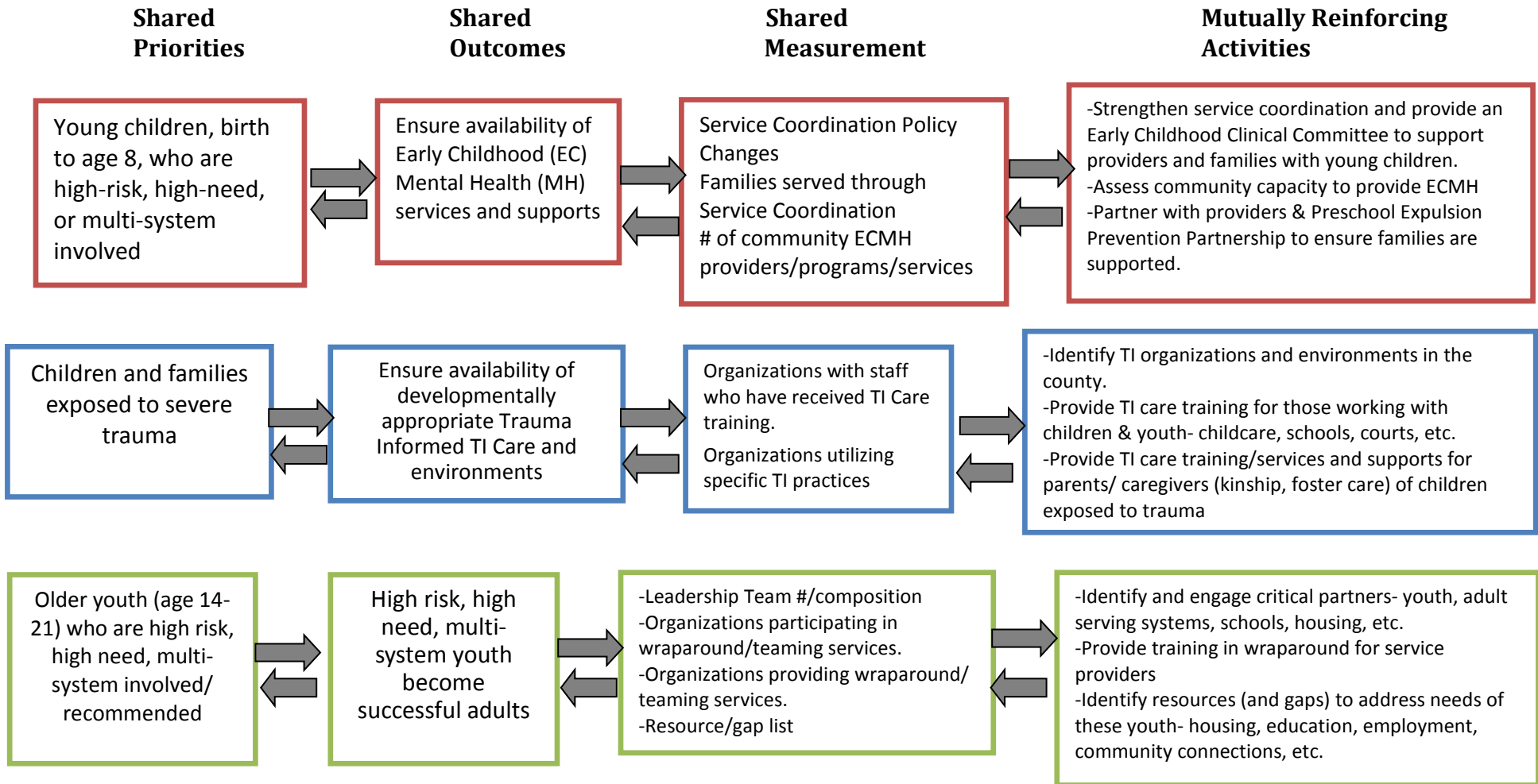


Licking County Family and Children First Council Shared Plan Update for SFYs 17-19

Current FCFC Initiatives: 2017/18 CFFC Initiatives- Children and Families First Council and Board of Directors; Early Intervention Services; Community Support Teaming; Clinical Committee; Service Coordination; ENGAGE.



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

X Indicators

x Strategies

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

We had difficulty obtaining information from agencies through survey; however, information provided at meetings proved to be a helpful follow-up to obtain information.

We were short a staff person for approximately 6 months, which made it difficult to manage some of the data tracking intended in the plan.

The revision of the Service Coordination Mechanism (SCM) was appropriately delayed by the staff turnover, anticipation of State FCFC SCM guidance and introduction of electronic record keeping. This has led to a more thoughtful approach and preparation for making changes to our process. With the hiring of the new Clinical Systems Services Coordinator, we have been meeting with other FCFC's to identify possible improvement for our SCM and providing Council members with more information on the process, definitions of terms, etc. Other efforts to revise the SCM have been to revise/update forms and identify gaps in the current plan as we explore ideas for improvement.

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

The community is, and has been, embracing the importance of Trauma Informed Care, as evidenced by the rise in local trainings and rise in organizations identifying formal plans to provide trauma informed care/trauma informed environments. In fact, so much is occurring that it was difficult to gather the specific data needed, so we reassessed our measurement in this area. Coming together allowed us to see all that is happening and we are committed to working together more closely in order to share resources and ideas, explore measurement tools to help move efforts forward and studying what it would take to become a trauma informed community.

The community is very interested in collaborating to provide a stronger foundation for young children and their families. Our team has generated a plan to move forward and build upon existing community efforts to provide early childhood mental health supports and services.

The ENGAGE leadership team has continued to be active in identifying and addressing the needs of older youth and young adults. In many ways, coming together has led to increased knowledge of and sharing of resources to help the older youth and young adults.

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: Ensure availability of early childhood (EC) mental health (MH) services and supports

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
# of Service Coordination Policy changes	Data: N/A- Beginning in 2016/17 Year of Data: 2016	Data: 2 Year of Data: 2016/17	+
Number of youth birth to age 8 who are served through Service Coordination	Data: Collecting in 2016/17 Year of Data: 2015/2016	Data: 12 Year of Data: 2016/17	NC
Number of community ECMH providers/programs/services	Data: Collecting in 2016/17 Year of Data: 2015/2016	Data: 18 organizations Year of Data: 2016/17	

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

Service Coordination Mechanism, Clinical Committee minutes, FCSS annual report, Community Support Teaming annual report, Survey of community providers to identify ECMH providers, programs and services

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

POLICY CHANGES-Complete review of Service Coordination (SC) Policies, or the Service Coordination Mechanism, were on hold pending soon to be released direction from the State; however, a team (Clinical Committee) began revising SC referral forms to be more user friendly. To date, the Release of Information and Service Cost Approval forms have been approved. The new Clinical Systems Services Coordinator is working with other FCFC’s to identify improvements.

YOUNGER CHILDREN SERVED- The Licking County Early Childhood Mental Health Leadership Team has been formed to develop and implement actions to increase the number of younger children served through SC and high fidelity wraparound, increase community awareness and utilization of ECMH services and supports and support community providers through a “Clinical Committee” to staff cases with younger children.

NUMBER OF PROVIDERS/SERVICES- The Leadership Team generated list of providers/services, most of whom are on the team:

Organizations with Early Childhood Mental Health providers- Behavioral Healthcare Partners, The Village Network, Nationwide Children’s Hospital, The Woodlands, National Youth Advocate Program (5)

Organizations providing family/child supports- Licking County Board of Developmental Disabilities and Early Intervention, Pathways Parenting Workshops and Help Me Grow Home Visiting services, Licking Memorial Hospital Triple P and Kid’s Place, Mental Health America Parenting programs, Newark City Schools parent mentors and educational supports, Licking County Health Dept in-home services, Children and Families First Council (CFFC) service coordination and wraparound teaming, Big Brothers Big Sisters, Licking County Children Services, LEADS Head Start/Early Head Start, Licking County Educational Services Center preschool programs, Licking County Family YMCA, Nationwide Children’s Hospital Preschool Expulsion Prevention Program (13)

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: Ensure availability of developmentally appropriate Trauma Informed TI Care and environments

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
# of individuals who have received TI Care training.*	Data: Collecting in 2016/17 Year of Data:	Data: 250+* Year of Data: 2016/17	+
# of individuals utilizing specific TI practices/interventions**	Data: Collecting in 2016/17 Year of Data:	Data: 27** Year of Data: 2016/17	+

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

Survey of Children and Families First Council members, Training pre/post tests

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

In assessing our Shared Plan, a CFFC subcommittee, the Trauma Informed Care Collaborative, determined that measuring the number of providers who utilize trauma informed practices/interventions will be difficult and may not be appropriate due to likelihood that we cannot reach all agencies in the community, staff change, etc. Inaccuracies are likely when trying to obtain a complete number of individuals who have attended training. Again, due to staff changes, not reaching all. However a survey of community partners revealed:

ORGANIZATIONS WITH TRAINED TRAINERS and ORGANIZATIONS THAT HAVE PROVIDED TRAINING TO THE COMMUNITY- 6** organizations reported having a Trauma Informed Care trained trainer on staff. One organization has provided multiple Trauma Informed Care trainings in the community and a collaborative group of multiple organizations hosted a Trauma Informed Care Summit in May geared to law enforcement, attorneys and intervention/treatment providers. **More than 250 received training.***

ORGANIZATIONS WITH STAFF TRAINED TO PROVIDE TRAUMA INFORMED CARE- 14** organizations reported employing staff who are trained in providing trauma informed care.

ORGANIZATIONS WITH TIC PLAN AND/OR COMMITTEE OVERSEEING AGENCY TI CARE AND ENVIRONMENTAL IMPROVEMENTS- 7** organizations reported actively working on an agency Trauma Informed Care/Environment plan and Mental Health and Recover for Licking/Knox Counties utilized the ARCTIC survey with all staff at all funded agencies in order to develop a system level plan.

UPCOMING PROJECTS- LCDD hosting “vicarious” trauma training in September and a staff person will become a trainer. LEADS Early Head Start and Head Start planning a fall staff training. Newark City Schools- Expanding TI discussion group to include staff at all levels. CFFC- 1 to be trained to be a trainer. Child Protective Services partnered with 14 counties to provide youth in substitute care settings with Adventure Therapy (TIC therapy). Mental Health and Recover for Licking/Knox Counties- Two staff will be trained TIC trainers.

The TIC Collaborative will review the ARCTIC survey tool for possible use, develop a plan to better collaborate, share TIC training opportunities and TI environment changes, and assess possibility/interest in becoming a Trauma Informed Community.

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: Older youth (age 14-21) who are high risk, high need, multi-system involved or recommended, become successful adults

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Leadership Team #/composition (systems or sectors)	Data: 11 individuals, 7 systems Year of Data: 2015/16	Data: 20 individuals, 13 organizations Year of Data: 2016/17	+
# of organizations signing a cooperative agreement to <u>participate</u> in teaming services.	Data: 4 Year of Data: 2015/16	Data: 4 (staff from 42 organizations participated) Year of Data: 2016/17	NC
# of organizations signing a cooperative agreement to <u>provide</u> teaming services.	Data: Collecting data in 2016/17 Year of Data: 2015/16	Data: 4 Year of Data: 2016/17	NC
# of organizations <u>providing</u> wraparound/teaming services for youth	Data: Collecting data in 2016/17 Year of Data: 2015/16	Data: 5* (includes CFFC) Year of Data: 2016/17	NC
List of resources and gaps in service for high risk, high need, multi-system older youth	Data: Developing in 2016/17 Year of Data: 2015/16	Data: 1 list developed with gaps identified Year of Data: 2016/17	+

5. List the data source(s) for the indicator(s): ENGAGE Leadership Team roster, number of Cooperative Agreements, FCSS and CST annual report, survey of partners that sign cooperative agreement.
6. Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.):
 The ENGAGE Leadership team, formed more than a year ago to move the plan forward and address the needs of older youth/young adults (YYA), continues to grow. Team members welcome collaborating and learning from presenters and from one another. The Leadership team consists of representative of Licking County—Children and Families First Council (CFFC), JFS/Ohio Means Jobs, JFS/Children Services, Department of Developmental Disabilities, Mental Health and Recovery Board, Juvenile Court, Proteen Center (school/dropout prevention program), Family Health Services, Newark Digital Academy, Licking Valley Schools, Mental Health America, National Youth Advocate Program and a young adult representative. The Leadership Team **recommended revising measurements by removing** “signing cooperative agreements” to participate in/provide teaming and instead use “organizations that provide wraparound/teaming” and organizations that “participate in wraparound/teaming services”. **Reason for revisions:** The number of organizations with staff that participated in teaming (42) more accurately reflects the support of teaming/high fidelity wraparound. In addition, requiring a signed agreement to participate in teaming would hamper the process.
 When our CFFC was faced with the nearly 6 month absence of a Clinical Systems Services Coordinator, four (4*) CFFC partners offered their staff to facilitate teams (JFS/Children Services, Juvenile Court, Board of Developmental Disabilities and a mental health provider); however, formal agreements were not used.
Resources and gaps- The ENGAGE Leadership team is developing a “Community Assistance” Card for YYA and those working with YYA. Resources identified in areas: Abuse/Violence, Child Care Assistance, Clothing, Crisis Hotline & Information, Emergency, Financial And Other Assistance, Food, Health, Housing, Internet Access, Job Search, Legal Services, Mental Health & Substance Abuse Services, Shelters, Transportation. Helpful apps will be included and the youth representative will help make the card “friendly” to YYA. The team will focus on gaps in housing, furniture and transportation. As we assessed our Service Coordination Mechanism (SCM), we found that it does not speak well to the needs of young adults without parent/caregiver involvement. This awareness will be used when revising the SCM. CFFC is also utilizing ENGAGE Coaching and training to increase utilization of teaming/wraparound.