

**BROOME COUNTY YOUTH PREVENTION PARTNERSHIP  
State Incentive Cooperative Agreement (SICA)**

**COMPREHENSIVE YOUTH DEVELOPMENT PLAN  
Plan from August 2000 - 2010**

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## **Executive Summary**

### **Background**

The Broome County Mental Health Department received a grant in 2000 from the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to develop a State Incentive Cooperative Agreement (SICA) Project. Broome County's project is one of fourteen SICA Projects statewide targeted to combat youth substance abuse. The Broome County Youth Prevention Partnership (BCYPP) was formed in August 2000 as the community coalition to carry out the SICA Project. The Communities That Care® (CTC) operating system and model of coalition building is the base for the Partnership and the process utilized to conduct a comprehensive assessment of the needs and resources of our community. The Communities That Care® model of assessment and Youth Survey helps us measure not only substance abuse and other problem behaviors, but also the risk and protective factors that influence youth. Young people are faced with alcohol and drug abuse risk in multiple areas of their lives: school, community, family, peers, social norms, and individual characteristics, to name a few. Research has demonstrated that youth exposed to certain risks in their community, at school, and at home are more likely to develop a variety of problem behaviors, such as substance abuse and delinquency. Research has also identified protective factors that can decrease the likelihood that substance abuse problems will develop. These protective factors also exist in the same multiple areas as risk factors. As the number of risk factors increases, the need for more protective factors increases. This risk and protective model incorporates many of the theories about alcohol and substance abuse. This model has a proven research basis for prevention programming that can impact and decrease risk and increase protection, thus having a positive influence on youth substance abuse.

The purpose of this plan is to share a comprehensive picture of Broome County's youth and family profile and needs, resources, planning efforts, key findings, recommendations and next steps, related to substance abuse prevention, as seen through the eyes of the Broome County Youth Prevention Partnership (BCYPP). The goals that guide the work and planning of this project and Partnership are:

1. To fully implement the risk and protective factor framework that influence substance abuse, and develop research based strategies to reduce risk, increase protection, and reduce the prevalence of substance abuse.
2. To create systems change among substance abuse prevention providers, planners, and funders by enhancing community efforts to promote and deliver effective substance abuse prevention strategies among multiple sectors of the community.
3. To create change in youth and parental perceptions of the harmfulness of substance abuse.
4. To increase community awareness of substance abuse problems, the Risk and Protective Factor Framework Model and effective science-based prevention program strategies.

The SICA Project staff, Binghamton University Evaluation Team, and individuals and committees of the BCYPP completed a full needs assessment, data analysis, and CTC strategic planning process to include participant and program outcomes. This group has worked together in committees and teams to accomplish these tasks. The BCYPP formalized the decision in December 2001 to develop a comprehensive community plan to address the vision of the

Broome County Youth Prevention Partnership (BCYPP). The BCYPP formed two standing committees: funding and planning to look at the issues necessary to sustain the prevention efforts and to plan for continued and expanded prevention programs. The discussions and ideas of these committees are reflected in this plan. The Binghamton University Evaluation Team has guided our planning process as it relates to the analysis of our data and selection of prevention programming.

The comprehensive assessment we conducted includes data collected from the 2000 CTC Youth Survey, youth focus groups, data on record (archival data), parent surveys, and resource assessment survey. These data were collected from the target school districts and communities involved in the project to date: Johnson City, Union-Endicott, and Maine-Endwell as well as Binghamton who participated in the 2000 and 2002 CTC Youth Survey administration. Developmental Research and Programs analyzed and reported the data from the 2000 CTC Youth Survey. Our Binghamton University Evaluation Team analyzed and reported all additional sources of data and presented the information to the CELT and the BCYPP. Conclusions and key findings of our data collection efforts revealed that in 2000 alcohol was by far the most pervasive substance for adolescents in terms of its availability and frequency of use. Among Broome County youth, the prevalence of underage drinking was 31% among 7<sup>th</sup> graders to 81% of 12<sup>th</sup> graders. Regarding the prevalence of marijuana use, for the most part, Broome County students reported lower lifetime and 30-day rates than the national sample, except for 12<sup>th</sup> graders, who exceeded it. Broome County 12<sup>th</sup> grade students reported 30-day rates of alcohol use at a higher rate (31% versus 23%) than the matched sample.

Data obtained from the 2002 CTC Youth Survey, as analyzed by Channing Bete Company, Inc. and Compared to the Monitoring the Future Study (Johnston, O'Malley, & Bachman, 2002), showed similar substance use prevalence patterns and indicated that alcohol and marijuana use by Broome County youth continues to be problematic. Although the lifetime prevalence of alcohol use for eighth and tenth graders was comparable to students at these grade levels in the national sample, the lifetime prevalence of alcohol use for Broome County 12<sup>th</sup> graders (84%) exceeded rates for the national sample (80%). Moreover, a greater proportion of Broome County 8<sup>th</sup> graders (26%) and 12<sup>th</sup> graders (58%) reported alcohol use in the past 30-days compared to the national sample eighth (22%) and twelfth (50%) graders, whereas rates for 10 graders were comparable. Relative to the national sample, Broome County students reported lower lifetime rates of marijuana use in the eighth and tenth grades, whereas the proportion of Broome County twelfth graders reporting lifetime marijuana use slightly exceeded that of the national sample (52% versus 49%). A lesser percentage of eighth graders in Broome County reported past 30-day marijuana use whereas an equivalent percentage of tenth graders and greater percentage of Broome County twelfth graders (32% versus 22%) reported having smoked marijuana in the past 30-days.

For risk factors, a higher score represents a weakness and a lower score strength. The opposite is true for protective factors in which having a higher score reflects "more protection" and is strength whereas a lower score is a weakness. Based on the 2000 CTC Youth Survey, Broome County tends to fare better than the matched sample in the lower grades and increasingly worse in the higher grades. Several factors including "Religiosity", "Parental Attitudes Favorable to ATOD Use", and "Perceived Risks of Drug Use" appear as strengths in the lower grades only to become weaknesses by grade 12. This finding is not surprising in that the risk to adolescents tends to increase with age. Likewise, protective factor scores tend to decrease in the higher grades. "School Opportunities for Prosocial Involvement", a protective factor, is a notable strength for Broome County (57) relative to both the national level (50) as well as the matched sample (47). For all other protective factors, with the exception of "Belief in the Moral Order"

as another strength, Broome County was comparable to both the national level as well as the CTC matched sample. “Favorable Attitudes Toward Antisocial Behavior” stands out as the highest risk factor in Broome County (58) (matched sample 52). “Poor Academic Performance” stands out as a weakness for Broome County (57) relative to the matched sample (51) as well as the national level. “Friends’ Use of Drugs” (55) and “Favorable Attitudes Toward ATOD Use” (55) are weaknesses in Broome County as compared to the national average.

The results of the 2002 CTC Youth Survey revealed that “School Opportunities for Prosocial Involvement”, a protective factor, remains a notable strength for Broome County (57) relative to both the national level (50) as well as the matched sample (48). For most of the other protective factors, with the exception of “Religiosity” as another strength, and “Community Rewards for Prosocial Involvement” as well as “School Rewards for Prosocial Involvement” as weaknesses, Broome County was comparable to both the national level and the matched sample. “Parental Attitudes Favorable Attitudes Toward Antisocial Behavior” stands out as the highest risk factor in Broome County (59) (matched sample 51), followed by “Sensation Seeking” (56 compared to matched sample 54) and Community Disorganization (55, matched sample 50). “Laws and Norms Favorable to Drug Use and Firearms” also stands out as a weakness for Broome County (55) relative to the matched sample (54) as well as the national level. “Personal Transitions and Mobility” (53), “Low Neighborhood Attachment” (53), “Parental Attitudes Toward ATOD Use” (53), “Friends Use of Drugs”, “Peer Rewards for Antisocial Behavior” (53) and “Favorable Attitudes Toward Antisocial Behavior” (53) are weaknesses in Broome County as compared to the national average.

Through the practice of the Communities That Care® process of Strategic Planning, we have been able to identify a universal prevention program, Life Skills Training Program (LST), and a prevention program targeted toward at-risk youth, Reconnecting Youth, as science-based interventions to address our prioritized risk factors Favorable Attitudes Toward Antisocial Behavior and Favorable Attitudes Toward Alcohol Tobacco and Other drugs. Over the course of the next twelve months we will continue to identify school, family and community science-based interventions to address additional youth and parental risk factors. We will practice the same CTC Strategic Planning process involving project staff and the BCYPP members to identify and select additional programming and activities. We will also look to resources outside the project at interventions currently going to determine if they address the risk and protective factors that we have identified as priorities for intervention.

This plan will describe the accomplishments, challenges, progress, and future plans for further study and research.

## **Introduction**

### **Purpose and Use of this Plan**

This purpose of the Comprehensive Youth Development Plan is:

- To present a comprehensive picture of Broome County's youth and family profile and needs, resources, planning efforts, key findings, and recommendations, through the eyes of the Broome County Youth Prevention Partnership.
- To describe the accomplishments, challenges, progress, and future plans for further study and research.
- To enhance community efforts to promote and deliver effective substance abuse prevention strategies among multiple sectors of the community.
- To strengthen existing community collaboration and seek to further enhance intergovernmental collaboration, cooperation, and coordination toward Broome County's long-term commitment to reduce substance abuse among youth and provide opportunities for supportive, healthy, and drug-free youth, families, and neighborhoods in Broome County.
- To be used in the process of pursuing future funding.
- To educate the community in the risk and protective model.

### **Contributions and Preparation of the Plan**

The SICA Project staff, Binghamton University Evaluation Team, and individuals and committees of the BCYPP completed a full needs assessment, data analysis, and CTC strategic planning process to include participant and program outcomes. This group has worked together in committees and teams to accomplish these tasks. The BCYPP formalized the decision in December 2001 to develop a comprehensive community plan to address the vision of the Partnership. The Board formed two standing committees: funding and planning to look at the issues necessary to sustain the prevention efforts of the BCYPP and to plan for continued and expanded prevention programs. The discussions and ideas of these committees are reflected in this plan. The Binghamton University Evaluation Team has guided our planning process as it relates to the analysis of our data and selection of prevention programming.

It is important to remember that this report is a work in progress. We are in the process of planning for the long-term prevention efforts of our community including examination of the 2002 CTC Youth Survey results in the context of the updated Comprehensive Risk Profile and the community Resource Assessment. Issues and questions section of this report will further describe possible planning to expand prevention efforts to other school districts and additional domains within the CTC Model of intervention.

## **Description of Community Involvement**

### **Background**

The Broome County Mental Health Department received a grant in 2000 from the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to develop a State Incentive Cooperative Agreement (SICA) Project. Broome County's project is one of fourteen SICA Projects statewide targeted to combat youth substance abuse. The project is funded to gather, review and analyze local data and provide program evaluation for science based substance abuse interventions. The project is also funded to build a community partnership that is a collaboration of the school community, county, and other community leaders committed to working together to implement science-based substance abuse prevention programs. Local schools are the focus and "anchor point" for building and re-building the identity of the community, related to healthy youth and families. Although the schools are a focal point of this project, it is the whole community that is needed to build and support the plan. The SICA Project is a three-year initiative with OASAS. This project, with support from the schools, the county, and community is currently in the process of plans to sustain its efforts for continuing community planning and substance abuse prevention activities beyond the initial SICA initiative.

The Broome County Mental Health Department hired a Project Coordinator in July 2000 and subcontracted with Binghamton University Psychology Department to provide the evaluation services. This team of Binghamton University faculty and graduate students has been working on the project since September 2000. A Prevention Specialist joined the staff in November 2001. In January 2003 the Project Coordinator accepted a new position outside of the SICA project. Since then the Prevention Specialist has taken on the responsibility to guide and oversee the project.

### **Community Board Organization and Membership**

New York State SICA Projects were directed by OASAS to form a Community Board that would hold monthly Board meetings and "oversee" the development and activities of the community partnership. OASAS set guidelines that this Board be comprised of various sectors from the community. In Broome County we held our first Community Board meeting in August 2000. The Project Coordinator contacted representatives from each of the four-targeted school districts, the local governmental unit, law enforcement, and a local OASAS provider. Each of these initial represented sectors of the community had previously established linkages with the Broome County Mental Health Department (the lead agency of the SICA Project) and was prepared to work on this new initiative. Over the course of the next two months and with the suggestions and networking of the Project Coordinator and the initial representatives to the Board, the full Board was established with fifteen active members from eleven sectors of the community. This Board established the Broome County Youth Prevention Partnership (BCYPP), Broome County SICA's community partnership. The following is a list of the Broome County Youth Prevention Partnership Community Board as of April 2003:

Core Partners (required) for State Incentive Cooperative Agreement (SICA) Partnership:

- *Local Governmental Unit (LGU):* Broome County Community Mental Health Services- Katie Cusano
- *Office of Alcoholism and Substance Abuse Services (OASAS) Provider:* Lourdes Youth Services – Bette Gifford
- *Education:* Union-Endicott- Jackie Visser; Maine-Endwell- Kathy Sever; Johnson City- John Goodson
- *Health:* Broome County Public Health- Robert Denz
- *Law Enforcement:* Johnson City Police Department- Paul Burnett
- *Media:* Press and Sun Bulletin- April Smith

- *Parents Organization:* Southeastern Organization of Parent Teachers Associations- Beth Perenyi
- *Youth Bureau/Board:* Broome County Youth Bureau- Ann VanSavage and Karen Foley
- *Private, Human Service:* YWCA- Carole Coppens

Additional Partners:

- *Local Business:* McCue Advertising and Public Relation, Incorporated- Donna McCue
- *Faith Community:* Broome County Council of Churches- Cris Mogensen
- *Youth Leaders:* Young Women's Residential Achievement Program (YWRAP)- Nancy Johnson
- *Department of Social Services:* Broome County Department of Social Services- Pat Macumber
- *Other:* Broome County Probation Department- Dave Nemec
- *Other:* Dual Recovery Coordinator- Terry Cole

### **Key Leaders Involved**

Broome County's Integrated Planning Team (ICP) acted as the original Steering Committee of the SICA Project. The ICP's role is one of systematic planning and in providing communicative linkages between and among various stakeholders at the governmental and agency levels. Until recent retirement in December 2002, Thomas Hoke, Deputy County Executive for Human Services, served as the project representative from the ICP. The following is a list of the members of the ICP:

Nancy LeBlanc, Department of Social Services  
 Art Johnson, Mental Health Department/Department of Social Services  
 Dave Harnan, Office of Employment and Training  
 Dave Nemec, Probation Department  
 Ann VanSavage, Youth Bureau  
 Karen Foley, Youth Bureau  
 Karel Kurst-Swanger, SUNY Oswego/Department of Public Justice  
 Surinder Kahai, Binghamton University, School of Management  
 George Bobinski, Binghamton University, School of Management  
 Donna Hill, Community Foundation for South Central New York  
 Erik Jensen, United Way of Broome County  
 John Spencer, United Way of Broome County  
 John Sterlacci, United Way of Broome County  
 Kathy Bunnell, Office for Aging  
 Nancy McGraw, Health Department  
 Jessica Booker, Mental Health Department  
 Karen Perkins, Department of Social Services  
 Therese Haines, Executive Office

The Superintendents of the Binghamton City, Johnson City, Maine-Endwell, and Union-Endicott Central School Districts made a commitment from their districts in the original SICA grant proposal. The Superintendents of the Johnson City, Maine-Endwell and Union-Endicott Central School Districts have continued their commitment and investment both in time and support to this project and Partnership. The school districts have supported staff time and time of the students who participated in the CTC Youth Survey and focus groups.

## **Broome County Youth Prevention Partnership Vision**

In November 2000 eleven representatives of the BCYPP along with the Project Coordinator and Information Specialist attended the Communities That Care® (CTC) Key Leader Orientation/Community Board training. At this training the group determined that we had established a solid, representative, working Board and we were ready to form a vision statement. This group also recommended to the Board that the project's initial strategy would be to focus on the school districts and communities of Binghamton City, Johnson City, Union-Endicott, and Maine-Endwell, build success, and over time, expand to other school districts and communities. At December's monthly Board meeting the Board agreed with the recommendation about initial strategy and a committee was formed to draft a vision statement for review at January's Board meeting. In January 2001 the BCYPP adopted the following as its vision:

*“The Broome County Youth Prevention Partnership is a collaborative effort to create opportunities for supportive, healthy, drug-free youth, families, and neighborhoods in Broome County”.*

## **Community Involvement**

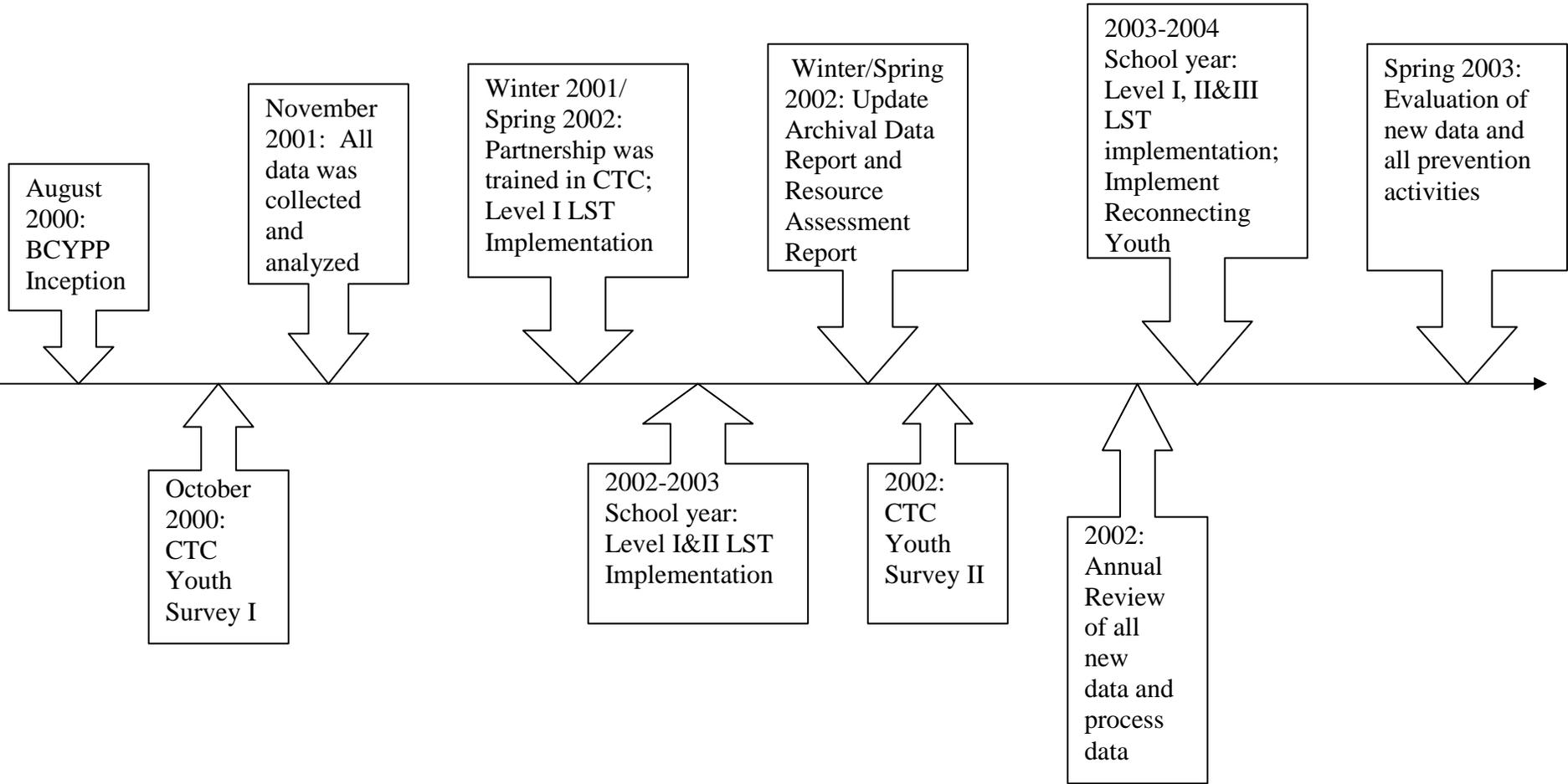
- There is a formal link between SICA and the Integrated County Planning team, the Alcohol and Substance Abuse Subcommittee of the Broome County Mental Health Department, and the Professional Advisory Group of OASAS providers and community providers of substance abuse treatment and prevention services; all are planning committees for substance abuse prevention and treatment in Broome County. A formal part of the structure is that recommendations of the SICA Partnership are presented at these meetings through updates by the Prevention Specialist attending the meetings.
- The BCYPP is formally linked to the Broome-Tioga PREVENT (tobacco coalition). The Prevention Specialist attends regular meetings and assists in planning and implementation of the project's goals.
- The BCYPP is linked to the Broome County Health Department's Community Assessment process through a mutual sharing of data and sharing in the development of planning.
- The BCYPP organized a panel presentation with two other NYS SICA sites to present a Workshop at “Treating Addictions in Special Population: Research to Reality”, an International Conference held in Binghamton, NY October 2002. At this Workshop we shared how three distinct communities within the same initiative developed a Partnership and implemented and evaluated three different science-based prevention programs. One of our Binghamton University doctoral students working on the SICA project also made a poster presentation of the BCYPP at “Addictions 2002” in the Netherlands September 2002
- The BCYPP partnered with Lourdes Youth Services (LYS). LYS has established relationships with multiple school districts and community agencies as evidenced by provision of youth and family prevention programs and participation on school and community planning committees. Lourdes' active participation on the BCYPP coalition will strengthen the coordination of appropriate resources directed to reduce substance abuse among youth, and help to reduce both gaps in services and duplication of efforts.

- The Integrated County Planning team has requested that the Teen Assessment Project (TAP) and the SICA Project determine how the two may coordinate aspects of their projects. This process began when the SICA Project Coordinator joined the TAP Steering Committee as TAP planned for the 2002 survey administration.
- SICA is linked to the Children's Coordinated Services Initiative (CCSI) in Broome County. The Chair of the BCYPP is also Chair of the CCSI Tier II and keeps the committee informed of BCYPP updates and activities.
- The Broome County Mental Health OASAS Local Services Plan 2003 identifies the SICA project as a vehicle to enhance and expand the delivery of preventive services to youth. The Local Services Plan has identified as one of the priority goals in Broome County to focus on substance abuse services for youth in 2003. Recommendations from the BCYPP long-range plan will be considered annually as part of the OASAS Local Services Plan.
- SICA co-facilitated the breakout group on Substance Abuse Treatment and Prevention Issues at the Summit on Children's Mental Health & Substance Abuse, sponsored by the Mental Health association of the Southern Tier, November 2000. The Project Coordinator worked on the committee that developed a White Paper of recommendations, strengths and gaps.
- The BCYPP recognizes that current system and services are designed to "fix" problems however the BCYPP is here to act as a catalyst for systems change. This change emphasizes the coordination of services across systems for prevention services and activities to prevent the problems.
- SICA participated in the Community Planning Forum for Children, Families, Youth and Vulnerable Adults, Sponsored by Broome County Integrated County Planning Team October 25, 2000 in Binghamton, NY. The information gathered from this forum served two purposes: First to provide input for the 2000 integrated plan developed by the Broome County Department of Social Services and the Broome County Youth Bureau and second, the data collected serves as a living document for the ICP team as they reinvent the way county services are planned, allocated, and managed for children and families.
- The DSS-Youth Bureau joint County Plan 2000-2003 identified and recommended the need for a full community needs assessment. The data collected in the SICA project will be used in this assessment. The joint plan will also draw from the prevention model we are using.
- BCYPP Board members act as catalysts to systems change within their own organizations and committees and Boards on which they serve i.e. through the process of being trained in CTC, understanding risk and protective framework, understanding of science-based prevention programming, and measurable outcomes.
- Broome County Youth Bureau and YESCAP have included requirements of RFP applicants to include information regarding outcomes and outcome measures as a result of above.
- The BCYPP Board members serving on other community Boards and coalitions i.e. Adolescent Pregnancy Prevention Project of Broome County (APPS) are recommending they look at accountability issues with contract agencies and begin to request measurable outcomes from them.

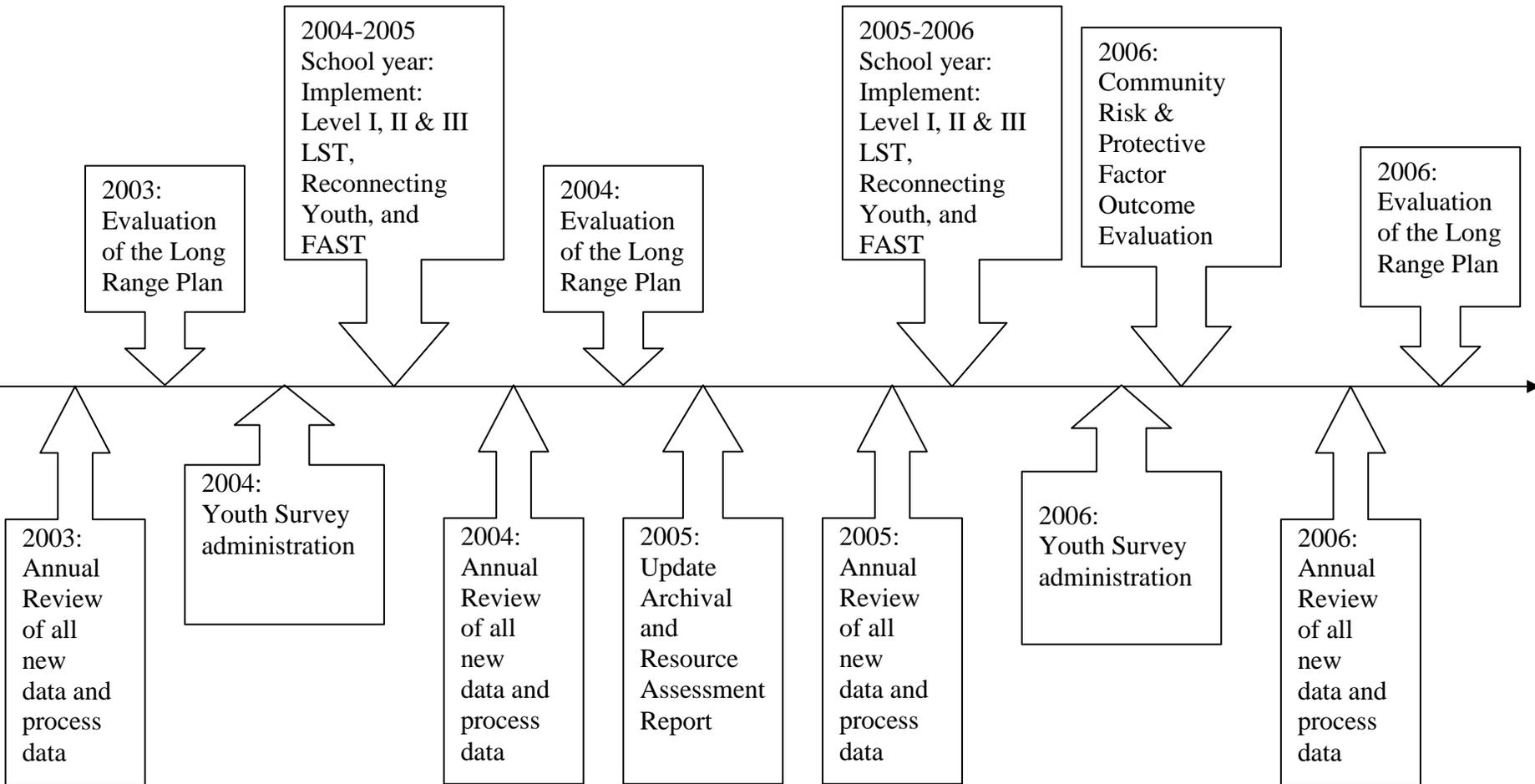
- December 5, 2001 the BCYPP held “Sharing the Data”, a presentation of SICA’s data findings to date, our local risk and protective factors, and our plan for Life Skills Training Program. The Safe and Drug Free Schools Committees from all four school districts and additional school and community members attended this presentation.
- Youth involvement- BCYPP has involved youth as a source of information in focus groups and student surveys to assess youth perceptions and opinions. Broome County has a number of youth groups and forums that the BCYPP will coordinate with in future planning for youth activities and youth input.
- Youth involvement on BCYPP Community Board- We will recruit youth membership through the existing youth groups mentioned above and established youth groups within our participating schools.
- May 9, 2002 the Project Coordinator and the Prevention Specialist presented SICA’s data findings to date, our local risk and protective factors and our plan for Life Skills Training as a workshop for the Southeastern District PTA at their Spring Conference.
- September 2002 the Project Coordinator and the Prevention Specialist presented SICA’s data findings to date, our local risk and protective factors and our plan for Life Skills Training to the Children and Youth Services Council. This council is made up of various agencies, organizations and programs that are involved with youth.
- The Prevention Specialist has formally been asked to serve on the Youth Survey Subcommittee, a smaller committee of the Search Development Committee. This sub-committee has been established to look at surveys administered in the school districts related to substance abuse and problem behaviors. The goal of the sub-committee is to have one survey to administer in the Broome County school districts that will meet everyone’s needs.
- We have coordinated with ICP to have our SICA reports put online on the ICP webpage ( [www.gobroomecounty.com/icp](http://www.gobroomecounty.com/icp), under reports). We are currently in the process of getting our most recent updated reports online as well. This posting of these reports benefits the community by easy access to valuable needs assessment information.
- The ICP has embraced the CTC Model. As a result of the shared planning between the ICP and SICA, all Mental Health agencies and Department of Social Services purchase of service agencies are required to work with a shared Performance Management Analyst who does contract and performance measures monitoring in all the contract agencies. This analyst has also worked collaboratively with the County Youth Bureau and United Way to establish coordinated performance measures.
- A recent recommendation coming from the Community attending a teen pregnancy prevention forum sponsored by the APPS identified the need to establish a formal coordination/collaboration among the County’s youth coalitions i.e. SICA, APPS, PREVENT, and Gang Prevention under one larger Youth Coalition.
- The data collected and analyzed by the BCYPP was utilized in the application of a three million-dollar Federal Safe Schools grant application on behalf of our participating school districts. The Adolescent Pregnancy Prevention Services and the Broome County Gang Prevention coalition both utilized our data for grant applications and Needs Assessment. All

of our member organizations and many affiliated with them have utilized our data to assist in planning and numerous grant applications.

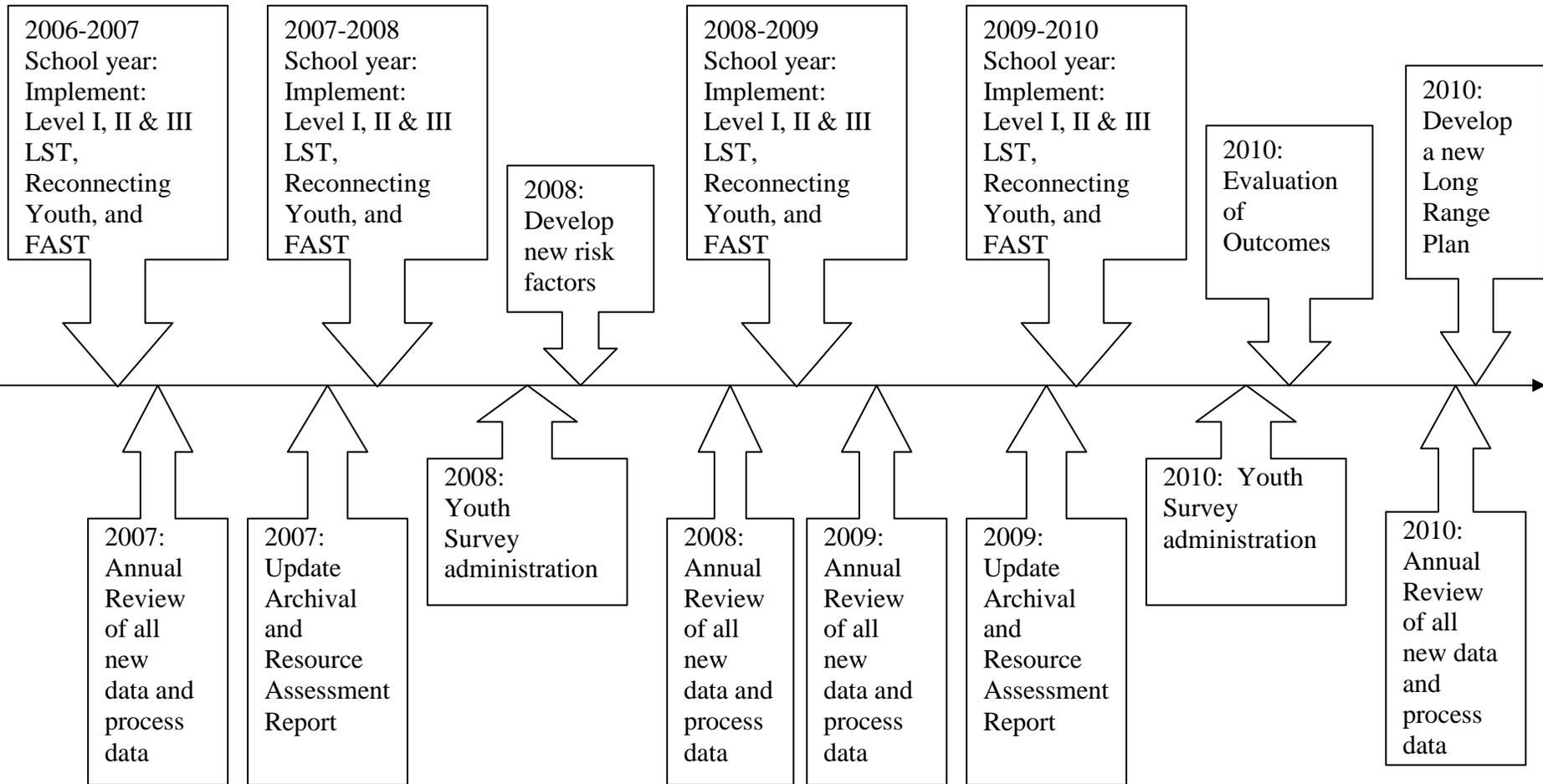
Timeline: Years 2000-2003



Timeline: Years 2003-2006



Timeline: Years 2006-2010





## **Community Assessment Results**

### **Data Collection Efforts**

#### **Comprehensive Risk Profile Report**

The purpose of the Comprehensive Risk Profile Report is to describe the four geographic target areas of Broome County, in terms of identified risk and protective factors. Fourteen risk factors were identified in the report along with various related risk indicators.

The members of the BCYPP Board decided upon the selection of the risk indicators. The Board members, SICA staff and the Evaluation Team collected the data on the risk indicators. Data was collected on a state, county and local level in which, community resources were utilized along with the Internet. The Evaluation Team analyzed the data and presented the information to the Community Evaluation Linkage Team and the Board. The report consists of graphs as well as text describing the data on the graphs.

The Comprehensive Risk Profile Report interprets several findings. In general, the results suggested that the schools do have procedures for dealing with substance use and violence; the adolescents say that alcohol and marijuana are readily available and drug felony arrests have increased over the past several years. Compared to surrounding communities, to county and state rates, Binghamton has an elevated rate of poverty. Initial Community Risk findings indicated that there were some risk factors that stood out over the others as problematic for the target area of Broome County. They were perceived availability of drugs, extreme economic deprivation, family history of problem behavior, lack of commitment to school and early initiation of problem behavior (See Attachment A). Most recent findings revealed that Broome County continues to have problems relative to the state and nation in economic deprivation, family history of problem behavior, low school commitment and early initiation of problem behavior and in conjunction with these risk factors, problematic levels of community disorganization, community laws and norms favorable to ATOD, community transitions and mobility, academic failure and family management problems.

#### **Parent Survey Report**

The CTC Model stressed quantitative and qualitative assessment for identifying risk and protective factors and for the impact of the project. The Parent Survey was used as part of the independent needs assessment to provide quantitative and qualitative data that may aid Broome County in future community-programming decisions.

The Parent Survey was based on another SICA funded CTC implementation, the Saratoga Partnership for Prevention. The questions were composed directly from the 2000 CTC Youth Survey. 3792 surveys were mailed to randomly selected parents of the middle school and high school in all four school districts (Union-Endicott, Maine-Endwell, Johnson City and Binghamton) of the target area. A standard technique was used to determine how many responses were needed to make the findings statistically meaningful. The survey was translated into four of the most prevalent languages (Spanish, Vietnamese, Russian, and Bosnian) in Broome County. These surveys were mailed to the parents who spoke English as their second language. These data were analyzed by the Information Specialist from the Binghamton University Evaluation Team by using Microsoft Excel and the Statistical Package for Social Sciences.

The results of the Parent Survey were discrepant with several findings on the 2000 CTC Youth Survey. Based on 2000 CTC Youth Survey results students report that they are far more actively involved in the use of substances, especially alcohol, than the parents reported. Nearly 78% of parents across grade levels indicated that they would probably know whether their child used alcohol without their permission. However, the results of the 2000 CTC Youth Survey revealed reports by 20% of Broome County students of at least one episode of binge drinking within the past two weeks. The responses from the parents in all four school districts indicated that they had strong values and beliefs in the opposition of substance use before age twenty-one. Also, parental attitudes towards substance abuse, especially alcohol, were more lenient for the children at an older age and the perceived risk associated with alcohol decreases as grade level increased. Parents also indicated they were most likely to be aware of delinquent behavior and claimed they were highly involved in their child's activities. However, whether these very positive responses may reflect a response bias or demand characteristics is not clear. (See Attachment B)

### **Youth Focus Group Report**

The Youth Focus Group Report was done, as an independent evaluation piece of the multidimensional needs assessment. The student focus groups used as qualitative data are intended to communicate the unique characteristics about Broome County that may not be illustrated through quantitative means.

The youth focus groups were conducted in the four target area school districts (Union-Endicott, Maine-Endwell, Johnson City and Binghamton). Twenty groups were formed with four to eight students in each group, totaling 144 students. From each school district at least one group was from the middle school and one from the high school. Eight questions were developed relating to the 2000 CTC Youth Survey, which were discussed by each of the groups. The group's responses were tape recorded and transcribed. The procedure for scoring included reading the responses, selecting themes that appeared in multiple groups and reassessing the prevalence of group response patterns to test the thematic "hypotheses".

The youth focus groups findings on a whole were similar for each school district. There were consistent reports of alcohol, tobacco and marijuana as being prevalent in these schools, along with a variety other drugs being used at the high school level. Peer pressure was also obvious when students were asked about the factors that put kids at risk. The students tended not to agree that being involved in school or community activities had any relation to reducing substance use. These findings offer considerations for the future perhaps by addressing peer pressure and parental influence, two reoccurring themes of the youth focus groups. (See Attachment C)

### **Communities That Care® Youth Survey Report**

The CTC Youth Survey Reports describe the administration and findings for the Communities That Care® Youth Survey in Broome County. The CTC Youth Survey measures risk and protective factors along with assessing the current prevalence of problem behaviors in the community.

The 2000 CTC Youth Survey measures 18 risk factors and 9 protective factors. The survey was administered in Union-Endicott, Maine-Endwell, Johnson City and Binghamton, of Broome County. A total of 4025 students in grades 7-12 participated in the survey administration in each school district. In three of the schools the classes to receive the survey were selected at random, in the fourth school all the high school students received the survey. Passive consent was used for administration. In 2002, a total of 2864 students in grades 7-12 participated in the survey. Passive consent was used for administration in three school districts, with the Binghamton School District using active consent. The extent to which the use of active consent produced a

sample that reported lower levels of drug use and problem behavior in the Binghamton School District is unknown.

In assessing the validity of the surveys three strategies were used. The first was to eliminate all surveys that reported having the highest possible levels of use for every illicit drug, excluding marijuana. The second strategy was to eliminate the survey if the student reported the use of a fictitious drug in two of the three questions pertaining to the fictitious drug. The third strategy was to eliminate surveys that detected logical inconsistencies among responses to drug questions. Broome County was very cooperative and had a high percentage of valid surveys.

In terms of risk factors, alcohol was the sampled drug in Broome County with tobacco being next in line and marijuana following tobacco. However, in the past 30-days, reported marijuana use rates exceeded those of tobacco. The average number of uses increases with grade for many of the substances. The 12<sup>th</sup> grade student's use of marijuana is slightly elevated in comparison to the Monitoring the Future study.

Results of the 2002 CTC Youth Survey indicated that risk factors across the community domain including, "Community Disorganization", "Low Neighborhood Attachment" and "Personal Transitions and Mobility" were higher than expected based on the demographic makeup of Broome County. Broome County students reported higher levels of favorable parental attitudes towards antisocial behavior and ATOD use. As far as protective factors, Broome County students indicated having more school opportunities for prosocial involvement and higher levels of religiosity than the matched comparison group.

### **Resource Assessment Survey Report**

In summary, the Community Resource Assessment revealed that most of the prevention resources in Broome County are located in Binghamton and may not be easily accessible to youth and families in other Broome County communities. Most of the prevention resources do not engage in science-based prevention programming. Finally there are gaps in services particularly for groups at high-risk for problem behavior acquisition (e.g., runaway youth, children of alcoholics and substance abusers, immigrant populations, gays and lesbians, school dropouts, pregnant teenagers and parenting teens).

### **Prioritization Process/Priority Risk Factors**

This section of the plan presents a chronological in depth description of the process of prioritizing our risk factors as related to the data available to us. From the time we began this process in March 2001 to the time of completing the first Long Range Plan in February 2002, we have included a fourth priority risk factor and will report revised data from the 2000 CTC Youth Survey.

- All members of the Community Board received a copy of the CTC Youth Survey Report in late March 2001.
- A Workgroup committee of the Community Board along with the Project Coordinator and Information Specialist Team met in April to begin the process of prioritizing our risk and protective factors. This group met in April and May 2001.
- The Workgroup brought together all the data collected to date: CTC Youth Survey results, archival data, and preliminary anecdotal information from the student focus groups.

- As our approach to early interventions was to support a focus on the schools, the Workgroup decided to focus on risk and protective factors in the school domain.
- Following is the actual document of the Workgroup discussions and recommendations prepared for and presented to the Community Board on May 17, 2001. The Community Board accepted the following recommendations from the Workgroup and used this information and the CTC Strategic Planning Process to guide the subsequent selection of the Life Skills Training Program:

Rationale for Priority Risk Factors Selected  
Information Sources

May 17, 2001

- Youth Survey Report
- Chart of Risk and Protective Factors by Grade
- Chart of Statistical Significance
- Resource Assessment (draft)
- Broome County Archival Data

### Risk Factors Selected

#### 1. Poor Academic Performance

- When compared with the national average and matched comparison counties, there was a five-point difference or greater for all grades except 11<sup>th</sup>, per the Youth Survey Report.

<u>Grade</u>	<u>Broome County</u>	<u>Matched Comparison</u>
7 <sup>th</sup>	52	46
8 <sup>th</sup>	55	47
9 <sup>th</sup>	57	51
10 <sup>th</sup>	58	52
11 <sup>th</sup>	59	55
12 <sup>th</sup>	58	50
All	57	51

(“50 is the average for the normative population”)

- Issues of self-esteem
- A factor where we could show a clear, measurable outcome

#### 2. Favorable Attitudes Towards Alcohol, Tobacco and Other Drugs

- Per the Youth Survey Report:

<u>Grade</u>	<u>Broome County</u>	<u>Matched Comparison</u>
7 <sup>th</sup>	32	32

8 <sup>th</sup>	44	45
9 <sup>th</sup>	55	51
10 <sup>th</sup>	60	60
11 <sup>th</sup>	66	62
12 <sup>th</sup>	70	64
All	55	54

- The score of 70 in 12<sup>th</sup> grade was the highest Broome County score in all the risk factors.
- From 9<sup>th</sup> grade on, all the scores are about the normative score of 50.
- From the focus groups Meredith did in the four schools, from her recollection, the teens indicate that the final decision whether or not to use alcohol or other substances is the student's own choice.

### 3. Low School Commitment

- Although the scores for Broome County were generally below the matched comparison, it was felt that this was a factor compatible with Poor Academic Achievement.

<u>Grade</u>	<u>Broome County</u>	<u>Matched Comparison</u>
7 <sup>th</sup>	44	50
8 <sup>th</sup>	48	52
9 <sup>th</sup>	52	56
10 <sup>th</sup>	58	58
11 <sup>th</sup>	58	60
12 <sup>th</sup>	60	60
All	54	57

- It is a factor that can be measured by school attendance records. (Legitimate absences would need to be factored out.)
- Broome County scored high in School Opportunities for Pro-social Involvement and it was felt that this was a strength we could build upon.

<u>Grade</u>	<u>Broome County</u>	<u>Matched Comparison</u>
7 <sup>th</sup>	64	49
8 <sup>th</sup>	59	48
9 <sup>th</sup>	57	46
10 <sup>th</sup>	52	45
11 <sup>th</sup>	54	48
12 <sup>th</sup>	56	49
All	57	47

### Other Issues Discussed:

- Timelines - we need to have something in place by September/October 2001 in order to make a difference by the time the next survey is done in the fall of 2002.
- Limit our focus – can't fix everything or do everything for everybody

- Need to determine what schools and others are already doing - share best practices, enhance an existing program
- Funding issues

*Prepared by Pat Macumber, from notes of the workgroups  
Amended 5/18/01*

- The following is a detailed description of the three priority risk factors approved in May 2001 as included in Year Two Workplan 6/15/01. This description is amended to also include archival data and more detailed focus group data relevant to Favorable Attitudes Towards Alcohol, Tobacco, and Other Drugs:

All three risk factors were selected based on the 2000 CTC Youth Survey conducted in these target schools in October and November 2000, and on archival data obtained from school district records and county records. Preliminary findings from student focus groups conducted in all four target schools in April and May 2001 were also considered in the selection. Through a series of Workgroup meetings and recommendations to the Community Board agreed to target middle school students (6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders) for the selected universal prevention program as a means to build on preventive efforts. Overall, the scores for risk factors prioritized increase with grade level, and 8<sup>th</sup> grade appears to be a pivotal grade for risk score increases.

**Note: The results of the 2000 CTC Youth Survey indicate all baseline data from the target schools districts in aggregate form; no district specific level data is available.**

The results of the 2000 CTC Youth Survey show that these four school districts scored higher than the matched comparison and national norm on scale “academic performance”: Broome County 57, CTC Matched 51, National 50. The 2000 CTC Youth Survey results indicate the score for “low commitment to school” was generally below the matched comparison: Broome County 54, CTC Matched 57. The Partnership decided to prioritize this risk factor, as strength to build on and as it is a risk factor compatible with academic performance. The results of the 2000 CTC Youth Survey show that these four school districts scored higher than the matched comparison and national norm on scale “favorable attitudes toward ATOD”: Broome County 55, CTC Matched 54, National 50. The score for “favorable attitudes toward ATOD” in 12<sup>th</sup> grade was the highest Broome County score of all the risk factors at 70, increasing from 32 in 7<sup>th</sup> grade, 44 in 8<sup>th</sup> grade, 55 in 9<sup>th</sup> grade, 60 in 10<sup>th</sup> grade, and 66 in 11<sup>th</sup> grade.

Archival data relevant to Favorable Attitudes Toward Alcohol, Tobacco, and Other Drugs indicates that the Broome County rates for youth DWI have remained fairly stable and are lower than the state rate. Broome County youth drug arrests have been increasing steadily and exceed those for the state. Broome County youth self report of alcohol and other substances show that by 9<sup>th</sup> grade almost one third consume alcohol and nearly as many admit marijuana use. One third of 11<sup>th</sup> graders viewed themselves as regular consumers of alcohol. In looking at archival data relative to academic performance, test scores for English Language Arts, mid-level math assessment, and 6<sup>th</sup> graders’ scores on the standardized state reading and math tests were considered. Overall, the test findings for the four schools are comparable to state averages, although Binghamton students tend to have lower scores than the students from the other schools. These test scores show mediocre school performance, and when combined with information about attendance, suspensions, drop out rate, and type of diploma,

our target schools rate relatively poor in academic performance. In looking at archival data relative to commitment to school, suspension rates, attendance rates, and percentage of high school graduates receiving regents diplomas were considered. School attendance rates for Binghamton and Johnson City are lower than the other two communities but considerably higher than the state average. Suspension rates for Binghamton and Johnson City are higher compared to the other two communities and the state. Fewer Binghamton graduates earn Regents diplomas than graduates from the other communities do.

Regarding favorable attitudes toward ATOD, findings from the focus groups indicated that peer attitudes and behavior are a deciding factor on what decisions, behaviors, and attitudes a student will make related to ATOD and other problem behaviors. Reports of this sort were expressed by 25% of the groups. The focus group findings also indicated that favorable parental attitudes toward ATOD affect youth favorable attitudes. Regarding academic performance, students indicated that substance use affects their schoolwork and causes problems with grades.

**Note:**

In November 2001 the project received a revised CTC Youth Survey Report from the CTC Youth Survey conducted in the fall 2000. Channing Bete, Inc. who produced this report, had discovered errors in the youth survey data provided to our project in March 2001. The most significant change in this revised report stated that Channing Bete had underreported the risk factor Favorable Attitudes Toward Antisocial Behavior in the March 2001 report at 47, and the updated report indicated this risk factor at 58, the highest in Broome County. Following a process of review and discussion among the project staff and Binghamton University Evaluation Team and sharing of this review with the Planning Committee and Community Board in January 2002, we have decided to add Favorable Attitudes Toward Antisocial Behavior (FATASB) to our list of priority risk factors.

Archival data relevant to FATASB indicate that rates of school-aged residents for the target communities classified as disabled, are higher than state and county averages. Broome County youth drug arrests have been increasing steadily and exceed those for the state. Students participating in focus groups identified involvement in violent or dangerous situations as a problematic consequence of substance use. The two primary forms that were expressed were those of physical fighting and drinking and driving. Most prominently, students associated substance use with the likelihood for a short temper and an increased risk of fighting and violence in general. Comments related to violent or dangerous situations were evident in 30% of the focus groups.

In December 2002 the BCYPP administered the second CTC Youth Survey in the Union-Endicott, Maine-Endwell, Johnson City and Binghamton Central School Districts. The Channing-Bete Company, Inc. analyzed the data by combined and individual school district and produced district level and aggregate reports. These reports and databases were received in late March 2003. The Prevention Specialist and Evaluation Team have verified the accuracy of the reports to the extent possible. The BCYPP will convene in May 2003 to review aggregate findings. Once the school districts have reviewed their individual results, Workgroups, made up of BCYPP Board members, will review the reports and go through a process to look at reprioritizing risk and protective factors for the county as a whole and to address specific school district needs.

## **Community Resources**

### **Description of the Community Resources and Strengths Assessment Process**

The Community Resources Assessment Survey was conducted in May 2001 and again in May 2002 to help prevention planners assess the more formal prevention resources available in their communities. The Resource Assessment Survey was primarily developed at the state level by the Office of Alcohol and Substance Abuse Services (OASAS). There were several questions on the survey required by the state with additional questions that were added by the Broome County Youth Prevention Partnership (BCYPP). In order to focus the initial assessment of the community several inclusion factors were established. Traditional community agencies were an inclusion factor and included the organizations that had typical business hours. The geographic area inclusion factor included the target areas of the initial SICA initiative: Binghamton, Johnson City, Union-Endicott and Maine-Endwell. The target population focused on a range of 12-17 year olds and the program activity had to deal with substance abuse prevention, this excluded agencies which did not claim to directly influence use of alcohol, tobacco and other drugs. The Evaluation Team prepared a list of possible agencies to contact and shared it with the Board. The Board suggested some additional sources and agencies. A protocol was then developed by the Evaluation Team providing some guidelines as how to introduce the SICA Project to the agency staff. The Prevention Specialist and the Information Specialist contacted approximately seventy-five agencies. Fifty-two of the seventy-five agencies contacted responded to the survey.

The Resource Assessment of Broome County is an ongoing continuation of process and collection of information. We will be updating the Resource Assessment bi-annually.

### **Identified Strengths, Gaps, Issues and Barriers in Programs and Services**

The strengths, gaps, issues and barriers are shown below in the chart as they relate to the priority risk factors for Broome County. The strengths and gaps assessment may serve as a starting point for examining where there are needs in service provision.

#### Strengths in Community Resources

The results of this assessment revealed several strengths in service provision. First, most of the organizations reported provision of countywide services. Second, many organizations indicated serving populations within several domains. For example, more than half of the organizations that target risk factors in the individual/youth domain serve parents and families as well. Moreover, many of the Broome County resources reported that they provide services within each domain: peer/individual, family, school, and community. Third, the majority of the organizations report providing services across development, with the bulk of the resources being allocated to elementary, middle, and high school students. Fourth, each risk factor and each protective factor was indicated as being addressed by at least 12 organizations. Finally, approximately one third of the organizations, in particular the schools, are using best practice models (e.g., Growing Healthy, Life Skills Training, Families and Schools Together) focusing on students and their families.

#### Gaps in Community Resources

Overall, Broome County has a gap in services that directly target adolescents at risk of substance abuse and especially those who are in need of secondary intervention prevention programming. Organizations that indicated targeting the priority risk factors associated with

youth substance abuse appeared to neglect several populations that may be at higher risk, such as foster children, children of substance abusing adults, homeless/runaway youth, as well as immigrants and refugees. Gaps were also evident across development. Fewer organizations provide services for preschoolers and college students. In some instances this might be considered a weakness since risk and protection may have great impact early in development. Furthermore, risk and protection for substance abuse initiation in college may be important. Although college bound high school students have lower rates of heavy alcohol use compared to their non-college bound peers, the risk of heavy alcohol use appears to increase for this group in college. Compared to the peers who do not attend college, college students have higher rates of heavy alcohol use (O'Malley & Johnston, 2002).

Finally, the extent to which programs use science-based programming for prevention, termed "Best Practice" on the survey was not entirely clear. For the priority risk factors targeted, the percentage of organizations reporting the use of "Best Practice" methods was less than fifty percent. With an abundance of empirically supported prevention and treatment programs for substance abuse, this can be seen as a substantial gap in services. However, several organizations, although not currently using "Best Practice" methodology, reported that they were in the process of collecting data from their programs and looking at outcomes.

Programs and Services: Strengths and Gaps Assessment Worksheet

Risk Factor: Favorable Attitudes Toward Antisocial Behavior

NOTE: For all comments below regarding Strengths and Gaps, the data used reflects those organizations (N = 29) that indicated that they provide services which directly “Strengthen Attitudes Against Antisocial Behavior”. [Question #5a, Option #5 of Peer and Individual Youth Domain]

Considerations	Strengths	Gaps
<b>Demographic</b>	<p><u>Rural/Urban</u> 38% rural/isolated populations 41% urban/inner city populations</p> <p><u>Economic Status</u> 66% economically disadvantaged youth 45% economically disadvantaged adults</p> <p>35% serve abused population 38% serve pregnant teens 41% serve school dropouts 41% serve parenting teens 45% serve teachers/administrators/counselors 55% delinquent/violent youth 62% serve single parents 69% serve youth at risk of dropping out of school</p>	<p>17% serve law enforcement/military 24% serve foster children 28% serve people with disabilities 28% serve children of alcoholics/substance abusers 31% serve homeless/runaway youth</p>
<b>Geographic</b>	<p><u>Location of organization</u> 69% in Binghamton 10% in Vestal 7% in Endicott 7% in Johnson City</p> <p><i>72% have services county-wide</i></p>	<p><u>Location of Organization</u> Only 23% of Broome County’s population and 19% of the students resides in the city of Binghamton.</p>
<b>Developmental</b>	<p>66% to elementary school students 76% to junior high students 76% to high school students</p>	
<b>Risk Factor</b>	<p>29 organizations (52%) reported directly strengthening against toward antisocial behavior.</p>	<p>Could be viewed as a weakness since this is a priority risk factor for the four school districts</p>
<b>Best Practice</b>		<p>45% report using best practice methods</p>
<b>Program &amp; Service Delivery</b>	<p>The following % of organizations have at least one program in each domain: 86% in the individual/peer domain 86% in the family domain 69% in the school domain 66% in the community domain</p>	

**Programs and Services: Strengths and Gaps Assessment Worksheet**

**Risk Factor: Favorable Attitudes Toward ATOD Use**

NOTE: For all comments below regarding Strengths and Gaps, the data used reflects those organizations (N = 25) that indicated that they provide services to directly “strengthen attitudes against alcohol, tobacco and other drug use”. [Question #5a, Option #3 of Peer and Individual Youth Domain]

Considerations	Strengths	Gaps
<b>Demographic</b>	<p><u>Rural/Urban</u> 44% rural/isolated populations 40% urban/inner city populations</p> <p><u>Economic Status</u> 36% economically disadvantaged youth 44% economically disadvantaged adults</p> <p>36% serve youth at risk for dropping out of school 52% serve teachers/administrators/counselors 68% serve parents and families</p>	<p>16% serve children of alcoholics/substance abusers 16% serve foster children 16% serve homeless/runaway youth 20% serve school dropouts 24% serve abused population 24% serve pregnant teenagers 24% serve people with disabilities 28% serve parenting teens 28% serve delinquent/violent youth</p>
<b>Geographic</b>	<p><u>Location of organization</u> 60% in Binghamton 16% in Endicott 8% in Endwell 8% in Vestal 4% in Johnson City</p> <p><i>76% have services county-wide</i></p>	<p><u>Location of Organization</u> Only 23% of Broome County’s population and 19% of the students resides in the city of Binghamton.</p>
<b>Developmental</b>	<p>68% to elementary school students 68% to junior high students 64% to high school students</p>	
<b>Risk Factor</b>	<p>25 (45%) organizations directly try to strengthen attitudes against ATOD use.</p>	
<b>Best Practice</b>		<p>48% report using best practice methods</p>
<b>Program &amp; Service Delivery</b>	<p>The following % of organizations have at least one program in each domain: 80% in the individual/peer domain 72% in the family domain 72% in the school domain 76% in the community domain</p>	

**Programs and Services Strengths and Gaps Assessment Worksheet**

**Risk Factor: Low School Commitment**

NOTE: For all comments below regarding Strengths and Gaps, the data used reflects those organizations (N = 27) that indicated that they provide services to directly “improve student commitment to education”. [Question #5a, Option #3 of School Domain]

Considerations	Strengths	Gaps
<b>Demographic</b>	30% serve a universal population <u>Rural/Urban</u> 41% rural/isolated populations 44% urban/inner city populations <u>Economic Status</u> → 56% serve economically disadvantaged youth 44% serve economically disadvantaged adults  33% serve people with disabilities 33% serve school dropouts 41% serve parenting teens 49% serve teachers/administrators/counselors 63% serve single parents 63% serve youth at risk of dropping out of school 74% serve parents/families	15% serve immigrants and refugees 18% serve foster children 19% serve gays/lesbians 22% serve government officials 22% serve homeless/runaway youth 26% serve pregnant teenagers 26% serve COA/COSA
<b>Geographic</b>	<u>Location of organization</u> → 56% in Binghamton 19% in Endicott 11% in Johnson City 11% in Vestal <b>67% have services county-wide</b>	<u>Location of Organization</u> Only 23% of Broome County’s population and 19% of the students resides in the city of Binghamton.
<b>Developmental</b>	37% to preschool students 70% to elementary school students 78% to junior high students 78% to high school students 33% to college students	
<b>Risk Factor</b>	27 organizations (48%) directly target student commitment to education	
<b>Best Practice</b>	→	41% report using best practice methods
<b>Program &amp; Service Delivery</b>	The following % of organizations have at least one program in each domain: 93% in the individual/peer domain 82% in the family domain 70% in the school domain 56% in the community domain	

**Programs and Services Strengths and Gaps Assessment Worksheet**

**Risk Factor: Poor Academic Performance**

NOTE: For all comments below regarding Strengths and Gaps, the data used reflects those organizations (N = 23) that indicated that they provide services to directly “improve academic skills”. [Question #5a, Option #2 of School Domain]

Considerations	Strengths	Gaps
<b>Demographic</b>	<u>Rural/Urban</u> 35% rural/isolated populations 35% urban/inner city populations  <u>Economic Status</u> 48% economically disadvantaged youth  35% serve pregnant teenagers 39% serve parenting teens 39% serve violent/delinquent youth 44% serve teacher/administrator/counselor 61% serve single parents 61% serve youth at risk of dropping out 65% serve parents/families	9% serve immigrants and refugees 13% serve homeless/runaway youth 13% serve criminally involved adults 17% serve foster children 17% serve government/elected officials 26% serve school dropouts 30% economically disadvantaged adults 30% serve people with disabilities
<b>Geographic</b>	<u>Location of organization</u> 57% in Binghamton 17% in Endicott 13% in Vestal  <i>65% have services county-wide</i>	<u>Location of Organization</u> Only 23% of Broome County’s population and 19% of the students resides in the city of Binghamton.
<b>Developmental</b>	44% to preschool students 74% to elementary school students 74% to middle school/junior high students 78% to junior high students	26% to high school students
<b>Risk Factor</b>	23 organizations (41%) directly target improvement of academic skills	
<b>Best Practice</b>		44% reported using best practice methods
<b>Program &amp; Service Delivery</b>	The following % of organizations have at least one program in each domain: 91% in the individual/peer domain 78% in the family domain 65% in the school domain 52% in the community domain	

## **Systems Changes Analysis: Strengths, Gaps, Issues, and Barriers**

- Our Resource Assessment Survey shows that for our prioritized risk factors, more than half of the organizations addressing these risk factors are located in the City of Binghamton. We plan to bring many of these organizations together to strategize how to expand the provision of services and/or coordinate with services in other areas.
- Only 30% of organizations surveyed reported that they directly address awareness of peer norms opposed to ATOD. We will ask organizations to come together to educate them with Broome County's risk and protective factors.
- Less than half of the organizations surveyed reported use of "Best Practice" or science-based prevention programs to address risk factors related to youth substance use. We will ask organizations to come together to provide an overview of the CTC Model and science-based prevention programming.
- We will examine the gaps in prevention services for underserved high-risk populations and work with local organizations to address these gaps.
- One of our participating schools has begun a process to review and coordinate their curriculum related to health and prevention programming, starting at the middle school level as a result of discussions and meetings to develop the implementation of The Life Skills Training Program. This district and BOCES Health and Wellness Coordinator plan to work together on this.
- We will ask the local school districts to come together as a group to look over their policies in regards to the priority risk factors of the county.
- We will go to the local school districts at the request of school district personnel on our community board to provide an overview of the CTC model and science-based prevention programming to the school administration and faculty.
- We will identify other resources, services, and organizations in the community that we will share our data with and educate them with Broome County's risk and protective factors.
- Another strength is that representatives from the four school districts currently participating in this project have met together to identify youth and prevention programs and activities in each of their districts. This analysis brought the district representatives together in a way they had not previously shared this information. This collaboration has resulted in a greater understanding of resources and how each other can act as a resource to the other.
- The current participating school districts have committed to the CTC planning process in selecting the Life Skills Training Program and Reconnecting Youth. Teachers and administrators are working with the Evaluation Team, Prevention Specialist, and BOCES to teach LST with fidelity and provide a meaningful evaluation of LST to the schools. Lourdes Youth Services is working with the Reconnecting Youth Counselor and school district to insure fidelity of program implementation and evaluation.

## **Community Planning Results**

The Workgroup Committee and the Planning Committee of the BCCYPP utilized the CTC Strategic Planning process that follows the Logic Model of outcome based planning to develop measurable and achievable outcomes. Following are the outcomes developed by these committees with subsequent Board input.

### **Outcome-based planning: Measurable and Achievable Outcomes**

Program and Participant Outcomes: 6mos to 2 years

#### Program Outcomes

- Community Action Teams  
Baseline 2000: 0 CAT  
Goal 2002: 4 CAT (one per target community)
  
- Additional Partnership Sectors  
Youth Sector  
Baseline 2000: 0 representatives  
Goal 2002: 1 representative
  
- Business  
Baseline 2000: 0 representatives  
Goal 2002: 1 representative

#### Participant Outcomes

Individuals who receive the LST intervention will show differences on the following variables in comparison to pre-test scores or a control group:

- A 10% or statistically significant increase in personal self-management skills
- A 10% or statistically significant increase in general social skills
- A 10% or statistically significant increase in drug-resistance skills and information
- A 10% or statistically significant decrease in self-reported ATOD

### **Risk Factor Outcomes: 2 - 5years**

NOTE: In each case, non-CTC data is being sought on the local level (i.e. Union-Endicott, Maine-Endwell, Johnson City, Binghamton) to better represent changes in each area.

#### Favorable Attitudes Toward Alcohol, Tobacco, and Other Drugs (FATATOD)

- Decrease FATATOD as measured by the CTC survey by 10%, from 54 in 2000 to 49 in 2006.
- A 10% decrease in adolescent past 30-day marijuana use from 19% in 2000 to 17% in 2006.

- A 10% decrease in Youth DWI from 38% in 2000 to 34% in 2006.

#### Academic Failure (AF)

- Decrease AF as measured by Poor Academic Performance on the CTC survey by 10% from 52 in 2000 to 47 in 2006.
- A 10% increase on 4<sup>th</sup> and 8<sup>th</sup> grade achievement tests (ELA and Math) in 2006. Specific local numeric goals to be determined.
- A 10% increase in percent of students passing 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> grade regents exams in 2006. Specific local numeric goals to be determined.

#### Low School Commitment (LSC)

- Decrease LCS as measured by the CTC survey by 10%, from 52 in 2000 to 47, in 2006.
- A 10% decrease in suspensions for each local target district in 2006.

	<b>1996-1997</b>	<b>Intended Outcome (-10%)</b>
<b>Binghamton</b>	7.4%	6.6%
<b>Maine-Endwell</b>	6.3%	5.7%
<b>Johnson City</b>	3%	2.7%
<b>Union Endicott</b>	2.5%	2.25%

Note: since these data reflect the whole school district, interventions in one specific school system (e.g. secondary) would be better measured by measures of suspension at that level only.

#### Favorable Attitudes Toward Antisocial Behavior (FATAB)

- Decrease FATAB as measured by the CTC survey by 10%, from 58 in 2000 to 52 in 2006.
- Decrease adolescents with a STD (Gonorrhea) by 10% in 2006. Specific local numeric goals to be determined.
- Decrease Adolescent pregnancies by 10% from 59 per 1,000 women age 15-19 in 2000 to 53 in 2006. Specific local numeric goals to be determined.
- Decrease the number of PINS petitions opened by 10% in 2006. Specific local numeric goals to be determined.

#### **Protective Factor Outcomes: 2-5 years**

##### Belief in the Moral Order (BMO)

- Increase BMO in 11<sup>th</sup> and 12<sup>th</sup> grade to be 5 points or 10% higher than the matched comparison group as measured by the CTC Youth Survey in 2006.
- Maintain BMO as strength in 7<sup>th</sup> and 8<sup>th</sup> grade by keeping it as a strength of 5 points or 10% greater than the matched comparison in 2006.

##### School Opportunities for Prosocial Involvement (SOPI)

- Increase SOPI as measured by the CTC Youth Survey from 57 in 2000 by 10% to 63 in 2006.

## Youth Development Outcomes: 5 – 10 years

### Favorable Attitudes Toward Alcohol, Tobacco, and Other Drugs (FATATOD)

- Decrease substance abuse as measured by 30-day alcohol use for 8<sup>th</sup> graders by 10%, from 22% in 2000 to 20% in 2010.
- Increase the number of 11<sup>th</sup> graders who do not view themselves as regular consumers of alcohol from 51% as reported in the 1999 TAP survey by 10% to 56% in 2010.
- Decrease substance abuse as measured by 30-day prevalence of marijuana for 10<sup>th</sup> graders by 10%, from 19% in 2000 to 17% in 2010.

### Academic Failure (AF)

- Decrease AF as measured by Poor Academic Performance on the CTC survey by 10% from 47 in 2006 to 42 in 2010.
- Increase achievement test scores by a further 10% in 2010. Specific local numeric goals to be determined.
- Increase the percentage passing regents exams in grades 9, 10, and 11 by a further 10% in 2010. Specific local numeric goals to be determined.

### Low School Commitment (LSC)

- Decrease LSC as measured by the CTC survey by a further 10%, from 47 in 2006 to 42, in 2010.
- Decrease suspensions in by a further 10% in each local target area in 2010.

	<b>2-5 yr. Outcome</b>	<b>Intended Outcome (-10%)</b>
<b>Binghamton</b>	6.6%	6.0%
<b>Maine-Endwell</b>	5.7%	5.1%
<b>Johnson City</b>	2.7%	2.4%
<b>Union Endicott</b>	2.25%	2.0%

### Favorable Attitudes Toward Antisocial Behavior (FATAB)

- Decrease FATAB as measured by the CTC survey by a further 10%, from 52 in 2006 to 47 in 2010.
- Decrease adolescents with STDs – Gonorrhea by a further 10% in 2010. Specific local numeric goals to be determined.
- Decrease Adolescent pregnancies by a further 10% in 2010. Specific local numeric goals to be determined.
- Decrease the number of PINS petitions opened by a further 10% in 2010. Specific local numeric goals to be determined.

## **Selection of Science Based Prevention Programs**

The Life Skills Training (LST) Program was selected in July 2001 as the science-based prevention program to address our prioritized risk factor at the time: Favorable Attitudes Toward Alcohol Tobacco and Other Drugs. LST also addresses Favorable Attitudes Toward Antisocial Behavior.

The Workgroup committee comprised of all four school district SICA Board representatives, DSS, the LGU, law enforcement, and the Project Coordinator, Information Specialist and evaluation consultant maintained the integrity of the CTC Strategic Planning process in the selection of LST. The committee utilized the commitment of the schools and the expertise of the evaluation consultant to select a program strategy all four schools could agree on and we could be certain could be evaluated to show each school how the program is working with their students. To date, LST is being implemented in two of the three target school districts.

The Reconnecting Youth program was selected in Winter 2002 as the science-based prevention program to address our prioritized risk factors: Favorable Attitudes Toward Alcohol Tobacco and Other Drugs, Favorable Attitudes Toward Antisocial Behavior and Low School Commitment. This program is targeted to reach at-risk youth in a school district that has identified a need to target this population.

### **Evaluation Plans**

- The Binghamton University Evaluation Team will provide evaluation of LST in this first and second year of implementation. Evaluation for LST in subsequent years will be determined through our current planning process.
- Lourdes Youth Services has a subcontract for evaluation of Reconnecting Youth.
- We will conduct a comprehensive annual evaluation of all new data and all prevention activities.
- The Community Board and staff of the BCYPP will make plans for ongoing evaluation of the CTC process.
- We will update our Resource Assessment and Archival Data on a bi-annual basis.
- The BCYPP will evaluate each year's progress on outcomes, implementation, and Partnership involvement and make recommendations for the next year. The Board will require input from project staff and the evaluation component in conducting this evaluation.

### **Implementation plans**

- Twenty teachers, five from each of the four school districts were trained in LST on November 6 and 7, 2001. Teachers were selected by each district as determined by LST requirement to train all three levels of LST together, and each district's plan for implementation. New teachers, who are identified in the upcoming years to teach LST, will be trained.

- The Prevention Specialist was trained in the Life Skills Training program in November 2002. We are currently in the process of making plans to have her trained as a certified trainer. After the training she will be able to train teachers in LST in the target school districts.
- Broome-Tioga BOCES Health and Wellness Coordinator coordinated the training on behalf of the school districts and the SICA project. BOCES became a new resource to the project through this collaboration.
- BOCES contracted with the SICA project, and agreed to fund 50% of the training fee and provide meals for the teachers and room and meals for the trainer. The SICA project funded the remaining training cost and the cost of materials. BOCES also provided additional materials that were already on hand.
- BOCES Health and Wellness Coordinator has worked as consultant with the schools regarding implementation options for LST. The Coordinator has advocated for the importance of fidelity when implementing prevention programs and for coordination of the health and substance abuse prevention curriculum within individual districts and on a systems level.
- Preventive interventions focusing on improving parenting perceptions and skills has been indicated in our Parent Perspectives findings as helpful to parents. Strengthening Families Program, Parents Who Care® and Preparing for the Drug Free Years® are examples of programs that are designed to make an impact in this area. A preventive intervention will be selected to educate families will also provide services in the community outside of the school setting and will compliment interventions with youth in the schools. We will utilize project staff and Board committee to use the CTC strategic planning process in the selection. Setting, service provider, and funding source are yet to be determined. We are currently involved in a planning process that will identify a specific program by April 1, 2002. We anticipate implementing the selected parent/family program by December 2002. As stated above, we will seek Partnership involvement to complete implementation and budget plans.
- We will implement level three of LST in the two school districts in the school year 2003-2004. Levels one and two will be implemented to the new sixth and seventh grade classes.
- Lourdes Youth Services has implemented the Reconnecting Youth Program in Johnson City. A program that targets youth identified by the schools as being “at risk” for poor outcomes, Reconnecting Youth addresses academic failure, early and persistent antisocial behavior, and favorable attitudes toward the problem behavior in high school students.
- We anticipate continued implementation of Reconnecting Youth in Johnson City, during the academic year 2003-2004.

### **Initial Outcomes**

The BCYPP Implementation of LST has been successful. LST was implemented in two target school districts during the 2001-2002 academic year, and statistically significant changes that were found for knowledge variables and proximal variables purported by LST to prevent substance use are reported on the following table. Both interventions during the first year of LST implementation in these school districts were evaluated in terms of their adherence to LST protocol and were highly faithful. The students in both school districts ended the LST program

with the very high levels of self-reported drug refusal and self-control skills, with averages slightly greater than “4” out of 5 possible points.

<b>Summary and Comparison of Outcomes<sup>1</sup></b> <i>Statistically meaningful differences are bolded and checked</i>	
<b>Maine-Endwell</b>	<b>Union-Endicott</b>
<b>Overall Knowledge ✓</b>	<b>Overall Knowledge ✓</b>
<b>Life Skills Knowledge ✓</b>	<b>Life Skills Knowledge ✓</b>
<b>Drug Knowledge ✓</b>	<b>Drug Knowledge ✓</b>
<b>Assertiveness ✓</b>	<b>Assertiveness ✓</b>
Anxiety Reduction	Anxiety Reduction
<b>Self Control ✓</b>	Self Control
Drug Refusal Skills I (NA)	Drug Refusal Skills I (NA)
<b>Drug Refusal Skills II ✓</b>	Drug Refusal Skills II
Perceived Peer Substance Use	Perceived Peer Substance Use
<b>Perceived Adult Substance Use ✓</b>	<b>Perceived Adult Substance Use ✓</b>
Pro-smoking Attitudes	Pro-smoking Attitudes
Pro-drinking Attitudes	Pro-drinking Attitudes
Pro-marijuana Attitudes	Pro-marijuana Attitudes
Pro-hard drug Attitudes	Pro-hard drug Attitudes
Substance Use	Substance Use
Intention to Use	Intention to Use

The second year implementation (i.e., 2002-2003 academic year) of LST in Maine-Endwell and Union-Endicott School Districts can also be considered successful. Significant changes were found on knowledge variables and other variables related to substance use prevention. The integrity of the LST implementations was evaluated by the teachers administering the program and independent observers and found to be high.

In terms of Overall Knowledge and Drug Knowledge, the sixth graders in both Maine – Endwell and Union-Endicott sixth graders significantly improved following LST Level One implementation. Although the sixth graders in Maine-Endwell did not show significant change in Life Skills Knowledge scores, both groups of students completed the program responding on average to 75% of these questions correctly. Posttest scores suggest that sixth graders in both school districts completed LST Level One with equivalent levels of Life Skills Knowledge. The following table presents LST results for the sixth grade in both school districts.

<sup>1</sup> Reported outcomes that were significant but in an unanticipated direction are not bolded and checked.

<b>Summary and Comparison Outcomes</b> <i>Statistically meaningful differences are bolded and checked</i>	
<i>Maine-Endwell</i> <i>Level One - 6<sup>th</sup> Grade</i>	<i>Union-Endicott</i> <i>Level One - 6<sup>th</sup> Grade</i>
<b>Overall Knowledge</b> ✓	<b>Overall Knowledge</b> ✓
Life Skills Knowledge	<b>Life Skills Knowledge</b> ✓
<b>Drug Knowledge</b> ✓	<b>Drug Knowledge</b> ✓
<b>Assertiveness</b> ✓	Assertiveness
Anxiety Reduction	Anxiety Reduction
Self Control	Self Control
Drug Refusal Skills I	<b>Drug Refusal Skills I</b> ✓
Drug Refusal Skills II	Drug Refusal Skills II
Perceived Peer Substance Use	Perceived Peer Substance Use
<b>Perceived Adult Substance Use</b> ✓	<b>Perceived Adult Substance Use</b> ✓
Pro-smoking Attitudes	Pro-smoking Attitudes
Pro-drinking Attitudes	Pro-drinking Attitudes
Pro-marijuana Attitudes	Pro-marijuana Attitudes
Pro-hard drug Attitudes	Pro-hard drug Attitudes
Substance Use	Substance Use
Intention to Use	Intention to Use

The following summary table presents the LST Level Two outcomes for seventh grade students in Maine-Endwell relative to their Level One outcomes. During the 2001-2002 academic year, these students had significantly improved across the knowledge scales, Assertiveness and Self-Control skills and reductions in estimates of adult substance use. Upon completion of the Level Two booster sessions, the students showed significant increases in Life Skills Knowledge, a key component to the LST program. Although significant change was not evident on most of these scales following booster sessions, absence of change in the opposite direction indicates that the students maintained the improvements from the previous year.

In the direction opposite of that intended by the program, seventh grade students significantly increased their lifetime prevalence of marijuana use, overall drug use and intent to use substances. However, it is important to note that these changes although significant, were very small. In addition, some increase in drug use is expected with an increase in age, and youth who receive LST should have a decreased rate of initiation of drug use as compared to youth not receiving LST. However, these findings suggest that the continuation of targeting risk and protective factors associated with early substance use is warranted.

<b>Maine-Endwell Level Two LST Summary and Comparison Outcomes</b> <i>Statistically meaningful differences are bolded and checked</i>	
<i>Level One – Posttest</i>	<i>Level Two – Booster</i>
<b>Overall Knowledge</b> ✓	Overall Knowledge
<b>Life Skills Knowledge</b> ✓	<b>Life Skills Knowledge</b> ✓
<b>Drug Knowledge</b> ✓	Drug Knowledge
<b>Assertiveness</b> ✓	Assertiveness
Anxiety Reduction	Anxiety Reduction
<b>Self Control</b> ✓	Self Control
Drug Refusal Skills I	<b>Drug Refusal Skills I</b> ✓
<b>Drug Refusal Skills II</b> ✓	Drug Refusal Skills II
Perceived Peer Substance Use	Perceived Peer Substance Use
<b>Perceived Adult Substance Use</b> ✓	Perceived Adult Substance Use
Pro-smoking Attitudes	Pro-smoking Attitudes
Pro-drinking Attitudes	Pro-drinking Attitudes
Pro-marijuana Attitudes	Pro-marijuana Attitudes
Pro-hard drug Attitudes	Pro-hard drug Attitudes
Substance Use	Substance Use
Intention to Use	Intention to Use

In conclusion, the implementation of LST Level One and Two has been successful. Based on previous research emphasizing the importance of booster session in obtaining a maximal level of prevention, the BCYPP will continue to work with the school districts to assist with continuation of Levels One and Two with the same quality and fidelity as it has been, and to add Level Three booster sessions.

The BCYPP will continue to evaluate prevention programming fidelity and outcomes. Lourdes Youth Services has begun implementation of Reconnecting Youth in Johnson City and will present program outcomes to the BCYPP.

## **Issues and Questions**

### **Additional data to be collected and analyzed**

- During the first year and a half of the project we conducted an extensive multidimensional needs assessment including: Resource Assessment Survey, CTC Youth Survey, Parent Survey, Comprehensive Risk Profile Report, and Focus Groups in the school districts. Since then we have administered another CTC Youth Survey and updated the Resource Assessment and the Comprehensive Risk Profile Report. These data and analysis are what guided us to

select and implement two science-based prevention programs, Life Skills Training and Reconnecting Youth.

- We maintain the premise that as we look to future prevention programming “keep coming back to our needs assessment” and make sure our ideas and decisions are relative to what our assessment is telling us.
- We anticipate that over the course of the next twelve months as we interact with and present our findings with our community of parents and youth, we may gain information and perspective that directs us to additional data collection i.e. focus groups.
- The CTC Youth Survey was last administered in the fall 2002. Bi-annual youth surveys are planned for 2004-2010.

#### Continuation of Resource Assessment

- In order to address accessibility of prevention programming to the community, the next Community Resource Assessment can include questions pertaining to field offices and whether individuals receiving services have to come to the main location.
- Second, although seventy-five organizations in the community were contacted, and fifty-two responded by completing the survey, a larger sample would be better, including a greater number of Broome County school districts.
- Another way to expand prevention resource programming is to establish networking among community coalitions with missions similar to that of the BCYPP for the purpose of coordinating efforts, avoiding unnecessary duplication and improving efficiency. Future Community Resource Assessments should include a comprehensive overview of community coalitions, including coalition membership, populations targeted, programs implemented and information pertaining to outcomes of these programs.

#### **Gaps and barriers to be studied further**

- Our Resource Assessment Survey shows that for our prioritized risk factors, the majority of organizations addressing these risk factors are located in the City of Binghamton, that there are gaps in services for several underserved at-risk populations and that fewer than 50% of the organizations engage in science-based prevention programming. We plan to bring many of these organizations together to strategize how to expand the provision of services and/or coordinate with services in other areas.
- We also plan to survey other community coalitions to identify what areas of prevention that these groups are targeting and to combine efforts to address youth problem behavior in Broome County.

## **Plans to be developed**

- Presentations to parent, youth, other community groups. A Board committee will be formed to develop this plan.
- Prevention programs for parents and families- We will utilize project staff and Board committees to use the CTC strategic planning process in the selection.
- Youth development on the Board- Broome County has a number of youth groups and forums that the BCYPP will coordinate with in future planning for youth activities, youth input, and Youth Board representation.
- Business development on the Board- We will look within our Board for recommendations of how to utilize our business partner not only for Partnership involvement in planning and reaching outcomes, but also for funding opportunities.
- Additional committees and subcommittees to the Board and Planning and Funding committees- addition of other community organizations and resources to our planning process
- Over the course of the next year we will determine what tool to utilize to ascertain youth perceptions and by which to measure our outcomes, i.e. the CTC Youth Survey or an additional or replacement survey.
- Expansion to other school districts and communities- this is part of the long range planning we are currently in the process of doing. As we look at additional and sustaining funding opportunities, and meet with additional organizations, we will be better able to identify who and what and determine time frames.
- Over the course of the next two years we will concentrate on improvement and utilization of the information gathered in the Community Resource Assessments in order to better target the reduction of substance abuse and other problem behaviors by networking among prevention resources. Such a network could provide a forum for training individuals in science-based prevention programming.
- Over the course of the next two years we will network with other community youth coalitions. We will look at adopting one prevention model or a hybrid of models for all Broome County to utilize in the effort to prevent substance abuse. One guiding body to act as an overarching umbrella to all youth coalitions will be in place.
- Tom Hoke, the Deputy County Executive for Health and Human Services, recently joined the BCYPP. He will be a great asset to our partnership and has much experience with coalition development.
- The BCYPP convened on April 11, 2003 to review accomplishments to date and renew commitment to the Partnership and the BCYPP vision. The BCYPP will meet again on May 2, 2003 to review combined results of the most current needs assessment, plan for the future of the Partnership, and to select additional targets for protection enhancement and risk reduction.

- A Media campaign- our business Partner, President of an advertising and public relations company agreed to provide the necessary in-kind time to assist in the development of a special event to promote the BCYPP and plan for a campaign to spread the word regarding substance abuse and our community profile.
- Involvement of the faith community- the faith based community representative will make several presentations to area churches and youth groups to educate them on the initiative of the BCYPP.
- The Prevention Specialist has been trained in the science-based prevention program Life Skills Training. She will be trained to become a certified trainer of the program. This will allow the Prevention Specialist to train teachers in the target school districts who have not previously been trained. She will also be able to provide teachers technical assistance. This will help with the fidelity and sustainability of the program.

### **Resources and funding sources to be identified**

- The BCYPP formed a Funding Committee in December 2001. The committee recognizes the need to search for short and long term funding opportunities. The committee is currently in the process of identifying what type of funding to look for. The BCYPP is working on putting a plan in place to help guide the Funding Committee in the right direction. As well as federal funding sources the committee is also searching national and local foundations/agencies and will utilize the resources of the Broome County Youth Bureau.
- In Year One we conducted an in depth resource assessment with Lourdes Youth Services. Lourdes Youth Services is delivering Strengthening Families Program and has trained staff in the Reconnecting Youth Program. Lourdes Youth Services provides services in three of our participating school districts and other districts in Broome County. We could collaborate with their resources and our needs assessment to plan for parent program(s), expansion to other schools, and expansion of their science based prevention programming in the schools and community.
- The Funding Committee over the next six months will develop a funding matrix that will identify projects that are currently funded, projects that need funding, how much funding is needed and over what time period, as well as potential sources of funding to meet our needs.
- We will identify local community businesses and organizations that are interested in prevention and willing to help with funding needs of the BCYPP.
- Lourdes Youth Services has agreed to join our current planning committee process as we look to identify resources and funding opportunities. Lourdes Youth Services brings a variety of resources to this planning.

### **Conclusion**

#### **Summary of Key Findings**

- The SICA Project staff, Binghamton University Evaluation Team, and individuals and committees of the Community Board completed a full needs assessment, data analysis, and CTC strategic planning process to include participant and program outcomes in the first year of this SICA initiative. This group has worked together in committees and teams to

accomplish these tasks. We have found this collaboration to be a strong foundation from which to plan substance abuse prevention strategies for our community.

- There is a formal link between SICA and the Integrated County Planning team, the Alcohol and Substance Abuse Subcommittee of the Broome County Mental Health Department, and the Professional Advisory Group of OASAS providers and community providers of substance abuse treatment and prevention services; all are planning committees for substance abuse prevention and treatment in Broome County. A formal part of the structure is that recommendations of the SICA Partnership are presented at these meetings through updates by the Prevention Specialist attending the meetings.
- The Broome County Mental Health OASAS Local Services Plan 2003 identifies the SICA project as a vehicle to enhance and expand the delivery of preventive services to youth. The Local Services Plan has identified as one of the priority goals in Broome County to focus on substance abuse services for youth in 2003. Recommendations from the BCYPP long-range plan will be considered annually as part of the OASAS Local Services Plan.
- SICA Board members act as catalysts to systems change within their own organizations and committees and Boards on which they serve. i.e.- through the process of being trained in CTC, understanding risk and protective framework, understanding of science based prevention programming, and measurable outcomes.
- The following represents some of the more significant findings from the 2000 CTC Youth Survey:
  - ✓ Alcohol: Alcohol is by far the most pervasive substance for adolescents in terms of its availability and frequency of use. Among Broome County youth, the prevalence of underage drinking rises from 31% among 7<sup>th</sup> graders to 81% of 12<sup>th</sup> graders.
  - ✓ Tobacco: The prevalence of reported cigarette use in Broome County rises from 19% in grade 7 to 63 % in grade 12.
  - ✓ Marijuana: The prevalence of reported marijuana use in Broome County rises from 4% in grade 7 to 55% in grade 12.
- The following represents some of the more significant findings from the 2002 CTC Youth Survey
  - ✓ Alcohol: Alcohol is again the most widely used substance by adolescents. Among Broome County youth the lifetime prevalence of underage drinking rises from 29% among 7<sup>th</sup> graders to 84% of 12<sup>th</sup> graders.
  - ✓ Tobacco: The prevalence of reported cigarette use in Broome County rises from 18% in grade 7 to 56% in grade 12.
  - ✓ Marijuana: The prevalence of reported marijuana use in Broome County rises from 4% in grade 7 to 52% in grade 12.
  - ✓ There were several risk factors elevated across the community domain including “Community Disorganization”, “Laws and Norms Favorable to ATOD Use”, “Low Neighborhood Attachment” and “Personal Transitions and Mobility”.
  - ✓ “Parental Attitudes Favorable towards Antisocial Behavior” and “towards ATOD Use” were elevated compared to national norms and the matched comparison group.
  - ✓ The protective factor “School Opportunities for Prosocial Involvement” was a strength for Broome County.
- The following represents some key findings from our Parent Survey in 2001: The results of the Parent Survey were discrepant with several findings on the 2000 CTC

Youth Survey. Based on 2000 CTC Youth Survey results students report that they are far more actively involved in the use of substances, especially alcohol, than the parents reported. Nearly 78% of parents across grade levels indicated that they would probably know whether their child used alcohol without their permission. However, the results of the 2000 CTC Youth Survey revealed reports by 20% of Broome County students of at least one episode of binge drinking within the past two weeks.

### **Recommendations**

- Youth involvement on the BCYPPP Community Board- BCYPP has involved youth as a source of information in focus groups and student surveys to assess youth perceptions and opinions. Broome County has a number of youth groups and forums that the BCYPP will coordinate with in future planning for youth activities and youth input.
- The Community Board in its role as an Advisory Board will identify the need for additional committees and subcommittees to carry out our comprehensive plan.
- We will identify additional community agencies/organizations and school districts that may play a role in continuing planning and implementation of prevention programming and changing community norms.

### **Next Steps**

- Workgroups will be formed to look at the 2002 CTC Youth Survey results. The Workgroups will prioritize risk and protective factors
- We will work with the school districts to set up a prevention plan for the whole district. Part of the process will be to educate school staff on the CTC Model and Risk and Protective Factor Framework.
- We will strengthen the coalition membership and identify additional sectors for recruitment on the BCYPP.
- We will form a type of governance on the BCYPP. Adding governance to the Board will give some Board members a more involved role and will help with the long-term sustenance of the Partnership.
- We will recruit youth membership on the BCYPP Community Board through existing youth groups and already established youth groups within our participating schools.
- We will form a committee to develop a plan for community presentations and media involvement. This plan will include issues to address community awareness and community education regarding the risk and protective model and our key findings, recommendations, and plans.
- We will identify and clarify a funding plan to supplement the project for the future and as a part of the plan for sustainability.

- We will be conducting an analysis of resource strengths and gaps related to Favorable Attitudes Toward Antisocial Behavior. We will add this to our current and updated Resource Assessment Survey Report.
- We will work with the schools in their efforts to sustain Life Skills Training and Reconnecting Youth in the school districts. We will implement and sustain Families and Schools Together in the school districts.
- We will identify a science-based prevention program to target the community as a whole based on identified needs of the community.