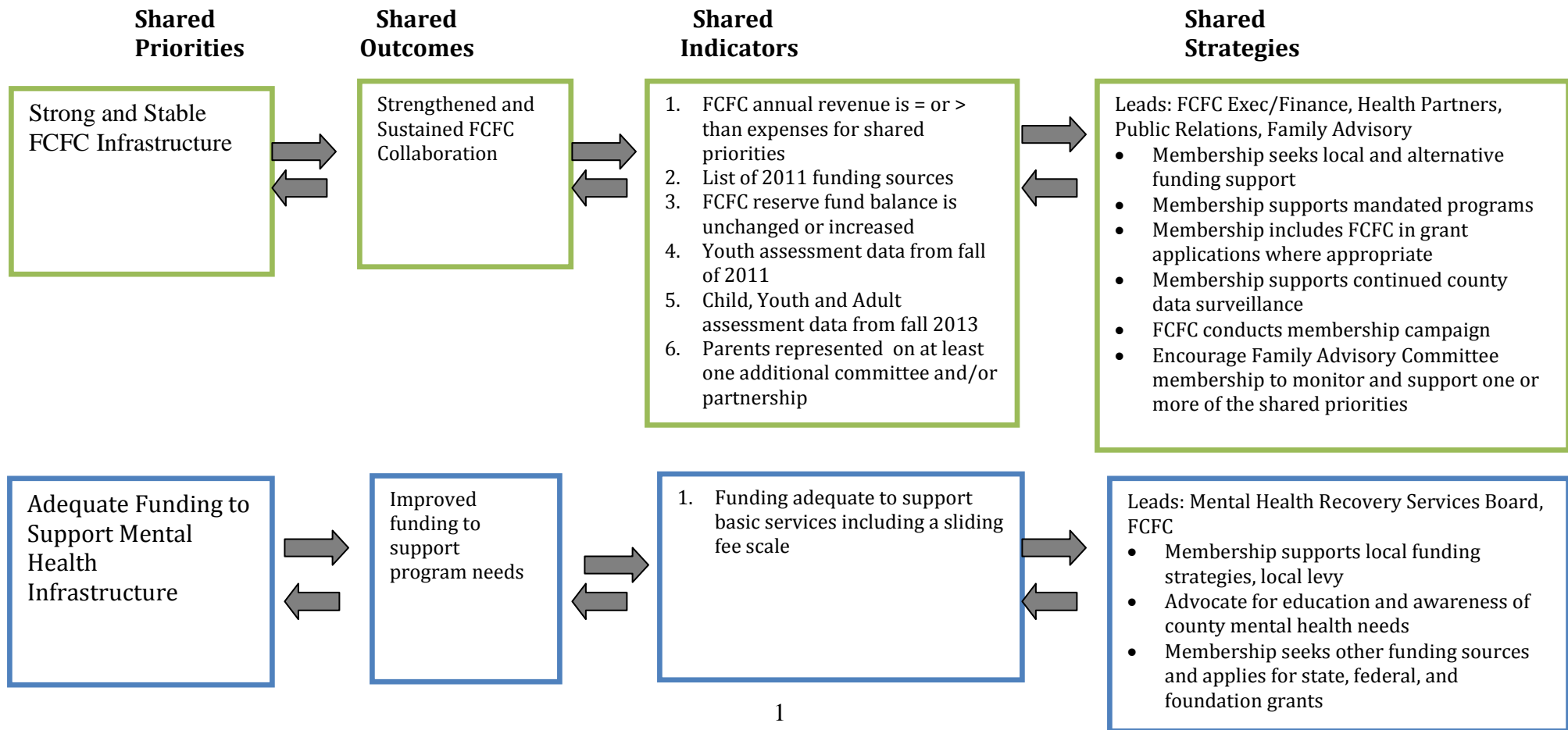
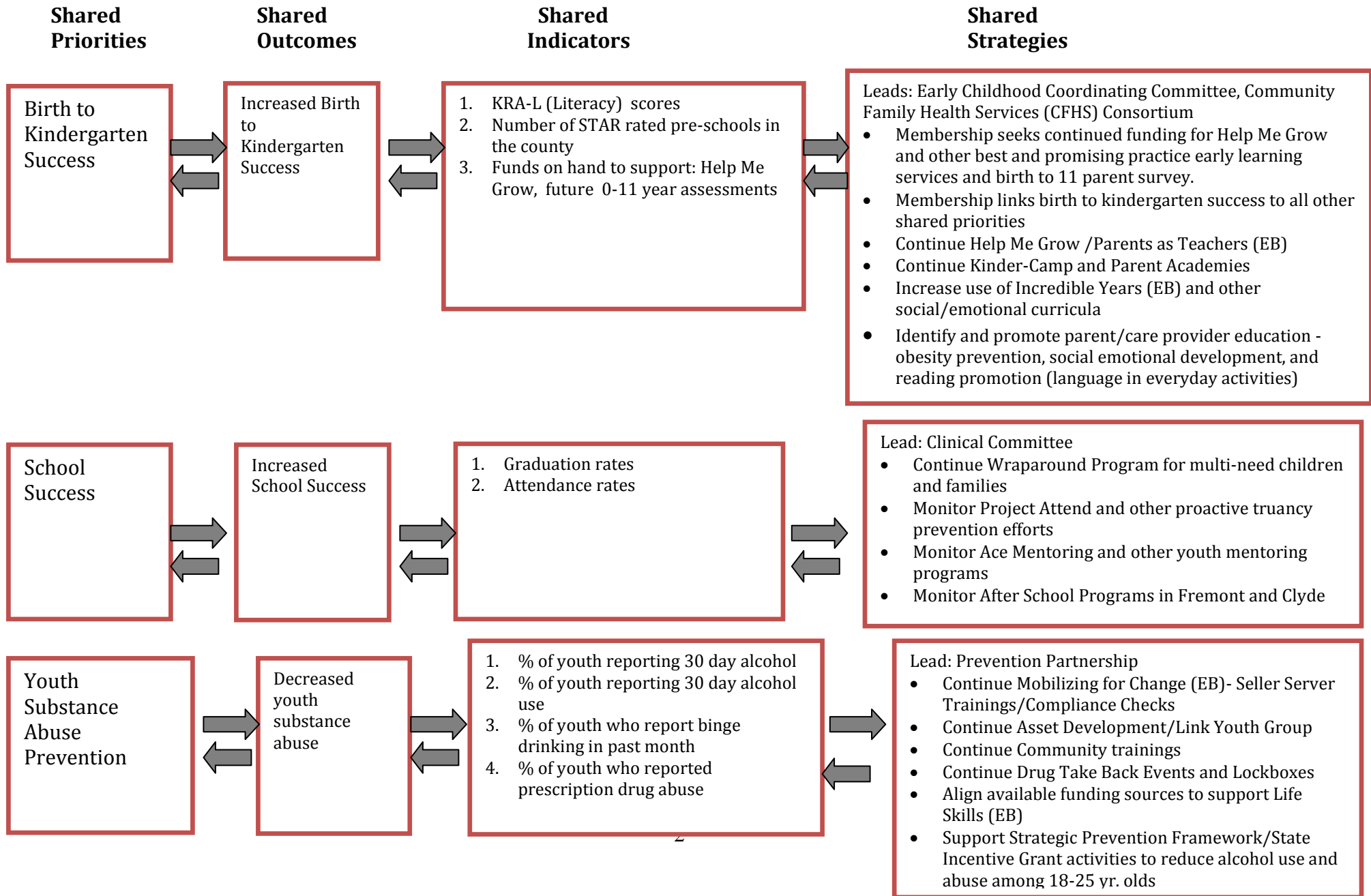


# Sandusky County Family and Children First Council Draft Shared Plan for SFY 12

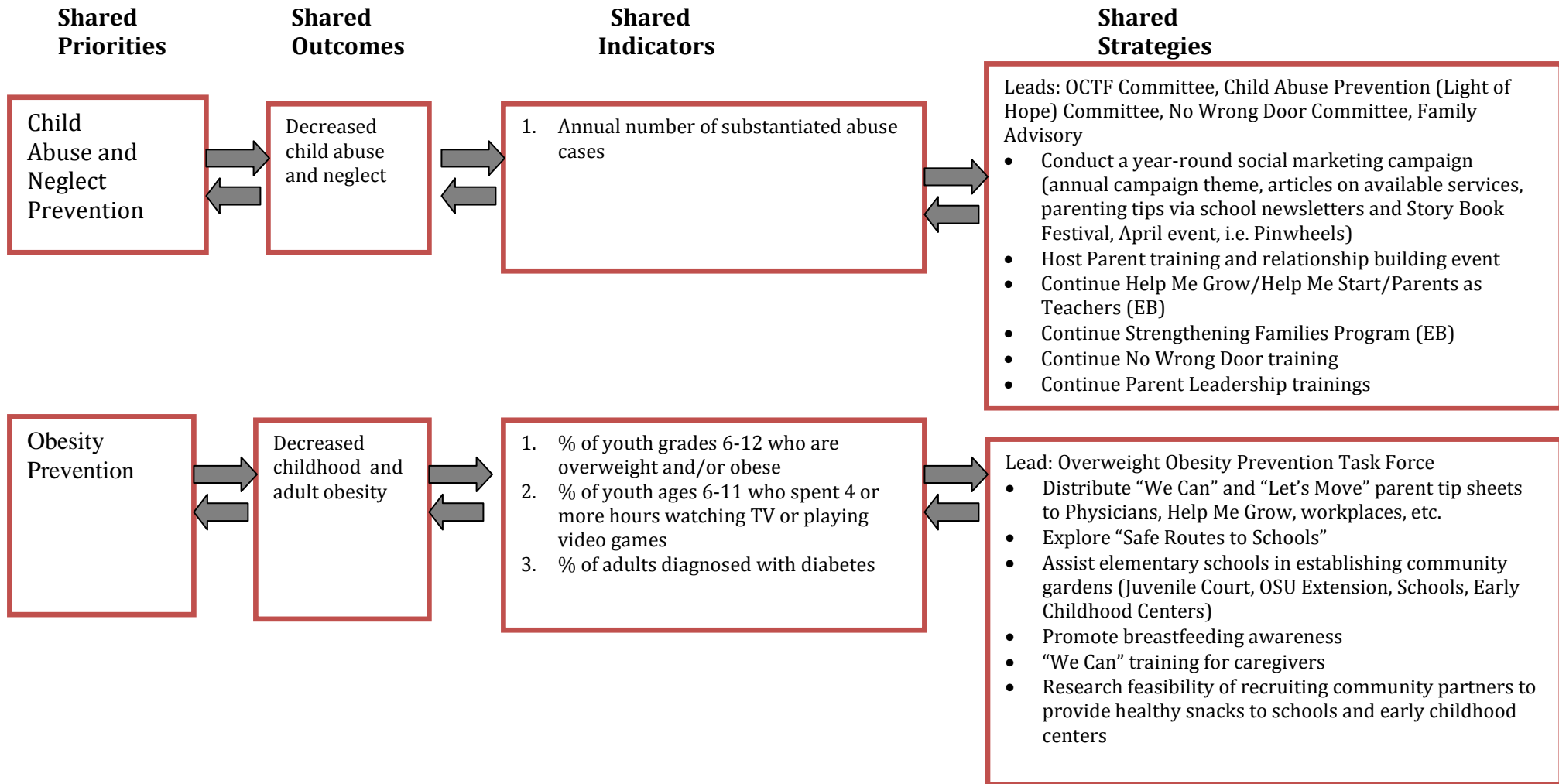
**Current FCFC Initiatives:** Initiatives include HB289 Community Plan, Service Coordination (Wraparound and Systems of Care), and Parent Engagement. The FY11 FCFC HB289 Community Plan included the FY12 FCFC Shared Plan priorities of School Success, Birth to Kindergarten Success, Substance Abuse Prevention and Child Abuse Prevention. Teen Pregnancy Prevention and Juvenile Delinquency Prevention were included in the FY11 FCFC Plan, but not included in the FY12 FCFC Shared Plan. Obesity Prevention was not included in the FY11 FCFC Plan and is a new initiative under the FY12 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 and DFC Erie County Coalition Mentoring), Child Abuse Prevention, Community Family Health Services Consortium, Re-entry Task Force, and Overweight/Obesity Prevention Task Force, Mental Health Recovery Services Board of Seneca, Sandusky, Wyandot Counties.



# Sandusky County Family and Children First Council Draft Shared Plan for SFY 12



# Sandusky County Family and Children First Council Draft Shared Plan for SFY 12



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

## **Plan Inventory**

**1. Please list all plans that were incorporated into this process. Please include only those plans that are written, data informed, and have identified priorities (e.g. FCE, CCIP, United Way, MHRB plan, and/or agency plan summaries):**

1. Board of Health
2. Schools
3. Early Childhood Coordinating Committee
4. Health Partners
5. Prevention Partnership
6. DJFS
7. Head Start/Community Action
8. Higher Education
9. Counseling and Recovery Services Provider
10. MHRB

**2. Identify any additional agency/system strategic plans that the FCFC hopes to incorporate into future planning efforts:**

United Way, Community Foundation

**3. Identify other sources of information incorporated into this planning process (i.e. focus groups, surveys, key informant interviews, etc.)**

Shared Plan Survey, Parent Input, Key Informant Focus Groups that prioritized the results of the Community Health Assessment, Facilitated sessions with Council Members and other partners.

## **Process Findings/Lessons Learned**

**1. Please identify any barriers experienced in this process (i.e. plan collection, availability of data informed plans, language issues, etc.):**

None identified as we already used a shared planning process

**2. Please identify any successes/how this process has worked to strengthen the FCFC collaboration:**

Continued our positive collaboration in a difficult economic environment

**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: N/A Year of Data:	Data: Year of Data:	
2. Health Assessment for child, youth and adult completed	Data: All Completed Year of Data: 2009/2010	Data: Year of Data:	
3. Parents represented on at least one additional committee and/or partnership	Data: 1 Year of Data: 2011	Data: Year of Data:	

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

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

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

Revenue and expense will be reviewed at the end of 2011. A youth Health Assessment is planned for fall 2011. Additional funding needs to be sought for the 2013/2014 full assessment. 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: Year of Data:	
	Data: Year of Data:	Data: Year of Data:	
	Data: Year of Data:	Data: Year of Data:	

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

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

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

Sliding fee for adults (i.e. parents) is not currently available for all programs. There currently is no mental health levy in the county and limited 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: 21.97, 19.6, 17.13, 18.9, 19.16, Ave. 19 Year of Data: 2006	Data: 20.33, 20.51, 18.86, 19.99, 20.12, 19.9 Ave. 19.83 Year of Data: 2009	+
2. Number of STAR rated pre-schools in the county	Data: 3 Year of Data: 2007	Data: 10 Year of Data: 2010	+
3. Funds on hand to support: Help Me Grow, future 0-11 year assessments	Data: N/A Year of Data:	Data: Year of Data:	

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 2009, KRA-L scores have moved in the positive direction. 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 will be tracked at the end of the 2011 calendar year. Funding for the birth to 11 assessment will be tracked by Health Partners by July 2012 as a new parent survey is scheduled for fall 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: Increased School Success

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
1. Graduation rates	Data: 94.3, 92.7, 88.2, 95, 98.9, 99 Year of Data: 2004-2005	Data: 93.6, 95.3, 84, 95.5, 95.8, 97.1 Year of Data: 2008-2009	-
2. Attendance rates	Data: 94.7, 95.1, 94.7, 95.5, 96.3, 95.6 Year of Data: 2005-2006	Data: 95, 95.3, 94.8, 95.5, 95.1, 95.5 Year of Data: 2007-2008	NC
	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 remained steady with only a slight decline in average graduation rates in 2008/2009.

**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 <sup>th</sup> -12 <sup>th</sup> grade	Data: 9 <sup>th</sup> -12 <sup>th</sup> grade, 45% Year of Data: 2005	Data: 9 <sup>th</sup> -12 <sup>th</sup> grade, 35% Year of Data: 2009	+
2. % of youth reporting 30 day tobacco	Data: grades 9-12, 24% Year of Data: 2005	Data: grades 9-12, 21% Year of Data: 2009	+
3. % of youth who report binge drinking in past month	Data: 9 <sup>th</sup> - 12 <sup>th</sup> grade, 27% Year of Data: 2005	Data: 9 <sup>th</sup> -12 <sup>th</sup> grade, 21% Year of Data: 2009	+
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 <sup>th</sup> -12 <sup>th</sup> grade, 10% Year of Data: 2009	Data: Year of Data:	

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 a 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 fell from 2005 to 2007 and reduced further from 2007 to 2009.

Teen lifetime cigarette use fell consistently from 2005-2009. In 2009, 15% of Sandusky County youth were current smokers (2007 YRBS reported 22% for Ohio and 20% for the U.S.), which was down from 19% in 2005, but showed no change from 2007-2009.

As an emerging issue, prescription drug abuse was surveyed in 2009.

**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: 201 Year of Data: 2009	+
	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 significant downward trend each year beginning from a high number of 321 substantiated cases to a low of 171 cases in 2008. However from 2008 to 2009, there was an increase in cases from 171 to 201.

**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: 2009	-
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: Year of Data:	
3. % of adults diagnosed with diabetes	Data: 12 Year of Data: 2005	Data: 14 Year of Data: 2009	-

**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 2009, 17% of youth in grades 6-12 were obese compared to 12% in Ohio and the U.S. In 2009, 34 % of adults were obese compared to 30% in Ohio and 27% 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. While less than 1% of children birth to 11 were diagnosed with diabetes according to the 2009 Community Health Assessment, 14% of adults were diagnosed compared to 11% in Ohio and 9% in the U.S.