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AGENDA COVER MEMO

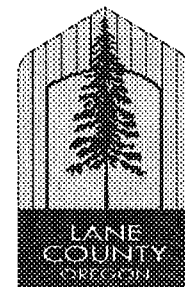
AGENDA DATE: February 19, 2003

TO: Board of County Commissioners

DEPARTMENT: Health & Human Services

PRESENTED BY: Rob Rockstroh

AGENDA TITLE: IN THE MATTER OF ACCEPTING THE 2003-05 IMPLEMENTATION
PLAN FOR ALCOHOL AND DRUG PREVENTION SERVICES



I. MOTION

TO ACCEPT THE 2003-05 IMPLEMENTATION PLAN FOR ALCOHOL AND DRUG
PREVENTION SERVICES

II. ISSUE OR PROBLEM

The 2003-05 Implementation Plan for Alcohol and Drug Prevention Services has been drafted in response to a request from the state Office of Mental Health and Addiction Services (OMHAS). The plan must now be approved by the Board of County Commissions prior to submission to the state.

III. DISCUSSION

A. Background / Analysis

Each biennium, the state office responsible for oversight of the chemical addiction service system requires submission of a plan to address prevention efforts within the county. Prevention efforts are required to address three areas or targets described in the Institute of Medicine Continuum of Care model. These three areas are universal, selective and indicated.

Universal prevention efforts include those that target a general population of individuals. Strategies that would be typical of this category will include public service announcements and community education forums. Selective prevention efforts include those that target a subgroup of the universal population who are at risk of developing problems with alcohol and/or other drugs. Examples of subgroups would be children of drug abusers or poor school achievers. Strategies that would be typical of this category will include efforts to reduce underage drinking and parent education for at-risk youth. Indicated prevention efforts include those that target people who are already experimenting with drugs or who exhibit other risk-related behaviors. Strategies that would be

typical of this category will include student assistance programs and family therapy.

The guidelines for this biennium's plan stipulate that the first \$150,000 be used for baseline funding in all three prevention areas, universal, selective and indicated, and that any additional funds be used for indicated prevention only.

The guidelines for baseline funding also require the following:

- Designation of a coordinator who is wholly responsible for the development, monitoring and oversight of the plan;
- Maintenance and/or support for the ongoing development of community coalitions within the county as a key prevention strategy;
- Participation in and coordination with the SB 555 planning process; and
- Inclusion of the priorities and activities/strategies that have been identified in the county's SB 555 Comprehensive Plan.

There is an additional \$114,324 of targeted funds that must be only used to support indicated prevention strategies.

In November 2002, a community forum was held to gather input on service priorities. The following five priorities were identified for continuing support in that forum: community based efforts/coalitions, school-based prevention, systems planning and coordination, family support, and services to children of alcoholics/addicts. This input was used in developing the plan for prevention services.

With the baseline funding of \$150,000, the plan is to support community mobilization, school-based prevention, systems coordination and planning, and family support/education.

Community Mobilization / \$50,000 – During the current and past bienniums, Lane County supported community coalitions through subcontracts developed after submission, review and approval of plans from the coalitions. However, it has not been possible to determine the effectiveness of that strategy. The coalitions are composed of community volunteers with varying expertise in the field of prevention and varying capacity to dedicate time to implement the prevention strategies. Some of the original five coalitions are no longer functioning and others are not reporting significant progress on their action plans. Consequently, county prevention staff has envisioned another and more effective way to support the coalitions. The plan is to provide Lane County prevention staff support to the community-based coalitions, \$17,153, as well as reserving a pool of funding for prevention activities, \$32,847. In this way, the coalitions will receive ongoing technical assistance to implement best practices and promising approaches as strategies at the community level. Please see pages two and six of the plan for more detail on this strategy. Page two

provides detail on the first biennial year of services and page six on the second biennial year.

School-Based Prevention / \$25,000 – During the current and past bienniums, Lane County addressed this priority through a subcontract with the Lane Education Service District. The plan is to continue this subcontract. Pages three and seven of the plan provides detail on this strategy. Page three provides detail on the first biennial year of services and page seven on the second biennial year.

Systems Planning, Coordination and Education / \$47,500 – During the current and past biennium, Lane County has addressed this strategy through the efforts of the Lane County Prevention Coordinator. Staff work in many different venues to coordinate prevention efforts and facilitate a monthly meeting of county-wide prevention coordinators to support and develop prevention efforts. Page four and eight of the planning document provides detail on this strategy. Page four provides detail on the first biennial year of services and page eight on the second biennial year.

Family Support/Education / \$27,500 – This strategy is continued from the current and past bienniums. Services in this category will focus on Latino families and will be subcontracted to Centro LatinoAmericano. Centro was identified as the provider of these services through a competitive selection process in the spring of 2001, for a three-year period. The agency has implemented the "Strengthening Multi-Ethnic Families" in a successful program that has served over 102 families (204 parents and 306 children). Pages five and nine of the plan provides detail on implementation of the strategy for the biennium.

Beyond the baseline funding, there is \$114,324 for additional indicated prevention strategies. The plan for these funds targets services to children of alcoholics/addicts, family support and education, and school-based violence and substance abuse prevention.

Children of Alcoholics/Addicts / \$95,000 – The plan details a new strategy to provide indicated prevention services to this population. Family Resource Centers (FRCs) will be a central point of coordination and referral for families and youth. Referrals will come from a variety of sources including Community Safety Net, Department of Youth Services, Peer Courts, Department of Human Services, local schools, etc. The FRCs will organize and coordinate skill-building activities for youth at a variety of sites countywide. FRC coordinators will also coordinate support for parents through targeted parent education or other services. Family Resource Centers will be the principal recipients of funding for this strategy. Further details on this strategy for both years of the biennium are presented on pages 16, 17, 19 and 20 of the plan.

School-Based Prevention / \$14,651 – These are additional funds that will enhance the baseline funding to the Lane Education Service District for school-based abuse and violence prevention coordination and training. This is continuation of services from the current and past bienniums. Further detail for both years of the biennium on this strategy can be found on pages 18 and 21 of the plan.

The chart below shows the planned shift in funds and services from the current biennium to the next biennium.

A&D 70 Prevention Fund Distribution 2003-2005

2001-03 Service	2001-03 Annual Allocation	2003-05 Service	2003-05 Annual Allocation
County Prevention Coordinator	\$10,180	County Prevention Coordinator	\$48,173
School-Based Prevention	62,233	School-Based Prevention	39,651
Community Coalitions	61,081	Community Coalitions	50,000
Student Assistance Programs	57,252	Student Assistance Programs	-0-
Family Assistance Program/Treatment	58,026	Family Assistance/Treatment	-0-
Parenting Education	14,552	Parenting Education	26,500
		Children of Alcoholics/Addicts & Family Support	100,000
Total	\$264,324		\$264,324

The plan attached has been reviewed by the director of the Department of Health & Human Services in his role as the local Mental Health Director, the Lane County Commission on Children & Families, and the Mental Health Advisory Committee (MHAC) (which also serves as the Local Alcohol and Drug Planning Committee) in compliance with state requirements. The MHAC now recommends adoption of the plan by the Board of County Commissioners.

B. Alternatives / Options

1. To accept the plan.
2. Not to accept the plan. This could result in loss of services funded through the County Financial Assistance Agreement #20-001 for prevention of alcohol and drug abuse problems.
3. To revise the plan.

C. Recommendation

To accept the proposed Lane County Alcohol and Drug Abuse Prevention Plan for 2003-05.

D. Timing

The due date for the plan to be submitted to the state Office of Mental Health and Addiction Services is February 28, 2003.

IV. IMPLEMENTATION

Upon the Board's review and approval of the attached plan, the plan will be processed for signature by the County Administrator and then the plan will be mailed to OMHAS.

V. ATTACHMENTS

Board Order

Exhibit A – 2003-05 Lane County Alcohol and Drug Abuse Prevention Plan

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION) IN THE MATTER OF ACCEPTING THE 2003-05
AND ORDER:) IMPLEMENTATION PLAN FOR ALCOHOL AND DRUG
) PREVENTION SERVICES

WHEREAS, the state Department of Human Services Office of Mental Health and Addiction Services (OMHAS) has requested submission of an alcohol and drug abuse prevention plan for the 2003-05 biennium; and

WHEREAS, a county-wide participatory planning process has been completed to prepare the a proposed plan; and

WHEREAS, the Mental Health Advisory Committee (MHAC) in its function as the Local Alcohol and Drug Planning Committee, has reviewed the plan as required by the implementation planning guidelines; and

WHEREAS, the MHAC recommends that the Board of County Commissioners accept the plan.

NOW THEREFORE, IT IS HEREBY RESOLVED AND ORDERED that the Board of County Commissioners approve the 2003-05 Lane County Alcohol and Drug Abuse Prevention Plan.

IT IS FURTHER RESOLVED AND ORDERED, that the Board of County Commissioners authorize the county administrator to sign the plan so that it may be mailed to OMHAS by February 28, 2003.

DATED this ____ day of February 2003.

Peter Sorenson, Chair
Board of County Commissioners

**Lane County
Alcohol & Drug Prevention Plan
2003-2005**

**Submitted by
Lane County Health & Human Services
February 2003**

**2003-2005 Prevention Funding Plan
Baseline Funds
Cover Sheet**

County: Lane

Agency Information

Name: Health & Human Services

Agency Address: 125 E. 8th Ave.

City, State, Zip: Eugene, OR 97401

Phone: (541) 682-4035 Fax: (541) 682-4487

Agency Director: Rob Rockstroh

Prevention Program

Coordinator/Contact: C.A. Baskerville Phone: (541) 682-3031

E-mail Address: Cindy.Baskerville@co.lane.or.us

Fiscal Issues

Contact Person: Carol Owen Phone: (541) 682-3767

E-mail Address: Carol.Owen@co.lane.or.us

Major Program Areas Addressed in this Proposal

1. Community Based Efforts/Coalitions
2. School-based Substance Abuse and Violence Prevention
3. Systems Planning, Coordination and Education
4. Family Support and Education

**2003-2005 Prevention Funding Plan
Baseline Funds
2003-2004 Strategy Sheet**

Major Program Area: **Community Based Efforts/Coalitions**

Baseline Strategy Number: **1**

Program Strategy (What program will you use?):

- **Community mobilization utilizing risk-focused prevention and 40 Developmental Assets models.**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed:

- **Laws and Norms Favorable Toward Drug Use**

Secondary Risk/Protective Factor Addressed:

- **Low Neighborhood Attachment**

IOM Category for this Strategy or Program:

- **Universal, Selective, Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **Develop work plan with local Commission on Children & Families (CCF) to implement High Level Outcome #19, Community Engagement, building upon community-based prevention coalitions.**
- **Provide staff support to five community based prevention coalitions.**
- **Provide five trainings regarding prevention best practices.**
- **Provide funding to support prevention activities with each coalition with appropriate evaluation per activity.**
- **Funded prevention activities supported will be determined by each community coalition, targeting reduction of risk factors and increasing assets/protective factors, and based on relevant data.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **100% of community-based prevention coalitions will receive prevention training.**
- **80% of community-based prevention coalitions will report increased knowledge in prevention best practices and research.**
- **100% of prevention activities funded will be based on prevention research.**

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☐ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **Lane County Health & Human Services**
- **Lane County Commission on Children & Families**

**2003-2005 Prevention Funding Plan
Baseline Funds
2003-2004 Strategy Sheet**

Major Program Area: **School-based Prevention**

Baseline Strategy Number: **2**

Program Strategy (What program will you use?):

- **Coordinate school-based substance abuse and violence prevention training & education for all county education districts.**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed: **Lack of Commitment to School**

Secondary Risk/Protective Factor Addressed: **Family Management**

IOM Category for this Strategy or Program: **Universal, Selective, Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **Provide training for at least 400 teachers/school staff in prevention programs/strategies and/or identification and referral.**
- **Provide training for at least 100 teachers/school staff in violence prevention and school safety programs/strategies.**
- **Provide positive youth development and leadership training for up to 200 middle school and high school students.**
- **Up to five schools will implement the FAST program or other family-school connection programs.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **80% of teachers/school staff participants will increase knowledge of effective prevention strategies/programs and/or identification and referral.**
- **80% of teachers/school staff participants will increase knowledge of effective violence prevention interventions/strategies.**
- **85% of students participating in leadership trainings/opportunities will demonstrate new skills.**
- **Parents participating in parent education activities will increase their knowledge of effective parenting strategies by 20%.**

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☒ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **Lane Education Service District**

2003-2005 Prevention Funding Plan

Baseline Funds 2003-2004 Strategy Sheet

Major Program Area: **Systems Planning, Coordination and Education**

Baseline Strategy Number: **3**

Program Strategy (What program will you use?):

- **Coordinate system-wide prevention planning, education and technical assistance.**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed:

- **Laws and Norms Favorable Toward Drug Use**

Secondary Risk/Protective Factor Addressed:

IOM Category for this Strategy or Program:

- **Universal**

Please list all year-one Outputs (process objectives) for this strategy:

- **Facilitate monthly Coordinators Committee meetings.**
- **Secure Memorandum of Understanding (MOU), among members of Coordinators Committee.**
- **Provide six trainings to partners receiving and allocating public funds regarding best practices in substance abuse prevention.**
- **Work with CCF to implement logic model for HLO #10-12 of Coordinate Plan.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **100% of Coordinators Committee members will sign/agree to MOU.**
- **50% of public entities receiving prevention training will report utilizing prevention research to allocate funds.**

What evaluation method will be used for this strategy?

☐ Pre-Post Test ☒ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **Health & Human Services**

2003-2005 Prevention Funding Plan
Baseline Funds
2003-2004 Strategy Sheet

Major Program Area: **Family/Parent Support**

Baseline Strategy Number: **4**

Program Strategy (What program will you use?):

- **Provide parent education programs at various community-based sites, including Family Resource Centers. Strengthening Multi-Ethnic Families will also continue to be provided, particularly targeting Latino families.**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed: **Family Management Problems**

Secondary Risk/Protective Factor Addressed: **Family History of Antisocial Behavior**

IOM Category for this Strategy or Program: **Selective & Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **An inventory of local parent education trainers and providers will be compiled and a training work plan developed.**
- **Sites identified by Family Resource Center coordinators will offer parent education for referred parents.**
- **Fifty parents will be referred for parent education.**
- **Develop Memorandum of Agreement to receive referrals, will come from community partners, including Community Safety Net, Peer Courts, Department of Human Services, local schools, etc.**
- **Strengthening Multi-Ethnic Families curriculum will be offered three times by local provider.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **A plan will be developed and parent education and training will be identified by Family Resource Center coordinators.**
- **100% of Family Resource Centers will provide/host parent education for referred parents.**
- **60% of participating parents receiving education will report an increase in knowledge.**
- **Memorandum of Agreement will be signed by partners.**

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☐ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **FRC Coordinators**
- **Contracted Parent Education providers**

**2003-2005 Prevention Funding Plan
Baseline Funds
2004-2005 Strategy Sheet**

Major Program Area: Community-Based Efforts/Coalitions

Baseline Strategy Number: 1

Program Strategy (What program will you use?):

- **Community mobilization utilizing risk-focused prevention and 40 Developmental Assets models.**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed:

- **Laws and Norms Favorable Toward Drug Use**

Secondary Risk/Protective Factor Addressed:

- **Low Neighborhood Attachment**

IOM Category for this Strategy or Program:

- **Universal, Selective, Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **Implement work plan developed with local CCF to fulfill High Level Outcome #19, Community Engagement.**
- **Continue to provide staff support to five community-based prevention coalitions and other prevention coalitions developed in previous year.**
- **Provide five trainings regarding prevention best practices.**
- **Provide funding to support prevention activities with each coalition with appropriate evaluation per activity.**
- **Funded prevention activities supported will be determined by each community coalition, targeting reduction of risk factors and increasing assets/protective factors, and based on relevant data.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **100 % of community-based prevention coalitions will receive prevention training.**
- **80% of community-based prevention coalitions will report increased knowledge in prevention best practices and research.**
- **100% of prevention activities funded will be based on prevention research.**

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☐ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **Lane County Health & Human Services**
- **Lane County Commission on Children & Families**

**2003-2005 Prevention Funding Plan
Baseline Funds
2004-2005 Strategy Sheet**

Major Program Area: **School-based Prevention**

Baseline Strategy Number: **2**

Program Strategy (What program will you use?):

- **Coordinate school-based substance abuse and violence prevention training & education for all county education districts.**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed: **Lack of Commitment to School**

Secondary Risk/Protective Factor Addressed: **Family Management**

IOM Category for this Strategy or Program: **Universal, Selective, Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **Provide on-going training for at least 400 teachers/school staff in prevention programs/strategies and/or identification and referral.**
- **Provide on-going training for at least 100 teachers/school staff in violence prevention and school safety programs/strategies.**
- **Provide on-going positive youth development and leadership training for up to 200 middle school and high school students.**
- **Five schools will continue to implement the FAST program/or other family/school connection programs.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **80% of teachers/school staff participants will increase knowledge of effective prevention strategies/programs and/or identification and referral.**
- **80% of teachers/school staff participants will increase knowledge of effective violence prevention interventions/strategies.**
- **85% of students participating in leadership trainings/opportunities will demonstrate new skills.**
- **Parents participating in parent education activities will increase their knowledge of effective parenting strategies by 20%.**

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☒ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **Lane Education Service District**

**2003-2005 Prevention Funding Plan
Baseline Funds
2004-2005 Strategy Sheet**

Major Program Area: **Systems Planning, Coordination and Education**

Baseline Strategy Number: **3**

Program Strategy (What program will you use?):

- **Coordinate system-wide prevention planning, education and technical assistance.**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed:

- **Laws and Norms Favorable Toward Drug Use**

Secondary Risk/Protective Factor Addressed:

IOM Category for this Strategy or Program:

- **Universal**

Please list all year-one Outputs (process objectives) for this strategy:

- **Facilitate monthly Coordinators Committee meetings.**
- **Recruit new members and secure Memorandum of Understanding (MOU), of Coordinators Committee.**
- **Provide six trainings to partners receiving and allocating public funds regarding best practices in substance abuse prevention.**
- **Work with CCF to implement logic model for HLO #10-12 of Coordinate Plan.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **100% of Coordinators Committee members will sign/agree to MOU.**
- **50% of public entities receiving prevention training will report utilizing prevention research to allocate funds.**

What evaluation method will be used for this strategy?

☐ Pre-Post Test ☒ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **Health & Human Services**

2003-2005 Prevention Funding Plan

Baseline Funds 2004-2005 Strategy Sheet

Major Program Area: **Family/Parent Support**

Baseline Strategy Number: **4**

Program Strategy (What program will you use?):

- **Provide parent education programs at various community-based sites, including Family Resource Centers. Strengthening Multi-Ethnic Families will also continue to be provided, particularly targeting Latino families.**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed: **Family Management Problems**

Secondary Risk/Protective Factor Addressed: **Family History of Antisocial Behavior**

IOM Category for this Strategy or Program: **Selective & Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **Continue to update inventory of local parent education trainers and providers.**
- **Sites identified by Family Resource Center (FRC) Coordinators will offer parent education for referred parents.**
- **50 parents will be referred for parent education.**
- **Maintain Memorandum of Agreement to receive referrals will come from community partners, including Community Safety Net, Peer Courts, Department of Human Services, local schools, etc.**
- **Strengthening Multi-Ethnic Families curriculum will be offered three times by local provider.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **Implementation of plan developed in first year regarding training needs of FRC coordinators.**
- **100% of Family Resource Centers will provide/host parent education for referred parents.**
- **60% of participating parents receiving education will report an increase in knowledge.**
- **Maintain and update Memorandum of Agreement by partners.**

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☐ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **FRC Coordinators**
- **Contracted Parent Education providers**

2003-2005 Prevention Funding Plan

Funding Plan Narrative (2 pages maximum)

The funding plan narrative should expand upon what is written on the proposed strategy sheets. Specifically, the narrative should explain how the plan addresses the Comprehensive County Plan and the priorities and logic model information related to ATOD from Phase II.

Lane County Health & Human Services, in coordination with community members and partners, have identified five program areas to address during the next biennium. Approximately 50 community members participated in a December 11, 2002 forum dedicated to soliciting priorities to support a continuum of care in alcohol and drug services. Although numerous priorities were mentioned during the forum, five areas were clearly identified as highest priorities. These priorities have been placed into program areas reflected in this plan.

Four of the five priorities have been organized into four strategies for baseline funding, presented below, and two for targeted funding, presented later in the plan. Strategies identified for baseline funding include support for:

- Community-based efforts
- School-based prevention efforts
- Greater collaboration and planning
- Family support and education

In addition to gathering community input, Health & Human Services worked in partnership with Lane County Commission on Children & Families to develop the Coordinated County Plan which includes strategies and priorities targeting High Level Outcomes, HLO #10-12, Decreasing Teen ATOD Use. Priorities identified at the community forum mentioned above also support the strategies identified in the County's Coordinated Plan. The first priority and associated strategies identified in the Coordinated Plan listed below, demonstrate a consistent reflection of the community priorities.

Priority: Reduce Youth Use of Alcohol, Tobacco and Other Drugs

Strategies:

1. Promote substance abuse best practices in schools and communities.
2. Involve local media to inform community about youth use of ATOD.
3. Enhance community-based prevention coalitions addressing youth ATOD issues.
4. Support community norms and new or modified laws regarding the use of alcohol.
5. Support, enhance or create meaningful and consistent criminal justice responses to youth use of ATOD.
6. Restrict youth access to ATOD.
7. Promote earlier identification of high-risk youth.
8. Create tobacco-free environments by recruiting Lane County high school youth to participate in activities to create tobacco-free environments and meet with local media to highlight the problems of secondhand smoke exposure and advocate for change.

The four major program areas outlined in this baseline funding plan clearly support the identified community priorities as well as reflects Lane County's commitment toward community-based prevention.

Major Program Area #1: Lane County Health & Human Services, H&HS, will increase existing prevention staff FTE to provide support to community-based prevention coalitions. Although Lane County hosted six community-based prevention coalitions at one time, the lack of direct staff support providing necessary training, education and support, has caused many of the coalitions to shrivel in membership, resulting in less effective community engagement. In addition to increasing prevention staff time, Health & Human Services will work jointly with Lane County Commission on Children & Families as they proceed with implementing High Level Outcome #19, Community Engagement, of the Comprehensive Plan. Prevention staff will work with staff of the Commission on Children & Families to develop an appropriate plan for effectively engaging the community for a more cohesive approach to prevention. Finally, funds will be reserved for community-based prevention coalitions to support best or promising approaches in substance abuse prevention. It is anticipated that most activities sponsored through community-based prevention coalitions will fall within the universal or selective categories of prevention.

Major Program Area #2: Lane County H&HS will contract with Lane Education Service District, ESD, to provide school-based substance abuse and violence prevention coordination and training. Lane ESD prevention staff will coordinate and train school staff in violence and substance abuse prevention best practices, curriculum and interventions. The Lane ESD will continue to support school-based, multi-disciplinary teams to help identify and refer students to appropriate services. Also, Lane ESD will continue to provide leadership and positive development opportunities for Lane County youth. Lane ESD prevention training and coordination will encompass all three categories of prevention.

Major Program Area #3: Lane County H&HS will continue to support systems coordination, planning and education through the provision of dedicated prevention coordinator position. The county prevention coordinator works collaboratively with several county partners, including the Commission on Children & Families, to implement the Coordinated Plan. Universal prevention is the most appropriate category of prevention at this level.

Major Program Area #4: Lane County H&HS will develop a Memorandum of Understanding with community partners to refer families/parents to Family Resource Centers to receive parent education and support. Additionally, Lane County H&HS will contract with a local provider to conduct outreach to Latino families and offer parent education classes. Strengthening Multi-Ethnic Families will be the curriculum utilized which fits the selective prevention category.

Supporting the identified community priorities as well as a commitment by Lane County H&HS to move toward systems change through educating local partners in substance abuse prevention best practices, the logic model for High Level Outcomes, HLO #10-12, of the Coordinated Plan was developed. The logic model and accompanying measurement plan, submitted by Lane County Commission on Children & Families for High Level Outcomes #10-12 are attached in Appendix A.

Prevention Funding Plan **Baseline Funds—Budget Year 2003-04**

County: Lane Proposed Baseline Budget: \$ 150,000

Prevention Coordinator /
 Contact Person: C.A. Baskerville Fiscal Contact /
 Person: Carol Owen

Phone: (541) 682-3031 Phone: (541) 682-3767

	<u>Funding Source</u>				
	DHS Funds A&D 70	CCF Funds	JCP Funds	Other Funds (Local Beer and Wine Tax)	Total Funds
Personnel	\$ 48,173			\$ 13,450	\$61,623
Office Supplies				\$ 95	\$95
Contracts/Consultants	\$ 51827			\$ 16,608	\$68,435
Community Coalitions	\$ 50,000				\$50,000
Professional Development, Trainings, Conferences				\$ 1,000	\$1,000
Capital Expenses (computers, etc.)					
Other: County Indirect I.S. Direct				\$ 5,935 \$ 4,521	\$5,935 \$4,521
Total Budget Amount	\$ 150,000			\$ 41,609	\$191,609

Prevention Funding Plan **Baseline Funds—Budget Year 2004-05**

County: Lane Proposed Baseline Budget: \$ 150,000

Prevention Coordinator /
 Contact Person: C.A. Baskerville Fiscal Contact /
 Person: Carol Owen

Phone: (541) 682-3031 Phone: (541) 682-3767

	<u>Funding Source</u>				
	DHS Funds A&D 70	CCF Funds	JCP Funds	Other Funds	Total Funds
Personnel	\$ 48,173			\$ 13,450	\$61,623
Office Supplies				\$ 95	\$95
Contracts/Consultants	\$ 51827			\$ 16,608	\$68,435
Community Coalitions	\$ 50,000				\$50,000
Professional Development, Trainings, Conferences				\$1,000	\$1,000
Capital Expenses (computers, etc.)					
Other: County Indirect I.S. Direct				\$ 5,935 \$ 4,521	\$5,935 \$4,521
Total Budget Amount	\$ 150,000			\$ 41,609	\$191,609

2003-2005 Prevention Funding Plan

Baseline Budget Narrative (2 pages maximum)

The budget narrative should expand upon the line item budget. Further explain the costs associated with each of the line items in your narrative.

Lane County Health & Human Services (H&HS) will allocate baseline prevention funds of \$150,000.00 annually as follows:

Major Program Area 1: Community-Based Efforts/Coalitions

A portion of funds will be directed toward increasing other prevention staff to full-time to provide staff support for community-based prevention coalitions. Lane County has a history of five Oregon Together groups and one countywide coalition. This staff person will provide support to the community-based coalitions as well as work with staff from the Lane County Department of Children & Families to implement High Level Outcome #19, Community Engagement, in areas where no Oregon Together group exists.

Major Program Area 2: School-Based Substance Abuse and Violence Prevention

An Intergovernmental Agreement with Lane Education Service District (ESD) will be issued to help fund a staff position to provide technical assistance, training and coordination of substance abuse and violence prevention. Staff will also provide support to the positive youth development initiative coordinated through the Lane ESD.

Major Program Area 3: Systems Planning, Coordination and Education

Lane County H&HS will preserve some baseline funding that will be directed toward maintaining one (1.0) FTE countywide prevention coordinator. The prevention coordinator will provide technical assistance and oversight of the prevention plan, help implement the County's Coordinated Plan and provide general prevention education countywide.

Major Program Area 4: Family Support and Education

Lane County H&HS will contract with a local providers to deliver various parent education programs, including but not limited to 'Parenting Wisely' and 'NICASA', at Family Resource Center or other identified community sites. Additionally, Strengthening Multi-Ethnic Families curriculum will be offered through a local provider with particular outreach to Latino families.

**2003-2005 Prevention Funding Plan
Targeted Funds
Cover Sheet**

County: Lane

Agency Information

Name: Health and Human Services

Agency Address: 125 E. 8th Ave.

City, State, Zip: Eugene, OR 97401

Phone: (541) 682-4035 Fax: (541) 682-4487

Agency Director: Rob Rockstroh

Prevention Program

Coordinator/Contact: C.A. Baskerville Phone: (541) 682-3031

E-mail Address: Cindy.Baskerville@co.lane.or.us

Fiscal Issues

Contact Person: Carol Owen Phone: (541) 682-3767

E-mail Address: Carol.Owen@co.lane.or.us

Major Program Areas Addressed in this Proposal

1. Children of Alcoholics/Addicts
2. Family/Parent Support
3. School-based Substance Abuse and Violence Prevention Coordination

**2003-2005 Prevention Funding Plan
Targeted Funds
2003-2004 Strategy Sheet**

Major Program Area: Children of Alcoholics/Addicts

Strategy Number: 1

Program Strategy (What program will you use?):

- **Skill-Building**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed: Family History of Antisocial Behavior

Secondary Risk/Protective Factor Addressed: Sensation Seeking

IOM Category for this Strategy or Program: Indicated

Please list all year-one Outputs (process objectives) for this strategy:

- Develop plan based on mapping of local/community resources specifically for target population.
- Training/In-Service for Family Resource Center (FRC) coordinators and Community Safety Net Family Support workers will be provided on a quarterly basis.
- County Family Resource Center Coordinators will organize skill-building curriculum and opportunities for referred youth at a variety of sites countywide.
- An estimated 100 youth, elementary through high school age, will be referred for targeted services through the FRC.
- Referrals will come from a variety of sources, including Community Safety Net, Department of Youth Services, Peer Courts, Department of Human Services, local schools, parents, etc.

Please list all year-one Intermediate-Outcomes for this strategy:

- 100% of Lane County FRC staff and Community Safety Net Family Support Workers will receive training/in-service.
- 100% of Lane County FRCs will expand capacity to provide skill-building opportunities for referred youth; capacity expansion may include increased hours, increased FTE, etc.
- 60% of participating youth will report an increase in skill development.

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☐ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- * Lane County Commission on Children & Families
- * Lane Education Service District
- * Health & Human Services
- * Department of Human Services, Service Delivery Area 5
- * Department of Youth Services
- * Other community partners to be determined

**This includes commitments for referrals and coordination of services.*

**2003-2005 Prevention Funding Plan
Targeted Funds
2003-2004 Strategy Sheet**

Major Program Area: **Family/Parent Support**

Strategy Number: **2**

Program Strategy (What program will you use?):

- **Parent Support and Education**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed: **Family Management Problems**

Secondary Risk/Protective Factor Addressed: **Family History of Antisocial Behavior**

IOM Category for this Strategy or Program: **Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **An inventory of local parent education trainers and providers will be compiled and a training work plan developed.**
- **Sites identified by Family Resource Center (FRC) coordinators will offer individual parent support/education for referred parents.**
- **50 parents will be referred for targeted parent education and support.**
- **Develop Memorandum of Agreement to receive referrals will come from community partners, including Community Safety Net, Department of Youth Services, Department of Human Services, local schools, etc.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **A plan will be developed for providing targeted parent education and support at FRCs.**
- **A training plan will be developed with Family Resource Center coordinators to identify specific training required to offer targeted services.**
- **100% of FRC coordinators will receive appropriate training.**
- **100% of FRC will provide parent education for referred parents.**
- **60% of participating parents receiving education will report an increase in knowledge.**
- **Memorandum of Agreement will be signed by partners.**

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☐ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **FRC Coordinators**
- **Contracted Parent Education providers**

**2003-2005 Prevention Funding Plan
Targeted Funds
2003-2004 Strategy Sheet**

Major Program Area: **School-based Prevention**

Strategy Number: **3**

Program Strategy (What program will you use?): **School-based Substance Abuse and Violence Prevention Coordination and Training**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed: **Lack of Commitment to School**

Secondary Risk/Protective Factor Addressed: **Family Management**

IOM Category for this Strategy or Program: **Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **Coordinate violence and substance abuse prevention training for at least 400 teachers/school staff.**
- **Provide staff support to Community Safety Nets and other multi-disciplinary teams, with particular assistance with identification and referral for high risk youth.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **80% of participating teachers/school staff will increase knowledge of effective prevention strategies/programs and/or identification and referral.**
- **80% of participating teachers/school staff will increase knowledge of effective violence prevention interventions/strategies.**
- **Community Safety Net and multi-disciplinary team partners will report an increase in coordination of services.**

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☒ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **Lane ESD**

**2003-2005 Prevention Funding Plan
Targeted Funds
2004-2005 Strategy Sheet**

Major Program Area: **Children of Alcoholics/Addicts**

Strategy Number: **1**

Program Strategy (What program will you use?):

- **Skill-Building**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed: **Family History of Antisocial Behavior**

Secondary Risk/Protective Factor Addressed: **Sensation Seeking**

IOM Category for this Strategy or Program: **Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **On-going training/in-service for Family Resource Center (FRC) coordinators and Community Safety Net family support workers will be provided on a quarterly basis.**
- **County FRC coordinators will continue to organize skill-building opportunities for referred youth at a variety of sites countywide.**
- **An estimated 100 youth will be referred and will receive targeted services through the FRCs.**
- **Maintain referrals will come from community partners, including Community Safety Net, Peer Courts, Department of Human Services, local schools, etc.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **100% of Lane County FRC staff and Community Safety Net FRC will receive training/in-service.**
- **100% of Lane County FRCs will expand capacity to provide skill-building opportunities for referred youth; capacity expansion may include increased hours, increased FTE, etc.**
- **60% of participating youth will report an increase in skill development.**

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☐ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **Lane County Commission on Children & Families**
- **Lane Education Service District**
- **Health & Human Services**
- **Other community partners to be determined**

**2003-2005 Prevention Funding Plan
Targeted Funds
2004-2005 Strategy Sheet**

Major Program Area: **Family/Parent Support**

Strategy Number: **2**

Program Strategy (What program will you use?):

- **Parent Support and Education**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed: **Family Management Problems**

Secondary Risk/Protective Factor Addressed: **Family History of Antisocial Behavior**

IOM Category for this Strategy or Program: **Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **On-going update of inventory of local parent education trainers and providers.**
- **Sites identified by Family Resource Center(FRC) coordinators will offer individual parent support/education for referred parents.**
- **50 parents will be referred for parent education and support.**
- **Maintain Memorandum of Agreement to receive referrals will come from community partners, including Community Safety Net, Peer Courts, Department of Human Services, local schools, etc.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **Implementation of plan developed to provide parent support, education and training**
- **100% of FRCs will provide/host parent education for referred parents.**
- **60% of participating parents receiving education will report an increase in knowledge.**
- **Memorandum of Agreement will be signed by partners.**

Who will be providing this service?

- **FRC Coordinators**
- **Contracted Parent Education providers**

2003-2005 Prevention Funding Plan

Targeted Funds 2004-2005 Strategy Sheet

Major Program Area: **School-based Prevention**

Strategy Number: **3**

Program Strategy (What program will you use?): **School-based Substance Abuse and Violence Prevention Coordination and Training**

Is this program Evidenced Based? Yes ☒ No ☐

If not, please explain why this program was chosen:

Primary Risk/Protective Factor Addressed: **Lack of Commitment to School**

Secondary Risk/Protective Factor Addressed: **Family Management**

IOM Category for this Strategy or Program: **Indicated**

Please list all year-one Outputs (process objectives) for this strategy:

- **On-going coordination of violence and substance abuse prevention training for at least 400 teachers/school staff.**
- **On-going staff support to Community Safety Nets and other multi-disciplinary teams, with particular assistance with identification and referral for high risk youth.**

Please list all year-one Intermediate-Outcomes for this strategy:

- **80% of participating teachers/school staff will increase knowledge of effective prevention strategies/programs and/or identification and referral.**
- **80% of participating teachers/school staff will increase knowledge of effective violence prevention interventions/strategies.**
- **Community Safety Net and multi-disciplinary team partners will report an increase in coordination of services.**

What evaluation method will be used for this strategy?

☒ Pre-Post Test ☒ Survey ☐ Social Indicator Data ☐ Other? _____

Who will be providing this service?

- **Lane ESD**

2003-2005 Prevention Funding Plan

Targeted Funding Plan Narrative *(2 pages maximum)*

The targeted funding plan narrative should expand upon what is written on the proposed strategy sheets. Specifically, the narrative should explain how the plan addresses the Comprehensive County Plan and the priorities and logic model information related to ATOD from Phase II.

Blending community input and the strategies identified in the County's Coordinated Plan, Health & Human Services, along with community partners, have developed a plan for targeted services, which focuses on children of alcoholics and their parents.

Coordinating with the Lane County Commission on Children & Families (CCF), Service Delivery Area 5 of the Department of Human Services, Lane County Department of Youth Services (DYS) and the Lane Education Service District (ESD), Lane County Health & Human Services will work to increase the capacity of local Family Resource Centers (FRC) to provide targeted/indicated services for referred youth, elementary through high school age, and their families.

Family Resource Centers, FRCs, will increase their capacity through a variety ways following individual assessment of each center. Lane County currently has eight FRCs, each with different services and hours of operation. Once each is assessed, FRC coordinators may be trained to deliver skill-building curriculum for youth or targeted parent education/support for parents. Other FRC coordinators may act as coordinators for expanded services, bringing in outside experts to deliver the service.

Referrals of appropriate children of alcoholics/addicts and their families will come through the Department of Human Services (DHS), Department of Youth Services (DYS), Community Safety Nets (CSN), schools or parents. DHS workers will identify parents with histories of substance abuse issues and when appropriate, refer them to the FRC nearest their home. DHS counselors will identify youth with non-involved siblings and refer the non-involved sibling and parents to services. Likewise, CSN team members will also utilize FRCs as an additional community resource for appropriate youth and families.

Specific skill building curriculum for youth and indicated parenting education curriculum have yet to be determined. An inventory of local resources will be conducted by the County prevention coordinator in partnership with the staff of the CCF. Once the inventory has been completed, specific work plans for individual FRCs will be developed. Targeted services may include, but are not limited to, mentoring programs, tutoring or curriculum. Provision of specific services for referred youth and parents will be accomplished through a contracted process.

In addition to the aforementioned strategy, another important indicated service will be provided through the Lane ESD. Lane ESD will employ a prevention coordinator to coordinate and provide violence prevention and substance abuse training for all school districts and staff. The prevention coordinator also provides support to school-based, multi-disciplinary teams and community safety nets where individual youth are assessed and referred for appropriate services.

Finally, the logic model submitted for HLO #10-12 of the County's Coordinated Plan reflects a commitment toward systems integration with regards to substance abuse prevention. This project is representative of that commitment.

Prevention Funding Plan Targeted Funds—Budget Year 2003-04

County: Lane Proposed Baseline Budget: \$ 114,324

Prevention Coordinator /
Contact Person: C.A. Baskerville Fiscal Contact /
Person: Carol Owen

Phone: (541) 682-3031 Phone: (541) 682-3767

	<u>Funding Source</u>				
	DHS Funds A&D 70	CCF Funds	JCP Funds	Other Funds	Total Funds
Personnel					
Office Supplies					
Contracts / Consultants	\$114,324				\$114,324
Community Coalitions					
Professional Development, Trainings, Conferences					
Capital Expenses (computers, etc.)					
Other:					
Total Budget Amount	\$114,324				\$114,324

Prevention Funding Plan **Targeted Funds—Budget Year 2004-05**

County: Lane Proposed Baseline Budget: \$ 114,324

Prevention Coordinator / Fiscal Contact /
 Contact Person: C.A. Baskerville Person: Carol Owen

Phone: (541) 682-3031 Phone: (541) 682-3767

	<u>Funding Source</u>				
	DHS Funds A&D 70	CCF Funds	JCP Funds	Other Funds	Total Funds
Personnel					
Office Supplies					
Contracts / Consultants	\$ 114,324				\$ 114,324
Community Coalitions					
Professional Development, Trainings, Conferences					
Capital Expenses (computers, etc.)					
Other					
Total Budget Amount	\$ 114,324				\$ 114,324

2003-2005 Prevention Funding Plan
Targeted Funding Plan Narrative (2 pages maximum)

The targeted funding plan narrative should expand upon the line item budget. Further explain the costs associated with each of the line items in your narrative.

Lane County Health & Human Services (H&HS) will allocate targeted/indicated prevention funds of \$114,324 annually as follows:

Major Program Area 1: Children of Alcoholics

Funds for this targeted population will be allocated through a contracted process. Family Resource Centers (FRCs), primarily funded through the Commission on Children & Families, will be the principal recipient of funds. Other indicated services, i.e., mentoring, and the appropriate provider, have yet to be determined and will be so through a competitive process.

Major Program Area 2: Family/Parent Support

Funds to provide support for parents of youth referred for targeted services will be allocated in the same process as funds to support the youth. Specific indicated support services has yet to be determined, but will be in coordination with FRC coordinators, community partners and H&HS.

Major Program Area 3: School-based Substance Abuse and Violence Prevention

An Intergovernmental Agreement with Lane Education Service District (ESD) will be issued to help fund a staff position to provide coordination and support specific to violence prevention, education and training, and support to Community Safety Nets (CSNs) and multi-disciplinary teams in rural school districts.

Specific Roles of Service Providing Partners

DCF--Will generally provide coordination and support to ensure effective program operation. Specifically, DCF will: participate in developing a training plan and training resource assessment for FRCs/CSNs; support the FRCs/CSNs to enable them to provide the training and skill-building to referred children/youth and parents; assist in developing evaluation criteria and writing reports.

FRC's/CSNs--Will follow-up on all referrals received and engage children/youth parents in programs offered; will develop a training plan and resource assessment to ensure that appropriate curricula and experts are available to provide the trainings; will provide services to children/youth and parents; will collect evaluation data as directed by the funder.

Lane ESD--Will provide training curricula and general support to FRCs and CSNs, as needed, to ensure that trainers have appropriate levels of training and materials; will work with rural school personnel to make appropriate referrals for the program; will assist with evaluation and data collection as needed.

Lane County A&D Prevention Workplan 2003-2005 Baseline

Program Area Baseline Funding	Strategies	IOM Category	Outputs (Annual)	Intermediate Outcomes
1. Community- Based Efforts	1. Community mobilization utilizing various prevention models, including risk-focused prevention, resiliency and 40 Developmental Assets	1. Universal 2. Selective	1a) A work plan will be developed with Lane County CCF to implement High Level Outcome #19, Community Engagement, to enhance existing coalitions or develop new ones 1b) Provide staff support to mobilize communities and to support existing community-based coalitions 1c) Provide five trainings on prevention best practices 1d) Provide funding to support prevention best practices/ activities in each community as identified by community-based coalition	1a) A work plan will be developed in cooperation with the Lane County CCF regarding community engagement/mobilization 1b) 100% of community based coalitions will receive training on prevention best practices 1c) 50% of community-based prevention coalitions will report and increase in prevention knowledge 1d) 100% of prevention activities funded through community-based efforts will be based on research

Program Area Baseline Funding	Strategies	IOM Category	Outputs (Annual)	Intermediate Outcomes
2. School-based Prevention	1. School-based substance abuse and violence prevention education, coordination and training	1. Universal 2. Selective 3. Indicated	1a) Provide training for at least 400 teachers/school staff in prevention programs/strategies and/or identification and referral	1a) 80% of participating teachers/school staff will increase knowledge of effective prevention strategies/programs and/or identification and referral
			1b) Provide training for at least 100 teachers/school staff in violence prevention and school safety programs/strategies	1b) 80% of participating teachers/school staff will increase knowledge of effective violence prevention interventions/strategies
			1c) Provide positive youth development and leadership training for up to 200 middle school / high school students	1c) 85% of students participating in leadership trainings/opportunities will demonstrate new skills
			1d) Up to five schools will implement the FAST program/or other family-school connection programs	1d) Parents participating in parent education activities will increase their knowledge of effective parenting strategies by 20%

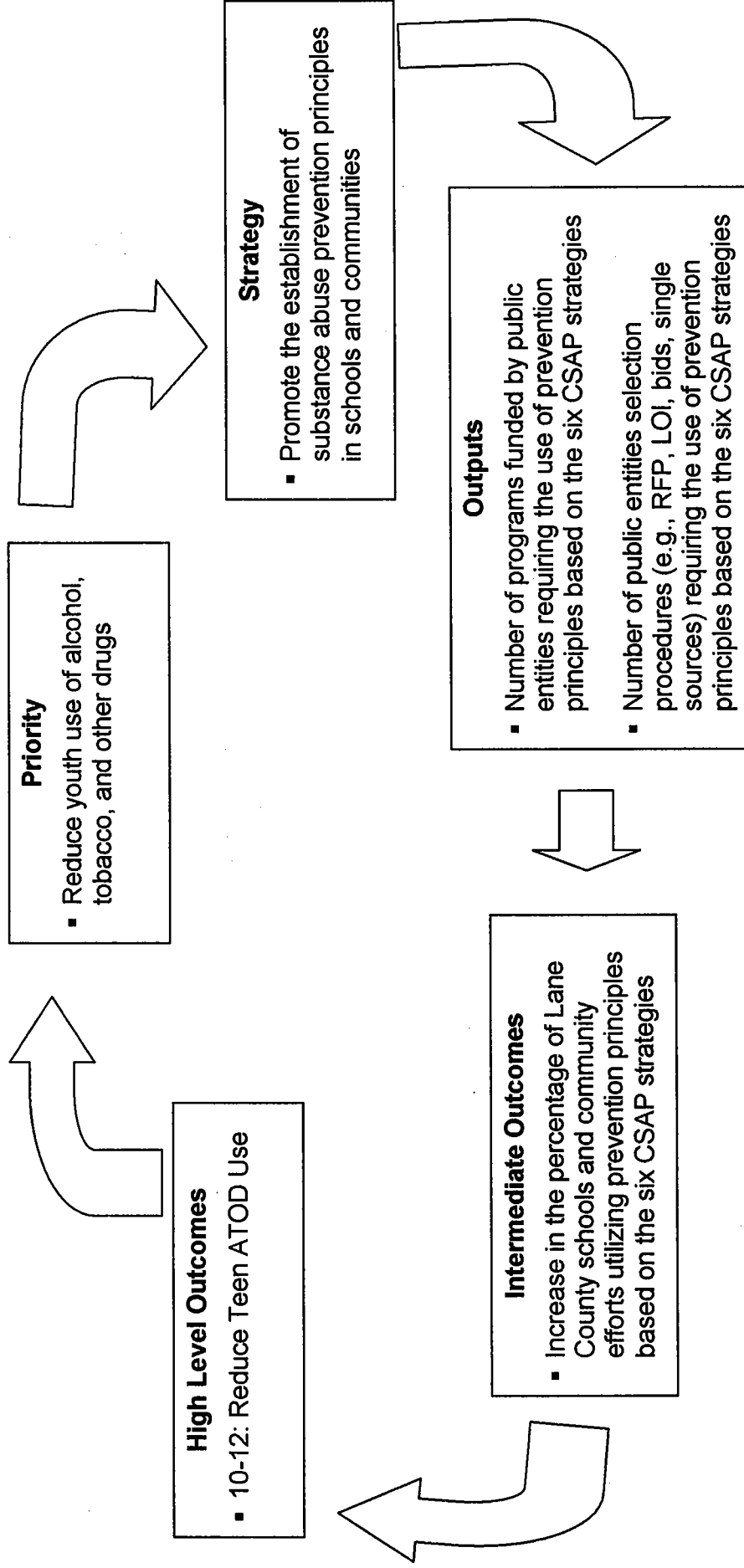
Program Area Baseline Funding	Strategies	IOM Category	Outputs (Annual)	Intermediate Outcomes
3. Systems Planning, Coordination and Education	1. Countywide Prevention Coordination, Planning and Education	1. Universal	1a) Facilitate monthly Coordinators Committee meetings 1b) Secure Memorandum of Understanding among members of Coordinators Committee regarding planning efforts 1c) Provide six trainings to partners regarding best practices in substance abuse prevention 1d) Work with CCF to implement logic model for HLO #10-12 of Coordinated Plan	1a) 80 % of Coordinators Committee will agree and sign a Memorandum of Understanding 1b) 50% of partners receiving training will report an increase in prevention knowledge 1c) Logic model for HLO #10-12 will be implemented
4. Parent Support	1. Parent Education	1. Selective 2. Indicated	1a) An inventory of local parent education trainers and providers will be compiled and a training work plan developed 1b) Sites identified by Family Resource Center Coordinators will offer parent education for referred parents 1c) 50 parents will be referred for parent education and support 1d) Develop Memorandum of Agreement	1a) A plan will be developed and parent education and training will be identified by Family Resource Center coordinators 1b) 100% of Family Resource Centers will provide/host parent education for referred parents 1c) 60% of participating parents receiving education will report an increase in knowledge 1d) Memorandum of Agreement will be signed by partners

Targeted Funding

Program Area Targeted Funding	Strategies	IOM Category	Outputs (Annual)	Intermediate Outcomes
1. Children of Alcoholics / Addicts	1. Skill-building	1. Indicated	1a) Training/In-Service for Family Resource Coordinators and Community Safety Net Family Support Workers will be provided on a quarterly basis	1c) 100% of Lane County Family Resource Center staff and Community Safety Net Family Support Workers will receive training/in-service
			1b) County Family Resource Center Coordinators will organize skill-building opportunities for referred youth at a variety of sites countywide	1d) 100% of Lane County FRCs will expand capacity to provide skill-building opportunities for referred youth; capacity expansion may include increased hours, increased FTE, etc.
			1c) An estimated 100 youth will be referred and will receive targeted services through the Family Resource Centers.	1e) 60% of participating youth will report an increase in skill development
2 Parent Support	1. Parent Education	1. Selective 2. Indicated	1a) An inventory of local parent education trainers and providers will be compiled and a training work plan developed	1a) A plan will be developed and parent education and training will be identified by Family Resource Center coordinators
			1b) Sites identified by Family Resource Center Coordinators will offer parent education for referred parents	1b) 100% of Family Resource Centers will provide/host parent education for referred parents
			1c) 50 parents will be referred for parent education and support	1c) 60% of participating parents receiving education will report an increase in knowledge
			1d) Develop Memorandum of Agreement to receive referrals will come from community partners, including Community Safety Net, Peer Courts, Department of Human Services, local schools, etc.	1d) Memorandum of Agreement will be signed by partners

Appendix A

Logic Model Diagram: Reducing Teen ATOD Use (HLO#10-12)



Targets

- The percentage of programs funded by public entities will increase by 20%
- The percentage of public entities utilizing the six CSAP strategies will increase by 10%

Rationale

- Lane County Health & Human Services currently funds ten prevention programs incorporating the six CSAP strategies. A reasonable increase is estimated at two additional programs.
- Lane County Health & Human Services is the public entity responsible for allocating A&D 70 Funds. It is estimated that an additional two public entities will use the CSAP strategies for funding allocation in the next biennium.

Measurement Plan for High Level Outcomes #10-12

Comprehensive Plan

High Level Outcome: #10-12 – Decrease Teen ATOD Use

Priority: Reduce youth use of alcohol, tobacco and other drugs

Strategy: Promote the establishment of substance abuse prevention principles in schools and communities based on the six CSAP strategies

<u>Outputs</u>	<u>Targets</u>	<u>Rationale</u>	<u>Sources</u>	<u>Tools</u>	<u>Population</u>	<u>When</u>
The number of public entities requiring their funded programs to use prevention principles based on the six CSAP strategies	The percentage of public entities requiring the use of CSAP prevention principles will increase by 20%	Lane County Health & Human Services currently funds ten prevention programs incorporating the six CSAP strategies. A reasonable increase is estimated at two additional programs	Funded prevention programs of the following public entities: Lane County Health & Human Services; Lane County Commission on Children & Families (LCCCF); Lane County Human Services Commission; Lane Educational Services District (Lane ESD); Lane Council of Governments; United Way	Simple output tracking forms will be developed for use by the public entities listed as Sources	Public Entities	Annually
Number of public entities' funding selection procedures (e.g., RFP, LOI, bids, single sources) requiring the use of prevention principles based on the six CSAP strategies	The percentage of public entities utilizing the six CSAP strategies in their funding selection procedures will increase by 20%	Lane County Health & Human Services is the public entity responsible for allocating A&D 70 Funds. It is estimated that an additional two public entities will use the CSAP strategies for funding allocation in the next biennium	Lane County Health & Human Services; Lane County Commission on Children & Families (LCCCF); Lane County Human Services Commission; Lane Educational Services District (Lane ESD); Lane Council of Governments; United Way	Simple output tracking forms will be developed for use by the public entities listed as Sources	Public Entities	Annually
Increase in the percentage of Lane County schools and community efforts utilizing prevention principles based on the six CSAP strategies	The percentage of prevention providers utilizing the six CSAP strategies will increase by 10%	Lane County Health & Human Services is the one public entity currently utilizing the six CSAP strategies. It is estimated that an additional two public entities will utilize prevention principles based on the CSAP strategies in the next biennium	Lane County Health & Human Services; Lane County Commission on Children and Families (LCCCF); Lane County Human Services Commission; Lane Educational Services District (Lane ESD); Lane Council of Governments; United Way	A variety of survey tools will be used including MDS (Minimum Data Set)	Prevention providers	Annually

Appendix B

Support Families with Substance Abuse Issues and Children of Alcoholics/Addicts–Proposal

Lane County Health & Human Services will collaborate with community partners to develop a community hub of resources for families and children where substance abuse or multiple risk factors has been an issue. Partners in this effort include the Lane County Commission/Department of Children & Families (DCF), Lane Education Service District (ESD), Service Delivery Area 5 DHS, and Lane County Department of Youth Services. Each partner has a specific role or resources to contribute toward this project.

Partner Roles

1. Lane County Department of Children & Families, DCF

The local DCF currently funds eight Family Resource Centers (FRC) located in various locations across the county. Each FRC offers a variety of activities designed to provide support for families and children. Community need and available resources determine activities offered. The DCF will expand the capacity of each FRC to allow for provision of targeted support and services for parents and children affected by substance abuse. Both FRC staff and other partners will make referrals. Specific capacity expansion will be determined on an individual basis by each FRC and its corresponding coordinator, but may include items such as specific training for the coordinator, expanded hours of operation or possible increase in FTE.

Also, the DCF supports a domestic violence/child maltreatment initiative, the Family Violence Response Initiative (FVRI), which recognizes the prevalence of substance abuse in families with this co-occurring violence. The initiative works at the systems level to promote change in the way multiple agencies work together to support these families. This proposal includes many of the current partners in this effort and continues the work of ensuring greater safety and support for victims and their children in addressing the devastating results of family violence.

FVRI 2002-03 Objectives:

- Develop and implement internal and across-system protocols that consistently and comprehensively respond to domestic violence and child maltreatment.
- Support and enhance the provision of collaborative work on these cases.
- Improve the community's capacity to hold batterers accountable.
- Increase competency about child maltreatment and domestic violence and improve knowledge of practice and mandates of FVRI primary partners.
- Increase grassroots and systems engagement in strategies that improve the community's response to domestic violence and child maltreatment.

Finally, the DCF is also a sponsor of the community-based Community Safety Net (CSN), which serves as an intervention model for families at risk of serious family management problems. Many CSN teams are co-located with FRCs in school districts around the county and target families with children at high risk of abuse and neglect. Parents referred to CSNs often present with multiple risk factors, including substance abuse and domestic violence. CSNs will work closely with FRCs and the other partners in this

project to serve as a referral source for DHS. They will also provide case management to identified families in support of their use of the additional substance abuse prevention resources provided through this proposal.

2. Lane Education Service District, ESD

Will provide training curricula and general support to FRCs and CSNs, as needed, to ensure that trainers have appropriate levels of training and materials; will work with rural school personnel to make appropriate referrals for the program; will assist with evaluation and data collection as needed.

3. Service Delivery Area 5, Department of Human Services, DHS

DHS will work with caseworkers to identify parents on their caseloads who have substance abuse issues, either past or present, and make appropriate referrals to an FRC located nearest their home to receive parenting education. Additionally, children of the parents will also be offered services at the FRC, which may include, but are not limited to, specific skill-building curriculum, tutoring and mentoring.

4. Lane County Department of Youth Services

Juvenile counselors will work to identify youth on their caseloads who have substance abuse issues in their family. Once identified, youth and their parents will be offered services at the FRC nearest their home. Other local services, including tutoring and mentoring, may also be available in the community and made available to the referred youth.

5. Lane County Department of Health & Human Services, H&HS

Lane County H&HS will provide some funding the support to capacity expansion of the FRCs specifically to allow for the provision of indicated prevention services to families and youth referred by the partners mentioned above. H&HS will also provide some parenting education curricula, including but not limited to Parenting Wisely. H&HS will also provide an inventory of parent education currently offered in our County that also meet the criteria for best or promising practices for targeted prevention strategies.

In some instances, referral to an FRC will not be appropriate or available. Unfortunately, FRCs do not exist in all parts of the County, however, in areas which lack an FRC there is often a CSN in operation which could play the same role.

Partnering with other community-based resources to provide or host these services may also be necessary. Furthermore, culturally specific services are not currently offered at all FRCs and this lack would have to be addressed in this proposal.

Neighborhood Hubs

Support for Children of Alcoholics/Addicts and their Families

