

Ashland County Family and Children First Council Shared Plan for SFYs 12-16

Shared Plan Update for SFY 16

Current FCFC Initiatives:

Help Me Grow Program (0-3 early intervention service coordination)
FCFC/United Way School Readiness Initiative

Service coordination of multi-need families/children
Family Support Services (preventing child abuse/neglect)

**Shared
Priorities**

**Shared
Outcomes**

**Shared
Indicators**

**Shared
Strategies**

Early Identification, Intervention and Prevention

Families with young children will know all county resources and services to help them provide a nurturing family environment.

Rationale: Neuroscience tells us that a child's brain is 75% wired by age 1 and 90% wired by age 3. Early experiences have a decisive impact on ability to succeed in school and in life. By 18 months of age, low SES children have a lower vocabulary than mid SES children.

Ashland:
 In 2013, 33% (992) of Ashland Co. children under 5 years old live below poverty (Community Solutions).

Parents receiving FCFC child development info. at birth average lowered educational achievement (High school, some college) and lower income levels (\$10,000-\$25,000/yr.)



The number of Ashland Co. preschool-aged children with school readiness skills will increase.



Change (lower) the percent of entering kindergarten children with KRA-L scores at needing "intense instruction" level.

(To be changed to the new KRA assessment results)



1. Enroll eligible families in *Help Me Grow* -Home Visiting program and/or Part C Early Intervention
2. Give families with infants under one year information on child development, home learning, parenting, home safety, health and community resources. *(Talk, Read, Play Newborn Learning Bag)*
3. Provide preschoolers with learning activity kits and school readiness resource information for their parents/caregivers. *(Learn More at 4)*
4. Provide families knowledge of service supports through the annual Family Fun Fair to showcase county services.
5. Encourage families & community members to use *Early Connections* (211 referral service).

**Shared
Priorities**

**Building Family Strengths
and Resiliency in Children
and Adult Caregivers**

Families at risk of child maltreatment will receive knowledge of intervention services, an evidence-based prevention program and service coordination.

Rationale: The CDC sponsored *ACE (Adverse Childhood Experiences)* study found persons with four or more categories of childhood exposure to child abuse/neglect had 4 – 12 times risk for alcoholism, drug abuse, depression and suicide. They also had increased risk of adult life threats such as heart disease, cancer, lung disease, skeletal fractures, liver disease and smoking and obesity. (Amer. Jr. of Preventive Medicine).

Ashland:
Reports and investigations to Children’s Services of child abuse & neglect have risen steadily over the last 4 years.

The ACCESS program that houses homeless families with children regularly serves 10-12 families per year.

**Shared
Outcomes**

The number of Ashland children exposed to abuse and neglect will decrease.

**Shared
Indicators**

- a. A decrease in the number of Children’s Services assigned investigations of alleged child abuse/neglect.
- b. All parents in the Family Support Services program will report increased knowledge and skills of positive parenting.
- c. All parents in the Family Support Services program will report increased understanding of child development.

**Shared
Strategies**

- 1. Train parents/caregivers on prevention of abuse/neglect and positive parenting strategies through the OCTF Family Support Services Program at Catholic Charities.
- 2. Pilot the Strengthening Ashland Families/Resiliency Care Team to identify and coordinate interventions with at risk young children and their caregivers. Families will have a resiliency coach to facilitate implementation of a multi-agency shared service plan.
- 3. Use the FCSS (Family Centered Support Services) fund to decrease barriers to successful service interventions for families receiving coordinated services.
- 4. Use the Clinical Diversion Team to provide service coordination and resources for families with children at high risk for going out of family. The Team will use shared decision-making for an individual family service plan.

**Shared
Priorities**

**Shared
Outcomes**

**Shared
Indicators**

**Shared
Strategies**

**Multisystem/Multi-need
Youth and Families**

Children with a service history who have chronic needs will receive intensive intervention to divert them from incarceration or permanent out-of-home placement

Rationale:

Children with chronic behavioral health challenges benefit from intensive, multi-system approaches that involves cross-system creative problem-solving.

Ashland

The county has an above-average number of children in Children's Services custody.

Although many have histories of maltreatment, they are also placed by the court due to unruliness.

In 2014, Ashland County juvenile court had over 350 cases of juvenile delinquency or unruliness.

The number of Ashland children requiring out of home placement will be decreased.

Lower the number of children in Children's Services custody.

Encourage referrals to the Clinical Diversion Team for use of Wrap Around and intensive service coordination to develop effective interventions for youth and family.

Promote provider training and credentialing in trauma-informed treatment/intervention models across the age span of early childhood through young adulthood.

Implement recommendations from the *Children's Services Feasibility Study* through a multi-system leadership team. This includes improving communication and information sharing for informed decision-making of interventions for children in custody.

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

Indicators

For the first priority, *Early Identification, Intervention and Prevention*, a new indicator needs to be selected to replace the KRA-L score because of the change at ODE to a comprehensive kindergarten assessment. To date, ODE has not provided the current assessment data.

For the second priority, *Building Family Strengths and Resiliency in Children and Adult Caregivers*, we included these changes:
We also changed our second indicator to reflect increases in knowledge and skills of positive parenting.
We added a third indicator reading: The majority of parents in the Family Support Services program will report increased understanding of child development.

Also we moved the number of children in custody to be an indicator for our third priority, *Multisystem/Multi-need Youth and Families*

Strategies

We added to each of the major shared priorities.

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

Our county can afford only one fulltime FCFC staff member, the coordinator, who has responsibility for monitoring all of the funded programs, preparing and participating for FCFC committees, processing each service coordination referral and planning team meetings and leading the county-wide school readiness initiative, to name a few. Outcome tracking and data collection across our priorities are ongoing challenges.

Challenges to our *Early Identification, Intervention and Prevention* priority include the following:

Our biggest challenge is developing efficient and effective ways to provide quality family education and early prevention to young families and children. Most children under 3 years of age in our county are cared for at home. The HMG Home Visiting program, with its very narrow eligibility criteria, has experienced limited recruitment and enrollment.

Our county has very few licensed early care centers and mainly half day early childhood education leaving the burden of providing an enriched learning environment to limited resource, undereducated families. For typically developing 3 – 5 year old children, there is no extensive home-based school readiness program, such as Parents as Teachers or SPARC.

We also continue to have a limited ability to distribute our Newborn Learning bags to children born in hospitals outside of Ashland County. Some FCFC member agencies assist, such as the health department, Help Me Grow and home-based parent education, but we still miss many of our newborn population.

Challenges to our *Building Family Strengths and Resiliency in Children and Adult Caregivers* priority include the following:

Recruitment and retention of eligible parent participants is an ongoing problem with our OCTF funded program. Many interested families are not eligible due to a previous open case with Children's Services. A possible explanation to decreased family participation may be increased demands on parent time due to child activity schedules and varying work shifts.

Transportation to parent and child activities and for important agency appointments is a barrier for low income families in our county. We have no county public transportation system.

Earlier identification and referral of children and families to service supports to prevent deteriorating family stability is a constant challenge. Agency staff changes demand continual awareness of county resources. Inter-agency staff communication often needs refreshed and re-examined as well as coaching service providers in how to use FCFC service coordination and resources.

Challenges to our *Multisystem/Multi-need Youth and Families* priority include the following:

The success of the first year pilot of our Clinical Diversion Team has sparked a challenge. The numbers of identified youth needing the service as pushed the Team to capacity. Current staffing is part-time which will need to be addressed in the upcoming fiscal year.

Costs for staff development in trauma-informed methods will need to be addressed as well as release time for training.

Funding for non-traditional and non-Medicaid billable interventions for children with trauma histories will pose a challenge for our small county resources.

There is a growing need for more efficient communication and collaboration between staff. We are beginning to explore secure email and internet options that adhere to HIPPA regulations.

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

A resounding success this year was the collaboration and pooling of resources to support the new Clinical Diversion Team for our *Multisystem/Multi-need Youth and Families* priority. Our county MHRB, JFS/CS, Bd. of DD, County Commissioners and Juvenile Court are pooling funds and in kind resources to launch this much needed service coordination for children/youth at high risk of going out of family. This program offers high fidelity wrap around services to youth and families and is partially funded with JFS PRC funds.

Another activity that promoted much cross agency collaboration with FCFC partners was the invitation from Wayne/Holmes Cos. to be included in their ODH Child and Family Services grant. This produced our *Early Connections* 211 phone referral service as well as a county-

wide Community Health Assessment. The assessment results will be shared with all FCFC member agencies and other community partners which will be of vital use for FCFC strategic planning. The Ashland University researcher will present results to us this summer. A new FCFC planning committee was created to guide this grant work.

Another inter-agency activity was a large contracted Children’s Services feasibility study. This was initiated to analyze current practices and provide data for our county’s use in providing improved solutions to out of home placements of children in county custody. This work is in the initial stages.

An ongoing collaboration is with our Ashland Co. United Way. We are in the fourth year of collaboration for county-wide school readiness. We continue to distribute Newborn Learning bags to families with infants and we are in the second year of distribution of our *Learn More at 4* School Readiness toolkit for families with four-year-old children. Numerous ECCC committee members are involved in publicizing and distributing toolkits for over 700 families with preschoolers. This project has helped us do outreach to early childhood educators and child care providers who do not participate in ECCC and have little knowledge of FCFC programs and services. They have welcomed the information about FCFC services and have mentioned families who could benefit. We also recruited two agencies to join ECCC!

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: **The number of Ashland County preschool-aged children with school readiness skills will increase.**

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Percent of entering kindergarten children with KRA-L scores at the “intense instruction” level NOTE – ODE has changed the kindergarten assessments and has not released data yet.	Data: 17.5% of children attending co. schools Year of Data: 2009	Data: Not available	

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

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

Our county families with preschoolers continue to struggle with food insecurity – 33% of these children are in poverty. Many jobs do not provide sufficient living wages. Our county has a 4.9% decrease since 2007 in jobs in the second quarter of 2014 (Community Solutions). This

reflects family financial burdens that can impact their ability to provide for family basics – including enriched learning experiences for young children.

For the past two and a half years, the Ashland County School Readiness Initiative sponsored by FCFC and United Way of Ashland County, has provided a *Newborn Learning Bag* to all families with newborn infants that is filled with information to encourage families to start in infancy to promote child learning for school readiness, including infant book-sharing. An average of 10 bags per month is distributed at our local hospital birthing unit. Help Me Grow and our home-based parenting education agencies and Head Start also distribute the bags. Additionally our United Way provides to every county child under 5 yrs. of age the Dolly Parton Imagination Library. This provides a book a month up to 5 years of age for each child enrolled.

Our FCFC has developed a separate section on its website labeled “school readiness” that includes lists of resources for families. The website has been promoted in large community-wide events and on our brochures.

All families with preschoolers involved with the FCFC Care Team service coordination receive information and materials developed by FCFC to help them support school readiness.

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: **The number of Ashland County children exposed to abuse and neglect will decrease.**

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
The no. of Children’s Services investigations of alleged child abuse and neglect.	Data: 294 Year of Data: 2009	Data: 380 Year of Data: 2014	-
PRIOR INDICATOR: The number of parents in OCTF funded program, Family Support Services, who report knowledge of and use of appropriate discipline.	Data: 20 Year of Data: 2008-2009	Data: Year of Data:	
New INDICATOR: The majority of parents in the Family Support Services program will report increased understanding of child development.		Data: 100% Year of Data: 2014	
NEW INDICATOR: The majority of families will report an increase in knowledge and skills of positive parenting.		Data: 100% Year of Data: 2014	

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

First indicator: The Ashland Co. Jobs and Family Services, Children’s Services director provided the investigation statistics.

Second and Third indicators: 2014 Annual Program Report to OCTF of Catholic Charities Corporation of Ashland Co. This is the contract agency for our OCTF program.

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

Many factors account for child abuse/neglect reporting and investigations. Our April child abuse and neglect awareness campaign includes the child abuse report telephone number, which may account for some of the increase of the referral calls to Children’s Services. This may indicate our county efforts to protect the children. Another factor is limited success in helping families climb out of poverty. Although not all families in poverty mistreat their children, there tend to be higher levels of neglect in that population. Another factor is the society-wide decline in family life education classes in schools leaving basic family and parenting skills to random, small-scale programs.

Our OCTF funded program, Family Support Services, provides families with the Triple P parenting curriculum and the Child Assault Prevention (CAP) training as well as service linkages for a variety of family needs. Although this program improves parent skills (by report), it has limited capacity to serve all at-risk families because it cannot serve families with a history of an open cases with Children’s Services.

All homeless families with children are referred to the FCFC Care Team to develop an extensive Family Service Opportunity Plan to buffer the possibility of child maltreatment. Staff from the Ashland Co. Jobs and Family Services, Children’s Services, sits on that team.

Agenda changes in the Council meetings have provided more time for roundtable agency updates and resource sharing that foster networking of agency services and resources.

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: **The number of Ashland children requiring out of home placement will be decreased.**

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
The number of children in Children’s Services custody.	Data: 72 Year of Data: 2007	Data: 74 Year of Data: 2014	-
	Data: Year of Data:	Data: Year of Data:	

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

Source was the *Ashland County Community Placement Alternatives Feasibility Analysis* by Brown Consulting, Feb. 2015.

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

Historically, the court has chosen to place some unruly youth in the custody of Children’s Services. This has strained our Children’s Services capacity and unfortunately many children going out of home also go out of county to foster care homes.

The Children’s Services Feasibility Study which was completed in February, 2015, will provide us the data to do creative problem solving to decrease the numbers of children in custody as well as decrease the amount of time children are in custody. This will be addressed in the coming year.

With continued pooled funding, the Clinical Diversion Team will apply high fidelity wrap around and concentrated service coordination to help youth with chronic behavioral challenges in order to divert out of home placement.

A new case manager position, funded by Ashland Co. MHRB has been created to work with court involved youth to do intensive work to provide community supports and interventions to avoid repeat juvenile offenses.

Over the past three years, Ashland professionals have received numerous opportunities for trainings with national and international experts, mainly sponsored by the Ashland Co. Mental Health and Recovery Board with external grant funding. Agency directors have supported sending their staff to improve the quality of services across systems.