

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

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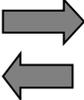
**Shared
Priorities**

**Shared
Outcomes**

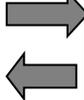
**Shared
Measurement**

**Mutually Reinforcing
Activities**

Families Live Healthy Lives
 Wayne Priority: Drugs and Alcohol Use



Reduce the impact of Drugs
and * Alcohol on Wayne
 County Families

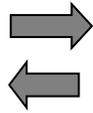


Number of CSB cases
 substantiated for
 abuse and neglect.
 Number of deaths



- Opiate Task Force Partners: Prevention, Intervention, Treatment, Support, Data
- Wayne Family Dependency Treatment Court (FDTC) - CSB/Juv Crt
- Wayne County Health Department - Project DAWN
- WCH - New Vision Detox Beds
- SPF - PFS ONE-Eighty & Community Coalitions

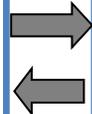
Children are Socially and Emotionally Healthy
Wayne Priority: Mental Health



Increase Kindergarten Readiness for Wayne County Children

Increase proportion of pre-school children displaying resiliency.

Decrease the number of children being placed outside of their home



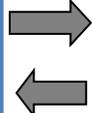
Number of 3 star SUTQ child cares and preschools.

Increased % of children showing resiliency "strengths" or "typical" as measured by the DECA

KRA Scores

Numbers of families /youth receiving SVC CRD/WA maintained in the community

CANS Assessment Aggregate Data



- Prenatal to Five committee with Help Me Grow CAWM Head Start Early Childhood Mental Health Consultants
- United Ways (OAUW & UWWH) Early Childhood Initiative
- Multi-System Collaborative: Diversion Team with Service Coordination/Wrap Around
- Wayne Trauma and Resiliency Network

Children Have Access to Health Care
Wayne Priority: Poverty



The % of children who have Health-Insurance coverage.

The # of children on MH waitlist for services in sfy 2018



% of children with health insurance.

*Average "Waitlist" for children 17 yoa and under.



- Wayne County Health Dpt: Community Health Improvement Plan Process and WIC
- Viola Startzman Free Clinic Outreach
- MHRB Agency Partner Reports
- UWWH & Orrville UW: Bridges Out of Poverty
- CAWM – Head Start - Getting Ahead Classes
- Wayne JFS- Case Management CCMEP with Goodwill Industries

- "Waitlist" as defined by OHioMHAS in SFY 2018

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:

No Priorities:

X Outcome 1 Wayne County will try and impact the number of babies born with alcohol and drug characteristics

X Outcome 3 Wayne County will look to impact the number of children having access to health care.

X Measurement

2 - Wayne County changed the measurement for Early Childhood Mental Health from

"Improving access to early childhood mental health" to "Increased % of children showing resiliency ("strengths" or "typical") as measured by the DECA"

3 - Changed language of indicator from "without" to "Children **with**" health insurance coverage.

Added: "Mental Health "Waitlists" for Children 17 YOA and under as of SFY 2018."

X Strategies For SFY 2018 Wayne County has highlighted those specific partner activities which align with the FCFC Shared Plan

1. Identify any barriers in implementing the plan (i.e. data collection, data tracking, funding, infrastructure, etc.)
We continue to struggle receiving current data from state and local sources. 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, and continues to be cost prohibitive. In May - June of 2017, the United Way of Wayne and Holmes Counties contracted with the College of Wooster Applied Methods Research Experience (AMRE) program to do a feasibility study for a shared community data system. While this is only a first look at this possibility it did help frame the community conversation and identified the local need for such a collaborative.

2. Identify any successes/how implementing this plan has worked to strengthen the council and county collaboration.
The Wayne County FCFC Planning Committee, in conjunction with the Wayne County Health Department's Community Health Improvement Planning process and the United Ways of our county (along with not for profits and faith based communities) have helped to frame our work and align our strategies across the community. Many partners continue to be engaged in this alignment and are interested in mutually reinforcing activities to promote the best outcomes for the community. This work has become the backbone for all of us as we develop programs and resources to meet community needs. Likewise, FCFC partners found support (through their own grants) to maintain Wayne FCFC's intellectual capacity by allocating specific funds for technical assistance and data analysis as provided by Ashland University Social Work professor Michael Vimont.

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 (actual number).	Data: 71 Year of Data: cy 2015	Data: 143 Year of Data: cy 2016	-
**Percent of active Wayne CSB adult case participants with any drug characteristics (Data in 2016 came from a limited time period: 6/2016 to 7/2016)	Data: 19.94 % Year of Data: 8-2016	Data: ** Year of Data: CY 2017	NC
Wayne County Health Department – Drug Related Deaths	Data: 19 Year of Data: 2015	Data: 37 Year of Data: 2016	-

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

- **Wayne County 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 has been unable to secure similar data from ODJFS data system.**
- **Wayne Health Department Annual Report**

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

At this time, most data continues to be fine-tuned as we access what we can collect over time to enable us 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.

***A decision was made to change the measurement indicator related to abuse and neglect CSB cases from proportional data to an actual number of substantiated cases. Proportional data that used the percent of overall cases investigated that were substantiated is greatly influenced by factors associated with changes in the number of cases being investigated. This results in actual changes in substantiated cases being minimized if the total number of cases being investigated increases substantially, or exaggerated if the total number of cases being investigated decreases substantially. CY 2015 data showed 71 cases substantiated for abuse or neglect while in CY 2016 this number was 143 which represents a 101% increase.**

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 (2016) gave Wayne County baseline data from which to develop intervention strategies. (*See Wayne County Family Dependency 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).

****For CY 2017 (from January 1, 2017 to May 31, 2017) data, we were only able to collect the number and types of substances associated with cases, but there is duplication in this data as cases may have poly-substance involvement. What we could determine from this information was that there were 10 different categories or types of substances involved in CSB cases. These ranged from alcohol and cannabis use to cocaine, heroin/opiates and methamphetamines. For a five month period, there were 175 substances involved in CSB cases. Of these cases, 26 % involved opiates/heroin and 23 % involved methamphetamines.**

We will continue to seek better ways to collect this data to address this indicator.

The Wayne County Opiate Task Force (created in 2015) is actively engaged in developing a countywide response to the impact of Substance Abuse Disorder on our community. From prevention programs about prescription drug use and abuse in middle and high schools, to strategic prevention framework community readiness planning and grassroots community coalitions, to the early development of first responders “quick response teams”, and the training and distribution via the Health Department and a behavioral health agency of Naloxone to families of loved ones with Substance Abuse Disorder, and the recent establishment of the Juvenile Court Family Dependency Court, the Wayne County Opiate Task Force is creating a collective impact strategy which we will monitor for several years to come.

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: 272.30 Year of Data: 2015-16	+
*Percent of three star or higher SUTQ rated Child Care Centers/ Preschools in Wayne County	Data: 53 % Year of Data: 8/2016	Data: 44% Year of Data: 7/2017	-
Increased % of children showing resiliency (“strengths” or “typical”) as measured by the DECA.	Data: ^ 6% (88% to 94%) Year of Data: 6-2017	Data: ^6% (88% to 94%) Year of Data: 6-2017	NC

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

- ***ODE – KRA Data beginning in academic year 2015-16 (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**

6. 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	43.3%	37.7%	19.0%
State of Ohio	40.1%	37.1%	22.8%

Mean Scores	Overall	Social Foundations 2017 data	Language and Literacy	Math	Physical Well-Being and Motor Dev.
Wayne	267.6	272.30	266.7	267.5	270.0
State of Ohio	266.7	271.6	266.1	265.7	270.3

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 Schools continues to 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. As a new tool, it is changing as the tool is used, therefore 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. Partnerships have developed between our local Ohio Association for the Education of Young Children with local school systems kindergarten teachers, bridging any communication gap between what childcare and preschools are doing and what elementary teachers need children to be able to do.**

There currently is a total of 40 Early Care and Education Programs in Wayne County required to have an SUTQ rating by the year 2020. There are currently 18 programs that are rated of which 8 (44.4%) have a rating of three or higher. Baseline data showed 53% having a rating of three or higher with 9 programs having a rating of 3 or higher. The reason for the decrease proportional figure is also due to the inclusion of three in-home based child care programs that are currently rated as a 1.

Our concern remains that by 2020 Wayne County communities will become childcare center deserts as we will lose those centers who offer low income families affordable child care because they 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. Our partners in this are our Wayne DJFS, the OSU-Extension office, COAD professional development supports for local centers/preschools and our United Ways. Likewise our Help Me Grow, Early Intervention and Head Start Programs all work together to increase the parent – child relationship. Also for SFY 2018 we will have OCTF Child Abuse Prevention programs in the county which should address parental understanding of child development.

Early Childhood Mental Health (ECMH) Consultants have worked with childcare center classrooms (26 classrooms) to reduce disruption and increase resiliency 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 increased % of children showing resiliency as measured by the DECA. Resiliency is operationalized using the categories of “strengths”, “typical”, and “needs”. Percentage of children categorized as having “strengths” or being “typical” as opposed to having “needs” for more resiliency factors is used. Intervention and data collection are new and are the baseline for SFY 2017.

In SFY 2017 Wayne County began the Wayne County Trauma and Resiliency Network to promote a trauma informed, resiliency minded community. The Wayne FCFC is working with community partners to enhance county wide implementation of screens, assessments and interventions in an attempt to meet our children’s social / emotional needs. We are striving to incorporate trauma screens across the community; in schools, medical offices, as well as behavioral health agencies.

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 (100%) Year of Data: SFY 2016	Data: 51 of 54 (94%) Year of Data: SFY 2017	-
*Number of Children in publicly funded out of home placement – point in time count	Data: 152 Average Year of Data: CY 2015	Data: *135 Average Year of Data: CY2016	+
CANS Data – Data repository was created in sfy 2017. Implementation of the CANS to begin in sfy 2018	Data: New Year of Data: CY 2017	Data: Year of Data:	

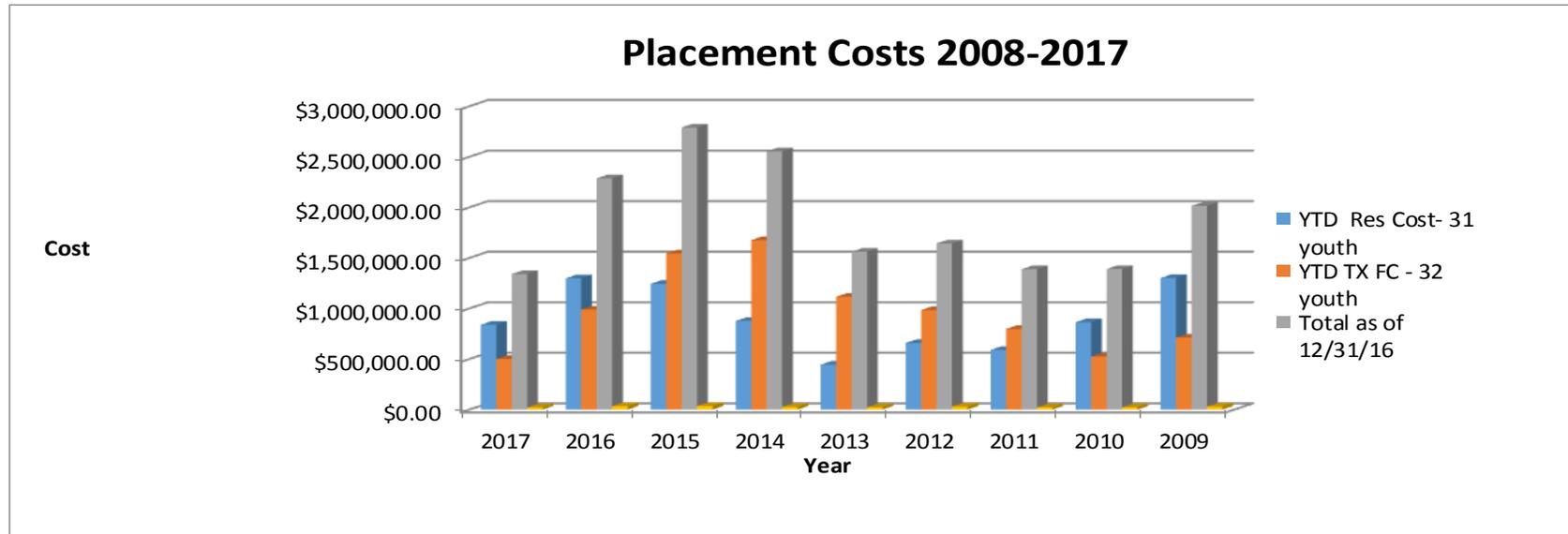
7. List the data source(s) for the indicator(s):

- **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 – pending for 2018**

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

Wayne County FCSS Service Coordination process has been instrumental in maintaining young people in their homes and communities. While 100 % of those involved in Service Coordination in SFY 2016 were maintained in the community, we noted in the SFY 2017 Shared Plan that was an unrealistic expectation SFY 2017. However, we note that on average (over the last four years) SC serves 63 youth a year, maintaining 95.25 % of them in their community. These figures do not include the county’s Strong Families/Safe Communities Wrap Around project whose outcomes may be added to the next Shared Plan.

***Wayne County does a “Point in Time” count of out of home placements for all publicly funded entities (CSB, FCFC, Juvenile Court, Brd of DD). We have been monitoring this monthly since 2011. It is a good indicator of the stresses the community is experiencing across multiple systems. We do note that while the number of children in out of home placement has gone down, the number of children requiring residential / most intensive treatment, has gone up. These more complex cases require extensive resources of time, energy and funds. We believe that the increase in the need for residential placement is caused by families who have substance abuse involvement, family mental health concerns and the long term trauma our children our experiencing at this time as a result. Previous strategies to address these concerns have been noted in this plan. While Wayne County has seen the impact**



of MST and SF/SC on maintaining children in the community, we are enhancing our Continuum of Care in SFY 2018 by adding a local crisis stabilization unit and developing a behavioral health day treatment /afterschool program for youth who have been hospitalized or in the Stabilization Unit. To address the increase of residential treatment our plan for SFY 18 includes increased early screening for mental health concerns (Wayne Health Dpt. CHIP and Wayne DJFS) in schools, increased access to community based treatment options and the implementation of local crisis intervention and stabilization strategies.

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 members of our Multi-System Collaborative have agreed to use this one level of care assessment as of SFY 2016. Developing the software to collect CANS scores from multi-system partners was challenging, but a multiple web portal has been developed to become operational in SFY 2018. All Multi-System Collaborative members have been certified on administering the CANS and full implementation at CSB Family Team Meetings, Juvenile Court Probation, Service Coordination, SF/SC Wrap Around and Counseling Center Intensive Home Based Therapy is to begin SFY 2018. It is hoped that the CANS will help develop treatment plans, identify service gaps and provide outcome data.

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)
<ul style="list-style-type: none"> The % of children who have health Insurance coverage 	Data: 81.8 % Year of Data: 2009-2011	Data: 83.2 % Year of Data: 2011-2015	+
<ul style="list-style-type: none"> Mental Health “waitlists” for Children 17 YOA and Under as of SFY 2018 Definition of “waitlist” to be determined by OHioMHAS in SFY 2018	Data: NEW Year of Data: SFY 2018	Data: Year of Data:	
	Data: Year of Data:	Data: Year of Data:	

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

- American Community Surveys**
 - Wayne County Health Department Community Health Improvement Plan**
 - For SFY 2018: Waitlist data**
- OHioMHAS with the Mental Health and Recovery Board of Wayne and Holmes Counties Partner Agency reports**

10. 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 2011-2015 16.2 % of Wayne County Children were without health insurance and the state had dropped to 5.5%. It is posited that the Amish population that make up 10% of Wayne County’s population factors into this significantly higher proportion of officially uninsured children when compare to state figures. Research has found that the Amish Community has an intricate system of health care coverage that is not counted as insurance using formal measurement processes. At this time, it is not possible extract the Amish population from county data. Wayne County is now asking the question: “What is the percent of children with Health Insurance?”, and will be reporting this data in subsequent Shared Plans

The Wayne FCFC Planning Committee has deferred Access to Healthcare to the Wayne County Health Department’s Community Health Improvement Plan (CHIP) process which is focusing on insurance access and health equity. Data and strategies to be incorporated in the Wayne FCFC Shared Plan for SFY 2019.