

**2016 National Exemplary Awards for
Innovative Substance Abuse Prevention Programs, Practices and Policies
APPLICATION COVER SHEET
(INCLUDE WITH APPLICATION)**

1. Has this intervention been submitted for an Exemplary Award in previous years? [Circle one]

Yes No

2. What is the primary target for this program, practice or policy? [Circle one]

Individual **School-Based** Family/Parent Peer/Group
Workplace Environmental/Community-Based Other

If Other, explain: _____

PROGRAM INFORMATION

Program Name Kids Like Us Program

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I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

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April 26, 2016

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4/26/2016

Nominating Agency Signature

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ABSTRACT

Kids Like Us (KLU) is an innovative school and community-based prevention program for an underserved, high-risk population— children whose lives are directly impacted by familial substance abuse. This multi-year, multi-strategy program is offered by the Frederick County Health Department in partnership with Frederick County Public Schools at no cost to families starting when youth are in 4th grade. KLU builds resiliency and prevents substance abuse. The program begins with a 12-session weekly program led by a KLU and school counselor and continues 1-2 times monthly with this same group of students through 8th grade. Students receive targeted and developmentally informed information, skills and support. KLU aims to build self worth, increase social support, and teach healthy communication and coping strategies. KLU also offers a summer camp and an annual public art show wherein student work is displayed to promote community and family dialogue around addiction and recovery. During the 2015-2016 school year, KLU offered 30 groups, serving over 100 youth and 19 schools.

KLU's approach and methods are directly informed by research-based prevention principles and practices including protective factors, social-emotional skills, developmental psychology, peer support, early identification and intervention, and arts integration. Guided by principles of prevention and other best practices, KLU has developed and utilizes a unique set of over 85 activities, including art, games, and stories creatively crafted to increase participant engagement. Through KLU's ongoing and responsive partnership with school counselors, KLU promotes school bonds and helps address academic and social-emotional needs that extend beyond the focus of the school-based program.

Because of its innovative selection and referral process, KLU is able to identify youth shown to be at some of the highest risk for addiction, academic failure, behavioral problems, relationship difficulties, and mental health issues. Due to the secrecy and shame surrounding addiction, children without a program like KLU would not be identified, let alone provided prevention programming spanning 5 years of their childhood. Unlike other programs or practices addressing this public health issue, KLU is not dependent on caregiver engagement. Furthermore, due to its original design, KLU is implemented in a confidential manner during the school day, removing common barriers to service access like transportation, scheduling, and parental readiness for change. Although many aspects of implementation have remained consistent throughout its 27-year history, KLU also implements new methods to meet emerging prevention needs in Frederick County and to further integrate effective practices.

Committed to both process and outcome evaluation, KLU regularly examines its approach, updates implementation guides, and administers fidelity and outcome measures. Across evaluation methods, data sources, and implementation years, KLU has repeatedly shown positive results. The 1998 Maryland's Governor's Drug and Alcohol Abuse Commission stated that KLU had "shown significant impact on risk and resiliency factors associated with adolescent alcohol, tobacco, and other drug abuse." In 2007, KLU was selected for Service to Science, a SAMHSA initiative for innovative prevention programs addressing important prevention needs. In 2008, an external evaluator conducted focus groups and found that participants across all grade levels attributed the following to program participation: (1) reduced sense of isolation and increased sense of support; (2) reduced worry, sadness, and anger; (3) improved ability to focus; and (4) a unique opportunity to talk about what is going on at home and to receive advice and support from others dealing with similar situations. Based on these positive results, KLU has invested in an IRB-approved, longitudinal study gathering data from students and teachers in intervention and wait-list control groups. While KLU is still gathering data, results from bi-annual *School Counselor Feedback Surveys* were quite positive and consistent with previous findings. According to the school counselors, KLU helped students improve behavior, make new friends, receive individual therapy, and identify suicide risk. School counselors also attributed school-wide benefits to the program in that the selection and referral process, conducted with all 4th grade students, brings school and community attention to this important prevention topic.

PROGRAM NARRATIVE

PHILOSOPHY

Mission Statement and Rationale for the Program

Kids Like Us (KLU) is a program of the Frederick County Health Department (FCHD), Behavioral Health Services Division, which offers a variety of vital health services that promotes health, prevents disease, and protects the health and well being of all Frederick County residents. The specific mission of KLU is to **break the cycle of addiction by identifying youth impacted by familial substance abuse and engaging them in best practices of prevention in both school and community settings.** As detailed in the *Needs Assessment* and *Target Population* sections of this application, children living with parent/caregiver substance abuse are viewed as one of the highest risk populations for addiction, academic failure, behavioral problems, relationship difficulties, and mental health issues. The National Association for Children of Alcoholics (<http://www.nacoa.org>) estimates that one in four children live in a family environment where alcohol abuse is a problem. There are not yet reliable statistics regarding the considerable number of additional children living with other types of drug abuse.

Conceptual Framework: Theories and Prevention Principles Guiding KLU Programming

KLU strategies and program components were selected based on research and theory about effective prevention and the specific needs of the target population. The key theories and principles that comprise KLU's conceptual framework are identified and briefly described below. The National Institute on Drug Abuse (NIDA) has published a comprehensive set of prevention principles¹, which can be found on their website as part of the publication *Preventing Drug Abuse Among Children and Adolescence*.

Enhance Protective Factors and Reverse or Reduce Risk Factors (NIDA Principle 1)

KLU directly targets risk and protective factors. Living in a home with parental substance abuse is itself a risk factor and one that is associated with other significant risks like lack of parental supervision, mental illness in the family, and abuse and neglect. In order to buffer youth from these risk factors, KLU builds related protective factors, including but not limited to other adult support, access to community resources, and engagement and connection to more than one context (KLU groups, summer camp, art show).

Employ Interactive Techniques that Allow for Active Involvement in Learning about Drug Abuse and Reinforcing Skills (NIDA Principle 15)

Opportunities for peer support, small group discussion, and other interactive techniques are central reasons KLU groups are led by counselors and kept at an effective group size (3-9 students). Because of the small group modality, KLU participants have ample opportunity to learn about drug abuse, explore the impact of substance abuse on their family, and practice skills with each other and their group leaders.

Therapeutic Art Integration

Knowledge of the target population has revealed the profound value of therapeutic art integration. Year after year, KLU youth are able to use artistic expression as a way of opening up, sharing needs, and healing. The annual KLU Community Art Show provides a special opportunity to build community awareness and promote community and family dialogue about addiction and recovery. As a licensed art therapist, the KLU Director has brought an arts integration framework to KLU. The program includes innovative art activities directly linked to program goals and objectives. Art can be a powerful tool for learning about and celebrating each voice.

¹ <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention->

Provide Long-Term Programing with Repeated Interventions to Reinforce Original Prevention Goals (NIDA Principle 13)

KLU identifies youth in grade 4 and continues with the same group of youth through grade 8. Based on requests from participants and schools, KLU has also recently piloted a high school program. Based on the unique risk factors faced by the target population, KLU provides year round support through its summer camp program. KLU's year round and multi-year approach provides participants with a sense of belonging and time to develop and sustain positive relationships with peers and adult leaders.

Tailor the Program to Address Risks Specific to Population (NIDA Principle 4)

Throughout its 27-year history, KLU has developed both research and experiential knowledge of its target population. The current program reflects almost three decades of learning from, listening to, and responding to the specific needs of its population.

Developmentally Informed and Timed

KLU begins in 4th grade as when youth are developmentally able to benefit from the program's concepts and skills, and because we know from research that it is important to form a strong bond with students before they transition to middle school. KLU continues through 8th grade in order to: (1) capitalize on and deepen the strong bonds established among students and the KLU Counselor, (2) build upon the information and skills provided in the 4th grade in a new and developmentally-appropriate and reinforcing manner, and (3) provide sustained support as students transition through the onset of puberty, prepare for high school, and face new risks and choices as a child impacted by caregiver substance abuse.

When Working with Elementary School Children, Target Academic and Social-Emotional Learning (NIDA Principle 7)

KLU's school-based groups not only reduce access barriers and allow the program to reach youth who otherwise would not be served, they also create a natural opportunity for the KLU and school counselor to collaborate around academic and social emotional learning needs. School counselors often follow up with students and teachers as necessary to address student needs. The program focuses on skills relevant to self-control, emotional awareness, communication, and social problem solving. Furthermore, KLU conducts a behavioral/mental health screener. If concerns arise based on group observation or results from the screener, the KLU and school counselor collaboratively identify a plan to address needs that may extend beyond what the prevention group can address.

When Working with Middle or High School Students, Increase Academic and Social Competence (NIDA Principle 8)

NIDA's summary of research suggests that school-based prevention for middle and high school students should focus on study habits and academic support, communication, peer relationships, self-efficacy, assertiveness, drug resistance skills, reinforcement of anti-drug attitudes, and strengthening personal commitments against drug abuse. Every skill listed in this principle is a strong focus of KLU middle school programing except study habits and academic support.

How the Program Philosophy Reflects a "No Illegal or High-Risk Use" Message

KLU provides participants with a strong "no illegal drug use" message (i.e. no drug use that does not adhere strictly to medical advice) and no alcohol use until at least legal age or even better, 26, when the brain reaches maturity. KLU also provides the clear message that addiction is 100% preventable: if one never drinks alcohol or abuses other drugs, one will not become addicted. Participants receive repeated messages about the harms of use and learn and practice drug refusal skills. KLU also supports this "no use" philosophy through the Kids Like Us classroom lesson, given by school counselors from participating schools to all 4th grade classrooms. Furthermore, one strategy for KLU recruitment is that the school sends home a parent letter with all 4th grade students, and this letter provides highlights about the importance of non-use and resources for prevention and treatment.

NEEDS ASSESSMENT

Data and Background that Lead to Program's Development

KLU began as part of a prevention grant to Frederick County Substance Abuse Services from the Governor's Office of Justice Assistance to target any of the nine categories of "high risk" youth with prevention programming. The categories were presumably based on research, and children of substance-abusing parents was one category. In its original version, KLU involved a 12-session community-based group for children ages 5-12 with a substance-abusing parent. Most participants' parents were receiving substance abuse treatment through Substance Abuse Services, but referrals came from other places as well. Around this same time, a crack cocaine epidemic was hitting the streets of Frederick and Frederick experienced an increase in the prevalence of babies born addicted to crack. A local school counselor was watching her previously well-adjusted, high functioning students be adversely affected by parents using crack: grades and attendance dropping, kids getting anxious and unable to focus, worries about parents, etc. and was looking for resources. When this school counselor learned about the KLU community-based program she approached Substance Abuse Services about partnering with the public schools to provide a program for 4th and 5th graders at her school as a pilot. This same school counselor had developed a way to select and refer students using the Lots of Kids Like Us fourth grade drug unit lesson. The program was piloted with four groups and showed promise. The Board of Education approved continuation at any interested elementary school and also follow-up programming at middle schools.

In 1988, the KLU founder was hired by the FCHD as a "high risk youth counselor" with experience in residential treatment with juveniles. Many of these residents/patients were children adversely affected by parental substance abuse and addiction. Prior to being considered for the position, the founder had been struck by the potential for these youth to be helped prior to committing juvenile offenses or being psychiatrically hospitalized. She wondered why do we wait until they have problems themselves when we know they are going to need help? Since this time, KLU has expanded its reach and its strategies but the mission to break the cycle of addiction and to support children exposed to familial substance abuse so they lead healthy and happy lives has remained constant since the program's inception. Unfortunately, adult substance abuse remains a significant issue in our country and in Frederick County, which means that the problem of children exposed to parent substance abuse remains. According to the National Institute on Drug Abuse, there is still a large treatment gap in America. In 2013, an estimated 22.7 million Americans (8.6 percent) needed treatment for a problem related to drugs or alcohol, but only about 2.5 million people (0.9 percent) received treatment at a specialty facility².

Analysis Conducted to Clarify and Articulate Scope and Nature of the Problem in the Community

There is no formal data collection related to substance abuse for children in Frederick County. The most recent attempt to collect data from FCPS ran into issues from local and State legislators requiring parental permission to ask such questions. Thus, because of the very nature of the problem itself, there are many barriers and complications to gathering accurate data about the number of children affected by parent/caregiver substance abuse in Frederick County. However, epidemiological data has been gathered regarding the scope and nature of substance abuse among adults, which speaks directly to trends in children affected by adult use. According to data compiled by the Frederick County Sheriff's Office, Frederick County has seen a 444% increase in opiate and opiate-related overdose events between 2012 and 2014. During the first three quarters of 2015, the county has witnessed 17 heroin-related deaths and 9 prescription opioid-related deaths. Alcohol-related deaths come in at 11 during the same time period. Several KLU youth have experienced the loss of their parent due to overdose or alcohol related accidents.

² <https://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

According to 2013 Youth Risk Behavior Surveillance (YRBS) data, alcohol use among Frederick County middle and high school students ranks alcohol as the number one substance being used by youth. Nine percent (9%) of middle school youth and 36% of high school youth report drinking at least one drink of alcohol in the past 30 days. Eight percent (8%) of middle school youth report using prescription medication without a doctor's note.

The Frederick County Health Care Coalition holds a strategic planning and priority setting summit every two years. The summit includes community and agency leaders from all types of organizations, FCPS staff, interested community members/citizens and local legislators. Local experts present data to the group, and the group sets the priorities. This leads to the creation of the Local Health Improvement Plan. One result from this coalition meeting and resulting plan, was not only to continue support of KLU but to expand the number of schools served.

Steps Taken to Assess Community Needs, Resources and Readiness to Address Target Population and Gaps in Service Delivery

Community readiness is evident through the longevity of this program. The partnership between FCHD and FCPS has only strengthened through time. Over the past four years, KLU has devoted renewed focus on assessing the quality of this partnership, celebrating success, and using data from school counselors to inform program planning. Results from online surveys of school counselors highlighted counselors' belief in this program and readiness to take a more active role to promote the program in their school community. 2016 Partnership meetings resulted in a targeted meeting with non-participating schools to explore readiness to adopt the program, and several new schools plan to implement the program next year. School counselors and many other stakeholders are quite aware of the clear evidence about the problems associated with living in a home with parental substance abuse and see KLU as a strategy to not only prevent drug abuse but also to address social, emotional and behavioral issues that likely follow if risk factors are not reduced and protective factors increased.

Need Due to Lack of National Programs Addressing This Issue

Review of the National Registry for Evidence-Based Programs and Practices reveals a lack of programs for children of substance abusing parents. The only program listed that specifically serves children living in a home with parental alcohol/substance abuse is Celebrating Families, and this program is for children whose parents are in recovery. Recognizing the tremendous unmet public health issues surrounding children of alcoholics, the Substance Abuse and Mental Health Services Administration (SAMHSA), along with the National Association for Children of Alcoholics (NACoA), developed a Guide to Community Action. The Guide includes talking points, a fact sheet, print and radio public service announcements, and details about ordering the Children's Program Kit, a comprehensive education tool for treatment providers. The Children's Program Kit includes lessons and materials but it is designed for treatment providers and does not provide a clear process for student selection. KLU is on the cutting edge in that it: (1) has a clearly defined selection and referral guidebook, (2) has evaluated its selection and referral process, and (3) provides school-based services so that a youth's ability to access the program is not dependent on caregiver readiness for treatment.

POPULATION SERVED

Target Population Served

As a selective prevention program, KLU targets and only serves youth living in Frederick County whose lives are directly impacted by parent/caregiver substance abuse. Because KLU programming has been developed based on research regarding the unique needs of this population, the program devotes significant attention to recruitment materials, strategies, and training. The KLU target population is students whose lives are directly and currently impacted by the substance abuse of a parent or caregiver. The most common situations in which this occur are:

- The child is living in a home where at least one parent/caregiver currently has a substance abuse problem, or is early in the recovery process.
- The child has regular visitation (two or more times per month) with a parent/caregiver who has a substance abuse problem.
- A child is living in a home with or has regular visitation with a parent/caregiver who is newly in substance abuse recovery (i.e. been clean/sober less than 9 months).

KLU offers its program to all Frederick County elementary and middle schools and currently 19 schools participate³. While the FCHD takes the lead in implementing the school-based groups, FCPS school counselors play a critical role in selecting participants, maintaining participant confidentiality, and supporting successful implementation. KLU has developed a lengthy (90+ pages) School Counselor Handbook. This Handbook has been evaluated through telephone interviews with school counselors and through a 2013 and 2015 online school counselor survey. The Handbook is updated and improved each year based on counselor feedback and staff and evaluator review. The Handbook includes the forms, tools, and procedures school counselors need in order to initiate the program, refer students, and maintain KLU successfully at their school. The steps are the same whether the school is new or returning to KLU. The annual school counselor training reminds counselors of the basics and highlights any changes to the process.

Because of the complexity of reaching children whose parents may or may not be ready to acknowledge their substance abuse and because of the need to protect confidentiality, KLU has developed a set of priorities to guide the selection, referral and implementation process. These priorities have been developed based on the unique needs of the target population. School counselors are trained that the Handbook is to be used in conjunction with consultation with the KLU Director and the FCPS Coordinator of Counseling and Student Support.

Priorities Guiding Selection, Referral and Implementation Based on Unique Needs of Population
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| <ul style="list-style-type: none"> • There is a tremendous need to serve children who are at high risk of emotional, behavioral, and academic difficulties because of the documented impact of family substance abuse and chemical dependency. • It is imperative that school counselors follow school regulations and professional standards. • There is a need to have valid and reliable research on programs for the target population. Consequently, we need to ensure KLU is serving the intended population. • While KLU may have a lot to offer all students, in order to be the best stewards of a limited resource, it is imperative we serve students who are most in need. • While honoring families' varied readiness for change, we need to be honest with families about the goals of the program. • Students need to be protected from potential negative consequences of sharing a "family secret" at school. Thus, our communication with caregivers needs to be thoughtful, honest, and precise. • There is a need for school administrators and counselors to have a clear, user-friendly handbook for the KLU selection and program implementation processes. |
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Special Characteristics of the Target Population

While there are well-documented risk factors and experiences commonly associated with children living in home affected by parent/caregiver substance abuse, one of the challenges in effectively serving this population is its heterogeneity. Adults dealing with addiction do not represent a homogenous population and

³ Please note that due to the success of the program and recent capacity building and strategic planning efforts, additional schools are expected to start implementing KLU during the 2016-2017 school year and a third KLU counselor will be hired.

therefore, children's experiences can vary greatly. Addiction spans across economic and cultural lines. The substance of choice may vary and the comorbidity of other factors, but children of all races, income levels and religious groups experience the impact of caregiver substance use. When working with this target population, it is crucial, however, to be mindful of the secrecy and shame that often accompany the family and child's experiences. A common norm or belief is the sense of guilt and responsibility for adult behavior. Children are often operating under a "no talk" rule. They are likely to cope by assuming roles of caretaking or acting out. Another special characteristic of the population is the likely exposure to mental health issues within the family as well as substance abuse issues. Some children are adjusting to a parent who is newly sober, while another child is grieving the loss of a parent due to overdose. Many participants are dealing with the difficulties that come along with parental depression, incarceration, or removal from their home due to child abuse or neglect.

A key and innovative feature of KLU is its requirement that KLU counselors be trained in counseling. While KLU has a set curriculum, the group meetings also incorporate time for participants to share individually (if they choose). The program involves facilitation of group processes that enable participants to practice new communication patterns that differ from patterns often associated with addiction in the family. Through its incorporation of arts integration and healing, KLU is intentionally structured to respond to each child's unique set of experiences while simultaneously reminding children they are not alone in their fears, worries or questions. The impact of the unpredictability and lack of supervision that often exists in homes with addiction can be buffered by protective factors⁴ like: personal resilience, monitoring provided by other family members or adults, social support, access to support services, academic competence, social and emotional development, knowledge of the disease and recovery process, social connection, physical health, and engagement in two or more contexts. Through its four arms of direct service (i.e. school based groups, referral and linkage, summer camp, and community art show), KLU directly promotes all of these protective factors.

Steps Taken to Recruit and Retain Members of the Target Population

The KLU recruitment process is manualized, supported and evaluated. Students can be self-referred, referred by a parent or community member, or identified by their school counselor. The KLU Director works closely with schools to answer questions and to finalize inclusion decisions. KLU's approach to effectively and ethically identify children living in homes with parent/caregiver substance abuse is one of its most innovative features. As part of KLU recruitment, school counselors visit all fourth grade classrooms and present a lesson on substance abuse and its impact on families. Following this lesson, students can complete a simple form to meet with their counselor to talk about the video. A letter is also sent home to all parents providing information about addiction and recovery resources and introducing KLU as a positive opportunity available to all 4th grade students. While the letter is honest about KLU's focus on children dealing with caregiver substance abuse, the information is presented in a non-judgmental and compassionate manner and emphasizes that referral into the program does NOT require identification of which family member(s) have a substance abuse problem.

Retention is another program strength. Since the groups are school-based, this removes many barriers to program completion. Furthermore, KLU and school counselors work closely with teachers so that group meeting times do not interfere with academic success. Participating elementary and middle schools are matched by feeder pattern with the same KLU counselor to create an easy transition from the KLU elementary program to the KLU middle school program. Although most students remain active in the program, when a student does not attend regularly or expresses a desire to discontinue participation, the school and KLU counselors follow up and attend to the needs of each situation.

⁴ *Preventing Drug Abuse among Children and Adolescence*. 2003. National Institute on Drug Abuse. National Institutes of Health, U.S. Department of Health and Human Services.

Steps Taken to Ensure Cultural Competency in the Program, Including Ongoing Staff Training

Numerous cultural competency strategies are threaded throughout the various aspects of programming, including staff training, the referral/ recruitment process, program materials, and the curriculum. Program content directly addresses specific needs of the target population. Below is list of key practices that help ensure cultural competency:

- Respect for self and others are key ideas in KLU programming. Group rules reviewed at each group meeting focus on respecting self, others, and others' values and ideas.
- KLU counselors listen for opportunities to learn more about a participant's culture, customs, and influences and apply their knowledge to help students build on personal and family strengths.
- KLU counselors apply cultural concepts of illness and recovery. And the integration of art into the program celebrates and incorporates art as a healthy method of communication and expression.
- Program materials are gender and culturally inclusive and are provided in Spanish and other languages as needed. Because the program is housed as part of the FCHD, there is also access to language interpreters.
- To allow equitable access for all socio economic groups and to reach all children meeting the target population, there are several program features meant to address common access barriers. For example, groups are school based so that transportation and scheduling are not issues. The program is offered at no cost to families. Because many families live in isolated rural areas of the county, the school-based aspect of the program is particularly critical.
- Program fidelity standards include projecting a feeling of respect for participants, listening and communicating with empathy and understanding, and sustaining a program environment that is non-judgmental. Counselors and interns are given feedback based on the Director's completion of the session fidelity form.
- KLU counselors and interns are master's prepared mental health professionals.
- KLU counselors have earned at least 3 credits in graduate mental health cultural competency education.
- There is ongoing staff development to further develop cultural competencies through continuing professional education, reading and discussing peer-reviewed articles about cultural competence, and staff meeting discussion about how culture influences drug culture terminology, youth language, and preferred methods of communication and emotional support.

BUILDING CAPACITY

Given KLU's 27-year history, there have been numerous and diverse efforts over the years to effectively mobilize stakeholders, sustain programming, and build capacity. Throughout this history, KLU's partnership with FCPS has been at the heart of its success. KLU has also had champions, those personally affected by substance abuse who have played an integral role in the program's development. In some cases, these have been program alumni who have graduated high school and come back to participate in community presentations about KLU and the positive impact on their life. More recent capacity building efforts have focused on meeting the rigorous standards that must be met in order to be reviewed by the National Registry of Evidence-based Programs and Practices. KLU has an IRB-approved, longitudinal study underway. It will still be a few years until the sample size is large enough to conduct statistical analyses with sufficient statistical power, but the process of conducting this study has already resulted in program improvements and increased staff, student intern, and program capacity.

How KLU Relate to the Community's Overall Prevention Strategy and/or Systems and Collaboration with State and Local Organizations

Being housed as part of the FCHD, KLU is integrally connected to the community's overall prevention strategies. The KLU Director meet regularly with key players in prevention and is aware of other prevention

and treatment efforts as many of these program leads are colleagues. The FCHD Division of Behavioral Health Services, Substance Abuse Services provides a continuum of care that aims to reduce substance misuse among Frederick County residents. Prevention services focus primarily upon reducing substance use among young people and families impacted by substance use. FCHD prevention staff work collaboratively with Frederick County Public Schools, private schools in Frederick, Head Start, Law Enforcement, Office of Children and Families, Department of Juvenile Services, Frederick Memorial Hospital, and other community groups and agencies to provide prevention services. Increasingly, Prevention and Treatment services overlap. For example, children of patients in the Detention Center Program may be seen in the KLU prevention groups.

Community Outreach Strategies

Each year KLU is involved with various community outreach strategies depending on partnerships, opportunities, and needs. For example, the KLU annual art show offers the opportunity for direct service and community outreach. Each year, students who create art during camp are invited to participate in a community art show. The art show serves the youth by providing an opportunity to bolster their sense of positive influence on others and the community. It serves the community as a venue to raise awareness of children affected by family substance abuse/addiction. For example, the 10th Annual Community Art Show, *Addiction Monster and Other Works*, featured an overwhelming, 7-foot tall Addiction Monster loomed over the exhibit in much the way that the disease of addiction looms over the lives of those affected by addiction. The object was to convey that, although addiction seems monstrous, people with addiction are not monsters. Also on display were *Addiction Shields*, which employed a concrete expression of ways youth build protective factors against addiction. The art was on the Community Art Wall at Delaplaine Visual Arts Center for a month and then at the FCHD Auditorium. The show culminated with a kids' Art Party.

Community Coordination and Involvement of Various Stakeholders

FCHD stakeholders are routinely involved in various workgroups and councils that convene in the jurisdiction. Groups include the local Substance Abuse Council and Mental Health Advisory Board and attendance is comprised of various stakeholders, including members of the recovery community and their families; representatives from the local criminal justice system such as the Department of Probation and Parole, Drug Treatment Court, and the local Detention Center; mental health consumers; members of advocacy organizations; SUD and mental health treatment providers, including a provider from the Deaf community; representatives from Fire and Rescue Services; law enforcement; and other community support persons. The local Substance Abuse Council actively seeks to fill vacancies to ensure adequate representation from community stakeholders. The Council meets regularly to identify and prioritize prevention, treatment and recovery needs based on ongoing assessment. To better meet the needs of Frederick County residents, the SA Council has been meeting in conjunction with the Mental Health Advisory Board for over one year. Several stakeholders who attend the combined council meetings also attend the Provider Councils, which has a positive impact on communication.

STRATEGIC PLANNING

KLU's mission is to break the cycle of addiction by identifying youth impacted by familial substance abuse and engaging them in best practices of prevention in both school and community settings. This mission is directly aligned with county goals around prevention and the schools' needs. KLU is regularly participating in strategic planning through FCHD meetings and processes and through meetings with the program evaluator. Overall program goals include:

- 1) Increase student, teacher and community awareness of the impact of parent/caregiver substance abuse on children.

- 2) Effectively identify youth in the target population.
- 3) Build self worth, increase social support, and teach healthy communication and coping strategies to school-based group participants so they avoid drugs and remain successful academically, socially, and emotionally.

Members of Target Population Reached

This fiscal year KLU served around 130 youth in its school-based groups. Through program expansion planned or next year, the number of school served should increase by 4-5 schools. Thus, the total number of groups offered should be around 40 and at least 150 youth should be reached.

Mechanisms in Place to Ensure Long Term Program Sustainability

KLU implements many best practices associated with long-term program sustainability. These include:

- ongoing evaluation and results
- clearly defined programming with tools to promote fidelity
- diverse and numerous partnerships
- cost effectiveness

Because the program is relatively inexpensive given its scope, it is not difficult to fund the program. Furthermore, the county and state funds that support the program are not expected to change. In fact Maryland legislation expanded the populations served under this Federal pass through grant.

IMPLEMENTATION

Innovation and What Distinguishes KLU from Similar Programs

Other programs like KLU do not exist at least not that can easily be identified. Review of the National Registry for Evidence-Based Programs and Practices reveals a lack of programs for children of substance abusing parents. The only program listed that specifically serves children living in a home with parental alcohol/substance abuse is Celebrating Families, and this program is for children whose parents are in recovery. KLU is on the cutting edge in that it: (1) has a clearly defined selection and referral guidebook, (2) has evaluated its selection and referral process as well as program outcomes, and (3) provides school-based services so that a youth's ability to access the program is not dependent on caregiver readiness for treatment.

Because of its innovative selection and referral process, KLU is able to identify youth shown to be at some of the highest risk for addiction, academic failure, behavioral problems, relationship difficulties, and mental health issues. Unlike other programs or practices addressing this public health issue, KLU is not dependent on caregiver engagement. Furthermore, due to its original design, KLU is implemented in a confidential manner during the school day, removing common barriers to service access like transportation, scheduling, and parental readiness for change. Although many aspects of implementation have remained consistent throughout its 27-year history, KLU also implements new methods to meet emerging prevention needs in Frederick County and to further integrate effective practices.

Program Operation

School-Based Program

The school-based component of KLU is its primary component. Close collaboration between the KLU counselors and the school counselors fuels program success. School counselors promote and support KLU at their local elementary and middle schools. KLU-trained school counselors serve as the primary referral source for the program. A trained KLU counselor implements KLU groups at all levels. All KLU-trained elementary school counselors and most middle school counselors are present and co-lead the group meetings.

KLU group meetings are structured and include a variety of teaching and counseling strategies to capture and maintain the interest of the participants. The group activities are designed to build on one another throughout the five years of the program and to address the changing developmental needs of students. Program interventions are designed for a variety of learning styles (e.g., visual, aural, verbal, kinesthetic). These are examples of interactive activities and interventions used in KLU: expressive art, non-competitive games, puzzles, creative projects, sharing and listening, and stories with puppet plays. In past years, the program has been identified by the grade level of the students in the group. This caused confusion when, because of scheduling conflicts, 5th graders completed the “4th grade” program. We refer to program levels rather than grade levels to simplify the language used to describe the progressive nature of the program. The five program levels are described below.

Level 1

Level 1 is the beginning of the KLU program journey. It is optimal that students begin at Level 1 and as 4th graders. In Level 1, selected students attend 12 weekly group meetings and engage in a progressive series of activities and discussions. Weekly implementation of Level 1 groups is key to achieving KLU program goals. Once Level 1 is complete, students are “graduated” into Level 2, then 3, 4, and 5.

Levels 2 – 5

The Level 2 through 5 programs are intended to be implemented in Grades 5 through 8 respectively (i.e. Level 2 in Grade 5, Level 3 in Grade 6, and so on). If Level 1 is completed before the end of the academic year, these KLU students “graduate” into Level 2 for the remainder of their 4th and/or 5th grade year. Levels 2 through 5 build on one another and are designed to help youth sustain the skills and relationships they have gained in Level 1, develop additional skills, and provide ongoing support as they maneuver through the often-challenging transition from elementary to middle school and preparation for high school. We know from research that these can be a challenging and risky phases for all youth, especially those dealing with the additional risk factors associated with family substance abuse. Level 2 through 5 groups meet once or twice monthly or up to 12 times per school year. Meetings are spaced in this manner to offer youth an opportunity to receive regular group support and to talk about and process what is happening in their lives in between sessions, throughout the academic year(s), and across a variety of academic/social/family transitions. Sometimes, based on restraints of scheduling or staffing and the needs of participants at these levels, fewer than 12 meetings are offered.

KLU Planning and Referral Process to Address Specific Student Needs

The KLU Planning and Referral Process to Address Specific Student Needs is designed to address individual student needs that may warrant attention beyond a student’s school-based KLU group. This is a structured process that guides a practical system for collaboration between the KLU staff and school counselors that ensures critical linkage to further intervention beyond the KLU group meetings. In the Planning and Referral Process to Address Specific Student Needs, the KLU Director documents the observations or evaluation survey responses of concern and initiates a collaborative planning process with the school counselor. At times, this may result in parent/guardian contact and/or referral to the school’s Student Services Team.

Summer Adventure Camp

Summer can be a particularly risky time for children whose lives are directly impacted by caregiver substance abuse. Thus, the KLU summer camp is designed to provide year-round support to KLU participants. Students who participate in the school-based groups are invited each year to participate at no cost. The camps usually occur during June and/or July. Summer camp is innovative and vastly different than most summer programs due to the following qualities: therapeutic atmosphere, low staff to camper ratio, emphasis on strengthening bonds between peers and to trained adult staff, open art therapy studio, expressive art, team building skills and leadership skills emphasized, mission to create a nurturing, positive, respectful container for youth to take

positive risks to share and try new positive activities, family participation in part of camp programming, child-centered, trauma informed care, field trips and activities designed and chosen to align with program goals not for excitement or entertainment value,

Community Art Show

Each year, students who create art during the summer camp are invited to select artwork for the annual KLU community art show. The art show serves the youth involved by providing an opportunity to bolster their sense of positive influence on others and the community. It also provides a venue to raise awareness of children affected by family substance abuse/addiction. For confidentiality, the names of the students are not displayed with the artwork.

KLU’s Ability to Effect Community-Wide Change

While KLU’s school-based groups provide serve a targeted, high-risk group, KLU also delivers important information to parents, 4th grade students, and community members. Through the community art show, other outreach efforts and various presentations, KLU brings attention to the problem of children living with parent/caregiver substance abuse. Furthermore through the 4th grade lesson presented by school counselors to all 4th grade classrooms, KLU helps educate students not living in homes with addiction about what their peers may be experiencing.

KLU Can Easily be Replicated

The KLU Founder and Director is passionate about KLU replication. There is a tremendous need across the country for programs like KLU. Program materials, handbooks and evaluation tools have been and are being developed so that the program is ready for replication. A central reason for conducting the longitudinal evaluation study is to gather data that will assist in communicating KLU’s results.

EVALUATION

Throughout its 27-year history, KLU has been committed to program evaluation, devoting staff time and budget to both process and outcome evaluation. Across evaluation methods, data sources, and implementation years, KLU has repeatedly shown positive results. In order to provide clear evidence of the impact of KLU on Frederick County students, schools and community and clear alignment between the assessed needs, program goals and results, this Evaluation section is organized into two sections (1) an overview of KLU evaluation efforts and major results organized as a timeline, and (2) results presented by goal area.

KLU Evaluation History and Major Results

Year	Evaluation Methods and Major Findings
1989	KLU was pilot tested and showed preliminary positive results.
1994	Students were randomly assigned to intervention and control groups and completed the Piers-Harris Children’s Self-Concept Scale, the Intent to Use, and the Ideas Questionnaire. There was a statically significant positive difference between the Intervention and Control group on the Piers-Harris Scale. Student and parent comments on evaluation forms provided qualitative evidence regarding the positive effects of the program.
1996	Student, school counselor, KLU staff, and parent survey comments indicated clinically significant positive effects. Maryland’s Governor’s Drug and Alcohol Abuse Commission stated, “Kids Like Us had...shown significant impact on risk and resiliency factors associated with adolescent alcohol, tobacco and other drug abuse.”
1996-2006	Due to budget restraints and focusing on other areas of program growth, KLU was not formally evaluated.

Year	Evaluation Methods and Major Findings
2007	KLU was nominated and selected for the SAMHSA Service to Science (STS) Initiative for innovative prevention programs addressing important prevention needs and wanting to enhance evaluation rigor. Committed to the capacity building and evaluation plans set forth through STS, the Health Department and KLU decided to continue working with the doctoral-level technical assistance provider for ongoing, external evaluation services.
2008	An external evaluator conducted focus groups with KLU participants and found that participants attributed the following results to KLU participation: (1) reduced sense of isolation and increased sense of support, (2) reduced worry, sadness, and anger, (3) improved ability to focus, and (4) unique opportunity to talk about what is going on at home and to receive advice and support from others dealing with similar situations.
2009-present	The KLU Director and evaluator began an IRB-approved, longitudinal study, gathering data from students in intervention and wait-list control groups. The study also includes teacher surveys and an online school counselor survey. KLU is still gathering data as part of this study.
2010	Pre and post surveys were administered to participants of the KLU Summer Adventure Camps. Results were positive; participants felt safe, learned new things, felt they could trust others, met other kids dealing with substance abuse in their family, had fun, made new friends, and left feeling better about their family.
2013	School Counselors completed the <i>Counselor Feedback Survey</i> . Results indicated that overall school counselors are pleased with the KLU selection and referral process. Counselors attributed several benefits to students as a result of KLU participation, including improved behavior at school, new friends, and opening up beyond the KLU group. According to counselors, their collaboration with KLU helped several students receive individual therapy/counseling services, improve the relationship between the school and several families, identify suicide risk, and identify the need for students to receive more effective behavioral intervention at school.
2014-present	KLU continues to gather evaluation data from participants, teachers, and school counselors. The KLU Director and evaluator are working on a manuscript and plan to apply for review by the National Registry of Evidence-Based Programs and Practices once the longitudinal study is complete. Starting in 2014, fidelity tools were finalized and are now used regularly.

Overall Goals, Results, and How the Program and Its Practices Address Community Needs

As described in the *Needs Assessment* section of this application, children whose lives are directly impacted by parent or caregiver substance abuse are an underserved, high-risk population. This is a national public health issue, and one that Frederick County does not escape. In fact, addiction remains such a sensitive area, it can be difficult to gather accurate epidemiological data, which alone speaks to the need for KLU. Recent data regarding adult substance abuse trends speaks to the continued need for KLU. Program goals are identified below along with relevant objectives and results.

Goal 1. Increase student, teacher and community awareness of the impact of parent/caregiver substance abuse on children.

- All fourth graders at participating elementary schools receive the Kids Like Us lesson, a classroom-based drug prevention lesson that without KLU would no longer be implemented in schools. Based on a recent collaboration meeting between FCHD and FCPS, the lesson will now be provided across all elementary schools independent of participation in KLU.
- Results from the 2015 School Counselor Survey show that school counselors think their involvement with KLU has increased their awareness about the negative impact of family substance abuse and caused them to be more attuned to substance abuse related issues for all students.

- The KLU community art show is held each year in partnership with a local museum in an effort to encourage community and family dialogue about addiction and recovery. It is estimated that over 1000 people view the exhibit although there is not currently evaluation data regarding the influence those who view the art.
- As part of its community outreach efforts in 2015, the KLU Director presented program information several churches.



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Goal 2. Effectively identify youth in the target population.

- Each year, students across county schools are identified fitting the target population. As shown in the table below, each of KLU’s referral paths (and in some cases more than one path) results in student referral. Given the complexity of identifying this population in a manner that does not break confidentiality or alienate the family, identification of students alone is a significant outcome. For example, the school counselor is now aware of the student’s circumstances and can have this student on her/his radar. Thus, the positive influence of identification and naming the issue can have a positive benefit for youth even before they begin the school-based program.

Source of Referral	Number of Participants	Percent
Parent/Guardian Referral from Letter Sent to Guardians of All 4th Graders	25	32.5
Student self-referred via School Counselor Classroom Prevention Lesson and Counselor Meeting with Individual Student	20	26.0
Parent/Guardian and Self referred	14	18.2
Other	10	13.0
Parent/Guardian and Other referred	7	9.1
Self and Other referred	1	1.3
TOTAL	73 students	100%

- School counselors provide positive feedback about the student selection and referral process and their partnership with the FCHD. Counselor report few barriers and perceive a healthy, sustainable partnership.
- Participation in KLU requires parent or caregiver permission and in most cases, this is provided. In a few cases, parents or caregivers do not provide permission. The survey asked school counselors if they have been able to help these students access other resources or services, and 76% (n=16) selected Yes. School counselors explained they have helped these students by: providing individual support or helping place in other school or community-based programs. Thus, even when students are not enrolled in KLU, the KLU recruitment process helps identify students in need and links them to other services.

Goal 3. Build self worth, increase social support, and teach healthy communication and coping strategies to school-based group participants so they avoid drugs and remain successful academically, socially, and emotionally.

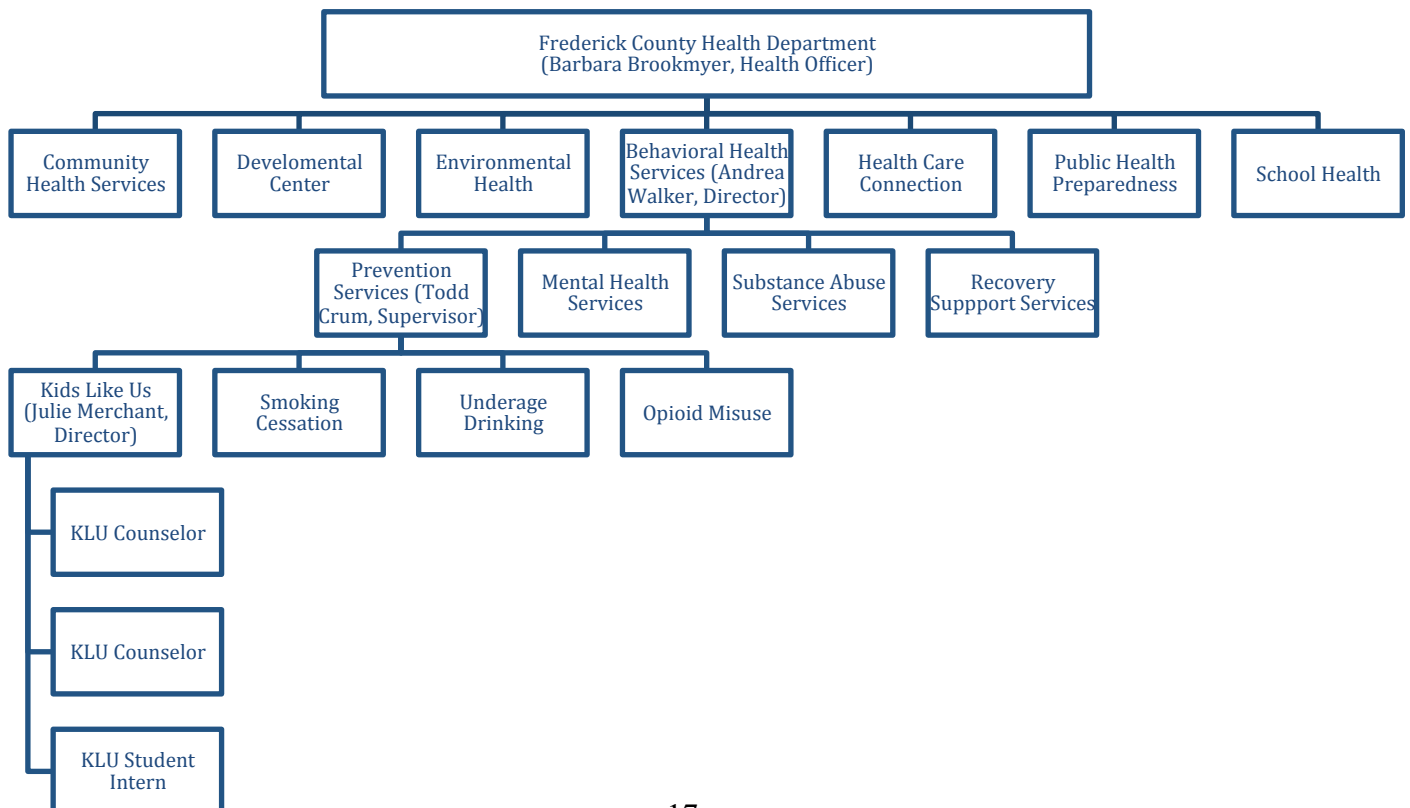
1. Over 30 groups were offered this fiscal year to over 100 students.
2. Previous focus group results indicate protective factors are increased through program participation and that knowledge and skills increase.

3. Results from the KLU end of year student surveys highlight the value participants have of the program. Students attribute positive behavioral and emotional changes.
4. In 2015, 100% of school counselors indicated the KLU program is positively benefitting students served by the program at their school. School counselors think many participating students are behaving better at school, seem happier and more upbeat, appear less socially isolated, are making new friends, are opening up beyond the KLU group to express or address important concerns, and are improving academically. Furthermore, school counselors see additional positive outcomes that have resulted from student-specific collaboration. School counselors strongly believe in the KLU program and see its tangible value to participating students.

PROGRAM MANAGEMENT

KLU Organizational Structure of Program Is Managed with Respect to Its Mission and Goals

As demonstrated in the Organizational Chart below, KLU is a prevention program of the Frederick County Health Department (FCHD). The KLU Director is responsible for the overall administration of the program and is the point of contact for all stakeholders. She currently oversees one KLU counselor and two student intern(s), although there are plans to hire another counselor. Student interns play a critical role in KLU implementation. They have been particularly instrumental in the program's capacity to implement its longitudinal, IRB-approved evaluation study, assisting with survey administration and data entry. The KLU Director develops program materials, conducts outreach, and leads program evaluation efforts, in consultation with the outside evaluation consultant. She also trains school counselors and makes final decisions regarding student participants. In addition to these critical administrative and supervision roles, the KLU Director also personally runs several groups and leads the summer camp and community art show. The KLU Director has her Masters in Art Therapy and is a licensed art therapist.



Systems in Place to Ensure Effective Communication Among Program Staff, Administration, Consumers/Clients, Media, Policy Makers and Others

Due to the organizational structure of KLU and its placement as a FCHD program, there are numerous systems in place to ensure effective communications among staff, administrators, clients, media, policy makers, and the evaluation consultant.

Below is a list of effective communication practices:

- The KLU Director meets twice a month with the Director of Behavioral Health Services and weekly with her staff. She also attends service integration meetings.
- The KLU Director has at least quarterly collaboration meetings with the FCPS Director of Student Counseling and Support.
- The KLU Director meets monthly with the evaluation consultant and more often as needed.
- The KLU Director meets regularly with her staff and observes groups. She provides supervision and support to implement programming with fidelity.
- The KLU Director meets at least annually with participating school counselors and has regular informal communication as needs arise. Also, the KLU Director, evaluator, and Director of Student Counseling developed an online survey now administered every other year to obtain feedback from school counselors.
- The KLU Director makes herself personally available to parents and other community members for questions, concerns, or referrals.
- The KLU summer camp involves a family event and parents are invited to attend a special art reception following the community art show.
- The media is notified and encouraged to attend the community art show.
- The KLU Director organizes and provides presentations to community members, professionals, policy makers, etc. around substances abuse in families.
- After KLU school-based groups, the KLU counselor and school counselor often meet to discuss any concerns or follow up needed with students.

Budget Narrative, Including Resources Available and How KLU Optimizes These Resources

The overall budget for KLU in fiscal years 2015 and 2016 is presented in the table below. The overall total annual budget for KLU is less than \$152,000. With recent estimates regarding the cost of substance abuse and mental health treatment, the cost savings of this program are profound.

	FY2015			FY2016		
	County	State	Total	County	State	Total
INCOME						
County: Frederick County Funding	47,971		47,971	43,648		43,648
State: Department of Mental Health and Hygiene State Funds		103,491	103,491		108,321	108,321
EXPENSES						
Personnel Costs - Staff	41,082	82,130	123,212	39,911	87,376	127,287
Evaluation Consultant	-	5,500	5,500	-	5,500	5,500
Operating Expenses	6,889	9,091	15,980	3,737	8,583	12,320
Indirect Costs	-	6,770	6,770	-	6,862	6,862
Total	47,971	103,491	151,462	43,648	108,321	151,969

The sources of income are Frederick County funds as well as state funds. The FCHD has historically received large-scale county and state funds, a portion of which are used to support KLU. Thus, the funding is quite stable and a recent grant award means that KLU can add an additional counselor. The fact that 20 schools, 30 groups and over 100 students were served with intensive prevention programming on this budget speaks to its innovation, its partnerships, and its creative use of resources. The majority (around 80%) of the total budget covers the director and counselor salaries. For the past few years, the program has also allocated \$5,500 for consultation services provided by a doctoral level outside evaluator, who also provides some services in-kind. There are also some operating expenses like photocopying, transportation, and postage for recruitment/referral materials. As part of the FCHD, KLU is able to access and optimize resources in a cost-effective and synergetic fashion. For example, there some programs share clerical support. As part of a Health Department committed to continuous quality improvement and behavioral health accreditation standards there is a culture of assessment and reflection. Within FCHD, program planning is a joint effort of staff that takes place in weekly Staff Meetings of the various programs, weekly Manager's Meetings, and in small groups of staff focused on a particular need. Quality Assurance/Quality Improvement is an integral and regular part of the culture. Finally, the scope of implementation is only possible because of the strong collaborative partnership between FCHD and FCPS. School counselors play a critical role in KLU implementation but their time is provided as part of their school role.