

**2017 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.

 _____

Program Director Signature

5/3/17 _____

Date

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Nominating Agency Signature

5/2/2017 _____

Date

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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 multiyear, 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. In order to identify children for the program, school counselors implement prevention education and referral services for all 4th graders and their teachers and parents at participating schools. Selected students then participate in a 12-session weekly program led by a KLU counselor and school counselor, and this continues 1-2 times monthly with this same group of students through 8th grade (or through 12th grade for students who are part of the new pilot high school program). Students receive targeted and developmentally informed information, skills and support. Through needs assessment, KLU has identified priority risk and protective factors, including reduction in isolation and shame, increases in social support and healthy coping strategies, and linkage to services for other adverse childhood experiences identified. KLU also offers a summer camp and annual public art show wherein student work is displayed to promote community and family dialogue around addiction and recovery. During the 2016-17 school year, KLU's community outreach resulted over 1800 4th graders receiving prevention education and the opportunity for referral into the school-based program, which this year included 189 youth in 35 groups at a total of 24 elementary, middle and high schools.

KLU's implementation methods are directly informed by research-based prevention principles including protective factors, social-emotional skills, peer support, early identification and intervention, and arts integration. Guided by principles of prevention and other best practices, KLU utilizes an innovative set of activities designed to increase participant engagement and retention. Furthermore, through ongoing and responsive partnership with school counselors and numerous community agencies, KLU helps address academic and social-emotional needs extending beyond its school-based and summer camp programs.

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 and numerous other behavioral 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 efforts to address 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 28-year history, KLU and its collaborating stakeholders regularly engage in strategic planning, which has led to identification of emerging prevention needs, gaps and related opportunities and plans.

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. 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 receive support from others dealing with similar situations. Based on these positive results, KLU invested in an IRB-approved, longitudinal study that is still underway. Results from the 2015 *School Counselor Feedback Survey* were quite positive. According to school counselors, KLU helped students improve behavior, make new friends, receive individual therapy, and identify suicide risk. School counselors also attributed school and community wide benefits to the program.

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 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 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 are selected based on research and theory about effective prevention and the specific needs of the target population, including creating and fostering a culture of youth empowerment that encourages youth input. KLU reflects on the feedback of participating youth vigorously in developing and implementing its approaches. An example of this is the pilot high school group. It was started in response to participant feedback about wanting continued involvement into high school. The key theories and principles that comprise KLU's conceptual framework are identified and described below. The National Institute on Drug Abuse (NIDA) has published a comprehensive set of prevention principles 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 P1)

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.

Employ Interactive Techniques that Allow for Active Involvement in Learning about Drug Abuse (P15)

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).

Therapeutic Art Integration

Knowledge of the population has revealed the profound value of therapeutic art integration and its ability to help youth open up and heal. Art can be a powerful for learning about and celebrating each voice.

Provide Long-Term Programming with Repeated Interventions to Reinforce Original Prevention Goals (P13)

KLU identifies youth in grade 4 and continues with the same group of youth through grade 8 or 12. KLU's multi-year program offers a sense of belonging and time to develop positive relationships.

Tailor the Program to Address Risks Specific to Population (P4)

The program reflects almost three decades of learning from and responding to needs of its population.

Developmentally Informed and Timed

KLU begins in 4th grade when youth are developmentally able to benefit and because we know from research that it is important to form a strong bond with students before the transition to middle school. KLU continues through 8th grade in order to capitalize on and deepen the strong bonds and provide sustained support.

When Working with Elementary School Children, Target Academic and Social-Emotional Learning (P7)

The program focuses on skills relevant to self-control, emotional awareness, communication, and social problem solving. Furthermore, KLU conducts a behavioral/mental health screener.

When Working with Middle or High School Students, Increase Academic and Social Competence (P8)

NIDA's summary of research suggests that school-based prevention for middle and high school students should focus on peer relationships, self-efficacy, assertiveness, drug resistance skills, reinforcement of anti-drug attitudes, and strengthening personal commitments against drug abuse. KLU does all of this.

Incorporating SAMHSA's Principles of a Trauma-Informed Approach

Household substance abuse has been positively correlated to other ACEs, and therefore, trauma. SAMHSA's concept of a trauma-informed approach is integrated into KLU's approach. KLU counselors are licensed mental health professionals who engage in ongoing training to understand the extensive impact of trauma, potential means of recovery, the signs and symptoms of trauma in children and youth, and how to respond. KLU is committed to taking care of each individual participant. Trauma-informed policies, procedures, and practices are built into all aspects of the KLU program, especially the design of its group processes and procedure. A major tenet of KLU being a group intervention is the provision of peer support in a safe, respectful, nurturing environment. A KLU 5th grader recently chose to disclose their transgender status and pronoun preferences to their KLU counselor. This counselor was one of the first two adults he disclosed to at his elementary school. Likewise, his KLU group was the first peer group in the school to whom he disclosed.

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

KLU provides participants with a strong "no illegal drug use" message 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

There has been long-standing, national clarity about the ubiquity of substance use disorders in our nation and the risk associated with children growing up with family members who have substance use disorders. In Fiscal Year 1987-88, the Maryland Governor's Office of Justice Assistance provided prevention grant funding to the FCHD Substance Abuse Services for a "High Risk Youth Prevention Program". In 1988, the KLU founder (now Director) was hired by the FCHD as a "high risk youth counselor" to develop and implement programming to target any or all of the nine categories of high-risk youth listed. The founder had professional experience as a mental health clinician in residential treatment centers with juveniles affected by what we now refer to as adverse childhood experiences (ACE's). Not surprisingly, many of these residents/patients were children adversely affected by parental substance abuse and addiction. Prior to being considered for the high-risk youth counselor position, the founder had been struck by the potential for these youth to be helped prior to committing juvenile offenses or being psychiatrically hospitalized.

The founder established the original version of KLU in 1988 as 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 many ill effects. When a local elementary school counselor watched her previously well-adjusted students adversely affected, she went looking for resources. She learned about the community-based KLU program and approached Substance Abuse Services about piloting it in her school in the spring of 1989. She developed a way to select and refer students using the existing 4th grade drug lesson. When the pilot indicated promising results, FCPS approved continuation and expansion to other elementary and middle schools. Since this time, KLU has expanded its reach and strategies but the mission to break the cycle of addiction by supporting children

exposed to familial substance abuse 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 and the 2016 Surgeon General's report, 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 facility.¹

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

The population of Frederick County MD in 1988 was 142,328. By July 2016, it had almost doubled to 247,591. 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 in Frederick County. According to data compiled by the Frederick County Sheriff's Office, Frederick County saw a 444% increase in opiate and opiate-related overdose events between 2012 and 2014. During 2015, the county witnessed 26 heroin-related deaths and 12 prescription opioid related deaths. Alcohol-related deaths come in at 13 during the same time period. During the first three quarters of 2016, the county witnessed 57 drug and alcohol-related intoxication deaths. 28 of these were heroin-related deaths. Several KLU youth have experienced the loss of their parent due to overdose or alcohol related accidents. 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. This was based on clearly demonstrated need from data collected in our county about estimates of the number of children experiencing family substance abuse. Please note additional relevant details are provided in the Target Population section.

Steps Taken to Assess Community Needs, Resources and Readiness to Address 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. The scope and nature of substance abuse problems in Frederick County are directly correlated to the number of children impacted by the substance abuse of someone in their household. Gaps in service delivery are made clear each time KLU identifies children who are not yet receiving services for the impact of family substance abuse. Numerous additional steps for assessing need, including key stakeholders and addressing target population are also outlined in the Strategic Planning and Target Population sections of this application and for purposes of brevity, are not restated here.

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

¹ <https://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

National Association for Children of Alcoholics developed a Guide to Community Action. KLU has followed this guide but added innovation.

Sound Long and Short-Term Planning Processes Including Needs Assessment and Research Base and Inclusion of Target Population Representatives

Both short and long-term planning are a regular, infused part of KLU and of the FCHD. KLU collects data from KLU counselors and school counselors, examines participation rates, gathers participant surveys including both quantitative and qualitative data and teacher surveys. KLU is regularly planning and reflecting on feedback from program participants, collaborating school counselors, and KLU counselors. Furthermore, the KLU Director regularly attends training to stay up to date on research and meets regularly with the evaluator and the BHS team to review the logic of the program in light of emerging needs and opportunities. The target population is directly involved in the planning process. Annual feedback is gathered from all consenting participants regarding their opinions of the program and ways to improve it. Numerous changes have been made over the years based on this feedback. As described in detail in various sections of this report, KLU participates with numerous community agencies and coalition groups to stay up to date on community need, which unfortunately remains great. This informs its long-term planning goals which are also described in Strategic Planning.

POPULATION SERVED

Target Population Served

As a selective prevention program, KLU targets and serves Frederick County youth in grades 4-12 whose lives are directly impacted by parent/caregiver substance abuse. As described in the *Needs Assessment* section, research has repeatedly shown that children living in homes with caregiver substance abuse are at tremendous risk for a variety of later difficulties; furthermore, the percent of children facing this risk factor-- as demonstrated consistently through national, state and local statistics-- suggests that this population is one of the most critical populations to target services to in our county. Through its partnership with Frederick County Public Schools (FCPS) and numerous community groups, KLU systemically reaches out to families and youth using multiple and varied outreach efforts. During the 2016-2017 school year, KLU programming was offered at 18 elementary, 8 middle schools, and one high school. KLU participating schools represent the diversity of the county population. There is KLU programming in rural, suburban, and urban schools situated in Frederick County's wide range of socio-economic, cultural, and ethnic communities. Please note that due to the success of the program and recent capacity building and strategic planning efforts, additional schools started implementing KLU during the 2016-2017 school year, and a third KLU counselor was hired in August 2016. This resulted in 35 groups being implemented with 189 students in the 2016-2017 school year. This expansion will result in increasing the number of groups at the added elementary schools in 2017-2018 as the counselor follows these groups to 5th grade next year and a new 4th grade groups are added. In 2018-2019 and beyond further expansion is anticipated as the current 4th grade cohort bring aboard new middle schools. 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.

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. KLU has developed a lengthy (90+ pages) *KLU Handbook for School Counselors*. 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 Student Support.

Special Characteristics of the Target Population

Contrary to beliefs many people hold, adults suffering from addiction do not represent a homogenous group; addiction spans economic and cultural lines. Children of all races, income levels and religious groups experience the impact of caregiver substance use. However, one important special characteristic of the population is the secrecy and shame that often accompanies the family and child's experiences. Children are often experiencing guilt and a sense of responsibility for their parent while operating under a "no talk" rule. According to the 2016 Surgeon General's report², there is still a huge problem in our country with substance abusing adults seeking treatment. The report suggests that only about 10 percent of people with a substance use disorder receive any type of specialty treatment. Many factors contribute to this "treatment gap," including the inability to access or afford care, fear of shame and discrimination, and lack of screening. This sadly results in a situation in which the challenges within the household are kept secret, resulting in children experiencing trauma that without a program like KLU, cannot be identified or resolved.

Another special characteristic of the population is the likely exposure to one or more adverse childhood experiences, which SAMHSA, defines as stressful or traumatic events, including growing up with family members who have substance use disorders. ACE's are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan. Examples of ACEs include abuse, parental separation or divorce, household mental illness, neglect, and domestic violence. The negative effects of ACEs are compounded by the number of ACEs an individual experiences. ACEs are common throughout the nation and can affect people of all backgrounds. A review of KLU participants from the past few years suggests that conservatively estimating, 75% or more of KLU youth have experienced at least one additional ACE in addition to family substance misuse. For example, many participants have incarcerated parents or have lost a parent to an overdose. Thus, while the target population is children whose lives are directly impacted by caregiver substance abuse, because of the demonstrated overlap in ACE's, KLU is also targeting and serving youth facing these numerous other risk factors. This is why KLU has placed such a strong focus on effective prevention efforts, multi-year services, and establishing and sustaining strong relationships with the schools and several other community partners. KLU has become a net that helps ensure youth experiencing abuse, neglect, divorce or parent incarceration can receive other services they may need. This is why KLU has worked so hard to develop and evaluate its efforts to effectively refer/link students to additional services for assessment and intervention.

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 agency 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

² U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

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.

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

According to the Strategic Prevention Framework³, cultural competence means to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups. One reason KLU has made it mandatory that its counselors are trained mental health providers is to ensure that the staff can be respectful and responsive to the secrecy and shame that are so common within this population.

Numerous cultural competency strategies are threaded throughout the various aspects of programming. 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.
- Program materials are gender and culturally inclusive and are provided in Spanish and other languages as needed.
- To allow equitable access for all groups and to reach all children meeting the target population, there are several program features meant to address common access barriers. 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 sustaining an environment that is nonjudgmental.
- Counselors and interns are given feedback based on the Director's completion of the fidelity form.
- KLU counselors and interns are master's prepared and licensed mental health professionals.
- KLU counselors have earned at least 3 credits in graduate mental health cultural competency.
- There is ongoing staff development to further develop cultural competencies and staff meeting discussion about how culture influences drug culture terminology, youth language, and preferred methods of communication and emotional support.

BUILDING CAPACITY

How KLU Relates to the Community's Overall Prevention Strategy and KLU's Collaboration with Federal, State, and Local Organizations

Given KLU's 28-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 relationship with FCPS and numerous local organizations, and prevention partners has been at the heart of its success. The Department of Juvenile Services has recognized KLU's population as one that is at risk, and has actively maintained communication with KLU representatives regarding potential referrals and program updates. On a local level, Lead 4 Life is a privately owned non-profit entity that provides diversion services for youth that have been charged with misdemeanor crimes. Lead 4 life has assumed a relationship with KLU similar to the

³ <https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>

one forged with the Department of Juvenile services. The Local Care Team (LCT) is a multi-disciplinary team tasked by the state of Maryland with reviewing the cases of youth that are at risk of out-of-home placements in residential treatment settings. This team and its members receive regular updates about KLU and utilize KLU's services as a potential resource for the youth being reviewed. The Department of Social Services' Child Protective Services (CPS) division frequently is involved in the lives of KLU participants. CPS has a history of collaborating with KLU on common clients, as well as making referrals into the program. Jerry Moe, National Director of Children's Programs at the Betty Ford Center and internationally known author has collaborated with KLU. He came to Frederick in 2013 as a keynote speaker and shared that he rarely accepts speaking requests but wanted to honor the longevity of KLU and its impact.

KLU has also had champions, those personally affected by substance abuse, who have played an integral role in the program's development. KLU's nomination and subsequent participation in SAMHSA's Service to Science initiative played a critical role in KLU advancing along the evidence-based continuum. This then led to further strategic planning on ways to build evaluation capacity and serve more children. More recent capacity building efforts have focused on meeting the rigorous standards that must be met 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.

The FCHD is one of the first health departments in Maryland to be nationally accredited through the Public Health Accreditation Board. This involved demonstrating that the FCHD adheres to a specific set of core public health principles and has met high standards for quality. As a program of the FCHD's Behavioral Health Services Division (BHS), KLU is well situated to make use of collaboration and linkages with local and state organizations (also see Program Management). The BHS 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. The KLU Director meets regularly with key players in prevention and treatment at the local level. KLU is also linked also through its supervising staff meeting regularly with community groups including the Local Care Team, and the statewide Child and Adolescent Treatment Provider Coordinators.

The BHS Director and Assistant Director co-chair a combined Mental Health Advisory Board and the Local Drug and Alcohol Council. The combined council meets on a regular basis to identify and prioritize prevention, treatment, and recovery needs based on ongoing assessment. Attendance is comprised of various stakeholders, including members of the BHS staff, the recovery community and their families, mental health consumers and secondary consumers, other public agencies such as the Department of Social Services, community members with lived experience, community members with expertise in child psychiatry, and mental health treatment providers. The council creates a local strategic plan and submits it to the MD Department of Health and Mental Hygiene. Strategic plan goals and objectives are determined by current trends and understandings of the needs in Frederick County and best practices in the area of addictions. This strategic plan directly informs the planning process of KLU. One of three goals set forth in the strategic plan the last two years was to maintain and expand KLU and to enhance communication with various prevention partners regarding the availability of KLU's services.

Community Outreach Strategies

Each year KLU is involved with various community outreach strategies. The process for selecting youth for the school-based groups simultaneously involves outreach to parents of all fourth graders from participating schools. To further its relationships with community agencies, KLU has developed a new web-based referral system so community members and partnering agencies (e.g., Lead 4 Life, juvenile services) can identify and refer youth for the program as well as parents, students and school counselors. KLU's annual art show at a local museum has also become bedrock for community education and local media coverage. In addition to the

public art show, awareness of the needs of children impacted by family substance abuse and KLU services is promoted through presentations for numerous entities in the community such as PTAs, Department of Juvenile Services, Child Protective Services, and the local Mental Health Association. KLU directly links participants to local case management services and state programs like Maryland Youth Crisis.

Grassroots Participation

KLU is a grassroots movement. As described earlier, KLU evolved from a small community-based program to a countywide school and community-based program in response to a school counselor noticing a need and reaching out to the FCHD for help. School counselors elect to bring KLU to their schools. They add this to their already busy positions because they see the impact of substance abuse on children. Because school counselors were implementing this program, it started to get support and recognition at higher levels. More recently, Frederick's Up and Out Foundation reached out to KLU seeking ways to coordinate efforts. Nearby Washington County public schools has solicited KLU for assistance in bringing KLU to their county. The local management agency in Kent County also requested guidance in how to respond to their opioid overdose crisis. KLU is currently examining its capacity to respond to these requests and examining how it fits with its strategic plan and funding. Youth participants have also been instrumental in growing the program from the bottom up. Their voice and request that KLU stay with them longer has resulted in the high school pilot.

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 local, state and national prevention goals and needs assessment information including epidemiological data. KLU is regularly participating in strategic planning through FCHD meetings and processes and through meetings with the program evaluator. KLU staff and the evaluation consultant understand from training on strategic planning that research-based planning involves prioritizing those risk and protective factors most aligned with the exact prevention problems identified and working from a logic model that ensures the understanding of the solution is intimately connected to the understanding of the problem. Furthermore, an effective prevention plan needs to include key stakeholders and collaborative planning processes, all of which help ensure the plan selected will be effective and sustained. Below is a description of how KLU does each of these strategic planning practices.

The risk factors prioritized through KLU are exposure to family substance abuse and social isolation. Over and over KLU hears from school leaders, community members, local health providers and most importantly, participants themselves, that the greatest risk is that without KLU, children are struggling alone—hidden in plain sight. As discussed earlier in this application, family substance abuse, exposure to additional adverse childhood experiences, and social isolation are directly associated with a host of other behavioral health issues. While KLU is not providing treatment to parents/caregivers, the identification of the situation allows KLU and school counselors to identify additional risk factors that can be removed (e.g., social isolation, guilt and blame, misunderstanding about the disease and recovery process, poor coping strategies, unaddressed health problems, attempts to get attention through acting out behaviors, abuse, the need for social connection and structured positive activities during summer). The addition of the referral and linkage aspect of KLU is actually a result of KLU's ongoing collaborative, strategic planning processes with key stakeholders (e.g., school partners, community members, and KLU's evaluator). While collaboration has historically occurred between KLU and school counselors, there was not a structured protocol in place, school counselors were not trained on this aspect of KLU, and it was not evaluated. Recent strategic planning efforts between FCHD and FCPS have also resulted in the expansion of KLU programming. Outreach to new schools has been strategic, based on assessment of school readiness, needs of various school populations, and up to date local needs assessment information. In addition to the 189 youth served through 2016-2017 school-based groups, KLU's universal prevention efforts reached more than 1800 youth during the 2016-2017 school year.

Research regarding effective strategic planning highlights the importance of prioritizing risk and protective factors that a community has the capacity to influence and change. Due to the partnerships that KLU and the Health Department have established with the schools and other critical community and state agencies, KLU has the resources and readiness to address the targeted risk and protective factors. The combination of tapping into school and community resources is intentional and powerful. The KLU school-based prevention program and referral and linkage initiative serves a critical role in integrating the various components of the local and state prevention and treatment system. The table below identifies the program’s goals and objectives and demonstrates how they are directly aligned with the identified needs.

Needs, Goals, and Objectives Guiding Strategic Planning
Identified Need #1: Stigma and lack of information about prevalence and impact of family substance abuse results in a disconnect between youth and the school and community resources available to them and their parents/ caregivers.
Goal #1: Increase student, teacher, and community awareness of the impact of family substance abuse on children and the prevention and treatment resources available to them thereby increasing youth access and engagement in KLU and other school and community programs.
<p>Objectives to Assess Goal #1</p> <ol style="list-style-type: none"> 1) KLU will continue to increase the number of schools served by at least one school per year. In 2016-2017, 17 out of 34 elementary schools had KLU groups. KLU will provide annual training to at least one school counselor at each collaborating school. School counselor training includes information and tools to raise family and school staff awareness of the impact of parent substance abuse. 2) The KLU education and referral process will include information and resources about substance abuse, treatment for substance abuse, the important role of parents in substance abuse prevention, and how substance abuse in the family effects children in the form of a letter and information handout that goes home with every 4th grader in participating schools. 3) With permission, KLU will exhibit art created by program participants expressing feelings associated with growing up in a family where substance abuse is a problem at an annual public art exhibit and public art reception. Local media will publicize the event and include information about how alcohol and drug abuse in the family effects children and our entire community. 4) KLU counselors will provide community outreach about the program and information about how substance abuse in the family effects children by giving at least 10 presentations to key stakeholders at community health fairs, PTAs, etc. per fiscal year. 5) KLU will maintain a webpage as part of the FCHD website which will include program specific information and links to further information about substance abuse, resources, and the effects of substance abuse on families, and referral forms for mental health professionals.
Identified Need #2: Children living in households with substance abuse problems suffer in silence when this risk factor remains unidentified. Without identification they cannot access KLU or other school and community resources.
Goal #2: Effectively and ethically identify youth in the target population.
<p>Objectives to Assess Goal #2</p> <ol style="list-style-type: none"> 1) KLU will maintain and update its <i>KLU Handbook for School Counselors</i> annually. 2) Prior to collaboration with KLU, school counselors will receive training in the use of the <i>Handbook</i>, and KLU staff will monitor counselors’ adherence to the <i>Handbook</i> and provide ongoing coaching. 3) Collaborating school counselors will identify and refer students fitting the target population in a consistent manner across Frederick County using the <i>Handbook</i>. 4) KLU will continue to plan strategically with FCPS about how to expand the identification of students impacted by family substance. Even if there are not current resources to offer a group at all schools, there are still services the school counselor can provide to identified youth and it helps demonstrate the need for additional funds. KLU will also continue to work towards the inclusion of the <i>Lots of Kids Like Us</i> fourth grade classroom lesson into the school counselor curriculum countywide.

<p>Identified Need #3: Without intervention, the experience of family substance abuse and other adverse childhood experiences often results in numerous academic, physical, and emotional difficulties across the lifespan and greatly increases the likelihood of repeating the often inter-generational cycle of addiction.</p>
<p>Goal #3: Reduce risk factors and build protective factors, including self-worth, social support, and healthy communication and coping strategies so that youth avoid drugs and remain successful academically, socially and emotionally.</p>
<p>Objectives to Assess Goal #3</p> <ol style="list-style-type: none"> 1) KLU will provide programming for at least 125 students in the target population each school year. 2) 75% of program participants will attend at least 75% of program sessions offered to their school during each school year. 3) KLU’s group and day camp activities will be designed based on best practices and evidence based strategies to build on one another throughout the five years of the program and to address participants’ changing developmental needs. 4) Participants will report increases in targeted protective factors and reductions in targeted risk factors. 5) KLU school-based groups, summer camp, and referral and linkage services will be directly aligned with the risk and protective factors prioritized through the program so that youth experience measureable and meaningful positive changes in these targeted areas. 6) KLU will continue to conduct needs assessment, evaluate its strategies, examine its logic, address gaps and integrate new research. The quality of programming will be evaluated through direct observation and feedback during the activities, and recorded on the fidelity checklist after 100% of group meetings. It is also evaluated through participant responses on evaluation surveys. 7) KLU counselors will be trained to implement programming with fidelity to the program implementation manuals, cultural competency, trauma-informed care, and evidence-based practices. 8) KLU will use the Planning and Referral Process to Address Specific Student Needs to address needs of participants that are beyond the scope of KLU intervention.
<p>Identified Need #4: Most communities do not have a countywide program provided at no cost to children affected by family substance abuse and are not aware of how they could build a partnership such as the one between FCHD and FCPS.</p>
<p>Goal #4: Increase knowledge of solutions like KLU and build readiness toward implementing such research and evidence-based strategies.</p>
<p>Objectives to Assess Goal #4</p> <ol style="list-style-type: none"> 1) KLU will apply for the NASADAD Exemplary Award Program in an effort to raise national attention to the topic of family substance abuse and the promise of strategies and programs like KLU. 2) KLU will maintain its engagement in the IRB approved <i>KLU Longitudinal Program Evaluation Study</i>. The study will assess outcomes for participants’ self-worth, social support, and communication and coping strategies, and abstinence attitudes toward substance abuse as well as school counselor feedback on student and school changes observed as a result of KLU implementation. 3) As many students, teachers, and school counselors as possible will complete evaluation surveys for the school-based and summer day camp programs. Once a high enough sample size has been reached, which could take a few more years, KLU will publish the results of the evaluation study and apply to the National Registry of Evidence Based Programs and Practices. 4) See also Goal # 1 Objectives 4, 5, and 6.

Members of Target Population Reached and Timeframe

During fiscal year 2017, 1840 children were screened for family substance abuse as a result of the fourth grade curriculum implemented at 20 partnering elementary schools (note 3 elementary schools conducted screening but did not yet implement the groups). 178 4th through 12th grade youth participated in the KLU school-based prevention and counseling groups. Through program expansion planned for this year, the number of schools served increased from 19 to 25 and there were 35 total groups offered. As part of KLU’s goal to build

community awareness, prevention information, training and screening materials were provided to a target population of school administrators, students, parents, and counselors at 20 elementary schools.

Mechanisms in Place to Ensure Long Term Program Sustainability

KLU implements many best practices associated with long-term program sustainability. These include: (1) ongoing evaluation and results, (2) clearly defined programming with tools to promote fidelity, (3) ongoing strategic planning and adjustments to address gaps and take advantage of opportunities, (4) diverse and numerous partnerships, and (5) cost effectiveness. Because the program is remarkably 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. Through its efforts to increase community awareness of the impact of family substance abuse and how KLU effectively targets risk factors and builds protection, funding through individual donors is also expected to increase. For example, KLU recently received an unsolicited donation of \$12,500.

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 (NREPP) 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 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 an innovative selection and referral process clearly defined in a handbook that effectively identifies youth shown to be at some of the highest risk while simultaneously implementing community outreach and education at a large scale, (2) has evaluated its selection and referral process as well as program outcomes, and (3) provides school-based services and referral. KLU groups are implemented in a confidential manner during the school day, removing common barriers to service access like transportation, scheduling, and parental readiness for change. Unlike other programs or practices addressing this public health issue, KLU is not dependent on caregiver engagement. Although many aspects of implementation have remained consistent throughout its 28-year history, KLU pays close attention to the responses, needs, and engagement of the youth during group sessions as well as to their formal evaluation feedback about the program, school counselor observations, advances in the behavioral health and prevention fields, and emerging prevention needs in Frederick County, in order to effectively implement new methods to further integrate effective practices.

Another innovative feature is KLU's requirement that its staff be licensed counselors or art therapists. While KLU has a set curriculum, the group meetings also incorporate time for participants to share individually. 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 also consistently implementing set best practices to address prioritized risk and protective factors. The impact of the unpredictability and lack of supervision that often exists in homes with addiction can be buffered by protective factors⁴ like monitoring provided by other adults, social support, access to support services, social and emotional development, knowledge of the disease and recovery process, social connection, 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 builds all of these protective factors.

Program Operation

School-Based Program. The school-based component of KLU is its primary component. Close collaboration between the KLU and school counselors fuels program success. School counselors promote and support KLU

⁴ 44 *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.

at their elementary, middle, and high school and implement the selection process. A trained KLU counselor implements KLU groups at all levels. All KLU-trained school counselors are present at and co-lead most of the group meetings. 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. 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.

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 “graduate” into Level 2, then 3, 4, 5, and 6.

Levels 2 – 6. The Level 2 through 5 programs are intended to be implemented in Grades 5 through 8 respectively.. The high school program (grades 9-12) is referred to as Level 6. Levels 2 through 6 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, preparation for high school, and preparation for graduation. 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 and other adverse childhood experiences (e.g., loss of a parent). Level 2 through 6 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. Later program levels increasing focus on helping youth identify other programs and positive activities that meet their emerging needs and talents.

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. At times, this may result in parent/guardian contact and/or referral to the school’s Student Services Team.

Summer Art Adventure Camp. Students who participate in the school-based groups are invited each year to participate at no cost. Summer camp is innovative and includes: therapeutic atmosphere, low staff to camper ratio, emphasis on strengthening bonds between peers and to trained adult staff, open art therapy studio, 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.

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.

KLU’s Ability to Effect Community-Wide Change and Percent Impacted

Throughout the county, KLU changes norms around both positive attitudes to use and the shame and stigma associated with substance abuse and addiction. While KLU’s school-based groups serve and impact a targeted, high-risk group, KLU also delivers universal prevention services to community members and parents of all 4th grade students in participating schools. In the 2016 – 2017 school year, the introductory classroom lesson, *Lots of Kids Like Us*, was presented in 20 FCPS elementary schools. This classroom lesson is an integral step in KLU’s process for selecting and referring youth to KLU. The classroom lesson also helps educate all 4th grade teachers and students, including students not living in homes with addiction, about what some students may be

experiencing. Furthermore, as part of the lesson, a letter goes home to parents of all the 4th graders that provides important information about accessing substance abuse, prevention, and treatment resources as well as information about KLU. This letter potentially reaches thousands of community members. Both the letter and the classroom lesson describes substance abuse as a disease and tackles the judgmental norms around substance abuse. The classroom lesson and letter serve as universal prevention pieces that change norms for teachers, youth impacted, their peers, and their community.

KLU works with school counselors to help reduce stigma at their local schools by providing presentations, resources, and strategies for program promotion in the KLU Handbook for School Counselors. 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 and provides resources to link community members to treatment, support, and other needed services. KLU's Goals #1 and #4 (see Strategic Plan) are designed to incorporate strategies to effect community-wide change. David Brooks, Criminal Justice/Re-entry Program Manager for the substance abuse treatment program in the county adult detention center stated that they: "have collaborated with KLU for several years by referring the children of clients participating in our substance abuse program for KLU involvement. We have witnessed the growth and the instant motivation of clients that have children receiving services through Kids Like Us. I am happy to state that that the goals of our treatment program and KLU are aligned. Our mission of stimulating community awareness and understanding of the effects of incarceration and substance abuse on the family is a critical one for change to occur."

Frederick County encompasses rural, suburban, and urban areas near the Washington, DC and Baltimore metropolitan communities, with a population of about 233,385. There are 15,876 public school students enrolled in 4th through 8th grade. There are 34 elementary schools in Frederick County, 3,242 4th graders and 3,273 5th graders. In Fall 2016, about 57% of all the county's 4th graders received the classroom lesson about how substance abuse effects children and families, and their families received information handouts with local and national resources and information about substance abuse, treatment, and prevention. About 220 4th graders, (12%) are estimated to live with a parent who is dependent on or abuses alcohol or other drugs (SAMHSA, Office of Applied Studies, 2009). 62 students (about 28%) in 17 elementary schools were newly referred to KLU. This is ahead of the estimated 10% of substance abusing adults who receive treatment. This suggests there are still many youth who are affected but not yet served. While we know that in some cases the children and/or parents are not ready to participate in KLU, those who do not participate in the program receive the information and the classroom lesson. These and others in the county also benefit from KLU's outreach efforts. As KLU continues to build relationships and increase its funding, it has the capacity to serve additional schools. The new website also increases opportunities for new referral paths.

KLU Can Easily be Replicated

The KLU Founder/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 process and outcome evaluation. Across evaluation methods, data sources, and 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 and outcome 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, Intent to Use, and Ideas Questionnaire. There was a statically significant positive difference between the Intervention and Control group on the Piers-Harris Scale. Student and parent comments provided qualitative evidence regarding positive effects of KLU.
1996	Student, school counselor, KLU staff, and parent survey comments indicated clinically significant positive effects. Maryland's Governor's Drug & Alcohol Abuse Commission stated KLU had, shown significant impact on risk and resiliency factors associated with adolescent substance abuse.
1996-2006	Due to budget restraints and focusing on other areas of program growth, KLU was not formally evaluated.
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, FCHD and KLU decided to continue working with the STS technical assistance provider for ongoing evaluation services.
2008	An external evaluator conducted focus groups with participants and found they attributed the following results to 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 share what is going on at home and receive support from others dealing with similar situations.
2009-now	The KLU Director and evaluator are running an IRB-approved, longitudinal study, gathering data from teachers, school counselors, and students in intervention and wait-list control groups.
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 family substance abuse, had fun, 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 additional 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-now	KLU continues to gather evaluation data from participants, teachers, and school counselors. The KLU Director and evaluator plan to apply for review by NREPP once the longitudinal study is complete. Analyses have been delayed because the program needs to be run 1-3 more years to achieve large enough sample size for paired pre and post test data from both comparison and control groups. 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, 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 major outcomes and results (alignment with need also show in Strategic Planning). All stakeholders from various data sources highlight the breadth and depth of KLU's impact on its community at large as well as the youth served.

Goal #1: Increase student, teacher, and community awareness of the impact of family substance abuse on children and the prevention and treatment resources available to them thereby increasing youth access and engagement in KLU and other school and community programs.

Outcome Area #1: Increase Schools and Youth Served

- The number of schools with KLU groups increased from 21 in FY2016 to 24 in FY2017. 62 additional youth were served.

Outcome Area 2: Change Norms and Increase Those Served through Community-wide Education

- 1840 4th graders received the classroom-based lesson on family substance abuse. Fourth graders from 20 participants elementary schools then sent home important education and resource letters to families.
- Annual public art exhibit reached an estimated 1,500+ community members and was publicized weekly in the Frederick News Post community events from September 2016 through April 2017.
- Pertinent results from the 2015 KLU School Counselor Survey are shown in the chart below:

Which of the following do you think have occurred, at least in part, because of your school's participation in KLU DURING the 2014-2015 SCHOOL YEAR?	Yes	No	Don't Know	NA
c) KLU helps raise awareness about the negative impact of family substance abuse on students.	95% 18		5% 1	
e) KLU materials helped me be more tuned into substance abuse related issues for all students.	74% 14	26% 5		

Outcome Area 3: Train, Educate, and Partner with Numerous Community Groups

- To date in FY2017, KLU provided 12 community outreach events with 123 individuals in attendance.
- Review of 2015 referral sources demonstrates that community outreach is effective.
- School counselors report they have helped students without permission for the group 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 has results.

Goal #2: Effectively and ethically identify youth in the target population.

Outcome Area #1. Maintain Quality Handbook, Train Counselors, and Support Referral Paths.

- KLU's webpage was updated in January 2017 to facilitate ease of referral into program.
- 29 school counselors attended the 2016 annual training. Counselor report few barriers and perceive a healthy, sustainable partnership. Feedback from attendees suggested that future training be conducted prior to the start of the school year and thus, training was provided in April 2017 versus early fall.

Outcome Area #2: Increase identification of children dealing with family substance abuse

- 72 new participants were identified and referred due to KLU and school counselor implementation of referral process, which includes community outreach and opportunities for many to help identify youth.
- 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. .

Goal #3: Reduce risk factors and build protective factors, including self-worth, social support, and healthy communication and coping strategies so that youth avoid drugs and remain successful academically, socially and emotionally.

Outcome Area #1: Serve youth with appropriate dosage with effective programming and fidelity

- 189 students participated this school year at 25 schools.
- Final participation rates for the current school year are not yet available but preliminary review yields overall success in ensuring youth attend 75% or more of offered sessions.

Outcome Area #2: Reduce Risk and Increase Protective Factors Shown to Meaningfully Impact Youth

- Participation and fidelity ratings alone demonstrate that as a result of KLU, youth are receiving social support and positive adult engagement that did not exist prior to KLU. Previous focus group results indicate protective factors are increased and that knowledge and skills increase.
- Results from the KLU end of year student surveys highlight the value participants have of the program. Students attribute positive behavioral and emotional changes. Tremendous headway has been made in

cleaning and entering data, determining inclusion criteria and preparing data for analysis. However, data entry must be balanced with direct service. Qualitative data from hundreds of students is still in the process of being entered and analyzed but examples of what students say include:

- *Ever since I joined this group I have been doing a lot better and since I have been talking, my dad has been doing better.*
- *Now I am comfortable talking to adults when I am in bad situations & I want to solve a problem.*
- *Now I know what to do when my brother gets drunk.*
- The Planning and Referral Process has been used with 14 participants to date in school year 2016-17. School counselors report positive outcomes from student-specific collaboration.
- In 2015, 100% of school counselors indicated the KLU program is positively benefitting students served by the program at their school. Specific 2015 counselor survey results are included in the table below:

Considering the 2014-2015 SCHOOL YEAR only, how many of your school's KLU student participants have demonstrated the following results:	No students	A few students	Some students	A lot of students	Don't know
b) Seem happier and more upbeat		11% 2	42% 8	47% 9	
c) Appear less socially isolated and are making new friends		5% 1	47% 9	42% 8	5% 1
d) Are opening up beyond the KLU group to express or address important concerns		11% 2	42% 8	47% 9	

Goal #4: Increase knowledge of solutions like KLU and build readiness toward implementing such research and evidence-based strategies.

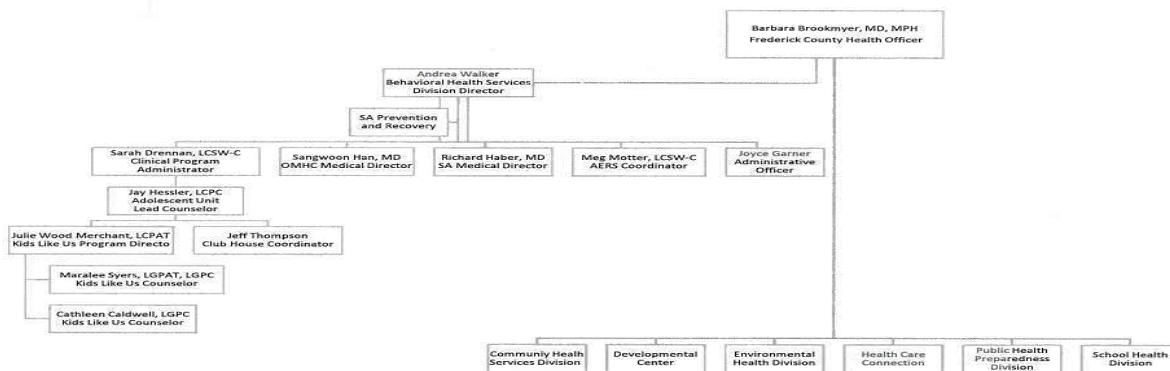
Outcomes for Goal #4

- 1) KLU applied for the NASADAD Exemplary Award Program an effort to share the good news of KLU.
- 2) Student, teacher and counselor data collection continues and more student surveys were collected this year as a result of increase staff capacity to run groups.

PROGRAM MANAGEMENT

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

As demonstrated in the Organizational Chart on the following page, KLU is a prevention program of the FCHD Behavioral Health Services (BHS) Division. During FY17, the BHS re-organized to create a more cohesive Adolescent Unit. As intended, this has facilitated better internal communication and referrals among programs. The KLU Director is responsible for the overall administration of KLU and is the point of contact for all stakeholders. She currently oversees one KLU counselor and two student intern(s). 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 oversees community outreach, personally runs several groups, and leads the summer camp and community art show.



Systems in Place to Ensure Effective Communication

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. The KLU Director’s communication practices include: meeting twice a month with the Director of the Adolescent Unit and weekly with her staff; quarterly collaboration meetings with the FCPS Director of Counseling; providing weekly supervision and support to implement programming with fidelity; regular informal communication with counselors, and making herself personally available to parents community members for questions and referrals.

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

The overall budget for KLU in fiscal years 2016 and 2017 is presented in the table below. The overall total annual budget for KLU is less than \$218,000. With recent estimates regarding the cost of substance abuse and mental health treatment, the cost savings of this program are profound.

	FY2016			FY2017		
	County	State	Total	County	State	Total
INCOME						
County: Frederick County Funding	43,648		43,648	55,689		55,689
State: Dept. of Mental Health & Hygiene		108,321	108,321		162,038	162,038
Total			151,969			217,727
EXPENSES						
Personnel Costs - Staff	39,911	87,376	127,287	41,937	140,660	182,597
Evaluation Consultant	-	5,500	5,500	-	5,500	5,500
Operating Expenses	3,737	8,583	12,320	13,752	2,375	16,127
Indirect Costs	-	6,862	6,862	-	13,503	13,503
Total			151,969			217,727

The main sources of income are Frederick County funds and 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 grant award provided KLU funds for FY2017 to add an additional counselor, who was hired in August 2016. The fact that 24 schools, 35 groups and over 175 students were served with intensive prevention programming on this budget speaks to its innovation, its partnerships, and its creative use of resources. Furthermore, through its community outreach efforts, KLU also reaches over 1800 youth and their families with prevention education about the impact of family substance abuse.

The majority (approximately 84%) 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 additional 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, some programs share clerical support. As part of a nationally accredited 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 and several community agencies. School counselors play a critical role in KLU implementation but their time is provided as part of their school role.