

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

Current FCFC Initiatives: SERVICE COORDINATION: * Help Me Grow Program (0-3 yrs) * SAF/ Resiliency Team (PS – elementary) * Clinical Diversion Team (middle school-high school) SCHOOL READINESS: * Learn More @4 * Newborn Learning Bags

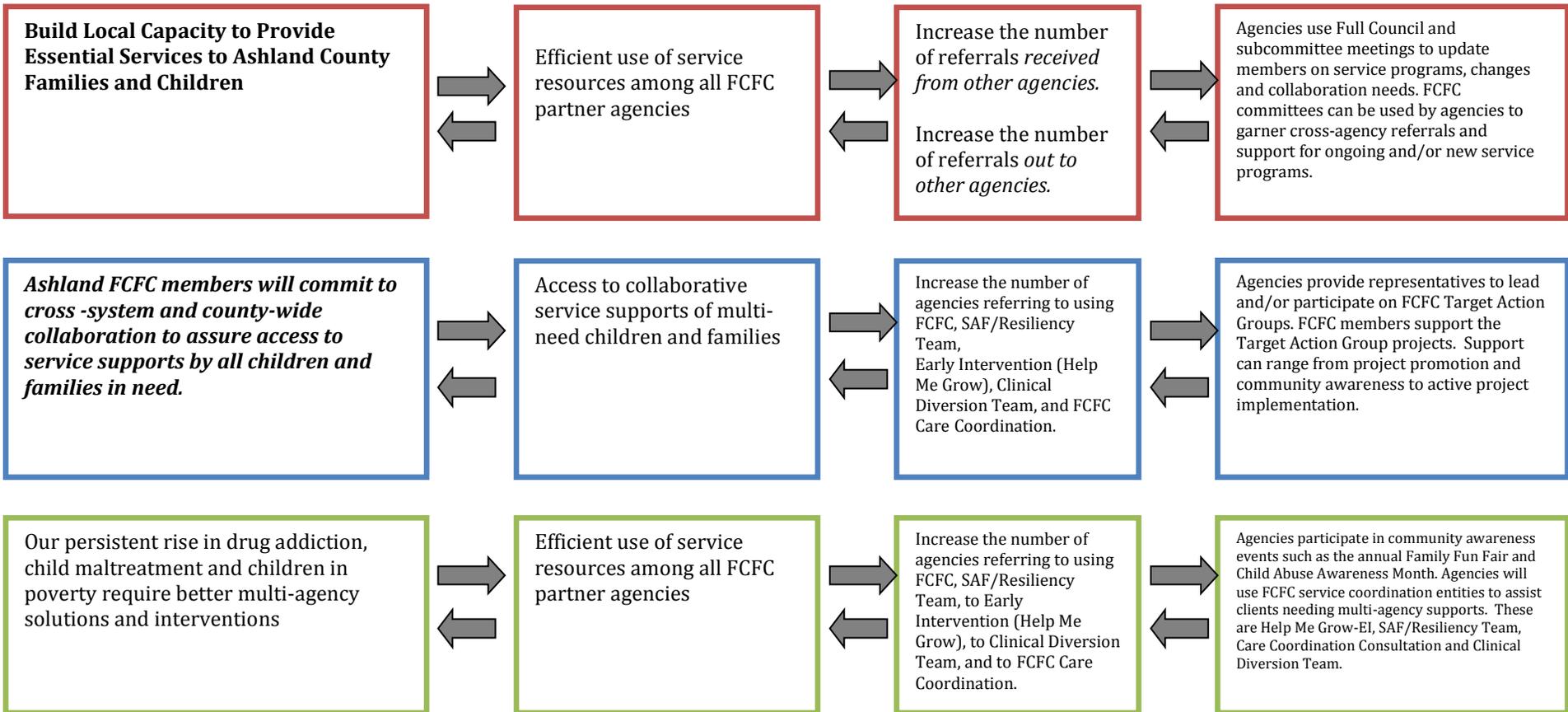
TARGET ACTION TEAMS: *Health/Wellness *Building Bridges Out of Poverty *Preventing/Overcoming Addictions *Eliminating Interpersonal Violence & Child Abuse

Shared Priorities

Shared Outcomes

Shared Measurement

Mutually Reinforcing Activities



Were there any modifications from last year's plan? Yes No+
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.)
There were no barriers to this data collection.

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

A direct result of the Community Health Assessment was the creation of four different target action groups to address the major needs identified in the assessment. These action groups are: a) Preventing and Overcoming Addiction, b) Eliminating Interpersonal Violence and Child Abuse, c) Health and Wellness and d) Building Bridges Out of Poverty. Group membership consists of FCFC agency representatives as well as external community members with a vested interest in the target issue. Each group has one or more faith community representative and several have members who historically had little interaction with Ashland FCFC.

These groups have been meeting regularly since late fall 2015 and have developed goals and action plans. Some groups have sub-committees working at project levels. Each action group presents a report to the FCFC Full Council every other month. They also report to the FCFC Planning Committee that meets quarterly to guide the work of the groups.

2018 UPDATE: The four Target Action Groups continue to meet monthly. Each one is chaired by a regular FCFC member and other FCFC members participate. Each group has recruited additional community members this year, including members from the hospital and university. They developed goals and many have accomplished specific action projects.

One of note is the completion of a comprehensive *ASHLAND COUNTY RESOURCE PAGE* housed on the Ashland County/City Health Department website that was a goal of the Health & Wellness TAG and the Bridges Out of Poverty TAG. This should promote increased awareness and utilization of agency services and resources. It also contains auxiliary (soft) resources such as park programs for

families and is more descriptive than current web information sites. Ashland FCFC members and all of the TAG groups will assist in promoting this resource to Ashland residents.

Another TAG project was the county-wide summer kids lunch program by the Bridges Out of Poverty TAG. This required great coordination between many FCFC member agencies as well as faith-based community volunteers at each feeding site. It promoted expansion of Cleveland Food Bank activity within the county for summer feeding.

The Preventing and Overcoming Addictions TAG as well as the Trauma and Resiliency Collaborative (formerly Eliminating Interpersonal Violence and Child Abuse) have sponsored county-wide training and workshops on their respective focus areas.

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: **Efficient use of service resources among all FCFC partner agencies.**

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
a. Client referrals received from other agencies will increase (as reported by FCFC members)	Data: 22.79% Year of Data: 2016	Data: 27.27% Year of Data: 2017	+
b. Wanting more referrals from other agencies will decrease.	Data: 59.09% Year of Data: 2016	Data: 27.27% Year of Data: 2017	+
c. Clients referred to other agencies will increase.	Data: 39.13% Year of Data: 2016	Data: 45.45% Year of Data: 2017	+

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

We used the same FCFC Collaboration Survey conducted with 23 FCFC members.

Item scores ranged from 1 (little to none) to 5 (a lot). Above data is percent of respondents scoring “5” on the following survey questions:

- a. “How many clients come to you by referral from other agencies?”
- b. “How many more referrals from other agencies would you like?”
- c. “How many of your clients do you refer to other agencies?”

2018 UPDATE: We used the same FCFC Collaboration Survey as in 2016 to obtain current year data.

Item scores ranged from 1 (little to none) to 5 (a lot). Above data is percent of respondents scoring “5” on the following survey questions:

- d. “How many clients come to you by referral from other agencies?”
- e. “How many more referrals from other agencies would you like?”
- f. “How many of your clients do you refer to other agencies?”

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

Respondents clearly indicated that they want more collaboration but it is not easy to do.

The survey included this question: “How challenging is it for you to work closely with other agency staff (given staffing, time, funding, etc.)?”

Responses:

11.11% scored 5 (1 = little to none 5= a lot)
44.44% scored 4 “ “

A follow up question was: “What is the greatest challenge to you in working with other agencies and what would help?”

[NOTE: This question was added to the survey and about 33.5% of total surveyed were able to reply to this.]

Responses included the following:

1. Lack of knowledge of what barriers there are for my clients in accessing other agency services
2. Competing programming and funds. Spirit of competitiveness not cooperation. Hard to get in touch with, referrals come from some but not from others.
3. Time constraints are the primary challenging. Permitting other agency staff to work outside their scheduled hours would help.
4. Understanding the limitations of our services relative to individual rights.
5. Even though staff of others see the value of libraries and reading, it is often a low priority when dealing with their clients because other matters are more pressing.

2018 UPDATE:

Findings indicate positive shifts in all indicators reflecting improved use of service resources by FCFC partner agencies – mandated and non-mandated members.

2017 responses to this question --“How challenging is it for you to work closely with other agency staff (given staffing, time, funding, etc.)?”

Responses below indicate the agencies are still finding obstacles to smooth collaboration with other agencies. This will be an ongoing discussion within the council to discover ways to break down barriers.

40% scored 5 (1 = little to none 5= a lot)
 20% scored 4 “ “

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: **Access to collaborative service supports of multi-need children and families.**

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Number of agencies referring to FCFC SAF/Resiliency Team will increase	Data: 7 Year of Data: 2016	Data: 10 Year of Data: 2017	+
Number of local agencies referring to Early Intervention (Help Me Grow) will increase	Data: 5 Year of Data: 2016	Data: 9 Year of Data: 2017	+
Number of agencies referring to Clinical Diversion Team will increase	Data: 3 Year of Data: 2016	Data: 6 Year of Data: 2017	+
Number of agencies referring to FCFC Care Coordination Consultant will increase	Data: 0 Year of Data: 2016	Data: 6 Year of Data: 2017	+

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

FCFC Coordinator, FCFC Multisystem Care Coordinator, Clinical Diversion Program Director, EI (Help Me Grow) Contract Manager

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

Referrals to Ashland Help Me Grow (EI and Centralized Information and Referral) had dropped for a period of time from fall, 2015 – winter, 2016. However, referrals are increasing and staff are working on more promotional ideas.

The Clinical Diversion Team, housed at a local non-profit partner agency, had steady referrals but they experienced a decrease beginning in May, 2016. They have added staff this year to accommodate a few more referrals.

The FCFC SAF (*Strengthening Ashland Families*) Resiliency Team began last July as a pilot for service coordination at a prevention level targeting preschool and early school aged children and their caregivers. It is still underutilized as an enhancement to ongoing service provision.

New Care Coordination Service:

Two of the FCFC Target Action Groups (Health/Wellness and Building Bridges Out of Poverty) identified a need for a centralized method to access the county's service resource information. The groups noted the trend of rapidly changing eligibility and program service elements that pose demands on agency staff to provide up-to-date service information to clients. More is needed than the established "211" or other service inventories. There is a need for agency staff to access an "expert" with knowledge of how service supports can work together to better help families and children with chronic needs who may cycle through service agencies or who need additional helps.

FCFC is in a unique position to develop this resource. It is "agency neutral" and serves a primary role in service coordination for multi-needs children and families. As an umbrella organization, the FCFC can access information about changes in services from member agencies. Also it can engage informal resource supports from faith community members and/or other segments of the community. For years, the role of Ashland FCFC service coordination has been to support rather than supplant direct service provision. To achieve this, FCFC uses novel multi-agency service solutions are an integral part of the FCFC's service coordination work.

Last year, FCFC launched a pilot service coordination program, the *Strengthening Ashland Families/Resiliency Team*. The approach has used the *Strengthening Families* framework to consciously build protective factors in caregivers as well as resiliency skills in children and their parents. It serves the "whole family" using a Resiliency Coach assigned to evaluate the needs of all family members and to create a customized agency provider team that works together with the family on an Individualized Shared Family Plan that is highly family centered. The program's goal is to help the family members better utilize ongoing service supports as well as help agencies be more efficient with service provision.

At this time, FCFC is developing ideas to share the lessons learned from this pilot program about resiliency building and service collaborations with the larger service community. This would be done by creating a "Care Coordinator" who will provide consultation to any county staff needing guidance and timely information about service supports. This service will provide much more in-depth information than simple information and referral. It will be particularly effective at the prevention or earlier intervention level working to reduce the likelihood of school expulsion, juvenile court involvement and/or children's services removal. It has proven potential for service cost-saving and enhancement of existing services.

The Care Coordinator could provide agency trainings as well as provide consultation to enhance a professional staff's ability to help a client navigate and efficiently use formal and informal services. The Care Coordinator can also coach direct service staff of when to refer to FCFC service coordination.

The Care Coordinator will play a critical role in knowing key contacts in agencies and tracking eligibility changes and other critical service information that should be shared with FCFC agencies. This should produce more effective and efficient service provision across the agencies.

2018 Update:

Since last summer (2016) there has been steady increase in the number of referrals to the EI program. This is due in part to the stabilization of the Ash. Bd. of DD staff (developmental specialists) as well as technical advising from DODD staff to promote better joint understanding of IFSP documentation and shared decision-making within the EI team. The program is more stable and staff feel more confident at this point in time.

CARE COORDINATION:

With the support and regular reviews of the members of the Health/Wellness TAG and the Building Bridges Out of Poverty TAG groups, FCFC was able to develop a new Ashland Resource website page that suits the needs of the community residents as well as the professionals. It has more detailed information such as eligibility, operation hours, and specific description of services than other resource inventories such as 211.

The Strengthening Ashland Families/Resiliency Team service coordination was expanded from serving preschoolers and young elementary aged children to including youth up to young teen years. This year there was a remarkable increase in referrals of kin caregivers, i.e. the grandparents, caring for very high needs grandchildren due to birth parents' absence to jail or drug rehab programs. The program results indicated increased caregiver knowledge of community resources, increased comfort level working with agency providers and increased ability to use social connections and find concrete resources for their family. (The program used a pre-post Protective Factors survey and resource inventory and other informal assessments to determine outcomes.) In 90% of the families, better relationships with school and more stable school participation was achieved.

In addition to service coordination with families, the FCFC Care Coordinator and FCFC Coordinator presented numerous trainings about cross system collaboration and to encourage inter-agency referrals. Between September 2016 – May 2017, nineteen different groups were addressed that also included community entities such as the county ministerial association, Kiwanis Club, Faith-based collaborative as well as the primary FCFC member agencies. Key agency case managers, parent educators and others working with

families to do service linkage were trained. Staff of six major agencies (3 mental health, local DD, EI, Head Start) regularly sought care coordination consultation with FCFC.

The Clinical Diversion Team continued to provide intensive wrap around and other service coordination services to older elementary-aged and teen youth at high risk of out of home placement and who were court involved.