

Broome County Youth Prevention Partnership



Keeping Youth Drug-Free and Safe

www.kydscoalition.org

Community Resource Assessment 2008 Report

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Introduction

The Broome County Youth Prevention Partnership – Keeping Youth Drug-Free and Safe (KYDS) Coalition is a board of community agencies initially brought together in August 2000 to oversee the State Incentive Cooperative Agreement (SICA) Project. The SICA Project's chief objective was to ensure the selection and implementation of empirically supported substance abuse prevention programs for youth in the Broome-Tioga BOCES area. After the successful completion of the SICA Project in 2003, its mission continues to be carried out under a new name: the KYDS Coalition.

The KYDS Coalition's goal is to increase community involvement by bringing together schools, agencies, and families to collaboratively develop strategies to decrease youth substance use and abuse and to create a safe and healthy community. To accomplish this goal, the KYDS Coalition utilizes the Communities That Care (CTC) model to guide its prevention strategies. The CTC model can be applied to substance abuse prevention, as well as to other high-risk behaviors in children and adolescents. As part of the CTC model, the KYDS Coalition utilizes the concept of the Social Developmental Strategy, which identifies the critical factors and processes leading to positive youth development through an assessment of risk factors and protective factors (also referred to as assets). The KYDS Coalition is committed to tailoring prevention programs that specifically correspond to our community's needs, as determined by a comprehensive assessment of risk and protective factors.

Because communities change over time, the KYDS Coalition must continually assess our community's needs in order to provide tailored prevention programs. Thus, following the initial assessment in 2000, the KYDS Coalition administers the Prevention Needs Assessment (PNA) survey every two years. The survey is given to youth within our participating school districts, and provides us with information about youth behaviors, such as use of alcohol, tobacco, and other drugs (ATOD), and antisocial behaviors. The survey also provides us with information about the factors that contribute to - or *moderate* - these behaviors, such as the various risk and protective factors. The findings from the 2006 PNA survey were taken into account and incorporated into this Community Resource Assessment report.

The Community Resource Assessment report depicts the current strengths and gaps in youth and family programs and services. The information contained in the report is gathered from organizations engaged in the prevention of problem behaviors and in the provision of prosocial activities. By examining the number of programs that target each risk and protective factor, the location and target populations of these organizations, and the percentage of organizations that use best practice methods for the prevention of problem behavior, the Community Resource Assessment report provides a summary of the strengths and gaps in Broome County prevention programs and available resources. With each Community Resource Assessment, the KYDS Coalition has built on previous data and reports to compile the most comprehensive findings on agencies in our community who serve local youth. This information can be used by agencies and service providers who wish to begin implementing new programs, and would like to discover which populations are under-served and what gaps in addressing risk and protective factors exist. The information in this report may also be used by parents and service consumers as a guide to programs that address the most prevalent risk and protective

factors among local youth. The KYDS Coalition is proud to highlight that as a result of the 2002 Community Resource Assessment Report – which indicated a gap in services in the western portion of Broome County – we were able to help establish the Family Support Center of Western Broome. We plan to further expand available resources by establishing a Family Support Center in each participating school district.

Method

Selection of Community Resources

In order to conduct a comprehensive assessment of the resources available to youth and their families, organizations and programs were chosen to participate in the Community Resource Assessment if they provided any sort of youth programming. Programs were contacted if (a) they had been sent the survey in 2002, or (b) the KYDS Project Specialist determined that they would be appropriate based on the program's information from the United Way's *First Call for Help Directory*. A listing of all participating survey responders can be found in the Acknowledgements.

Survey Development

The Community Resource Assessment survey was primarily developed at the state level by the Office of Alcohol and Substance Abuse Services (OASAS). The KYDS Coalition incorporated additional items that asked respondents to briefly describe individual programs offered by their organizations and to provide information regarding the client population served, funding sources, and use of data. The Community Resource Assessment survey was then administered by the KYDS Coalition in 2001 and 2002. For the 2008 administration of the Community Resource Assessment Survey, KYDS made some minor changes to the survey in order to improve the ease of completion for responders. Specifically, the KYDS Information Specialist converted the survey into a Microsoft Excel™ format and attempted to change open-ended questions into forced-choice answers. Aside from changes to the format, the survey remained the same. The actual questions were not changed; the survey was comprised of the same questions pertaining to the location of organizations and programs, the programs offered, populations served, risk and protective factors targeted, and the use of best practice models. A copy of the survey can be found in Appendix 2.

Survey Administration and Database

The data for the 2008 Resource Assessment were collected between May and August 2008. The Information Specialist emailed or mailed (depending on organization preference) a copy of the Community Resource Assessment Survey, accompanied by an instruction letter, to each of the selected organizations.

One hundred three organizations were sent surveys. Sixty organizations completed the survey, yielding a 64% response rate. In comparison, in 2002, seventy five surveys were

disseminated and fifty two organizations returned a completed survey, yielding a 69% response rate.

Given the completion rate, readers are cautioned that the data from the Community Resource Assessment might not be representative of all the programs and organizations in Broome County, and may simply reflect only the organizations which completed the survey.

The survey data were entered into an SPSS (Statistical Package for the Social Sciences) database and analyzed by the KYDS Information Specialist. The following report outlines the number of programs in each geographic service area, which target populations are being served, and which risk and protective factors are being addressed. The report also highlights the programs addressing the top three risk and protective factors indicated by the 2006 Prevention Needs Assessment Survey.

Results

The information in this report represents 135 programs from the 60 organizations that responded to the 2008 survey. It should be noted that a number of organizations in our community have multiple programs within them that serve youth and their families. Of the 135 programs that responded, 30 programs reported that their geographic service area was within a particular school district and 105 reported a county-wide (Broome county and sometimes beyond) geographic service area. When asked to indicate the approximate location where their services were provided, 105 programs (77.8%) reported a county-wide location; 67 (49.6%) were located in Binghamton; 21 (15.6%) in Endicott; 6 (4.4%) in Johnson City; 6 (4.4%) in Whitney Point; 3 (2.2%) in Conklin; and 2 (1.5%) in Vestal.

Service Categories

When asked to indicate the different types of services provided by these programs, the top three types of services reported were: *family support* (52.6%), *life skills or social skills training* (41.5%), and *information dissemination* (37.8%). In contrast, the services provided by the fewest number of programs were: *teen drop-in program* (2 programs) and *community policing* (3 programs). A breakdown of the number of programs that endorsed providing services in the following categories is provided below.

The Number of Programs Indicating Services in Each Service Category

Service Categories	Number of Programs Providing Services	%
Family support	71	52.59
Life skills/social skills training	56	41.48
Information dissemination	51	37.78
Parenting/family management training	49	36.30
Mentoring	35	25.93
Therapeutic counseling	34	25.19
School behavior management	34	25.19
Drug-free social and recreational activities	33	24.44
Other Family	31	22.96
Career/job skills training	30	22.22
Supervised after-school recreation	26	19.26
School transitions (developmental practices)	25	18.52
Youth community service programs	23	17.04
Peer leadership/peer helper programs	23	17.04
Early childhood education	23	17.04
Classroom management practices	23	17.04
Tutoring	22	16.30
Environmental change in schools	19	14.07
Community development/capacity building	19	14.07
Youth support groups	18	13.33
Other Individual/Peer	16	11.85
Enforcement of school policies	15	11.11
Media campaigns	15	11.11
Reduce minors' access to alcohol/tobacco	15	11.11
Prenatal/infant services	13	9.63
Improve school policies	13	9.63
Other School	13	9.63
Community mobilization	13	9.63
Develop/advocate for laws/policies	12	8.89
Enforcement of laws and policies	12	8.89
Other Community	11	8.15
Adventure based programs	9	6.67
Youth community action groups	9	6.67
Pre-marital counseling	8	5.93
Community policing	3	2.22
Teen drop-in program	2	1.48

With respect to the number of people served by each program, 5 programs (3.7%) reported serving fewer than 10 people; 37 programs (27.4%) served 10-50 people; 13 (9.6%)

served 51-100 people; 20 (14.8%) served 101-250 people; 19 (14.1%) served 251-500 people; 12 (8.9%) served 500-1000 people; 9 (6.7%) served 1001-2000 people; 8 (5.9%) served 2001-5000 people; and 8 (5.9%) served more than 5000 people.

In terms of the frequency at which the programs were provided, 56 (41.5%) were provided daily; 25 (18.5%) were provided weekly; 8 (5.9%) were provided monthly; and the rest (34%) were provided at various other intervals. Only 51 (37.8%) of the programs reported having a set duration, and these durations varied anywhere from 2 to 52 weeks or from 4 to 24 sessions.

The programs surveyed were asked about their referral process; each program was asked to select whether it operated using self-referral or agency/provider referral. Of the programs surveyed, 90 (66.7%) of the programs were open to self-referral, 13 (9.6%) required agency or provider referral, and 27 (20%) required other qualifications or restrictions for enrollment.

Targeted Populations

Only 9 programs indicated that they did not target specific populations (i.e., they were universal). More than half of the programs indicated targeting parents and families; these are also the populations for whom many of the targeted interventions are intended. Of concern is the relatively low percentage of programs that target rural/isolated populations (11%).

The Number of Programs Indicating Serving Each Target Population

Target Population	Number of Programs	%
Parents/families	70	51.85
Middle/junior high school	55	40.74
High school students	52	38.52
Elementary school students	44	32.59
Single parents	40	29.63
Preschool students	31	22.96
At risk of dropping out of school	29	21.48
Youth with disabilities	27	20.00
Parenting teens	26	19.26
Economically disadvantaged youth	23	17.04
Other Youth	21	15.56
Delinquent/violent youth	19	14.07
Pregnant teenagers	19	14.07
People with disabilities	18	13.33
Other	18	13.33
Children of addiction	17	12.59

Target Population	Number of Programs	%
School dropouts	16	11.85
Economically disadvantaged adults	16	11.85
Substance abusers	16	11.85
Abused (physically, emotionally, sexually)	16	11.85
Foster children	15	11.11
Homeless/runaway youth	15	11.11
College students (17-25)	15	11.11
Rural/isolated populations	15	11.11
Pregnant women	12	8.89
Business and industry	10	7.41
Universal population (not targeted)	9	6.67
Health care professionals	9	6.67
Teachers/administrators	9	6.67
GBLT	8	5.93
Elderly	8	5.93
Immigrants/refugees	7	5.19
Criminally involved adults	6	4.44

Location of Programs

Comparison of the 2002 and 2008 data from the Community Resource Assessment revealed an increase in services in the western portion of Broome County. This finding is noteworthy, considering that the results from the 2002 Community Resource Assessment showed a lack of services in that area. In response to this finding, the KYDS Coalition worked with local organizations to establish the Family Support Center of Western Broome. The 2008 data show that our efforts successfully increased services in the western portion of Broome County.

To demonstrate this increase in services, data for Endicott for the top risk and protective factors (risk and protective factors are discussed in detail in a section below, page 8) will be presented. For the highest risk factor, *Parental Attitudes Favorable to Antisocial Behaviors*, 19.4% of programs reported providing services in Endicott in 2008, compared to 7% of programs in 2002. For the highest protective factor, *Opportunities for Prosocial Involvement in Schools*, 12.0% of programs reported providing services in Endicott in 2008, compared to 4.0% in 2002.

Services across the Age Span

An examination of the 2002 and 2008 data from the Community Resource Assessment showed a decrease in services provided across the ages for elementary, middle, and high school students. To illustrate this decrease, data for the top three risk factors will be presented.

For the highest risk factor, *Parental Attitudes Favorable to Antisocial Behaviors*, 40.3% of programs reported providing services to elementary school students in 2008, compared to 59% in 2002; 54.2% of programs reported providing services to middle school students in 2008, compared to 72% in 2002; and 51.4% of programs reported providing services to high school students in 2008, compared to 69% in 2002.

For the second highest risk factor, *Low Commitment to School*, 39.6% of programs reported providing services to elementary school students in 2008, compared to 70% in 2002; 50.5% of programs reported providing services to middle school students in 2008, compared to 78% in 2002; and 47.5% of programs reported providing services to high school students in 2008, compared to 78% in 2002.

For the third highest risk factor, *Family Management*, 34.6% of programs reported providing services to elementary school students in 2008, compared to 58% in 2002; 44.2% of programs reported providing services to middle school students in 2008, compared to 73% in 2002; and 42.3% of programs reported providing services to high school students in 2008, compared to 65% in 2002.

It is important to highlight that these differences in the provision of services appear substantial, and may be due to differing interpretations of the questions between the two administrations of the survey (in 2002 and 2008), rather than actual substantial decreases in services.

Risk and Protective Factors

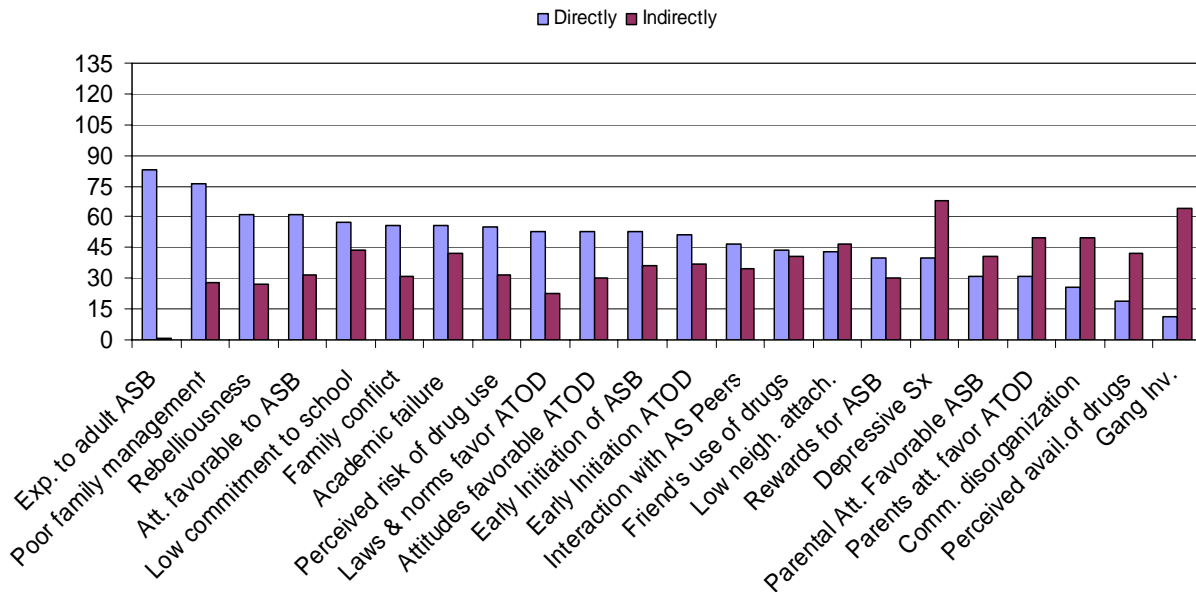
Data from the 2008 Community Resource Assessment Survey also included information about risk and protective factors. The survey asked responders to indicate the extent to which each of their programs target specific risk and protective factors. *Risk factors* are those personal, familial, and societal attitudes and behaviors that may make a student more vulnerable to drug and alcohol use; these factors increase the probability that a given person will abuse drugs and alcohol and engage in antisocial behaviors. *Protective factors* are those personal, familial and societal attitudes and behaviors that may help buffer a student against drug and alcohol use and other antisocial behaviors; protective factors decrease the probability that a person will abuse drugs and alcohol or engage in antisocial behaviors by either reducing the impact of risk factors or by changing the way that the person responds to risk factors.

Respondents were instructed to endorse “*Directly Targeted*” for each risk and protective factor that is a major priority of their program and that is directly targeted by the program’s activities; “*Indirectly Addressed*” for each risk and protective factor that may be influenced by the program’s activities, but that is not specifically targeted; and “*Not Addressed*” for each risk

and protective factor that is neither directly targeted or indirectly addressed. See Appendix 4 for detailed information about which programs/organizations directly or indirectly address the top three risk and protective factors.

Risk Factors

The Number of Programs Addressing Each of the Risk Factors



Based on data from the 2006 Prevention Needs Assessment Survey (PNA) survey, the risk factor endorsed by the greatest percentage of students (53.1%) was *Parental Attitudes Favorable to Anti-Social Behaviors*. The Community Resource Assessment survey sought to determine how many programs claimed to address this behavior. In sum, more than half of the programs surveyed (53%) endorsed targeting “*Change parental attitudes towards antisocial behaviors (stealing, graffiti, etc.)*” either directly (23.0%) or indirectly (30.4%).

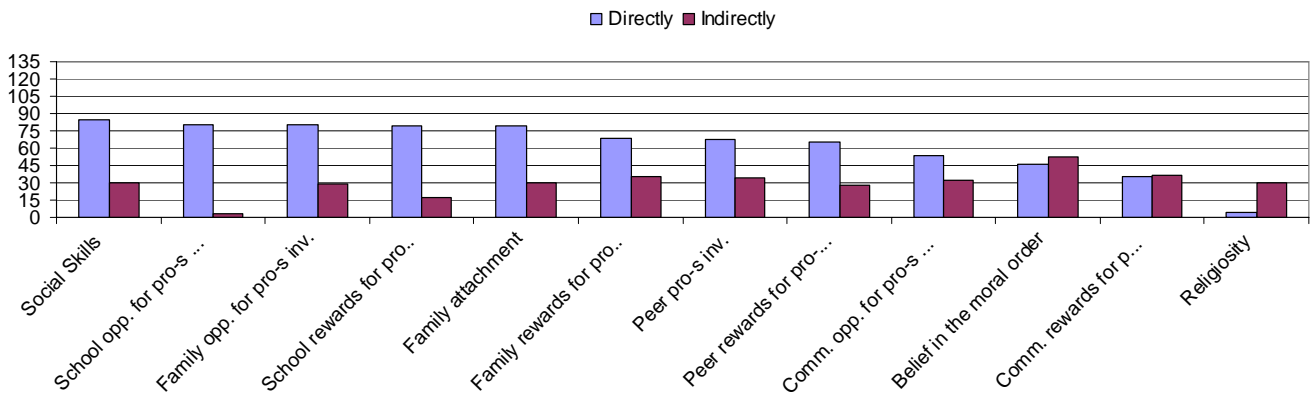
Low School Commitment was the second highest risk factor, endorsed by 48.8% of students in the 2006 PNA survey. The Resource Assessment revealed that 57 programs (42.2%) directly targeted and 44 programs (32.6%) indirectly targeted this risk factor. In sum, 75% of surveyed programs reported addressing “*Improve student commitment to education*”.

Poor Family Management was the third highest risk factor, endorsed by 47.1% of students in the 2006 PNA survey. The Community Resource Assessment revealed that 76 programs (56.3%) directly targeted and 28 programs (20.7%) indirectly targeted this risk factor. In sum, 77% of surveyed programs reported addressing “*Improve parents’ family management skills (e.g., supervision)*”.

The lowest risk factor endorsed by students in the 2006 PNA was *Gang Involvement* (8.6%), followed by *Interaction with Antisocial Peers* (27.9%), and *Early Initiation of Antisocial Behavior* (28.1%). Of the surveyed programs, 56% either directly or indirectly addressed “Gang Involvement”, 61% either directly or indirectly addressed “*Interaction with Antisocial Peers*”, and 66% either directly or indirectly addressed “*Early Initiation of Antisocial Behavior*”. Detailed information about the specific programs/organizations that reported addressing the highest and lowest three risk factors can be found in Appendix 4.

Protective Factors

The Number of Programs Addressing Each of the Protective Factors



The 2006 PNA survey revealed that the highest protective factor was *Opportunities for Prosocial Involvement in School*, which was endorsed by 69.0% of students. In our Community Resource Assessment Survey, 80 programs (59.3%) reported directly targeting this protective factor and 3 programs (2.2%) reported indirectly targeting it. These results were determined based on the programs’ endorsement of the following two items: “*Increase opportunities for positive youth participation in school activities*” and “*Increase opportunities for positive youth participation in the classroom*”.

The second highest protective factor in the 2006 PNA survey was *Prosocial Involvement in the Peer-Individual Domain*, which was endorsed by 63.8% of students. According to the Community Resource Assessment Survey, this factor was directly targeted by 67 programs (49.6%) and indirectly targeted by 34 programs (25.2%). These results were determined based on the programs’ endorsement of the following item: “*Increase involvement in positive social activities such as sports, clubs or other recreation*”.

The third highest protective factor in the 2006 PNA survey was *Opportunities for Prosocial Involvement in the Community Domain*, which was endorsed by 60% of students. The Community Resource Assessment Survey revealed that 54 programs (40%) directly targeted and 32 programs (23.7%) indirectly targeted this protective factor. These results were determined based on the programs’ endorsement of the following item: “*Increase opportunities for positive youth involvement in the community*”.

Religiosity was the lowest protective factor in the 2006 PNA survey, and was endorsed by 40.3% of students. According to the Community Resource Assessment Survey, only 4 programs (3%) reported directly and 30 programs (22%) reported indirectly targeting this protective factor. The second lowest protective factor in the 2006 PNA survey was *Community Rewards for Prosocial Involvement*, which was endorsed by 41.9% of students; according to the Community Resource Assessment Survey, 35 programs (25.9%) reported directly targeting and 36 programs (26.7%) reported indirectly targeting this protective factor. The third lowest protective factor in the 2006 PNA was *Social Skills*, which was endorsed by 49.3% of students; according the Community Resource Assessment Survey, 85 programs (63%) reported directly targeting and 30 programs (22.2%) reported indirectly targeting this protective factor.

Risk Factor 1: Parental Attitudes Favorable to Antisocial Behaviors

The following represents data from the 72 programs that indicated either directly or indirectly addressing the risk factor “*Parental attitudes favorable to antisocial behaviors*”.

Considerations	Strengths	Gaps
Target Populations	59.7% serve parents/families 41.7% serve single parents 33.3% serve youth at risk for dropping out of school 27.8% serve economically disadvantaged youth 25.0% serve parenting teens 25.0% serve youth with disabilities	19.4% serve children of addiction 19.4% serve school dropouts 19.4% serve pregnant teens 16.7% serve homeless/runaway youth 13.9% serve abused (physically, emotionally, sexually) individuals 11.1% serve people with disabilities 9.7% serve economically disadvantaged adults
Location of Programs	58.3% in Binghamton 19.4% in Endicott 54.3% have services county-wide	12.5% serve rural/isolated populations
Developmental	54.2% to middle/junior high students 51.4% to high school students 40.3% to elementary school students	20.8% to preschool students 15.3% to college students (age 17-25)
Best Practice	54.2% of programs incorporate best practice models	
Program & Service Delivery	The following % of programs cover at least one type of program in each domain: 86.1% in individual/peer domain 75.0% in family domain 48.6% in school domain 44.4% in community domain	

Risk Factor 2: Low Commitment to School

The following represents data from the 101 programs that indicated either directly or indirectly addressing the risk factor “*Low commitment to school*”.

Considerations	Strengths	Gaps
Target Populations	51.5% serve parents/families 34.7% serve single parents 26.7% serve youth at risk for dropping out of school	17.8% serve pregnant teens 16.8% serve children of addiction 16.8% serve delinquent/violent youth 15.8% serve school dropouts 14.9% serve foster children 14.9% serve homeless/runaway youth 11.9% serve people with disabilities 7.9% serve economically disadvantaged adults 5.9% serve immigrants/refugees 5.9% serve GLBT individuals
Location of Programs	56.4% in Binghamton 16.8% in Endicott 4.0% in Johnson City 3.0% in Conklin 2.0% in Vestal 68.5% have services county-wide	8.9% serve rural/isolated populations
Developmental	50.5% to middle/junior high students 47.5% to high school students 39.6% to elementary school students	23.8% to preschool students 12.9% to college students (age 17-25)
Best Practice	42.6% of programs incorporate best practice models	
Program & Service Delivery	The following % of programs cover at least one type of program in each domain: 81.2% in individual/peer domain 75.2% in family domain 44.6% in school domain 43.6% in community domain	

Risk Factor 3: Family Management

The following represents data from the 104 programs that indicated either directly or indirectly addressing the risk factor “*Family management*”.

Considerations	Strengths	Gaps
Target Populations	58.7% serve parents/families 36.5% serve single parents 25.0% serve youth at risk for dropping out of school	16.3% serve delinquent/violent youth 16.3% serve pregnant teens 16.3% serve people with disabilities 15.4% serve children of addiction 15.4% serve abused (physically, emotionally, sexually) individuals 14.4% serve substance abusers 14.4% serve school dropouts 13.5% serve foster children 13.5% serve homeless/runaway youth 12.5% serve economically disadvantaged adults 6.8% serve GBLT individuals 5.8% serve immigrants/refugees
Location of Programs	56.7% in Binghamton 16.3% in Endicott 3.8% in Johnson City 2.9% in Conklin 1.9% in Vestal 78.0% have services county-wide	13.5% serve rural/isolated populations
Developmental	44.2% to middle/junior high students 42.3% to high school students 34.6% to elementary school students	25.0% to preschool students 12.5% to college students (age 17-25)
Best Practice	36.5% of programs incorporate best practice models	
Program & Service Delivery	The following % of programs cover at least one type of program in each domain: 81.7% in family domain 80.8% in individual/peer domain 47.1% in community domains 41.3% in school domains	

Protective Factor 1: Opportunities for Prosocial Involvement in Schools

The following represents data from the 83 programs that indicated either directly or indirectly addressing the risk factor “*Opportunities for prosocial involvement in schools*”.

Considerations	Strengths	Gaps
Target Populations	51.8% serve parents/families 27.7% serve youth at risk for dropping out of school 27.7% serve single parents 26.5% serve youth with disabilities 25.3% serve economically disadvantaged youth	16.9% serve children of addiction 16.9% serve delinquent/violent youth 16.9% serve pregnant teens 16.9% serve people with disabilities 15.7% serve homeless/runaway youth 14.5% serve economically disadvantaged adults 10.8% serve substance abusers 7.2% serve immigrants/refugees 7.2% serve GBLT individuals
Location of Programs	60.2% in Binghamton 12.0% in Endicott 3.6% in Conklin 2.4% in Vestal 1.2% in Johnson City 57.2% have services county-wide	16.9% serve rural/isolated populations
Developmental	49.4% to middle/junior high students 48.2% to high school students 41.0% to elementary school students	24.1% to preschool students 14.5% to college students (age 17-25)
Best Practice	43.4% of programs incorporate best practice models	
Program & Service Delivery	The following % of programs cover at least one type of program in each domain: 84.3% in individual/peer domain 74.7% in family domain 51.8% in community domains 50.6% in school domains	

Protective Factor 2: Peer & Individual Opportunities for Prosocial Involvement

The following represents data from the 101 programs that indicated either directly or indirectly addressing the risk factor “*Peer & individual opportunities for prosocial involvement*”.

Considerations	Strengths	Gaps
Target Populations	50.5% serve parents/families 31.7% serve single parents 26.7% serve youth at risk for dropping out of school 24.8% serve youth with disabilities	16.8% serve delinquent/violent youth 16.8% serve pregnant teens 15.8% serve children of addiction 14.9% serve school dropouts 13.9% serve homeless/runaway youth 13.9% serve foster children 13.9% serve substance abusers 13.9% serve abused (physically, emotionally, sexually) individuals 12.9% serve people with disabilities 9.9% serve economically disadvantaged adults 6.9% serve immigrants/refugees 6.9% serve GBLT individuals
Location of Programs	55.4% in Binghamton 16.8% in Endicott 4.0% in Whitney Point 3.0% in Conklin 2.0% in Johnson City 2.0% in Vestal <i>73.3% have services county-wide</i>	9.9% serve rural/isolated populations
Developmental	47.5% to middle/junior high students 44.6% to high school students 37.6% to elementary school students	18.8% to preschool students 12.9% to college students (age 17-25)
Best Practice	42.6% of programs incorporate best practice models	
Program & Service Delivery	The following % of programs cover at least one type of program in each domain: 82.2% in individual/peer domain 74.3% in family domain 43.6% in school domains 42.6% in community domains	

Protective Factor 3: Community Prosocial Opportunities

The following represents data from the 86 programs that indicated either directly or indirectly addressing the risk factor “*Community prosocial opportunities*”.

Considerations	Strengths	Gaps
Target Populations	52.3% serve parents/families 33.7% serve single parents 27.9% serve youth at risk for dropping out of school 27.9% serve youth with disabilities	16.3% serve pregnant teens 16.3% serve foster children 16.3% serve abused (physically, emotionally, sexually) individuals 15.1% serve homeless/runaway youth 14.0% serve people with disabilities 11.6% serve economically disadvantaged adults 9.3% serve substance abusers 8.1% serve immigrants/refugees 8.1% serve GBLT individuals
Location of Programs	52.3% in Binghamton 19.8% in Endicott 3.5% in Conklin 2.3% in Vestal 1.2% in Johnson City 60.0% have services county-wide	12.8% serve rural/isolated populations
Developmental	51.2% to middle/junior high students 47.7% to high school students 40.7% to elementary school students	23.3% to preschool students 15.1% to college students (age 17-25)
Best Practice	44.2% of programs incorporate best practice models	
Program & Service Delivery	The following % of programs cover at least one type of program in each domain: 82.6% in individual/peer domain 72.1% in family domain 51.2% in community domains 47.7% in school domains	

Conclusion

The Keeping Youth Drug-Free and Safe (KYDS) Coalition strives to achieve positive community change in youth substance use by uniting its efforts with local schools, law enforcement, media, and other organizations. The KYDS Coalition partners with local organizations and promotes the use of empirically supported programs and services to all areas of the county. The strengths and gaps assessment is crucial for identifying the areas in which the Coalition is currently accomplishing its goals and the areas which the Coalition must further address. The following brief summary will describe the strengths and gaps in current services designed to reduce risk factors and strengthen protective factors for substance abuse in our community's youth. For this assessment, the organizations were evaluated on a number of dimensions, including location of the program, frequency of program delivery, targeted population, use of best practice models, and the domain of service delivery.

Strengths in Community Resources

Range of Services

Several strengths were identified through this assessment. First, many of the programs addressed several of the four domains (individual/peer, family, school, and community). More specifically, the greatest percentage of organizations provided program services within the individual/peer (ranging from 81% to 86%) and family (ranging from 72% to 81%) domains, while program services within the school (ranging from 41% to 51%) and community (ranging from 44% to 52%) domains were somewhat lower.

Empirically Supported Prevention Programs

The KYDS Coalition's objective to provide empirically supported prevention programs is reflected in the fact that over one third of organizations reported employing best practice models; our goal is to increase the number of programs using best practice models even further.

Increase of Services in Western Portion of Broome County

The 2002 Community Resources Assessment revealed a gap in services delivered in the western portion of Broome County. To address this gap, the KYDS Coalition collaborated with other organizations to establish the Family Support Center of Western Broome. Data from the 2008 Community Resource Assessment show an increase in services in the western portion of Broome County, illustrating the success of the Family Support Center of Western Broome.

Gaps in Community Resources

Populations at Risk

The strengths and gaps assessment revealed that few programs target youth that might be at higher risk for substance abuse. For instance, less than a fifth of programs serve children of addicted parents. This population of students may be at a particularly high risk for substance

abuse due to genetic, psychosocial, and environmental factors that are present in families in which one or both parents have experienced substance abuse or addiction.

Youth who engage in high risk behaviors are another population at increased risk for substance abuse. Such behaviors include violence, unsafe sex and delinquency. Our assessment revealed that only a low percentage of these youth are served by substance abuse prevention programs.

Additionally, a low percentage of programs served youth that may benefit from other services (e.g., students with disabilities) and youth who may be experiencing social ostracizing and isolation (e.g., GLBTQ students). These youth may also be at a higher risk for substance abuse, and may benefit from program services targeted to their specific needs.

Finally, few programs offered services for youth experiencing difficult environmental or family conditions, such as foster children; homeless/runaway youth; physically, emotionally, or sexually abused youth; and children from economically disadvantaged families. The environmental stressors experienced by these students may place them at a higher risk for substance abuse. Hence, particular attention must be paid to ensure that services are extended to these special populations of students.

Developmental Gaps

Although youth are considered at highest risk during their middle and high school years, services for youth in other age groups must not be neglected. Services offered during the preschool years may be important factors protecting youth from substance abuse during adolescence. In addition, college students should not be considered safe from the risk of substance abuse simply because they have passed the critical middle and high school years; research has shown that college students have higher rates of heavy alcohol use than individuals who choose not to pursue a college education (O'Malley & Johnson, 2002). In light of these factors, it may be beneficial to collect data in future Community Resource Assessment surveys about prevention programs targeting preschool and college populations.

In addition, data from the 2008 Community Resource Assessment showed a decrease in the services offered to elementary, middle, and high school students, compared to the results of the 2002 Community Resource Assessment.

Methodological Limitations

One of the limitations of our strengths and gaps assessment was that organizations were asked to report which populations they served, but specific data on how many individuals from these populations were served was not collected. Similarly, organizations were instructed to mark which of the four domains their programs covered, but specific data on the extent to which the programs covered each of the domains was not collected.

Another limitation of the assessment was that organizations were not provided with operational definitions and criteria for reporting information about their programs. Thus,

different organizations may have interpreted the items of the survey differently. This possibility can be illustrated with the seemingly drastic decreases (in some cases, down by approximately 30%) in the provision of services to elementary, middle, and high school students between 2002 and 2008. It is unlikely that there have been such dramatic changes in service provision between the two administrations of the Community Resource Assessment Survey. A more likely explanation is that the programs interpreted the questions differently. To provide support for this explanation, the reader is urged to refer to the data demonstrating an increase in services in the western portion of Broome County; following the establishment of the Family Support Center of Western Broome after the 2002 Community Resource Assessment, results from the 2008 Community Resource Assessment showed increases up to approximately 10%.

These limitations indicate that a cautious interpretation of the results should be made. Furthermore, these limitations should be addressed in the next Community Resource Assessment Survey. For instance, the next Community Resource Assessment Survey may be amended to gather more specific information about the number of people served from each population and about the extent to which each program addressed the four domains. Additionally, more detailed instructions should be provided to the organizations in order to reduce the variability in interpretation of the questions across programs.

Future Directions

The Community Resource Assessment Survey provides us with valuable information about the resources that are available in our community, as well as information about the strengths and gaps of our current prevention efforts. According to the data that were collected, our community is already using a number of strategies that address its substance abuse prevention needs, including targeting the top three risk and protective factors. Furthermore, data from the 2002 Community Resource Assessment were used to address the lack of services in the western portion of Broome County; in response to the findings, the Family Support Center of Western Broome was established, and the 2008 Community Resource Assessment showed an increase in services for the western part of the county. Finally, the 2002 Community Resource Assessment concluded that the KYDS Coalition may benefit from networking with other local organizations and programs that share its mission, in order to reduce unnecessary duplication of services and to increase efficiency. In response to this point, the KYDS Coalition made a notable achievement with the creation of the School Mapping Project. The project inventories all prevention programs offered by the various schools, as well as other important information, such as who is eligible, when the program is offered, whether a referral is needed, and other information.

The KYDS Coalition will strive to maintain its existing successes and will aim to target its current limitations. One of the limitations that must be addressed in future Community Resource Assessments is providing organizations with operational definitions for the answer options that are provided. Presenting organizations with clear definitions will ensure more accurate results from the Community Resource Assessments, because it will substantially reduce the variability in the organizations' interpretations about what each question is asking and what

each answer choice signifies. When all organizations provide answers based on a single definition, we would be better able to evaluate and compare the services provided by the different programs/organizations and the data that we collect in subsequent Community Resource Assessments.

A second point that must be considered is the gap in services in remote and rural locations. Organizations reported that they have many services in Binghamton, but there are substantially fewer services in surrounding towns, and even fewer services in rural areas. These findings indicate the need to expand services to encompass rural areas.

A third point that requires attention is the gap in data collection on resources available for college age students. It is crucial to provide services to these adolescents, due to the increased opportunities to consume alcohol and drugs in college. After an assessment of currently available resources for college students, organizations may design services that specifically target this population.

Despite these limitations, the Community Resource Assessment Survey is a valuable tool and provides important information about the resources available in the community. Our goal is to circulate this information to as many local organizations as we can. Organizations can use this information to guide amendments to existing programs, as well as to guide the creation of new programs that serve local youth and families.

Conducting regular Community Resource Assessments provides us with the opportunity to address current gaps and improve our prevention efforts. It also encourages increased awareness about other resources in the community and promotes communication between the various organizations; these positive consequences make our prevention efforts more cohesive, more comprehensive, and more effective.

Please contact Melinda Kmetz, Prevention Specialist (607.778.1146) if you would like to receive additional information or to provide support for the efforts of the KYDS Coalition.

Appendix 1: Letter with Instructions for Resource Assessment Survey

Community Resource Assessment Survey 2008

Thank you for agreeing to share information on your organization! We know you are very busy and appreciate your efforts in working to make Broome County a safer and healthier place to live. Your organization previously completed this survey in 2002 and we have done our best to make this survey clear and as brief as possible. Depending on the scope of your organization's community resources, the survey should take you no more than 15-20 minutes to complete.

Statement of Purpose

This survey is designed to help prevention planners assess the more formal prevention resources available in Broome County. A formal prevention resource is a program, service, or recurring activity that helps reduce the likelihood that people will engage in problem behaviors, such as substance abuse, delinquency, or violence. Prevention programs strengthen the protective factors and reduce the risk factors that have been identified in prevention research studies. This definition of a *prevention resource* covers a broad range of programs addressing many different needs, from faith-based youth mentoring to alcohol beverage server training. Each of these various resources may help to prevent problem behaviors, and therefore are considered to be community prevention resources.

The information you provide on this survey will help the KYDS Coalition provide information to the community, its advocates and our public policymakers about what we are already doing to build healthy communities and what areas still need our attention for improvement.

Instructions

1. This survey is almost identical to the one completed in 2002 other than changes in its format. The survey is now in an excel spreadsheet in order to facilitate the compilation and analysis of the data. You can either enter your answers directly on the spreadsheet and email it to the information specialist or you can print out the survey, complete it by hand and mail it to KYDS.
2. There are 4 sheets (tabs) in the Excel spreadsheet: *Organization Contact Info*, *Program Categories*, *Risk & Protective Factors*, and *Staff*. **Please be sure to scroll through each tab beginning at line 1 and proceed until the end.**
3. The *Organization Contact Info* (sheet 1) requests information to identify you and your organization. If you have a mission statement and/or brochure describing your organization, please include it with your survey as well. On the bottom of sheet 1, you will identify where your program participants/service consumers reside. Please choose ***the one*** geographic category that best describes your "catchment area" and name the counties, schools, towns,

neighborhoods, *or* zips within that category. **Note: Please do not report on any programs that do not serve Broome or Tioga County residents.**

4. On sheet 2 (*Program Categories*) we ask you to **complete one question (a – h) for each program your organization provides**. Questions 3.1, 3.2, 3.3, 3.4, 3.5 and 3.6 are identical, just complete one question for each program your organization provides. For example if your organization provides 4 programs you would complete 3.1, 3.2, 3.3, and 3.4, one for each program; and then leave 3.5 and 3.6 blank.
5. For sheet 3 (*Risk & Protective Factors*) please indicate whether the programs you listed (as a whole) *directly target*, *indirectly target* or *do not address* each of the risk and protective factors. Please be sure to scroll to the end.
6. To receive a copy of the report on the resource assessment results, be sure to check the box at the end of the survey (sheet 4). If you wish to see the Resource Assessment we compiled in 2002, please go to the KYDS Coalition website (kydscoalition.org) and click on the reports tab and then click on Community Resource Assessment Report.
7. Please complete and return the survey to us by **July 29th, 2008**.

If you have any questions while completing the survey, please do not hesitate to call or email:

Marie Grassia, Information Specialist at 778-1005 or MGrassia@co.broome.ny.us
(available on Tuesdays & Thursdays)

Thank You Very Much!

Appendix 2: Community Resource Assessment Survey 2008

1) Organization Contact Information

Contact Person	Organization Name	Address	Phone #	Fax #	Email address

2) Geographic Service Area: Please list the geographic area(s) that best describe where your service participants/consumers reside (please select only 1 category).

a) One entire county: _____

b) School District name(s): _____

c) City/town name(s): _____

d) Zip code(s): _____

3) Please provide us with a description of each of the programs provided by your organization.

a) Name of program: _____

b) Please put an (X) to the right of each of the categories below that best describes all of the different services provided by your program:

Individual/Peer	X
Supervised after-school recreation	
Drug-free social & recreational activities	
Adventure-based programs	
Therapeutic counseling	
Mentoring	
Career/job skills training	
Youth community service programs	
Peer leadership/peer helper programs	
Life skills/social skills training	
Teen drop-in program	
Tutoring	
Youth support groups	
Youth community action groups	
Other Individual/Peer	

Family	X
Prenatal/infant services	
Early childhood education	
Parenting/family management training	
Pre-marital counseling	
Family support	
Other Family	

School	X
Environmental change in schools	
Classroom management practices	
School behavior management	
School transitions (developmental practices)	
Improve school policies	
Enforcement of school policies	
Other School	

Community	X
Develop/advocate for laws/policies	
Enforcement of laws and policies	
Media campaigns	
Information dissemination	
Reduce minor's access to alcohol/tobacco	
Community mobilization	
Community development/capacity building	
Community policing	
Other Community	

c) Who facilitates this program?

Name	Position	Contact Information

d) Number served:

<10	
10-50	
50-100	
101-250	
251-500	
501-1000	
1001-2000	
2001-5000	
>5000	

e) Approximate location where this program is provided (please pick 1):

Barker	
Nanticoke	
Binghamton	
Chenango	
Colesville	
Conklin	
Berkshire	
Dickinson	
Endicott	
Fenton	
Johnson City	
Kirkwood	
Lisle	

Maine	
Newark Valley	
Owego	
Port Dickenson	
Richford	
Sanford	
Tioga	
Triangle	
Union	
Vestal	
Whitney Point	
Windsor	

f) How often is this program provided (check 1 box for frequency and 1 box for duration)?

Frequency	X
Daily	
Twice per week	
Weekly	
Bi-weekly	
Monthly	
Other	

Duration	X
No set duration	
Specific number of weeks (list): _____	
OR	
Specific number of sessions (list): _____	

g) How does one enroll or qualify for this program:

Agency/Provider referral	
Self-referral	
Other	

h) Target Population Served: Please identify the target population for whom this program is provided:

Universal Population	X
Not targeted to any group	

Pregnant women	
Rural/isolated populations	

Youth	X
Children of addiction	
Delinquent/violent youth	
Foster children	
Homeless/runaway youth	
Economically disadvantaged youth	
School dropouts	
Pregnant teenagers	
At risk of dropping out of school	
Youth with disabilities	
Other	

Other	X
Please list: _____	

Family	X
Parents/families	
Single parents	
Parenting teens	

School	X
Preschool students	
Elementary school students	
Middle/junior high school students	
High school students	
College students (17-25)	

Business/Work Populations	X
Business and industry	
Health care professionals	
Teachers/administrators	

Community	X
Criminally involved adults	
Economically disadvantaged adults	
GBLT	
Immigrants/refugees	
Elderly	
Substance abusers	
People with disabilities	
Abused (physically, emotionally, sexually)	

4a) Are any of your Programs “best practice models” with published research evidence that they were evaluated and found to be effective in achieving their goals?

Yes

No

4b) If you answered YES, please name your organization’s model programs:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

5) Risk and Protective Factor Related Objectives: To what extent do your organization’s programs target the following program objectives?

“Directly Targeted” refers to objectives that are a major priority of the program, that should directly result from the program’s activities.

Indirectly Addressed” refers to an objective that may be influenced by program activities, but is not an intentional priority.

If an objective is neither directly targeted nor indirectly addressed, please check the “Not Addressed” box.

Peer and Individual Youth Domain

Risk and Protective Factor Related to Program Objectives	Directly Targeted	Indirectly Addressed	Not Addressed
1. Youth rebelliousness and following rules.			
2. Prevent the early initiation of antisocial behaviors.			
3. Prevent or delay first use of alcohol, tobacco, or other drug use (ATOD).			
4. Strengthen attitudes against antisocial behavior (e.g., delinquency, violence, lying).			
5. Strengthen attitudes against ATOD.			
6. Strengthen youth understanding of the harmful effects of ATOD.			
7. Reduce involvement with antisocial or delinquent peer groups.			
8. Increase youths' awareness of peer norms with respect to actual versus perceived use of ATODs.			
9. Reduce involvement with drug-using peer groups.			
10. Reduce symptoms of depression.			
11. Gang involvement.			
12. Increase involvement in religious activities.			
13. Improve social skills (e.g., social problem solving).			
14. The difference between right and wrong (belief in the moral order).			
15. Increase involvement in positive social activities (e.g., sports, clubs, or other recreation)			
16. Increase youths' perception of the value of prosocial involvement (working hard in school, volunteering, helping those being victimized).			

Family Domain

Risk and Protective Factor Related to Program Objectives	Directly Targeted	Indirectly Addressed	Not Addressed
1. Improve parents' family management skills (e.g., supervision, rules, discipline).			

2. Reduce marital and family conflict.			
3. Reduce alcohol, tobacco, or other use among adult family members.			
4. Change parental attitudes toward alcohol, tobacco or other drug use among youth.			
5. Change parental attitudes towards antisocial behaviors (stealing, graffiti, etc.).			
6. Improve parents' ability to provide opportunities for positive family involvement.			
7. Improve parents' and children's family communication skills.			
8. Improve parents' ability to reward positive family involvement.			
9. Reduce family violence.			

School Domain

Risk and Protective Factor Related to Program Objectives	Directly Targeted	Indirectly Addressed	Not Addressed
1. Improve academic skills.			
2. Improve student commitment to education.			
3. Increase opportunities for positive youth participation in school activities.			
4. Increase rewards for positive youth participation in school activities.			
5. Increase opportunities for positive youth participation in the classroom.			

Community Domain

Risk and Protective Factor Related to Program Objectives	Directly Targeted	Indirectly Addressed	Not Addressed
1. Improve community attachment and sense of pride in community.			
2. Improve neighborhood safety and organization.			
3. Strengthen community norms and/or attitudes against alcohol, tobacco or other drug use.			

4. Develop or strengthen community laws that restrict alcohol, tobacco or other drug use.			
5. Reduce youth access to alcohol, tobacco or other drug use.			
6. Increase opportunities for positive youth involvement in the community.			
7. Increase rewards for positive youth involvement in the community.			
8. Increase positive parental involvement in school.			

Date Completed:

Month	Day	Year

Would you like to receive a copy of the Resource Assessment Report resulting from this survey?

Yes	
No	

6a) Please provide an unduplicated count of your organization's annual (12 months) total participants/consumers/clients. If you do not know how many unique individuals your organization has served, please estimate.

Total number of unique individuals	
---	--

6b) Please provide your organization's current staffing totals:

Total number of full-time employees	
Total number of part-time employees	
Total number of volunteer staff	

Appendix 3: The Objectives in the Resource Assessment Pertaining to Each Risk and Protective Factor

Below is a list of the Risk and Protective Factors surveyed in the Resource assessment (in bold) along with the question(s) used to assess it. Remember that respondents were asked whether their programs directly targeted, indirectly addressed or did not address each of the Risk and Protective factors.

Individual-Peer Domain

Favorable Attitudes towards Antisocial Behavior

Strengthen attitudes against antisocial behavior (e.g. delinquency, lying).

Favorable Attitudes Towards ATOD Use

Strengthen attitudes against ATOD use.

Rebelliousness

Youth rebelliousness and following the rules.

Interaction with Anti-social Peers

Reduce involvement with anti-social or delinquent peer groups.

Friends' Use of Drugs

Reduce involvement in drug using peer groups.

Peer Rewards for Antisocial Behavior

Increase awareness of peer norms with respect to their actual versus perceived use of ATOD.

Gang Involvement

Gang involvement.

Low Perceived Risks of ATOD Use

Strengthen youth understanding of harmful effects of ATOD use.

Early initiation of ATOD

Prevent or delay the first use of ATOD.

Early initiation of ASB

Prevent the early initiation of anti-social behaviors.

Depression

Reduce symptoms of depression.

Religiosity

Increase involvement in religious activities.

Social Skills

Improve social skills (e.g., social problem solving).

Belief in the Moral Order

The difference between right and wrong (belief in the moral order).

Peer-Individual Prosocial Involvement

Increase involvement in positive social activities such as sports, clubs, or other recreation.

Peer-Individual Rewards for Prosocial Involvement

Increase youth perception of the value of prosocial involvement (e.g., working hard in school, volunteering, helping those being victimized).

Family Domain**Poor Family Management**

Improve parents' family management skills (e.g., supervision).

Family Conflict

Reduce marital and family conflict.

Exposure to Adult ASB

Reduce alcohol, tobacco, or other drug use among adult family members.

Reduce family violence.

Parental Attitudes Favorable Toward ATOD Use

Change parental attitudes towards ATOD use among youth.

Parental Attitudes Favorable to ASB

Change parental attitudes towards antisocial behaviors (stealing, graffiti etc.).

Family Attachment

Improve parents' and children's family communication skills.

Family Opportunities for Prosocial Involvement

Improve parents' ability to provide opportunities for positive family involvement.

Family Rewards for Prosocial Involvement

Improve parents' ability to reward positive family involvement.

School Domain**Poor Academic Performance**

Improve academic skills.

Low School Commitment

Improve student commitment to education.

School Opportunities for Prosocial Involvement

Increase opportunities for positive youth participation in school activities.

Increase opportunities for positive youth participation in the classroom.

School Rewards for Prosocial Involvement

Increase rewards for positive youth participation in school activities.

Increase positive parental involvement in school.

Community Domain**Low Neighborhood Attachment**

Improve community attachment and sense of pride in the community.

Community Disorganization

Improve neighborhood safety and organization.

Laws and Norms Favorable to Drug Use

Strengthen community norms and/or attitudes against alcohol, tobacco, and other drug use.

Develop or strengthen community laws that restrict alcohol, tobacco, and other drug use.

Perceived Availability of Drugs

Reduce youth access to ATOD use.

Community Rewards for Prosocial Involvement

Increase rewards for positive youth involvement in the community.

Community Opportunities for Prosocial Involvement

Increase opportunities for positive youth involvement in the community.

Appendix 4: Direct and Indirect Addressing of Risk Factors

Organizations That Directly and Indirectly Address the Risk Factor “Parental Attitudes Favorable to Antisocial Behaviors”

Organization/Program	Directly Address	Indirectly Address
ACCORD-Voices for Children - CASA	x	
ACCORD-Voices for Children - Divorce Mediation	x	
ACCORD-Voices for Children - Elder Mediation	x	
ACCORD-Voices for Children - Family Court Mediation	x	
Addiction Center of Broome County (ACBC) - Outpatient Rehab	x	
Addiction Center of Broome County (ACBC) Outpatient Clinic	x	
Baden-Powell Council - Boy Scouts	x	
BC Dept. Social Services - Preventive Foster Care & Child Protective Services		x
BC Gang Prevention		x
BC Health Dept. - Tobacco Free Broome Community Partnership		x
BC Health Dept. - Tobacco Free Coalition - Smoking Cessation Referral		x
Binghamton School District-PACT	x	
Boys & Girls Club of Western Broome - Drop-ins		x
Boys & Girls Club of Western Broome - OASIS		x
Boys & Girls Club of Western Broome - School Age Child Care		x
Boys & Girls Club of Western Broome - Sports teams		x
Boys & Girls Club of Western Broome - Summer Fun Club		x
Boys & Girls Club of Western Broome - Teen Summer Service Challenge		x
Broome County CASA & Growing Connections	x	
Broome County Habitat for Humanity - Partnering Families - Future Homeowners		x
Broome County Mental Health Dept. - Child & Family Clinic Plus Program		x
Broome County Mental Health Dept. - Children's Unit		x
Broome County Urban League - Family Support Services		x
Broome County Urban League - IC3, Advancing Youth Development		x
Broome County Urban League - Satellite Tutorial		x
Broome County Urban League - After School Enrichment Program-Family support services		x
Broome County Urban League - Center for Help		x
Catholic Charities - Boys of Courage CR		x
Catholic Charities - Gateway Center for Youth		x

Organization/Program	Directly Address	Indirectly Address
Catholic Charities - MICA	x	
Catholic Charities - Children's Flex Team	x	
Catholic Social Services - Emergency Assistance Program		x
Catholic Social Services - Pregnancy, Parenting & Adoption		x
Catholic Social Services - The Family Counseling Program		x
Chenango Forks Schools – iMentor Program		x
Chenango Forks Schools - Intramural Program		x
Chenango Forks Schools - Life Skills		x
Chenango Forks Schools - Morning Program		x
Chenango Forks Schools - Second Step		x
Chenango Forks Schools - Banana Splits		x
Children's Home - Therapeutic After-School Program		x
Children's Home - Children's Home Preventative Services		x
Fairview Recovery Services - FRS Community Residence	x	
Fairview Recovery Services - FRS Merrick House	x	
Fairview Recovery Services - Shelter Plus Care	x	
Fairview Recovery Services - Supportive Living	x	
Fairview Recovery Services-Addiction Case Management	x	
Fairview Recovery Services-Addictions Crisis Center	x	
Family & Children's Society - School Programs		x
Family & Children's Society - Sexual Abuse Treatment, Counseling, Parent Aide		x
Greater Binghamton Health Center - Adolescent Crisis Residence	x	
Greater Binghamton Health Center - Adolescent Day Treatment	x	
Greater Binghamton Health Center - Child & Adolescent Behavioral Health Center	x	
Greater Binghamton Health Center - Child & Adolescent Inpatient Unit	x	
Health Department - Broome County Div. of Environmental Health - Tobacco Sales Enforcement		x
Health Department - Broome County Div. of Environmental Health		x
Health Department - Broome County Div. of Environmental Health-Clean Indoor Air Act		x
Lourdes - Juvenile Justice Program	x	
Lourdes Youth Services - FAST	x	
Lourdes Youth Services - Hope Project	x	
Lourdes Youth Services - PACT		x
Lourdes Youth Services - Strengthening Families Program	x	
Lourdes Youth Services - Teen Nurturing Parenting Program	x	

Organization/Program	Directly Address	Indirectly Address
Lourdes Youth Services - The Corner for Youth and Family Services		x
Lourdes Youth Services - ADEPT	x	
Mental Health Association of the Southern Tier - Focus-CCSI	x	
Mental Health Association of the Southern Tier - Rural BEAR	x	
Mental Health Association of the Southern Tier - Youthphoria	x	
Mental Health Association of the Southern Tier - Chemical Dependency Prevention	x	
Parent to Parent NYS		x
Probation PINS - Diversion & Supervision		x
Samaritan Counseling Center		x
SOS Shelter - Advocacy		x
SOS Shelter - Shelter		x
Southern Tier Independence Center (STIC) - Peer Counseling	x	
Southern Tier Independence Center (STIC) - Transition to Adult Living		x
Union - Endicott School District - FAST		x
Union - Endicott School District - Life Skills		x
Union - Endicott School District - Reconnecting Youth		x
Union - Endicott School District - SADD		x
Union - Endicott School Distric - ADSIP		x
Union - Endicott School District – CAP (Child Assault Prevention)		x

Organizations That Directly and Indirectly Address the Risk Factor
“Low Commitment to School”

Organization/Program	Directly Address	Indirectly Address
ACCORD-Voices for Children - Divorce Mediation		x
ACCORD-Voices for Children - Elder Mediation		x
ACCORD-Voices for Children - Family Court Mediation		x
ACCORD-Voices for Children - Voices for Children-CASA		x
Baden-Powell Council - Boy Scouts		x
BC Dept. Social Services - Preventive Foster Care & Child Protective Services		x
BC Gang Prevention - CASA START & Growing Connections	x	
BC Library Youth Services - Lapsit & Story Time		x
Binghamton - Gear Up	x	
Binghamton City School District - After School	x	
Binghamton City School District – Athletics	x	
Boys & Girls Club of Western Broome - Drop-ins	x	
Boys & Girls Club of Western Broome – OASIS	x	
Boys & Girls Club of Western Broome - School Age Child Care	x	
Boys & Girls Club of Western Broome - Sports Teams	x	
Boys & Girls Club of Western Broome - Summer Fun Club	x	
Boys & Girls Club of Western Broome - Teen Summer Service Challenge	x	
Broome County Habitat for Humanity - Partnering Families - Future Homeowners	x	
Broome County Mental Health Dept. - Child and Family Clinic Plus Project		x
Broome County Mental Health Dept. - Children's Unit		x
Broome County Urban League - After School Enrichment Program - Family support	x	
Broome County Urban League - Center for Help	x	
Broome County Urban League - Family Support Services	x	
Broome County Urban League - IC3, Advancing Youth Development	x	
Broome County Urban League - Satellite Tutorial	x	
Catholic Charities - Boys of Courage CR	x	
Catholic Charities – CCSI		x
Catholic Charities - Children's Flex Team	x	
Catholic Charities - Functional Family Therapy (FFT)		x
Catholic Charities - MICA	x	

Organization/Program	Directly Address	Indirectly Address
Catholic Charities – TTLP	x	
Catholic Social Services - Emergency Assistance Program		x
Catholic Social Services - Pregnancy, Parenting & Adoption		x
Catholic Social Services - The Family Counseling Program		x
Chenango Forks Schools - Banana Splits	x	
Chenango Forks Schools – iMentor Program	x	
Chenango Forks Schools - Intramural Program	x	
Chenango Forks Schools - Life Skills	x	
Chenango Forks Schools - Morning Program	x	
Chenango Forks Schools - Second Step	x	
Children's Home - Children's Home Preventative Services		x
Children's Home - Therapeutic After-School Program	x	
Fairview Recovery Services - Addiction Case Management		x
Fairview Recovery Services - Addictions Crisis Center		x
Fairview Recovery Services - FRS Community Residence		x
Fairview Recovery Services - FRS Merrick House		x
Fairview Recovery Services - Shelter Plus Care		x
Fairview Recovery Services - Supportive Living		x
Families First	x	
Family & Children's Society - School Programs		x
Family & Children's Society - Sexual Abuse Treatment, Counseling, Parent Aide		x
Family Enrichment Network – Head Start - Integrated Preschool Program	x	
Family Enrichment Network – Head Start - Preschool Evaluation - Early intervention core	x	
Family Enrichment Network - Head Start & Head Start UPR	x	
Family Enrichment Network - Special Ed. Services	x	
Family Enrichment Network - Healthy Marriage - Families Together Program	x	
Girl Scouts - Indian Hills Council - Girl Scout Leadership Experience		x
Greater Binghamton Health Center - Adolescent Crisis Residence	x	
Greater Binghamton Health Center - Adolescent Day Treatment	x	
Greater Binghamton Health Center - Child & Adolescent Behavioral Health Center	x	
Greater Binghamton Health Center - Child & Adolescent Inpatient Unit	x	

Organization/Program	Directly Address	Indirectly Address
Life Choices Center - Beyond the Choice		x
Life Choices Center – Smart Choices		x
Lourdes - Juvenile Justice Program	x	
Lourdes - Student Assistance Program (SAP)	x	
Lourdes - The Corner for Youth and Family Services		x
Lourdes ADEPT	x	
Lourdes - Free Radicals Youth Forum	x	
Lourdes PACT		x
Lourdes Youth Services – FAST	x	
Lourdes Youth Services - Hope Project		x
Lourdes Youth Services - Strengthening Families Program	x	
Lourdes Youth Services - Teen Nurturing Parenting Program	x	
Mental Health Association of the Southern Tier – The Harbour Program		x
Mental Health Association of the Southern Tier - Chemical Dependency Prevention	x	
Mental Health Association of the Southern Tier - Focus-CCSI	x	
Mental Health Association of the Southern Tier - Rural BEAR	x	
Mental Health Association of the Southern Tier – Youthphoria	x	
Mom's House	x	
Parent to Parent NYS	x	
Probation PINS Diversion & Supervision	x	
Recess Resources - Cub Care School Aged Program		x
Recess Resources - Cub Cares Junior		x
Samaritan Counseling Center		x
SOS Shelter – Advocacy		x
SOS Shelter – Shelter		x
Southern Tier Independence Center (STIC) - Behavior Intervention & Consultation		x
Southern Tier Independence Center (STIC) - Medicaid Service Coordination		x
Southern Tier Independence Center (STIC) - Peer Counseling	x	
Southern Tier Independence Center (STIC) - Transition to Adult Living	x	
Southern Tier Independence Center (STIC) - Day Habilitation	x	
Susquehanna Valley CSD - CSE, School Counselor	x	
Susquehanna Valley CSD - Curricular Programs with Classroom Instruction	x	
Susquehanna Valley CSD - Student Athletics, Activities	x	

Organization/Program	Directly Address	Indirectly Address
Union - Endicott School District – ADSIP		x
Union - Endicott School District - Child Assault Prevention (CAP)		x
Union - Endicott School District - FAST		x
Union - Endicott School District - Life Skills		x
Union - Endicott School District - Reconnecting Youth		x
Union - Endicott School District – SADD		x
Western Broome Family Support Center		x

Organizations That Directly and Indirectly Address the Risk Factor
“Poor Family Management”

Organization/Program	Directly Address	Indirectly Address
ACCORD-Voices for Children - Divorce Mediation	x	
ACCORD-Voices for Children - Elder Mediation	x	
ACCORD-Voices for Children - Family Court Mediation	x	
ACCORD-Voices for Children - Voices for Children-CASA	x	
Addiction Center of Broome County (ACBC) - Outpatient Clinic	x	
Addiction Center of Broome County (ACBC) - Outpatient Rehab	x	
Baden-Powell Council - Boy Scouts	x	
BC Dept. Social Services - Preventive Foster Care & Child Protective Services	x	
BC Gang Prevention	x	
Binghamton - Gear Up		x
Binghamton School District - PACT	x	
Boys & Girls Club of Western Broome - Drop-ins		x
Boys & Girls Club of Western Broome – OASIS		x
Boys & Girls Club of Western Broome - School Age Child Care		x
Boys & Girls Club of Western Broome - Sports Teams		x
Boys & Girls Club of Western Broome - Summer Fun Club		x
Boys & Girls Club of Western Broome - Teen Summer Service Challenge		x
Broome County CASA START & Growing Connections	x	
Broome County -Habitat for Humanity - Partnering Families - Future Homeowners	x	
Broome County Mental Health Dept. - Child and Family Clinic Plus Project	x	
Broome County Mental Health Dept. - Children's Unit	x	
Broome County Urban League - After School Enrichment Program - Family support		x
Broome County Urban League - Center for Help		x
Broome County Urban League - Family Support Services		x
Broome County Urban League - IC3, Advancing Youth Development		x
Broome County Urban League - Satellite Tutorial		x
Broome DDSO High Risk Births Clinic		x
Broome Developmental Services		x
Broome Developmental Services - Broome DDSO		x

Organization/Program	Directly Address	Indirectly Address
Catholic Charities - Boys of Courage CR	x	
Catholic Charities - CCSI	x	
Catholic Charities - Functional Family Therapy (FFT)	x	
Catholic Charities - Gateway Center for Youth	x	
Catholic Charities - MICA	x	
Catholic Charities – TTLP		x
Catholic Charities-MICA & Flex Team	x	
Catholic Social Services - Emergency Assistance Program	x	
Catholic Social Services - Pregnancy, Parenting & Adoption	x	
Catholic Social Services - The Family Counseling Program	x	
Children's Home - Children's Home Preventative Services	x	
Children's Home - Therapeutic After-School Program	x	
Fairview Recovery Services - Addiction Case Management	x	
Fairview Recovery Services - Addictions Crisis Center	x	
Fairview Recovery Services - FRS Community Residence	x	
Fairview Recovery Services - FRS Merrick House	x	
Fairview Recovery Services - Shelter Plus Care	x	
Fairview Recovery Services - Supportive Living	x	
Families First	x	
Family & Children's Society - School Programs	x	
Family & Children's Society - Sexual Abuse Treatment, Counseling, Parent Aide	x	
Family Enrichment Network - Courthouse Children's Center	x	
Family Enrichment Network – Head Start - Integrated Preschool Program	x	
Family Enrichment Network – Head Start - Preschool Evaluation - Early Intervention Core	x	
Family Enrichment Network - Head Start & Head Start UPR	x	
Family Enrichment Network - Helping Hands	x	
Family Enrichment Network - Kinship Caregiver's Program	x	
Family Enrichment Network - Nutrition Outreach Education	x	
Family Enrichment Network - Special Ed. Services	x	
Family Enrichment Network - STAR Employment Program	x	
Family Enrichment Network - Wheels for Work	x	
Family Enrichment Network - Healthy Marriage - Families Together Program	x	
Family Violence Prevention Council	x	
Greater Binghamton Health Center - Adolescent Crisis Residence	x	

Organization/Program	Directly Address	Indirectly Address
Greater Binghamton Health Center - Adolescent Day Treatment	x	
Greater Binghamton Health Center - Child & Adolescent Behavioral Health Center	x	
Greater Binghamton Health Center - Child & Adolescent Inpatient Unit	x	
Life Choices Center - Beyond the Choice	x	
Life Choices Center – Smart Choices	x	
Lourdes - The Corner for Youth and Family Services	x	
Lourdes Youth Services - PACT	x	
Lourdes Youth Services - ADEPT		x
Lourdes Youth Services - FAST	x	
Lourdes Youth Services - Hope Project	x	
Lourdes Youth Services - Juvenile Justice Program	x	
Lourdes Youth Services - Strengthening Families Program	x	
Lourdes Youth Services - Teen Nurturing Parenting Program	x	
Lourdes Youth Services - Student Assistance Program (SAP)		x
Mental Health Association of the Southern Tier – The Harbour Program		x
Mental Health Association of the Southern Tier - Chemical Dependency Prevention	x	
Mental Health Association of the Southern Tier - Focus-CCSI	x	
Mental Health Association of the Southern Tier - Rural BEAR	x	
Mental Health Association of the Southern Tier – Youthphoria	x	
Mom's House		x
Parent to Parent NYS	x	
Probation PINS Diversion & Supervision	x	
Recess Resources - Cub Care School Aged Program		x
Recess Resources - Cub Cares Junior		x
Samaritan Counseling Center		x
SOS Shelter – Advocacy	x	
SOS Shelter – Shelter	x	
Southern Tier Independence Center (STIC) - Behavior Intervention & Consultation	x	
Southern Tier Independence Center (STIC) - Medicaid Service Coordination	x	
Southern Tier Independence Center (STIC) - Peer Counseling	x	
Southern Tier Independence Center (STIC) - Transition to Adult Living		x
Southern Tier Independence Center (STIC) - Early Childhood		x

Organization/Program	Directly Address	Indirectly Address
Direction Center		
Susquehanna Valley CSD - CSE, School Counselor		x
Susquehanna Valley CSD - Curricular Programs with Classroom Instruction		x
Susquehanna Valley CSD - Student Athletics, Activities		x
Union - Endicott School District – ADSIP	x	
Union - Endicott School District - CAP-Child Assault Prevention	x	
Union - Endicott School District - FAST	x	
Union - Endicott School District - Life Skills	x	
Union - Endicott School District - Reconnecting Youth	x	
Union - Endicott School District - SADD	x	
Western Broome Family Support Center	x	

Appendix 5: Direct and Indirect Addressing of Protective Factors

Organizations That Directly and Indirectly Address the Protective Factor “School Opportunities for Prosocial Involvement”

Organization/Program	Directly Address	Indirectly Address
ACCORD-Voices for Children - Divorce Mediation	x	
ACCORD-Voices for Children - Elder Mediation	x	
ACCORD-Voices for Children - Family Court Mediation	x	
ACCORD-Voices for Children - Voices for Children - CASA	x	
Baden-Powell Council - Boy Scouts	x	
BC Gang Prevention - CASA START & Growing Connections	x	
Binghamton City School District - After- School Programs	x	
Binghamton City School District - Athletics	x	
Broome County Habitat for Humanity - Partnering Families - Future Homeowners	x	
Broome County Urban League - After - School Enrichment Program - Family support	x	
Broome County Urban League - Center for Help	x	
Broome County Urban League - Family Support Services	x	
Broome County Urban League - IC3, Advancing Youth Development	x	
Broome County Urban League - Satellite Tutorial	x	
Broome County Mental Health Dept. - Children's Unit	x	
Broome County Mental Health Dept. - Child and Family Clinic Plus Project	x	
Catholic Charities - CCSI	x	
Catholic Charities - Respite	x	
Catholic Charities - TTLP	x	
Catholic Charities - Children’s Flex Team	x	
Catholic Charities - MICA	x	
Catholic Social Services - Emergency Assistance Program	x	
Catholic Social Services - Pregnancy, Parenting & Adoption	x	
Catholic Social Services - The Family Counseling Program	x	
Chenango Forks Schools - Banana Splits	x	
Chenango Forks Schools - iMentor Program	x	
Chenango Forks Schools - Intramural Program	x	
Chenango Forks Schools - Life Skills	x	
Chenango Forks Schools - Morning Program	x	

Organization/Program	Directly Address	Indirectly Address
Chenango Forks Schools - Second Step	x	
Children's Home - Children's Home Preventative Services	x	
Children's Home - Therapeutic After-School Program	x	
Families First	x	
Family & Children's Society - School Programs	x	
Family & Children's Society - Sexual Abuse Treatment, Counseling, Parent Aide	x	
Family Enrichment Network - Courthouse Children's Center	x	
Family Enrichment Network - Helping Hands	x	
Family Enrichment Network - Kinship Caregiver's Program	x	
Family Enrichment Network - Nutrition Outreach Education	x	
Family Enrichment Network - STAR Employment Program	x	
Family Enrichment Network - Wheels for Work	x	
Family Violence Prevention Council	x	
Gear Up - Binghamton	x	
Greater Binghamton Health Center - Adolescent Crisis Residence	x	
Greater Binghamton Health Center - Adolescent Day Treatment	x	
Greater Binghamton Health Center - Child & Adolescent Behavioral Health Center	x	
Greater Binghamton Health Center - Child & Adolescent Inpatient Unit	x	
Lourdes - The Corner for Youth and Family Services	x	
Lourdes Youth Services - ADEPT	x	
Lourdes Youth Services - FAST	x	
Lourdes Youth Services - Free Radicals Youth Forum	x	
Lourdes Youth Services - Juvenile Justice Program	x	
Lourdes Youth Services - Strengthening Families Program	x	
Lourdes Youth Services - Teen Nurturing Parenting Program	x	
Lourdes Youth Services Student Assistance Program (SAP)	x	
Mental Health Association of the Southern Tier – The Harbour Program	x	
Mental Health Association of the Southern Tier - Chemical Dependency Prevention	x	
Mental Health Association of the Southern Tier - Focus-CCSI	x	
Mental Health Association of the Southern Tier - Rural BEAR	x	
Mental Health Association of the Southern Tier – Youthphoria	x	
Mom's House	x	

Organization/Program	Directly Address	Indirectly Address
Parent to Parent NYS	x	
Probation PINS Diversion & Supervision	x	
Recess Resources - Cub Care School Aged Program		x
Recess Resources - Cub Cares Junior		x
Samaritan Counseling Center	x	
SOS Shelter – Advocacy	x	
SOS Shelter – Shelter	x	
Southern Tier Independence Center (STIC) - Behavior Intervention & Consultation	x	
Southern Tier Independence Center (STIC) - Medicaid Service Coordination	x	
Southern Tier Independence Center (STIC) - Peer Counseling	x	
Southern Tier Independence Center (STIC) - Transition to Adult Living	x	
Southern Tier Independence Center (STIC) - Early Childhood Direction Center	x	
Southern Tier Independence Center (STIC) - Day Habilitation		x
Susquehanna Valley CSD - CSE, School Counselor	x	
Susquehanna Valley CSD - Curricular Programs with Classroom Instruction	x	
Susquehanna Valley CSD - Student Athletics, Activities	x	
Union Endicott School District – ADSIP	x	
Union Endicott School District - CAP-Child Assault Prevention	x	
Union - Endicott School District - FAST	x	
Union - Endicott School District - Life Skills	x	
Union - Endicott School District - Reconnecting Youth	x	
Union - Endicott School District - SADD	x	

**Organizations That Directly and Indirectly Address the Protective Factor
“Peer / Individual Opportunities for Prosocial Involvement”**

Organization/Program	Directly Address	Indirectly Address
ACCORD-Voices for Children - Divorce Mediation		X
ACCORD-Voices for Children - Elder Mediation		X
ACCORD-Voices for Children - Family Court Mediation		X
ACCORD-Voices for Children - Voices for Children - CASA		X
Baden-Powell Council - Boy Scouts	X	
BC Gang Prevention	X	
Binghamton City School District - After School Programs	X	
Binghamton City School District - Athletics	X	
Boys & Girls Club of Western Broome - Drop-ins	X	
Boys & Girls Club of Western Broome - OASIS	X	
Boys & Girls Club of Western Broome - School Age Child Care	X	
Boys & Girls Club of Western Broome - Sports Teams	X	
Boys & Girls Club of Western Broome - Summer Fun Club	X	
Boys & Girls Club of Western Broome - Teen Summer Service Challenge	X	
Broome County- CASA START & Growing Connections	X	
Broome County Dept. Social Services - Preventive Foster Care & Child Protective Services		X
Broome County Mental Health Dept. - Children's Unit		X
Broome County Urban League - After - School Enrichment Program-Family support	X	
Broome County Urban League - Center for Help	X	
Broome County Urban League - Family Support Services	X	
Broome County Urban League - IC3, Advancing Youth Development	X	
Broome County Urban League - Satellite Tutorial	X	
Catholic Charities - Boys of Courage CR	X	
Catholic Charities - CCSI		X
Catholic Charities - Gateway Center for Youth		X
Catholic Charities - Respite		X
Catholic Charities - TTLP	X	
Catholic Charities-Children’s Flex Team	X	
Catholic Charities - MICA	X	
Catholic Social Services - Emergency Assistance Program	X	
Catholic Social Services - Pregnancy, Parenting & Adoption	X	
Catholic Social Services - The Family Counseling Program	X	

Organization/Program	Directly Address	Indirectly Address
Chenango Forks Schools - Banana Splits	x	
Chenango Forks Schools – iMentor Program	x	
Chenango Forks Schools - Intramural Program	x	
Chenango Forks Schools - Life Skills	x	
Chenango Forks Schools - Morning Program	x	
Chenango Forks Schools - Second Step	x	
Child Family & Clinic Plus - Child & Family Clinic Plus Program		x
Children's Home- Children's Home Preventative Services		x
Children's Home- Therapeutic After-School Program	x	
Fairview Recovery Services - Addiction Case Management	x	
Fairview Recovery Services - Addictions Crisis Center	x	
Fairview Recovery Services - FRS Community Residence	x	
Fairview Recovery Services - FRS Merrick House	x	
Fairview Recovery Services - Shelter Plus Care	x	
Fairview Recovery Services - Supportive Living	x	
Families First	x	
Family & Children's Society - School Programs	x	
Family & Children's Society - Sexual Abuse Treatment, Counseling, Parent Aide	x	
Family Violence Prevention Council		x
Gear Up - Binghamton	x	
Girl Scouts - Indian Hills Council	x	
Greater Binghamton Health Center - Adolescent Crisis Residence		x
Greater Binghamton Health Center - Adolescent Day Treatment		x
Greater Binghamton Health Center - Child & Adolescent Behavioral Health Center		x
Greater Binghamton Health Center - Child & Adolescent Inpatient Unit	x	
Lourdes Youth Services - FAST	x	
Lourdes Youth Services - Free Radicals Youth Forum	x	
Lourdes Youth Services - Hope Project	x	
Lourdes Youth Services - Juvenile Justice Program	x	
Lourdes Youth Services - PACT		x
Lourdes Youth Services - Strengthening Families Program	x	
Lourdes Youth Services - Teen Nurturing Parenting Program	x	
Lourdes Youth Services - Student Assistance Program (SAP)	x	
Mental Health Association of the Southern Tier - The Harbour Program		x

Organization/Program	Directly Address	Indirectly Address
Mental Health Association of the Southern Tier - Chemical Dependency Prevention	x	
Mental Health Association of the Southern Tier – Focus - CCSI	x	
Mental Health Association of the Southern Tier - Rural BEAR	x	
Mental Health Association of the Southern Tier - Youthphoria	x	
Mom's House		x
Parent to Parent NYS	x	
Probation PINS Diversion & Supervision	x	
Recess Resources - Cub Care School Aged Program	x	
Recess Resources - Cub Cares Junior	x	
Rural Health Network - Facilitated Enrollment		x
Rural Health Network - Prescription Assistance Program		x
Rural Health Network - Simply Health		x
Rural Health Network - Simply Health - Teens		x
Rural Health Network - Transportation Services Information		x
Rural Health Network - Vision Programs		x
Samaritan Counseling Center		x
SOS Shelter – Advocacy	x	
SOS Shelter – Shelter	x	
Southern Tier Independence Center (STIC) - Behavior Intervention & Consultation	x	
Southern Tier Independence Center (STIC) - Medicaid Service Coordination		x
Southern Tier Independence Center (STIC) - Peer Counseling	x	
STIC - Transition to Adult Living	x	
Southern Tier Independence Center (STIC)-Day Habilitation	x	
Southern Tier AIDS Program (STAP)		x
Susquehanna Valley CSD - CSE, School Counselor	x	
Susquehanna Valley CSD - Curricular Programs with Classroom Instruction	x	
Susquehanna Valley CSD - Student Athletics, Activities	x	
Union Endicott School District – ADSIP		x
Union Endicott School District - CAP-Child Assault Prevention		x
Union - Endicott School District - FAST		x
Union - Endicott School District - Life Skills		x
Union - Endicott School District - Reconnecting Youth		x
Union - Endicott School District - SADD		x
Western Broome Family Support Center	x	

**Organizations That Directly and Indirectly Address the Protective Factor
“Community Opportunities for Prosocial Involvement”**

Organization/Program	Directly Address	Indirectly Address
ACCORD-Voices for Children - Divorce Mediation		X
ACCORD-Voices for Children - Elder Mediation		X
ACCORD-Voices for Children - Family Court Mediation		X
ACCORD-Voices for Children - Voices for Children - CASA		X
Baden-Powell Council - Boy Scouts	X	
BC Gang Prevention	X	
Binghamton School District -PACT		X
Boys & Girls Club of Western Broome - Drop-ins	X	
Boys & Girls Club of Western Broome – OASIS	X	
Boys & Girls Club of Western Broome - School Age Child Care	X	
Boys & Girls Club of Western Broome - Sports Teams	X	
Boys & Girls Club of Western Broome - Summer Fun Club	X	
Boys & Girls Club of Western Broome - Teen Summer Service Challenge	X	
Broome County CASA START & Growing Connections	X	
Broome County Dept. Social Services - Preventive Foster Care & Child Protective Services		X
Broome County Mental Health Dept. - Children's Unit		X
Broome County Mental Health Dept. - Child and Family Clinic Plus Project	X	
Broome County Urban League	X	
Catholic Charities - Boys of Courage CR		X
Catholic Charities - CCSI		X
Catholic Charities - Gateway Center for Youth		X
Catholic Charities - TTLP	X	
Catholic Charities - Children’s Flex Team	X	
Catholic Charities - MICA	X	
Catholic Social Services - Emergency Assistance Program	X	
Catholic Social Services - Pregnancy, Parenting & Adoption	X	
Catholic Social Services - The Family Counseling Program	X	
Chenango Forks Schools - Banana Splits		X
Chenango Forks Schools – iMentor Program		X
Chenango Forks Schools - Intramural Program		X
Chenango Forks Schools - Life Skills		X
Chenango Forks Schools - Morning Program		X
Chenango Forks Schools - Second Step		X
Children’s Home - Children’s Home Preventative Services		X
Children’s Home – Therapeutic After-School Program	X	
Families First		X

Organization/Program	Directly Address	Indirectly Address
Family & Children's Society - School Programs	x	
Family & Children's Society - Sexual Abuse Treatment, Counseling, Parent Aide	x	
Family Violence Prevention Council		x
Gear Up - Binghamton		x
Girl Scouts - Indian Hills Council	x	
Greater Binghamton Health Center - Adolescent Crisis Residence	x	
Greater Binghamton Health Center - Adolescent Day Treatment	x	
Greater Binghamton Health Center - Child & Adolescent Behavioral Health Center	x	
Greater Binghamton Health Center - Child & Adolescent Inpatient Unit	x	
Habitat for Humanity - Broome County - Partnering Families - Future Homeowners	x	
Health Department - Broome County Div. of Environmental Health - Clean Indoor Air Act	x	
Health Department - Broome County Div. of Environmental Health - Tobacco Sales Enforcement	x	
Health Department - Broome County Div. of Environmental Health - Environmental Health	x	
Lourdes Youth Services - ADEPT		x
Lourdes Youth Services - Free Radicals Youth Forum	x	
Lourdes Youth Services - Hope Project		x
Lourdes Youth Services - Juvenile Justice Program	x	
Lourdes Youth Services- Student Assistance Program (SAP)		x
Mental Health Association of the Southern Tier - Chemical Dependency Prevention	x	
Mental Health Association of the Southern Tier - Focus-CCSI	x	
Mental Health Association of the Southern Tier - Rural BEAR	x	
Mental Health Association of the Southern Tier - Youthphoria	x	
Mental Health Association of the Southern Tier - The Harbour Program		x
Mom's House		x
Parent to Parent NYS	x	
Recess Resources - Cub Care School - Aged Program	x	
Recess Resources - Cub Cares Junior	x	
Samaritan Counseling Center		x
SOS Shelter - Advocacy	x	
SOS Shelter - Shelter	x	
Southern Tier Independence Center (STIC) - Behavior Intervention & Consultation		x
Southern Tier Independence Center (STIC) - Peer Counseling	x	

Organization/Program	Directly Address	Indirectly Address
Southern Tier Independence Center (STIC) - Transition to Adult Living	x	
Southern Tier Independence Center (STIC) - Medicaid Service Coordination		x
Southern Tier Independence Center (STIC) - Day Habilitation	x	
Southern Tier Independence Center (STIC) - Early Childhood Direction Center		x
Southern Tier AIDS Program (STAP)		x
Susquehanna Valley CSD - CSE, School Counselor	x	
Susquehanna Valley CSD - Curricular Programs with Classroom Instruction	x	
Susquehanna Valley CSD - Student Athletics, Activities	x	
Union - Endicott School District – ADSIP	x	
Union - Endicott School District - CAP-Child Assault Prevention	x	
Union - Endicott School District - FAST	x	
Union - Endicott School District - Life Skills	x	
Union - Endicott School District - Reconnecting Youth	x	
Union - Endicott School District - SADD	x	
Western Broome Family Support Center		x