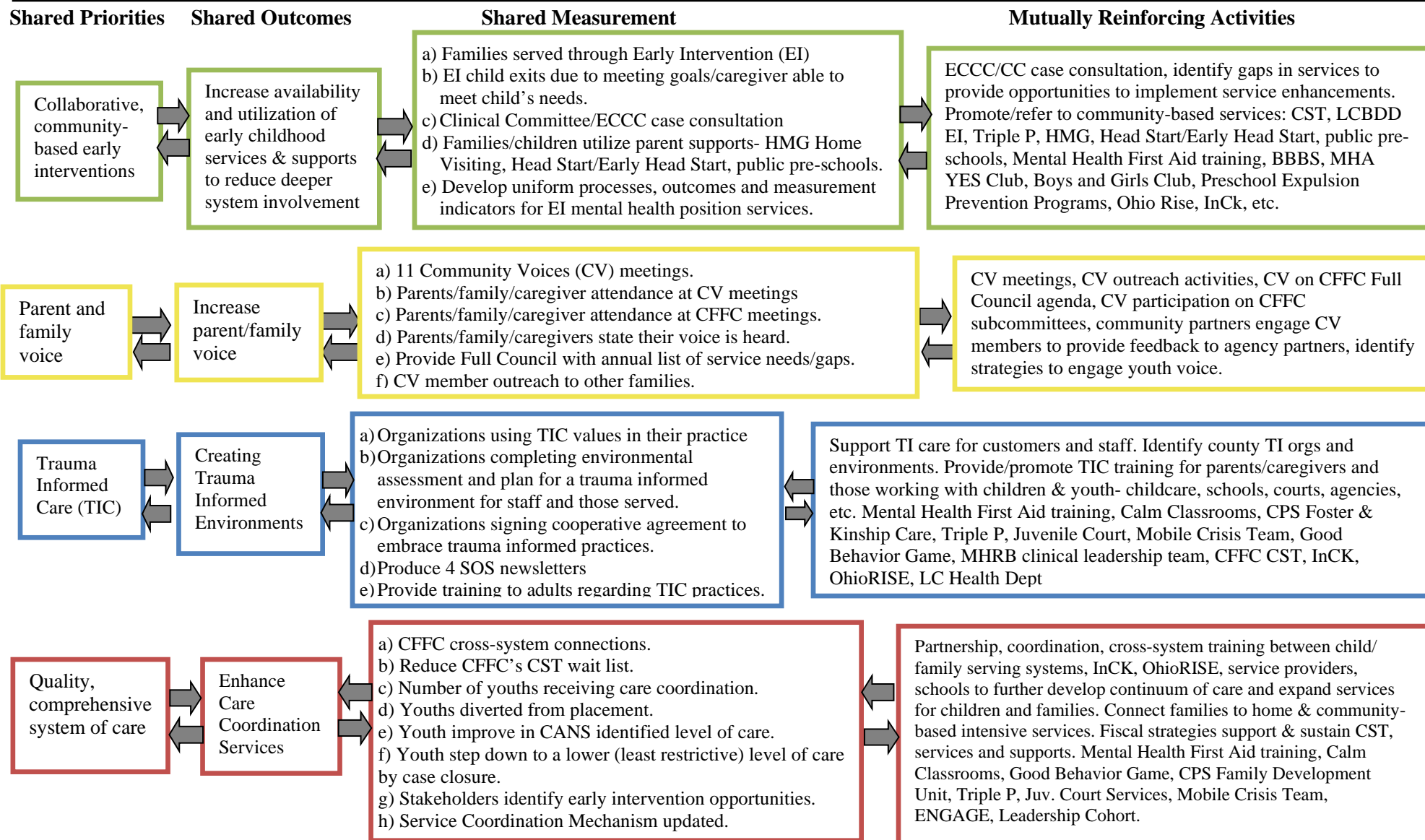


Licking County Children and Families First Council (CFFC) SFY 2023-2025 Shared Plan – 2024 update

Current FCFC Initiatives: CFFC Full Council, Board of Directors and Funders Group, Early Intervention Services, Community Support Teaming- High Fidelity Wraparound/Service Coordination, Clinical Committee, Early Childhood Clinical Committee, Trauma Informed Care and Supporting Our Supporters Committees, ENGAGE Leadership, Community Voices, Leadership Cohort. Closely partnering- Kindergarten Readiness, Ohio InCK project, Community Health Improvement Committee, Licking County Housing initiatives, EFSP, Licking County Cares About Kids



Appendix C Shared Plan Annual Report UPDATE Report on Indicator Data 8.2024

Shared Outcome: Enhance Care Coordination Services

Shared Measurement Indicator(s):	Baseline Data Year of Data:	SFY 2023	Current Year Data SFY 2024	Direction of Change (+, -, NC)
a) Build CFFC cross-system connections.	Data:73 2021-22	Data: 141. Fam team- 62, lead cohort- 23, committees- 56	Data: 121. Fam. Team- 44, Lead Cohort- 23, Committees- 54	+
b) Reduce CFFC's CST wait list.	Data: 15. 2021/22	Data: 4	Data: 2, Point in time 7/1/24	+
c) Increase number of youths receiving care coordination- CFFC, InCK, OhioRISE.	Data: 95. 2021/22	Data: 169 -- CFFC- 49, InCK- 56 OhioRISE- 64	Data: 373. CFFC-35, InCK- 188 OhioRISE- 150 currently	+
d) % Youth involved in care coordination who are diverted from placement.	Data: 69% 2022/23	Data: 69% of CFFC youth	Data: CFFC- 25 of 31 (80%), InCK-N/A	+
e) Youth improve CANS identified level of care at case closure.	Data: 20/28- 71% 2022/23	Data: 71% of CFFC youth	Data: CFFC- 55% 8/11, InCK- N/A,	-
f) % of youth in residential placement at time of referral, or who go into residential placement while involved in Care Coordination who step down to a lower (least restrictive) level of care by case closure.	Data: 3/8- 38%. Year: 2022/23	Data: 38%	Data: InCK-N/A, CFFC- 2 of 2- 100%.	+
g) Stakeholder meetings to identify early intervention opportunities with multi-system need youth.	Data: 0 Year: SFY23	Data: 0 Year: SFY23	Data: 36	+
h) Service Coordination mechanism (SCM) updated.	Data: 0. Year:2021/22	No update to SCM	1 - ROI	+

- Please list the data source(s) for the indicator(s):** Reports from InCK and I Am Boundless (IAB), CFFC cases spreadsheet, partner tracking spreadsheet. Family teams tracked with OhioRISE and Ohio FCFC databases. Leadership Cohort roster. CFFC meeting minutes. CANS IT portal.
- Please identify any key findings: (explanation of data findings; FCFC actions taken in response to key findings, etc.) If no baseline data currently exists, please explain what efforts are being put in place to collect data.**
 - As number of children served decreased, so does number of family teams. It can also be affected by the overlap in providers/schools on multiple family teams.
 - Additional CFFC staff allowed for decrease in wait list.
 - CFFC was down a staff person this past year. Increase in IAB staff level, increase in OhioRISE referrals. InCK - formal care coordination arrangements with managed care plans increased (from 2 in SFY23 to 5 in SFY24), allowing InCK to engage more beneficiaries, resulting in higher potential for enrollment in care coordination. More established partnerships with OhioRISE CMEs during SFY24. InCK has a slightly more precise methodology for documenting enrollments in SFY24 than SFY23. Reporting logic put in place this past fiscal year enabled InCK to capture changes in enrollment status more precisely.
 - d), e), f) InCK does not work with youth at this level or place youth in residential care. Nor does InCK complete the CANS assessment or track CANS assessment results. InCK defines closed cases as beneficiaries that have successfully completed care coordination **and** that have opted out of subsequent InCK services. So, while several more beneficiaries successfully completed the course of a care coordination program, the majority remain enrolled in InCK services for general oversight in the event their situation may change. 9 cases successfully completed InCK-specific services.
 - d) CFFC improvement in diversion from placement may be linked to having FFT in the community and an increase in availability of IHBT.
 - e) CFFC youth- 1 turned 18 and declined further services, 2 youth moved and transferred out of county to complete care.
 - g) CFFC- Discussions at full council, committee and at partnership meetings attended by staff.
 - h) Service Coordination Mechanism update is due to OFCF December 2024.

Please submit to: OFCF@childrenandyouth.ohio.gov by the close of business on August 15 each SFY, along with Council meeting minutes reflecting approval.

Appendix C -- Shared Plan Annual Report UPDATE 8.2024

2023-25 Shared Outcome: Increase availability and utilization of Early Childhood (EC) services and supports to reduce youth deeper involvement in systems (child welfare, behavioral health, and juvenile justice).

Shared Measurement Indicator(s):	Baseline Data	Current Year Data SFY 2024	Direction of Change (+, -, NC)
a) # Families served through Early Intervention	Data: 292 Year: 2021-22	Data: 351	+
b) % of children served through EI who exited due to meeting goals or parent reports they are confident/empowered to meet their child's needs.	Data: 11% Year: 2021-22	Data: 33%	+
c) # Families/children receiving case consultation through Early Childhood Clinical Committee (ECCC) and Clinical Committee for older youth.	Data: 15. ECCC- 4- SFY22. CC- 11- CY2022	Data: 10. ECCC- 3, CC- 7	-
d) # Families/children participating in early intervention parenting supports- Help Me Grow Home Visiting, Head Start/Early Head Start, public pre-schools	Data: 749. HS/Early HS, public preschools. HMG not included. Year: 2021-22	Data: 558. Head Start/Early Head Start- 234. HMG- 54 (full capacity), Flying colors- 270	-
e) Develop uniform processes, outcomes and measurement indicators for EI mental health position services.	Data: POSC tool, education outreaches developed. Meeting state POSC standards. Year 2022-23	Data: Processes are in place. See below.	+

1. Please list the data source(s) for the indicator(s): EI- EIDS, parent report, staff report on policies. CFCC meeting minutes. HMG, HS/EHS and preschool program data tracking systems.

2. Please identify any key findings: (explanation of data findings; FCFC actions taken in response to key findings, etc.) If no baseline data currently exists, please explain what efforts are being put in place to collect data.

- a) b) It is believed that numbers served is rebounding due to an increase in new service providers. These service providers are all receiving support through a coaching mentor who met with each of them on a monthly basis. This support gave staff the tools to maximize on their coaching skills, which helped them to empower caregivers so that families are confident and competent in meeting their child's needs.
- c) Consultation referrals from Juvenile Court decreased. CST staff are in the community more, allowing for more informal consultations from community providers. Response to an ECCC survey of childcare centers to ascertain their training needs and develop training to meet those needs was low. The training would have introduced them to the availability of case consultations. ECCC partners are reconsidering the indicators and activities and has joined with community partners on a Kindergarten readiness initiative.
- d) HMG Home Visiting serves 54 families at all times but can grow if waitlist threshold is reached that allows hiring of additional staff. At this time, 2 families are on a wait list. Head Start- LEADS Head Start Home Based- 24 children and families, Early Head Start- 48 children and families, Centers- 162 children and families. In prior years, staff shortages limited the ability of LEADS to meet needs. LEADS was approved for a reduction of students while keeping the same funding amount from the Office of Head Start. This allowed LEADS to increase wages for staff and have more comparative wages with the public school salaries. The hope is this will encourage longevity among staff and decrease turn over while providing more experience/educated staff members.
- e) Due to caseload capacity, Licking County EI is utilizing an ECMH Consultant through Hopewell Health. A process is in place using the DECA tool to assess needs and guide strategies for the service provider to use with the family. If needed, the provider can reach back out to the mental health consultant if more support is needed. While the indicator related to FFPSA is no longer included, a follow up on last year's comments is included—Licking County CPS was accepted as a pilot county for Phase 2, with staff being trained to provide Motivational Interviewing at intake. **START** framework is completed and CPS has a staff person in place to oversee the program.

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Appendix C Shared Plan Annual Report UPDATE 8.2024

Shared Outcome: Increase parent/family voice

Shared Measurement Indicator(s):	Baseline Data	SFY 2023	Current Year Data- SFY2024	Direction of Change (+, -, NC)
a) Parent/family advisory committee, “Community Voices”, will meet at least 11 times annually.	Data: 9 Year of Data: 2021/22	Data: 11	Data: 11	+
b) # of parent/family members attending Community Voices meetings	Data: 8 Year of Data: 2021/22	Data: 11	Data: 18	+
c) Parent/family attendance at CFFC committee meetings	Data: 16 Year of Data: 2021/22	Data: 22 (not including 2 attending 2-day OFCFCA conference)	Data: 14, plus 6-conference	+
d) # parent/family representatives who state their voice is heard	Data: 3 Year of Data: 2019/20	Data: 5	Data: 5	
e) Provide Full Council with annual list of service needs and gaps in service	Data: 0 Year of Data: 2021/22	Data: 1	Data: 1	+
f) Community Voices members will share information about CV and what they learn at CV meetings with other system involved families.	Data: 0 Year of Data: 2021/22	Data: 55	Data: Distribution list- 27. Alerts- 18	+

- Please list the data source(s) for the indicator(s):** Stipend reimbursement spreadsheet, meeting attendance sheets, meeting minutes, Community Voices roster, parent survey, Needs/gaps report, outreach event attendance notes, verbal report.
- Please identify any key findings: (explanation of data findings; FCFC actions taken in response to key findings, etc.) If no baseline data currently exists, please explain what efforts are being put in place to collect data.**
 - a), b) Community Voices (CV) members welcome other parents/caregivers. Most new attendees come as a result of outreach activities. Members invite presenters to give information of interest/need, offer one-another support, provide feedback to those seeking parent/family input and conduct business regarding CV goals and activities. The support that members offer one another contributes greatly to the success of CV.
 - c) CV member attendance at CFFC subcommittee meetings decreased this past year. CV members who are not parent representatives are invited to attend and participate in committee meetings. We continue to need youth representation on Council. Our plan this year is to address this need and increase outreach so more families are aware of open committees (ENGAGE, TIC) and focus group opportunities.
 - d) Parent reps and CV members present at July meeting who state that they feel their voice is heard. While members report that they feel their voice is heard, they added that more needs to be done to inform providers, physicians, schools, etc. of all the helpful resources available in the community.
 - e) Need/gap list provided with Shared Plan in August 2023. CV will update the list at their August meeting and present new list at following CFFC meeting.
 - f) CV members continue to increase outreach, hosting table at Canal Market in the summer, spring and summer resource fairs. The group was unable to record numbers of all of the individuals stopping at the table for information as was planned. Thus, the number on distribution list and who requested alerts is reported. More outreach activities are planned. CV is on Facebook and has a page on the CFFC website. CV created a pocket resource guide for parents/caregivers. A CV member designed new outreach flyers. Increase in activities is attributed to the dedication of CV members, partner financial support and system partners reaching out to CV to invite them to events and “advertise” the meetings.

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Appendix C Shared Plan Annual Report UPDATE 8.2024

Shared Outcome: Creating Trauma Informed Environments

Shared Measurement Indicator(s):	Baseline Data	SFY 2023 Year Data	Current year SFY 2024	Direction of Change (+, -, NC)
Number of responding Organizations that are incorporating TIC values into their practice and as a guide to improve services (using a TI model, the 6 Trauma Informed principles, etc.)	Data: 8. Year of Data: 2020-21	Data: 9	Data: 10	+
Number of responding Organizations completing an environmental assessment and plan to create a trauma informed environment for staff and those served.	Data: 0. Year of Data: 2021-22	Data: 5	Data: 8	+
Number of organizations signing cooperative agreement to embrace trauma informed practices.	Data: 8. Year of Data: 2021-22	Data: 10	Data: 11	+
Produce 4 SOS newsletters to support community providers.	Data: 5 Year of Data: 2021-22	Data: 3	3 - Summer 2024 went out a few weeks late.	-
Provide training to adults regarding TIC practices.	Data: 0 Year of Data: 2022-23	Data: 0	Data: 5	+

1. **Please list the data source(s) for the indicator(s):** Survey of CFFC Council members and partners, TIC Leadership Committee meeting minutes, number of cooperative agreements signed, number of SOS newsletters produced/distributed

2. **Please identify any key findings: (explanation of data findings; FCFC actions taken in response to key findings, etc.) If no baseline data currently exists, please explain what efforts are being put in place to collect data.**

We have an active and growing Trauma Informed Care Leadership group that is supporting the efforts of partners to implement trauma informed care practices. Knox County organizations have joined in the efforts, as has the Licking County Health Department. The Health Dept. included TIC in their community plan! 52 individuals receive the TIC committee updates. Supporting Our Supporters reorganized, and a subcommittee of contributors are now meeting regularly, with contributors committing to providing newsletter content. The newsletter distribution list is at nearly 100. Recipients are encouraged to share the newsletter with friends and colleagues, and we receive requests to be added to the distribution list following newsletter releases. The Cooperative Agreement was initiated in SFY 2021. Agreements received from CFFC, LCBDD, MHRB, ISBH, MHA, Pathways, Woodlands, JFS, Family Health Services, United Way, Flying Colors. Recently received from Columbus Springs (SFY 2025).

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