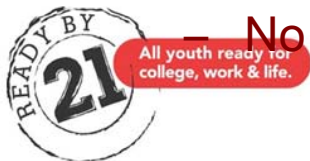


Austin's Sustainability Approach

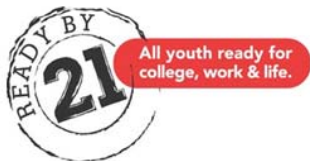
Austin/Travis County Context

- Numerous youth service providers in Austin – hundreds?
- Several (>10?) collaborations and intermediaries focus on youth
- Community Action Network – connection around health and human services in the Austin area.
 - Members include all key public and education entities, select private organizations (e.g. United Way, Chamber, Hospital Systems, health/education foundation)
 - “Issue Area Groups” on key issues – RB21 is the Youth IAG
 - Other CAN Issue Area Groups include Children & Youth Mental Health Planning Partnership, the Central Texas Afterschool Network, Success By 6 (RB21 has broad focus, others are targeted to age group or topic)
- Ready by 21 Coalition (RB21) was the Quality Counts grantee
 - RB21 is not a legal entity; Austin Voices for Education & Youth served as fiscal agent; Steering Committee provided oversight
 - No formal authority, just informal influence



Austin's sustainability approach

- Identify priority outcomes and indicators
 - Outcomes/Indicators cut across ages and topics
 - Invite broad participation
- Provide opportunities for Quality assessment and development to a broad range of providers
- Encourage different partners to take on different leadership/resource roles based on their interests
 - United Way, Austin Independent School District, Workforce Solutions, City of Austin, others
- Form new Steering Group on Children and Youth (coalition of coalitions)



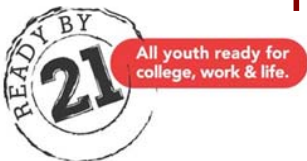
Ready by 21 priority outcomes

- Born healthy
- Connected to nurturing adults
- Sense of belonging
- Kindergarten ready
- Physically healthy
- Physically safe
- Empathy and pro-social behaviors
- Respect diversity
- Engaged in school and community
- Personal & social responsibility
- Good mental health
- Avoid risky behaviors
- Academically successful
- Aware & positive about adult careers
- Graduate from high school college & career ready
- Successfully complete post-secondary educ. & training
- Productive/equipped to reach financial self-sufficiency



Steering Group on Child and Youth Well-Being

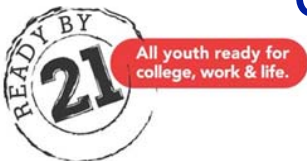
- Which coalitions or agencies are positioned to take the lead to measurably improve results in our community on priority child and youth indicators?
- Proposed role of the Steering Group:
 - Develop a scorecard for ongoing use
 - Galvanize/coordinate across broad constituencies to improve key community indicators
 - Connect and leverage across big initiatives
 - Report to CAN Board, community, others on the “big picture” for children and youth



Steering Group on Child and Youth Well-Being

Proposed roles for representatives: (3 types)

- 1) “Take on” one or more indicators– for each one:
 - Engage partners
 - Data review and analysis
 - Effective practices (including research-based)
 - Planning for results/Develop coordinated strategies
 - Integrated community plan
- 2) Coordinate work on outcomes/ indicators across a large agency or overall
- 3) Provide tools and resources to cross-cutting efforts

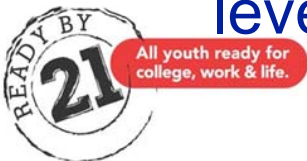


Observations/Lessons Learned

- Big picture approach still too diffuse for some of our leaders who want targeted (and rapid) fixes for high profile problems
- General commitment to collaboration does not equate to transparent investment mapping or resource sharing
- Big picture approach was very exciting to some other coalitions, once they recognized “their” outcomes and indicators in the big picture

Next Steps

- Organize to improve “big picture” results on priority outcomes/indicators through new Steering Group – provides a way for all the coalitions to intersect and leverage - contribute their “piece of the puzzle”



Ready by 21 Priority Outcomes and Indicators 2009

What we want to measure and track together

	Outcomes and Indicators
THRIVING >	1. Are born healthy a. % low birth weight births b. % children born with birth defects **
CONNECTING >	2. Have a significant attachment to a nurturing adult a. % children whose parents completed evidence-based parenting classes or home visiting services * b. # and % referred for a mentor (% assigned vs. on waiting list) *
CONNECTING >	3. Have a sense of belonging in a supportive family or with a caregiver a. % children whose parents completed evidence-based parenting classes or home visiting services * b. # and % in foster care (with/without placement within 12 months) **
LEARNING/WORKING >	4. Enter kindergarten prepared to succeed in school a. % Children entering kindergarten meeting regional School Readiness standards *
THRIVING >	5. Are physically healthy a. Infant mortality rate b. % immunized by 24 months ** c. % uninsured d. % in healthy weight zone (vs. obese/overweight) e. Diabetes rate *
THRIVING >	6. Are physically safe a. Infant mortality rate b. Rate of child/youth deaths c. # of injury reports d. Confirmed investigations of child abuse/neglect ** e. # and % homeless **
CONNECTING >	7. Demonstrate empathy and other pro-social behaviors (in diverse relationships)* a. % of children age 6-17 who exhibit two or more positive social skills * b. # and rate of students with disciplinary referrals ** c. Juvenile arrest rates (and rates for young adults)
CONNECTING >	8. Respect diversity and engage in diverse relationships * a. % reporting that their classmates show respect to others who are different **
CONNECTING >	9. Engage in community, school and/or extracurricular activities a. Truancy rate/school attendance b. # and % involved in clubs, activities or sports *
LEADING/ > CONTRIBUTING	10. Are aware of, appreciate and demonstrate behaviors of personal and social responsibility a. % who volunteered in the last year b. % regularly involved in volunteer activities * c. % indicating at least one issue they are concerned about * d. # and % participating in a leadership or advisory group to improve school, community or societal issues *
THRIVING >	11. Have good mental health and are emotionally resilient a. % with problems requiring counseling who received mental health care * b. rates of those who report to be sad, unhappy, depressed, or stressed* c. Teen suicide rate
THRIVING >	12. Avoid risky behaviors a. % using tobacco, alcohol or drugs b. # and % diagnosed with STI(s) ** c. Births to teens and young adults
LEARNING >	13. Are academically successful a. % passing 3rd grade reading and 5th grade reading, math and science b. Retention rate, by grade c. % 8th graders meeting criteria on state assessment d. % 8th graders who enter/ complete 9th grade* e. % graduating from high school in 4 years f. % seniors meeting College Readiness standards*
WORKING >	14. Have awareness and positive attitudes about adult careers a. % who participate in career awareness *
LEARNING/WORKING >	15. Graduate from high school college- and/or career-ready and prepared for a lifetime of learning a. % students graduating on the recommended or distinguished academic plan (RHSP/DAP) b. % graduates meeting College Readiness standards* c. % entering post-secondary education or training *
LEARNING/WORKING >	16. Successfully complete post-secondary education and/or training a. % students who persist after 1st year of college* b. % completing at least 1 year of post-secondary education/training and earn a credential* c. % completing at least 2 years of post-secondary education/training*
WORKING >	17. Are productive and equipped to reach financial self sufficiency a. % idle youth and young adults b. % financially literate *

Population of children and youth - context

• Demographics (age, race/ethnicity/gender) • Poverty Rate • % Limited English Proficient

*On development agenda (data not available, or is limited)

**Proxy or partial data provided

Ready by 21 Priority Outcomes 2009

EARLY CHILDHOOD/ YOUNG CHILDREN (0-TO 5-YEAR OLDS)	ELEMENTARY AGE CHILDREN (6-TO 10-YEAR-OLDS)	MIDDLE SCHOOL AGE YOUTH (11-TO 14-YEAR OLDS)	HIGH SCHOOL AGE YOUTH (15-TO 19-YEAR OLDS)	YOUNG ADULTS (20-TO 24-YEAR OLDS)
LEARNING (Basic, Academics, and College Readiness)				
4. Enter kindergarten prepared to succeed in school	13. Are academically successful	13. Are academically successful	13. Are academically successful 15. Graduate from high school college- and/or career-ready and prepared for a lifetime of learning	16. Successfully complete post-secondary education and/or training
WORKING (Work/Career Awareness and Preparation)				
4. Enter kindergarten prepared to succeed in school	14. Have awareness and positive attitudes about adult careers	14. Have awareness and positive attitudes about adult careers	15. Graduate from high school college and/or career-ready and prepared for a lifetime of learning	16. Successfully complete post-secondary education and/or training 17. Are productive and equipped to reach financial self sufficiency
THRIVING (Physical and Mental Health and Safety)				
1. Are born healthy 5. Are physically healthy 6. Are physically safe 11. Have good mental health and are emotionally resilient	5. Are physically healthy 6. Are physically safe 11. Have good mental health and are emotionally resilient 12. Avoid risky behaviors	5. Are physically healthy 6. Are physically safe 11. Have good mental health and are emotionally resilient 12. Avoid risky behaviors	5. Are physically healthy 6. Are physically safe 11. Have good mental health and are emotionally resilient 12. Avoid risky behaviors	5. Are physically healthy 6. Are physically safe 11. Have good mental health and are emotionally resilient 12. Avoid risky behaviors
CONNECTING (Interpersonal/ Social Connections and Well-Being)				
2. Have a significant attachment to a nurturing adult 3. Have a sense of belonging in a supportive family or with a caregiver 7. Demonstrate empathy and other pro-social behaviors 8. Respect diversity and engage in diverse relationships	2. Have a significant attachment to a nurturing adult 3. Have a sense of belonging in a supportive family or with a caregiver 7. Demonstrate empathy and other pro-social behaviors 8. Respect diversity and engage in diverse relationships 9. Engage in community, school and/or extracurricular activities	2. Have a significant attachment to a nurturing adult 3. Have a sense of belonging in a supportive family or with a caregiver 7. Demonstrate empathy and other pro-social behaviors 8. Respect diversity and engage in diverse relationships 9. Engage in community, school and/or extracurricular activities	2. Have a significant attachment to a nurturing adult 3. Have a sense of belonging in a supportive family or with a caregiver 7. Demonstrate empathy and other pro-social behaviors 8. Respect diversity and engage in diverse relationships 9. Engage in community, school and/or extracurricular activities	7. Demonstrate empathy and other pro-social behaviors 8. Respect diversity and engage in diverse relationships 9. Engage in community, school and/or civic activities
LEADING/CONTRIBUTING (Civic & Community Engagement)				
	10. Are aware of and demonstrate personal and social responsibility	10. Are aware of and demonstrate personal and social responsibility	10. Are aware of and demonstrate personal and social responsibility	10. Are aware of and demonstrate personal and social responsibility

ORANGE COUNTY'S CHILDREN & FAMILY SERVICES PLAN PARTNERSHIP FRAMEWORK

Department of Social Services, Youth Bureau, Partners for Children Youth & Families

LIFE AREA: FAMILY

GOAL: Parents/caregivers will provide children with safe, stable and nurturing environments.

TYPE OF SERVICE	Early Childhood (0-5)	Elementary Age (6-10)	Middle School (11-13)	High School (14-18)	Young Adults (19-24)	Adults (25+)
Learning (Basic and Applied Academics)						
Family Support (including Outreach, Mediation, Faith-Based)						
Relatives As Parents Support						
Parent Support (for new moms - now hit & miss, for parents throughout life span)						
Early Literacy Programs for Parents with Limited English						
Parenting Classes						
Parenting Classes Before Problems Start						
Child Rearing Training for Teen Parents						
Parenting Services for Parents with Children with Special Needs						
How to Advocate for Oneself through Systems						
Working (Vocational)						
Child Care Worker Training						
Day Care (Youth, Disabled, Elderly)						
Affordable/Accessible Daycare						
Sick Care (for kids who are sick and can not attend their reg child care)						

Not Applicable
 Area of Critical Need
 Area Requiring Expansion
 Area Meeting Local Needs

ORANGE COUNTY'S CHILDREN & FAMILY SERVICES PLAN PARTNERSHIP FRAMEWORK
 Department of Social Services, Youth Bureau, Partners for Children Youth & Families

TYPE OF SERVICE	Early Childhood (0-5)	Elementary Age (6-10)	Middle School (11-13)	High School (14-18)	Young Adults (19-24)	Adults (25+)
Thriving (Physical/Mental Health)						
Foster/Adoptive Homes	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Not Applicable	Not Applicable
Address Needs of Youth Living in Fluctuating/Transient Families	Not Applicable	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Not Applicable	Not Applicable
Short-Term Respite for Families	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion
Overnight Respite for Kids with Mental Health Needs	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area of Critical Need	Not Applicable
Sick Care (for kids who are sick and can not attend their reg child care)	Area of Critical Need	Area of Critical Need	Area of Critical Need	Area of Critical Need	Not Applicable	Not Applicable
Food Pantry	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion
Shelter	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area of Critical Need
Safe and Nurturing Shelter from 18+	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Area of Critical Need	Area of Critical Need
Shelter Space, Locations and Duration is Limited	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area of Critical Need
Teen Dating Violence Prevention Programs	Not Applicable	Area of Critical Need	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Not Applicable
Transition out of Foster Care for Youth with Disabilities	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Area of Critical Need	Not Applicable
Perinatal Alcohol/Substance Abuse Services	Not Applicable	Not Applicable	Not Applicable	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion
Health Insurance Availability	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area of Critical Need	Area of Critical Need
Preventive Services (youth, disabled, elderly)	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area Requiring Expansion	Area of Critical Need
WIC (Women, Infants & Children)	Area Meeting Local Needs	Not Applicable	Not Applicable	Area Meeting Local Needs	Area Meeting Local Needs	Area Meeting Local Needs
Sexual Abuse Treatment Unit (SATU)	Area Meeting Local Needs	Area Meeting Local Needs	Area Meeting Local Needs	Area Meeting Local Needs	Not Applicable	Not Applicable
Adult Protective Services	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Area Requiring Expansion	Area Requiring Expansion

Not Applicable
 Area of Critical Need
 Area Requiring Expansion
 Area Meeting Local Needs

ORANGE COUNTY'S CHILDREN & FAMILY SERVICES PLAN PARTNERSHIP FRAMEWORK
Department of Social Services, Youth Bureau, Partners for Children Youth & Families

TYPE OF SERVICE	Early Childhood (0-5)	Elementary Age (6-10)	Middle School (11-13)	High School (14-18)	Young Adults (19-24)	Adults (25+)
Connecting (Social/Emotional Well-Being)						
Parent Support (for new moms and for parents throughout life span)						
Family Support						
Community Events that are Representative of Different Cultures						
Parenting Services for Parents with Children with Special Needs						
Child Rearing Training for Teen Parents						
Teen Parenting Programs						
Child Advocacy Center with Resources for Family						
Expand Services to Engage Fathers as Caregivers						
Youth Shelter						
SPOA for Adults (Single Point of Access)						
Case Management						
Out of School Time Programs (Summer, Afterschool, Childcare, School-Based, Community-Based, Faith-Based)						
Leading (Civic and Community Engagement)						
Community Events						
Community Volunteer Services						

Not Applicable
 Area of Critical Need
 Area Requiring Expansion
 Area Meeting Local Needs

ORANGE COUNTY'S CHILDREN & FAMILY SERVICES PLAN PARTNERSHIP FRAMEWORK

Department of Social Services, Youth Bureau, Partners for Children Youth & Families

LIFE AREA: FAMILY

GOAL: Parents/caregivers will provide children with safe, stable and nurturing environments.

SYSTEMS ~ MARKETING ~ PARKING LOT	Comments
Systems	
SPOA (Single Point of Access) for Families in Need of Services	[Connecting]
Accessibility to Services for General Working Public	[Thriving]
Making All Services Accessible (Time, Money, Transportation)	[Thriving]
Better Communication Between Systems	[Connecting]
Marketing	
Public Service Announcements Dealing with Proper Parenting and Abuse Prevention and/or Education	[Learning & Connecting]
Difficulty in Getting Physicians Updated Info for Raising Healthy Children, etc.	[Learning]
Creative Ways to Get Information Out to Families	[Connecting]
OB's to get Parenting Info to Pregnant Women	[Learning]
Better Marketing for CFHP (Child and Family Health Plus)	[Connecting]
Youth Bureau's Youth & Family Services Directory Awareness	
211 Awareness as Usage is Dropping	[Connecting]
General Awareness of Services with Better Eye Catching Materials	[Connecting]
Parking Lot	
Gap between Income Eligible Plans and Private Pay	
Coverage for Mental Health	
Accessible Transportation to Access Services	
Substance Abuse Prevention Funding Keeps Decreasing	

Orange County New York Community Convening Notes: March 15 and 16, 2010

Youth Convening: March 15, 2010

A group of approximately 14 students met at the Orange County BOCES Training Center and discussed two Touchstone goals and indicators for Orange County:

- Life Area: Education
 - Goal: Youth will leave school prepared to live, learn and work in a community as contributing members of society:
 - Indicator: High School Graduation Rate
 - Recommended Strategies:
 - Teen-led substance abuse prevention education
 - Strong teacher/student relationships (advocacy)
 - More access to all available academic resources
 - Action Steps: The youth group only met for an hour so were unable to develop action steps. However, the Community Convening on March 16, 2010 used the work of the youth group to develop the strategies listed below under the Education Life Area.
- Life Area: Physical and Emotional Health
 - Goal: Children and youth will have optimal physical and emotional health.
 - Indicator: Adolescent births
 - Recommended Strategies:
 - Educate young people and parents/caregivers to communicate about sex (how to ask about sex and how to tell about sex)
 - Increase respect throughout the community:
 - Reinforce everywhere
 - Look at potential models through the Search Institute and Character Counts.
 - Prioritized Strategy: Educate young people and parents/caregivers to communicate about sex.
 - Action Steps: The youth only met for an hour so did not have time to develop action steps. However, their strategy was prioritized by the Community Convening on March 16, 2010 and action steps were developed at that meeting. (see below)

Community Convening: March 16, 2010

Process:

A group of about _____? Interested community partners met on March 16, 2010 to provide input and recommendations to the new Inter-Agency Planning Process. This group included: [list attendee organizations]

This group divided into small working groups to analyze the data for the six Touchstone Life Areas:

- Education
- Economic Security

- Physical and Emotional Health
- Citizenship/Civic Engagement
- Family
- Community

Recommendations:

Each group used the RBA “Turn the Curve” process to analyze the story behind each goal and indicator and to make recommendations for the long-range plan. The detailed notes of each group are on the charts in the appendix of these notes. These charts were posted around the room at the community convening and all participants were provided an opportunity to prioritize the most important strategies to purpose. This priority was based on the strategy that had the most leverage to “turn the curve” on the indicator and was feasible and affordable. Each small workgroup then identified beginning action steps to implement the prioritized strategy. Below are the major recommendations from each group:

Life Area: Education

Goal (Learning): Youth will leave school prepared to live, learn and work in a community as contributing members of society.

- Indicators: Drop-out Rate and High School Graduation Rate

Prioritized Strategy: Families First: Focus on helping families become educated, involved, engaged to create higher standards/value and appreciation of education.

Action Steps:

1. Implement requirements for families receiving services that:
 - a. Child must attend and complete school
 - b. Families must participate in family literacy and parenting/ training
2. Implement incentives for marketing education value through high school in the community (one message)
3. Require funded programs to have parent involvement component
4. Educate parents on the risks of dropping out.

Life Area: Economic Security

Goal (Working): Youth will be prepared for their eventual economic security.

- Indicator: Children and youth living below poverty

Prioritized Strategy: Economic Literacy

Action Steps:

1. Develop a program that would implement economic literacy
2. Address government and corporate misuse of funds: ⇒reimbursement
3. Address government officials that control how the money is funneled
4. Education to youth and families as to how to appropriately use money (i.e. tax refund)
5. Engaging local finance professionals to do workshops with youth (grassroots level)

6. Look to schools, community agencies and faith-based communities to partner with these efforts.

Life Area: Physical and Emotional Health

Goal (Thriving): Children and youth will have optimal physical and emotional health.

- Indicators:
 - Adolescent pregnancies and births
 - Motor vehicle crashes

Prioritized strategy for Motor Vehicle Crashes indicator: All students must use bus/public transportation walk to school instead of driving

Action Steps:

1. Social marketing/buy-in from the community
2. Policy change: school and legislature
3. Support from businesses; financial assistance
4. Enforcement of rules and clear consequences for failure to abide by change
5. Substitute privilege for those who would have been able to drive
6. Need for Speed” driving day at O.C. airport

Prioritized strategy for Adolescent pregnancies and births indicator: Youth and parent participation in age appropriate sexuality education mandated in order to be promoted to next school level (elementary, middle school, high school)

Action Steps:

1. Convening of school board members to discuss the issue and develop strategies (county-wide)
2. Work with health and wellness and curriculum committees in school districts
3. Use one school as a model (of best practices)
4. Use evidenced-based curriculum that addresses sexuality and teen pregnancy
5. Solicit youth opinion and include them in the process
6. Hold parent forum with key school professionals and youth
7. Establish a county-wide point of access for information and referrals (BOCES, Planned Parenthood)
8. Initiate a media campaign utilizing key professionals and youth (Commissioner of health, BOCES superintendent, medical society, and teens)

Life Area: Citizenship/Civic Engagement

Goal (Connecting): Children and youth will demonstrate good citizenship as law-abiding, contributing members of their families, schools and communities.

- Indicators:
 - Adolescent arrests for drug use/possession

Prioritized Strategy: Consistent enforcement and sentencing policies based on best practices

Action Steps:

1. Present strategy to the Mayors/Supervisors meeting
2. Invite TF: Law enforcement, judges, DA, Probation, etc.
3. Identify Best Practices and Educate law (⇒ Addiction and Youth) enforcement/sentencing
4. Publicize TF vision/mission for community support
5. Develop shared (countywide) policies

6. Cross-Train
7. Encourage community advocacy to support law enforcement

Life Area: Family

Goal: Families will provide children with safe, stable and nurturing environments

- Indicators:
 - Number and percentage of youth in out of home care
 - Child abuse and neglect

Prioritized Strategy: Caregiver/youth family skills training: affordable and accessible, interactive website training; outdoor learning; group setting (16)

Action Steps:

1. Create mission; Create a vision: "To prevent and abate placements of youth"
 - a. Decide where various groups are located: ex. Incarcerated parents and have on-site programming
 - b. Creative visitation for youth in care with parents, youth and foster parents all interacting together
 - c. Multigenerational/multicultural workshops with a focus on parenting skills (arts and crafts) (instilling mentoring)

Life Area: Community

Goal #2: Orange County will provide children, youth and families with healthy, safe and thriving environments.

- Indicators:
 - Unemployment rate

Prioritized Strategy: Community service requirement by for profit businesses to build relationship and enhance connectedness for mutual value and respect and visibility between business and community (11)

Action Steps:

1. Pull together leaders in business and non-profits and youth (Chamber of Commerce/United Way/ Department of Labor)
2. Research available tax incentives re: volunteering. Opportunities and resources.
3. Policy changes/internships.
 - Property and violent index crimes known to police

Prioritized Strategy: Provide a safe place: community engagement and parental involvement; empower at all levels (Kids/parents/leaders) Keep kids busy!

Action Steps:

1. Arrange stakeholder meeting to include parents, kids, businesses, service organizations and police
2. Find out what "they" want: what it takes them to buy in
3. Establish a Dialogue guidelines parameters
4. Establish locations for activities
5. Breakdown into smaller manageable tasks

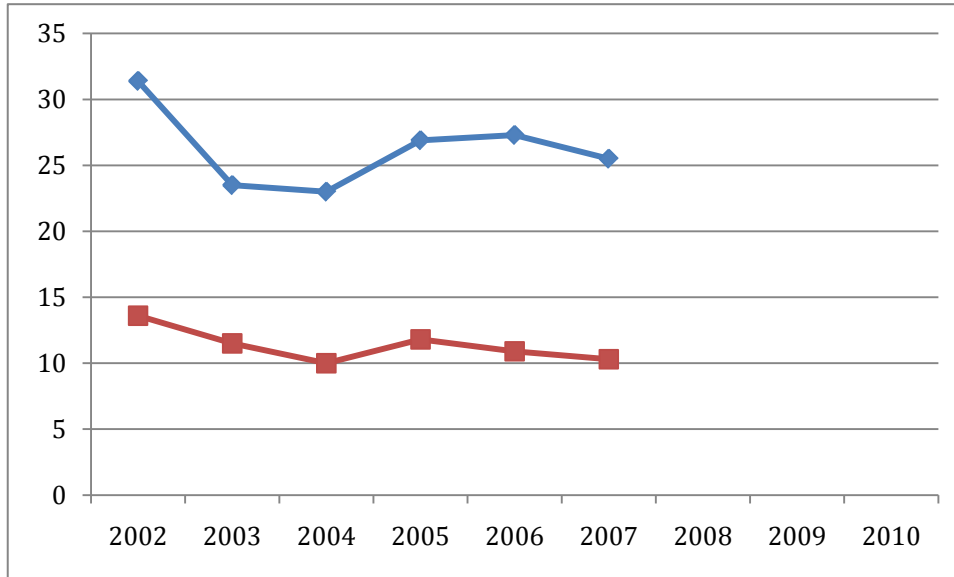
Issues to be Discussed:

- For the goal of “Families will provide children with safe, stable and nurturing environments”, define the indicator as “all out-of-home placements” not just foster care.

Life Area: Physical and emotional health

Goal: Children and youth will have optimal physical and emotional health.

Indicator: Adolescent pregnancies and births per 1000 (ages 15-17)



The story behind the data:

What are the top 3 factors contributing to this indicator?

1. Cultural landscape: videos, music, families, social networking, cellphones, etc.
2. Educational institutions are not consistently addressing these issues: inconsistent messaging such as one-shot programs, too taboo, vocal minority has control (i.e. a small number of parents expressing parental opposition to discussing these issues)
3. Funding obstacles: only focused in certain areas and funded programs not used to their full advantage

What works: Our most off-the-wall idea is:

Cutting school funding if they cannot demonstrate a sexuality education component that is comprehensive and age appropriate at various grade levels

What works: recommended strategies to improve this indicator:

1. Youth participation and parent participation in age appropriate sexuality education mandated in order to be promoted to the next school level (elementary, middle school, high school).
2. Offer after school youth programming that engage youth positively in holistic programming (ex.: Girl's Circle, Boy's Council, healthy relationships, body image, bullying, etc.)

Priority Strategy: Youth and parent participation in age appropriate sexuality education mandated in order to be promoted to next school level (elementary, middle school, high school)

Action Steps:

1. Convening of school board members to discuss the issue and develop strategies (county-wide)
2. Work with health and wellness and curriculum committees in school districts
3. Use one school as a model (of best practices)
4. Use evidenced-based curriculum that addresses sexuality and teen pregnancy
5. Solicit youth opinion and include them in the process
6. Hold parent forum with key school professionals and youth
7. Establish a county-wide point of access for information and referrals (BOCES, Planned Parenthood)
8. Initiate a media campaign utilizing key professionals and youth (Commissioner of health, BOCES superintendent, medical society, and teens)

Other notes;

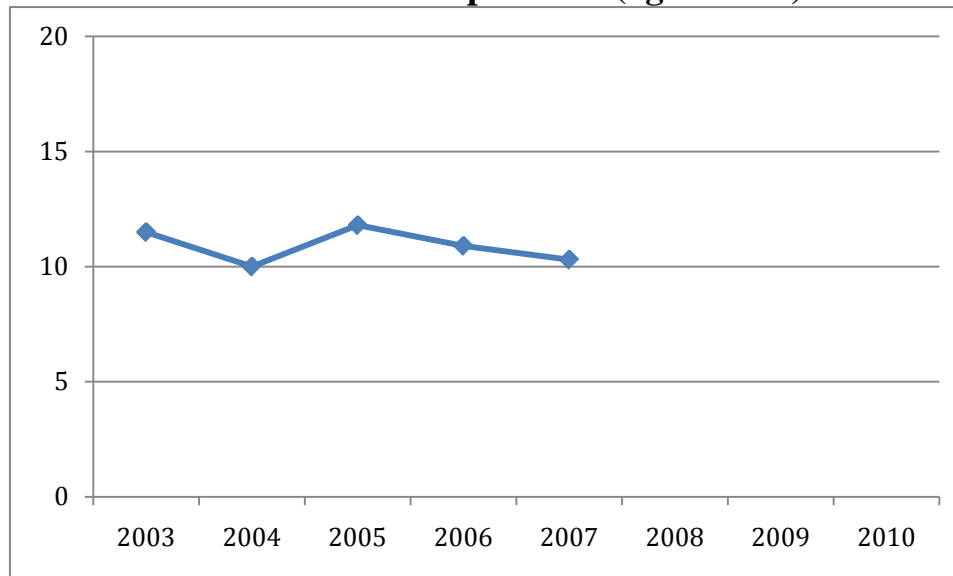
Other brainstormed ideas of “what works”:

- Don’t give schools aid until they address these issues (healthy sexuality)
- Kids can’t graduate to the next school level until they participate in healthy sexuality workshops (4)
- Peer leadership should exist in each school with reproductive health care as a component
- Parent and child programming
- Boys Council/Girl’s Circle EVERYWHERE (1)
- More positive male role models and programming for young men
- It is in the learning standards: one shot programs are not enough
- Layering of programs(1):
 - Start in elementary school
 - Empower youth to know their bodies and establish healthy meaningful relationships
- Programming for parents (1)
 - To encourage and build skills with them on how to have these conversations with kids
- Community forums: what do community members want?
- Schools need to lead the way

Life Area: Physical and emotional healthⁱ

Goal: Children and youth will have optimal physical and emotional health.

Indicator: Adolescent births per 1000 (ages 15-17)



The story behind the data:

What are the top 3 factors contributing to this indicator?

1. Family problems/rules and education
2. Lack of self-respect
3. Teen pregnancy is more socially acceptable/societal changes

Partners with a role to play: Parents, extended families, municipal communities (leaders, clergy, all members of the community).

What works: Our most off-the-wall idea is:

- Chastity belts for both boys/men and girls/women.

What works: recommended strategies to improve this indicator:

1. Educate young people and parents/caregivers to communicate about sex (how to ask about sex and how to tell about sex)
2. Increase respect throughout the community:
 - a. Reinforce everywhere
 - b. Look at potential models through the Search Institute and Character Counts.

Prioritized Strategy: Educate young people and parents/caregivers to communicate about sex.

Action Steps:

(Not completed by youth group as they only had an hour for the session)

Other Notes:**Contributing Factors:**

- Family problems/rules and education (4) kids
- More socially acceptable: ie: TV portrays sexual situations at earlier hours (3)
- Societal changes: no one cares: marketing sexually idea (3)
- Lack of self—respect (3)
- Younger kids: money and embarrassed to buy contraceptives
- Lack of responsibility: “not happening to me!” (2)
- Communities differ with acceptance
- Lack of consequences
- Trust and communicating with family
- Environmental influences on “gene expression” nature vs. nurture
- Lack of law enforcement around statutory rape
- Fear that comes from religion, law, home
- Poverty: urban areas perpetuate crime and violence
- Too much drugs and alcohol
- Group mentality
- Add ons:
 - Immediate response for everyone
 - Lack of caring by anyone (unless on own doorstep)
 - Reverse peer pressure (i.e. Odd if you’re not pregnant)
 - More an attitude of not wanting information
 - Love vs. lust: thought of “being together forever
 - Sex industry (entertainment)

Brainstormed ideas:

- Parents mandatory meetings with educators to learn how to deal with sexually active children
- Information to youth via health classes and schools
- Reach youth younger
- Strike the fear of God into youth

- Share the consequences with youth
- Take the “babies” home
- Chastity belts for men and women
- Teach siblings, parent, caregivers, caring adults how to communicate sex ed to youth how to teach their children
 - Who should teach?
 - Search Institute/Character Counts
 - Teaching youth how to ask adults
 - Teaching youth “we’re not invincible”
- Respect needs to be reinforced everywhere
 - Search Institute/Character Counts

ⁱ Worksheet completed by youth on March 15, 2010