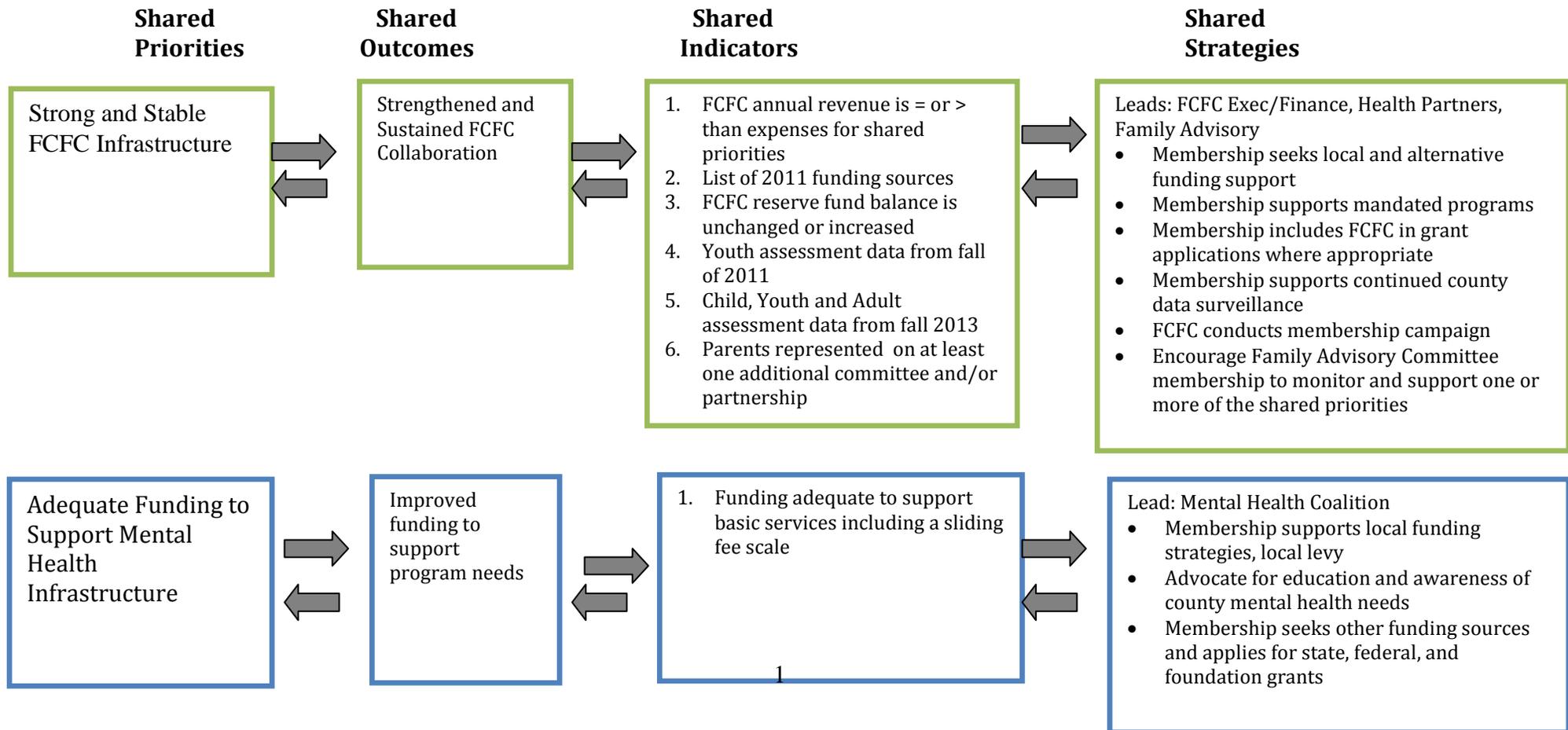


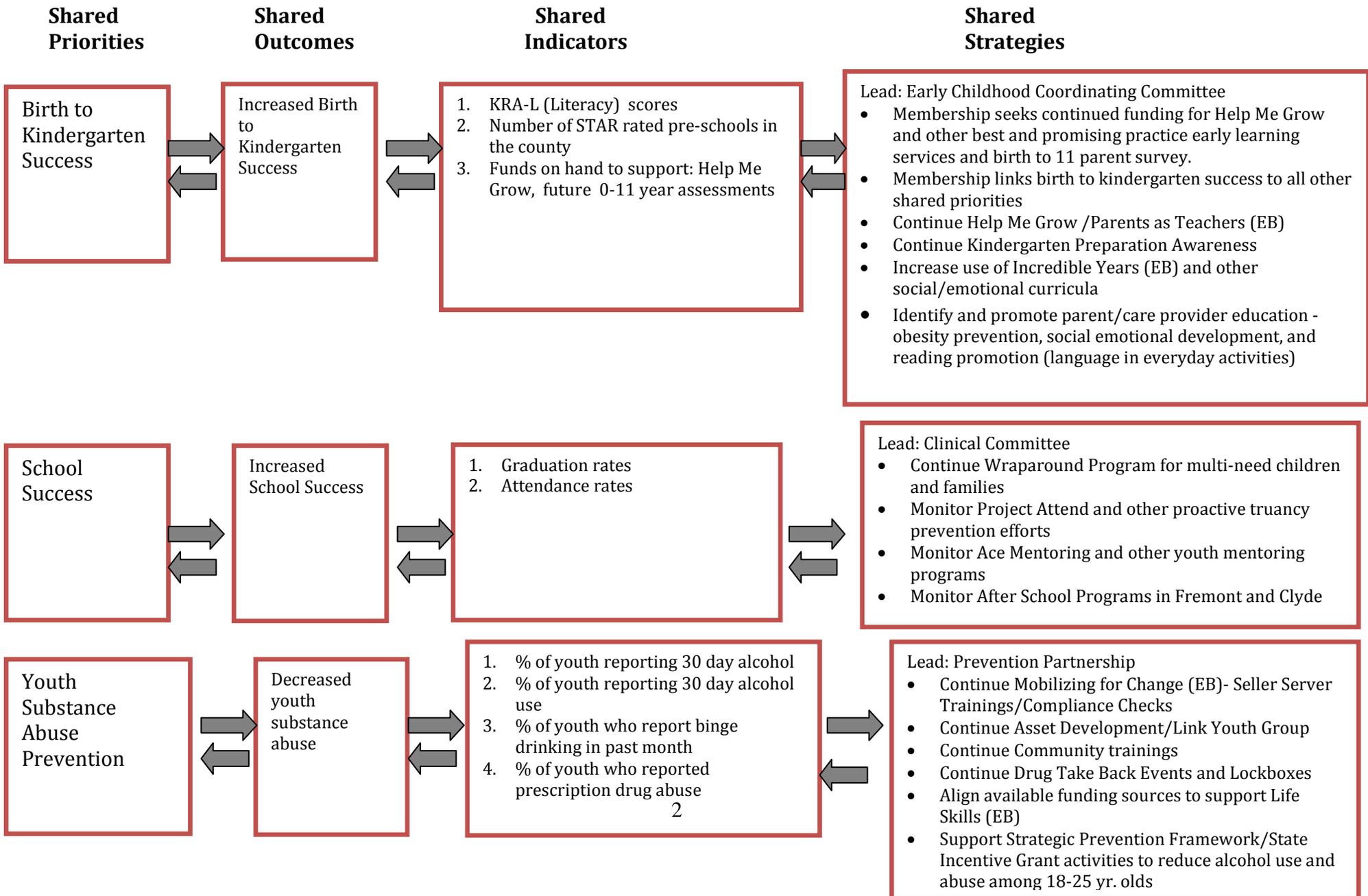
Sandusky County Family and Children First Council Shared Plan for SFYs 12-15

Shared Plan Update for SFY16

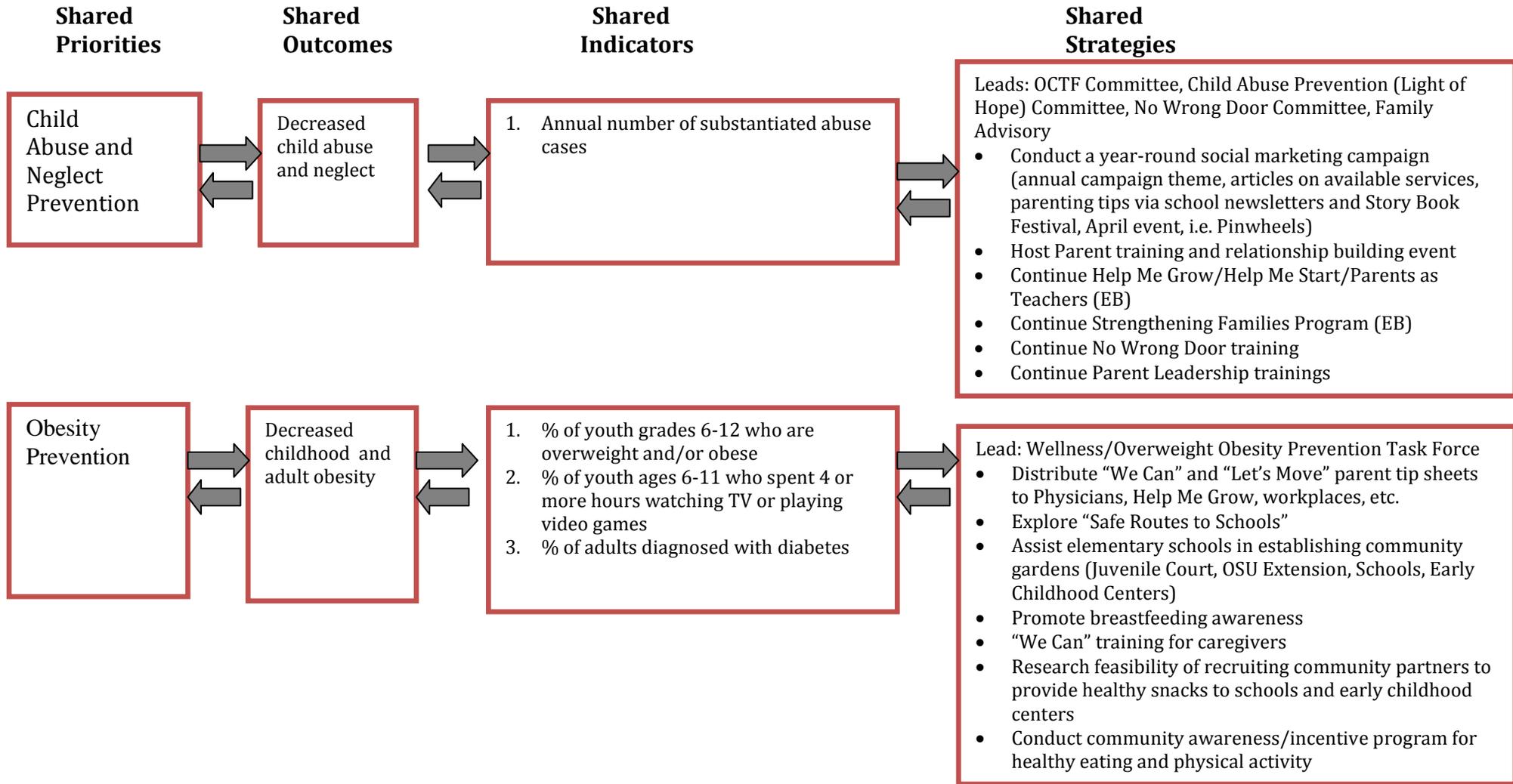
Current FCFC Initiatives: Initiatives include HB289 Community Plan, Service Coordination (Wraparound and Systems of Care), and Parent Engagement. The FY11 FCFC HB289 Community Plan included the FY12 FCFC Shared Plan priorities of School Success, Birth to Kindergarten Success, Substance Abuse Prevention and Child Abuse Prevention. Teen Pregnancy Prevention and Juvenile Delinquency Prevention were included in the FY11 FCFC Plan, but not included in the FY12-15 FCFC Shared Plan. Obesity Prevention was not included in the FY11 FCFC Plan and is a new initiative under the FY12-15 FCFC Shared Plan. Committees include: Executive/ Finance, Early Childhood Coordinating (including Help Me Grow), Clinical (Wraparound and Systems of Care), Family Advisory, Ohio Children’s Trust Fund, Public Relations, and No Wrong Door. Partnerships include Health Partners (Community Health Assessment of persons 0-75 years), Prevention Partnership (DFC Substance Abuse Prevention), Child Abuse Prevention, Re-entry Task Force, and Overweight/Obesity Prevention Task Force, Mental Health Coalition.



Sandusky County Family and Children First Council Shared Plan for SFY16



Sandusky County Family and Children First Council Shared Plan for SFY16



The Sandusky County FCFC Shared Plan is based on the best available data and research.

Were there any modifications from last year's plan? Yes Nox

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

Priorities

Outcomes

Indicators

Strategies

1. Identify any barriers in implementing the plan (i.e. data collection, data tracking, funding, infrastructure, etc.)
None identified as we already used a shared plan model.

2. Identify any successes/how implementing this plan has worked to strengthen the council and county collaboration.
Using a shared planning process that is data informed allows for joint accountability and strengthens the Council and county collaboration.
A mental health coalition was formed and the Obesity Prevention/Wellness Committee was re-instated.

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: Strengthened and Sustained FCFC Collaboration

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
1. FCFC annual revenue is = or > than expenses for shared priorities	Data: Balanced budget Year of Data: 2012	Data: Balanced budget Year of Data: 2015	NC
2. Health Assessment for child, youth and adult completed	Data: All Completed Year of Data: 2009/2010	Data: All completed Year of Data: 2013/2014	NC
3. Parents represented on at least one additional committee and/or partnership	Data: 1 Year of Data: 2011	Data: 1 Year of Data: 2014	NC

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

FCFC revenue and expense report. Health Partners Health Assessments, FCFC Committee List

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

A balanced budget is in place for 2015. Funding was obtained to support the completion of a child, youth, and adult health assessment in 2013/2014. Parents currently serve on the family advisory committee, assist with coordinating the Parent Leadership Training, and occasionally serve on other committees. The goal is to get more parent involvement on all FCFC and related committees.

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: Adequate Funding to Support Mental Health Infrastructure

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
1. Funding adequate to support basic services including a sliding fee scale	Data: sliding fee for adults not currently available for all programs Year of Data: 2011	Data: Additional funds are available as of April 1, 2015 with the passage of the levy. Year of Data: 2014	+
	Data: Year of Data:	Data: Year of Data:	
	Data: Year of Data:	Data: Year of Data:	

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

Mental Health Recovery Services Board of Seneca, Sandusky, and Wyandot Counties

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

Expansion of Medicaid and the passage of the local mental health and recovery services levy has increased funding to support basic 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: Increased Birth to Kindergarten Success

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
1. KRA-L (Literacy) scores	Data: 19.37, 19.36, 17.13, 18.9, 19.16, 20.10, Ave. 19 Year of Data: 2006	Data: 21.8, 20.4, 19.4, 19.9, 19.5, 20.2, Ave. 20.2 Year of Data: 2013/2014	+
2. Number of STAR rated pre-schools in the county	Data: 3 Year of Data: 2007	Data: 12 Year of Data: 2015	+
3. Funds on hand to support: Help Me Grow, future 0-11 year assessments	Data: HMG funds limited, available for 0-11 assessment Year of Data: 2008	Data: available for FY15 HMG and assessment Year of Data: 2015	+

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

Ohio Department of Education
Ohio Department of Job and Family Services
Sandusky County Family and Children First Council, Health Partners

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

From 2006 to 2012, KRA-L scores have moved in the positive direction. KRA-L scores have not yet been posted for 2013. The number of STAR rated pre-schools in the county have been significantly increased. It is important to continue to track these indicators as KRA-L scores is an indicator of literacy for children coming into kindergarten. A large number of children are in childcare in Sandusky County, so the quality and training of preschools is important to continue to track.

Funding for Help Me Grow in FY2015 was available through ODH, local levy funds, additional FCFC member organization support, and Ohio Children’s Trust Fund. State HMG Funding for FY2016 is being reduced but with local support, it is adequate to support existing services. Funding for the birth to 11 assessment was provided by local organizations and a local community foundation. A parent survey was conducted and released to the community as part of the health assessment in April 2014.

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: Increased School Success

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
1. Graduation rates – 4 year graduation rate	Data: average 90.65 Year of Data: 2009-2010	Data: average 93.23 Year of Data: 2012-2013	+
2. Attendance rates	Data: average 95.32 Year of Data: 2005-2006	Data: average 95.72 Year of Data: 2013-2014	+
	Data: Year of Data:	Data: Year of Data:	

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

Ohio Department of Education

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

Graduation and attendance rates have slightly increased.

ODE now calculates 4 and 5 year longitudinal graduation rates. Four year rates improved overall with an average of 90.65 in 2009/2010 and 93.2 in 2012/2013. Five year rates went from 92.08 to 92.55 from 2010-2012. Five year rates are not yet posted for 2012-2013.

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: Decreased youth substance abuse

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
1. % of youth reporting 30 day alcohol, 9 th -12 th grade	Data: 9 th -12 th grade, 45% Year of Data: 2005	Data: 9 th -12 th grade, 27% Year of Data: 2013	+
2. % of youth reporting 30 day tobacco	Data: 9 th -12 th grade, 25% Year of Data: 2005	Data: 9 th -12 th grade, 16% Year of Data: 2013	+
3. % of youth who report binge drinking in past month	Data: 9 th - 12 th grade, 27% Year of Data: 2005	Data: 9 th -12 th grade, 19% Year of Data: 2013	+
4. % of youth who reported prescription drug abuse (medications that were not prescribed for them or took more than prescribed to feel good or get high at sometime in their lives)	Data: 6 th -12 th grade, 10% Year of Data: 2009	Data: 6 th -12 th grade, 9% Year of Data: 2013	+

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

Health Partners Community Health Assessment, YRBS Student Survey

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

Youth reported drinking fell in the positive direction. Between the 2001 survey and the 2005 survey, there had been an increase in youth drinking. Because of the concern over the rates, many evidence based environmental and program strategies were put into place. Since then, rates have continued to fall. Current youth smokers in grades 6th to 12th fell consistently from 19% in 2005 to 11% in 2013.

As an emerging issue, prescription drug abuse was surveyed in 2009 and again in 2013. Prevention Partnership has implemented new strategies as a result of this issue. The next survey will be conducted in the fall of 2016.

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: Decreased child abuse and neglect

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
1. Annual number of substantiated abuse cases	Data: 292 Year of Data: 2004	Data: 80 Year of Data: 2013	+
	Data: Year of Data:	Data: Year of Data:	
	Data: Year of Data:	Data: Year of Data:	

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

Annie E. Casey Foundation

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

There has been a downward trend each year beginning from a high number of 321 substantiated cases to a low of 80 cases in 2013. The significant downward beginning in 2012 rate was mainly due to the use of alternative response by Children Services. In 2013, the number of substantiated reports fell by another 10 from 90 in 2012 to 80 in 2013. 2014 rates are not yet posted.

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: Decreased adult and childhood obesity

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
1. % of youth grades 6-12 who are overweight and/or obese	Data: 23 Year of Data: 2005	Data: 30 Year of Data: 2013	-
2. % of youth ages 6-11 who spent 4 or more hours watching TV or playing video games	Data: 31 Year of Data: 2009	Data: N/A Year of Data:	
3. % of adults diagnosed with diabetes	Data: 11 Year of Data: 2005	Data: 10 Year of Data: 2013	+

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

Health Partners Community Health Assessment, Parent Survey
Health Partners Community Health Assessment, YRBS Student Survey

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

In 2013, 30% of youth were either overweight or obese. While this was an increase from 2005, this was the same as 2009. In 2013, 35 % of adults were obese compared to 30% in Ohio and 28% in the U.S. In 2009, 31% of children ages 6-11 watched 4 or more hours of TV or video games, compared to 14% in Ohio, and 9% in the U.S. This was a new indicator surveyed in 2009. The question was changed slightly in 2013 to watched T.V. for 4 or more hours, which was 21% of children ages 6 to 11. Although not an exact comparison because the national question was asked slightly different, only 10% of children in Ohio and the nation spent 4 or more hours in front of the T.V. each day.

The Wellness/Obesity Prevention Committee kicked off an incentive program for Sandusky County by challenging residents to “Go” get healthy, get active, and learn about healthy eating during the month of April 2014. In the spring of 2015, the Sandusky County Health Department began the Healthy Communities committee and new strategies will be implemented in FY16.