



Fairfield County Facts, Focus Areas and Assessments

A resource for shared planning



*When you're surrounded by people who share a passionate commitment
around a common purpose, anything is possible.*

- Howard Schulz

Shared Planning

Development of the Shared Plan is facilitated by the Fairfield County Family, Adult and Children First Council to help identify our community’s shared priorities to increase the well-being of children and families. The process provides a forum for community partners to review the goals they share, define the indicators of success and outline mutually reinforcing activities. Shared planning also provides the opportunity to identify service gaps in the community and invent new approaches to providing services to children and families.

Fairfield County Shared Plan Process

During June and July 2019, a team was convened to identify community gaps and needs and discuss priorities for the Shared Plan for State Fiscal Years 2020-2022 to submit to Ohio Children and Family First.

Shared Planning Team

Aden Moges	New Horizons Mental Health
Andrea Spires	United Way of Fairfield County
Ann Probasco	Fairfield County Family, Adult and Children First Council
Becky Edwards	Fairfield County Juvenile Court
Celeste Schmelzer	Fairfield Medical Center
Cindi West	Fairfield County Family, Adult and Children First Council
Courtney VanDyke	Lancaster-Fairfield Community Action Agency
Donna Fox-Moore	Fairfield County Family, Adult and Children First Council
Donna McCance	Lancaster City Schools
Jeannette Curtis	Fairfield County 211 – Information and Referral
Jodi Blais	Fairfield County Board of Developmental Disabilities
Kim Devitt	Lancaster-Fairfield Community Action Agency-Early Childhood Programs
Krista Humphries	Fairfield County Job and Family Services
Larry Hanna	Fairfield County Department of Health
Marie Ward	Fairfield County Educational Service Center
Mary Jo Smith	City of Lancaster Community Development Department
Pam Redding	Fairfield County Family, Adult and Children First Council
Rhonda Myers	Fairfield County ADAMH
Sarah Fortner	Fairfield County Job and Family Services
Susan Barnett	Fairfield County Board of Developmental Disabilities
Tiffany Nash	Fairfield County Department of Health
Tiffany Wilson	Fairfield County Family, Adult and Children First Council
Val Carpico	Fairfield County Re-Entry Coalition
Wendy Ricker	Fairfield County Board of Developmental Disabilities

Discussions brought forth the following gaps and needs.

Housing

- Affordable and safe rental housing
- Recovery housing
- Increase number of landlords that will accept Section 8 housing subsidy
- Affordable pest control for low-income households
- Reduce lead-based paint hazards

Local access to appropriate care and resources to meet the complex needs of families through a connected, comprehensive continuum of care

- Providers shortages - access to social workers, therapists, counselors, psychiatrists
- Providers of family therapy
- Case management for privately insured families
- Increased intensive home-based therapy resources
- Day treatment for youth
- Increased number of treatment foster care homes
- Respite – traditional and in-home with educational support
- Evidence-informed wrap-around services
- Increased community capacity for multi-system youth service coordination
- Community outreach for multi-system youth program to encourage timely referrals
- Expand resources for assistive technology
- Step-up / step-down services for children needing high levels of care
- Crisis services for children/youth
- Psychiatric crisis stabilization beds
- Withdrawal management services
- Increased school- and community-based services
- Early intervention
- Increase number of providers of services to birth-age 8 population
- Address increase in SUD, including multi-generational use
- Increase school readiness
- Dual diagnosis resource teams
- Building trauma resiliency
- Partial hospitalization services
- Opiates and drugs of abuse
- SUD services for teens
- Increased capacity for childcare for children with special needs
- Afterschool and summer care for “tweens” – youth engagement opportunities
- Parenting support for parents of children with autism / parent support groups
- Address increased needs for kinship families, including crisis support for grandparents raising grandchildren
- Foster parental cooperation in engaging their children in mental health services
- Increased capacity to provide trauma-informed services
- Domestic violence services – intimate partner violence interventions
- Assistance with prescription medication for uninsured and underinsured

Financial Resources for Family Self-Sufficiency

- Economic development
- Increased local jobs that pay a living wage / eligibility to compete for the jobs (e.g., pass drug screen)
- Employment opportunities for teens
- Transportation to get to work / public transportation access for third shift employment
- Employment opportunities re-entry population
- Increased capacity to support workforce readiness
- Incentives for home ownership for LMI population
- Financial education
- Meet basic needs for household furnishings / clothing

Community wellness

- Healthcare coverage
- Obesity
- Cardiology services
- Acute medical care services for victims of crime (e.g., rape and DV)
- Cancer care services
- Prenatal care
- Medical care

Community outreach and partnerships

- Linkage and partnership to provide for more comprehensive services for clients
- Increased communication throughout the community about services available
- Listening to community partners

A priority ranking exercise was conducted at the June meeting with the following results:

Ranking	
1	Community Based Services /Continuum
2	Respite
3	Housing
3	Psychological Services/ Mental Health
4	Recovery / Addiction Services for teens
4	Prevention
5	Community Outreach/Marketing
6	Child Care Support for children with disabilities
7	Strengthening Partnerships
7	Evidence-Based Wrap Around
7	Addressing shortage of Social Workers, Therapists, Counselors
7	Healthcare practitioner availability
8	Economic Development
8	Disability Services
9	General Wellness
9	Surrogate Parents for IEPs for foster children
9	Trauma-Informed Services
10	Cancer Care Services
10	School-Based Services
10	Employment / Financial Help / Living Wage
10	Assistive Technology
10	Employment for youth

The team provided further input regarding shared outcomes, measurements and mutually reinforcing activities that were compiled for the state Shared Plan report in the format prescribed by Ohio Family and Children First. The Shared Plan is provided as an attachment to *Fairfield County Fact, Focus Areas and Assessments*.

Ongoing, it is the intent of the Sharing Planning Work Group to meet at least once annually to review and update the plan to reflect emerging needs and changing priorities. The Work Group welcomes additional members of the community to join and provide input.

The compilation of *Fairfield County Facts, Focus Areas and Assessments* was conducted to provide a resource to support the shared planning process. The information contained in this document draws from an array of reports from community partners – both service providers and funding organizations – that share a commitment to help families and children in need. Some sections are excerpts from larger planning and assessment documents. Other sections have been provided specifically for consideration in shared planning. Periodic updates will be made to this guide to incorporate new data.

Information Sources:

- Lancaster-Fairfield Community Action Agency 2019 Community Needs Assessment Update
- Fairfield County Department of Health 2016 Community Health Needs Assessment
- Fairfield County 2016 Youth Behavioral Survey
- 2017 Ohio Neonatal Abstinence Syndrome County Report, Ohio Hospital Association
- Public Children Services Association of Ohio Fact Book
- Fairfield County Job and Family Services Report to the Community
- Fairfield County Educational Service Center
- Lancaster City School 2019 Report to the Community
- Lancaster City Schools
- Fairfield County Board of Development Disabilities 2019 Report to the Community
- Fairfield County 211
- Fairfield County Juvenile and Probate Court 2018 Annual Report
- United Way – Agenda for Change
- Fairfield County ADAMH Board SFY 2018 Community Plan Update – Priorities and Goals
- City of Lancaster Consolidated Plan FY 2018 – 2022
- Fairfield County Strategic Plan
- Fairfield County Fair Housing Analysis of Impediments, Regional Planning Commission - 2019
- Fairfield County Comprehensive Land Use Plan, Regional Planning Commission – 2018
- Fairfield County Family, Adult and Children First Council 2018 Annual Report
- Fairfield County Health Equity and Access to Care Report

*The solution to adult problems tomorrow depends on large measure
upon how our children grow up today.*

- Margaret Mead

LANCASTER-FAIRFIELD COMMUNITY ACTION AGENCY 2019 COMMUNITY NEEDS ASSESSMENT UPDATE

Agency Mission: *establish a better focusing of all available federal, state, local, and private resources upon this goal: to enable low-income families and individuals of all ages to obtain the skill, the knowledge, and the motivation to secure the opportunities needed for them to become fully self-sufficient.*

Poverty

According to Census estimates, as of 2017, 9.9% of the population is living below the federal poverty guidelines. That percentage increases considerably when analyzing the population for the City of Lancaster (19.6%).

Individuals, Children and Elderly (65+) Below Poverty

	Individuals Below Poverty		Children (0-4) Below Poverty		Elder (65+) Below Poverty	
	#	%	#	%	#	%
2017						
City of Pickerington	967	5.0	69	5.1	64	3.5
City of Lancaster	7,622	19.6	1,055	39.9	576	8.9
Fairfield County	14,776	9.9	1,505	17.1	1,279	5.9
2016						
City of Pickerington	1,008	5.2	87	6.6	67	3.9
City of Lancaster	7,929	20.5	933	39.3	546	8.7
Fairfield County	15,010	10.2	1,395	16.2	1,280	6.1
2015						
City of Pickerington	890	4.7	77	6.1	35	2.2
City of Lancaster	8,206	21.3	937	39.3	512	8.4
Fairfield County	15,110	10.3	1,419	16.7	1,151	5.7
2014						
City of Pickerington	766	4.1	ND	ND	52	3.6
City of Lancaster	7,685	20.0	871	36.0	419	7.0
Fairfield County	15,791	10.9	1,565	17.9	1,099	5.7

Source: 2010-2014, 2011-2015, 2012-2016, 2013-2017 American Community Survey Five-Year Estimates, Table DP03

According to the Early Learning and Development County Profile: Fairfield County, Early Childhood Advisory Council, 2017, in Fairfield County there are 11,369 children under the age of 6, with 2,076 (18.1%) living in poverty. The profile indicated for every 20 children within the county 7 are economically disadvantaged and 4 living in poverty. Twenty-two percent live in single-parent households and 1.9% live in non-relative households (foster parent, group quarters, other). In 2017, 66 children were placed into foster care. According to the Public Children Services Association of Ohio, 2016-2017 PCSAO Factbook, 13th Edition, 1,294 grandparents were raising their grandchildren, and out of the 171 children in custody of the County, 43% were 0-5 years old.

Economically Disadvantaged Children Under Age 6

Geographic Location within Fairfield County	Population Under Age 6	Economically Disadvantaged (percent of location population)
Amanda-Clearcreek	659	35.7%
Berne Union	467	50.7%
Bloom-Carroll	590	6.9%
Fairfield Union	813	39.9%
Lancaster	3,549	47.1%
Liberty Union-Thurston	639	47.1%
Pickerington	4,249	18.5%
Walnut Township	266	46.6%

Early Learning and Development County Profile: Fairfield County, Early Childhood Advisory Council, 2017

Education

The educational attainment for the City of Lancaster, Fairfield County, and Ohio, according to the US Census Bureau, is indicated in the following table.

	Persons 25+	< than High School	High School Grad	Some College	Bachelors +
		%	%	%	%
2017					
City of Lancaster	27,366	11.6	39.4	31.7	17.2
Fairfield County	101,759	8.2	33.7	31.6	26.6
Ohio	7,888,150	10.2	33.6	29.0	27.2
2016					
City of Lancaster	26,915	12.4	39.5	31.7	16.4
Fairfield County	100,589	8.3	33.8	31.5	26.4
Ohio	7,848,046	10.5	33.8	29.0	26.7
2015					
City of Lancaster	26,576	13.2	40.4	21.1	16.3
Fairfield County	99,454	8.4	34.4	31.3	26.0
Ohio	7,817,508	10.9	34.1	28.9	26.1
2014					
City of Lancaster	26,422	13.8	41.2	28.7	16.2
Fairfield County	98,411	8.4	34.4	30.9	26.2
Ohio	7,781,111	11.2	34.5	28.8	25.6

Source: 2010-2014, 2011-2015, 2012-2016, 2013-2017 American Community Survey Five-Year Estimates, Table S1501

Median Earnings by Education Attainment Level

	Median Earnings HS Drop-Out	Median Earnings High School Grad	Median Earnings 2 Years or some College	Median Earnings 4 Years College
	In Dollars	In Dollars	In Dollars	In Dollars
2017				
City of Lancaster	\$17,042	\$29,573	\$29,535	\$42,746
Fairfield County	\$22,369	\$33,299	\$36,463	\$54,848
Ohio	\$20,931	\$29,954	\$34,096	\$51,083
2016				
City of Lancaster	\$16,027	\$29,142	\$30,541	\$41,097
Fairfield County	\$21,323	\$31,989	\$36,290	\$54,523
Ohio	\$20,344	\$28,919	\$32,706	\$50,107
2015				
City of Lancaster	\$13,383	\$26,795	\$30,514	\$40,562
Fairfield County	\$21,013	\$31,191	\$36,337	\$52,064
Ohio	\$19,702	\$28,203	\$32,366	\$49,281
2014				
City of Lancaster	\$13,092	\$26,519	\$32,128	\$40,850
Fairfield County	\$19,113	\$30,380	\$39,487	\$52,400
Ohio	\$19,192	\$27,921	\$32,690	\$48,930

Source: 2010-2014, 2011-2015, 2012-2016, 2013-2017 American Community Survey Five-Year Estimates, Table S2001

Homelessness

The table below identifies the level of homelessness within Fairfield County from 2013-2017 through collected data from the annual Point-In-Time Count conducted every January. In Fairfield County, of the homeless population, 13.0% are children under the age of 18. (FY2019 Ohio Housing Needs Assessment, Ohio Housing Finance Agency)

Type	2013	2014	2015	2016	2017
In Shelter	85	75	66	83	69
Unsheltered	4	25	7	19	8
Transitional	8	7	7	8	14
Rapid Rehousing	46	53	23	45	33
Perm. Supportive Housing (Shelter Plus Care; Fairhaven Place, Rutherford House, Pearl House	88	114	216	293	272
Totals	231	274	319	448	396

Source: 2010-2014, 2011-2015, 2012-2016, 2013-2017 American Community Survey Five-Year Estimates, Table S1701

Health

The 2018 County Health Rankings and Roadmaps ranked Fairfield County as “11” in Health Outcomes and “11” in Health Factors. The health factors represent the influences that effect the health of the county such as health behaviors, clinical care, social and economic factors and physical environment--the lower the score the healthier the community. While Fairfield County is ranked better in Health Outcomes and Health Factors than 2017, the prevalent problem of opioid abuse continues. The Center for Community Solutions reported that from 2014-2016 there were 62 drug overdose deaths within Fairfield County and 373 overdose encounters. In 2017, there were 215 overdose encounters which is a 23% increase over 2016. (Ohio Hospital Association Overdose Data Sharing Program, 2017, retrieved from <http://www.ohiohospitals.org/Patient-Safety-Quality/Institute/Opioid-Data.aspx>)

In 2017, it is reported that 19,844 or 13.3% of the County’s population has a disability. Of those, 5.3% are under the age of 18 and 0.7% are under the age of five. According to the Early Learning and Development County Profile: Fairfield County, Early Childhood Advisory Council, 2017, of those under the age of 3, 210 (1.8%) have an active Individualized Family Service Plan (IFSP) and 289 (2.5%) children, ages 3-5, have an active IEP. The top two types of disabilities for children enrolled in Preschool Special Education is Speech and Language Impairments, and Developmental Delays.

The number of births in Fairfield County has decreased slightly from 1,747 in 2016 to 1,675 in 2017. The percentage of pregnant women receiving prenatal care in the first trimester continues to increase – from less than 73% in 2008 to 77.7% in 2009 and 78.6% in 2015. Fairfield County’s infant mortality 5-year average rate from 2012-2016 was 5.7 which is slightly below the national average of 5.9. Infants born to mothers who are experiencing drug dependency have a higher risk of infant mortality. Informal NAS data from our local hospital indicates 1 out of 3 infants born in Fairfield County are testing positive for fetal drug exposure.

Early Head Start

The estimated population of children under the age of 3 for Fairfield County is 5,415. Based upon current poverty rates for Fairfield County and the population of children under the age of 3, we estimate that there are 877 Early Head Start-eligible children residing in our community. Lancaster-Fairfield Community Action Head Start is funded to serve 112 children through federal Early Head Start funds, resulting in approximately 12.8% of the eligible children having an Early Head Start opportunity. This means that only 1 out of every 10 eligible children for Early Head Start services in our community are receiving the opportunity.

FAIRFIELD COUNTY COMMUNITY HEALTH STATUS ASSESSMENT – 2016

Alcohol Consumption

In 2016, the Health Assessment results indicated that 49% of Fairfield County youth in grades 6-12 had drunk at least one drink of alcohol in their life, increasing to 69% of youth seventeen and older. 20% of all Fairfield County 6th-12th grade youth and 28% of those over the age of 17 had at least one drink in the past 30 days. Nearly three-fifths (57%) of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 5% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Drug Use

In 2016, 13% of Fairfield County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 17% of those ages 17 and older. 6% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 9% of those over the age of 17.

Mental Health and Suicide

In 2016, the Health Assessment results indicated that 12% of Fairfield County youth had seriously considered attempting suicide in the past year and 7% actually attempted suicide in the past year, increasing to 10% of females.

Safety

In 2016, 14% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month and 5% of youth drivers had driven after drinking alcohol. 30% of youth drivers texted while driving.

Adverse Childhood Experiences

Fairfield County youth reported the following adverse childhood experiences (ACE): parents became separated or were divorced (35%), parents or adults in home swore at them, insulted them or put them down (28%), lived with someone who was depressed, mentally ill or suicidal (26%), lived with someone who was a problem drinker or alcoholic (22%), lived with someone who served time or was sentenced to serve in prison or jail (18%), parents were not married (16%), lived with someone who used illegal drugs or misused prescription drugs (15%), parents or adults in home abused each other (9%), parents or adults in home abused them (10%), an adult or someone 5 years older than them touched them sexually (5%), an adult or someone 5 years older tried to make them touch them sexually (3%), and an adult or someone 5 years older than them forced them to have sex (2%). 30% of youth had three or more adverse childhood experiences.

Violence

In Fairfield County, 9% of youth had been threatened or injured with a weapon on school property in the past year. 26% of youth had been bullied on school property in the past year.

Childhood Mental Health

- 27% of Fairfield County children ages 0-11 had difficulties in the following areas: concentration (16%) emotions (14%), behavior (8%), and being able to get along with people (4%). 10% had more than one difficulty.
- Parents reported that their child's mental and emotional health put a burden on their family a great deal (1%), a medium amount (4%) and a little (12%). 83% of parents reported not at all.
- 7% of Fairfield County children received mental health care or counseling in the past year.
- 10% of parents reported their child had an emotional, developmental, or behavioral problem that needed treatment or counseling.

Health Insurance

In 2016, 2% of Fairfield County parents reported their 0-11-year-old did not have health insurance. 7% of Fairfield County children received mental health care or counseling in the past year. 93% of parents had taken their child to the doctor for preventive care in the past year.

- Fairfield County children had the following types of health insurance: parent's employer (62%), Medicaid, Healthy Start, or other public health benefits (15%), someone else's employer (13%), self-paid (3%), Insurance Marketplace (1%), Medicare (1%), or some other source of insurance (1%).
- Parents reported their child's health insurance covered the following: doctor visits (97%), prescription coverage (95%), well visits (96%), hospital stays (92%), immunizations (96%), dental (92%), vision (82%), and mental health (76%).
- 13% of parents reported they had problems paying or were unable to pay for any of their child's medical bills.

Healthcare for Children

- 94% of parents took their child to see a doctor, nurse or other health professional for medical care in the past year.
- 17% of parents took their child to the hospital emergency room for accidents, injury or poisoning, increasing to 27% of parents with incomes less than \$25,000.
- Over half (51%) of Fairfield County children had a flu vaccine during the past 12 months.
- Of those who had a flu vaccine, 61% had the shot and 39% had the nasal spray.
- 83% of Fairfield County children had received all their recommended vaccinations.
- 17% of children did not get all of their recommended vaccinations for the following reasons: child had received some, but not all recommended vaccinations (3%), parents chose to not vaccinate their child (2%), fear of negative effects (2%), alternate vaccination schedule used (1%), unsure which are recommended (<1%) and other reasons (2%).

Family Functioning

- Parents reported they or someone in the family reads to their child: every day (21%), almost every day (22%), a few times a week (20%), and a few times a month (9%). 1% reported never reading to their child due to lack of interest from the child.
- Parents reported their child regularly attended the following: elementary school (56%), nursery school, pre-school, or kindergarten (26%), child care outside of their home provided by a relative other than a parent or guardian (20%), child care in their home provided by a relative other than a parent/guardian (20%), family-based child care outside of home (15%), child care center (15%), child care in their home provided by a baby sitter (7%), and Head Start or Early Start program (1%).
- 57% of Fairfield County parents experienced challenges in the day to day demands of parenthood and raising children. Parents reported the following challenges they face in regards to the day-to-day demands of parenthood/raising children: demands of multiple children (26%), financial burdens (4%), being a single parent (3%), loss of freedom (1%), child has special needs (1%), difficulty with lifestyle changes (1%).

Neighborhood Characteristics

- Fairfield County parents reported their child experienced the following: had at least one other adult in their school, neighborhood, or community who knows him/her well and who he/she can rely on for advice or guidance (38%), their parents became separated or were divorced (15%), lived with someone who had a problem with alcohol or drugs (6%), lived with someone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks (4%), lived with a parent/guardian who served time or was sentenced to serve time in prison or jail after they were born (4%), seen or heard any parents or adults in their home hit, beat, kicked, or physically hurt each other (4%), lived with a parent/guardian who died (1%),

were treated or judged unfairly because his/her ethnic group (1%), and been the victim of violence or witness violence in their neighborhood (1%).

- Parents reported people in their neighborhood might be a bad influence on their child because of the following: drugs/alcohol activity (13%), loud/disrespectful noise levels (10%), bullying (9%), and crime (5%). No one reported gangs as a bad influence on their child.

The full 2019 Community Health Status Assessment is available online at: <https://www.myfdh.org/pdf/2016-Fairfield-County-Community-Health-Assessment.pdf>

FAIRFIELD COUNTY 2016 YOUTH BEHAVIORAL SURVEY

The 2016 Fairfield County biennial Youth Behavior Survey was implemented in all public schools and one parochial school in May 2016. A total of 2,405 students in grades 10 and 12 from ten (10) schools participated in the 2016 survey.

Progress

- Lifetime use of all surveyed substances remained essentially the same or decreased since the last survey period in 2014.
- Ease of access for alcohol, marijuana, prescription drugs and heroin decreased since the last survey period in 2014.
- The age of onset increased for Alcohol, Tobacco, and Marijuana. For these substances youth are beginning to use at a later age.
- Binge drinking has decreased for seniors from a high of 52.6% in 2010 to 35.5% in 2016. (of those who report drinking alcohol).
- Synthetic drug use has decreased dramatically. Increased education, policy development and enforcement may have contributed to the reduction in use. Lifetime use of synthetics for seniors decreased to 2.9% in 2016 compared to 6.1% in 2014, from a high of 11.4% in 2012.
- Protective strategies or assets make a difference in youth risky behaviors.

Concerns

- Underage drinking remains a strong concern.
- The use of marijuana and the perception of marijuana as a lower risk activity is troubling.
- E-Cigarettes have a higher lifetime use and 30-day use compared to tobacco and marijuana use.
- Suicidal thoughts, suicidal attempts and self-mutilation have all increased since 2014.

2017 OHIO NEONATAL ABSTINENCE SYNDROME COUNTY REPORT, OHIO HOSPITAL ASSOCIATION

Hospitalizations among Ohio resident newborns for neonatal abstinence syndrome

County	2016	2017	2013-2017
Fairfield	68	67	248
Licking	25	17	104
Perry	17	12	72
Hocking	29	*	67
Pickaway	13	19	85
Franklin	323	232	1,517

PUBLIC CHILDREN SERVICES ASSOCIATION OF OHIO FACT BOOK - 2018

Child Abuse/Neglect Reports

Reports screened in related to child abuse or neglect, dependency or families in need of services	1,994 in 2018	1,793 in 2016
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RESPONSE	2018	2016
Screened in for traditional response	358	430
Screened in for alternative response	1,442	1,106
Dependency reports screened in	93	115
Families in need of services reports screened in	100	107

Children Placed Out of Home

Year	2018	2016	2013
Number	208	275	284

Placement Costs

Year	Licensed foster home	Group/residential care	Total cost	Local Funding	Federal Funding
2018	\$1,104,055	\$1,953,372	\$3,057,427	71%	29%
2016	\$1,196,456	\$616,852	\$1,813,308	79%	21%

FAIRFIELD COUNTY JOB AND FAMILY SERVICES REPORT TO THE COMMUNITY

Child Protective Services

- In 2017, Child Protective Services received 7,200 phone calls regarding concerns for children – a 15% increase over 2016.
- Eight out of 10 kids in protective services custody are impacted by parental substance abuse.

Placement Costs Per Month and Number of Children in Placement

Year	Monthly Cost of Placement
June 2018	\$312,242
2017	\$232,563
2016	\$212,727
2015	\$148,960

Community Services – 2017 Data

- 14,000 individuals received food assistance
- 33,000 individuals participated in the Medicaid program
- 137 adults and 1,042 children received cash assistance
- 665 children were issued a \$200 voucher to be used to purchase school clothing and school supplies in 2017
- 34,126 one-way transportation trips were provided to individuals attending medical appointments and families attending work activities (GED/work experience classes) in 2017

**FAIRFIELD COUNTY FAMILY, ADULT AND CHILDREN FIRST COUNCIL 2019 SHARED PLANNING
COMMUNITY FACTS, FOCUS AREAS AND ASSESSMENTS**

FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER

The Fairfield County Educational Service Center provides student-centered educational leadership and supportive services to meet the individual and collective needs of the staff, students and boards of education of the eight local school districts located in Fairfield County.

Classroom Units per District	2012	2013	2014	2015	2016	2017	2018
Amanda Clearcreek	5	5	7	7	7	9	8
Berne Union	0	0	0	0	0	0	1
Bloom Carroll	2	2	2	3	3	3	3
Fairfield Union	1	1	2	2	3	3	4
Liberty Union	3	3	4	5	5	6	5
Pickerington	4	5	5.5	6.5	7	7	8
Walnut Township	2	2	2	2	2	2	3
Fast Forward Success Center	0	0	0	0	0	0	1
Prep Center for Success at Forest Rose	0	0	0	0	2	2	2
Early Childhood Center at Forest Rose	3	3	0	0	0	0	0
TOTALS	20	21	22.5	25.5	29	32	35

Number of Classroom Staff per District	2012	2013	2014	2015	2016	2017	2018
Amanda Clearcreek	16.5	17	23	23	23	31	24
Berne Union	0	0	0	0	0	0	4
Bloom Carroll	9.5	9	8	10	11	11	10
Fairfield Union	3	3	5	5	9	9	13
Liberty Union	10.5	8.5	12	15.5	15.5	20	14
Pickerington	9.5	11	13	14.5	16	16	18.5
Walnut Township	8	6.5	7	7	7	8	11
Fast Forward Success Center	0	0	0	0	0	0	4.5
Prep Center for Success at Forest Rose	0	0	0	0	8	8	7
Early Childhood Center at Forest Rose	6	6	0	0	0	0	0
TOTALS	63	61	68	75	89.5	103	106

Classroom Units by Type	2012	2013	2014	2015	2016	2017	2018
Preschool	4	4	4	5	6	9	11
Pickerington Preschool	4	5	5.5	6.5	7	7	8
MD	7	7	8	9	9	9	8
ED	4	4	4	4	4	4	4
HH	1	1	1	1	1	1	1
Prep for Success	0	0	0	0	2	2	2
Success Center	0	0	0	0	0	0	1
TOTAL	20	21	22.5	25.5	29	32	35

LANCASTER CITY SCHOOLS 2019 REPORT TO THE COMMUNITY

Lancaster City Schools' mission is to make Lancaster City Schools the place to be for learning, caring and succeeding. Lancaster City Schools' vision is to prepare, inspire, and empower all students to be life-long learners and socially responsible citizens who are able to communicate and meet the challenges of an ever-changing global society.

- Lancaster City Schools serves 6,405 students. Enrollment has increased over last year's enrollment of 6,358.
- Lancaster City Schools provides special education services to 15.8% of our students.
- Lancaster graduates 90+% of its students.

Lancaster City Schools' goals are to:

- provide safe and secure schools
- provide a caring culture
- maintain responsible budgeting
- sustain high academic achievement

Lancaster City Schools' has increased its supports for students with the most significant mental health and behavioral needs. We hope these types of services will strengthen our Multi-tiered System of Support

- We have a Family and Student Support Coordinator for all of our buildings.
- We have increased our school psychologists.
- We continue to provide Medicaid Counseling Services for students at school through partnerships with Ohio Guidestone, New Horizons, and Mid-Ohio Psychological Services.
- We have increased services for a Behavior Specialist. In 2020 we will have a full-time Board-Certified Behavioral Analyst to help assist our students.
- We have written and received 4 Ohio School Quality Improvement Grants focusing on school culture.
- We have partnered with the Juvenile Court to build and sustain an "Early Warning System" in efforts to prevent students from entering the court system.
- We have partnered with Connection West to help us design and sustain prevention for struggling youth. Our Youth Roundtables (Building Developmental Assets) for our Jr. High Students will begin next year.

Lancaster City Schools has also focused efforts in early literacy.

- We have partnered several times with the Ohio Department of Education in the area of reading.
- We have received several grants to provide professional development in reading. These grants will continue for a couple of years.
- We have provided instructional coaches to help support teachers and students with reading instruction.
- We have increased our evidence-based reading resources and programs to support quality reading instruction.

**FAIRFIELD COUNTY FAMILY, ADULT AND CHILDREN FIRST COUNCIL 2019 SHARED PLANNING
COMMUNITY FACTS, FOCUS AREAS AND ASSESSMENTS**

FAIRFIELD COUNTY BOARD OF DEVELOPMENT DISABILITIES - 2019 QUALITY IMPROVEMENT PLAN EXCERPTS

	January 2018	December 2018
Total Enrollment.....	1,171	1,227
Total Waiver Enrollment	465	464
# of Individuals Employed in the Community	78	117
Eligible Referrals (Annual, for the previous year)	169	141

2018 Action Steps	Progress
Provide opportunities for families to gain information on ways to support their children’s development utilizing assistive technology at home, school, and the community.	In 2018, the speech therapists at Forest Rose provided 13 parent trainings specific to AAC device set up, software use, etc. Occupational therapy provided 5 parent trainings on switches, interface devices, eye gaze access for leisure and adaptive aids for writing. These trainings were completed one on one with parents to address individual student needs. Additional trainings on assistive technology for school staff and providers from outside agencies were also completed.
Research transportation options and efficiencies throughout Fairfield County by collaborating with other agencies.	Participating in the updating of the Coordinated Transportation plan in Fairfield County. Through advocacy, collaboration, and funding; LFPT will be increasing Loop hours to 10p (End of First quarter 2019) and Sat. Loop service at the beginning of the month. Consulted w/ Carrie Woody and CEO of RideShare to bring options of microtransit opportunities for people to access jobs in Rickenbacker.
Promote opportunities for individuals to achieve outcomes identified through Person-Centered Planning.	In 2018, ISCs and supervisors consulted with MEORC on three occasions to review the quality of outcomes identified through person-centered planning. Based on these reviews, retraining occurred with ISCs and new strategies were put in place to ensure that outcomes are more specific and measurable.
Establish a Trauma Informed Care Task Force that specializes in aiding staff, individuals, families, providers, and all other stakeholders with techniques, training and ongoing assistance.	Working with All Staff Training Committee for future speakers related to Trauma Informed Support and Resiliency. Group members attended all day mid-year meeting/training with other cohort members and National Council behavioral health staff. Two staff attended the 8-week mindfulness training course. Currently working with Anne Mikan to develop Lunch and Learn sessions for Fairfield DD staff related to Trauma Informed Support and Resiliency.
Increase access to community-based, summertime activities for children and youth using a Person-Centered approach, focusing on interests, gifts and talents.	This has been a successful program, attaining the goal of the action step for each of the last two years. At this point we view it as a mature program, and it will continue at its current funding level.
Promote family engagement and community focused socialization by offering opportunities for open discussion, training and relationship building.	The EI team and the Community Connections Coordinator hosted a total of seven Family Events in 2018. There were two sessions with WE JOY SING at Peace United Methodist Church in Pickerington. 26 family members participated. We had two gatherings for families at parks in Pickerington and in Baltimore. 30 family members participated. There was another event at Pigeon Roost Farm in Hebron, Ohio on 9/18. 46 family members participated. There were two sessions of Storytime Yoga in Lancaster and Baltimore. Nine family members participated (decreased attendance to too snowstorm).
Increase opportunities for Forest Rose School students to participate in meaningful ways in their home school districts and communities by increasing community-wide capacity and capability for including all children in public schools and beyond.	Accomplished many trainings for school district therapists when transitioning children back to their home school districts. We have found this to be a real challenge, and even though the teams have felt prepared for the transition, reality was much more difficult. One real success was when our Senior Class reached out to the students’ home districts, resulting in weekly shared art classes at Fairfield Union.

Partner with mental health agencies during the Dual Diagnosis Resource Team meetings as a way to collaborate and brainstorm effective ways to help those with dual diagnoses.	During 2018 we expanded our partners involvement in Crisis Intervention Team training. We are pursuing recognition as a qualified MI/DD team.
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The full 2019 Quality Improvement Plan can be accessed online at: <http://www.fairfielddd.com/quality-improvement-plan>

FAIRFIELD COUNTY JUVENILE COURT

The guiding principles of the Fairfield County Juvenile Court are to achieve balanced attention to the protection of the community, imposition of accountability and the development of skills and competencies needed to improve family functioning. Our resources, interventions, and decisions, from intake to case closure will be aimed at achieving these principles: protection of the community, offender accountability, and skill and competency development.

Diversions Accountability Program

Developed in 2015, the Diversion Accountability Program (DAP) is offered as an alternative to formal case processing and/or probation.

Diversions	2015	2016	2017	2018
Youth referred to Diversion	144	183	313	229
Successful completion	85.6%	85%	91.39%	83.62%
Unsuccessful completion	13.4%	12.4%	8.28%	15.82%
Neutral outcome due to medical reasons	1%	2.7%	.33%	.56%

Positive Youth Development Program

Developing in 2017, the positive Youth development (PYD) Program is an intermediate intervention for adjudicated youth who do not qualify for Diversion and who do not require the more intensive supervision of Probation. The focus of the PYD Program includes the development and enhancement of skills and competencies that reduce at-risk behaviors and lead to stronger pro-social attachment and increased sense of belong.

Positive Youth Development Offense Level	2017	2018
Youth referred to PYD	14	77
Felonies	3 / 21%	2 / 8%
Misdemeanors	9 / 65%	54 / 70%
Status	2 / 14%	17 / 22%

Probation

Probation is treated as the final step of community supervision and is reserved for those adjudicated juvenile offenders who are at higher risk of reoffending

Probation	2015	2016	2017	2018
Caseload (diversion began 2015)	536	351	265	205

Detention

At the Fairfield County Juvenile Court, detention is considered only after other graduated sanctions have been attempted.

Detention	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total bed days	6,767	5,869	5,110	4,835	6,132	4,486	2,961	2,061	2,074	2,767
Avg. # of Juveniles per day	18.54	16.08	14	13.21	16.80	12.29	8.11	5.63	5.68	7.58

Intake and Assessment

Immediately following the formal filing of a charge by the Prosecutor, the Fairfield County Juvenile Court begins the process of determining the risk level and needs of every juvenile offender.

Intake and Assessment Cases	2015	2016	2017	2018
Cases referred to I & A	188	194	291	260
Average length of time in I & A before transfer to Probation	58 days	62 days	61 days	66 days

Truancy

Due to the implementation of the HP 410 Truancy legislation in April 2017 the responsibility for early intervention for school truancy was assigned to the schools. The Court continues to partner with each school district to support youth's individual truancy intervention plans.

Truancy Court	2015	2016	2017	2018
Students in Truancy Court (Lancaster City and Amanda Clearcreek)	88	177	73	197
Students eventually charged for failure to improve attendance	16	14	6	5
Successful interventions	82%	88%	92%	80%
Required further involvement	18%	12%	8%	20%

Truancy Block	2015	2016	2017	2018
Cases seen in block	55	89	71	65
Cases diverted	9	51	50	30
Successful diversion of truancy cases	7	80.4%	88%	67%
Unsuccessful diversion of truancy resulting in unruly adjudication	2	19.6%	12%	30%

Note: The source of the above information is from the Fairfield County Juvenile and Probate Court 2018 Annual Report.

FAIRFIELD COUNTY 211

Priorities

- Community Involvement and Collaboration – we look for opportunities for the community to learn about poverty and the issues surrounding it. We work toward stigma reduction as it relates to poverty, mental health, and addiction.
- Agency Growth and Development – We are always looking for ways to increase accessibility to services for all ages, and constantly work to identify new funding opportunities
- Service Delivery – Enhance and increased service delivery to the populations we serve

Strategies

- Working on creating successful partnerships in our community, exploring new technology for information and referral agencies, identify new funding opportunities

Points of Pride

- Successful restructuring of H3, the Fairfield County Hunger Coalition, Payee Program growth and success, successful partnerships with faith-based organizations.

CALL REPORT SUMMARY	2019 TOTAL	2018 TOTAL	2017 TOTAL
Total Calls	56,530	57,009	58,922
Total Referrals	61,198	67,619 35,919 non-food	65,969 31,891 non-food
Unduplicated Callers	8,332	8,462	8,716

Service Category Requested	2019	2018	2017
Information Services	11,384	12,723	12,614
Individual, Family & Community Support	5,685	6,120	7,448
Utility Assistance	1,169	1,273	1,403
Housing	1,717	1,665	1,679
Clothing, Personal & Household Needs	2,898	2,846	1,643
Mental Health & Addictions	2,032	1,468	1,133
Health Care	930	863	532
Food Referral Coordination	40,258	31,700	34,078

Mental Health Crisis Line	2019	2018	2017
Total Crisis Calls	2,028	1,286	1,068
Suicide	28	44	61
I&R	198	20	20
AoD	62	57	43
DD	25	25	42
DD – MUI	214	204	132
NH-After Hours	307	305	358

Other Services	2019	2018	2017
Payee Services	8,347	7,156	4,235
Outreach Services	157	249	264
Referral with Advocacy	260	326	683
Case Management Follow Up	291	437	328
Produce RX		48	156

UNITED WAY – FAIRFIELD COUNTY’S AGENDA FOR CHANGE

Education

Community Bold Goad	Community Impact
<ul style="list-style-type: none"> · Increase school readiness · Increase positive familial engagement 	<ul style="list-style-type: none"> · Young children, ages birth to 8 enter school prepared to succeed
<ul style="list-style-type: none"> · Reduce non-academic barriers to success · Increase academic achievement and career readiness for Youth 	<ul style="list-style-type: none"> · Youth, ages 9 to 21, successfully transition to adulthood and independence

Education Goals Community Partners

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Big Brothers Big Sisters • Boy Scouts of America Simon Kenton Council • Girl Scouts of Ohio’s Heartland • Harcum House • Maywood Mission | <ul style="list-style-type: none"> • Mid-Ohio Psychological Services • Pickerington Schools’ Project W.I.S.E. • Robert K. Fox Family Y • The Recovery Center |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Income

Community Bold Goals	Community Impact
<ul style="list-style-type: none"> · Individuals and families will achieve financial stability · Increase community workforce skills & competencies · Increase accessible, safe, permanent, affordable housing · People in crisis have access to emergency food & shelter · The community prepared to respond to disasters and emergencies 	<ul style="list-style-type: none"> · Households are stable and have access to resources

Income Goals Community Partners

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • American Red Cross • Canal Winchester Human Services • Foundation Dinners • Fairfield County 2-1-1 Information & Referral • The Lighthouse | <ul style="list-style-type: none"> • Lancaster-Fairfield Community Action • Lutheran Social Services • PCMA Food Pantry of Pickerington • TeenWorks |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Health

Community Bold Goals	Community Impact
<ul style="list-style-type: none"> · Elderly individuals and individuals with disabilities, have access to support services in order to complete independent activities of daily living · Increase awareness, education and treatment for those in need of addiction and mental health services · People who seek care, get care · People maintain healthy nutrition and physical fitness 	<ul style="list-style-type: none"> · Individuals and families are mentally and physically healthy and have access to services

Health Goals Community Partners

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • By the Way Free Medical Clinic • FairHope Hospice • Fairfield Center for disAbilities & Cerebral Palsy • Harcum House | <ul style="list-style-type: none"> • New Horizons Mental Health Services • Robert K. Fox Family Y • Salvation Army • Wesley Ridge |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CITY OF LANCASTER CONSOLIDATED PLAN FY 2018 – 2022

The City of Lancaster’ Community Development Department is the lead entity for the development and implementation of the City of Lancaster, Ohio, Consolidated Housing and Community Development Plan. The period of time covered by the Consolidated Housing and Community Development Plan is September 1, 2018, through August 31, 2022. (p. 1)

The major employers in the City of Lancaster are Fairfield Medical Center, Fairfield County, Anchor Hocking, Lancaster City Schools, City of Lancaster, Kroger, Treehouse Private Brands, Crestview Manor Nursing, Fairfield Homes and Glassfloss Industries. These ten employers represent 37% of the employment found within the city. Of these ten employers only three represent manufacturing. These statistics clearly show the need for attracting businesses that will advocate the development of secure jobs that provide a living wage. (p. 76)

The city has experienced a decline in the number of goods-producing establishments and a significant increase of jobs in service-providing establishments. Over 49.3% of the City of Lancaster’s workforce is employed in service, sales or administrative supports jobs. The City is committed to securing new industries by providing a complete infrastructure area dedicated to attracting businesses that will advocate the development of secure jobs that provide a living wage. (p. 80) Job creation and economic development is one of the top priorities for the City of Lancaster.

The City of Lancaster’s Community Development department conducted a community assessment survey for input on the needs of low- and moderate-income residents. Following are survey results for special needs and community services that are eligible activities under the Community Development Block Grant program.

ELIGIBLE ACTIVITIES - SPECIAL NEEDS SERVICES	High Priority Percentage	Medium Priority Percentage	Low Priority Percentage
Handicapped Services	53.5	35.9	10.6
Domestic Violence Services	58.8	28.2	13
Substance Abuse Services	51.4	24.6	22.9
Neglected/Abused Children Services	75.7	14.1	7
Homeless Shelter/Prevention Services	50	34.9	13.7
Mental Health Services	64.1	23.9	10.9

ELIGIBLE ACTIVITIES – COMMUNITY SERVICES	High Priority Percentage	Medium Priority Percentage	Low Priority Percentage
Youth Center/Services	45.1	34.9	18
Child Care Centers/Services	33.8	41.2	23.2
Senior Center/Services	45.8	39.8	13.4
Health Facilities/Services	46.8	34.9	16.5
Anti-Crime Programs	50.4	39.4	8.8
Transportation Services	35.2	43.3	19.7
Drug Awareness Education	45.4	36.9	17.6
Fire Prevention Education	28.2	44	25

Public services which include the following activities are established high priority needs within the city: Neglected/Abused Children Services; Mental Health Services; Domestic Violence Services; Emergency Shelter for the Homeless; Handicapped Accessibility Modifications; Housing for people with special needs; Substance Abuse Services; Anti-Crime Services; and Homeless Shelter/Prevention Services.

Public services also include the following activities that are established as medium priority needs within the city: Fair Housing; Health Facilities/Services; Senior Center/Services; Drug Awareness Education; Youth Center/Services; Employment Training; and Transportation Services.

The full FY 2018-2022 Consolidated Housing and Community Development Plan for the City of Lancaster is available online at: <https://www.ci.lancaster.oh.us/DocumentCenter/View/4443/Main-File>

FAIRFIELD COUNTY ADAMH BOARD SFY 2018 COMMUNITY PLAN UPDATE – PRIORITIES AND GOALS

Priority	Goals
Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU).	<ol style="list-style-type: none"> 1. To increase available services to individuals who are intravenous/injection drug users (IDU). 2. To assure the statutorily required continuum of care for persons with an opioid disorder are in place.
Priority	Goals
Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	To maintain current services and increase funding for supports to women who are pregnant and have substance use disorders.
Priority	Goals
Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	1. Increase the availability of mental health expertise in crisis situations to Fairfield County Child Protective Services (CPS).
Priority	Goals
Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	To identify the prevalence of tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.) among persons receiving services in the ADAMH Network of care.
Priority	Goals
Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Increase the number of available services/supports in the county so that fewer youth have to be placed in out of county Residential treatment
Priority	Goals
Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	To develop a Recovery Oriented System of Care in Fairfield County
Priority	Goals
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	To ensure that services are made available to the Criminal Justice Population
Priority	Goals
Integration of behavioral health and primary care services	Continue to work on integration of behavioral health and primary health care services in Fairfield County.

**FAIRFIELD COUNTY FAMILY, ADULT AND CHILDREN FIRST COUNCIL 2019 SHARED PLANNING
COMMUNITY FACTS, FOCUS AREAS AND ASSESSMENTS**

Priority	Goals
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)	1. Sustain and expand current projects 2. Explore models to assure current Medicaid behavioral health service providers in the community who are not currently contract agencies
Priority	Goals
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Identify barriers to treatment services for all community members and assist in obtaining services.
Priority	Goals
Prevention and/or decrease of opiate overdoses and/or deaths	Decrease the number of opiate related deaths
Priority	Goals
Promote Trauma Informed Care approach	Increase awareness and implementation of TIC system across community and within agencies.
Priority	Goals
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	Award Prevention Funds based on data and a concise Prevention Needs Assessment report provided by Ohio State University in the spring of SFY 2016.
Priority	Goals
Prevention: Increase access to evidence-based prevention	Ensure that all Prevention projects funded through ADAMH in SFY 17 are either evidenced based or demonstrate that they have supporting evidence of successfully outcomes.
Priority	Goals
Prevention: Suicide Prevention	
Priority	Goals
Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Identify persons with Problem Gambling issues in Fairfield County.
Priority	Goals
Persons in the Community who are in need of Mental Health or Substance Abuse services but have an insurance plan that is not accepted by providers, or that has a high deductible or high co-pay, creating a barrier for these persons.	Assure mental health and addiction services are accessible to the community.
Priority	Goals
Persons with severe and persistent mental illness who may be vulnerable in time of disaster.	Ensure that ADAMH Board is an active participant in the Disaster Planning for the county.

The full Fairfield County ADAMH Community Plan is available online at:

http://www.fairfieldadamh.org/uploads/1/3/1/0/13100616/sfy_2018_working_version_of_fairfield_county_adamh_board_community_plan_final_06-30-16_.pdf

FAIRFIELD COUNTY STRATEGIC PLAN

STRATEGIC THEME

Fighting the Opioid and Drug Epidemics & Implementing Community Responses

Note: Community responses relate to overall addiction and mental health services, of which opioid use is a major component but not the only component.

CHAMPION: ADAMH and other leaders

WORK GROUP MEMBERS: Task Force Members and all leaders

TARGETED OUTCOME/COMPLETION: Reduced Use of Opioids and illegal drugs, Improved Mental Health of Residents

Action Steps	Completion/Review Date	Assigned to	Results
Involve All Stakeholders Increase Community Conversations Develop the ADAMH Strategic Plan Focus on early intervention and prevention	Review and update at community meetings	ADAMH	Task Force Meetings scheduled; ADAMH strategic planning meetings are in progress; ADAMH completed all documents needed for additional levy to be on the ballot for November 2018 (collections in 2020)
Multi-System coordination for developmental approaches so that youth can be productive members of society	Bi-annual review	Judge Vandervoort	Juvenile Justice symposium was held and evaluation continues; a new grant was awarded in April 2018; Training with Georgetown University will be held in September; An update to the Board of Commissioners is scheduled relating to the early response model for schools; there is an ongoing assessment about evidence based approaches and detention needs for juveniles
Increase Mental Health First Aid Training for employees Further three main priorities of crisis stabilization, school-based prevention and community-based prevention	Annually	ADAMH, Clerk to Commissioners ADAMH	Trainings held in 2018 Commissioners transferred property to ADAMH to further crisis stabilization effort; additional support was provided to ADAMH
Implementation of START Program, a partnership with the Ohio Attorney General; Continue other, multiple grant related initiatives	Quarterly	Aundrea Cordle	Obtained grant from the Ohio Attorney General; implemented Sobriety, Treatment, and Reducing Trauma Program; metrics for results determined; additional programs are progressing well

The full Strategic Plan for Fairfield County 2018-2020 is available online at:

<https://www.co.fairfield.oh.us/COMMISH/pdf/Strategic-Plan-for-Fairfield-County.pdf>

Fairfield County Fair Housing Analysis of Impediments, 2019 – Regional Planning Commission

The Housing and Community Development Act of 1974, as amended, requires any jurisdiction receiving Community Development Block Grant (CDBG) or HOME program funds to affirmatively further fair housing. In response, this plan has been prepared for Fairfield County (excluding Lancaster) to help identify impediments to fair housing choice.

Disabled Population

The American Community Survey includes data regarding the disabled population of any surveyed geographic area. Because an individual can have more than one disability, the total number of disabled persons is less than the total of the persons having each of the specific listed disabilities. The total number identifies some 19,844 disabled persons county-wide, of which 12,571 reside in the “balance of county” outside Lancaster. This means some 13.3% of county residents have at least one disability, and a similar portion (11.4%) is disabled throughout the balance of county. Several of the above subcategories, such as ambulatory, self-care, and independent living difficulties, have implications regarding the need for housing which can accommodate the challenges and barriers, including mobility issues, which accompany these disabilities. (p. 8)

Selected Housing Characteristics of Fairfield County (p. 16)

	Ohio	Fairfield County		Lancaster		Balance of County	
Total Units	5,174,838	60,202	---	17,901	---	42,301	---
Vacant	10.5	4,653	7.7	1,696	9.5	2,957	7.0
Median Rooms	5.9	6.2	---	5.3	---	---	---
Owner occupied	66.1	39,788	71.6	8,585	53.0	31,206	79.3
Renter occupied	33.9	15,761	28.4	7,620	47.0	8,141	20.7
Average household size – owner	2.54	2.77	---	2.52	---	---	---
Average household size- renter	2.25	2.43	---	2.26	---	---	---
Median Value, Owner occ.	135,100	168,500	---	118,100	---	---	---
Paying 35% or more for housing costs	17.2	4,607	16.7	1,252	22.4	3,355	10.8
Median gross rent	764	836	---	766	---	---	---
Paying 35% or more for gross rent	38.1	5,868	39.6	3,433	47.6	2,435	29.9
<i>2011-2017 American Community Survey</i>							

The cost of housing, on average, is higher in Fairfield County than it is statewide, with a median value of owner-occupied housing at \$168,500, and a median gross monthly rent of \$836. With corresponding numbers for Lancaster being lower, the median housing costs is thus even higher in the balance of the county.

The cost burden for housing affects a large percentage of county residents, with 16.7% of homeowners paying more than 35% of their income on housing costs, and nearly four in ten renters paying 35% or more of their income in gross rent. These proportions are significantly lower in the portion of the county outside Lancaster where cost burdens are especially high. (p.17)

One notable deficiency throughout the County is that larger families often have a difficult time in identifying and accessing safe, affordable housing. Many agencies indicated in the 2016 plan that they have seen an increase in overcrowded housing conditions due to a shortage of rental units with three or more bedrooms. Additionally, there are relatively few homeless shelter units for families to utilize, thus contributing to these overcrowded conditions when households are “doubled up”. The family shelter at Lancaster-Fairfield Community Action Agency, with four units, is the only 24-hour family shelter, and shelter operation funds are extremely limited. (p. 17)

In early June 2019, the FMHA has a waiting list of 1,266 households hoping for an opportunity to occupy subsidized housing. This list includes 278 households with a disabled householder, and 988 households that are not disabled. Applicants were categorized by race as follows:

FMHA Waiting List Race Categories	Households on Waiting List
African American	733
African American/Asian	1
African American/Pacific Islander	1
Caucasian	477
Caucasian/African American	39
Caucasian/Asian	1
Pacific Islander	1

Applicants come from a large number of communities within and outside Fairfield County. Residency within the county is not a requirement for applying for rent assistance in the county. (p. 35)

Fairfield County Comprehensive Land Use Plan, 2018 – Regional Planning Commission

Over 1,000 community stakeholders from all parts of the county- from its large urban centers to rural hamlets- participated in various activities over the year-long planning process to help guide, frame, and update the Fairfield County Comprehensive Land Use Plan.

What should be the most important priority for Fairfield County and/or your community?

The most cited comments from respondents included: creating jobs, the preservation of our small towns, preservation of farmland, promote sustainable growth, supporting local business, Buckeye Lake water quality, minimizing traffic congestion, preserving open space /natural resources, ensuring K-12 school funding, combating drugs/homelessness, housing growth, economic development, and maintaining police and fire services.

The fully Fairfield County Comprehensive Land Use Plan – 2018 is available online at:

<https://www.co.fairfield.oh.us/rpc/pdf/Fairfield-County-Land-Use-Plan-2018.pdf>

FAIRFIELD COUNTY FAMILY ADULT AND CHILDREN FIRST COUNCIL FY 18 ANNUAL REPORT

Multi-System Youth Services SFY 18	Number
Total Service Coordination Clients	231
Service Coordination Cases Opened	108
Pro-Social Support	51
Intensive Home-Based Therapy	35
Sports	31
Transportation	30
Camps	22
Safety Equipment	22
Mentoring	21
Respite Care	12
Residential Placement	8

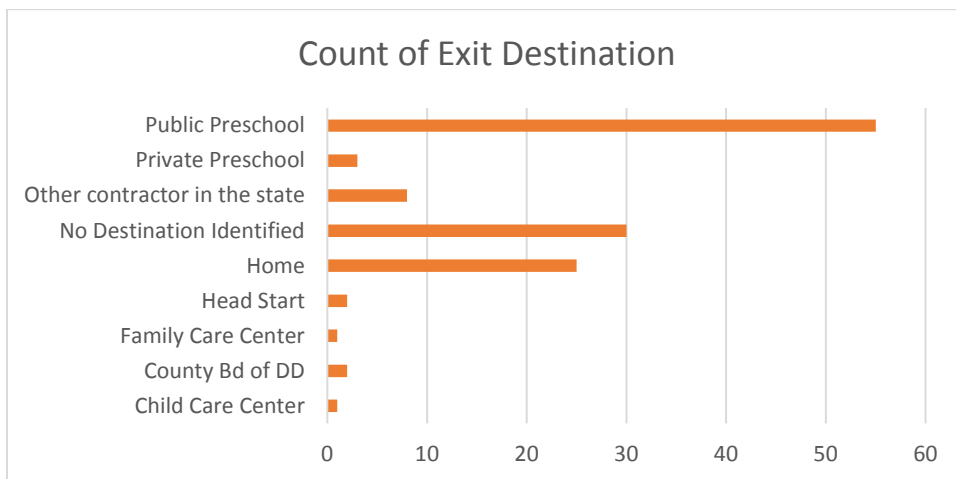
Parent Education – SFY 18	Number
First Five Years - 3-Week Series	38
Active Parenting - 4-Week Series	15
Parent Project - 10-Week Series	34
Triple P Discussion Groups	33
TOTAL	120

Juvenile Court Mental Health Program	Number
Consultations	273
Ongoing Treatment	74
Assessments/Evaluations	46
Group Sessions	11
Lethality Assessments	6

Child Injury Prevention - FY 18	Number
Bike Helmets - 800	800
Concussion Awareness - 1050	1050
Poison Education - 150	150
Safe Kids Coalition Education 101	101
Bike Safety Education - 1115	1115
Home Safety Modifications - 11	11
Child Car Seats Distributed - 51	51
Child Car Seat Education - 66	66
TOTAL	3344

Help Me Grow Early Intervention

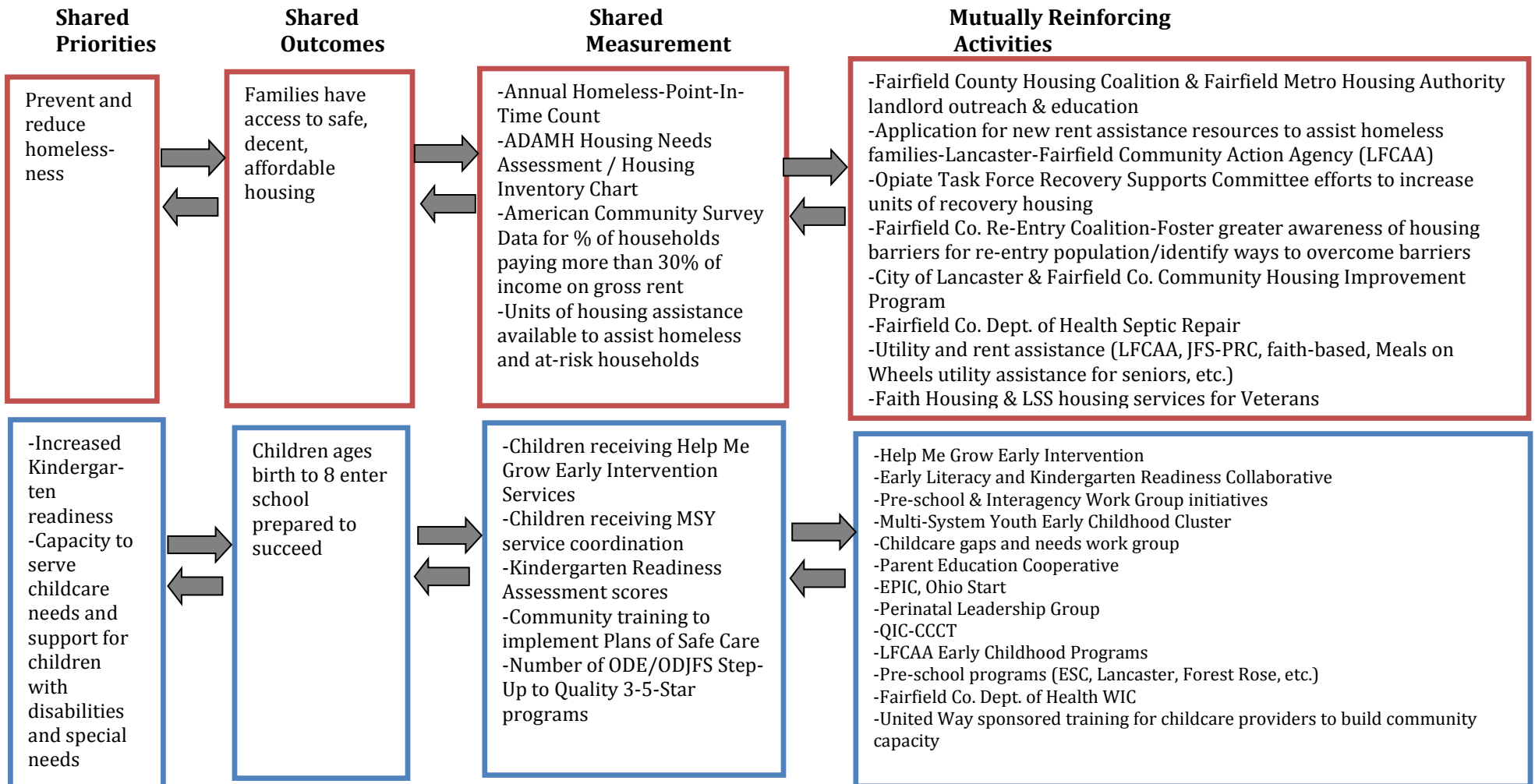
In SFY 18, 362 children were served. Most of the 181 children exiting the program transitioned successfully to preschool. Reports indicate that all children exiting demonstrated progress with social and emotional skills, acquisition and use of knowledge and skills, and taking action to meet needs.

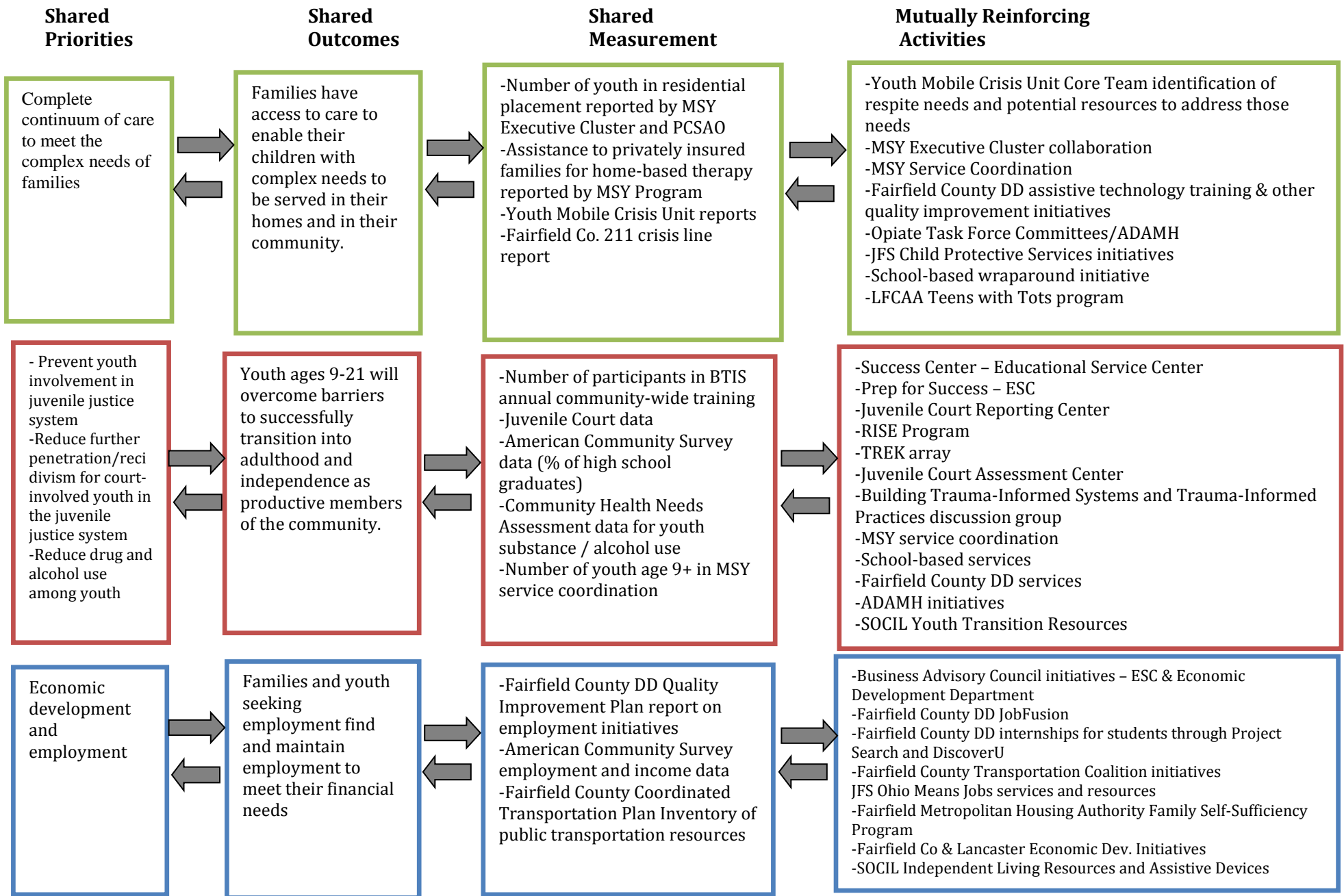


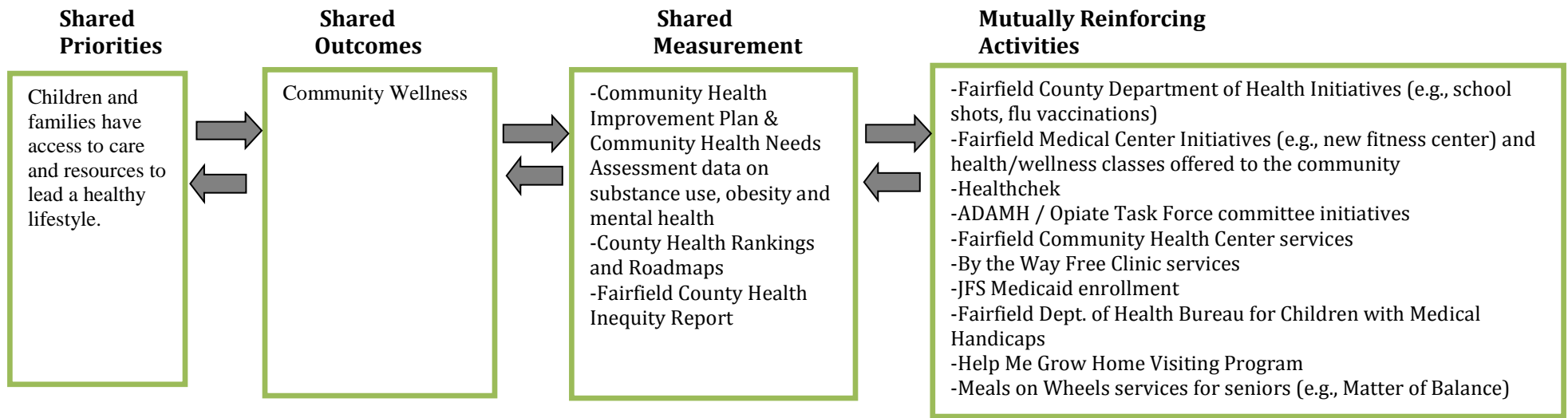
The full Fairfield County Family, Adult and Children First Council 2018 Annual Report is available online at:
<https://www.facfc.org/pdf/2018-Annual-Report.pdf>

Fairfield County Family and Children First Council Shared Plan for SFY 2020-2022

Current FCFC Initiatives: Multi-System Youth Committees (Early Childhood Cluster, Interdisciplinary Team, Executive Cluster), Parent Education Cooperative, Safe Kids/Safe Communities Coalition, Early Intervention Team, Building Trauma-Informed System Collaborative, Perinatal Leadership Group, Fairfield County Housing Coalition, Fairfield County Transportation Coalition, Opiate Task Force, Older Adult Network, Sharing Hope. Additional FCFC engagement: Mobile Crisis Unit Core Team, Early Literacy & Kindergarten Readiness Collaborative, Childcare Gaps & Needs Work Group, Community Health Improvement Plan Committee, Pre-school Leadership & Interagency Committee, Quality Improvement Center for Community Court Collaborative Teams.







Needs Assessment

List any community plans that were incorporated into this process. Include only those plans that are written, data informed, and have identified priorities (e.g. FCE, CCIP, United Way, MHRB plan):

1. Lancaster-Fairfield Community Action Agency 2019 Community Needs Assessment Update
2. Fairfield County Department of Health 2016 Community Health Needs Assessment
3. Fairfield County 2016 Youth Behavioral Survey
4. 2017 Ohio Neonatal Abstinence Syndrome County Report, Ohio Hospital Association
5. Public Children Services Association of Ohio Fact Book
6. Fairfield County Job and Family Services Report to the Community
7. Fairfield County Educational Service Center
8. Lancaster City Schools
9. Fairfield County Board of Development Disabilities 2019 Report to the Community
10. Fairfield County 211
11. Fairfield County Juvenile and Probate Court 2018 Annual Report
12. United Way – Agenda for Change
13. Fairfield County ADAMH Board SFY 2018 Community Plan Update – Priorities and Goals
14. City of Lancaster Consolidated Plan FY 2018 – 2022
15. Fairfield County Strategic Plan
16. Fairfield County Fair Housing Analysis of Impediments, Regional Planning Commission - 2019
17. Fairfield County Comprehensive Land Use Plan, Regional Planning Commission – 2018
18. Fairfield County Family, Adult and Children First Council 2018 Annual Report
19. Fairfield County Health Equity and Access to Care Report 2018

2. Identify alternative needs assessment methods or data sets that were utilized to identify the Shared Priorities:
3. Identify any barriers experienced in this process (i.e. plan collection, availability of data, language issues, etc.):
Community members were engaged in sharing all necessary reports, assessments and strategic plans.
4. Identify any successes/how this process has worked to strengthen the council and county collaboration:

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: Families have access to safe, decent, affordable housing

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Households paying more than 30% of income on gross rent	Data: 48.1% Year of Data: 2017	Data: Year of Data:	
Incidents of homelessness (includes all categories on annual PIT Count)	Data: 396 Year of Data: 2017	Data: Year of Data:	
Units of recovery housing in Fairfield County	Data: 28 Year of Data: 2018	Data: Year of Data:	
Landlords enrolled with Fairfield Metropolitan Housing Authority	Data: 311 Year of Data: 2019	Data: Year of Data:	

1. List the data source(s) for the indicator(s):
 - American Community Survey – Housing Data (2013-2017 Five-Year Estimate utilized for baseline)
 - Homeless Point in Time County
 - Housing Inventory Chart
 - Fairfield County ADAMH Housing Needs Assessment
2. Identify any key findings (explanation of data findings; FCFC actions taken in response to key findings, etc.):

Shared Outcome: Children ages birth to 8 enter school prepared to succeed

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Increased Kindergarten readiness – KRA scores	Data: 266.3 Year of Data: 2017-2018	Data: Year of Data:	
Children receiving Help Me Grow Early Intervention Services	Data: 219 Year of Data: SFY 19	Data: Year of Data:	
Children ages birth – 8 receiving MSY service coordination	Data: 55 Year of Data: SFY 19	Data: Year of Data:	
Parent education participation	Data: 209 Year of Data: SFY 19	Data: Year of Data:	
Community training and implementation of Plans of Safe Care – initiated January 2019; full year of data is not yet available	Data: Year of Data:	Data: Year of Data:	
Number of ODE/ODJFS Step-Up to Quality 3- 5-Star programs (14 5-Star; 2 4-Star; 5 3-Star)	Data: 21 Year of Data: 2019	Data: Year of Data:	

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

- Ohio Department of Education report on KRA scores - <http://education.ohio.gov/Topics/Early-Learning/Kindergarten/Ohios-Kindergarten-Readiness-Assessment>
- FAFCE Council Help Me Grow Early Intervention report
- FAFCE Council MSY report
- FAFCE Council Parent Education Cooperative report
- Ohio Department of Education - <http://education.ohio.gov/Topics/Early-Learning/Step-Up-To-Quality-SUTQ>
- Safe Care Coordinator report

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

Fairfield County’s KRA scores are below the state average. A local work group is developing the strategy and action steps to increase scores.

Shared Outcome: Families have access to care to enable their children with complex needs to be served in their homes and in their community.

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Number of youth in residential placement reported by MSY Executive Cluster	Data: 7 Year of Data: FY 19	Data: Year of Data:	
Number of youth in residential placement reported by PCSAO	Data: 208 Year of Data: 2018	Data: Year of Data:	
Fairfield Co 211 Crisis Line calls	Data: 2,028 Year of Data: FY 19	Data: Year of Data:	
Youth Mobile Crisis Unit Core Team report on respite (new initiative – no data to report)	Data: Year of Data:	Data: Year of Data:	
Assistance to privately insured families for home-based therapy reported by MSY Program	Data: 20 Year of Data: FY 2019	Data: Year of Data:	
Multi-System Youth Service Coordination for youth ages 9 +	Data: 184 Year of Data: FY 2019	Data: Year of Data:	

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

- FAF Council Multi-System Youth Program Coordinator’s reports
- Youth Mobile Crisis Core Team reports
- Fairfield County 211 Annual Report
- Public Children’s Service Association of Ohio Fact Book

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

The Youth Mobile Crisis Core team was recently assigned the task of identifying the community’s specific needs for respite and most appropriate models to meet those needs.

Shared Outcome: Youth ages 9-21 will overcome barriers to successfully transition into adulthood and independence as productive members of the community.

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Juvenile Court youth referred to Diversion	Data: 229 Year of Data: 2018	Data: Year of Data:	
Juvenile Court youth engaged in Positive Youth Development Program	Data: 77 Year of Data: 2018	Data: Year of Data:	
Juvenile Court youth in Probation	Data: 205 Year of Data: 2018	Data: Year of Data:	
Population age 25 and older with less than a high school education or equivalency	Data: 8.2% Year of Data: 2017	Data: Year of Data:	
Number of youth age 9+ in MSY service coordination	Data: 184 Year of Data: FY 2019	Data: Year of Data:	
Participants in annual community-wide trauma-informed care conference to increase community capacity	Data: 240 Year of Data: 2019	Data: Year of Data:	
Youth reporting having at least one alcoholic beverage in the past 30 days (Community Health Assessment 2016 for baseline)	Data: 20% Year of Data: 2016	Data: Year of Data:	
Youth reporting use of marijuana in the past 30 days (Community Health Assessment-2016 for baseline)	Data: 13% Year of Data: 2016	Data: Year of Data:	

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

- Fairfield County Juvenile and Probate Court Annual Report
- American Community Survey (2013-2017 Five-Year Estimate utilized for baseline)
- FCF Council Multi-System Youth Coordinator's report
- Building Trauma-Informed Systems Collaborative report
- Fairfield County Community Health Needs Assessment - 2016

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

Shared Outcome: Families and youth seeking employment find and maintain employment to meet their financial needs.

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
Fairfield County DD Quality Improvement Plan-# of individuals employed in the community through DD programs	Data: 117 Year of Data: 2018	Data: Year of Data:	
American Community Survey data – median earning for high school graduates	Data: \$33,299 Year of Data: 2017	Data: Year of Data:	
-Fairfield County Coordinated Transportation Plan Inventory of public transportation resources – Survey of needs and resources is conducted ongoing by Lancaster-Fairfield Public Transit	Data: Year of Data:	Data: Year of Data:	
American Community Survey - % of youth age 16-19 who are employed	Data: 49.2% Year of Data: 2017	Data: Year of Data:	

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

- Fairfield County DD Quality Improvement Plan
- American Community Survey Data (2013-2017 Five-Year Estimate utilized for baseline)

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

Shared Outcome: Community Wellness

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
County Health Ranking for Fairfield County for Health Outcomes and Health Factors	Data: 11 Year of Data: 2018	Data: Year of Data:	
Youth misuse of prescription medicine reported -used medications that were not prescribed for them or took more than prescribed to feel good or get high (Community Health Assessment)	Data: 6% Year of Data: 2016	Data: Year of Data:	
Adult misuse of prescription medicine reported - used medications that were not prescribed for them or took more than prescribed to feel good or get high (Community Health Assessment)	Data: 9% Year of Data: 2016	Data: Year of Data:	
Adult engagement in some type of physical activity or exercise for at least 30 minutes 3 or more days per week	Data: 50% Year of Data: 2016	Data: Year of Data:	
Youth participation in at least 60 minutes of physical activity on 3 or more days weekly	Data: 74% Year of Data: 2016	Data: Year of Data:	
Mental health providers per 1,000 residents (Fairfield County Health Equity and Access to Care Report)	Data: 97 Year of Data: 2018	Data: Year of Data:	
Primary care providers per 1,000 residents (Fairfield County Health Equity and Access to Care Report)	Data: 65.83 Year of Data: 2018	Data: Year of Data:	

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

- Count Health Rankings and Roadmaps - <https://www.countyhealthrankings.org/>
- Fairfield County Community Health Needs Assessment (2016 for baseline)
- Fairfield County Health Equity and Access to Care Report (2018 for baseline)

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