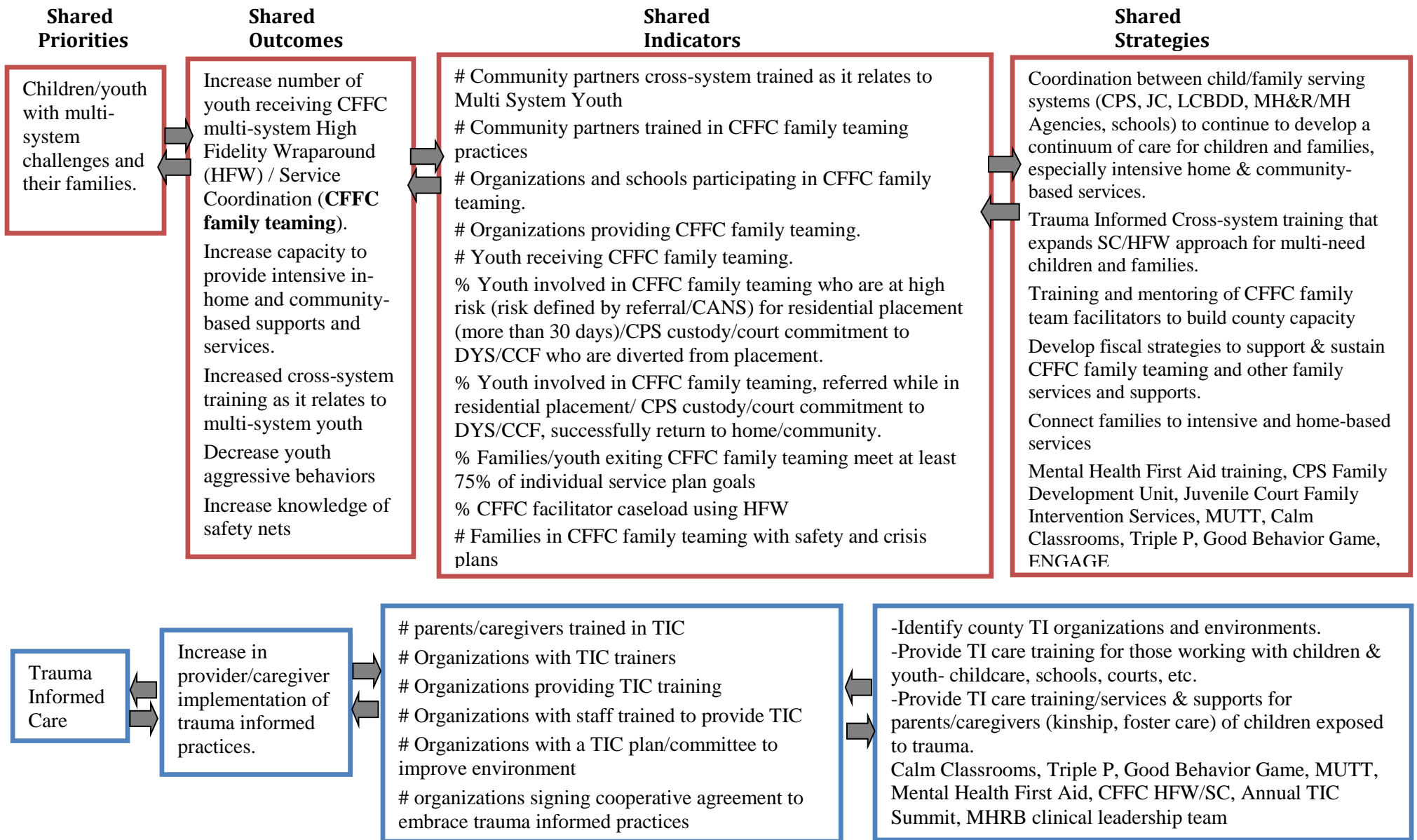
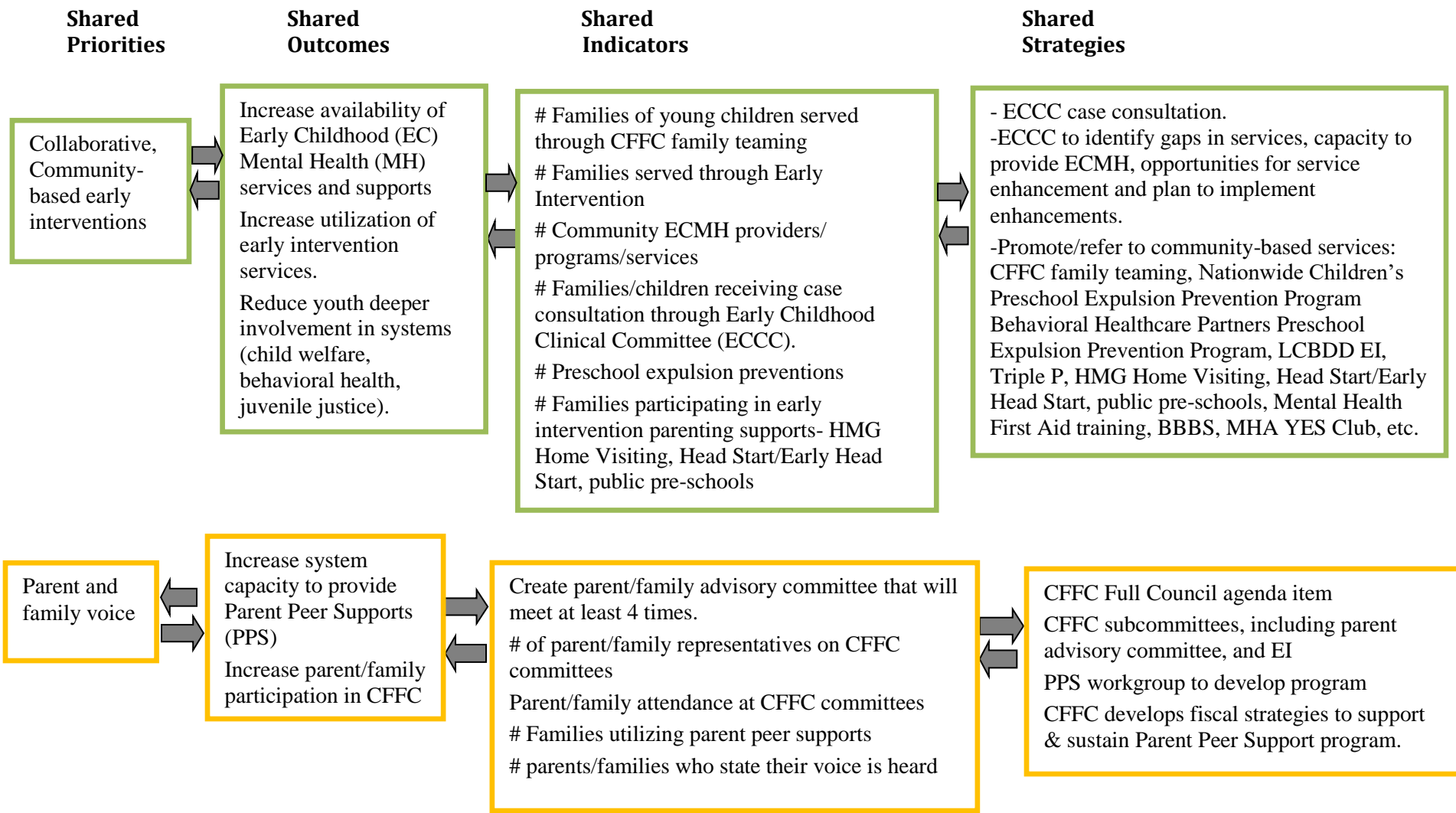


Licking County Family and Children First Council Shared Plan for SFYs 2020-2022

**Current FCFC Initiatives (2018/19): Children and Families First Council and Board of Directors; Early Intervention Services; Community Support Teaming- High Fidelity Wraparound/Service Coordination; Clinical Committee; Early Childhood Clinical Committee; Trauma Informed Care Training; ENGAGE Leadership Committee; Respite Committee, Funders Committee, Parent Peer Support Committee**





**Were there any modifications from last year's plan? Yes x No**

**If yes, please identify the types of changes made by checking the appropriate boxes below:**

x Priorities- All priorities with exception of Trauma Informed Care have been changed. The focus continues to be on increasing availability of community-based services for youth and families, including teaming services. New outcome related to parent and family involvement in CFFC.

x Outcomes- The focus of former outcomes broadens beyond young children, trauma and older youth.

x Indicators- Many indicators remain in the new plan as were in the 2017-2019 plan, but indicators build upon previous measurement to include new indicators.

x Strategies- Stronger emphasis on partnership and coordination, training of community providers, connecting families to community-based services, early intervention efforts, and providing more opportunities for parent voice.

**1. Identify any barriers in implementing the plan (i.e. data collection, data tracking, funding, infrastructure, etc.)**

2017-2019 Plan-

It has been difficult collecting comprehensive information on trauma informed care training as many organizations that are not involved with CFFC are not solicited for outcome information. Anecdotally, we are aware of staff from many community organizations attending TIC training.

The trend of higher risk youth referrals appears to be continuing, so despite adding a second HFW staff person, we expect to continue to experience capacity issues, with increased referrals of youth who are higher risk.

**2. Identify any successes/how implementing this plan has worked to strengthen the council and county collaboration.**

2017-2019 Plan-

CFFC is serving significantly more families with children who are at a higher risk for out of home placement. The trend would indicate that fewer young children would be served, but this has not been the case. We expect to continue to experience capacity issues, so in response, we will utilize the Early Childhood Clinical Committee (and Clinical Committee for older youth) for case consultations to avoid youths' deeper involvement with systems. The community is actively collaborating to provide a stronger foundation for young children and their families. ECCC has formed a strong collaborative and seeks innovative solutions to problems in the community.

The community embraces the importance of Trauma Informed Care, as evidenced by the local trainings and organizations with formal plans to provide trauma informed care/trauma informed environments. We have identified an increase in the trauma informed care training provided/attended by local providers. The community is working together to share resources and expertise to help move efforts forward.

The trend with serving more youth and families continues. It is expected that this involvement in HFW and Service Coordination will lead to an increased likelihood that these youths will have a better chance at experiencing success. The ENGAGE team is growing and the community is actively sharing resources, identifying and addressing the needs of older youth/young adults. More providers are engaged with CFFC through family teams and collaborating to address the needs of youth and families.

The gap regarding in and out of home respite services has resulted in partners seeking/being awarded funding to address this gap and prioritizing existing funds to address this gap. CFFC continues to receive United Way of Licking County funding to support Teaming services and additional funding has been provided by the Mental Health and Recovery Board.

**Report on Indicator Data** (Provide data for each outcome indicator listed on the Shared Plan. List only ONE outcome per page. This page can be duplicated as needed).

**Shared Outcome:** Increase number of youth receiving CFFC multi-system High Fidelity Wraparound (HFW)/Service Coordination (CFFC family teaming).  
 Increase capacity to provide intensive in-home and community-based supports and services.  
 Increased cross-system training as it relates to multi system youth  
 Decrease youth aggressive behaviors  
 Increase knowledge of safety nets

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
# Community partners cross-system trained as it relates to multi system youth	Data: 0 Year of Data: 2018/19	Data: Year of Data:	
# Community partners trained in CFFC family teaming practices	Data: 1 (CFFC) Year of Data: 2018/19	Data: Year of Data:	
# Organizations and schools participating in CFFC family teaming.	Data: 102* Year of Data: 2018/19	Data: Year of Data:	
# Organizations providing CFFC family teaming.	Data: 3 Year of Data: 2018/19	Data: Year of Data:	
# Youth receiving CFFC family teaming.	Data: 96 Year of Data: 2018/19	Data: Year of Data:	
% Youth involved in CFFC family teaming who are at high risk (risk defined by referral/CANS) for residential placement (more than 30 days)/CPS custody/court commitment to DYS/CCF who are diverted from placement.	Data: 94% Year of Data: 2018/19	Data: Year of Data:	
% Youth involved in CFFC family teaming, referred while in residential placement/ CPS custody/court commitment to DYS/CCF, successfully return to home/community.	Data: 41% Year of Data: 2018/19	Data: Year of Data:	
% Families/youth exiting CFFC family teaming meet at least 75% of individual service plan goals	Data: 74% Year of Data: 2018/19	Data: Year of Data:	
% CFFC facilitator caseload using HFW	Data: 50% Year of Data: 2018/19	Data: Year of Data:	
# Families on CFFC family teams with safety and crisis plans	Data: 100% Year of Data: 2018/19	Data: Year of Data:	

- List the data source(s) for the indicator(s): CFFC Electronic Health Record, CFFC data tracking spreadsheets, training sign-in sheets, FCSS and CFFC annual reports.
- Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.): Staff of partner organizations who received HFW training years ago are in different positions or no longer working in the county. The number of organizations with staff that participated in teaming reflects the support of teaming/high fidelity wraparound. \*102 counts **each** organization's site/distinctly different department and school districts with multiple buildings involved in teaming. Staff at three organizations stepped in to facilitate family team meetings when the CFFC team facilitator was unable to attend a meeting- LCBDD, Juvenile Court, The Village Network. Multiple staff at these organizations have provided teaming services.

**Report on Indicator Data** (Provide data for each outcome indicator listed on the Shared Plan. List only ONE outcome per page. This page can be duplicated as needed).

Shared Outcome: Increase in provider/caregiver implementation of trauma informed practices.

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
# parents/caregivers trained in TIC	Data: 146 Year of Data: 2018-19	Data: Year of Data:	
# Organizations with TIC trainers	Data: 9 Year of Data: 2018-19	Data: Year of Data:	
# Organizations providing TIC training	Data: 10 Year of Data: 2018-19	Data: Year of Data:	
# Organizations with staff trained to provide TIC	Data: 16 Year of Data: 2018-19	Data: Year of Data:	
# Organizations with a TIC plan/committee to improve environment	Data: 12 Year of Data: 2018-19	Data: Year of Data:	
# organizations signing cooperative agreement to embrace trauma informed practices	Data: 0 Year of Data: 2018-19	Data: Year of Data:	

1. List the data source(s) for the indicator(s):

Survey of Children and Families First Council members, training sign-in sheets, CFFC member survey

2. Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.): As the number of providers accessing TIC training has continued to increase, we are shifting our focus to parents and caregivers receiving the training. The Children and Families First Council’s Early Childhood Clinical Committee hosted a trauma informed care series for community providers. The training series continued through September of 2018. **3** foster parents attended two of the CFFC sponsored TIC trainings and one youth attended one of the CFFC sponsored TIC training. Licking County Children Services reports that their 74 foster families, **140** individual foster parents, receive training that is trauma informed.

**Report on Indicator Data** (Provide data for each outcome indicator listed on the Shared Plan. List only ONE outcome per page. This page can be duplicated as needed).

Shared Outcome: Increase availability of Early Childhood (EC) Mental Health (MH) services and supports

Improved utilization of early intervention services.

Reduce youth deeper involvement in systems (child welfare, behavioral health, and juvenile justice).

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
# Families of young children served through CFFC multi-system HFW/SC	Data: 22 Year of Data: 2018/19	Data: Year of Data:	
# Families served through Early Intervention	Data: 339 Year of Data: 2018/19	Data: Year of Data:	
# Community ECMH providers/ programs/services	Data: 37 Year of Data: 2018/19	Data: Year of Data:	
# Families/children receiving case consultation through Early Childhood Clinical Committee (ECCC).	Data: 3 Year of Data: 2018/19	Data: Year of Data:	
# Preschool expulsion preventions (BHP, NCH*)	Data: 36 (BHP) Year of Data: 2018/19	Data: Year of Data:	
# Families participating in early intervention parenting supports- HMG Home Visiting, Head Start/Early Head Start, public pre-schools*	Data: 360 Year of Data: 2018/19	Data: Year of Data:	

1. List the data source(s) for the indicator(s):

Survey of Children and Families First Council members

CFFC Electronic Health Record, CFFC data tracking spreadsheets, FCSS and CST annual report. ECCC meeting minutes

2. Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.):

HMG Home Visiting- 40

Head Start/Early Head Start- Head Start

Center Base - 200

Home Base - 24

\*TOTAL HS - 224

Early Head Start

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Home Base - 96

\*TOTAL EHS - 96

Behavioral Healthcare Partners Preschool Expulsion Prevention Program- Contract with Head start runs October until mid-June every year. Last year served 36 clients in the program, none expelled and close 6 successfully. The rest are being served still.

\* Not able to obtain data from NCH Preschool Expulsion Prevention program and public preschools prior to submission of the Shared Plan.

**Report on Indicator Data** (Provide data for each outcome indicator listed on the Shared Plan. List only ONE outcome per page. This page can be duplicated as needed).

Shared Outcome: Increase system capacity to provide Parent Peer Supports (PPS)  
 Increase parent/family participation in CFFC

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Create parent/family advisory committee that will meet at least 4 times.	Data: 0 Year of Data: 2018-19	Data: Year of Data:	
# of parent/family representatives on CFFC committees	Data: 5 Year of Data: 2018-19	Data: Year of Data:	
Parent/family attendance at CFFC committees	Data: 9 meetings Year of Data: 2018-19	Data: Year of Data:	
# Families utilizing parent peer supports	Data: 1 Year of Data: 2018-19	Data: Year of Data:	
# parents/families who state their voice is heard	Data: To be gathered Year of Data: 2019-2020	Data: Year of Data:	

- List the data source(s) for the indicator(s):  
 Meeting attendance records, meeting minutes
- Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.):  
 5- Full Council family reps. ENGAGE-1 family rep.