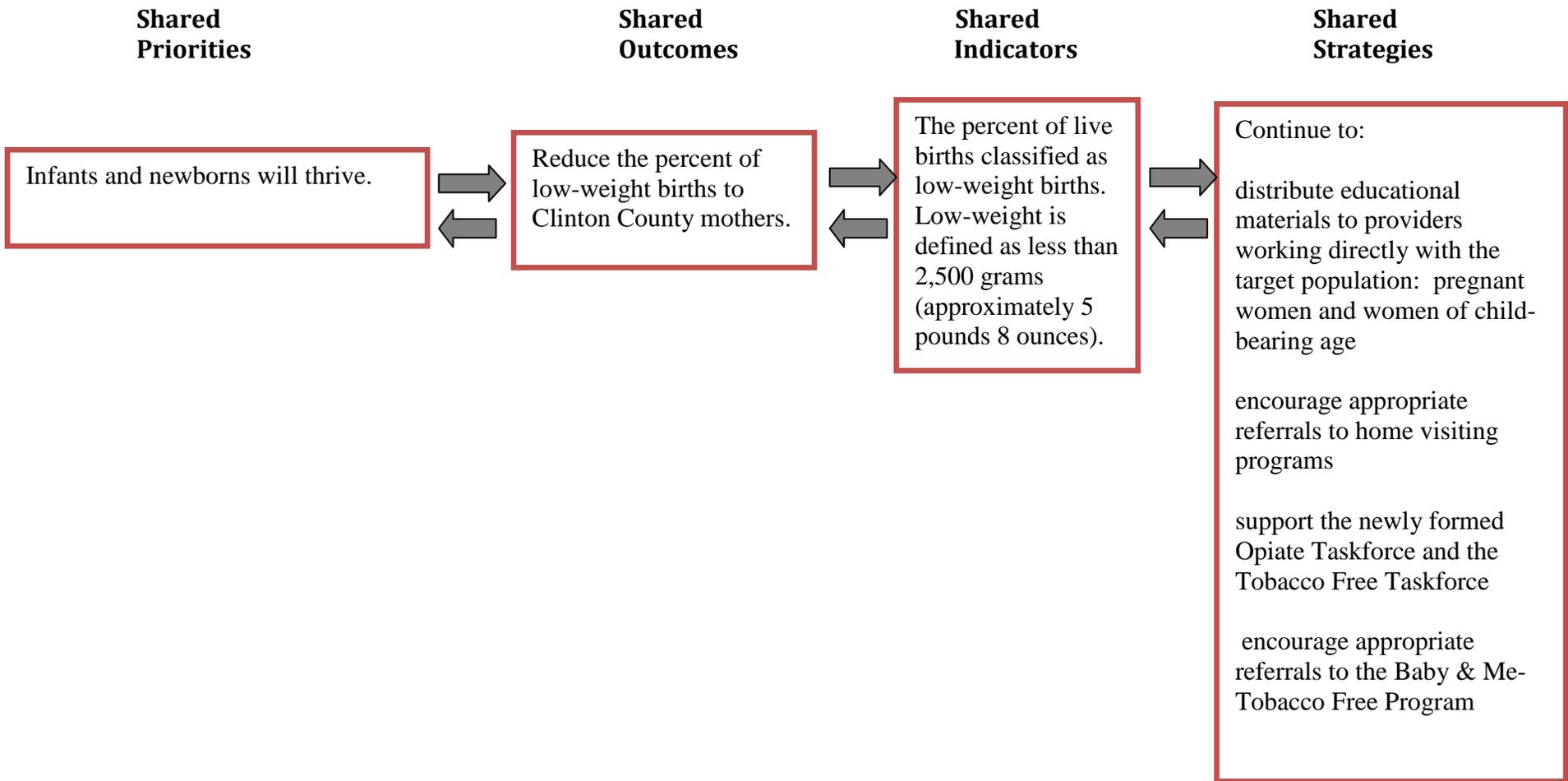


# CLINTON County Family and Children First Council Shared Plan for SFYs 12-16

## Shared Plan Update for SFY 16

**Current FCFC Initiatives:** OCTF Child Abuse and Neglect Prevention (Incredible Years Basic Parenting)); Help Me Grow (Early Intervention and Central Coordination); Service Coordination; Cross-system Planning



**Were there any modifications from last year's plan? Yes X**

**If yes, please identify the types of changes made by checking the appropriate boxes below:**

Priorities

Outcomes

Indicators

X Strategies have been expanded. See #4 on following page.

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

As reported last year, there are some barriers to implementing certain strategies. Although training can be provided, organizations that have trained staff, at times, find it difficult to implement the program because there is limited staff time. In addition, insurance companies, at times, impose restrictions on who can provide the services. This further restricts staff availability.

There continues to be a scarcity of reliable, accurate, and timely data for several issues of concern in the county. This steers the planning process to priorities that have good indicator data. Limited choice regarding priorities can curtail buy in and engagement.

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

We consider the repeated decreases in low weight births to be a success.

The planning process pulls FCFC members together around a shared priority, focusing both resources and attention.

**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: Reduce the percent of low-weight births to Clinton County mothers.

Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
The percent of live births classified as low-weight births. Low-weight is defined as less than 2,500 grams (approximately 5 pounds 8 ounces).	Data: 8.8%  Year of Data: 2013	Data: 8.2%  Year of Data: 2014	+

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

ROBERT WOOD JOHNSON FOUNDATION (County Health Rankings and Roadmaps)

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

In 2012, the year before we adopted low-weight births as our shared priority, the rate was 9.1%. The rate has declined every year! In 2012, it was 9.1%; 2013, 8.8%; 2014, 8.5%; 2015, 8.2%. The state rate has been stable at about 8.6/8.7. In 2012 and 2013, Clinton County's rate was higher than the state's rate. For the second year in a row, Clinton County's rate was lower. We plan to continue to focus on this priority in SFY16. Compared to other counties, similar to Clinton in size, our rate is still higher than we would like. In addition, there are a number of things happening in the county that will have a future impact on low-weight births. Home visiting penetration rates continue to be very good. Two taskforces have been created. The first focuses on tobacco use; the second, on opiate use. A new program, designed to help pregnant women quit smoking, has been started. The FCFC will continue to support each of these programs.