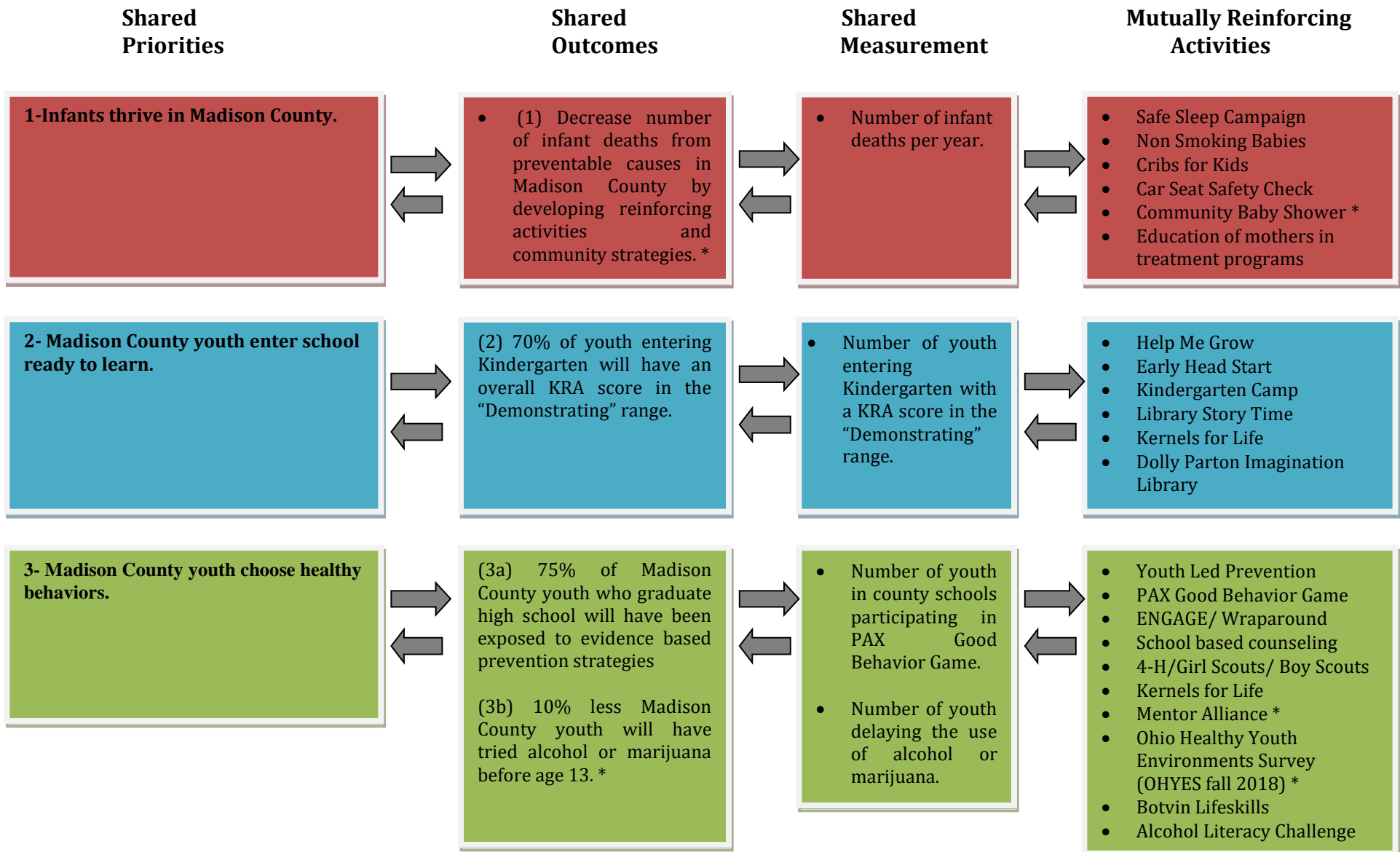
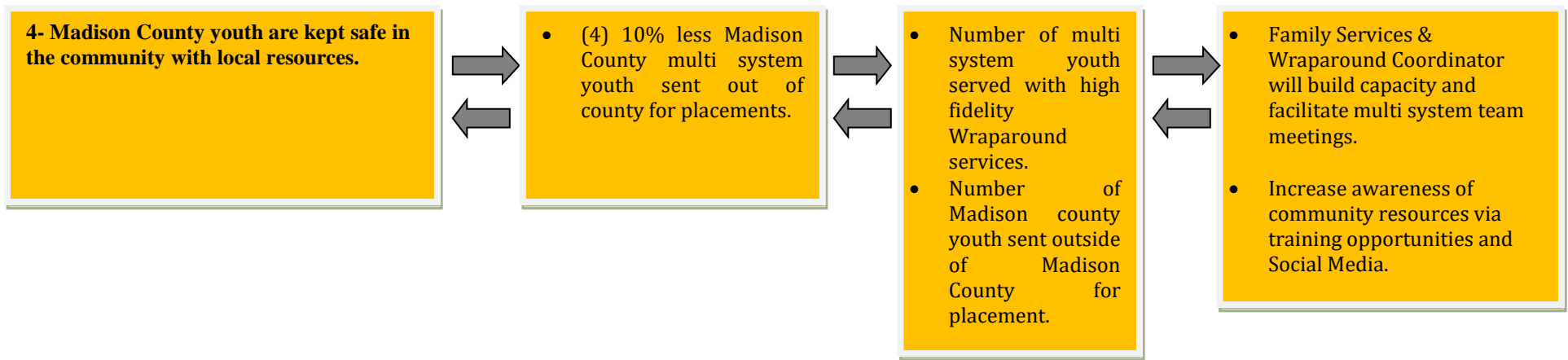


Madison County Family and Children First Council Shared Plan Update for SFYs 17-19

Current FCFC Initiatives:

- Early Intervention Service Coordination and Help Me Grow Home Visiting;
- Wraparound/ ENGAGE;
- PAX and Community Based Kernels for Life;
- Substance Abuse Prevention





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

X Outcomes (*)

X Indicators (*)

X Strategies (*)

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

- **Shared Priority 3 “Madison county youth choose healthy behaviors”;** Delays in receiving data and implementation of the YRBS (Youth Behavior Risk Survey 2016 and 2017) has created barriers in data collection. As a result, Family Council has opted to change from using the YRBS to the OHYES (Ohio Healthy Youth Environments Survey) in fall 2018. Also, ‘Outcomes, Indicators and Strategies’ were clarified and updated to reflect current initiatives and data collected. Cost and requirement(s) of ongoing PAX training for partners and teachers; does not build into a sustainable model due to restrictions of who can perform PAX in schools.
- **Shared Priority 4 “Madison county youth are kept safe in the community with local resources”;** Building infrastructure within community sectors to implement strategies has been challenging due to turnover of staff; delaying capacity building and strengthening community collaboration that has affected all shared priority areas in varying degrees.

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

- **Shared Priority 1 “Infants thrive in Madison county”**; Formation of the Healthy Child and Family Consortium in 2016 has had a huge impact on the amount of information and support new parents have relating to safe sleep and infants thriving in Madison County. Countywide collaboration has been successful in implementation of reinforcing activities and current data reported a decrease in preventable infant deaths to 0.
- **Shared Priority 2 “Madison County Youth enter school ready to learn”**;
- **Shared Priority 3 “Madison County youth choose healthy behaviors”**; The creation of the Family Services and Wraparound Coordinator position enabled increased time/ personnel to focus on Prevention initiatives separate from Family Services and Help Me Grow initiatives. Separation of initiatives and staff has provided clarity of available activities/ resources
- **Shared Priority 4 “Madison County youth are kept safe in the community with local resources”**; Hire of the Family Services and Wraparound Coordinator became a priority because of implementation of the shared plan. A position was developed and hired in June 2018 and has been key in beginning to build much needed infrastructure and lead community conversations; bringing sectors together for training opportunities to further understanding of shared priorities and mutually reinforcing activities related to keeping youth safe in the community with local resources. Madison County also partnered with the Mental Health and Recovery Board on the Strong Families Safe Communities Grant and was able to hire a full time System of Care Coordinator to share information/ network via Social Media platforms (ie. Twitter, Instagram and Facebook), support local efforts to maximize resources that are underutilized and has strengthened family council/ cross-sector county collaboration of using practices agreed upon in the county Service Coordination Mechanism.

Report on Indicator Data

Shared Outcome (1): *Decrease number of infant deaths from preventable causes in Madison County through reinforcing activities/ community strategies.*

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Number of infant deaths per year.	Data: 6 of 30 deaths were related to safe sleep environments (20%) Year of Data: 2011-2015	Data: 0 of 5 (0%) Year of Data: 2017	-

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

- Madison County Child Fatality Review Board
Chair, Chris Cook
ccook@madisonpublichealth.org
740-852-3065

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

Baseline Data: Infant deaths were due to bed sharing in three of six cases, one case of excessive bedding and sleep position and two positional asphyxia- face down in crib deaths. Council, in coordination with other community agencies, has continued to implement the Safe Sleep Campaign, Non Smoking Babies, and Cribs for Kids, Education of mothers in treatment programs, and implemented two Community Baby Showers for at-risk moms during 2016/2017. During the Community Baby Shower, expectant moms, participate in activities that address safety issues for infants and toddlers including safe sleep and second hand smoke.

Year 2016 Data: 2 of 7 infant deaths were related to safe sleep environments (28%) in 2016. In response to the need to spread awareness and educate new parents, the Healthy Child and Family Consortium (HCFC) was formed with representation from Council to ensure implementation of county activities available to reinforce the shared priority of infants thriving in Madison County.

Current Year Data: 0 of 5 deaths were related to safe sleep environments in 2017. The Madison County Child Fatality Board meets annually to assess child deaths and make recommendations to the community. By law, the CFR Board law requires the Health Commissioner to convene the CFR Board annually. The CFR Board includes representatives from the county coroner, law enforcement, children services, public health, board of alcohol, drug addiction and mental health services, and a pediatric or family physician. The HCFC continues to meet monthly at the local county hospital and is composed of multiple agency and community health organization members. It is noted by Council that the success of the HCFC and initiatives are a result of strong collaboration toward shared goals. The HCFC is an excellent example of a shared county vision realized.

Most recently reviewed in March 2018 for all child deaths occurring in 2016/2017 the following recommendations were made by the CFR and have been supported through mutually reinforcing activities implemented by the FCFC (defined on page 1):

- 1. Early and consistent prenatal care from an OB/GYN is key to positive health outcomes. This holds true for first pregnancies and all subsequent pregnancies. If you think you are pregnant, your first visit to an OB/GYN doctor should be within the first eight to twelve weeks of your last missed period. Most pregnant women should see their OB/GYN monthly after the first visit.*
- 2. Seatbelt use, even in the late stages of pregnancy, is important to protect women and their unborn baby in the event of an automobile accident. The National Highway Traffic Safety Administration recommends pregnant women use a seatbelt throughout pregnancy. It may seem uncomfortable, but your seatbelt could save two lives.*
- 3. There is no acceptable amount of smoking during pregnancy. Pregnant women should stop smoking, including e-cigarettes, to avoid adverse health outcomes for their unborn baby.*
- 4. All newborns should be given a one-time shot of Vitamin K1 within six hours of birth to virtually eliminate the real threat of Vitamin K deficiency bleeding. Vitamin K1 shots are safe and have been recommended by the American Academy of Pediatrics (AAP) since 1961.*
- 5. There is no evidence that swaddling is beneficial to babies to help them sleep safely. However, many parents use swaddling with their infants for nap and nighttime sleep. According to the AAP once your baby is starting to roll, swaddling should be stopped. 6. Creating a safe sleep environment for babies greatly reduces the chance of Sudden Infant Death Syndrome (SIDS). Babies should sleep on their back, in a crib, with nothing in the crib with them except a tight-fitting mattress sheet (no bumpers, toys, stuffed animals, blankets, or pillows).*

Report on Indicator Data

Shared Outcome (2): **70% of youth entering Kindergarten will have an overall KRA score in the “Demonstrating” range.**

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Number of youth entering Kindergarten with a KRA score in the “Demonstrating” range.	Data: 44.1% County Average Jefferson Local 51.1% Jonathan Alder 47.1% London City 41.1% Madison Plains Local 38% Year of Data: 2014-2015 School Year	Data: 49.5% County Average Jefferson Local 43.0% Jonathan Alder 60.8% London City 43.0% Madison Plains Local 43.0% Year of Data: 2016-2017 School Year	+

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

- ODE Report Card website- Kindergarten Readiness Assessment Data
<http://reportcard.education.ohio.gov/Pages/Download-Data.aspx>

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

Baseline Data Year 2014-2015: “Demonstrating Score Range” of 44.1% Madison County Average; district data: Jefferson Local 51.1%; Jonathan Alder 47.1%; London City 41.1%; Madison Plains Local 38% of youth in the “demonstrating range” (score 270-298 overall on the Kindergarten Readiness Assessment).

- *Youth are assessed using the Kindergarten Readiness Assessment (KRA) on language and literacy, math, physical well-being and motor development, and social foundations. Each of these areas contributes to a child’s readiness to engage in kindergarten-level instruction. Children’s abilities to participate in complex sociodramatic play supports their development of language and literacy skills and is associated with later school achievement (Rubin, Bukowski & Parker, 2006). Phonological awareness predicts reading success (Whitehurst, 1999). Research further indicates that evidence of early mathematics skills predicts academic success in all areas in later grades (Duncan, et al., 2007). Sanders (2002) demonstrated a connection between regular physical activity and increased capacity for learning. These and other studies led the developers of the KRA to focus on the four areas assessed: Social Foundations, Mathematics, Physical Well-Being and Motor Development, and Language and Literacy.*
- *[*It should be noted that a change in the KRA assessment occurred between these two assessment years. The KRA given for 2014/15 had 63 items to assess and was shorted to 50 items for the 2015/16 assessment period. In order to have an accurate comparison, those additional 13 items would need to be removed from the scoring process for the 2014/15 school year. This data was taken from the local report cards and there is no way to adjust scores for 2014/15]*

Year 2015-2016 Data: An increase in “Demonstrating Score Range” of 1.36% increase from ‘Baseline data to School Year 2015/16’. 44.7% Madison County Average; district data: Jefferson Local 36.2%; Jonathan Alder 64%; London City 37%; Madison Plains Local 31.8%. 2016 findings encouraged refocusing Department of Family and Children of Early Childhood programs (Early Intervention Service Coordination and Help Me Grow Home Visiting) efforts to increase availability of activities for youth and parents to teach skills needed to improve KRA scores to meet requirements of “demonstrating” range.

Current Year Data: An increase in “Demonstrating Score Range” of 10.73% increase from School Year 2015/16 to School Year 2016/17. 49.5% Madison County Average; district data Jefferson Local 43.0%; Jonathan Alder 60.8%; London City 46.4%; Madison Plains Local 43.0%. Madison County is 21.92% above the statewide average of 40.6% of youth scoring the KRA in the “Demonstrating Range” for the 2016-2017 School year. The Healthy Child and Family Consortium’s development and support of mutually reinforcing activities has had a positive impact on readiness of youth to enter kindergarten (Kindergarten Camp, Story Time, Help Me Grow Home Visiting, Early Intervention services, Kernels for Life).

Report on Indicator Data

Shared Outcome (3): 75% of Madison County youth who graduate high school will have been exposed to an evidence based prevention strategy. 10% less youth will have tried alcohol or marijuana before age 13.

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
(3a) Number of youth in county schools participating in evidence based prevention strategies.	Data: 1,016 youth Year of Data: 2015-2016 School Year	Data: 3720 Year of Data: 2017- 2018 School Year	+
(3b) Number of youth delaying the use of alcohol or marijuana.	Data: 40% youth report alcohol use prior to age 13 17.7% youth report marijuana use prior to age 13 Year of Data: 2015	Data: Year of Data:	

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

- [3a] PAX Good Behavior Game Enrollment Data for Madison County Schools
- [3b] Youth Risk Behavior Survey (YRBS School Year 2015/16)
- [3b] Youth Risk Behavior Surveillance- United States (2015)
- [3b] Youth Risk Behavior Survey (YRBS School Year 2016/17) *unsuccessful
- [3b] Youth Risk Behavior Survey (YRBS School Year 2017/18) *unsuccessful- changing to OHYES in fall 2018
- [3b] Ohio Healthy Youth Environments Survey (OHYES School Year 2018/19)
- [3b] Alcohol Literacy Challenge

*[*Please note that use of the YRBS was to be used as a 'new' measurement indicator with baseline to be established in the 2016-2017 data and WAS NOT implemented successfully in 2016 or 2017- the OHYES will be used in 2018]*

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

Baseline Data:

- [Indicator 3a] During the 2015-2016 school year 1,016 youth enrolled in Madison county elementary and intermediate schools who participated in the PAX Good Behavior Game. PAX Good Behavior Game is offered to all county schools at the intermediate and elementary grade levels. *PAX Good Behavior Game focuses on Self- Regulation, Trauma-informed Care, PBIS and Tiered Intervention, and Social and Emotional Learning.*

- [Indicator 3b] During the 2015-2016 school year 40% of youth surveyed reported alcohol use prior to age 13 and 17.7% youth report marijuana use prior to age 13 when administered the (Ohio) Youth Risk Behavior Survey. *The (Ohio) Youth Risk Behavior Survey is an American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. It is one of the major sources of information about these risk behaviors, and is used by federal agencies to track drug use, sexual behavior, and other risk behaviors.*

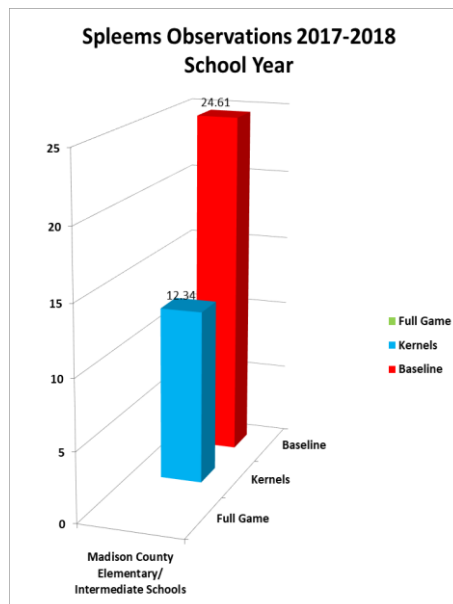
*[*Compared to the same data collected nationwide, 17.2% of students had drunk alcohol (other than a few sips) for the first time before age 13 years and 7.5% of students had tried marijuana for the first time before age 13 years (Youth Risk Behavior Surveillance- United States, 2015).]*

Year 2016-2017 Data:

- [Indicator 3a] 2,245 youth in Madison county elementary and intermediate schools participating in evidence based prevention strategies.
- [Indicator 3b]

Current Year Data:

- [Indicator 3a] 1,857 youth exposed to evidence based practices and prevention strategies in Madison County Schools (PAX GBG). PAX Spleem observations showed a decrease in disengaged youth in the learning environment (see graph). 3720 youth county wide have been exposed to evidence based prevention practices independently or through Madison County Prevention. Madison County Prevention offers a menu of services for school districts to utilize. At this time 22 programs are available.



- [Indicator 3b]

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 (4): *10% less multi system youth sent outside of Madison County for placements.*

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
(4a) Number of multi- system youth served in High Fidelity Wraparound.	Data: 26 Youth Year of Data: SFY 2015- 2016	Data: Year of Data:	
(4b) Number of Madison county youth sent outside of Madison county for placements.	Data: 20 Youth Year of Data: 2016	Data: Year of Data:	

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

- Madison County Children Services
Robin Bruno, Administrator
robin.bruno@jfs.ohio.org
740-852-4770 x6031
- Madison County Family Services
Jenna Roberts, Family Services Coordinator
jroberts@co.madison.oh.us
740-845-1825 x1322

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

Baseline Data:

- [Indicator 4a]
- [Indicator 4b]

Year 2016-2017 Data:

- [Indicator 4a] A 23% increase occurred during the SFY 17 (increase from 26 to 32 youth served through Wraparound). Madison County received funding to implement a Strong Families, Safe Communities grant which will allowed for increased Wraparound Coordination and Facilitation Services.
- [Indicator 4b] No direction of change was able to be reported at the time of the shared plan update due to data unavailable through the end of the calendar year.

Current Data: