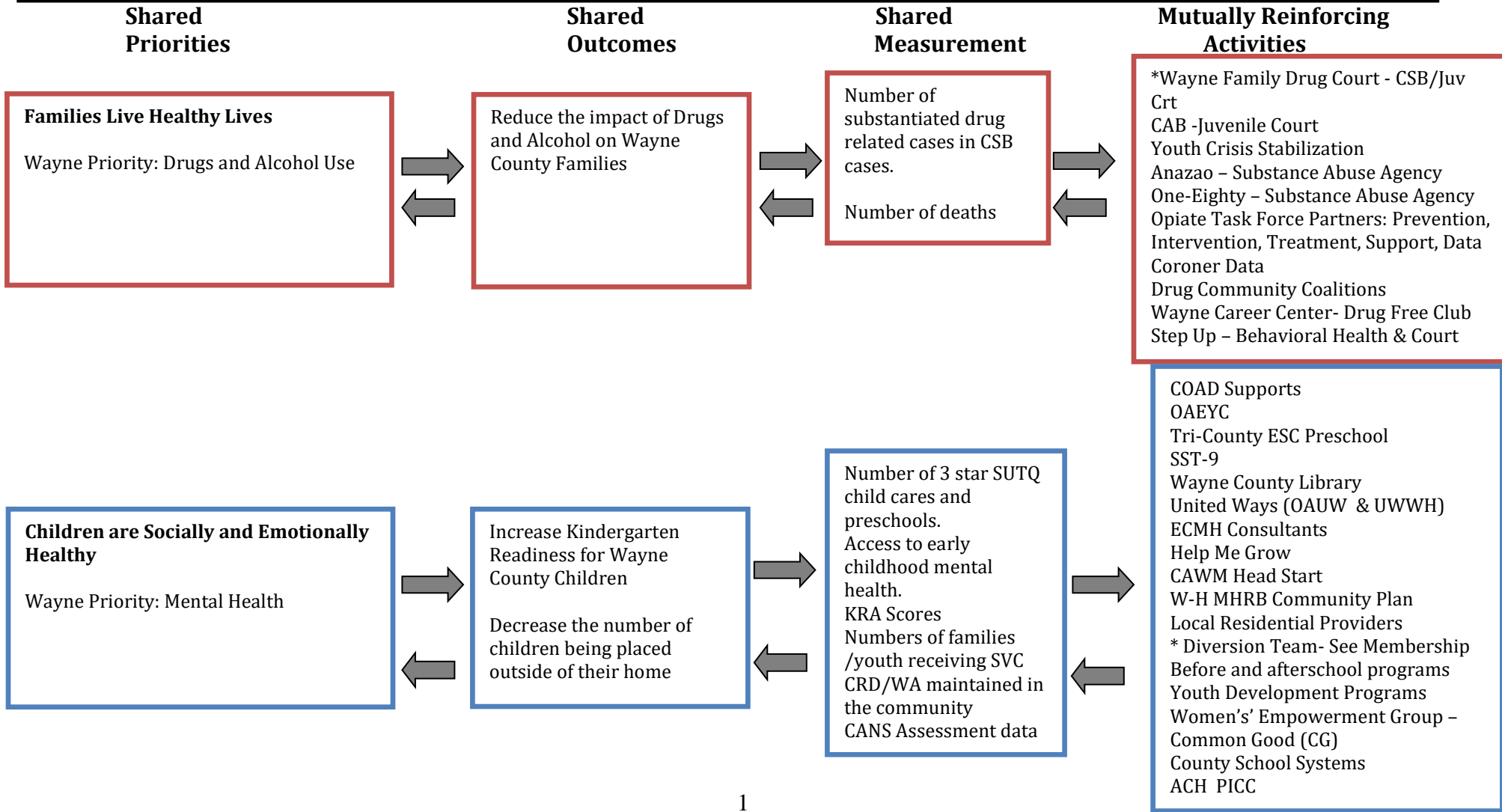
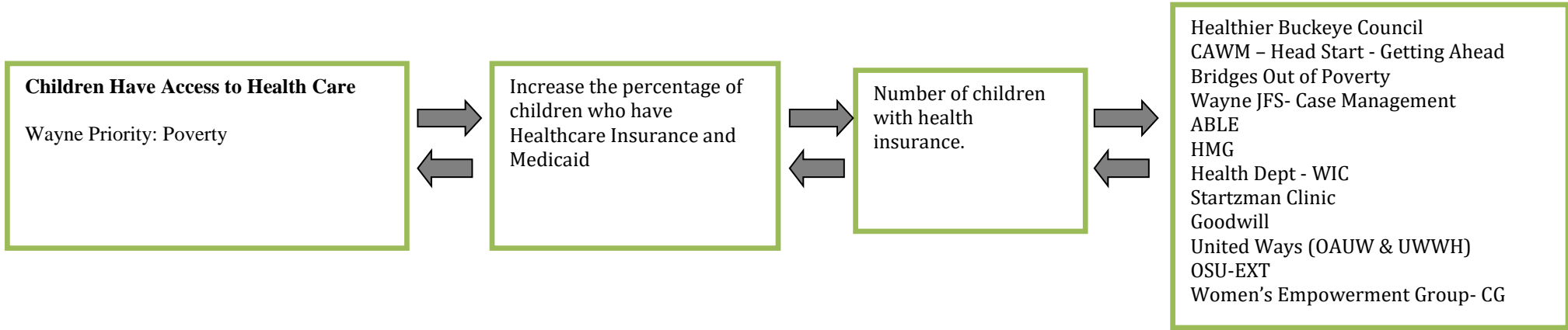


Wayne County Family and Children First Council Shared Plan for SFYs 17-19

Current FCFC Initiatives:	Multi-System Collaborative	FCFC Community Initiatives:	MST BH/JJ & MST PSB
HMG/ECCC (0-5)	Family Support Aide	Community Health Assessment	Housing Coalition
FCSS /Svc Coord	Wrap Around SF/SC	Youth Asset Survey	Transportation Coalition
CANS Level of Care Project	HOME Choice	ENGAGE	Re-Entry Coalition
			OCTF
			Beyond the #s
			ACH PICC





Needs Assessment

List any community plans that were incorporated into this process. Include only those plans that are written, data informed, and have identified priorities (e.g. FCE, CCIP, United Way, MHRB plan):

1. Wayne County Community Health Assessment – 2014
2. Wayne County Community Health Survey and Focus Groups – 2015-16
3. United Way of Wayne and Holmes Counties Community Impact Assessment
4. Wayne Holmes Mental Health and Recovery Board Community Plan
5. Multi-System Youth Collaborative – Training and Technical Assistance Planning Process – 2015-16
6. Community Action Wayne Medina Community Assessment 2015-16
7. Wayne County Children Services Annual Reports – 2014 and 2015
- 8.
- 9.
- 10.

2. Identify alternative needs assessment methods or data sets that were utilized to identify the Shared Priorities:
 - Wayne County FCFC Planning Committee -Community Health Assessment Committee Work Groups
 - Opiate Task Force – Community Workgroups, 2015-2016 – ongoing
 - Wayne County FCFC Diversion Team Reports
 - Joint Legislative Committee on Multi-System Youth Report and Recommendations, June 2016
 - Early Childhood Mental Health Initiative, June 2016
 - Strong Families/Safe Communities Grant reports and updates, 2013-2016
 - Wayne County Juvenile Court MST and MST/Problem Sexual Behavior, Case Center for Excellence Reports, 2014-2016
 - The College of Wooster: Creating a Multidimensional Lens on Poverty – Fall 2015
 - Center for Community Solutions, County Profiles, 2016
 - Tri-County Preschool Year End Report
 - Wooster City Schools Littlest Generals Preschool Updates
 - Donnermeyer: The Amish Population – 2010 – Joseph F, Donnermeyer, The Ohio State University. pg. 97

3. Identify any barriers experienced in this process (i.e. plan collection, availability of data, language issues, etc.):
Receiving current data from state and local sources is a challenge. Locally we have limited designated staff capacity to do robust data collection and analysis. Having the capacity to develop a centralized location to store relevant data (esp. as it relates to the Shared Plan) is a challenge, if not cost prohibitive.

4. Identify any successes/how this process has worked to strengthen the council and county collaboration:
The Wayne County FCFC Planning Committee and Community Health Assessment process was enlightening and helped the community have important discussions about our needs and strengths. Many partners are engaged in aligning their work and are interested in noting mutually reinforcing activities to promote the best outcomes for the community. This work will be the backbone for all of us as we develop programs and resources to meet community needs.

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: **Reduce Impact of Drugs and Alcohol on Wayne County Families**

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
*Substantiated Abuse and Neglect CSB Cases	Data: 11% Year of Data: cy 2015	Data: 11% Year of Data: cy 2015	NC
*Percent of active Wayne adult case participants with any drug characteristics per 6-1 to 7-4-16 SACWIS CW Data	Data: 8/2016 Year of Data: 19.94%	Data: 8/2016 Year of Data: 19.94%	NC
Wayne County Health Department – Drug Related Deaths	Data: 8 Year of Data: 2014	Data: 19 Year of Data: 2015	-

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

- **Wayne Count Children Services Annual Report**
- *** ODJFS – PCSAO Caseworker Blitz – June 1 to July 4, 2016: Designated month when caseworkers entered information regarding substance abuse and positive infant toxicology for all open cases. Wayne County CSB to continue gathering this information.**
- **Wayne Health Department Annual Report**

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

At this time, most data is being collected to give us a baseline from which to develop trend analysis.

The work of the Wayne County Opiate Task Force has identified the increase of deaths related to drug use and the need to reduce the impact of drugs on the lives of our citizens.

***In CY 2015 there were 926 cases that were touched by Wayne CSB intake.**

Nearly 52% of these cases were directed to Alternative Response (AR).

AR Cases do not involve the courts, nor relinquishment of custody and rely on family engagement.

11% of all cases were substantiated, which typically involves multiple systems and behavioral health, while 13.6% of all cases were indicated.

We noted that children have been adversely affected by drug use in their families but have not had concrete data to show the level of this impact on our systems. PCSAO Caseworker Blitz has given Wayne County baseline data from which to develop intervention strategies. (*See Wayne County Family Drug Court as a mutually reinforcing activity).

Drug characteristic cases can be substantiated, indicated or AR depending on the fact patterns of each case.

During the 6/1/2016 – 7/4/2016 Caseworker Blitz nearly 20% of all cases were identified as presenting drug characteristics.

Data reflects the percent of active adult case participants with drug characteristics (this includes opiate/heroin and non-opioid drugs and does not include alcohol characteristics).

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 Kindergarten Readiness for Wayne County Children**

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
*KRA Data / Social Foundations – Score of Approaching category – see below	Data: 269.56 Year of Data: 2014-15	Data: Pending Year of Data: 2015-16	
Percent of three star or higher SUTQ Child Care Centers/ Preschools in Wayne County	Data: 8-2016 Year of Data: 17.3%	Data: 8-2016 Year of Data: 17.3%	NC
ECMH improve youth resiliency / Reduce childcare classroom disruptions	Data: New Year of Data: Pending	Data: Year of Data:	

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

- ***ODE – KRA Data beginning in academic year 2014-15 (please note this is a new assessment and trending data will be impacted by changes to the tool).**
- **COAD (Corporation for Ohio Appalachian Development) Childcare Center Data and Child Care Center Development.**
- **Early Childhood Mental Health Consultants – Outcome Data**

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

OVERALL Scores (%)	Demonstrating (270 – 298)	Approaching (258 – 269)	Emerging (202 – 257)
Wayne	44.6%	36.3%	19.1%
State of Ohio	37.9%	38.9%	23.3%

Mean Scores	Overall	Social Foundations	Language and Literacy	Math	Physical Well-Being and Motor Dev.
Wayne	268.54	269.56	268.03	269.92	272.01
State of Ohio	266.08	268.19	265.89	267.20	268.45

Scores for each category range from 298 (High) to 202 (Low)

Wayne County FCFC is interested in impacting the Social Foundation scores of the KRA. Anecdotal evidence from Prenatal to Five Committee meetings and Public School reports indicate that children are not socially / emotionally ready for school. This is a significant barrier to learning and can impact lifelong school success.

***KRA data will be collected overtime, but it is a new tool and is changing as the tool is used, trend data may be difficult to analyze. In order to impact this specific data set, Wayne FCFC in partnership with the Prenatal to Five Committee and local childcare centers/ preschools will look at enhancing parent understanding of the importance of social skills for school readiness.**

Of 35 child care centers and 17 ODE Preschools (52 programs) six childcare centers and three ODE Preschools have three or higher SUTQ stars indicating that 17.3% of all programs have met standards of quality as determined by Step Up To Quality. Twenty childcare centers do not have a star rating (38.4%). Of 17 preschools, 14 are unrated. Our concern is that by 2020 Wayne county communities will become childcare center deserts as we will lose those centers who cannot meet SUTQ standards. Our plan hopes to support childcare centers in their effort to achieve SUTQ standards, thereby affording our children strong programs and increase social/ emotional foundations in preparation for kindergarten.

Early Childhood Mental Health (ECMH) Consultants will work with childcare center classrooms to reduce disruption for individual children in their centers. The DECA (Devereaux Early Childhood Assessment) will be used with expected reduction in symptoms and progress towards stabilized classrooms and will be noted by using the Teacher Reflective Checklist. Intervention and data collection are new and will be the baseline for SFY 2017.

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 the number of Children Being placed outside their homes**

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Number of youth served by Service Coordination maintained in the community	Data: 61 of 61 Year of Data: 2016	Data: 100% Year of Data: 2016	nc
Number of Children in publicly funded out of home placement – point in time count	Data: 179 Average Year of Data: CY 2014	Data: 152 Average Year of Data: CY215	+
CANS Data	Data: New Year of Data: Pending	Data: Year of Data:	

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

- **Wayne County FCFC Service Coordination / FCSS reports.**
- **Wayne County Diversion Team (Multi-System Collaborative) Annual Report**
- **Monthly Single Point In Time Out of Home Placement Count**
- **CANS aggregate data**

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

Our FCSS Service Coordination process has been instrumental in maintaining young people who were about to disrupt, in their homes. We know that we cannot expect to maintain 100% outcomes, but we will monitor this important program to see how it effects our out of home placement numbers.

Wayne County does a point in time count for out of home placements for all publicly funded entities. We have been monitoring this monthly since 2011. It is a good indicator of the stresses the community is feeling across multiple systems.

Baseline CANS data is new for this Shared Plan and will be captured overtime.

The CANS (Child Adolescent Needs and Strength) assessment is new to our community, and all member of our Multi-System Collaborative have agreed to use this one level of care assessment as of SFY 2017.

Developing the software to collect CANS scores is challenging, but is a goal for SFY 2017.

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 Children’s Access to Healthcare Insurance**

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Children Without Health Insurance	Data: 18.2 Year of Data: 2009-2011	Data: 16.2 Year of Data: 2011-2013	+
	Data: Year of Data:	Data: Year of Data:	
	Data: Year of Data:	Data: Year of Data:	

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

- **American Community Surveys**
- **Wayne County Health Department Community Health Improvement Plan**

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

For several years, Wayne County FCFC’s Community Health Assessment has noted that there is a higher proportion of children without any type of health insurance (private or public) when compared to the state. In 2009-11 18.2 % of children in Wayne County were without Health Insurance as compared to 6% of Ohio children. For 2011-2013 16.2 % of Wayne County Children were without health insurance and the state had dropped to 5.5%. While the Amish Community is taken under consideration when looking at these numbers as they make up approximately 10% of the population, and there has been a gradual change in Wayne County percentages, making a concerted effort to impact this figure would be a benefit for vulnerable families living on the economic edge.

The Wayne FCFC Planning Committee is charged with developing a Target Action Group to address this concern. A Target Action Plan will be developed and reported on for the SFY 2018 Shared Plan.