

# CLARK COUNTY

## RESOURCE ASSESSMENT REPORT

JUNE 2005



A partnership of United Way of Central Ohio, the City of Columbus and the John Glenn Institute at The Ohio State University



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In 2004 Clark County was one of five counties selected to receive a Partnerships for Success (PFS) grant. The grant is to be used to produce a 5-year strategic plan for capacity building in Clark County by June 2005. Over the course of a year, the community is conducting a planning process that conforms to the requirements of the PFS model. This includes selecting assessment areas and Targeted Impacts related to each area; undertaking needs assessments, resource assessments, and gaps analyses; and preparing a strategic plan based on evidence-based practices. The planning process involves significant community participation by leadership, stakeholder organizations, and citizens.

The planning process is funded by the PFS grant from the Ohio Family and Children First Council and the Clark County Funders' Forum. Community Research Partners was engaged to provide assistance in the areas of technical assistance and capacity building, data collection and analysis, and report writing.

The three phases of Clark County's PFS Planning Process are as follows:

*Phase 1: Needs Assessment (July 2004-February 2005)*—The goal of the needs assessment is to define both broad targets for change in the community (Targeted Impacts), and factors (risk, protection, and assets) that are most closely associated with the selected Targeted Impacts.

*Phase 2: Resource Assessment (March-April 2005)*—The goal of the resource assessment is to create a realistic profile of current programs, services, and activities in the community related to the Targeted Impacts identified in the needs assessment. Assessing current resources supports an analysis of the gaps that exist in the community's programs and services.

*Phase 3: Identification of Strategic Actions (May-June 2005)*—The goal is a 5-year strategic plan that indicates how to address the community's high-priority needs. The data-informed profile developed from the needs assessment and resource assessment generated the baseline indicators that will be useful as the plan is implemented and evaluated.

Six workgroups presented needs assessment results to the Community Planning Team and Funders Forum in late February 2005. The CPT directed four workgroups to move forward and conduct resource assessments of programs and services that address the following high-priority Targeted Impacts:

### **School Success**

Compelled by data in fourth- and sixth-grade proficiencies and graduation rates. The graduation rate for the county as a whole and the proficiency scores for fourth and sixth grade in the county as a whole fail to meet the state standard.

### **Violence**

Compelled by data on increasing abuse and neglect, the prevalence of middle school violence, and increases in unruly and delinquent juvenile adjudications.

## **Birth to 3 Services**

Compelled by high rates of births to teen mothers, preterm births, births to mothers with medical risk factors, and births to mothers with an education level of high school or lower.

## **Preschool Programs**

Compelled by data showing lack of readiness on kindergarten assessment tests, decreased enrollment of eligible children in Head Start programs, and limited ability to assess the quality of childcare provided to most preschoolers.

## **Health Risk Behaviors**

Compelled by data on the prevalence of behaviors linked to preventable diseases and deaths. Data indicated that alcohol and substance abuse, smoking by pregnant women, obesity, and, in most population subgroups, sexually transmitted diseases were more prevalent in Clark County in comparison to the state averages.

## **Foreclosures**

Compelled by data on dramatically escalating foreclosures.

Resource Assessment is an attempt to profile the services currently offered in a community so that gaps in service can be identified and addressed with Strategic Initiatives. To form a detailed profile, very specific information about the current services is compiled.

At the outset of Resource Assessment, the workgroups selected factors that are closely associated with each Targeted Impact. These include reducing certain risk factors or enhancing protective factors or assets\*. The PfS process requires that the workgroups select a limited subset of the factors that affect the Targeted Impact.

Once these factors were selected, the groups identified programs and agencies that they felt would likely address the selected factors. Workgroup members then customized a data collection tool provided by the PfS Academy and spent most of April conducting surveys.

Nearly 200 programs were surveyed and the data were entered into a database to facilitate analysis of the results. Each group thoroughly analyzed the results, paying special attention to gaps in addressing particular factors. The group also considered whether programs or services addressing a particular factor were well balanced between offering prevention, early intervention, and systems of care (chronic intervention). The data also supported a preliminary analysis of the types of evaluation applied to each program.

\*A *risk factor* is a condition that contributes to the problem; a *protective factor* is a condition that helps prevent the problem. *Assets* are positive experiences and personal qualities that influence choices young people make and help them become caring, responsible adults. Originally in the PfS model for youth and families, this concept has been extended to the other assessment areas.

The data, and the gaps that this analysis indicates, must be considered in light of the following caveats and limitations:

- ▶ This is the first time such an in-depth analysis of our community's resources has been undertaken. Undoubtedly, agencies and programs that should be included were not identified in this survey. This assessment should be repeated on a regular basis so that the additional programs are included in subsequent surveys.
- ▶ Many agencies do not have all the data that were requested. Many agencies did not provide the number of individuals served, current funding, or the age or ethnic breakdown of those served.
- ▶ Key questions about risk factors and protective factors were open to the individual respondent's interpretation. In most cases, workgroup members guided the interview, but even among workgroup members, there was variability in determining which factors were most directly served. The PfS Coordinator did follow-up interviews when the initial data were suspect, but the final data sets undoubtedly still contain some inconsistency.
- ▶ A strong goal of the PfS program is to help communities move to implementing evidence-based programs. The resource assessment includes a key question on how the existing programs are evaluated. Very few respondents in this community understand what "evidence based" means, and there was a strong tendency to overreport programs as evidence based or research based. Some of this overreporting was addressed through data clean-up activities by the workgroups and the PfS Coordinator.

The factors each workgroup selected to guide the resource assessment are as follows:

### **Youth and Families (Y&F)**

#### *Protective Factors*

1. Supervision of students by parents and other caregivers
2. Value placed on education by family members
3. Significant attachment to a prosocial adult (positive role model)
4. Parent involvement in schooling
5. Supportive communication between parents and students
6. Specialized instruction for at-risk students
7. Student and family attachment to community
8. Consistent age-appropriate discipline at home
9. Community norms against violence

#### *Risk Factors*

1. Lack of adult monitoring of youth
2. Alienation of children and youth from the mainstream
3. Family history of violence

## **Early Childhood Education (ECE)**

### *Reduce a Risk Factor*

1. Expectant mothers use tobacco.
2. Expectant mothers use alcohol and other substances.
3. Parents/caregivers demonstrate poor social/emotional health.
4. Mother experiences maternal depression.
5. Infants/toddlers live in families with the occurrence of abuse or neglect.
6. Children live in poverty.

### *Enhance a Protective Factor*

1. Expectant mothers receive consistent perinatal care.
2. First-time parents demonstrate basic knowledge of infant care.
3. Children receive complete immunization series by age two.
4. Infants/toddlers screened for developmental delays.
5. Infants/toddlers live in stimulating cognitive environments.
6. Infants/toddlers demonstrate secure attachments with parents/caregivers.
7. Infants/toddlers have primary caregivers with a high school degree or GED.
8. Infants/toddlers cared for out of their home are in high-quality settings.
9. Preschoolers being cared for out of their home are in high-quality settings.
10. Parents/family members understand Ohio's academic content standards.

## **Public Health (PH)**

### *Risk or Protective Factors*

1. Expectant mothers use tobacco.
2. Expectant mothers use alcohol or other substances.
3. Program addresses obesity/overweigh.
  - 3a. Screening
  - 3b. Healthy eating habits/nutrition
  - 3c. Promotes increased physical activity
  - 3d. Increases availability of affordable healthy food
4. Program addresses STD/HIV.
  - 4a. Screening and testing (HPV, Gonorrhea, Chlamydia, Syphilis, Herpes)
  - 4b. Treatment (HPV, Gonorrhea, Chlamydia, Syphilis, Herpes)
  - 4c. Referral for Treatment
5. Educate related to STD/HIV
  - 5a. Abstinence only
  - 5b. Condom use
  - 5c. Defining sex
  - 5d. Oral sex risks

## **Housing and Neighborhoods (HN)**

### *Protective Factors*

1. Restrict or reduce predatory lending or fraudulent practices
2. Provide pre-purchase counseling or education
3. Provide post-purchase counseling or education
4. Provide loss mitigation services
5. Provide information and/or referral services which seek to improve solvency
6. Provide advocacy to victims of fraud or unfair lending

Each workgroup met to consider the resource assessment data they had compiled. They reviewed not only the number of programs that addressed each factor, but also the relative mix of prevention, early intervention, and systems of care (chronic intervention) offered and the type of evaluation data each program relied upon. Through review of these data and discussion, each group prioritized the risk factors or protective factors and assets that they felt had the most significant gaps in programs or services. They brought the following selection to a combined workgroup session held on May 9, 2005:

1. Value placed on education by families (Y&F)
2. Parent involvement in schooling (Y&F)
3. Supportive communication between parents and students (Y&F)
4. Age-appropriate discipline at home (Y&F)
5. Community norms against violence (Y&F)
6. Alienation of children and youth from the mainstream (Y&F)
7. Parent/caregiver health (ECE)
8. Infants/toddlers in live in stimulating environments (ECE)
9. Programs addressing obesity (PH)
10. Early intervention in mortgage delinquency (post-purchase education and counseling) (HN)
11. Increased financial literacy (pre-purchase education and counseling) (HN)
12. First-time parent understanding infant care (ECE)

The working session included members from each of the four workgroups. It was held to allow workgroup members a chance to explore the gaps analysis data, to look for synergistic opportunities, and to recommend priorities for the final planning phase, Strategic Initiative Development. Following informal presentations and discussion, the 30 workgroup members prioritized the list as follows:

1. Parent involvement in schooling (Y&F)
2. Increased financial literacy (pre-purchase financial education and counseling) (HN)
3. First-time parent understanding infant care (ECE)
4. Infants/toddlers in live in stimulating environments (ECE)
5. Programs addressing obesity (PH)
6. Parent/caregiver health (ECE)
7. Age-appropriate consistent discipline at home (Y&F)
8. Community norms against violence (Y&F)
9. Supportive communication between parents and students (Y&F)
10. Post-purchase financial education and counseling (early intervention in mortgage delinquency) (HN)
11. Value placed on education by families (Y&F)
12. Alienation of children and youth from the mainstream (Y&F)

It was also noted that there are many more programs in this community that offer early intervention or chronic support than there are preventative programs. It was noted in several discussions that this is the result of years of funding patterns, where both public and private funders react to problems as they emerge—or, as one workgroup member reminded the group, the squeaky wheel gets the grease.

This funding pattern and the resultant array of resources in the community seem to run counter to the community values expressed by funders, community leaders, and workgroup members: in order to have the greatest impact on the community as whole, the community needs to focus on prevention and early intervention.

Very few programs in the community are evidence based or have evidence-based components. Further, very few individuals have an understanding of any hierarchy of evidence and only a scant understanding of outcomes evaluation.

By adhering to the PfS planning process, we have been able to introduce concepts such as risk and protective factors and evidence-based programs to the community, particularly to workgroup members.

Respondents were asked to indicate which Targeted Impact their program addressed; some programs addressed both. They were asked whether the particular intervention being reported is designed to (1) reduce a risk factor, (2) enhance a protective factor/increase an asset, or (3) address some other target of change. Respondents were asked to select the best descriptor; however, many of the respondents indicated that their interventions fulfill multiple outcomes. Because of this overlap, the percentages of programs and the Targeted Impact addressed, outcomes, risk/protective factors, types of prevention/intervention, and evidence of effectiveness are greater than 100 percent.

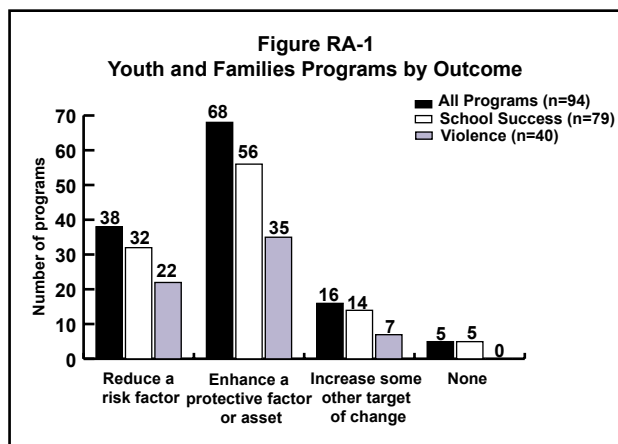
The Youth and Families workgroup received 94 responses on the Profiling Community Resources Survey. This analysis is based on the completed responses.

Of the 94 programs that completed the survey, 55 (58.5 percent) address School Success only; 15 (16 percent) address Violence only; and 24 (25.5 percent) address both (Table RA-1).

**Table RA-1  
Youth and Families Programs by Targeted Impact**

Targeted Impact	# of programs	% of total (94)
Address School Success Only	55	58.5%
Address Violence Only	15	16.0%
Address Both	24	25.5%

Of all the programs surveyed, 40.4 percent were identified as reducing a risk factor, 72.3 percent as enhancing a protective factor or asset, and 16.0 percent as increasing or reducing some other target of change<sup>1</sup>. Five programs (5.3 percent) did not report on the outcomes (Figure RA-1).



<sup>1</sup>Among the other targets of change cited were the following:

- ▶ Teach prosocial skills and coping strategies to emotionally disturbed students
- ▶ Increase self-awareness and decrease resistance to change
- ▶ Decrease teen pregnancy
- ▶ Increase level of acceptable social functioning in the community
- ▶ Develop good work ethic
- ▶ Increase conflict resolution skills

Targeted Impact Addressed

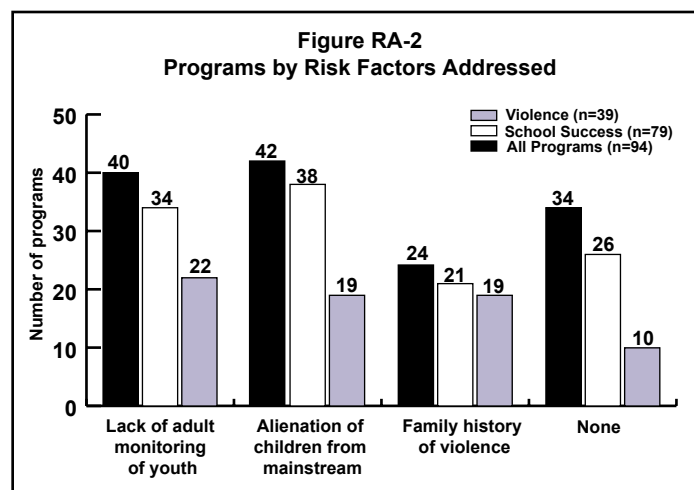
Outcome Addressed

## Risk Factors Addressed

The Resource Assessment workgroup identified the following risk factors for the top two Targeted Impacts (School Success and Violence):

1. Lack of Adult Monitoring of Youth
2. Alienation of Children from the Mainstream
3. Family History of Violence

The majority of programs address risk factor 2 (44.7 percent), followed by risk factor 1 (42.6 percent). Risk factor 3 is addressed by 25.5 percent of the programs. Thirty four programs (36.2 percent) reported not addressing any of the risk factors (Figure RA-2). Among programs that address School Success, the majority address risk factor 2 (48.1 percent). Among programs that address Violence, the majority address risk factor 1 (56.4 percent).

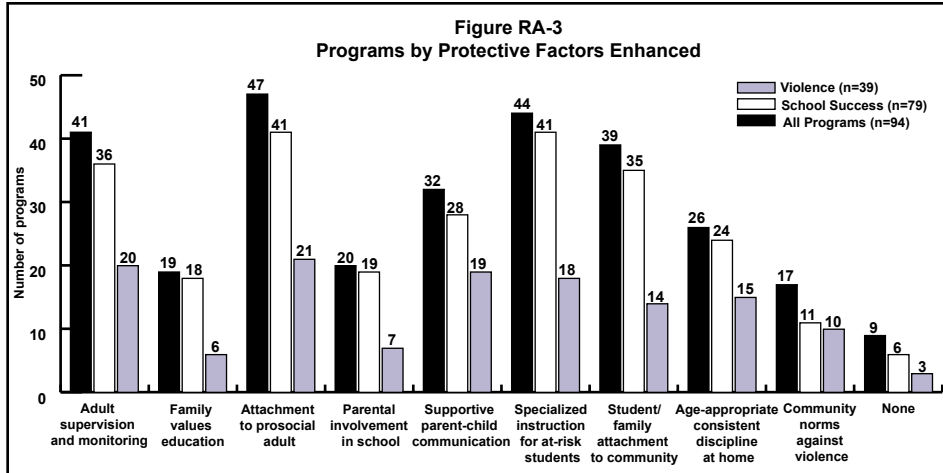


## Protective Factors Addressed

The workgroup identified the following protective factors and assets for the top two Targeted Impacts:

1. Adult Supervision and Monitoring
2. Family Values Education
3. Attachment to Prosocial Adults
4. Parental Involvement in School
5. Supportive Communication between Parent and Child
6. Specialized Instruction for At-Risk Students
7. Student/Family Attachment to Community
8. Age-Appropriate, Consistent Discipline at Home
9. Community Norms against Violence

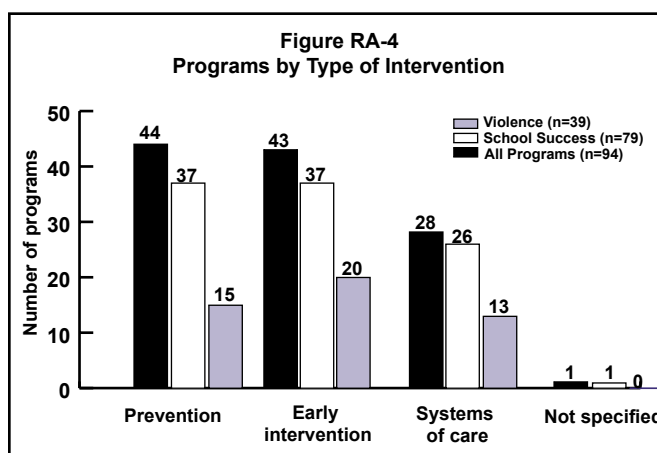
The majority of programs address protective factor 3 (50 percent), followed by number 6 (46.8 percent), 1 (43.6 percent), 7 (41.5 percent), and 5 (34 percent). Protective factors 8 (27.6 percent), 4 (21.3 percent), 2 (20.2 percent), and 9 (18.1 percent) are less commonly addressed. Nine programs (9.6 percent) do not address any of the protective factors (Figure RA-3). Among programs that address School Success, the majority address protective factors 3 and 6 (51.9 percent each). Among programs that address Violence, the majority address protective factor 3 (53.6 percent), followed by protective factor 1 (51.3 percent).



Prevention intervention is designed for any participants and is provided before any major problems are identified. Early intervention is designed for participants who have been identified as having problems but before those problems become entrenched. Systems of care (or chronic intervention) are designed for participants who have serious and chronic problems.

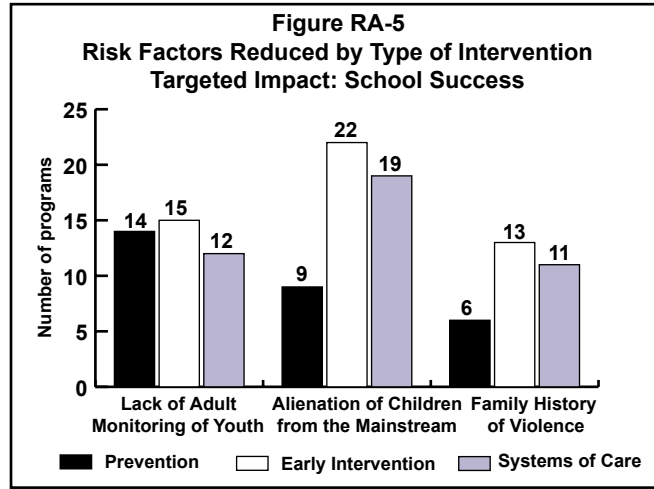
Type of Intervention

Of the programs surveyed, 46.8 percent are prevention oriented, 45.7 percent provide early intervention, and 29.8 percent are systems of care. One program did not report on the type of intervention (Figure RA-4). Among programs that address School Success, 46.8 percent are prevention oriented and provide early intervention and 32.9 percent are systems of care. Among programs that address Violence, 38.5 percent are prevention oriented, 51.3 percent provide early intervention, and 33.4 percent are systems of care.



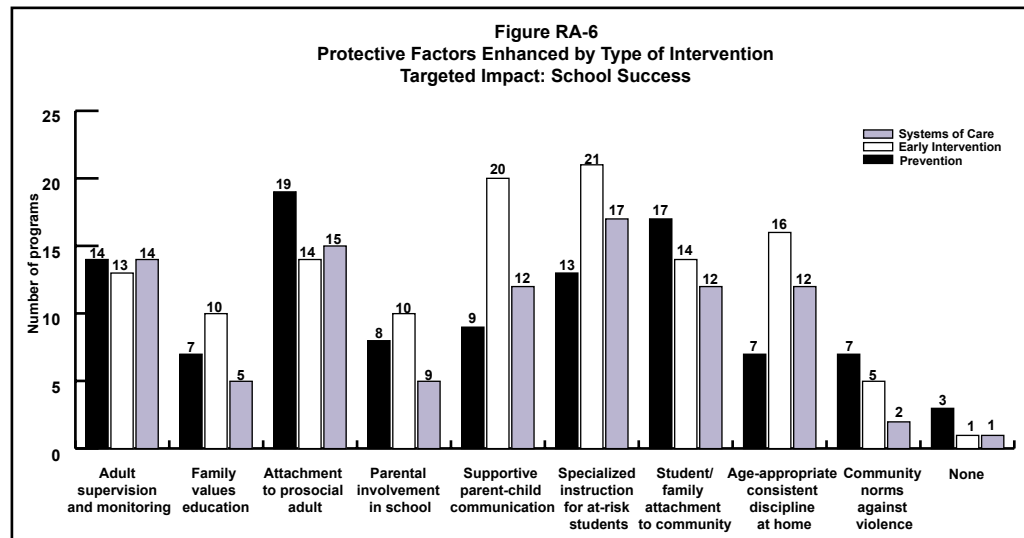
## Risk Factors Reduced by Type of Intervention (School Success)

Among the programs that address School Success, there are very few prevention-oriented programs that address risk factors 2 and 3 (Figure RA-5).

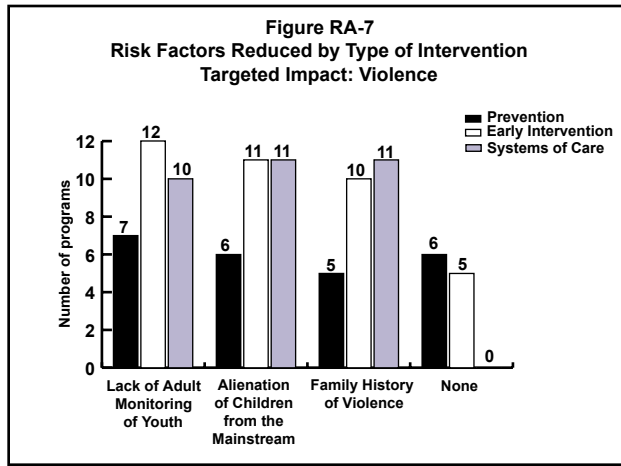


## Protective Factors Enhanced by Type of Intervention (School Success)

Among the programs that address School Success, there are very few prevention-oriented programs that address protective factors 2, 4, 5, 8, and 9. Only five programs provide early intervention for protective factor 9. There are very few systems of care that address protective factors 2, 4, and 9 (Figure RA-6).



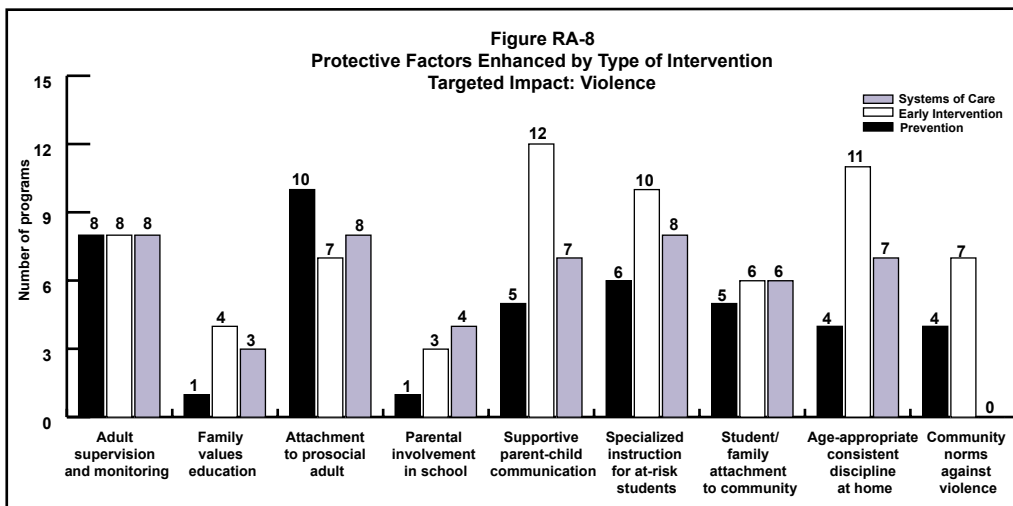
Among the programs that address Violence, there are very few prevention-oriented programs that address all three risk factors (Figure RA-7).



Risk Factors Reduced by Type of Intervention (Violence)

Among the programs that address Violence, there are very few prevention-oriented programs that address protective factors 2, 4, 5, 7, 8, and 9. Only four programs provide early intervention for protective factor 2 and only three programs provide early intervention for protective factor 3. There are very few systems of care that address protective factors 2, 4, and 9 (Figure RA-8).

Protective Factors Enhanced by Type of Intervention (Violence)



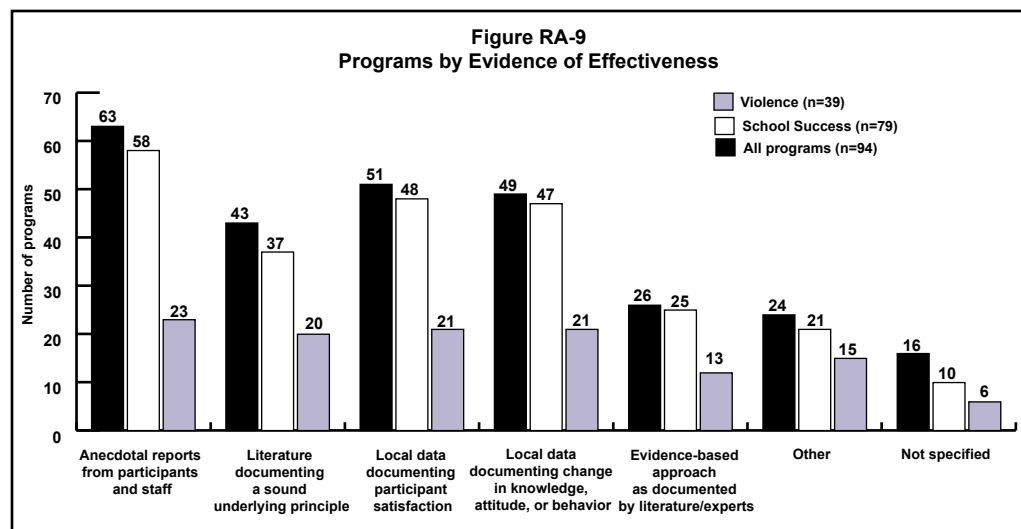
## Evidence of Effectiveness

Program respondents were asked to check all that applied to the intervention being reported among the following possible responses:

1. Anecdotal reports from participants and staff
2. Literature documenting a sound underlying principle
3. Local data documenting participant satisfaction with the program
4. Local data documenting change in knowledge, attitude, or behavior
5. Evidence-based approach as documented by literature/experts
6. Other<sup>2</sup>

Most of the programs reported multiple evaluation techniques (75.5 percent). The majority (67 percent) reported using anecdotal reports from participants and staff as evidence of effectiveness. Participant satisfaction (54.3 percent) was the next most used evaluation technique, followed by change in knowledge (52.1 percent) and literature documenting sound underlying principle (45.7 percent). An evidence-based approach was among the less reported evaluation techniques (27.7 percent). There were 24 programs (25.5 percent) that reported “other” evaluation techniques and 16 programs (17 percent) that did not report any technique (Figure RA-9). Among programs that address School Success, the majority (73.4 percent) used anecdotal reports from participants and staff as evidence of effectiveness. Participant satisfaction (60.8 percent) was the next most used technique, followed by change in knowledge (59.5 percent each). Among programs that address Violence, the majority (59 percent) used anecdotal reports from participants and staff as evidence of effectiveness. Participant satisfaction (60.8 percent) and change in knowledge (53.8 percent) were the next most used evaluation techniques (Figure RA-9).

Based on this information, the majority of programs addressing School Success and Violence in Clark County do not use evidence-based measures for change in participant knowledge, attitude, and/or behavior.



<sup>2</sup>Other techniques providing evidence of effectiveness included:

- ▶ Recidivism rates as reported to Department of Youth Services
- ▶ Tracking improvement for students by grades in subjects and behavior issues
- ▶ National impact studies of Big Brothers Big Sisters and Boy Scouts of America
- ▶ Yearly progress in Individualized Education Plan goals as measured by state testing
- ▶ Graduation rates, attendance records, reduction in rate of suspension
- ▶ Internal performance improvement data

Respondents were asked to indicate which Targeted Impact their program addressed; some programs addressed both. They were asked whether the particular intervention being reported is designed to (1) reduce a risk factor, (2) enhance a protective factor/increase an asset, or (3) address some other target of change. Respondents were asked to select the best descriptor; however, many of the respondents indicated that their interventions fulfill multiple outcomes. Because of this overlap, the percentages of programs and the Targeted Impact addressed, outcomes, risk/protective factors, types of prevention/intervention, and evidence of effectiveness are greater than 100 percent.

The Early Childhood Education workgroup received 26 responses on the Profiling Community Resources Survey. This analysis is based on the completed responses

Of the 25 programs that completed the survey, 14 (56.0 percent) address Birth to 3 only; seven (28.0 percent) are Preschool Programs (Children Entering School Prepared for School Success) only; and four (16.0 percent) address both (Table RA-2).

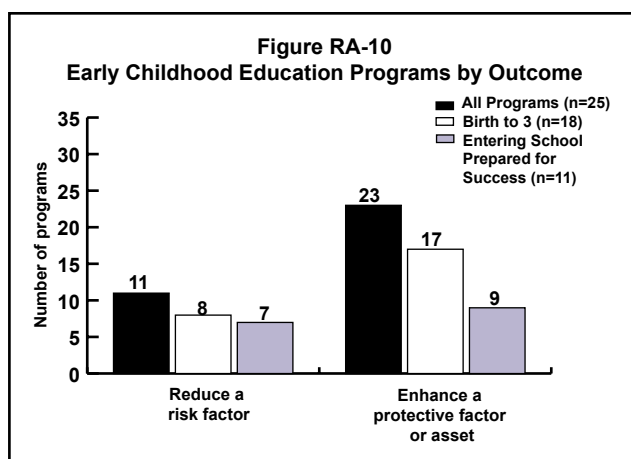
**Targeted Impact  
Addressed**

**Table RA-2  
Early Childhood Education Programs by Targeted Impact**

Targeted Impact	# of programs	% of total (25)
Address Birth to 3 Only	14	56.0%
Address Preschool Programs (Children Entering School Prepared for Success) Only	7	28.0%
Address Both	4	16.0%

Of all the programs surveyed, 44 percent were identified as reducing a risk factor and 92 percent as enhancing a protective factor or asset (Figure RA-10). Among the programs that address Birth to 3, 44.4 percent were identified as reducing a risk factor and 94.4 percent as enhancing a protective factor or asset. Among Preschool Programs, 63.6 percent were identified as reducing a risk factor and 81.8 percent as enhancing a protective factor or asset.

**Outcomes**

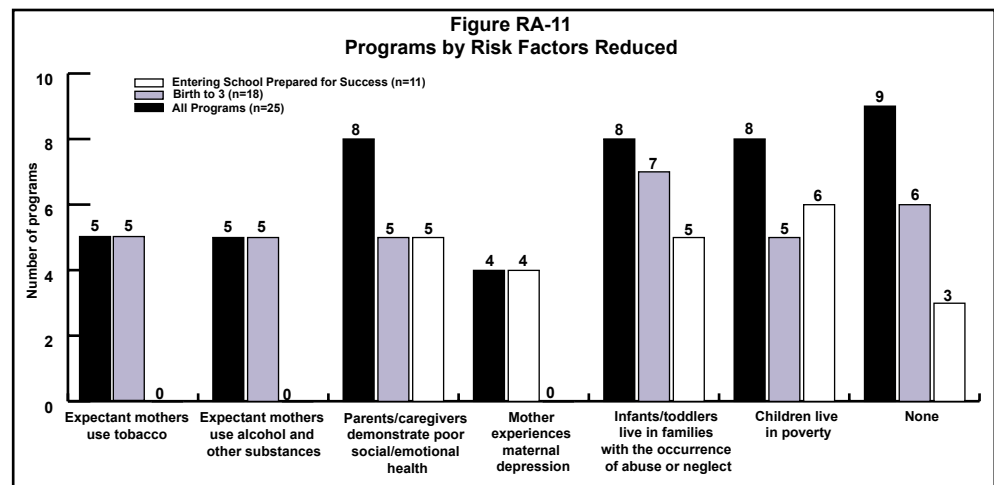


## Risk Factors Reduced

The Resource Assessment workgroup identified the following risk factors for the top two Targeted Impacts (Birth to 3 and Preschool Programs—Children Entering School Prepared for Success):

1. Expectant mothers use tobacco.
2. Expectant mothers use alcohol and other substances.
3. Parents/caregivers demonstrate poor social/emotional health.
4. Mother experiences maternal depression.
5. Infants/toddlers live in families with the occurrence of abuse or neglect.
6. Children live in poverty.

Risk factors 3, 5, and 6 are the most frequently addressed (eight programs each). Nine programs did not report any risk factor. Among programs that address Birth to 3, the majority address risk factor 5 (38.9 percent). Among Preschool Programs, the majority address risk factor 6 (54.5 percent) (Figure RA-11).

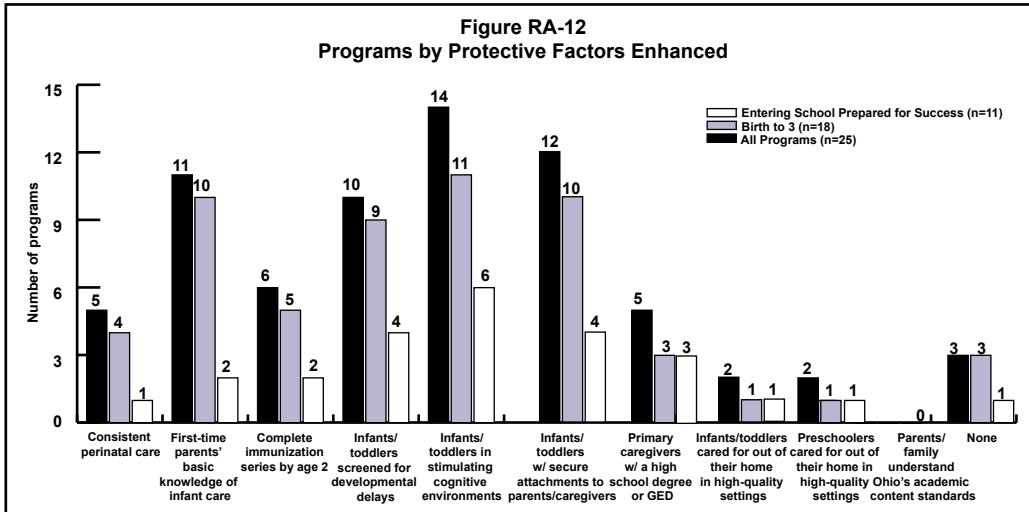


## Protective Factors Enhanced

The workgroup identified a list of protective factors and assets for the top two Targeted Impacts:

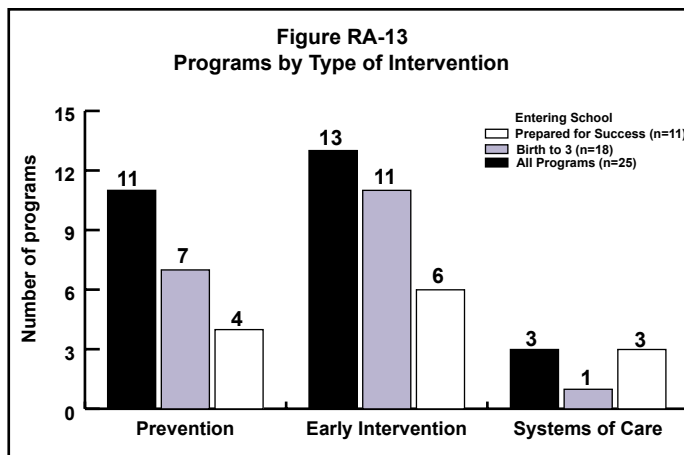
1. Expectant mothers receive consistent perinatal care.
2. First-time parents demonstrate basic knowledge of infant care.
3. Children receive complete immunization series by age two.
4. Infants/toddlers screened for developmental delays.
5. Infants/toddlers live in stimulating cognitive environments.
6. Infants/toddlers demonstrate secure attachments with parents/caregivers.
7. Infants/toddlers have primary caregivers with a high school degree or GED.
8. Infants/toddlers cared for out of their home are in high-quality settings.
9. Preschoolers being cared for out of their home are in high-quality settings.
10. Parents/family members understand Ohio's academic content standards.

Protective factor 5 was the most frequently addressed (14 programs) (Figure RA-12). Three programs did not report addressing any protective factor. Protective factor 5 is addressed by the majority of programs addressing Birth to 3 (61.1 percent) and the majority of Preschool Programs (54.5 percent).



Of the 25 programs, 11 (44.0 percent) are prevention oriented, 13 (52.0 percent) provide early intervention, and 3 (12.0 percent) are systems of care. Among programs that address Birth to 3, 7 are prevention oriented, 11 provide early intervention, and 1 is a system of care. Among Preschool Programs, four are prevention oriented, six provide early intervention, and three are systems of care (Figure RA-13).

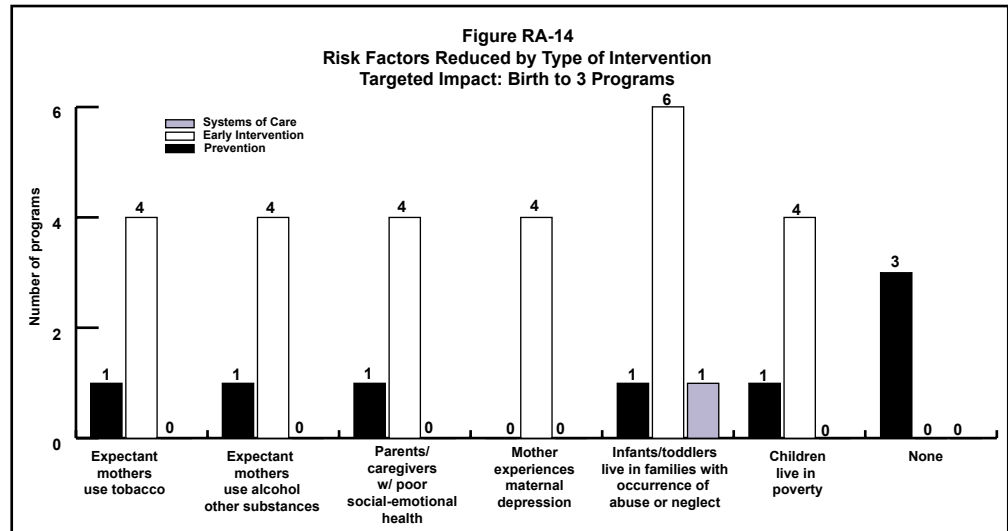
Type of Intervention



# EARLY CHILDHOOD EDUCATION

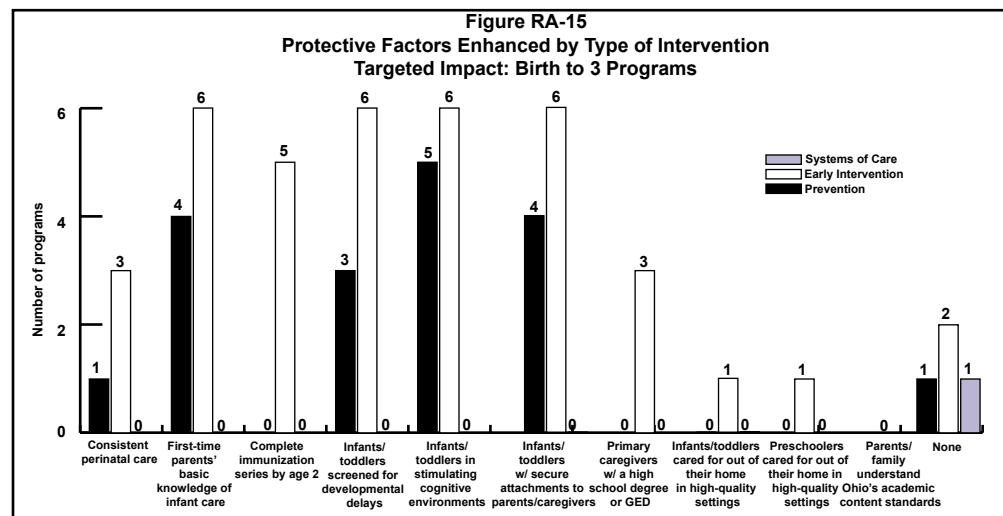
## Risk Factors Addressed by Type of Intervention (Birth to 3)

Among the programs that address Birth to 3, there are no systems of care that address any risk factor. Risk factors 1, 2, 3, 5, and 6 are addressed by one prevention-oriented program each (Figure RA-14).



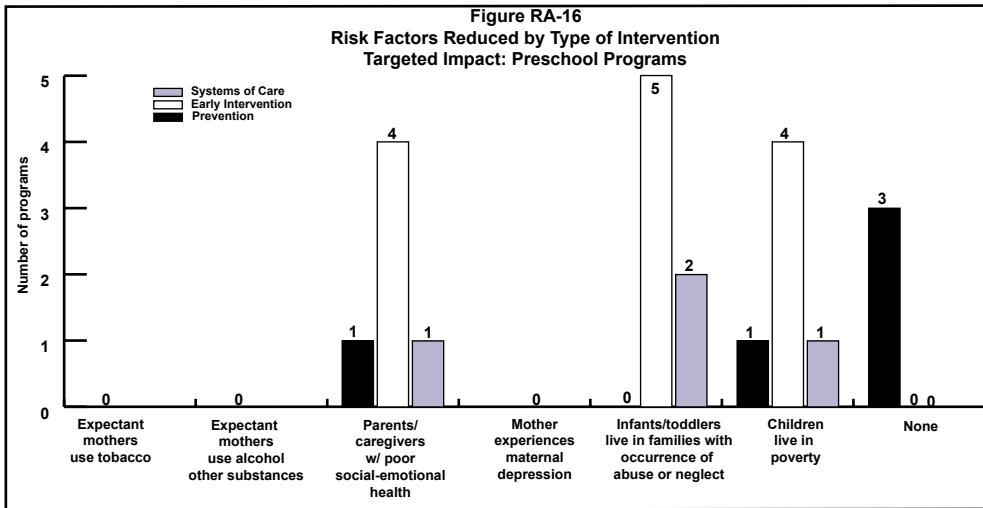
## Protective Factors Enhanced by Type of Intervention (Birth to 3)

Among the programs that address Birth to 3, there are no prevention-oriented programs that address protective factors 3, 7, 8, 9, and 10. There are no systems of care that address any of the protective factors (Figure RA-15).



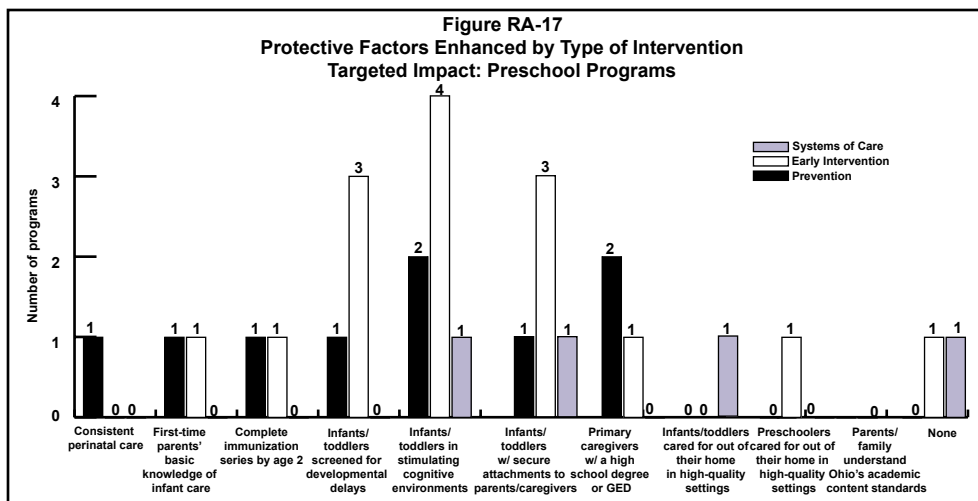
Among Preschool Programs, none of the programs provide early intervention for risk factors 1, 2, and 4. There are no prevention-oriented programs that address risk factors 1, 2, 4, and 5. There are no systems of care addressing risk factors 1, 2, and 4 (Figure RA-16).

**Risk Factors Addressed by Type of Intervention (Preschool Programs—Children Entering School Prepared for Success)**



Among Preschool Programs, none of the programs provide early intervention for protective factors 1 and 10. There are no prevention-oriented programs that address protective factors 8, 9, and 10. There are no systems of care addressing protective factors 1, 2, 3, 4, 7, 9, and 10 (Figure RA-17).

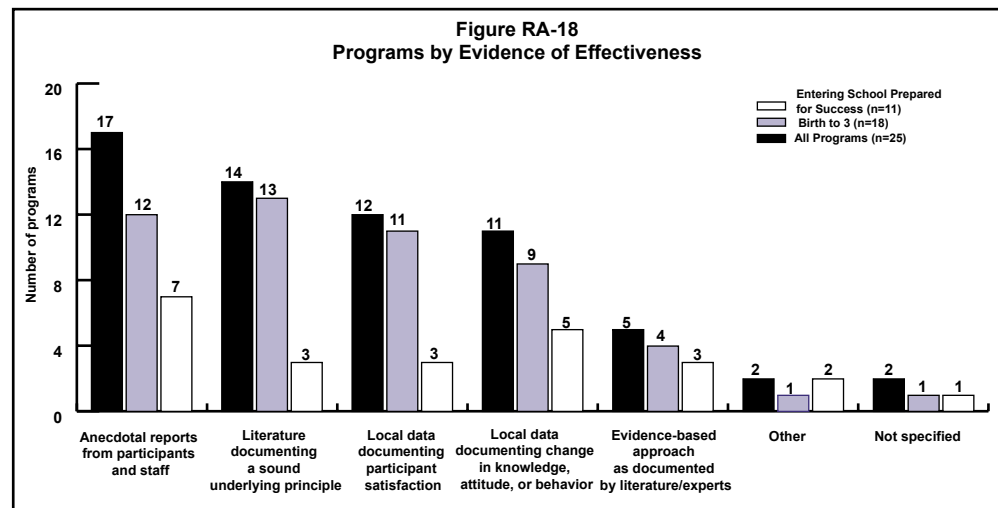
**Protective Factors Enhanced by Type of Intervention (Preschool Programs—Children Entering School Prepared for Success)**



**Evidence of  
Effectiveness**

Of the 25 programs, the majority (68.0 percent) reported using anecdotal reports from staff and participants as evidence of effectiveness (Figure RA-18). Literature documenting a sound underlying principle (56.0 percent) was the next most commonly used evaluation technique, followed by local data documenting participant satisfaction (48.0 percent) and local data documenting change in knowledge, attitude, or behavior (44.0 percent). Only five programs (20.0 percent) reported using an evidence-based approach as an evaluation technique.

Among programs that address Birth to 3, the majority (72.2 percent) reported using literature documenting a sound underlying principle as evidence of effectiveness. Anecdotal reports from participants and staff (66.6 percent) was the next most used evaluation technique. Among Preschool Programs, the majority (63.6 percent) reported using anecdotal reports from participants and staff as evidence of effectiveness. Local data documenting change in knowledge, attitude, or behavior (45.4 percent) was the next most used evaluation technique.



Respondents were asked to indicate which Targeted Impact their program addressed; some programs addressed both. They were asked whether the particular intervention being reported is designed to (1) reduce a risk factor, (2) enhance a protective factor/increase an asset, or (3) address some other target of change. Respondents were asked to select the best descriptor; however, many of the respondents indicated that their interventions fulfill multiple outcomes. Because of this overlap, the percentages of programs and the Targeted Impact addressed, outcomes, risk/protective factors, types of prevention/intervention, and evidence of effectiveness are greater than 100 percent.

The Public Health workgroup received 26 responses on the Profiling Community Resources Survey. This analysis is based on the completed responses.

Of the 26 programs that completed the survey, 18 (69.2 percent) address Health Risk Behaviors only; none addresses Immunizations and Preventative Screenings only; seven (26.9 percent) address both Targeted Impacts; and one program did not report any Targeted Impacts (Table RA-3).

**Table RA-3  
Public Health Programs by Targeted Impact**

Targeted Impact	# of programs	% of total (26)
Address Immunizations and Preventative Screenings Only	0	0%
Address Health Risk Behaviors Only	18	69.2%
Address Both	7	26.9%
Address None	1	3.8%

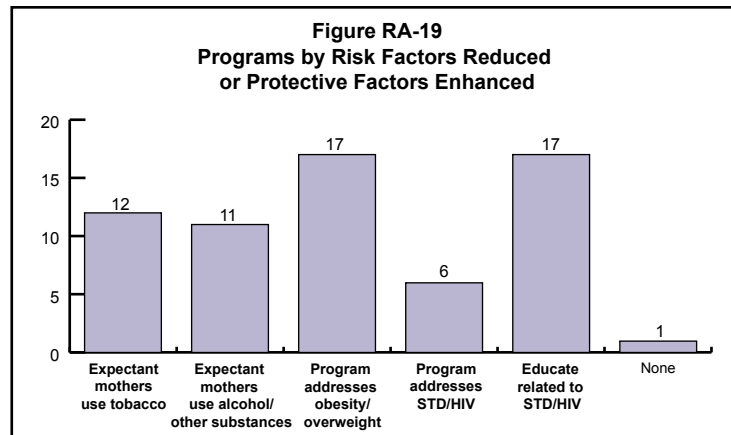
The Resource Assessment workgroup identified the following risk or preventive factors for the Targeted Impact Health Risk Behaviors:

1. Expectant mothers use tobacco.
2. Expectant mothers use alcohol or other substances.
3. Program addresses obesity/overweight.
  - 3a. Screening
  - 3b. Healthy eating habits/nutrition
  - 3c. Promotes increased physical activity
  - 3d. Increases availability of affordable healthy food
4. Program addresses STD/HIV.
  - 4a. Screening and testing (HPV, Gonorrhea, Chlamydia, Syphilis, Herpes)
  - 4b. Treatment (HPV, Gonorrhea, Chlamydia, Syphilis, Herpes)
  - 4c. Referral for Treatment
5. Educate related to STD/HIV
  - 5a. Abstinence only
  - 5b. Condom use
  - 5c. Defining sex
  - 5d. Oral sex risks

**Targeted Impact Addressed**

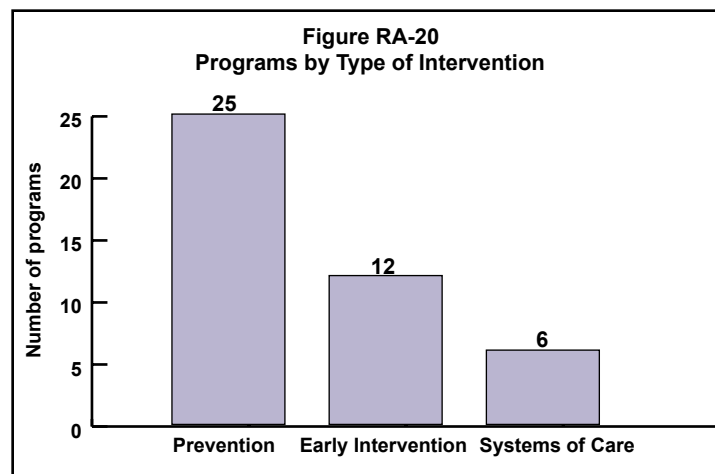
**Risk Factor Reduced or Protective Factor Enhanced**

Factors 3 and 5 were the most frequently addressed (17 programs each). One program did not report any risk factor or protective factor (Figure RA-19).



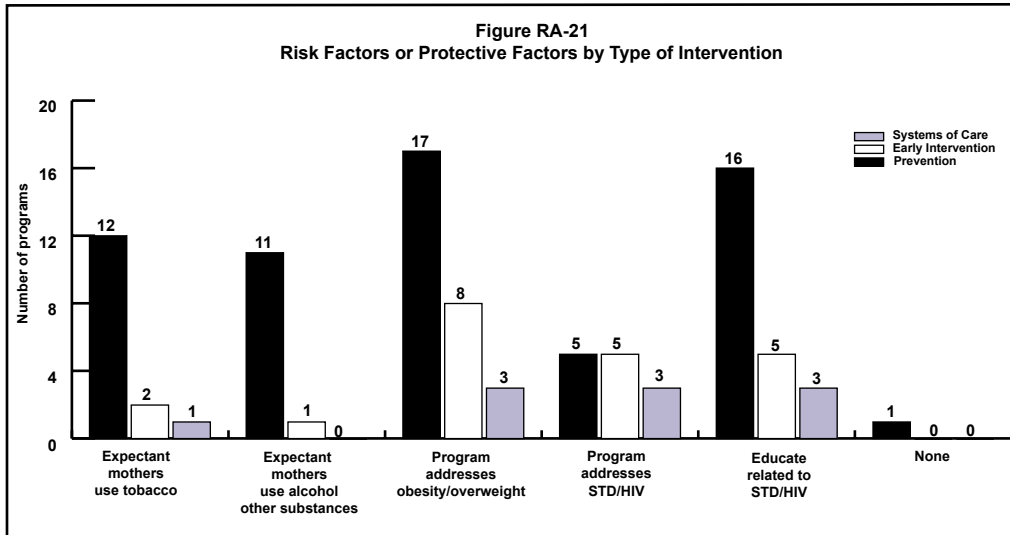
**Type of Intervention**

Of the 26 programs, 25 (96.1 percent) are prevention oriented, 12 (46.2 percent) provide early intervention, and 6 (23.1 percent) are systems of care (Figure RA-20).



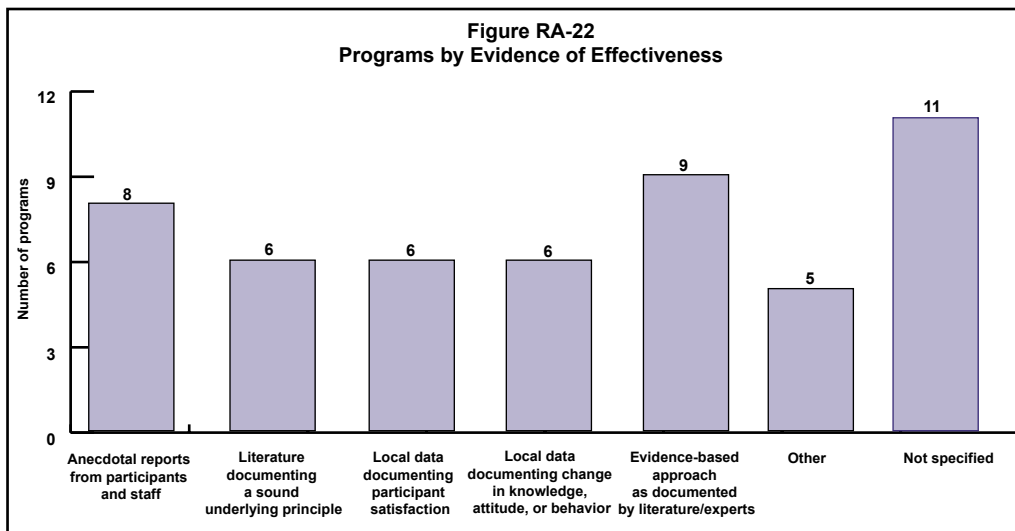
Among all the public health programs surveyed, there are no systems of care that address risk/protective factor 2 and only one that addresses risk/protective factor 1. There are only four prevention-oriented program that address risk/protective factor 4. There are very few programs that provide early intervention for risk/protective factors 1, 2, 4, and 5 (Figure RA-21).

Risk Factors and Protective Factors by Type of Intervention



Of the 26 programs, the majority (34.6 percent) reported using an evidence-based approach as documented by literature/experts as evidence of effectiveness. Anecdotal reports from participants and staff (30.7 percent) was the next most commonly used technique (Figure RA-22).

Evidence of Effectiveness

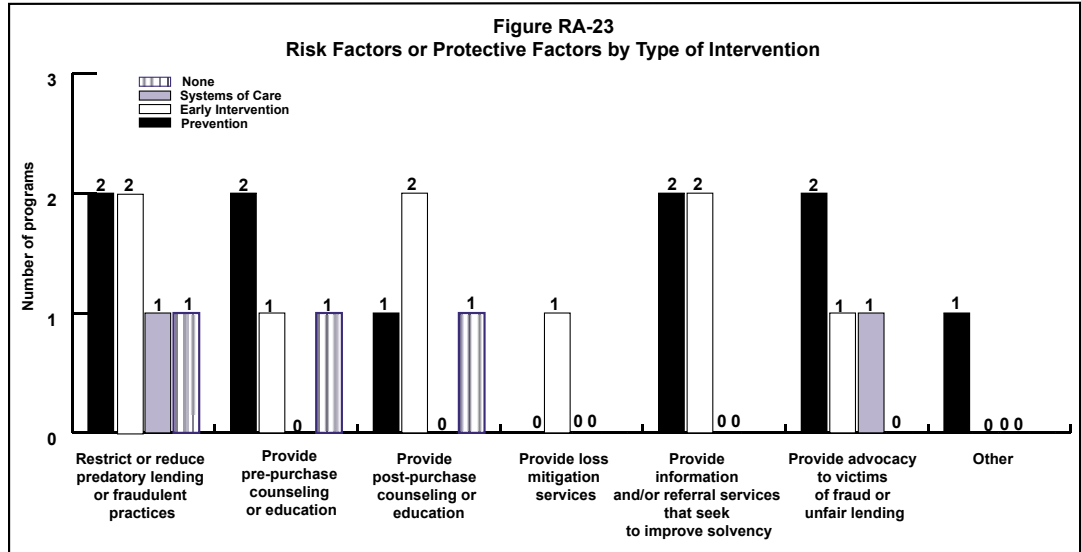


# HOUSING AND NEIGHBORHOODS

## Type of Intervention

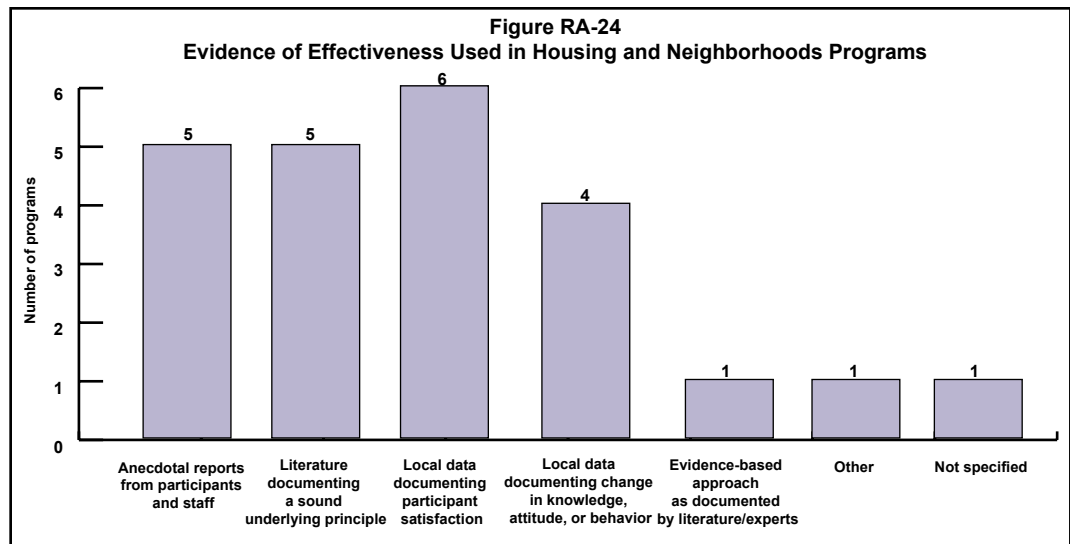
The Housing and Neighborhoods workgroup received responses from eight programs. Of these, four were prevention oriented, three provided early intervention, and one is a system of care. One program did not specify the type of intervention.

## Risk Factors and Protective Factors by Type of Intervention



## Evidence of Effectiveness

Six programs used local data documenting participant satisfaction as evidence of effectiveness. Anecdotal reports from participants and staff and literature documenting a sound underlying principle were the next most frequently used evaluation techniques (five each) (Figure RA-24).



Workgroup Members

Details of Programs that Responded to the Survey

Survey Tools

Youth and  
Families**Community Planning Team**

Ed Baker	Jean Harper
Rob Baker	Gene Kelly
Jeff Brookings	Jeff Kreidenweis
Vince Chase	Doug Lineberger
Ann Chitkara	Joe Monnin
Warren Copeland	Rose Martin Morand
Woody Cornette	Julie Nedelman
Marilyn Demma	Charlie Patterson
Lisa Dunn	Robin Atwood Pfeil
Katherine Eckstrand	RoseAnn Pratt
Kathy Estep	Don Reed
Kim Fish	Selena Singletary
Curt Gillespie	Bob Suver
Ron Green	

**Needs Assessment**

Jane Skogstrom, Chair  
Kathy Estep and Woody  
Cornette, CPT Liaisons

Julia Black  
Beth Dixon  
Sue Fralick  
Nuggie Liebcap  
Bill Lilley  
Jane Macfarlane  
Pam Meermans  
Winkie Mitchell  
Larry Parks  
Amy Reigel  
Jennifer Rohrer  
Don Warner  
Susan Weaver  
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**Resource Assessment**

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Jennifer Sheehan  
Traci Stute  
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Don Warner

**Needs Assessment**

Jeannine L. Fox, Chair  
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 Beverly Dixon  
 Diane Eichelberger  
 Janice Garfunckel  
 Vicky Kaufman  
 Deb Kimble  
 Susan Lohnes  
 Sherrie Lookner  
 Marilyn Martin  
 Denise Sharp  
 Diane VanAuker  
 Penny Zimmerman

**Resource Assessment**

Jeannine L. Fox, Chair  
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 Vicky Kaufman  
 Deb Kimble  
 Jan Kushmaul  
 Tamara Hansen  
 Marilyn Martin  
 Denise Sharp  
 Diane Van Auker  
 Penny Zimmerman

Early Childhood Education

**Needs Assessment**

Shelia Hiddleson, Chair  
 Rob Baker, CPT Liaison  
 Judy Andrews  
 Mary Jo Groves  
 Paul Hagelberg  
 Tamara Hansen  
 Suzanne Hess  
 Amanda Hough  
 Judy Hoy  
 Mike Kessler  
 Eric Ottoson

**Resource Assessment**

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 Rob Baker, CPT Liaison  
 Judy Andrews  
 Mary Jo Groves  
 Tamara Hansen  
 Suzanne Hess  
 Amanda Hough  
 Eric Ottoson

Public Health

**Needs Assessment**

Barbara Stewart, Chair  
 Mark Elliott, CPT Liaison  
 Roger Baker  
 Nancy Flinchbaugh  
 Mike Halpin  
 Tony Hannon  
 Sue Hebner  
 Anne Kaup-Fett  
 Tina Koumoutsos  
 Anna Krauss  
 Mark Luttrell  
 Jane MacFarlane  
 Mary Mann  
 Wayne Roberts  
 Thea Walsh

**Resource Assessment**

Nancy Flinchbaugh, Chair  
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 Linda Butler  
 Tony Hannon  
 Sue Hebner  
 Anne Kaup-Fett  
 Rachel Klopfer  
 Tina Koumoutsos  
 Anna Krauss  
 MaryAnne Mitchell  
 Jackie Sudhoff  
 Jerrod Swanton

Housing and Neighborhoods

## Youth and Families Programs

Tables RA-4 and RA-5 provide details of Clark County programs targeting School Success and Violence that responded to the Resource Assessment survey. The following is the key to the codes in the tables.

### Outcome

RRF = Reduce a risk factor

EPF = Enhance a protective factor or asset

OTC = Increase/decrease some other target of change

### Risk Factors

1. Lack of Adult Monitoring of Youth
2. Alienation of Children from the Mainstream
3. Family History of Violence

### Protective Factors/Assets

1. Adult Supervision and Monitoring
2. Family Values Education
3. Attachment to Prosocial Adults
4. Parental Involvement in School
5. Supportive Communication between Parent and Child
6. Specialized Instruction for At-Risk Students
7. Student/Family Attachment to Community
8. Age-Appropriate, Consistent Discipline at Home
9. Community Norms against Violence

### Type of Intervention

P = Prevention—Designed for any participants and is provided before any major problems are identified

EI = Early Intervention—Designed for participants who have been identified as having problems but before those problems become entrenched

SC = Systems of Care—Designed for participants who have serious and chronic problems

### Evidence of Effectiveness

1. Anecdotal reports from participants and staff
2. Literature documenting a sound underlying principle
3. Local data documenting participant satisfaction with the program
4. Local data documenting change in knowledge, attitude, or behavior
5. Evidence-based approach as documented by literature/experts
6. Other

**Table RA-4**  
**Programs Targeting School Success (April 2005)**

Program Name	Agency Name	Outcome	Risk Factors Addressed	Protective Factors or Assets Enhanced	Increase/Decrease Other Target of Change	Type of Intervention	Evidence of Effectiveness	Total Current Funding Available	Geographic Area Served
Not specified	Aid for College Opportunities	OTC			1	P	1,2,6	\$63,500	Clark
Access to Health Care Program (Comprehensive Well-Child visits)	Rocking Horse Center	EPF, OTC		5,8		P,EI	1,5	N/A	Clark, Champaign
Adolescent Alcohol & Drug	McKinley Hall	RRF, EPF, OTC	1,2	1,6,8	1	SC	1,5,6	N/A	Clark
Alternatives Program	Springfield Family YMCA	RRF, EPF	1	1,3,6,7		P	1,2,4	\$10,500	Not specified
Alternatives to Violence*	Springfield Peace Center	RRF, EPF, OTC	2,3	4,5,6,7,8	1	P	1,2,3,4,5,6	N/A	45503, 45504, 45505, 45507
America Reads	Wittenberg University	RRF, EPF	1,2	1,3,6		P	1,2,3,5	N/A	Clark
Auto Connection	Mercy Parent-Infant Center	EPF		2,3,6		P	1,2,3,4	\$8,000	Clark
Big Brothers Big Sisters One to One Mentoring*	Big Brothers Big Sisters of Springfield	RRF, EPF, OTC	1,3	1,3,9	1	P	1,4,5,6	\$27,500	Clark , Champaign
Boy Scouts		EPF		1,2,3,4, 5,7		P	Not specified	N/A	Fulton
Camp Journey	Springfield Family YMCA	RRF, EPF	2	3,6,7		SC	1,3,4	\$23,178	Clark
Champion City Scholars Program	Clark State Foundation	EPF		2,7		P	Not specified	N/A	Springfield
Child and Family Therapy/ Behavioral Health Program*	Rocking Horse Center	RRF,EPF	1,2	5,6,8		EI,SC	1,3	N/A	Clark, Champaign
Choices Foster Care*	Choices	RRF, EPF	2	1,2		SC	3,6	N/A	Clark, Montgomery, Champaign
Clark County Academy*	Clark County Education Service Center	RRF, EPF	1,2,3	1,2,3,4, 5,6,7,8		SC	1,2,3,4,5	N/A	Clark excluding the city
Clark County DJFS Daycare	Clark County DJFS	None				SC	Not specified	N/A	Clark
Clark County Schools Prevention Academy*	Clark County Education Service Center	RRF, EPF	1,3	2,6,7,8		P, EI, SC	1,2,5,6	\$12,500	All school districts except Northeastern and Southeastern.
Community Employment Services*	United Rehabilitation Services	EPF		5,6,7,9		EI	1,3,4	\$4,958	Clark, Miami, Montgomery, Warren, Greene, Preble

\*targets both School Success and Violence

**Table RA-4**  
**Programs Targeting School Success (April 2005)**

Program Name	Agency Name	Outcome	Risk Factors Addressed	Protective Factors or Assets Enhanced	Increase/Decrease Other Target of Change	Type of Intervention	Evidence of Effectiveness	Total Funding Available	Geographic Area Served
Community Service/ Restitution Program	Clark County Juvenile Court	EPF		7,1		EI	3,4,6	\$300,000	Clark
DARE	Not specified	EPF		3,7,9		P	Not specified	\$172,000	Springfield
Debbie's Soft Steppers	Not specified	EPF		1,3,7		P	Not specified	N/A	Fulton
Diversion	Clark County Juvenile Court	EPF		4,9		P	1,2,3	\$234,560	Clark
Drug Court	Clark County Juvenile Court	RRF, EPF	2	5,6,9		EI	1,2,5,6	\$278,000	Clark
Eagle Dove Academy	Freedom through Education of Clark County, Ohio	RRF, EPF, OTC	2	1,3,6	1	EI	1,2,3,6	\$199,000	Clark
Education Services-Detention	Clark County Juvenile Court	EPF		6		P	1,2,6	\$92,000	In Detention
Elmwood Alternative Center	Springfield City Schools	RRF, EPF	2	1,3,6		EI, SC	1,3,4	N/A	Clark, Montgomery, Franklin, Stark, Greene
Emotionally Disturbed*	Educational Service Center	RRF, EPF	1,2,3	1,3,4,5, 6,7		SC	1,2,3,4,5	N/A	All but 45502
Even Start	Springfield City Schools	RRF, EPF		4,5,7,8		EI	1,3,4,5	\$330,180	Clark
Family Life and Parenting Education	Springfield City Schools	None	1,3	2,5,6,8		EI	1,2,3,4	\$47,000	Clark
FAST (Families and Schools Together)*	Family Service Agency	RRF, EPF, OTC	1,2,3	2,4,5,8	1	EI	3,4,5	\$89,000	Clark
Fluoride Varnish Program	Rocking Horse Center	OTC			1	P	1,4	N/A	Clark, Champaign
Fun Days	Springfield Family YMCA	RRF, EPF	1	1,3,6		P	1,2,3,4	N/A	Clark
Girl Scouts at Hayward MS	Not specified	EPF		3,7		P	Not specified	N/A	Springfield
Hannah House*	Children's Rescue Center	RRF, EPF, OTC	2	2,6,7		EI	1,2,3,4	\$63,600	Clark
Head Start/ Early Head Start	Miami Valley Childhood Development Center	RRF, EPF	2,3	4,5,6,7,8		EI	4,5,6	N/A	5 sites in Clark, Madison, Montgomery.
Healthy Steps Program*	Rocking Horse Center	EPF		5,8		P,EI	1,5	N/A	Clark, Champaign
Help Me Grow	Keifer-Mercy Health Center	RRF, EPF	2	2,3,5,6		EI	1,5	\$57,000	Keifer specific
Independent Living	Oesterlen Services For Youth, Inc.	RRF, EPF, OTC	1	3,6,7	1	SC	1,2,3,4	N/A	Clark, surrounding counties

\*targets both School Success and Violence

**Table RA-4  
Programs Targeting School Success (April 2005)**

Program Name	Agency Name	Outcome	Risk Factors Addressed	Protective Factors or Assets Enhanced	Increase/Decrease Other Target of Change	Type of Intervention	Evidence of Effectiveness	Total Funding Available	Geographic Area Served
Keifer Clinic	Keifer-Mercy Health Center	RRF, EPF, OTC	2,3	4,5,7,8,9	1	P, EI, SC	1,2,3,4,5	\$226,500	Keifer specific
Keifer Community Center	Community Mercy Health Partners	RRF	2	1,3,6,9		SC	1,4,6	\$952,000	Clark
Keifer Therapist	Mental Health Services for Clark Co.	RRF, EPF	1,2,3	1,2,3,4, 5,6,8		SC	1,2	\$30,000	Clark
Make-It, Take-It	Clark-Shawnee Local Schools	EPF, OTC		1,2,4	1	EI	2,3,4	\$500	Clark
Mediation	Clark County Juvenile Court	EPF		4,5,9		P	1,2,3	\$279,000	Northeastern, Tecumseh, Springfield
Mental Health Counseling Program*	Family Service Agency	RRF, EPF, OTC	1,2,3	1,3,5,8	1	EI, SC	3,4	\$105,500	Clark, Champaign
Miami Valley Special Education Regional Resource Center	Same	RRF, EPF, OTC	2	3,4,5	1	P, EI, SC	1,4,5	\$300,000	Clark
Multiple Disabilities Program	Educational Service Center	EPF		4,6,7		EI, SC	1,2,3,4,5	N/A	All but 45502
On the Rise	Clark County Juvenile Court	EPF		3,6,7		EI	3,6	\$51,000	Clark, excluding city
Out of Home Placement	Clark County Juvenile Court	RRF, EPF	1	1,8		SC	Not specified	\$2,394,000	Clark
Out Patient Counseling*	Oesterlen Services for Youth, Inc.	RRF, EPF, OTC	1,2,3	1,3,4,5, 7,8	1	EI, SC	1,2,3,4,6	n/a	Clark, surrounding counties
PACE (Parent-Adolescent Continuing Education)*	Family Service Agency	RRF, EPF, OTC	1,2,3	1,3,5,8,9	1	EI	3,4,5,6	\$70,000	Clark
PACT*	MHSCC	RRF, EPF	1,3	3,5,6,8		P, EI	1,2,3,4,5	\$62,200	Clark
Parent Education-Peak, PACE	Clark County Juvenile Court	RRF, EPF	1	1,5,8		EI	Not specified	\$15,000	Clark, excluding city
Parents as Teachers	Springfield City Schools	None				P	1,2,3,4,5	\$84,000	Clark
Preschool	Clark County Educational Service Center	EPF		4,6,7,8		P, EI, SC	1,2,3,4,5	N/A	45501
Project Jericho*	Clark State Performing Arts Center	EPF, RRF, OTC	2	1,3,6,7	1	EI	1,2,3,4, 5,6	\$143,395	Clark, Greene, Champaign
RAFT (Respect, Accept, Forgive, Teach others)*	Forging Responsible Youth	RRF, EPF	1,2,3	1,6,9		P, EI	1,2,6	\$112,100	Clark

\*targets both School Success and Violence

**Table RA-4  
Programs Targeting School Success (April 2005)**

Program Name	Agency Name	Outcome	Risk Factors Addressed	Protective Factors or Assets Enhanced	Increase/Decrease Other Target of Change	Type of Intervention	Evidence of Effectiveness	Total Funding Available	Geographic Area Served
Reach Out and Read Program	Rocking Horse Center	EPF,OTC		2	1	P	1,5	N/A	Clark, Champaign
Residential Treatment Program*	Oesterlen Services for Youth, Inc.	EPF,OTC	2,3	1,3,6,7	1	SC	1,2,3,4,6	N/A	Ohio
Resource Officer in Schools Program	Springfield Police Department	RRF, EPF	1	3,7,9		P	1	\$190,000	Springfield
Rites of Passage Mentoring	Mercy Parent-Infant Center	RRF, EPF	1	1,2,3,6		EI	1,2,3,4	\$42,725	Clark
Rotarian Mentoring*	Big Brothers Big Sisters of Springfield	EPF		1,3,6,7		P	1,3,4,5	\$18,000	Fulton Elementary School
Safety Village (DARE officers)	Sheriff	EPF		3,7		P	1	N/A	Clark, excluding city
SAW	Clark County DJFS	RRF	2	2,5		P, EI, SC	1,2,3,5	N/A	Clark
School Social Workers	Clark County DJFS	RRF, EPF	1,2,3	2		EI	1,3,4	\$45,000	Springfield
School Suspension Community Services	Not specified	RRF	1	0	0	EI	Not specified	N/A	Not specified
SOAR	Clark County Juvenile Court	RRF, EPF	2	6,7		EI	3,4	\$136,000	Clark
Specialized Treatment Foster Care*	Oesterlen Services for Youth, Inc.	RRF, EPF	2,3	1,3,5,6,7,8		EI, SC	1,2,3,4,6	N/A	Clark and surrounding counties.
Stay Focused		None				Not specified	Not specified	N/A	Not specified
Summer Day Camp	Springfield Family YMCA	RRF, EPF	1	1,3,6,7		P	1,2,3,4	N/A	Clark
The Ark*	Children's Rescue Center	RRF, EPF	1,2	1,3		P	4	\$229,700	Clark
The Rock*	Children's Rescue Center	RRF, EPF	1,2	1,3		P	4	\$229,700	Springfield, Clark Shawnee schools
TMC New Carlisle Seasonal/MI Grant Head Start	Texas Migrant Council	RRF, EPF	1,2	1,2,4,6,7,8		P	1,2,3,4	\$995,849	Clark
Treatment Foster Care*	Lifeway for Youth, Inc.	RRF, EPF, ORX	1,2,3	1,3,5,6,7,8	1	SC	1,2,3,4,6	N/A	Clark
Truancy Court	Clark County Juvenile Court	RRF, EPF	1,2	4,6,8		EI	1,2,3	N/A	Clark
Work Study - North High School	Springfield Family YMCA	RRF, EPF	2	2,3,7		EI	1,3,4	N/A	North High School

\*targets both School Success and Violence

**Table RA-4  
Programs Targeting School Success (April 2005)**

Program Name	Agency Name	Outcome	Risk Factors Addressed	Protective Factors or Assets Enhanced	Increase/Decrease Other Target of Change	Type of Intervention	Evidence of Effectiveness	Total Funding Available	Geographic Area Served
Wrap Around and Parent Aide*	Oesterlen Services for Youth, Inc.	EPF	1,2,3	1,3,5,6,8		EI	1,2,3,4,5,6	\$314,310	Clark , Madison
YMCA Swim Team	Springfield Family YMCA	RRF, EPF	1	1,3,7		P	1,3,4	N/A	Clark, Champaign, Logan, Miami, Montgomery
Youth Challenges*	MHSCC	RRF, EPF	1,2,3	3,4,5,6,8		SC	1,2,3,4	\$350,074	Clark, Madison, and at times Greene, Champaign
Youth in Transition Camp	Springfield Family YMCA	RRF, EPF	2	1,3,6,7		SC	1,3,4	\$14,400	Clark
Youth Scholarship Program	Springfield Family YMCA	RRF, EPF	<b>1</b>	<b>1,3,7</b>	<b>0</b>	<b>P</b>	<b>1,4</b>	<b>\$58,536</b>	<b>Clark</b>

\*targets both School Success and Violence

**Table RA-5  
Programs Targeting Violence (April 2005)**

Program Name	Agency Name	Outcome	Risk Factors Addressed	Protective Factors or Assets Enhanced	Increase/Decrease Other Target of Change	Type of Intervention	Evidence of Effectiveness	Total Funding Available	Geographic Area Served
7-Habits/Families	Clark County DJFS	EPF		1,2,4,5,9		EI	1,2	\$52,000	Clark
Alternatives to Violence*	Springfield Peace Center	RRF, EPF, OTC	2,3	4,5,6,7,8	1	P	1,2,3,4,5,6	N/A	45503, 45504, 45505, 45507
Anger Management Program		EPF		9		EI	Not specified	N/A	Not specified
BBB-Shoplifting Class	Clark County Juvenile Court	EPF		6,7,9		EI	1,3	N/A	Clark, excluding city
Big Brothers Big Sisters One to One Mentoring*	Big Brothers Big Sisters of Springfield	RRF, EPF, OTC	1,3	1,3,9	1	P	1,4,5,6	\$27,500	Clark, Champaign
Bike Comp	Springfield City Police	EPF		1,3		P	1	N/A	Springfield
CASA	Clark County Juvenile Court	RRF	1,3			SC	Not specified	\$25,000	Clark, excluding city
Child and Family Therapy/Behavioral Health Program*	Rocking Horse Center	RRF,EPF	1,2	5,6,8		EI,SC	1,3	N/A	Clark, Champaign
Choices Foster Care*	Choices	RRF, EPF	2	1,2		SC	3,6	N/A	Clark, Montgomery, Champaign
Clark County Academy*	Clark County Education Service Center	RRF, EPF	1,2,3	1,2,3,4, 5,6,7,8		SC	1,2,3,4,5	N/A	Clark excluding the city
Clark County Child Advocacy Center	Same	RRF, EPF	1	5,8,9		EI	2	\$179,543	Clark
Clark County Schools Prevention Academy*	Clark County Education Service Center	RRF, EPF	1,3	2,6,7,8		P, EI, SC	1,2,5,6	\$12,500	All school districts except Northeastern and Southeastern.
Community Employment Services*	United Rehabilitation Services	EPF		5,6,7,9		EI	1,3,4	\$4,958	Clark, Miami, Montgomery, Warren, Greene, Preble
DARE	Sheriff	EPF		3,6,7,9		P	Not specified	N/A	Clark, excluding city
DARE-Kicks	Springfield City Police—Officer Ashcraft	EPF		1,3,6,7		P	Not specified	N/A	Springfield
Emotionally Disturbed*	Educational Service Center	RRF, EPF	1,2,3	1,3,4,5, 6,7		SC	1,2,3,4,5	N/A	All but 45502
FAST ( Families and Schools Together)*	Family Service Agency	RRF, EPF, OTC	1,2,3	2,4,5,8	1	EI	3,4,5	\$89,000	Clark

**Table RA-5  
Programs Targeting Violence (April 2005)**

Program Name	Agency Name	Outcome	Risk Factors Addressed	Protective Factors or Assets Enhanced	Increase/Decrease/Other Target of Change	Type of Intervention	Evidence of Effectiveness	Total Funding Available	Geographic Area Served
Get Real about Violence	Ohio Department of Education	EPF		9		P	Not specified	N/A	Not specified
Hannah House*	Children's Rescue Center	RRF, EPF, OTC	2	2,6,7, 6,7,8,9		EI	1,2,3,4	\$63,600	Clark
Healthy Steps Program*	Rocking Horse Center	EPF		5,8		P, EI	1,5	N/A	Clark, Champaign
Intensive Supervision-probation	Clark County Juvenile Court	RRF	1,2,3			SC	2,6	\$147,000	Clark
Mental Health Counseling Program*	Family Service Agency	RRF, EPF, OTC	1,2,3	1,3,5,8	1	EI, SC	3,4	\$105,500	Clark, Champaign
Out Patient Counseling*	Oesterlen Services for Youth, Inc.	RRF, EPF, OTC	1,2,3	1,3,4,5, 7,8	1	EI, SC	1,2,3,4,6	N/A	Clark, surrounding counties
PACE (Parent-Adolescent Continuing Education)*	Family Service Agency	RRF, EPF, OTC	1,2,3	1,3,5,8,9	1	EI	3,4,5,6	\$70,000	Clark
PACT*	MHSCC	RRF, EPF	3	5,6,8,9		P, EI	1,2,3,4,5	\$62,200	Clark
Peace Camp	Springfield Peace Center	RRF, EPF	2	1,3,5	1	P	1,2,3,4	\$16,200	Clark
Post Partum Depression Program	Rocking Horse Center	RRF, EPF	1	8		EI	6	N/A	Clark, Champaign
Probation	Clark County Juvenile Court	RRF	1,2,3			EI	2,6	N/A	Clark
Project Jericho*	Clark State Performing Arts Center	RRF, EPF, OTC	2	1,3,6,7	1	EI	1,2,3,4, 5,6	\$143,395	Clark, Greene, Champaign
RAFT (Respect, Accept, Forgive, Teach others)*	Forging Responsible Youth	RRF, EPF	1,2,3	1,6,9		P, EI	1,2,6	\$112,100	Clark
Residential Treatment Program*	Oesterlen Services for Youth, Inc.	EPF, OTC	2,3	1,3,6,7	1	SC	1,2,3,4,6	N/A	Ohio
Rotarian Mentoring*	Big Brothers Big Sisters of Springfield	EPF		1,3,6,7		P	1,3,4,5	\$18,000	Fulton Elementary School
Safety City	Not specified	EPF		3,7		P	Not specified	\$10,000	Springfield
Specialized Treatment Foster Care*	Oesterlen Services for Youth, Inc.	RRF, EPF	2,3	1,3,6		EI, SC	1,2,3,4,6	N/A	Clark and surrounding counties.
The Ark*	Children's Rescue Center	RRF, EPF	1,2	1,3		P	4	\$229,700	Clark

\*targets both School Success and Violence

**Table RA-5  
Programs Targeting Violence (April 2005)**

Program Name	Agency Name	Outcome	Risk Factors Addressed	Protective Factors or Assets Enhanced	Increase/Decrease Other Target of Change	Type of Intervention	Evidence of Effectiveness	Total Funding Available	Geographic Area Served
Treatment Foster Care*	Lifeway for Youth, Inc.	RRF, EPF, OTC	1,2,3	1,3,5,7,8	1	SC	1,2,3,4,6	N/A	Clark
Wrap Around and Parent Aide*	Oesterlen Services for Youth, Inc.	EPF	1,2,3	1,3,5,6,8		EI	1,2,3,4,5,6	\$314,310	Clark , Madison
Youth Challenges*	MHSCC	RRF, EPF	2	3,5,6		SC	1,2,3,4	\$350,074	Clark, Madison, and at times Greene, Champaign
Youth Protection	Tecumseh Council, Boy Scouts	RRF, EPF	1,2	1,3,5		P	1,2,3,4,5	\$9,425	Clark

\*targets both School Success and Violence

Table RA-6 provides details of Clark County Early Childhood Education programs that responded to the Resource Assessment survey. The following is the key to the codes in the tables.

**Targeted Impacts**

BTT = Birth to 3  
 ESPS = Entering school prepared for success (Preschool Programs)

**Outcomes**

RB = Reduce barrier  
 ES= Enhance a support  
 OTC = Increase/decrease some other target of change

**Reduce a Risk Factor**

1. Expectant mothers use tobacco.
2. Expectant mothers use alcohol and other substances.
3. Parents/caregivers demonstrate poor social/emotional health.
4. Mother experiences maternal depression.
5. Infants/toddlers live in families with the occurrence of abuse or neglect.
6. Children live in poverty.

**Enhance a Protective Factor**

1. Expectant mothers receive consistent perinatal care.
2. First-time parents demonstrate basic knowledge of infant care.
3. Children receive complete immunization series by age two.
4. Infants/toddlers screened for developmental delays.
5. Infants/toddlers live in stimulating cognitive environments.
6. Infants/toddlers demonstrate secure attachments with parents/caregivers.
7. Infants/toddlers have primary caregivers with a high school degree or GED.
8. Infants/toddlers cared for out of their home are in high-quality settings.
9. Preschoolers being cared for out of their home are in high-quality settings.
10. Parents/family members understand Ohio’s academic content standards.

**Type of Intervention**

P = Prevention—Designed for any participants and is provided before any major problems are identified  
 EI = Early Intervention—Designed for participants who have been identified as having problems but before those problems become entrenched  
 SC = Systems of Care—Designed for participants who have serious and chronic problems

**Evidence of Effectiveness**

1. Anecdotal reports from participants and staff
2. Literature documenting a sound underlying principle
3. Local data documenting participant satisfaction with the program
4. Local data documenting change in knowledge, attitude, or behavior
5. Evidence-based approach as documented by literature/experts
6. Other

Table RA-6

## Clark County Early Childhood Education Programs (April 2005)

Program Name	Agency Name	Targeted Impact	Outcomes	Reduce a Risk Factor	Enhance a Protective Factor	Type of Intervention	Evidence of Effectiveness	Total Funding	Geographic Area Served
Active Baby Care	Mercy Parent Infant Center	BTT	ES	None	2,4,5,6	P	1,2,3	\$21,508	Clark, Champaign
Child Advocacy Center	Child Advocacy Center	BTT, ESPS	RB	5	None	EI, SC	2	\$180,088	Clark, Springfield
Child and Family Therapy/Behavioral Health	Rocking Horse Center	ESPS	ES	3,5	5,6	EI, SC	1	N/A	Not specified
Comprehensive Well-Child Exams	Not specified	ESPS	RB	None	3,4	P	1	N/A	Not specified
DJFS Daycare	YMCA	ESPS	RB, ES	6	8	SC	1	N/A	Clark
Early Head Start	Miami Valley Child Development Centers	BTT, ESPS	RB, ES	3,5,6	2,3,4,5,6	EI	4,5,6	N/A	5 sites in Clark, Madison, Montgomery
Early Intervention Services	Clark County MRDD	BTT	ES	None	4,5,6	EI	1,3,4	N/A	Clark
Earn and Learn Program	Sycamore House	BTT	ES	1,2,4	2	EI	1	N/A	Clark, Champaign, Logan (School buildings- Urbana, Mechanicsburg, Graham, West Liberty, Triad); zipcodes-43078, 43072, 43044, 43060, 43357, 45501-45506
Even Start	Springfield City Schools	BTT, ESPS	RB, ES	5,6	4,5,6,7	EI	1,3,4,5	\$330,000	Clark, Springfield
Family Life & Parenting Education	Springfield City Schools	BTT, ESPS	RB, ES	3,5,6	4,5	EI	1,2,3,4,	\$47,000	Clark
Fluoride Varnish Program	Rocking Horse Center	BTT	ES	None	None	P	2		Not specified
Hannah House	Children's Rescue Center	BTT	RB, ES	1,2	1,2,3,6,7	EI	1,2,3,4	\$63,600	Clark
Head Start	Miami Valley Child Development Centers	ESPS	RB, ES	3,6	9	EI	4,5,6	N/A	5 sites in Clark, Madison, Montgomery
Healthy Steps Program	Rocking Horse Center	BTT	ES	3,5,6	2,3,4,5, 6,8,9	EI	2	N/A	Clark, Champaign
Help Me Grow	Mercy Parent Infant Center	BTT	OTC	5	2,4,5	P	1,2,3,4	\$124,478	Clark
Learning Opportunities Center	OIC of Clark County	ESPS	ES	None	7	P	1,3,4	N/A	Clark, Springfield
Lifeskills Center Springfield	Not specified	ESPS	ES	3,6	1,2,5,6,7	P	1,2	N/A	Clark, Champaign (School districts- Springfield, Greenon, Urbana; Neighborhoods- South Springfield)

**Table RA-6**  
**Clark County Early Childhood Education Programs (April 2005)**

Program Name	Agency Name	Targeted Impact	Outcomes	Reduce a Risk Factor	Enhance a Protective Factor	Type of Intervention	Evidence of Effectiveness	Total Funding	Geographic Area Served
Mentor Mom	Mercy Parent Infant Center	BTT	ES	None	2,5,6	P	1,2,3,4	\$5,000	Clark
Ohio Infant Mortality Reduction Initiative	Clark County Combined Health District	BTT	RB,ES	1,2,4	1,2,3	EI	1,2,3	\$150,000	"Rocking Horse" Census Tracts targeted, all County people eligible
Parents as Teachers	Springfield City Schools	BTT	RB, ES	3,5,6	2,4,5	P	1,2,3,4,5	\$84,000	Clark, Springfield
Post Partum Depression Program	Not specified	BTT	ES	4	None	EI	None	N/A	Not specified
Prenatal Healthy Steps Program	Rocking Horse Center	BTT	ES	1,2	1,2	P	2	N/A	Not specified
Reach Out and Read	Not specified	ESPS	ES	None	5	P	None	N/A	Not specified
Toddler Loving Care Classes	Mercy Parent Infant Center	BTT	ES	None	5,6	P	1,2,3,4	\$5,095	Clark, Champaign
Toddler Loving Care Support Group	Mercy Parent Infant Center	BTT	ES	None	4,5,6	P	1,2,3,4	\$7,620	Clark, Champaign

Table RA-7 provides details of Clark County Public Health programs that responded to the Resource Assessment survey. The following is the key to the codes in the tables.

### Targeted Impact

IPS = Immunization and Preventative Screenings

HRB = Health Risk Behaviors

### Risk Factor or Protective Factor

1. Expectant mothers use tobacco.
2. Expectant mothers use alcohol or other substances.
3. Program addresses obesity/overweight.
  - 3a Screening
  - 3b Healthy eating habits/nutrition
  - 3c Promotes increased physical activity
  - 3d Increases availability of affordable healthy food
4. Program addresses STD/HIV.
  - 4a` Screening and testing (HPV, Gonorrhea, Chlamydia, Syphilis, Herpes)
  - 4b Treatment (HPV, Gonorrhea, Chlamydia, Syphilis, Herpes)
  - 4c Referral for Treatment
5. Educate related to STD/HIV
  - 5a Abstinence only
  - 5b Condom use
  - 5c Defining sex
  - 5d Oral sex risks

### Type of Intervention

P = Prevention—Designed for any participants and is provided before any major problems are identified

EI = Early Intervention—Designed for participants who have been identified as having problems but before those problems become entrenched

SC = Systems of Care—Designed for participants who have serious and chronic problems

### Evidence of Effectiveness

1. Anecdotal reports from participants and staff
2. Literature documenting a sound underlying principle
3. Local data documenting participant satisfaction with the program
4. Local data documenting change in knowledge, attitude, or behavior
5. Evidence-based approach as documented by literature/experts
6. Other

**Table RA-7**  
**Clark County Public Health Programs (April 2005)**

Program Name	Agency Name	Targeted Impact	Risk Factor or Protective Factor	Type of Risk or Protective Factor (3)	Type of Risk or Protective Factor (4)	Type of Risk or Protective Factor (5)	Type of Intervention	Evidence of Effectiveness	Total Funding	Geographic Area Served
Action for Healthy Kids (AFKK)	Not specified	None	3	b,c,d	N/A	N/A	P,EI	1,4,5	N/A	Clark, Champaign, Logan, Miami, Shelby, Darke
BMI-School Nurses	Elementary Schools	IPS, HRB	3	a,b,c,d	N/A	N/A	P,EI	6	N/A	Not specified
Cardio-vascular Health Program	Ohio Department of Health	HRB	3	a,b,c	N/A	N/A	EI	3,4	N/A	Not specified
CCCHO	Not specified	IPS, HRB	1,2,3,4,5	a	a	b,c,d	P,EI	1,2,3,4	\$200,000	Clark
Children's Hunger Alliance		HRB	3	b,d	N/A	N/Aa	P,EI,SC	5	N/A	local within various zones in the state
Clark County Jail	Not specified	IPS, HRB	4,5	N/A	a,b,c	c	EI,SC	5	N/A	Clark
Community Hospital Health Care Center	Community-Mercy Hospital	HRB	3	a,b,c	N/A	N/A	P,EI,SC	1,3,5,6	\$83,170	Clark, Champaign, Madison, Green, Logan; Townships-Madriver, Springfield, Moorefield, German; Zipcodes-45501-45506
Community Hospital Health Care Center	Not specified	IPS, HRB	4,5	N/A	a,b	b,c,d	P,EI,SC	1,2,3,5,6	\$83,170	Clark, Champaign, Madison, Green; Townships-Madriver, Spfld, Moorefield, German; Zipcodes-45501-45506
DARE	Not specified	HRB	0	N/A	N/A	N/A	P	1,2,3,4,5,6	\$55,800	Clark (All 5th grade county and parochial)
Grads	JVS, Public Schools	HRB	1,2,3,5	Not specified	N/A	N/A	P	None	N/A	City and County Schools
Health Class	High Schools	HRB	1,2,5	N/A	N/A	b,c,d	P	None	N/A	Not specified
Home Economics and Health Classes	Middle Schools	HRB	3,5	b,c	N/A	a	P	None	N/A	Springfield City Schools

**Table RA-7**  
**Clark County Public Health Programs (April 2005)**

Program Name	Agency Name	Targeted Impact	Risk Factor or Protective Factor	Type of Risk or Protective Factor (3)	Type of Risk or Protective Factor (4)	Type of Risk or Protective Factor (5)	Type of Intervention	Evidence of Effectiveness	Total Funding	Geographic Area Served
JVS	Not specified	HRB	1,2,5	N/A	N/A	b,c,d	P	None	N/A	Clark; School Districts-JVS (juniors and seniors only)
Keifer Clinic	Keifer-Mercy Health Center	IPS, HRB	3,4,5	a,b,c	a,b	b,d	P,EI,SC	1,2,3,4,5	\$186,000	Clark (Keifer students and families. Can access services until 21)
Kenton Ridge High School	Not specified	HRB	1,2,3,5	b,c,d	N/A	b,c,d	P	None	N/A	Clark; School District-Kenton Ridge High School
Mercy Reach	Mercy Hospital & Affiliates	HRB	1	N/A	N/A	N/A	P,EI,SC	5	N/A	Clark, Champaign Madison
North High School	Not specified	HRB	1,2,3,5	b,c,d	N/A	a,b,c,d	P	6	N/A	Clark, Springfield
Northeastern High School	Not specified	HRB	1,2,3,5	a,b,c,d	N/A	a,b,c,d	P	None	N/A	Clark; School District-Northwestern High School
Northwestern High School	Not specified	HRB	1,2,3,5	b,c,d	N/A	a,c,d	P	None	N/A	Clark; School District-Northeastern High School
Pregnancy Resource Center	Not specified	HRB	4,5	N/A	c	a,c,d	P,EI	2	N/A	Clark
RHC Universal Obesity Screening and Fit for Tomorrow Program	Rocking Horse Center	HRB	3	a,b,c	N/A	N/A	P,EI	1,3,4	N/A	Clark, Champaign
School Nurses	Not specified	IPS, HRB	3	a,b,c	N/A	N/A	P	None	N/A	Springfield City Schools
Shawnee High School	Not specified	HRB	1,2,3,5	Not specified	N/A	Not specified	P	None	N/A	Clark; School District-Shawnee High School
Southeastern High School	Not specified	HRB	1,2,3,5	b,c,d	N/A	b	P	None	N/A	Clark
STD/HIV Testing for Women's Health Visits	Rocking Horse Center	IPS,HRB	4,5	N/A	a,b	b,c,d	P	None	N/A	Not specified
Not specified	Tri-County Women's Network	HRB	1,2,5	N/A	N/A	a,c,d	P	1,2,4	N/A	Clark, Miami, Montgomery, Greene

Table RA-8 provides details of Clark County Housing and Neighborhoods programs that responded to the Resource Assessment survey. The following is the key to the codes in the tables.

**Risk Factor or Protective Factor**

1. Restrict or reduce predatory lending or fraudulent practices
2. Provide pre-purchase counseling or education
3. Provide post-purchase counseling or education
4. Provide loss mitigation services
5. Provide information and/or referral services which seek to improve solvency
6. Provide advocacy to victims of fraud or unfair lending.
7. Other

**Type of Intervention**

P = Prevention—Designed for any participants and is provided before any major problems are identified

EI = Early Intervention—Designed for participants who have been identified as having problems but before those problems become entrenched

SC = Systems of Care—Designed for participants who have serious and chronic problems

**Evidence of Effectiveness**

1. Anecdotal reports from participants and staff
2. Literature documenting a sound underlying principle
3. Local data documenting participant satisfaction with the program
4. Local data documenting change in knowledge, attitude, or behavior
5. Evidence-based approach as documented by literature/experts
6. Other

Table RA-8

## Clark County Housing &amp; Neighborhoods Programs (April 2005)

Program Name	Agency Name	Mission/Population Served	Risk Factor or Protective Factor	Type of Intervention	Evidence of Effectiveness	Other Type of Evaluation Description	Geographic Area	Average dollar amount per participant / previous year
Not specified	Universal Health Care Action Network of Ohio		7	P	1,2,3		All of Ohio	N/A
Legal Services	Advocates for Basic Legal Equality, Inc. (ABLE)	Low-income residents	1,2,3,5,6	P,EI	1,3,4,6	Repeated, continued funding	32 counties in northwest and west central Ohio including Clark	N/A
Legal Services	Legal Aid of Western Ohio, Inc. (LAWO)	Indigent person and seniors (60+) without regard to income	1,5,6	P	6	Survey to client after services are completed	Clark, Champaign, Miami, Logan, Shelby	N/A
Consumer Credit Counseling Service	Lutheran Social Services		3,4,5	EI	2,3,4		Clark, Champaign, Logan, Shelby, Miami, Montgomery, Greene, Clinton, Preble, Darke, Fayette	477 of cost; no fee
Home Repair	Neighborhood Housing Partnership (of Greater Spfld)	To revitalize neighborhoods in Springfield by assisting homeowners to make essential repairs and upgrades to their properties.	1	EI	1,2,3		City of Springfield	\$8,488
Homebuyer Education/ Counseling	Neighborhood Housing Partnership (of Greater Spfld)	To revitalize neighborhoods in Springfield by assisting first-time homebuyers to realize the dream of homeownership.	2	P	1,2,3,4		Clark	\$1,606
Office of Consumer Affairs	Ohio Department of Commerce/ Division of Financial Institutions		1,2,3	n/a	n/a		All of Ohio	N/A
Predatory Lending Solutions (PLS)	Miami Valley Fair Housing		1,6	SC	1,2,3,4,5		Montgomery County Only	\$48

**Youth and Families  
Profiling Community Resources Tool  
(PCR Tool)**

Pages 43-55 contain the survey tools used by each workgroup to collect data on Clark County programs..

**Instructions:** Answer the following questions for each service/program/activity that meets one or more of the needs described in #3 below. Complete a separate PCR Tool form for each service/program/activity.

**1. Reporter:** Who is conducting the interview, and who is the respondent reporting this information?

PfS Interviewer \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Respondent: \_\_\_\_\_ Date completed: \_\_\_\_\_

Which of the following best describes you?

- \_\_\_\_\_ Resource Assessment Workgroup Member
- \_\_\_\_\_ Program Personnel
- \_\_\_\_\_ Other, please describe \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Program Name and Address** (if an agency provides several relevant programs, use a separate survey tool for each program!!)

Program Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Intent:** Describe the purpose of this program/activity in a few sentences. Describe the target population and include any general eligibility criteria that may be important.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Targeted Impacts served: \_\_\_\_\_ School Success \_\_\_\_\_ Violence Affecting Youth and Families

**4. Supports and Barriers:** Does your program/activity have specific elements which aim to reduce a risk factor, enhance a protective factor or asset, or address some other target of change? Check the best descriptor(s).

\_\_\_\_\_ **Reduce a risk factor:**

1. Lack of Adult Monitoring of Youth
2. Alienation of Children from the Mainstream
3. Family History of Violence

\_\_\_\_\_ **Enhance a protective factor or asset:**

1. Adult Supervision and Monitoring
2. Family Values Education
3. Attachment to Prosocial Adult
4. Parental Involvement in School
5. Supportive Communication between Parent and Child
6. Specialized Instruction for At-Risk Students
7. Student/Family Attachment to Community
8. Age Appropriate, Consistent Discipline at Home.
9. Community Norms against Violence

\_\_\_\_\_ **Increase/decrease some other target of change.**

Please describe \_\_\_\_\_  
 \_\_\_\_\_

**5. Participant Characteristics:** Describe the following characteristics of the total population this program/activity served in the previous year. Write the approximate number of the total population served by the program that fall into each category.

Gender	Number	Percentage
<b>Male</b>		
<b>Female</b>		
Age	Number	Percentage
<b>0-3 Years</b>		
<b>4-5</b>		
<b>6-8</b>		
<b>9-12</b>		
<b>13-15</b>		
<b>16-18</b>		
<b>Over 18</b>		
Race/Ethnicity	Number	Percentage
<b>African-American</b>		
<b>Asian</b>		
<b>Hispanic</b>		
<b>White</b>		
<b>Other or mixed race</b>		
Eligibility	Number	Percentage
<b>Income Level</b>		
<b>Race</b>		
<b>Other (specify)</b>		

**6. Is there a cost to the participant?** \_\_\_ NO \_\_\_ YES

Fee: \_\_\_\_\_ Circle one: per visit, per month, per year, other \_\_\_\_\_

If yes, can you offer a sliding scale fee schedule or do you have the ability to waive fees?

\_\_\_ NO \_\_\_ YES

**7. Type of Prevention/Intervention:** What type of program/activity is this? Check the description that best fits.

\_\_\_ This program/activity is designed for any participants and is provided before any major problems are identified.

\_\_\_ This program/activity is designed for participants who have been identified as having problems but before those problems become entrenched.

\_\_\_ This program/activity is designed for participants who have serious and chronic problems.

**8. Evidence of Effectiveness:** What type of information is being used to suggest that this program/activity is effective? Check all that apply.

\_\_\_ Anecdotal reports from participants and staff.

\_\_\_ Literature documenting a sound underlying principle. (No hard data but based on principles that have been proven effective)

\_\_\_ Local data documenting participant satisfaction with the program.

\_\_\_ Local data documenting change in knowledge, attitude, or behavior.

\_\_\_ Evidence-based approach as documented by literature/experts. (please provide references if possible)

\_\_\_ Other, please describe \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**9. Delivery Site:** From what location(s) is this program/activity delivered?

\_\_\_\_\_

**10. Geographical Location:** What counties, school districts, townships, neighborhoods, and zip codes are served by this program/activity?

City: \_\_\_\_\_

County/Countries: \_\_\_\_\_

School Districts: \_\_\_\_\_

Specific School Building(s): \_\_\_\_\_

Townships: \_\_\_\_\_

Townships: \_\_\_\_\_

Neighborhoods: \_\_\_\_\_

Zip Codes: \_\_\_\_\_

**11. Barriers to Implementation:** What kind of obstacles have hindered this program/activity?

**External**

\_\_\_\_\_ Funding cuts    \_\_\_\_\_ No shows    \_\_\_\_\_ Transportation    \_\_\_\_\_ Recruitment difficulties

\_\_\_\_\_ Other, please describe (e.g., ineligible b/c income is too high) \_\_\_\_\_

**Internal**

\_\_\_\_\_ Staff training issues    \_\_\_\_\_ Staff turnover    \_\_\_\_\_ Finding qualified staff

\_\_\_\_\_ Other, please describe \_\_\_\_\_

If you currently have a waiting list, please describe (how long, how many individuals, particular geographic area, etc.) \_\_\_\_\_

**12. Collaboration/Referral:** With what other programs/agencies do you collaborate, or refer to/from, to serve this need/population?

Who coordinates the referral for you (name or position) \_\_\_\_\_

**13. Funding:** Please list the current funders for your program and the approximate amount they have invested (annually) during the current calendar year. Please provide the amount of funding in dollars.

Name of Funder	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Early Childhood Education  
Profiling Community Resources Tool  
(PCR Tool)**

**Instructions:** Answer the following questions for each service/program/activity that meets one or more of the needs described in #3 below. Complete a separate PCR Tool form for each service/program/activity.

**1. Reporter:** Who is conducting the interview, and who is the respondent reporting this information?

PfS Interviewer \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Respondent: \_\_\_\_\_ Date completed: \_\_\_\_\_

Which of the following best describes you?

\_\_\_\_\_ Resource Assessment Workgroup Member

\_\_\_\_\_ Program Personnel

\_\_\_\_\_ Other, please describe \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Program Name and Address** (if an agency provides several relevant programs, use a separate survey tool for each program!!)

Program Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Intent:** Describe the purpose of this program/activity in a few sentences. Describe the target population and include any general eligibility criteria that may be important.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Targeted Impacts served: \_\_\_\_\_ Birth to 3 \_\_\_\_\_ Children Entering School Prepared for Success (Preschool Programs)

**4. Supports and Barriers:** Is this program/activity designed to reduce a barrier or enhance a support or address some other target of change? Check the best descriptor(s).

\_\_\_\_\_ **Reduce a barrier:**

1. Expectant mothers use tobacco.
2. Expectant mothers use alcohol and other substances.
3. Parents/caregivers demonstrate poor social/emotional health.

4. Mother experiences maternal depression.
5. Infants/toddlers live in families with the occurrence of abuse or neglect.
6. Children live in poverty.

\_\_\_\_\_ **Enhance a support:**

1. Expectant mothers receive consistent perinatal care.
2. First-time parents demonstrate basic knowledge of infant care.
3. Children receive complete immunization series by age two.
4. Infants/toddlers screened for developmental delays.
5. Infants/toddlers live in stimulating cognitive environments.
6. Infants/toddlers demonstrate secure attachments with parents/caregivers.
7. Infants/toddlers have primary caregivers with a high school degree or GED.
8. Infants/toddlers cared for out of their home are in high-quality settings.
9. Preschoolers being cared for out of their home are in high-quality settings.
10. Parents/ family members understand Ohio's academic content standards.

\_\_\_\_\_ **Increase/decrease some other target of change.**

Please describe \_\_\_\_\_

**5. Participant Characteristics:** Describe the following characteristics of the total population this program/activity served in the previous year. Write the approximate number of the total population served by the program that fall into each category.

Gender	Number	Percentage
<b>Male</b>		
<b>Female</b>		
Age	Number	Percentage
<b>0-3 Years</b>		
<b>4-5</b>		
<b>6-8</b>		
<b>9-12</b>		
<b>13-15</b>		
<b>16-18</b>		
<b>Over 18</b>		
Race/Ethnicity	Number	Percentage
<b>African-American</b>		
<b>Asian</b>		
<b>Hispanic</b>		
<b>White</b>		
<b>Other or mixed race</b>		
Eligibility	Number	Percentage
<b>Income Level</b>		
<b>Race</b>		
<b>Other (specify)</b>		

**6. Is there a cost to the participant?** \_\_\_ NO \_\_\_ YES

Fee: \_\_\_\_\_ Circle one: per visit, per month, per year, other \_\_\_\_\_

If yes, can you offer a sliding scale fee schedule or do you have the ability to waive fees?

\_\_\_ NO \_\_\_ YES

**7. Type of Prevention/Intervention:** What type of program/activity is this? Check the description that best fits.

\_\_\_\_\_ This program/activity is designed for any participants and is provided before any major problems are identified.

\_\_\_\_\_ This program/activity is designed for participants who have been identified as having problems but before those problems become entrenched.

\_\_\_\_\_ This program/activity is designed for participants who have serious and chronic problems.

**8. Evidence of Effectiveness:** What type of information is being used to suggest that this program/activity is effective? Check all that apply.

\_\_\_\_\_ Anecdotal reports from participants and staff.

\_\_\_\_\_ Literature documenting a sound underlying principle. (No hard data but based on principles that have been proven effective)

\_\_\_\_\_ Local data documenting participant satisfaction with the program.

\_\_\_\_\_ Local data documenting change in knowledge, attitude, or behavior.

\_\_\_\_\_ Evidence-based approach as documented by literature/experts. (please provide references if possible)

\_\_\_\_\_ Other, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Delivery Site:** From what location(s) is this program/activity delivered?

\_\_\_\_\_

**10. Geographical Location:** What counties, school districts, townships, neighborhoods, and zip codes are served by this program/activity?

City: \_\_\_\_\_

County/Counties: \_\_\_\_\_

School Districts: \_\_\_\_\_

Specific School Building(s): \_\_\_\_\_

Townships: \_\_\_\_\_

Neighborhoods: \_\_\_\_\_

Zip Codes: \_\_\_\_\_

**11. Barriers to Implementation:** What kind of obstacles have hindered this program/activity?

**External**

\_\_\_\_\_ Funding cuts    \_\_\_\_\_ No shows    \_\_\_\_\_ Transportation    \_\_\_\_\_ Recruitment difficulties

\_\_\_\_\_ Other, please describe \_\_\_\_\_

**Internal**

\_\_\_\_\_ Staff training issues    \_\_\_\_\_ Staff turnover    \_\_\_\_\_ Finding qualified staff

\_\_\_\_\_ Other, please describe \_\_\_\_\_

If you currently have a waiting list, please describe (how long, how many individuals, particular geographic area, etc.) \_\_\_\_\_

**12. Funding:** Please list the current funders for your program and the approximate amount they have invested (annually) during the current calendar year. Please provide the amount of funding in dollars.

Name of Funder	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Public Health  
Profiling Community Resources Tool  
(PCR Tool)**

**Instructions:** Answer the following questions for each service/program/activity that meets one or more of the needs described in #3 below. Complete a separate PCR Tool form for each service/program/activity.

**1. Reporter:** Who is conducting the interview, and who is the respondent reporting this information?

PfS Interviewer \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Respondent: \_\_\_\_\_ Date completed: \_\_\_\_\_

Which of the following best describes you?

- \_\_\_\_\_ Resource Assessment Workgroup Member
- \_\_\_\_\_ Program Personnel
- \_\_\_\_\_ Other, please describe \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Program Name and Address** (if an agency provides several relevant programs, use a separate survey tool for each program!!)

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Intent:** Describe the purpose of this program/activity in a few sentences. Specify Targeted Impact the program/activity designed to effect.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Supports and Barriers:** Is this program/activity designed to reduce a risk factor, enhance a protective factor/increase an asset or address some other target of change? Check the best descriptor(s).

Place a "1" for all that apply:

- \_\_\_\_\_ 1. Expectant mothers use tobacco.
- \_\_\_\_\_ 2. Expectant mothers use alcohol or other substances.
- \_\_\_\_\_ 3. Program addresses obesity/overweight.
  - \_\_\_\_\_ a. Screening
  - \_\_\_\_\_ b. Healthy eating habits/nutrition
  - \_\_\_\_\_ c. Promotes increased physical activity
  - \_\_\_\_\_ d. Increases availability of affordable healthy food

- \_\_\_\_\_ 4. Program addresses STD/HIV.
  - \_\_\_\_\_ a. Screening and testing (circle: HPV, Gonorrhea, Chlamydia, Syphilis, Herpes)
  - \_\_\_\_\_ b. Treatment (circle: HPV, Gonorrhea, Chlamydia, Syphilis, Herpes)
  - \_\_\_\_\_ c. Referral for Treatment (Who: \_\_\_\_\_)
  
- \_\_\_\_\_ 5. Educate related to STD/HIV
  - \_\_\_\_\_ a. Abstinence only
  - \_\_\_\_\_ b. Condom use
  - \_\_\_\_\_ c. Defining sex
  - \_\_\_\_\_ d. Oral sex risks

**5. Participant Characteristics:** Describe the following characteristics of the total population this program/activity served in the previous year. Write the approximate number of the total population served by the program that fall into each category.

Gender	Number	Percentage
<b>Male</b>		
<b>Female</b>		
Age	Number	Percentage
<b>0-3 Years</b>		
<b>4-5</b>		
<b>6-8</b>		
<b>9-12</b>		
<b>13-15</b>		
<b>16-18</b>		
<b>Over 18</b>		
Race/Ethnicity	Number	Percentage
<b>African-American</b>		
<b>Asian</b>		
<b>Hispanic</b>		
<b>White</b>		
<b>Other or mixed race</b>		

**6. Is there a cost to the participant?**     NO     YES

Fee: \_\_\_\_\_    Circle one: per visit, per month, per year, other \_\_\_\_\_

If yes, can you offer a sliding scale fee schedule or do you have the ability to waive fees?

NO     YES

**7. Type of Prevention/Intervention:** What type of program/activity is this? Check the description that best fits.

- This program/activity is designed for any participants and is provided before any major problems are identified.
- This program/activity is designed for participants who have been identified as having problems but before those problems become entrenched.
- This program/activity is designed for participants who have serious and chronic problems.

**8. Evidence of Effectiveness:** What type of information is being used to suggest that this program/activity is effective? Check all that apply.

- Anecdotal reports from participants and staff.
- Literature documenting a sound underlying principle. (No hard data but based on principles that have been proven effective)
- Local data documenting participant satisfaction with the program.
- Local data documenting change in knowledge, attitude, or behavior.
- Evidence-based approach as documented by literature/experts. (please provide references if possible)
- Other, please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. Delivery Site:** From what location(s) is this program/activity delivered?

\_\_\_\_\_

**10. Geographical Location:** What counties, school districts, townships, neighborhoods, and zip codes are served by this program/activity?

County/Countries: \_\_\_\_\_

School Districts: \_\_\_\_\_

Specific School Building(s): \_\_\_\_\_

Townships: \_\_\_\_\_

Neighborhoods: \_\_\_\_\_

Zip Codes: \_\_\_\_\_

**11. Barriers to Implementation:** What kind of obstacles have hindered this program/activity?

**External**

\_\_\_\_\_ Funding cuts    \_\_\_\_\_ No shows    \_\_\_\_\_ Transportation    \_\_\_\_\_ Recruitment difficulties

\_\_\_\_\_ Other, please describe \_\_\_\_\_

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**Internal**

\_\_\_\_\_ Staff training issues    \_\_\_\_\_ Staff turnover    \_\_\_\_\_ Finding qualified staff

\_\_\_\_\_ Other, please describe \_\_\_\_\_

**12. Funding:** Please list the current funders for your program and the approximate amount they have invested (annually) during the current calendar year. Please provide the amount of funding in dollars.

Name of Funder	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

**13. Do you collect data related to healthy risk behaviors?**

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**14. Do you refer clients for follow-up? If yes, to whom?**

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**Housing and Neighborhoods  
Profiling Community Resources Tool  
(PCR Tool)**

**Instructions:** Answer the following questions for each service/program/activity that meets one or more of the needs described in #3 below. Complete a separate PCR Tool form for each service/program/activity.

**1. Reporter:** Who is conducting the interview, and who is the respondent reporting this information?

PfS Interviewer \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Respondent: \_\_\_\_\_ Date completed: \_\_\_\_\_

Which of the following best describes you?

\_\_\_\_\_ Resource Assessment Workgroup Member

\_\_\_\_\_ Program Personnel

\_\_\_\_\_ Other, please describe \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Program Name and Address** (if an agency provides several relevant programs, use a separate survey tool for each program!!)

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Intent:** Describe the purpose of this program/activity in a few sentences. Specify Targeted Impact the program/activity designed to effect.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Supports and Risk Factors: Is this program/activity designed to reduce a risk factor, enhance a supportive factor/increase an asset or address some other target of change? Check the best descriptor.**

- 1. Restrict or reduce predatory lending or fraudulent practices
  - 2. Provide pre-purchase counseling or education
  - 3. Provide pos-purchase counseling or education
  - 4. Provide loss mitigation services
  - 5. Provide information and/or referral services which seek to improve solvency
  - 6. Provide advocacy to victims of fraud or unfair lending.
  - 7. Other (Increase/decrease some other target of change) Please describe \_\_\_\_\_
- \_\_\_\_\_

**5. Participant Characteristics:** Describe the following characteristics of the total population this program/activity served in the previous year. Write the approximate number of the total population served by the program that fall into each category.

Gender	Number	Percentage
<b>Male</b>		
<b>Female</b>		
Age	Number	Percentage
<b>Under 18</b>		
<b>Over 18</b>		
<b>Over 65</b>		
Race/Ethnicity	Number	Percentage
<b>African-American</b>		
<b>Asian</b>		
<b>Hispanic</b>		
<b>White</b>		
<b>Other or mixed race</b>		

**6. Cost Per Participant:** What is your average dollar amount per participant for the previous year?

**7. Type of Prevention/Intervention:** What type of program/activity is this? Check the description that best fits.

- This program/activity is designed for any participants and is provided before any major problems are identified.
- This program/activity is designed for participants who have been identified as having problems but before those problems become entrenched.
- This program/activity is designed for participants who have serious and chronic problems.

**8. Evidence of Effectiveness:** What type of information is being used to suggest that this program/activity is effective? Check all that apply.

- Anecdotal reports from participants and staff.
- Literature documenting a sound underlying principle. (No hard data but based on principles that have been proven effective)
- Local data documenting participant satisfaction with the program.
- Local data documenting change in knowledge, attitude, or behavior.
- Evidence-based approach as documented by literature/experts. (please provide references if possible)

\_\_\_\_ Other, please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. Delivery Site:** From what location(s) is this program/activity delivered?

\_\_\_\_\_

**10. Geographical Location:** What counties, townships, neighborhoods, and zip codes are served by this program/activity?

County/Countries: \_\_\_\_\_

Townships: \_\_\_\_\_

Neighborhoods: \_\_\_\_\_

Zip Codes: \_\_\_\_\_

**11. Barriers to Implementation:** What kind of obstacles have hindered this program/activity?

**External**

\_\_\_\_ Funding cuts    \_\_\_\_ No shows    \_\_\_\_ Transportation    \_\_\_\_ Recruitment difficulties

\_\_\_\_ Other, please describe \_\_\_\_\_  
 \_\_\_\_\_

**Internal**

\_\_\_\_ Staff training issues    \_\_\_\_ Staff turnover    \_\_\_\_ Finding qualified staff

\_\_\_\_ Other, please describe \_\_\_\_\_

**12. Funding:** Please list the current funders for your program and the approximate amount they have invested (annually) during the current calendar year. Please provide the amount of funding in dollars.

Name of Funder	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

