

Draft Shelby County Action Plan

On November 27, 2012 a meeting with the Sidney-Shelby County Health Department, Shelby County United Way, the Tri-County Board of Recovery and Mental Health Services, Shelby County Counseling Center, the Wilson Memorial Hospital, and Shelby County Family and Children First Council was held to discuss the strategies that may be implemented to address the top community challenges identified by the community needs assessment effort. Top community challenges include: Unmet Physical Health Issues; Family Stability; Mental Health and Wellness; and Substance Abuse Prevention. The focus is on communitywide evidence-based programs that will produce long-term benefits.

Unmet Physical Health Issues

Preventive Health

Rationale: Clinical preventive services, such as routine disease screening and scheduled immunizations, prevent and detect illnesses and diseases—from flu to cancer—in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs.¹ Yet, despite the fact that these services are covered by Medicare, Medicaid, and many private insurance plans, there is a low incidence of preventive health screenings among Shelby County adults.

Goal: Increase preventive health screenings and education in Shelby County.

Evidence Based Practice:

Indicators/Outcomes:

- Increased awareness and education of the importance of preventative screenings to the Shelby County community
 - Track the number of community events during which preventative screenings were offered and the number of participants
- Increased number of preventative screening offerings throughout Shelby County
 - Track the percentage of Wilson Care patients that have preventative screenings on an annual basis

Lead Agent: Wilson Memorial Hospital

Timeline:

Strategy 1: Host and participate in community-wide events to raise the awareness of the importance of preventative screenings and offer free and/or low-cost preventative screenings

- Heart Health Community Screening Event
- Shelby County Health and Awareness Fair
- Legs for Life Screening
- Women's Health Fairs

¹ Healthy People 2020

- Men’s Health Fairs
- Breast Cancer Awareness
- Shelby County Relay for Life

Strategy 2: Coordinate health programs, educational classes and support groups to raise the level of awareness and importance of preventative screenings

Action Plan:

1. Raise the level of awareness and the impact preventative screenings have on:
 - Diabetes
 - Heart Health
 - Women’s Health
 - Men’s Health
 - Bone Health

Strategy 3: Create, promote and distribute preventative healthcare specific educational materials and tools throughout the Shelby County community

Action Plan:

1. Raise the level of awareness and the impact preventative screenings have on:
 - Diabetes
 - Heart Health
 - Women’s Health
 - Men’s Health
 - Bone Health

Maternal and Infant Health

Rationale: In Shelby County, the number of mothers smoking during pregnancy has consistently been much higher than the national average, and the percentage of mothers not receiving first-trimester care has doubled over the last ten years. These two factors can contribute to a decline in the overall health of mother and child.

Goal 1: Increase first trimester care

Evidence Based Practice:

Indicators/Outcomes:

- To improve the number of women and families receiving prenatal care and support – particularly in the underserved populations
 - Track the number of women who participate in the Stork Support Program

Lead Agent: Wilson Memorial Hospital

Timeline:

Strategy 1: Develop a Stork Support Program, a prenatal program for at-risk women who plan to deliver their babies at WM

Action Plan:

1. Offer classes about healthy behaviors during pregnancy- such as smoking cessation, childbirth and breastfeeding as well as one-on-one engagement with a registered nurse who specializes in prenatal care.
2. Assist women in getting necessary appointments with Ob/Gyn physicians
3. Consider expanding this program into school-based environment to reach pregnant teens

Partnering Agencies: Sidney-Shelby County Health Department

Strategy 2: Collaborate with County organizations to educate their clients of the importance for early prenatal care

Partnering Agencies:

- Women's Center – Sidney (Pregnancy Resource Center)
- Compassionate Care of Shelby County (Free Health Care Clinic)
- Shelby County Health Department
- Shelby County Jobs and Family Services
- Help Me Grow Agency
- Shelby County High Schools
- Shelby County Court System
- GRADS program
- Shelby County Ob/GYN offices
- Shelby County Pediatric offices
- WMH Emergency Dept.
- WMH Family Birth Center
- Local Urgent Care Clinics

Goal 2: Decrease smoking among pregnant mothers

Evidence Based Practice:

Indicators/Outcomes:

- To decrease the number of women in Shelby County who smoke while pregnant through awareness and education of the health risks associated with smoking while pregnant
 - The number of educational programs will be tracked along with the number of attendees enrolling in the smoking cessation program.
 - Participants will be surveyed by phone or mail 30 days, 3 months, 6 months and 1 year after the program to determine the reduction in smoking over this time.

Lead Agent: Wilson Memorial Hospital

Timeline:

Strategy 1: Collaborate with community organizations to offer Wilson Memorial's Smoking Cessation Program to their pregnant clients who smoke

Partnering Agencies:

- Women's Center – Sidney (Pregnancy Resource Center)

- Compassionate Care of Shelby County (Free Health Care Clinic)
- Shelby County Health Department
- Help Me Grow Agency
- Shelby County High Schools
- Shelby County Court System
- GRADS program

Strategy 2: Develop marketing communications material to be used for the “When You Smoke, So Does your Baby” campaign

Partnering Agencies:

- Shelby County Ob/GYN offices
- Shelby County Pediatric offices
- WMH Emergency Dept.
- WMH Family Birth Center
- Hospital advertising/communications
- Hospital Website
- Outdoor advertising
- Social media pages
- Local radio/PSA's

Strategy 3: Participate in educational events to raise the level of awareness of the dangers of smoking; in particular, facts about smoking during pregnancy

Action Plan:

1. Participate in:
 - Great American Smokeout
 - Go Red/American Heart Association events
 - Community Health Fairs
 - Community Health Screening events
 - Corporate educational programs through WMH Occupational Health Services

Access to Care

Rationale: Rural Americans have a poorer health status than their urban counterparts due to lack of health insurance coverage, socioeconomic hardships, physical barriers to access such as distance and availability of transportation, and especially the lack of physicians practicing in rural areas. Twenty percent of Americans live in rural areas; however, only 9% of physicians practice in these areas. The ratio of the population to primary care physicians in Shelby County is 2,057 people to one physician. This is two times higher than the national benchmark and 1.5 times greater than the State’s ratio. The physician shortage is not limited to PCPs, it has been difficult to attract and retain all types of medical professionals. This shortage of medical professionals leads to a higher number of people receiving

routine health services in the ER – 5% of Shelby County adults use the ER as their usual source of care and 8.4% have used the ER in the past year because they could not get a needed appointment with their health care provider). The shortage of medical professionals, also leads to a large percentage of the population not obtaining preventive screenings, and difficulty in accessing specialty services such as vision and dental care.

Goal: Provide greater access to medical care.

Evidence Based Practice:

Indicators/Outcomes:

- Reduce the percentage of Shelby County adults who do not have health care by 10%
 - Track the number of new patients within the Wilson Care provider network
- Increase preventative visits in patients age 40 years of age and older by 5%
 - Track the number of patients 40 years of age and older

Lead Agent: Wilson Memorial Hospital

Partnering Agencies:

Timeline:

Strategy 1: Explore opportunities to grow Wilson Care practices

Action Plan:

1. Recruitment of a full-time Hospitalist to allow for physicians who are currently providing part-time coverage to take on more patients
2. Construction of a 45,000 sq. ft. medical office building for all Sidney Wilson Care practices; team-based healthcare delivery model to allow for improved access to healthcare

Strategy 2: Collaborate with Compassionate Care and First Source to improve compliance of uninsured patients

Action Plan:

1. Establish a Community Case Management Program to improve transition of care

Strategy 3: Identify patients who are overdue for appointments for chronic medical conditions

Action Plan:

1. Report by diagnosis for those patients who have medical need for regular visits
2. Pro-actively contact patients for the purpose of scheduling preventative visits

Strategy 4: Continue to provide free ambulatory care/uncompensated care for those patients with no ability to pay

Family Stability

Rationale: More than one in ten families in Shelby County lives in poverty. Poverty is not limited to just one geographic area, but rather impoverished households live in all parts of the County. When a large portion of the population is living in poverty, the community as a whole suffers; poverty may lead to high crime, substance abuse, low educational attainment, and all of these contribute to a declining community and family instability. As poverty is all-encompassing, it is necessary that everyone is involved in the resolution of an issue that affects the community as a whole.

Goal 1: Explore the Bridges out of Poverty and Circles programs to determine what may be feasible for Shelby County to address.

This option is currently being researched. See the addendum to this document for more information.

Goal 2: Increase interagency coordination of client care.

Evidence Based Practice:

Indicators/Outcomes: A better means of measuring outcomes for services provided in-home

Lead Agent:

Partnering Agencies:

Timeline:

Strategy: Coordinate in-home coaching services across agencies.

Action Plan:

1. Create a unified, behavior-oriented assessment and curriculum to be used by all agencies.
2. Create measurable goals and criteria the clients must meet.
3. Coordinate care with agencies involved with the client.

Goal 3: Provide school aged children with a multi-faceted after school program.

Evidence Based Practice:

Indicators/Outcomes: student attendance, education progress towards grade level success

Timeline: New Monday through Friday schedule begins February 3, 2014

Partnering Agencies: Shelby County United Way, Salvation Army, Shelby County Counselling Center, Sidney-Shelby County YMCA, CORS's R.S.V.P., Sidney City Schools

Strategy: Support and expand the Kidz Corp. Program.

Action Plan:

1. A partnership has been created with the Shelby County Counseling Center to provide a program coordinator 20 hours a week to the program. The Counseling Center will provide educational, social, and life skills programming to the students, as well as a parental support and outreach initiative.
2. A partnership has been created with the Sidney-Shelby County YMCA to provide an afterschool teacher 10 hours a week to the program.

3. Through United Way funding, a second computer lab was installed providing a separate lab for middle school students and elementary students.
4. ORS's R.S.V.P. will be the lead volunteer recruiter for the program. An initiative is in place to recruit community volunteers to support the students academically.
5. United Way has contracted with Sidney City Schools to provide daily transportation from the elementary schools. The Salvation Army will continue to pick up students at the middle school.

Mental Health and Wellness

Rationale: In Shelby County 9% of adults reported receiving treatment for depressive symptoms and 11% of youths reported feeling depressed all or most of the time during the last 30 days. Due to the incidence of adult and youth mental health issues, proactive and reactive community intervention is necessary.

Goal 1: Provide universal prevention programs such as the Good Behavior Game for promoting children's development and academic achievement.

Evidence Based Practice: <http://evidencebasedprograms.org/1366-2/good-behavior-game>

Listed as one of the Coalition for Evidence-Based Policy's Social Programs that Work. In a randomized controlled trial of 18 first grade classrooms, containing 449 students, in nine high-poverty Baltimore public schools it was found that:

- At the age-13 follow-up: students in the classrooms that implemented the Good Behavior Game were 26% less likely to have started smoking (34.4% of program group students had started smoking versus 46.6% of control group students), and were less than half as likely to have used cocaine, crack, or heroin (2.6% versus 7.3%).
- At the age-19 follow-up: students in the classrooms that implemented the Good Behavior Game were 62% more likely to have attended college (31.5% of program group students had attended college versus 19.4% of control group students), were 21% more likely to have graduated from high school or received a GED (61.9% versus 51.3%), were 36% less likely to have received special education services at some point in grades 1-12 (22.4% versus 34.8%), and scored higher in reading (standardized effect size of 0.32) and in math (standardized effect size of 0.42). These gains equate to approximately one additional year of academic progress.

Description: The Good Behavior Game is a "behavioral vaccine" or routine that is used every day to promote health, safety and wellbeing in the classroom beginning, ideally, in first grade. The Good Behavior Game can be prescribed and reimbursed under health-care reform (both for Medicaid and private insurance), because it is highly effective in preventing DSM-IV disorders or reducing the symptoms of DSM-IV disorders as well as or better than psychotropic medications (which have many adverse consequences and wear off in time).

Indicators/Outcomes:

- 12-month indicator: Significant reduction of externalizing problems at the end of the academic year for participating schools.
- 24-month indicator: More schools participating.
- Longer-term outcome: Participating students will have substantially lower prevalence of smoking, alcohol abuse, and drug use; and will have higher rates of high school completion.

Lead Agent: Tri-County Board of Recovery and Mental Health Services

Partnering Agencies: Shelby County ESC, Shelby County Drug Free Coalition

Timeline: The exploration process will take place over the next calendar year (2014)

Strategy: Explore the level of interest and identify champions with the strategy of implementing the Good Behavior Game (GBG) in selected Shelby County schools.

Action Plan:

1. Determine the effectiveness of the current program (Project Achieve) that is being used.
2. Seek a partnership with the Educational Service Center toward implementing the GBG.
3. Reach out to the ESC for help with grant funding and/or partner with other counties to pool grant funding.
4. Determine implementation and operational costs. Wright State University College of Education trains teachers in GBG and there is a local trainer available from Greene County, which would offset costs.
5. Determine who are the major stakeholders in the school districts and assess which school districts would be receptive to implementation.
6. Start by implementing in two or three pilot schools. With success, community awareness will be heightened and more schools may be receptive to implementation.

Goal 2: Improve the community's knowledge and modify perception of mental health and related issues.

Evidence Based Practice: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=321>

Listed as one of SAMHSA's National Registry of Evidence-based Programs and Practices. In a randomized study it was found that those completing Mental Health First aid were more likely to:

- Recognize symptoms of mental health issues
- Identify helpful strategies and resources for schizophrenia and depression
- Have an improvement in attitudes about social distance from individuals with mental health problems
- Were more confident in providing help to an individual with mental health problems
- Had a greater improvement in self-reported mental health

Description: The course trains participants to help people who may be experiencing a mental health problem or crisis. You learn risk factors and warning signs of mental health problems; information about mental health and substance abuse disorders; a 5-step action plan to help someone developing a mental health problem or in crisis; and where to turn for help — professional, peer, and self-help resources.

Indicators/Outcomes:

- Recognition of schizophrenia and depression symptoms
- Knowledge of mental health support and treatment resources
- Attitudes about social distance from individuals with mental health problems
- Confidence in providing help, and provision of help, to an individual with mental health problems
- Mental health

Lead Agent: Tri-County Board of Recovery and Mental Health Services

Partnering Agencies: Shelby County Counseling

Timeline: within 2014

Strategy: Implement Mental Health First Aid

Action Plan:

1. Support the Mental Health First Aid program, which is already being pursued by the Tri-County Board.

Goal 3: Provide learning and practical advice to parents and caregivers of children and adolescents who are living with mental illness

Evidence Based Practice: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=315>

Listed as one of SAMHSA's National Registry of Evidence-based Programs and Practices. In a randomized study it was found that those participating in the NAMI program:

- Had greater improvements than control group participants in all three subscales of empowerment
- Had a greater improvement than control group participants in knowledge about mental illness
- Had a greater improvement than control group participants in problem solving
- Had a greater reduction than control group participants in general anxiety

Description: NAMI Basics is a free course specifically designed for parents and caregivers of children and adolescents who are living with mental illness. It is not necessary that the child has received a specific diagnosis. Caregivers who suspect their child is experiencing symptoms can also benefit greatly from the course as they begin to navigate the evaluation and treatment process. NAMI Basics provides learning and practical advice, including getting an accurate diagnosis, the latest research on the medical aspects of the illness and advances in treatment, an overview of treatment options and the impact of the child's mental illness on the rest of the family.

Indicators/Outcomes:

- Empowerment
- Knowledge about mental illness
- Problem solving
- General anxiety

Lead Agent: Tri-County Board of Recovery and Mental Health Services

Partnering Agencies: NAMI Local Affiliates, NAMI Ohio

Timeline: In place by the end of 2014

Strategy: Implement the National Alliance on Mental Illness (NAMI) Family-to-Family Education Program

Action Plan:

1. Partner with Miami County Family and Children First Council to co-fund a part-time National Alliance on Mental Illness (NAMI) coordinator who will facilitate the NAMI program in the tri-county area. This has already been implemented by the Tri-County Board.
2. Reinvigorate the tri-county network in order to provide central services to all three counties.

Goal 4: Increase access to mental health services.

Evidence Based Practice:

Description: Community Psychiatric Supportive Treatment (CPST) provides an array of services delivered by community based, mobile individuals or multidisciplinary teams of professionals and trained others. Services address the individualized mental health needs of the client and are directed towards adults, children, adolescents and families. The purpose/intent of CPST services is to provide specific, measurable, and individualized services to those with severe and persistent mental health issues. CPST services should be focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community. CPST is a provider of services that helps those with mental illness become more self-sufficient by connecting them with public assistance agencies and providing mental health intervention; however, it is not a County agency and is therefore not able to directly provide public assistance to clients.

Indicators/Outcomes:

- Community is aware that the service exists and how to access
- Community is aware of the purpose/intent of the program and its limitations

Lead Agent: Tri-County Board of Recovery and Mental Health Services and Shelby County Counseling Center

Partnering Agencies: None

Timeline: Through 2014

Strategy: Implement Community Psychiatric Supportive Treatment

Action Plan:

1. Visit clients and connect clients to community resources through the Community Psychiatric Supportive Treatment (CPST), which has already been implemented in Shelby County and is regulated by the Ohio Administrative Code.
2. Raise community awareness and perception of the program.
3. Educate the community and agencies about the intent of the program.

Substance Abuse Prevention

Rationale: In Shelby County, alcohol and drug abuse disorders is among the top five reasons for in-patient hospitalization and is in the top ten ER diagnoses. Also, from 2004 to 2011 the rate of adults with an alcohol and/or drug abuse disorder ER discharge diagnosis increased by 44 percent. In order to reduce drug abuse in the community a two pronged approach is needed: prevention and treatment. As substance abuse affects many aspects of a community, from physical health to generational poverty, it is necessary to educate and involve the community-and those addicted- in discussions about substance abuse treatment and prevention.

Goal 1: Prevent youth substance abuse

Evidence Based Practice: http://www.lifeskillstraining.com/resource_facts.php

Listed as the U.S. Department of Justice Promising Strategies to Reduce Substance Abuse. Evidence shows that the Life Skills Training Program:

- Cuts tobacco use by 87%
- Cuts alcohol use by 60%
- Cuts marijuana use by 75%
- Cuts methamphetamine use by 68%
- Cuts polydrug use by 66%
- Reduces Pack-a-Day Smoking by 25%
- Decreases Use of Inhalants, Narcotics and Hallucinogens
- Reduces Violence
- Reduces risky driving behavior
- Demonstrates Effects on HIV Risk Behavior

Description: LifeSkills Training promotes healthy alternatives to risky behavior through activities designed to teach students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs; help students to develop greater self-esteem and self-confidence; enable students to effectively cope with anxiety; increase their knowledge of the immediate consequences of substance abuse; and enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors. In Shelby County there is a coalition between an adolescent therapist and the LST program. The therapist is working with the elementary and middle schools participating in the program and helps to facilitate communication between the schools and community.

Indicators/Outcomes:

- Youth surveys reflect a reduction in drug and alcohol use
- Youth surveys reflect a reduction in other risk behaviors
- Youth survey reflect an increase in healthy alternative behaviors

Lead Agent: Tri-County Board of Recovery and Mental Health Services; Shelby County Counselling Center

Partnering Agencies: Shelby County ESC, Shelby County Schools

Timeline: The remainder of school year 2013-14; school year 2014-2015

Strategy: Expand the LifeSkills Training program (LST) in Shelby County Schools.

Action Plan:

1. Assess which schools are currently using the program.
2. Determine if the LST program is partnering with D.A.R.E. and the extent to which LST and the D.A.R.E. program share the same message.
3. Determine how the program can be expanded to other schools.
4. Raise awareness among the community and important stakeholders to foster support for expansion of the program.
5. Continue to foster the alliance between the LST program and the adolescent therapist that is working in the elementary and middle schools.

Goal 2: Develop, plan, and implement comprehensive efforts to address substance abuse issues

Evidence Based Practice: The SCDFC will consider evidence based practices when implementing community programs.

Description: The primary function of the Coalition is to research community substance abuse problems, develop action plans to address the problems, and implement or support the implementation of strategies which lead to change. The Coalition offers support by coordinating community outreach and educational opportunities and offers leadership by identifying and promoting community substance abuse problems and the negative issues that surround them. It also provides funding for agencies and organizations addressing substance abuse through an annual grant cycle.

Indicators/Outcomes:

- Diverse group continues to meet regularly and plan community projects
- Group seeks available funding to address community substance abuse prevention priorities
- Group invites content experts to expand and enhance the community's knowledge of prevention

Lead Agent: Shelby County ESC

Partnering Agencies: A coalition of Shelby County partners made up of schools, law enforcement, elected officials, behavioral health, health district, united way and others.

Timeline: Ongoing

Strategy: Continue the Shelby County Drug Free Coalition (SCDFC)

Action Plan:

1. Continue supporting the efforts of the SCDFC and any funding provided to the organization.
2. Continue to encourage an active and engaged membership

Goal 3: Increase community awareness of the positives associated with not engaging in substance abuse.

Evidence Based Practice: www.drugfree.org

Depending on how this initiative is designed, it may be an evidence-based practice with positive outcomes. For example, independent studies show the National Youth Anti-Drug Media Campaign's *Above the Influence* is working and is having a positive effect on teen drug use. These results are consistent with the Media Campaign's Youth Tracking Survey which shows youth exposed to *Above the Influence* are less likely to initiate drug use. The *Above the Influence* Campaign focuses on a different approach toward teens that reinforces the fact that they should value themselves and their aspirations above the debilitating and self-destructive influence of drugs. "Over time, this has proven far more effective than the more traditional, negative anti-drug messages that today's teens largely ignore." The new ATI approach includes an online advertising campaign, "Made by Me," that encourages teens to submit their ideas for the next ATI public service announcement. This is supported by SAMHSA's guidelines for developing a social media plan for substance abuse prevention, which suggests that the target audience (in this case teens) should be consulted when developing a social media campaign and that active participation in the campaign (through posts, blogs, etc.) should be encouraged.

Description: The information gained from the community survey will be utilized to present positive messages about students in the Shelby County community with the intent of exposing the community to the positive behaviors of local youth.

Indicators/Outcomes:

- A media campaign will be in place to present positive messages
- The campaign will be supported by SCDFC and other partners
- The campaign will be presented in a number of venues

Partnering Agencies: Shelby County United Way and Tri-County Board of Recovery and Mental Health Services

Timeline: Before the end of 2014

Strategy: Develop a positive-message anti-drug campaign targeting Shelby County adults and youths.

Action Plan:

1. Create a marketing strategy that uses positive statistics and peer pressure to educate the community about the fact that those who abuse drugs are in the small minority.
2. Partner with the local radio station that is community owned and operated.
3. Use the United Way's radio segment to further the message.
4. Include resource information about substance abuse. Use social media from individual agencies and school/classroom social media sites.

Goal 4: Expand the current addictions continuum of care funded by the Tri-County Board

Evidence Based Practice: To be determined but will include Medication Assisted Treatment (MAT) as well as a spectrum of service including housing, detox residential, outpatient and supportive services.

Description: A full spectrum of services targeting substance abuse and opiate addiction to include housing, outpatient services, Medication Assisted Treatment (MAT), detox and residential care and community supports. New services will be introduced; existing services expanded or reprioritized.

Indicators/Outcomes: The first indicator will be that individuals will have access to new services; as each new service is implemented or an existing service is reprioritized specific outcomes will be established.

Lead Agent: Tri-County Board of Recovery and Mental Health Services

Partnering Agencies: Local service providers, residential service providers, housing providers

Timeline: Planning and implementation through 2014 and 2015

Strategy: Expand Recovery Housing, Medication Assisted Treatment (MAT), NARCAN Project, Alcohol and Drug Residential Treatment, Ambulatory Detoxification, etc.

Action Plan:

1. Ensure the prioritization of levels of care with identified time tables for implementation.
2. Ensure the full spectrum of levels of care for opioid addiction treatment.

Addendum

Family Stability

Goal: Provide families in poverty with the resources needed to succeed.

Evidence Based Practice:

Description: Bridges Out of Poverty is a framework designed to help individuals better understand poverty and individuals in poverty and to help agencies, businesses, and organizations learn how to interact, retain, and effectively reach individuals who are on the lower rungs of the economic ladder. Circles is designed to inspire and equip families and communities with the tools to resolve poverty and thrive, with the premise that responsibility for both poverty and prosperity rests not only in the hands of individuals, but also with societies, institutions, and communities.

Indicators/Outcomes:

Partnering Agencies:

Timeline:

Strategy: Investigate Bridges out of Poverty and the Circles program in conjunction with Wright State University.

Action Plan:

1. Contact Miami County to obtain implementation costs and strategies for Bridges Out of Poverty.
2. Contact Clark County and Think Tank to obtain information about the cost, implementation and barriers to the Circles program.

Update:

Goal: Provide families in poverty with the resources needed to succeed.

Evidence Based Practice: (Source: 2013 Circles USA Orientation to Circles)

The Circles approach was initiated in Ames, Iowa by Circles USA in 1995. In 2004 it was measured by Iowa State University to have a 2-1 return on welfare and food stamps assistance (\$490,000 annual savings) and 4-1 return on new earned income for 58 families (\$960,000 new annual income). From 2003-2007 Circles was transferred through the community action network to communities in Minnesota, Idaho, Iowa, and Missouri. Average income went up in all chapters in the first 12-20 months, but the fidelity of the model was difficult to sustain. Lessons learned were embedded in new training programs and coaching protocols. The most recent aggregated data from Circles shows steady increases in earned income and assets and reduction in reliance on welfare benefits and food stamps.

Description: A Circle is a supportive, intentional, reciprocal, befriending relationship made up of one Circle Leader who is a person living in poverty and two to four Circle Allies who are volunteers willing to build supportive relationships that help people achieve their goals. Allies join Circle Leaders in advocating for removing community barriers for people who are working to move out of poverty. The

Circle Leaders, Allies, and other interested community members come together at Weekly Community Meetings to provide support and networking for each other. Best practices show that the Weekly Community Meeting needs to include a community meal, child care and programming for the children, community building, leadership development opportunities, and programming and activities to support the work of the Leaders in moving out of poverty. A Local Circles Group includes a cohort of up to 25 Matched Circles. This means that anywhere from 30-75 people could attend a Weekly Community Meeting. First year contracts are \$15,000 paid in quarterly installments, which includes training registrations, conference registrations, coaching calls, on-site visits from a certified trainer, access to all templates and sample docs, use of the Circles trademark and access to the Data system. Think Tank, Inc. is a Springfield based organization that provides national Circles training.

Indicators/Outcomes:

- Earned Income
- Total Assets
- Reliance on public assistance

Partnering Agencies:

Timeline:

Strategy 1: Implement the Circles program in Shelby County.

Action Plan:

1. Contact Think Tank/Circles USA to find out about membership.
2. Create a Guiding Coalition comprised of five teams responsible for development and implementation of the Circles approach.
3. Identify key community member that would act as Allies
4. Identify households that would like to participate in the program.

Additional Information: I spoke with Karin Van Zant, the executive director of Think Tank, about the Circles program. As Circles is a protected intellectual property, detailed information about implementation and cost is only available to those who become a member of the group. If an organization in the County is interested in receiving more information, I can pass on contact information for Ms. Van Zant. I have also been in contact with Gena Atcher and Carol Gresham from Circles USA, both of whom are available to answer any questions regarding the program.

Strategy 2: Implement Bridges Out of Poverty/Getting Ahead or a similar program in Shelby County

Evidence Based Practice:

Description: The Bridges Out of Poverty Workshop is training designed for all professionals, service providers, and volunteers to better understand the framework of poverty. Many people who interact or serve low income families through employment or volunteering do not understand the “hidden rules”

that govern the life of those in poverty. Through the Bridges Out of Poverty Workshops, those in social services, medical, legal, private sector, faith-based, HR, and education are challenged to assess their perspective about poverty and their role in addressing poverty in the community. The community education/training of BOP Workshops and Poverty Simulations are a critical piece to impacting community change related to addressing poverty.

Getting Ahead (GA) is a group designed for those in poverty who are motivated and ready to make changes. Each individual in the group is called an “investigator.” He/she will investigate root causes of poverty, how it affects their community, and how to build personal resources to overcome poverty. The group lasts for 14 sessions, where each graduate will finish by making their own plan for moving from poverty to prosperity, including specific goals they would like to achieve.

Indicators/Outcomes: A technical manual for implementing the program and assess outcomes is available online. The following areas are evaluated to measure success:

- Stability of Life (safe housing, less stress, safety, etc.)
- Financial Resources (income level, debt level, saving money, etc.)
- Emotional Resources (attitude, communication skills, self-control, etc.)
- Mental Resources (decision-making, time management, education, etc.)
- Language Resources (use of situation appropriate language, broaden vocabulary)
- Social Support Resources (support outside family, family life, have role in community, etc.)
- Physical Resources (self-care, stabilize mental/physical health, healthcare for household, etc.)

Partnering Agencies:

Timeline:

Action Plan:

1. Investigate implementation plan and cost data.
2. Identify key community organizations that would like to participate in the program.

Additional Information: Summit County has been contacted about their Bridges Program, which is an adaptation of Bridges Out of Poverty and Getting Ahead. Currently they are in the middle of the United Way allocation, and those with cost information are absorbed with this process. Sheri Myricks, Bridges coordinator, will be able to provide more information during late February or early March. The program began very informally, but once it grew into a large undertaking the County was forced to create a more formal funding stream and management structure. The following is an excerpt from an email describing the origins of Summit County Bridges Program:

The way Bridges came to our community was somewhat haphazard. Perhaps happenstance is a better term. A member of the community happened to attend a workshop that he just happened to see on the

internet and brought back the concept and ideas to his friends. As word spread and the community responded positively to Bridges, groups began deciding to host Getting Ahead classes/workshops and then sought funding for them from various local foundations and corporations. As you can imagine, the foundations were swamped with requests while there were no standards established for program delivery or assessment. The FOUNDATIONS stopped the community from submitting individual requests and said a collaborative must be formed through which all grant requests are to be made. They also stipulated that one of the funding organizations within the community serve as the “backbone” organization of the collaborative. United Way of Summit County was identified as that agency.

Donna Gibson from Licking County has also been contacted. She will send cost and implementation data from their Bridges Program in early February.