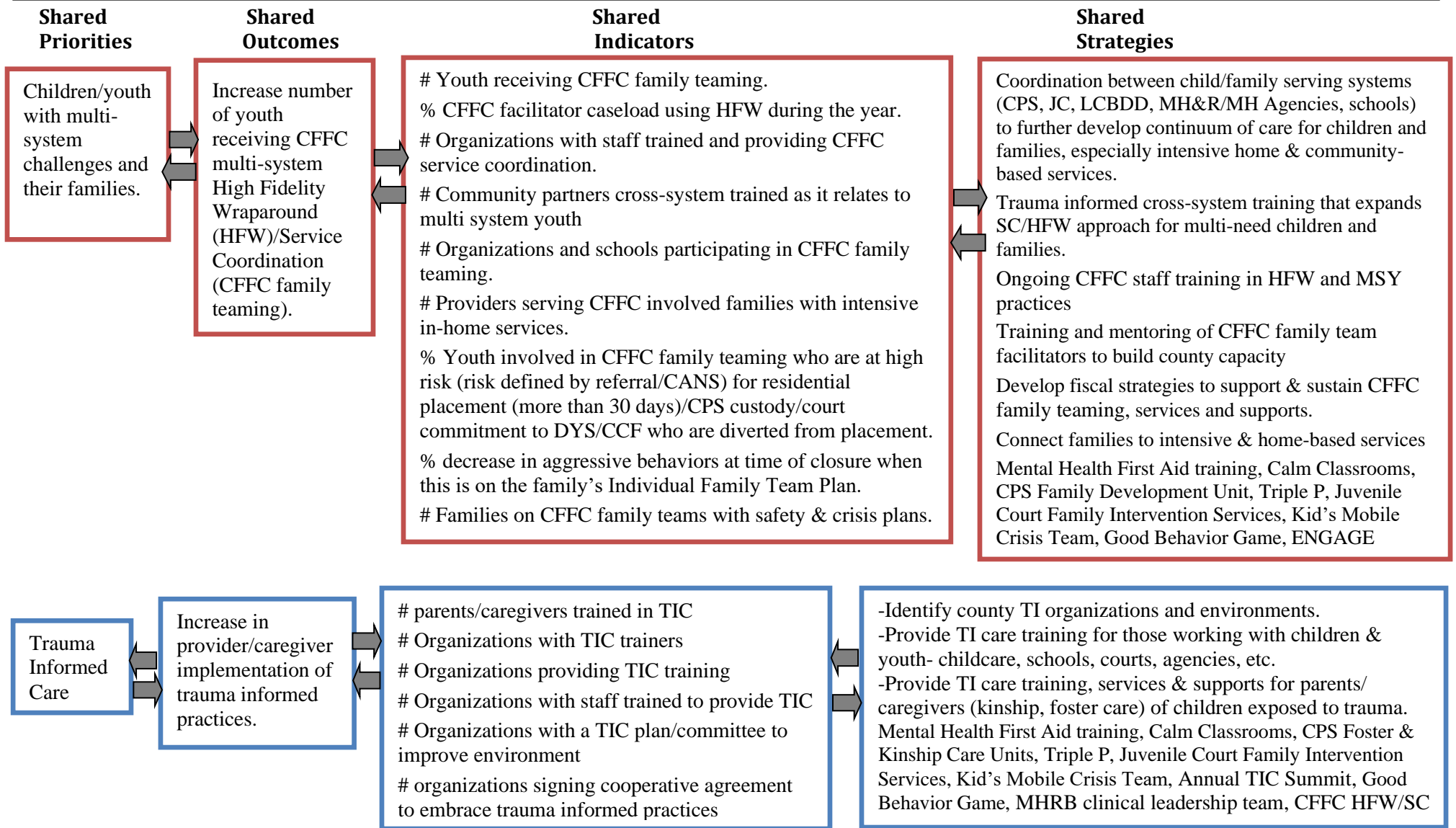
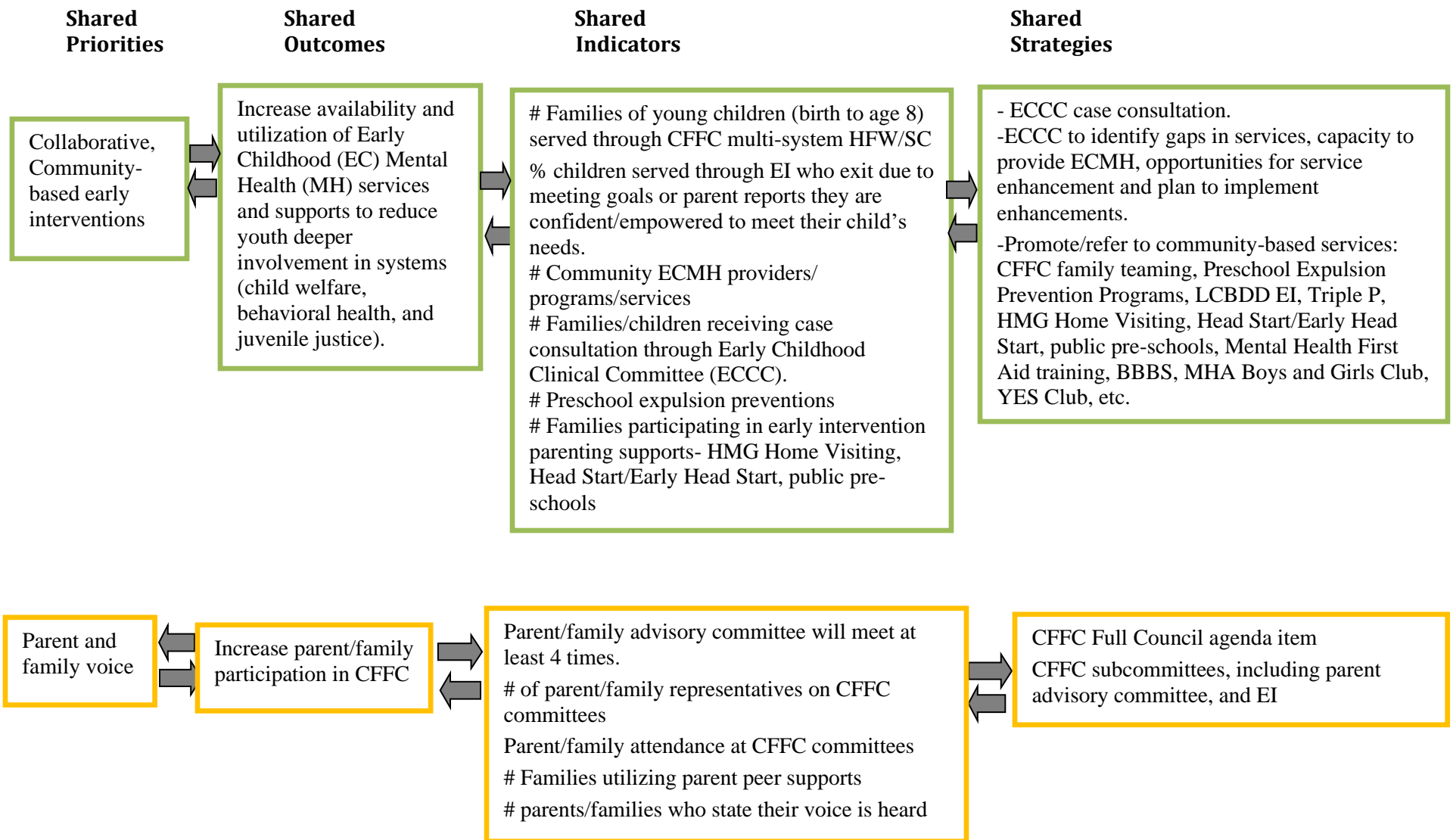


Licking County Family and Children First Council Shared Plan for SFYs 2020-2022

Current FCFC Initiatives (2019/20): Children and Families First Full 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 Committee and Training, ENGAGE Leadership Committee, Funders Group, Leadership Cohort, Pause Respite Program. CFCC is a partner in the Ohio InCK project.





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:

Priorities- No change

x Outcomes-

Simplified outcome- Decrease youth aggressive behaviors. ~~and knowledge of safety nets~~

Combined outcomes: "Increase availability and utilization 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)" **NEW OUTCOME-** "Increase availability and utilization of Early Childhood (EC) Mental Health (MH) services and supports" to reduce youth deeper involvement in systems (child welfare, behavioral health, and juvenile justice)."

x Indicators-

Combined indicators with similar intent to increase the number of youth/families served (# Organizations providing CFFC service coordination. # Community partners trained in CFFC family teaming practices.). **NEW INDICATOR-** # Organizations with staff trained and providing CFFC service coordination.

Deleted indicators less specific to aggressive behavior, "~~% Youth involved in CFFC family teaming, referred while in residential placement/ CPS custody/court commitment to DYS/CCF, successfully return to home community at case closure.~~" "~~% Families/youth exiting CFFC family teaming meet at least 75% of individual service plan goals~~" with indicator more specific to the outcome.

NEW INDICATOR- % decrease in aggressive behaviors at time of closure when this is on the family's Individual Family Team Plan.

Better define indicator: # Families of young children (**birth to age 8**) served through CFFC multi-system HFW/SC

NEW INDICATOR- Families served through EI who exit due to meeting goals or parent reports they are comfortable/empowered to meet their child needs.

Delete Indicator- ~~Increase system capacity to provide Parent Peer Supports (PPS).~~ Plans to initiate a Licking County Parent Peer support program put on hold when funding cuts related to the current coronavirus pandemic eliminated the allocation for the program.

Revised indicator- # Organizations providing TIC training **to other organizations/community members** ***

x Strategies-

Delete Parent Peer Support program workgroup to develop program and CFFC develops fiscal strategies to support & sustain PPS program. SEE ABOVE

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

It is difficult collecting comprehensive information on trauma informed care training as many organizations not involved with CFFC are not solicited for outcome information. Anecdotally, we are aware of staff from many community organizations attending TIC training. With the current pandemic, it has been difficult collecting some survey responses.

The trend of referrals of higher risk youth continues, so despite adding a third HFW staff person, we expect to continue to experience capacity issues. It is apparent and deeply concerning that the current coronavirus pandemic will impact availability of services, service provision and availability of funding this coming year. We also expect need for services to increase.

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

Children/youth with multi-system challenges and their families-

The trend with serving more youth and families continues. It is expected that involvement in HFW and Service Coordination will lead to an increased likelihood that these youth will have a better chance at experiencing success. The ability to serve these families would not be possible without local funding for staff through United Way, Mental Health and Recovery Board, Job and Family Services, Licking County Board of Developmental Disabilities and membership contributions. Collaboration is a strength in Licking County. 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 Leadership Cohort provides professionals with in-depth information on systems and services and creating an opportunity for networking.

New providers have begun offering intensive in-home services to families in our community. Local pooled funds from Mental Health and Recovery Board, Licking County Board of Developmental Disabilities, Job and Family Services and Juvenile Court, grants from United Way and Mental Health and Recovery, and state funding (FCSS, new ODM MSY and new JFS MSY funds) are allowing more families to be served. Providers continue to express the need for staff to provide these services, so the need for more intensive in-home services continues.

The Ohio Department of Medicaid (ODM) and Nationwide Children's Hospital (NCH) were awarded federal grant funding through the Centers for Medicare and Medicaid Services (CMS) to design and test the Integrated Care for Kids (InCK) model. Licking County, and the Children and Families First Council, is fortunate to be part of the Ohio InCK Partnership. This 7-year project will play a central role in design and implementation of an improved system of care, coordination, and delivery of health and social services for children under age 21 on Medicaid. InCK members will design a collaborative approach to integrate child health and social services, building upon existing relationships and establishing collaborative partnerships that span organization and sector boundaries to collectively improve children and family outcomes. In addition, InCK will develop a community-driven method of alternative payment that achieves accountability for improved health outcomes and value.

Trauma Informed Care- 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. Use of trauma informed practices is increasing. We are pleased that we have been able to reach parents/foster parents and kinship providers who appear to be very interested in receiving the training. The community is working together to share resources and expertise to help move efforts forward.

Collaborative, Community-based early interventions- 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 partnering 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 and informing parents, providers and caregivers of the services available to families with young children.

Parent and family voice- Parent Representatives are excited with the increased focus on increasing parent/family voice. While they have traditionally been active at Full Council meetings, the increased focus on participation on subcommittees has brought this necessary voice to these groups. Parent Representatives are sharing ideas and working to engage additional parents and caregivers on Council.

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).

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
# Youth receiving CFFC family teaming. *	Data: 96 Year of Data: 2018/19	Data: 128 Year of Data: 2019/20	
% CFFC facilitator caseload using HFW during the year. **	Data: 50% Year of Data: 2018/19	Data: 93% Year of Data: 2019/20	
# Agencies with staff trained and providing CFFC service coordination. ***	Data: 1 Year of Data: 2018/19	Data: 4 Year of Data: 2019/20	

2. List the data source(s) for the indicator(s):
CFFC Electronic Health Record, CFFC data spreadsheets, training sign-in sheets, FCSS and CFFC annual reports.

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

* Hiring of a second Team Facilitator, funded through TANF PRC funds made available through Licking County Job and Family Services, allowed us to serve more children in SFY 2019. The hiring of a third Team Facilitator in SFY 2020, funded through the Licking/Knox Community Mental Health and Recovery Board, allowed us to serve even more children. Local (United Way of Licking County, Mental Health and Recovery Board, Licking County Board of Developmental Disabilities, member contributions, etc.) and State funds support the Multi-Systems Services Supervisor who also provides family teaming.

** Teaming services may fluctuate between Service Coordination and High-Fidelity Wraparound as the family stabilizes or experiences new crisis. This indicator measures families that received High Fidelity Wraparound services while they were involved with CFFC CST, rather than those who only received High Fidelity Wraparound services during involvement with CFFC CST.

*** Staff from three organizations, LCBDD, Juvenile Court and The Village Network, when they are members of the family team, have stepped up to facilitate family team meetings and provide Service Coordination when the CFFC team facilitator is unable to attend a meeting or the family is stable and moving toward transition. These individuals were trained through participation in teaming, modeling and CFFC staff mentoring the “new” team facilitators. Team members who are staff of local agencies have expressed reluctance to assume Service Coordination/family teaming responsibilities without formal training. The planned spring 2020 Service Coordination/team facilitation training was put on hold due to the Coronavirus pandemic, but training will occur in SFY 2021. With more community partners providing Service Coordination, CFFC team facilitators will be able to provide services to the increasing numbers of children and families that are being referred for service.

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 capacity to provide intensive in-home and community-based supports and services.

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: 26 Year of Data: 019/20	+
# Organizations and schools participating in CFFC family teaming. **	Data: 102* Year of Data: 2018/19	Data: 114 Year of Data: 2019/20	+
# Providers serving CFFC involved families with intensive in-home services. ***	Data: 7 Year of Data: 2019/20	Data: 8 Year of Data: 2019/20	+

4. List the data source(s) for the indicator(s):
CFFC Electronic Health Record, CFFC data spreadsheets, Leadership Cohort roster, FCFC and CFFC annual reports.

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

* The CY 2020 CFFC Leadership Cohort is providing cross-system training and leadership development to staff representing all Licking County systems of care. “Lessons learned” from the 2020 Cohort will inform the structure of the 2021 Cohort to continue this cross-training and leadership development.

** CFFC notes many organizations with staff who are frequent CFFC Family Team members, and we continue to experience growth in the number of new organizations and schools participating on CFFC Family Teams. The reported number does not include the informal supports on family teams.

*** Youth Villages, The Village Network, Boundless, Integrated Services for Behavioral Health, National Youth Advocate Program, Ohio Guidestone and two individual providers have been providing intensive in-home services for families. The intensive services are critical for keeping youth who are at very high risk for out-of-home placement home and helping to bring youth home from placement stays. We will continue to reach out to potential providers and advocate for additional in-home service resources.

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: Decrease youth aggressive behaviors

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
% 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: 84% Year of Data: 2019/20	-
% decrease in aggressive behaviors at time of closure when this is on the family's Individual Family Team Plan. **	Data: 70% Year of Data: 2019/20	Data: 70% Year of Data: 2019/20	N/A
# Families on CFFC family teams with safety and crisis plans.	Data: 100% Year of Data: 2018/19	Data: 100% Year of Data: 2019/20	NC

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

CFFC Electronic Health Record, CFFC data spreadsheets, case notes, FCSS and CFFC annual reports.

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

Indicators have been revised to better measure decrease in aggressive behaviors.

*While not all high-risk youth who are involved with CFFC aggress against others, this indicator measures overall success keeping youth safely in the community. 92 of 109 youth who received CFFC CST services in SFY 2020 were assessed as high risk for out-of-home placement and did not go into a placement setting while involved with CFFC CST services. No moderate or low risk youth went into placement. Of the 17 youth who went into placement, 13 remained in parent custody. 9 youth have open cases, with 7 working on a plan for the child to return home and two have returned home. Of 8 closed cases, 3 of the youth returned home, 4 went into CPS custody and 1 remained in care, but in parent's custody.

** This indicator was added to more accurately measure the desired outcome to decrease the aggressive behavior of youth who have this identified concern. Of the 60 cases that were closed in SFY 2020, 24 youth had aggressive behaviors identified as an area of concern to be addressed in the Family Team Plan. Of these 24 youth, 70% showed improvement (decrease) in aggressive behaviors.

*** Having and using a crisis and safety plan is effective in overall reduction of aggressive behaviors. While it is the expectation that all families who are involved in family teaming have a safety and crisis plan, continuing to measure this indicator will help insure we meet this expectation.

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: 159 Year of Data: 2019/20	+
# Organizations with TIC trainers **	Data: 9 Year of Data: 2018-19	Data: 11 Year of Data: 2019/20	+
# Organizations providing TIC training to other organizations/community members ***	Data: 10 Year of Data: 2018-19	Data: 8 Year of Data: 2019/20	-
# Organizations with staff trained to provide TIC +	Data: 16 Year of Data: 2018-19	Data: 34 Year of Data: 2019/20	+
# Organizations with a TIC plan/committee to improve environment ++	Data: 12 Year of Data: 2018-19	Data: 11 Year of Data: 2019/20	-
# organizations signing cooperative agreement to embrace trauma informed practices +++	Data: 0 Year of Data: 2018-19	Data: 0 Year of Data: 2019/20	NC

1. List the data source(s) for the indicator(s): Children and Families First Council partner survey, training sign-in sheets,

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 shifted our focus to parents and caregivers receiving the training. The Children and Families First Council’s Early Childhood Clinical Committee hosted a 5-part trauma informed care training series for community providers/parents/foster parents/kinship caregivers. **19** of the session participants self-identified as parents/foster parents. Licking County Children Services reports that their 79 foster families, **140** individual foster parents, receive training that is trauma informed.

** Trainer- AFC, JFS, NYAP, TVN, Woodlands, LCBDD, ISBH, NCH, LMH, FHS, LCHD

*** Training to Community- AFC, CFFC, JFS, TVN, Woodlands, NCH, MHR, FHS. The annual TIC summit that many organizations partnered to host was cancelled due to the pandemic. In addition, several organizations reported that their organization provided TIC training internally for their staff.

+ Staff trained to provide TIC- Flying Colors, AFC, Adriel, NCS, LAPP, ISBH, MHA, CFFC, HS/EHS, LCHD, JFS, LMH, NYAP, Pathways, TVN, Woodlands, MHR, LCBDD, BHP, FHS, Juvenile Court, BBBS. In addition, all 12 districts have staff who are trained and providing calm classrooms

++ TIC Plan- Adriel, JFS, NYAP, MHR, Woodlands, LCBDD, Pathways, NCS, ISBH, LCHD, CFFC

+++ The TIC committee will address the cooperative agreement in the coming year.

Results impacted by the decrease in agencies responding to the survey this year.

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 and utilization of Early Childhood (EC) Mental Health (MH) 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	Direction of Change (+, -, NC)
# Families of young children (birth to age 8) served through CFFC multi-system HFW/SC *	Data: 22 Year of Data: 2018/19	Data: 24 Year of Data: 2019/2020	+
# Families served through Early Intervention **	Data: 339 Year of Data: 2018/19	Data: 319 Year of Data: 2019/20	-
% children served through EI who exit due to meeting goals or parent reports they are confident/empowered to meet their child's needs. ***	Data: 33% Year of Data: 2019/20	Data: 33% Year of Data: 2019/20	N/A
# Community ECMH providers/programs/services +	Data: 37 Year of Data: 2018/19	Data: 43 Year of Data: 2019/20	+
# Families/children receiving case consultation through Early Childhood Clinical Committee (ECCC). ++	Data: 3 Year of Data: 2018/19	Data: 2 Year of Data: 2019/20	-
# Preschool expulsion preventions +++	Data: 36 (BHP) Year of Data: 2018/19	Data: 38 Year of Data: 2019/20	+
# Families participating in early intervention parenting supports- Help Me Grow Home Visiting, Head Start/Early Head Start, public pre-schools~	Data: 360 Year of Data: 2018/19	Data: 597 Year of Data: 2019/20	+

1. List the data source(s) for the indicator(s): CFFC Electronic Health Record and data tracking spreadsheets, FCFC and CST annual report. Early Intervention EIDS and parent report. ECCC meeting minutes. Survey of CFFC and ECCC members

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

* This number is relatively stable.

** Slight decrease seen due to COVID-19

*** Children with needs addressed through Early intervention services are at lower risk for deeper involvement in systems in later years.

+ 14 ECCC members (AfC, BHP, CFFC, LEADS HS/EHS, LCBDD-EI, CPS, LCESC, LCHD, MHRLLK, NCS, Parent Rep., Pathways, TVN, Woodlands

8 organizations with ECMH providers serving Licking County families- Flying Colors, Boundless, NCH, NYAP, ISBH, LCHD, TVN, BHP

21 Organizations, not listed above, provide early childhood family/child supports- BS, GS, MHA, BBBS, YMCA, Pfk, BGC, PBJ, OG, YV, 11 school districts.

++ To increase consultations and knowledge of community ECMH services and supports, ECCC will host a virtual resource forum to describe ECCC consultation services and available ECMH services and supports. Outreach to CFFC members, community partners, TIC training series attendees.

+++ Behavioral Healthcare Partners provides preschool expulsion prevention services to Head Start, and although Head Start has a “no expulsion” policy, these numbers reflect the number of children served whose behaviors reportedly would have led to expulsion at any other preschool. Of the 37 children, 9 are actively enrolled in ECMH services, none have been expelled, 2 closed successfully and 3 are still being served.

~ HMG Home Visiting- Pathways provided HMG Home Visiting services in the first half of 2020, serving 57 families. The Licking County Health Dept. was to begin providing this service in early 2020, but this has been delayed due to the pandemic. Head Start/Early Head Start- Head Start- 224 (200 Center Base, 24 Home Base)/Early Head Start 96 (all home base). Flying Colors served 316 preschool students in the 2019-2020 school year.

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 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: 4 Year of Data: 2019/20	+
# of parent/family representatives on CFFC committees **	Data: 5 Year of Data: 2018-19	Data: 4 Year of Data: 2019/20	-
Parent/family attendance at CFFC committees ***	Data: 9 meetings Year of Data: 2018-19	Data: 16 Year of Data: 2019/20	+
# parents/families who state their voice is heard +	Data: To be gathered Year of Data: 2019-2020	Data: 3 Year of Data: 2019/20	N/A

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

Meeting attendance records, meeting minutes, parent survey

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

* 3 parent representatives attended 2 days of the Ohio Family and Children’s First Council Association Annual Meeting and met as a committee both days. Two additional meetings were held in SFY 2020. Meetings scheduled earlier this year were cancelled due to the pandemic.

** We lost the ENGAGE youth representative in SFY 2020 when she graduated from College. The position has not yet been filled. We are working to fill the position.

*** CFFC Full Council meetings- 9. ECCC- Parent rep attended 4 meetings in SFY 2020, ENGAGE- Parent rep attended 2 meetings in SFY 2020. TIC- Parent rep attended 1 meeting in SFY 2020. Full Council meeting attendance would likely have been higher, but the April Full Council meeting was cancelled due to COVID 19 and meetings went virtual after this.

+ Survey question 1- I feel my voice is heard at CFFC Full Council meetings. Choices- A great deal- a lot- a moderate amount- a little- none at all. One stated a great deal and two stated a lot. Question 2- I feel my voice is heard at CFFC committee meetings I am a part of. Choices- A great deal- a lot- a moderate amount- a little- none at all. Two parents were on committees. One stated a great deal and the other stated a lot.