for all students through a system of rigorous academic content standards, aligned curriculum and instruction, and testing and accountability measures that inform teaching and learning. Our group was dedicated to our community supporting the non-academic barriers that impact students' ability to learn and reach their academic potential. The group acknowledges that well-being outcomes and academic achievement outcomes are interdependent for schools and the community. The group also acknowledges the importance of out-of-school time and the opportunities to build assets during this time.

Indicator: Percent of third graders with obvious dental needs.

Local data indicates that 34.8% of Pickaway County children have obvious dental needs compared to the state average of 25.1%. Local data also indicates that the ratio of population to primary care dentists is significant compared to state and national data. The workgroup discussed that contributing factors for this indicator include parenting skills because missed appointments and ongoing care have been identified as problems. Access to care, lack of

insurance, and transportation are all identified barriers in our county. The Needs Assessment Workgroup has decided that this problem would be better addressed in a county consortium rather than in Partnerships for Success.

Indicator: Percent of school-age children living in poverty.

The Public Children Services Association of Ohio reports child poverty levels have increased from 13.4% in 2000 to 21% in 2004 leaving 2479 children in Pickaway County living in poverty. Poverty is associated with negative outcomes for children. Our county has begun to address the issue of poverty by offering “Bridges Out of Poverty” trainings in the community and schools. It is hoped that schools and agencies will develop personal skills for working with people in poverty, improve agency policies and internal processes, and improve community collaborations to address the issue of poverty. The Needs Assessment Workgroup recommends that any strategies implemented will be sensitive to the concepts of “Bridges Out of Poverty”.

Indicator: Percent of children in communities with sufficient access to high quality after-school programming.

Again, the workgroup was unable to collect local data for this indicator but there was much discussion about the importance of quality after-school programs to enrich academic achievement, to decrease youth risky behaviors, and to build assets during this time. National data shows that 40% of children in grades Kindergarten through 8th grade were in at least one weekly non-parental after-school care arrangement. The percentages are higher for children with working mothers. Our community has addressed after-school programming in the past for attempts at a 21st Century Grant which we were not eligible for at that time. Circleville City Schools has implemented an after-school program in 2006-07 at two schools and has a waiting list. The workgroup did indicate limited services in our county for this indicator and would consider this a gap. Some of the barriers noted are transportation, access to services, knowledge of services, number of families that depend on informal family support, and ability to pay.

Indicator: Percent of students who graduate from high school.

Three of the four schools are above the state requirement for graduation rate. Circleville City Schools had a graduation rate of 83.6% for the 2004-05 school year (state requirement is 90%). This could correlate with the higher pockets of poverty in the Circleville City School district.

Ranking of Intermediate-Term Outcome

The Needs Assessment Workgroup did request technical assistance from our PfS Academy Training Coordinator to guide us through the ranking of the intermediate-term outcome. The workgroup had a tendency to jump ahead to ideas for strategic planning versus fidelity to the PfS process of being data-driven. The first Analysis of Need: Intermediate Term Outcomes chosen were building community assets, engaging and empowering parents, connecting schools with parents and the community, and behaviors associated with mental illness and addictions. Through technical assistance, reviewing the logic model process, and reviewing indicators again – the workgroup came to consensus that we could measure children and youth succeed in school by the intermediate-term outcome of increase percentage of students passing achievement tests. The workgroup felt this outcome included their vision of addressing non-academic barriers and would still address the contributing factors of many of the indicators.

Data and Discussion Relevant to Short-Term Outcome Prioritization

The Workgroup reviewed the risk factors, protective factors, and developmental assets (RPA) associated with the intermediate-term outcome of increasing the percentage of students passing achievement tests. The Workgroup was careful to keep discussion centered around actions that would address non-academic barriers to education and that could include a community collaboration to support schools.

RPA: Adult monitoring and/or supervision

The Workgroup rated the number of people who experience the need associated with this outcome as high. They also rated the severity of the need as high. The Workgroup agreed that a meaningful action related to this outcome is best taken by a community collaboration and that there are feasible actions that can be taken to address this issue. This outcome ranking tied for first.

RPA: Family members value education

The Workgroup rated the number of people who experience the need associated with this outcome as moderate for our county. But they also discussed the problems associated with this outcome and how it ultimately affects other social indicators of our community. The severity of this need is considered to be high because of the data support. The Workgroup agreed that a meaningful action related to this outcome is best taken by a community collaboration and that there are feasible actions that can be taken to address this outcome. The Workgroup does acknowledge the current Higher Education Initiative but discussed the possibility of other actions that could help families connect to schools. This outcome ranking tied for second.

RPA: Academic failure

The Workgroup rated the number of people who experience the need associated with this outcome as moderate and the severity of the need as moderate. The Workgroup felt that there are feasible actions that can be taken to address this short-term outcome but many of those actions are being addressed in the schools and rated this as moderate also. The Workgroup felt that a meaningful action related to this short-term outcome could be addressed by a community collaboration and rated this high.

RPA: Early initiation in problem behavior

The Workgroup discussed local data and concerns related to this short-term outcome and the prevention programs implemented in our county. They ranked the number of people who experience the need associated with this outcome and the severity of the need as moderate. The group did come to consensus that a meaningful action is best taken by a community collaboration and that there are feasible actions that can be taken to address this issue.

RPA: Consistent, age-appropriate discipline

This short-term outcome tied for first in the rankings of the RPA's. The Workgroup discussed current programs in our county that support this outcome but also the problems of connecting the parents that need support of this outcome with the programs. The Workgroup discussed the need for constructive after-school activities when parents may still be working or for children with parents dealing with addictive behaviors. This is also considered a time when children are involved in risky behaviors. The Workgroup rated the number of people who experience the need associated with this outcome and the severity of the need as high. The Workgroup also felt that a meaningful action related to this short-term outcome is best taken by a community

collaboration and rated this as high. Feasible actions that can be taken to address this short-term outcome was rated high.

RPA: Significant attachment to pro-social adult

The Workgroup discussed the concepts of Bridges Out of Poverty and how they support the fact that it takes a relationship to come out of poverty. They also discussed the concepts of Search Institute's Developmental Assets that support young person receive support from three or more nonparent adults. This is truly an area where meaningful action can be best taken by a community collaboration. This has been a consistent discussion during Partnerships for Success. Even though the Workgroup rated the number of people who experience this outcome as moderate, it is noted that the severity of the problem lies with those that do not experience significant attachments to pro-social adults. The workgroup rated feasible actions that can be taken to address this outcome as high. This RPA tied for second in the rankings.

Final Rankings for Short-Term Outcomes

The Workgroup agreed to name the top four rankings as the short-term outcomes for our county. They are encouraged that a strategic plan may impact all four outcomes. The short-term outcomes that complete the logic model for Pickaway County are: Consistent, age-appropriate discipline, Adult monitoring and/or supervision, Family members value education, and Significant attachment to pro-social adult. The four short-term outcomes also coincided with the focus of the group when they had difficulties defining an intermediate-term outcome. These rankings were presented to the Resource Assessment Workgroup to continue the Partnerships for Success process.

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Beth Barnes (PICCA – YouthBuild)

Wilma Beerman (Family and Children First Council Coordinator)

JoEllen Deal (Job and Family Services)

Amy Diltz (Tobacco Prevention Services)

Nancy Downing (Westfall Schools)

Teresa Gebhart (Logan Elm Schools)

Debbie Hoffman (Partnerships for Success Coordinator)

Michele Lanman (United Way)

Brenda McMahon (Blueprint/S.A.F.E. Coordinator)

Christy Mills (Higher Education Improvement Coordinator)

Jeff Phillips (Circleville City Schools)

Jan Shannon (Job and Family Services, JOBS One-Stop)

Denise Sawatzky (Girl Scouts – Seal of Ohio)

Pamela Stapleton (Scioto Paint Valley Mental Health Center)

Rosemary Starkey (PICCA Head Start)

Paul Westenheffer (YMCA)

Marge Wolford (OSU Extension)

Vince Yaniga (Scioto Paint Valley Mental Health Center)