

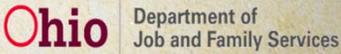





Ohio SSRP All Demonstration Site Meeting

February 15, 2017

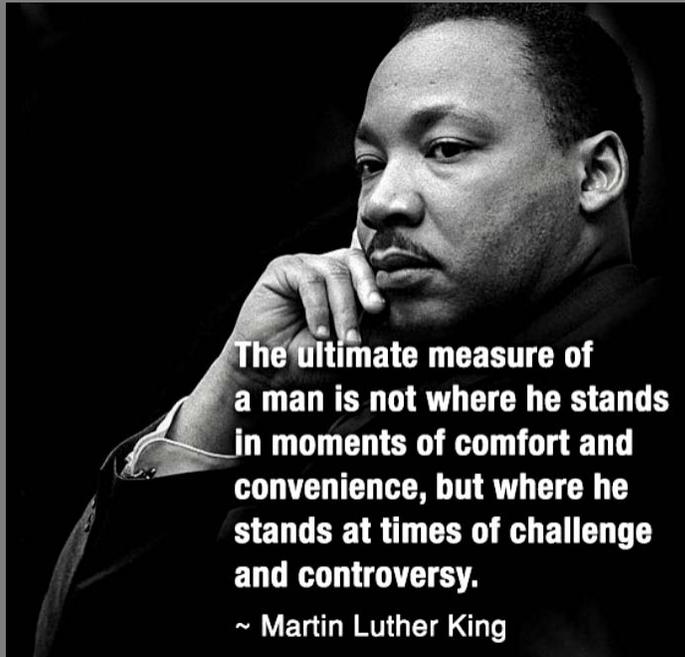
THE SUPREME COURT of OHIO

Welcoming Remarks



Monica Kagey, MBA
*Manager, Specialized Dockets
Supreme Court of Ohio*



The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.

~ Martin Luther King

3

State Team Introductions



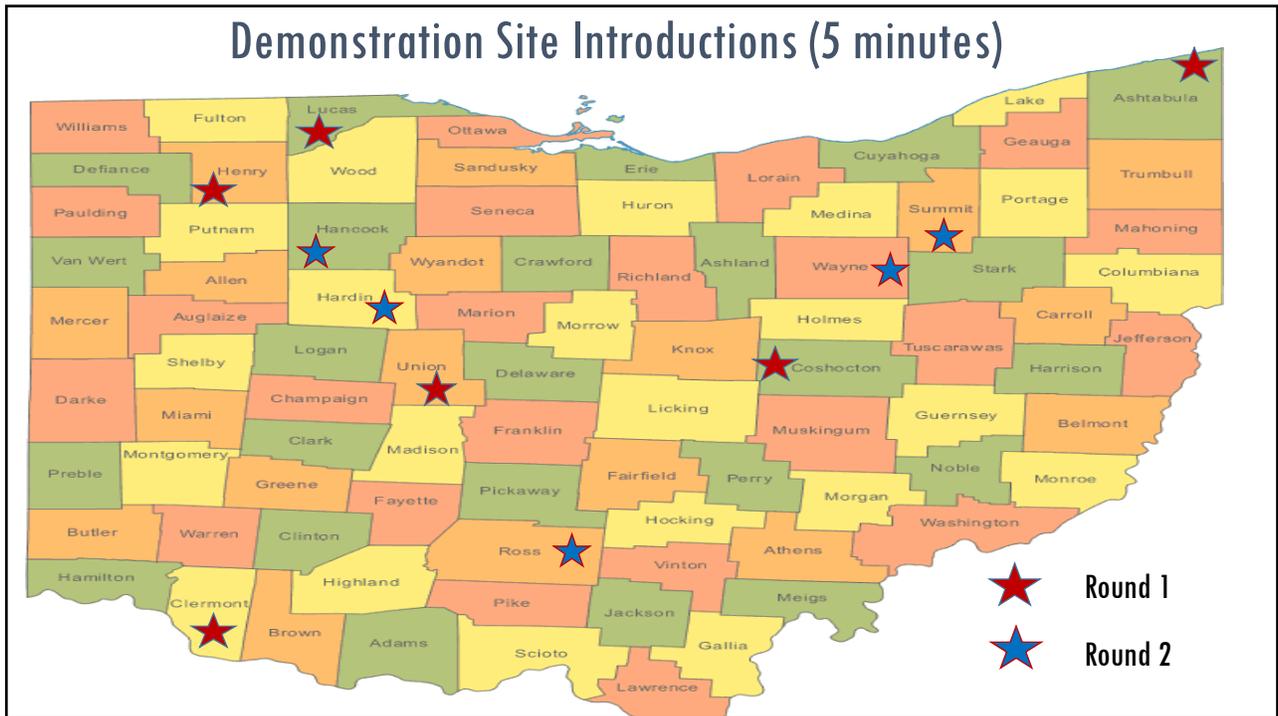
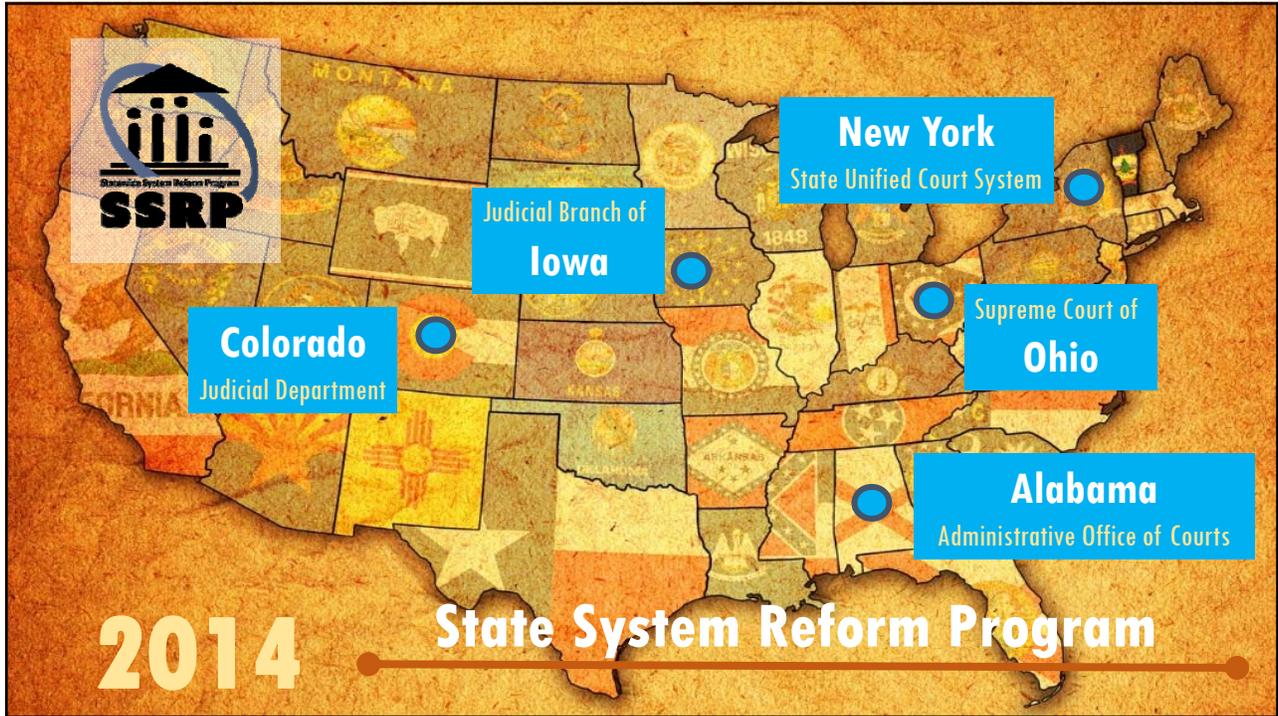
LaTonya Harris
Policy Analyst,
Supreme Court of Ohio

THE SUPREME COURT of OHIO



Ohio

Department of
Job and Family Services



Introductions – Phase I Demonstration Sites



Expansion Sites

- Clermont County
- Lucas County
- Union County

Infusion Sites

- Ashtabula County
- Coshocton County
- Henry County

Introductions – Phase II Demonstration Sites



Expansion Sites

- Hancock County
- Hardin County
- Summit County

Infusion Sites

- Ross County
- Wayne County

Clermont County

1. Project Team Members
2. Project Strategies Testing



Lucas County

1. Project Team Members
2. Project Strategies Testing



Union County

1. Project Team Members
2. Project Strategies Testing



Ashtabula County

1. Project Team Members
2. Project Strategies Testing



Coshocton County

1. Project Team Members
2. Project Strategies Testing



Henry County

1. Project Team Members
2. Project Strategies Testing



Hancock County

1. Project Team Members
2. Project Strategies Testing



Hardin County

1. Project Team Members
2. Project Strategies Testing



Summit County

1. Project Team Members
2. Project Strategies Testing



Ross County

1. Project Team Members
2. Project Strategies Testing



Wayne County

1. Project Team Members
2. Project Strategies Testing



Substance Abuse Data Updates



Kristine Monroe, MSW, LSW
ODJFS Program Administrator 1,
Bureau of Systems & Practice
Advancement, ODJFS

SACWIS Substance Abuse Screening Tool

Early Findings

- Functionality was released on 12/12/2016
- As of 2/9/2017, 170 screening tool records have been created.
- 154 of the 170 records document that a screening tool was administered.
- Of those 154 records, 43 (27.92%) recommended that the case member receive additional diagnostic assessment.

SACWIS Intake Enhancements Lead to Improved Data

- SACWIS 'Intake Usability' Enhancements were Released into SACWIS Production on October 27, 2016
- The Enhancements included the addition of a required question, 'Is parent or caregiver substance abuse being reported by the referent?'
- If the screener answers 'Yes' to this question, the screener is required to document how the reporter became aware of the substance abuse and to document the drug type(s) being abused.

SACWIS Intake Enhancements Lead to Improved Data

Is parental or caregiver substance abuse being reported by the referent?

Not Answered
 No
 Yes

How did the reporter become aware of the substance abuse?

Drug Types:

Q	Add All	Add
Morphine		▲
Opiates		
Phencyclidine		
Propoxyphene		
Tetrahydrocannabinol (THC)		
Unknown to Referral Source		
Other		▼

Selected Drug Types:

Remove	Remove All	Q

SACWIS Intake Enhancements Lead to Improved Data

Data for Intakes Received Between 10/28/2016-2/9/2017

- **64,981 Intakes Received, of those**

- 13,640 had a 'Yes' value for the new substance abuse question (20.99%)
- 51,341 had a 'No' value for the new substance abuse question (79.01%)

- **46,441 Child Abuse or Neglect Intakes Received, of those**

- 11,588 had a 'Yes' value for the new substance abuse question (24.95%)
- 34,853 had a 'No' value for the new substance abuse question (75.05%)

SACWIS Intake Enhancements Lead to Improved Data

Data for Intakes Received Between 10/28/2016-2/9/2017, Cont.

- **21,397 CA/N Intakes Screened In, of those**
 - 6151 had a 'Yes' value for the new substance abuse question (28.75%)
 - 15,246 had a 'No' value for the new substance abuse question (71.25%)
- **Multiple Drug Types can be Selected Per Intake. Most Commonly Selected Drug Types (for all intakes received)**
 - Marijuana – 5204 Intakes
 - Alcohol - 2992 Intakes
 - Heroin – 2713 Intakes
 - Opiates (other than Heroin) – 2494 Intakes
 - Cocaine – 1938 Intakes

SACWIS Intake Enhancements Lead to Improved Data

Changes to the Infant Positive Toxicology Allegation Section have also Assisted with Data Quality Improvements

Infant Positive Toxicology Allegation

This report was referred to Child Protective Services due to a child being:

- Not Answered
- An infant identified as affected by legal or illegal substance use (tests positive for a substance at birth)
- An infant having withdrawal symptoms resulting from prenatal drug exposure (legal or illegal)
- An infant diagnosed with Fetal Alcohol Spectrum Disorder
- An infant identified as affected by illegal substance abuse / having withdrawal symptoms resulting from prenatal drug exposure AND diagnosed with Fetal Alcohol Spectrum Disorder
- Not Applicable

SACWIS Intake Enhancements Lead to Improved Data

Between 10/28/2016-2/9/2017, the following counts related to fetal positive toxicology have been recorded

- An infant was identified as affected by Legal or Illegal Substance Use-1041
- An infant having withdrawal symptoms resulting from prenatal drug exposure-248
 - An infant diagnosed with Fetal Alcohol Spectrum Disorder-1
- An infant affected by substance abuse /prenatal drug exposure AND Fetal Alcohol Spectrum Disorder-29
 - Total intakes with documented fetal exposure-1319



**Data Driven
Decision-Making:**

Understanding Your Data in
the Context of SSRP Goals and
Using Rapid Cycle Testing to
Improve Practice

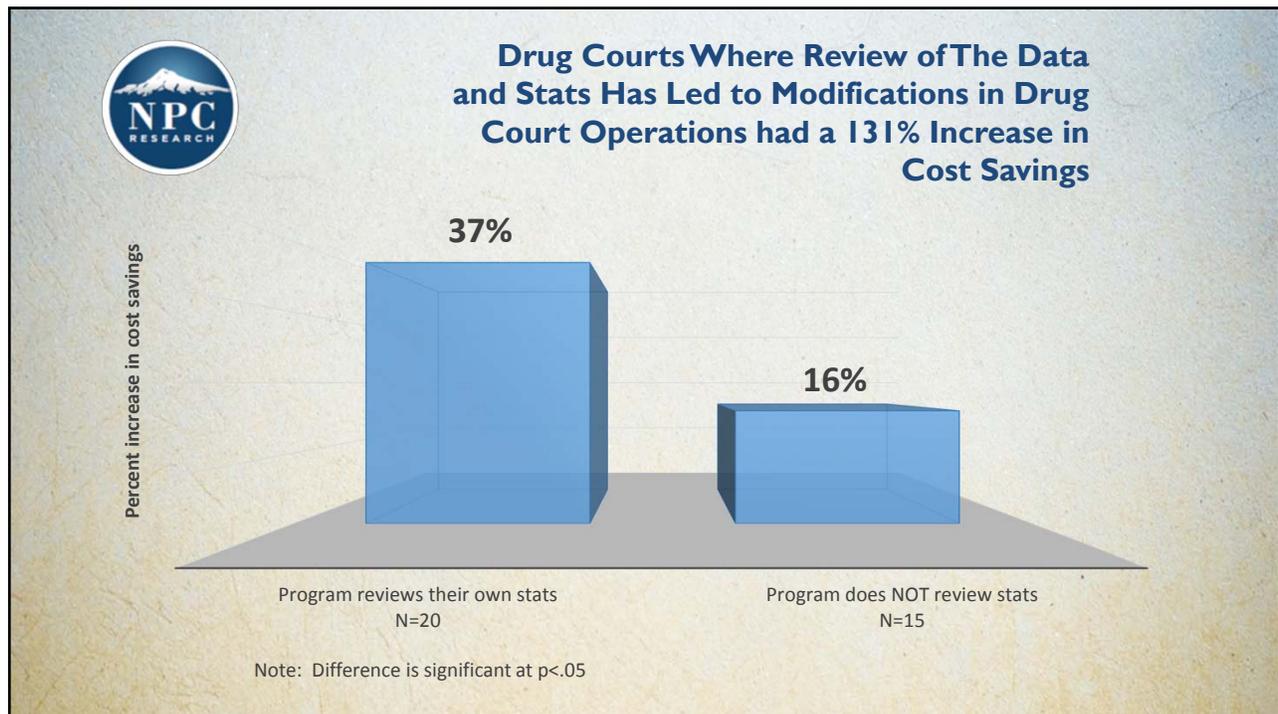


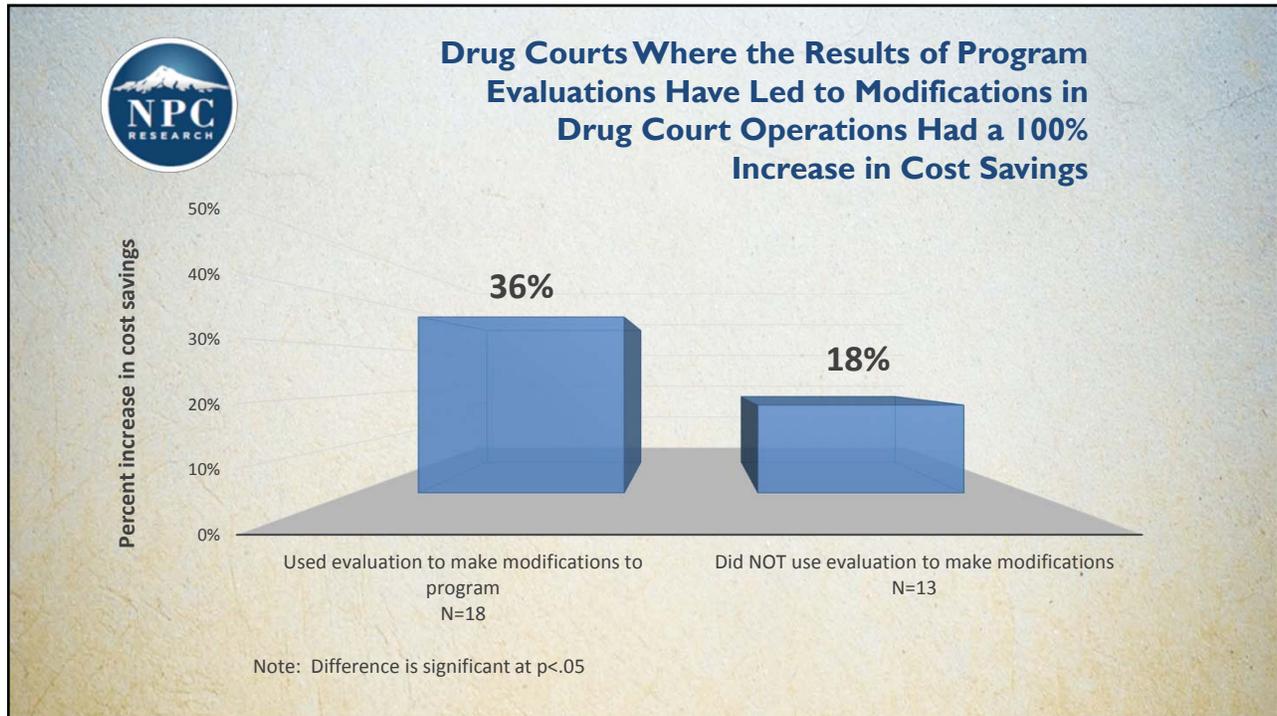
Alexis Balkey, MPA
Children and Family Futures

Data Driven Decision Making

Application of data should focus on continuous quality improvement rather than efforts to satisfy compliance

Campie and Sokolsky, 2016





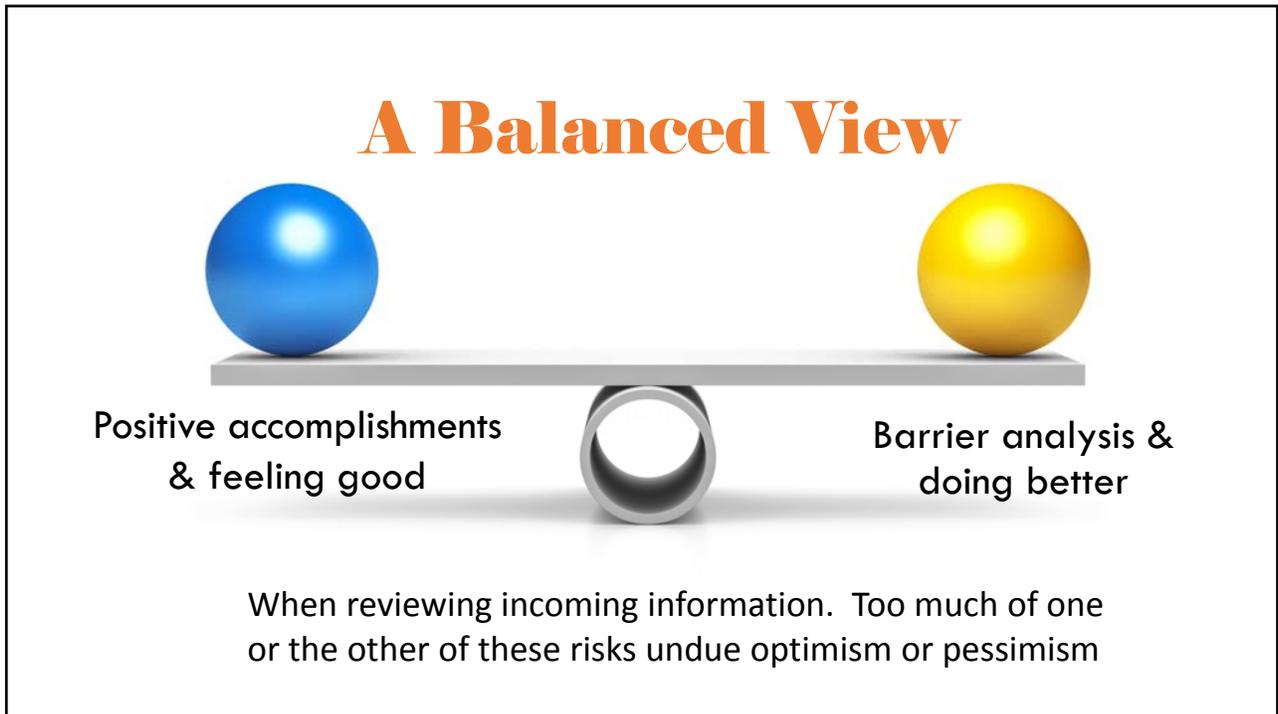
Expand array of effective strategies that improve family outcomes

Improve capacity to effectively implement, strengthen, and sustain practice improvements and achieve system changes

Identify breakthrough strategies that support effective implementation and sustainability of a comprehensive, integrated approach that improves family functioning, well-being and prevents maltreatment

Disseminate lessons learned to inform other reform efforts, foster leadership, and increase awareness of SSRP

Why?





How Collaborative Policy and Practice Impacts

5Rs

- R**ecovery
- R**emain at home
- R**eunification
- R**ecidivism
- R**e-entry

35

II Performance Indicators – Ohio SSRP

Child and Youth Measures

- Children remain at home
- Occurrence and Recurrence of child maltreatment
- Average length of stay in foster care
- Re-entries to foster care placement
- Timeliness of reunification
- Timeliness of permanency

Adult Measures

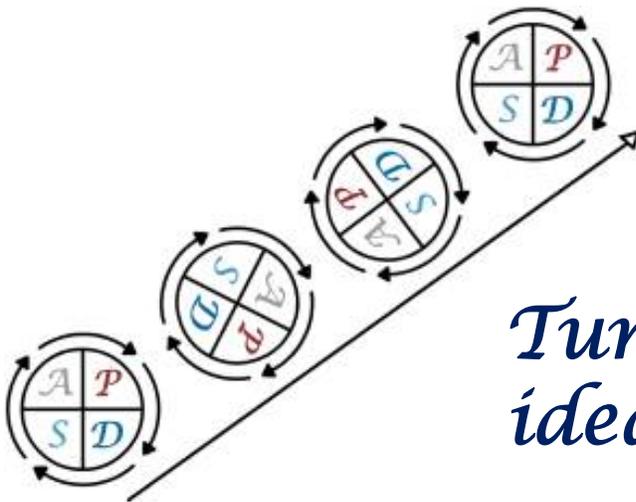
- Access to substance abuse treatment
- Retention in substance abuse treatment
- Reduced substance use
- Employment
- Criminal behavior

How do you know..... How will you.....

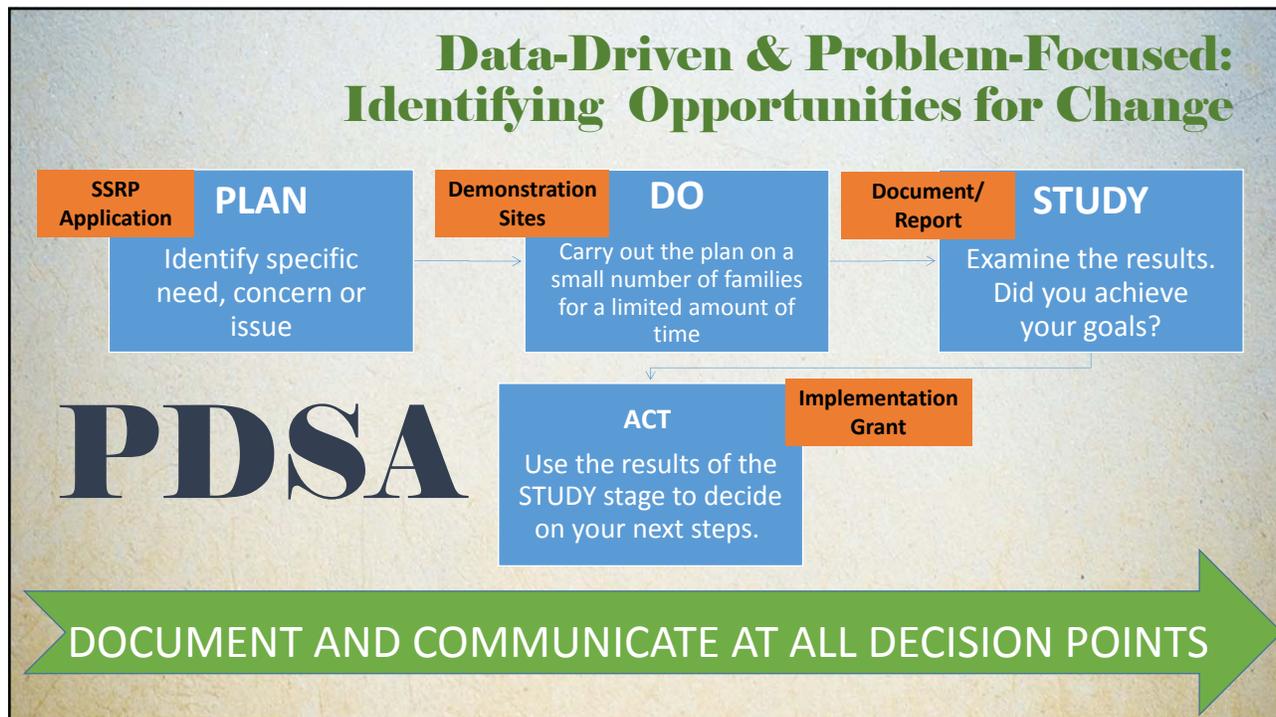


- How are families doing?
- Doing good vs. harm?
- What's needed for families?
- Monitor and improve performance?
- Demonstrate effectiveness?
- Secure needed resources?

Plan Do Study Act

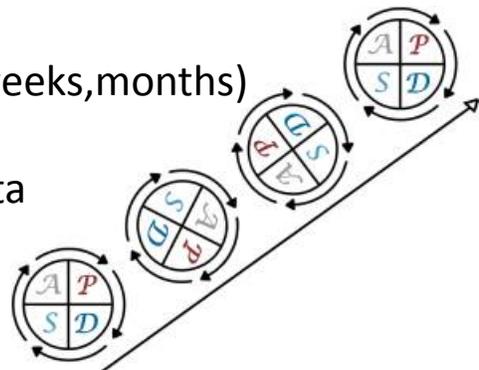


Turns a change idea into action...



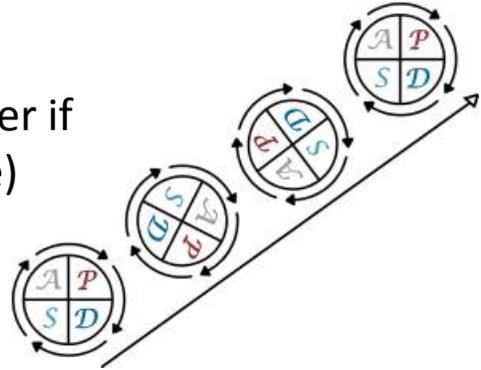
Plan

- Determine how you can test the change on a small scale
- Prepare a detailed plan
 - Identify staff
 - Identify testing schedule (days, weeks, months)
 - Assign responsibilities
 - Develop documentation (e.g. data collection forms)
 - Ensure collaborative approval
- Document at all decision points



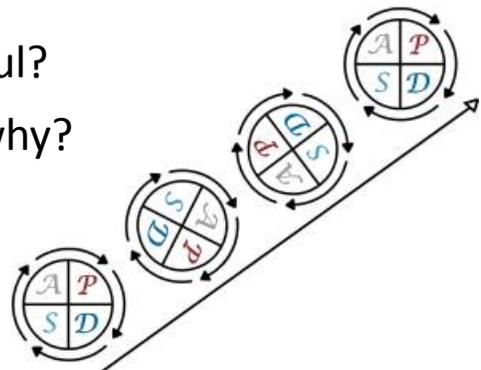
Do

- Follow the plan as outlined
- Document any changes to the plan that were made, and why
- Track data before, during, and after if changes were made (is applicable)
- Document at all decision points



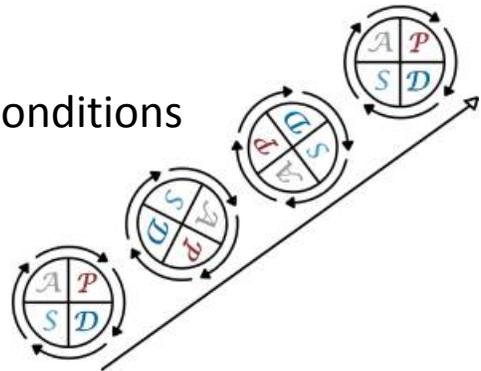
Study

- Ask questions about the data
- What is it telling you?
- Was the process change successful?
- If the change was unsuccessful, why?
- Document at all decision points



Act

- Use the results of the STUDY and decide on next steps
- Determine if change should be increased in scope
- Determine if the scope or testing conditions need to change
- **A**dopt, **A**dapt, or **A**bandon
- Document at all decision points



Why PDSA?

- Minimize risks and expenditures of time and money
- Make changes that are less disruptive, best for social sciences
- Reduce resistance to change by starting on a small scale
- Learn from the ideas that work, and from those that do not

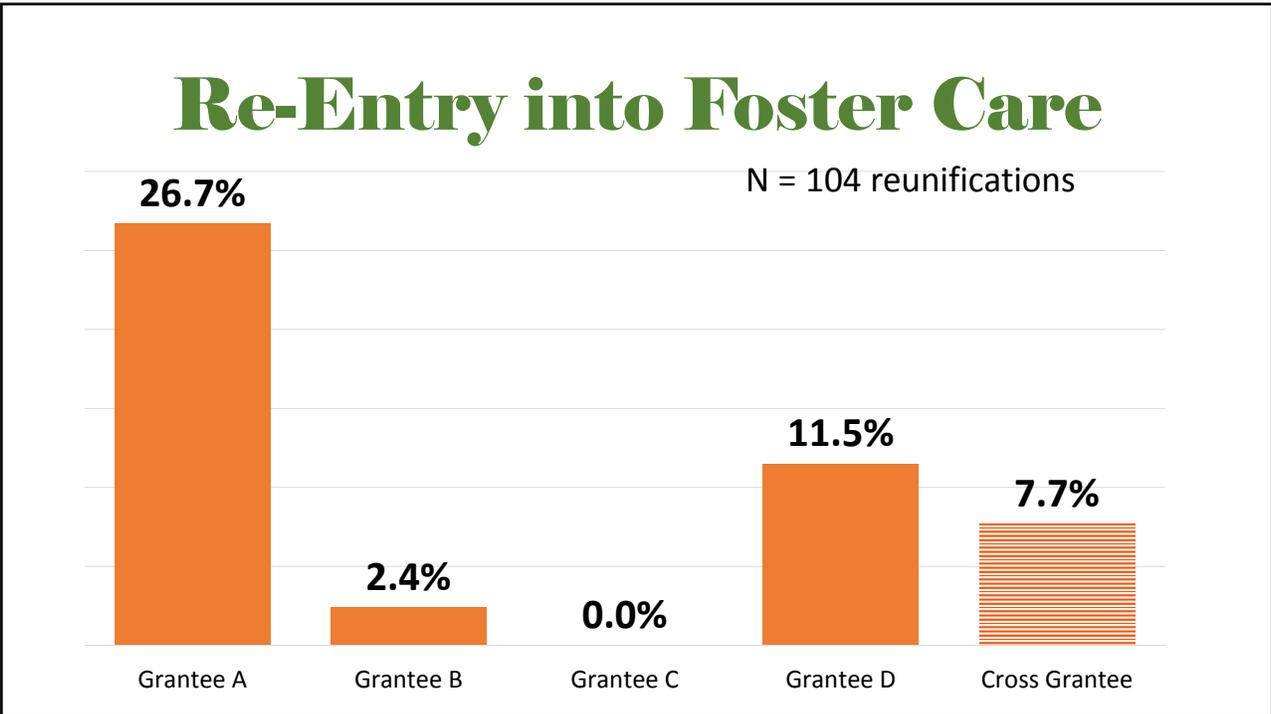
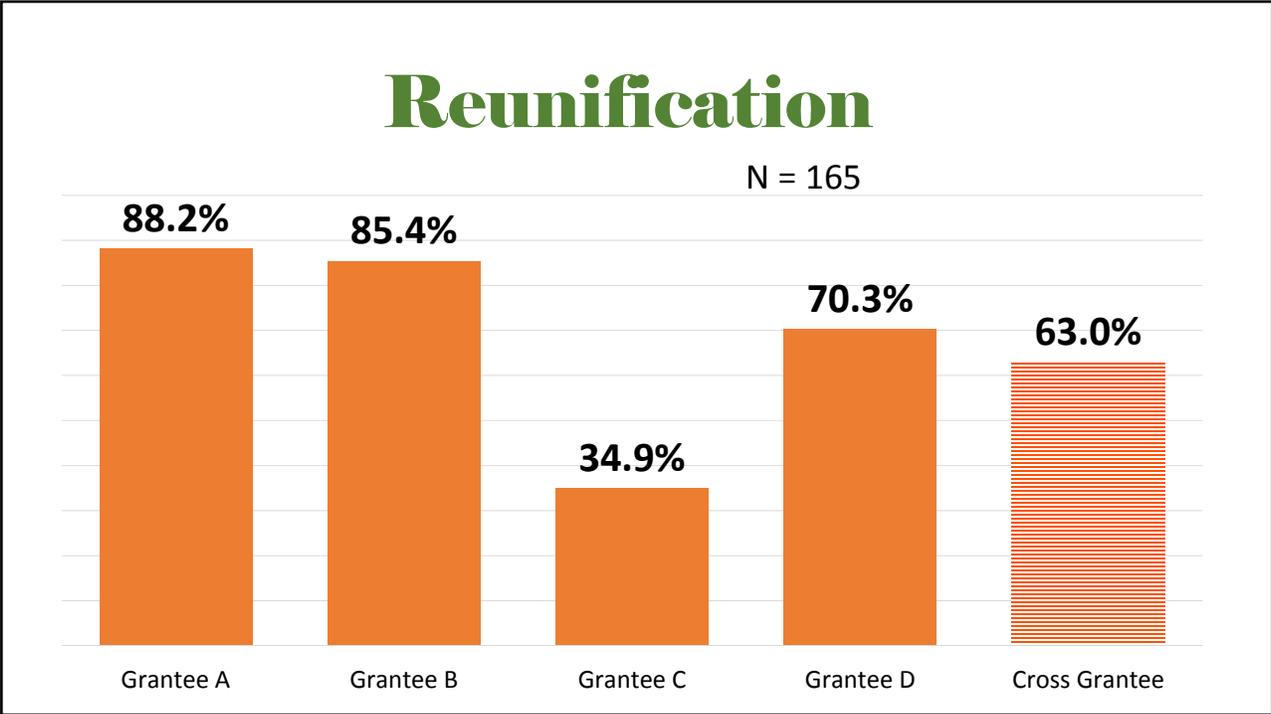


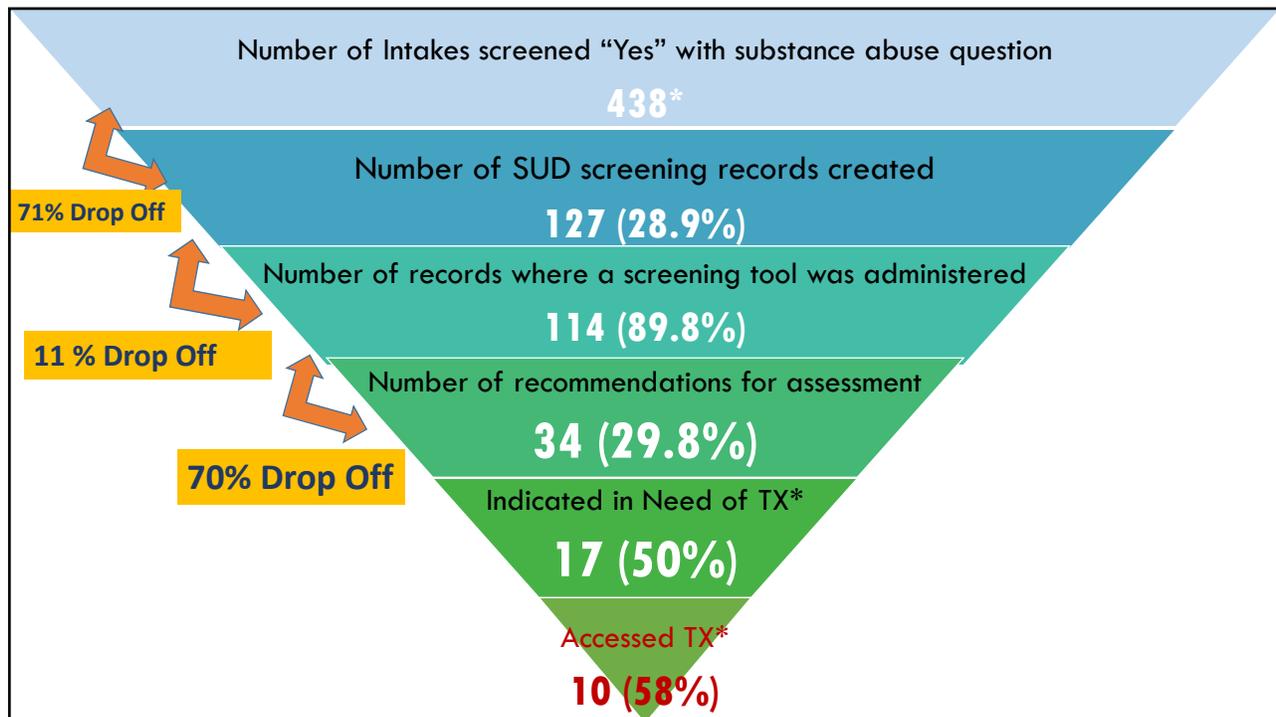
Data Dashboard

- What needles are you trying move?
- What outcomes are the most important?
- Is there shared accountability for “moving the needle” in a measurable way, in FDC and larger systems?
- Who are we comparing to?

Understanding the Issue

One of the outcomes we focused a lot of time and resources on was increasing our rate of reunification. As a result of our hard work, our FDC program is doing a great job of reunifying kids with their parents.





Learning Activity



- Using the example of the screening data provided, what PDSA cycle would you recommend?
- What were your discussion points?
- Did you discuss alternative approaches?

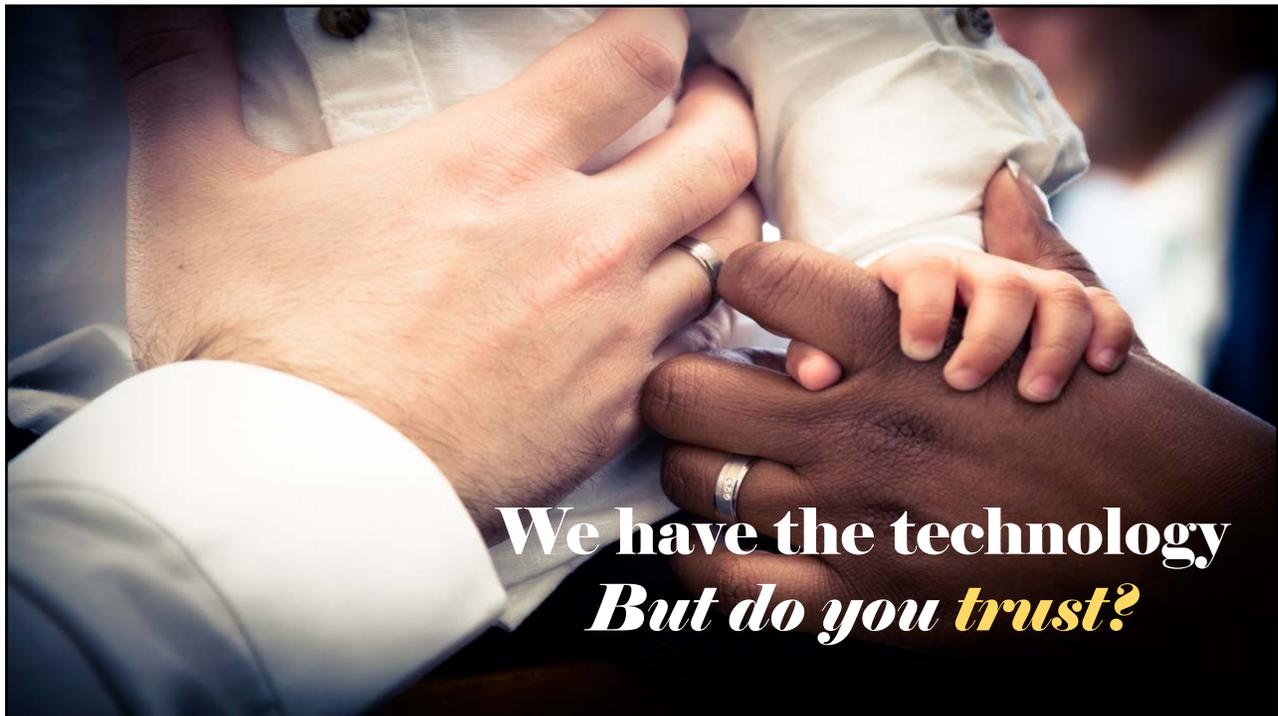


Data Systems and Evaluation

Applicants must indicate a readiness and willingness *to change the way the state systems work together* on behalf of families affected by substance use disorders and child maltreatment. The following will be considered in assessing the extent to which applicants have the sufficient infrastructure *to support systems improvement* and change efforts:

Effective
communication
protocols for
information sharing

Program evaluation
and performance
monitoring capacity



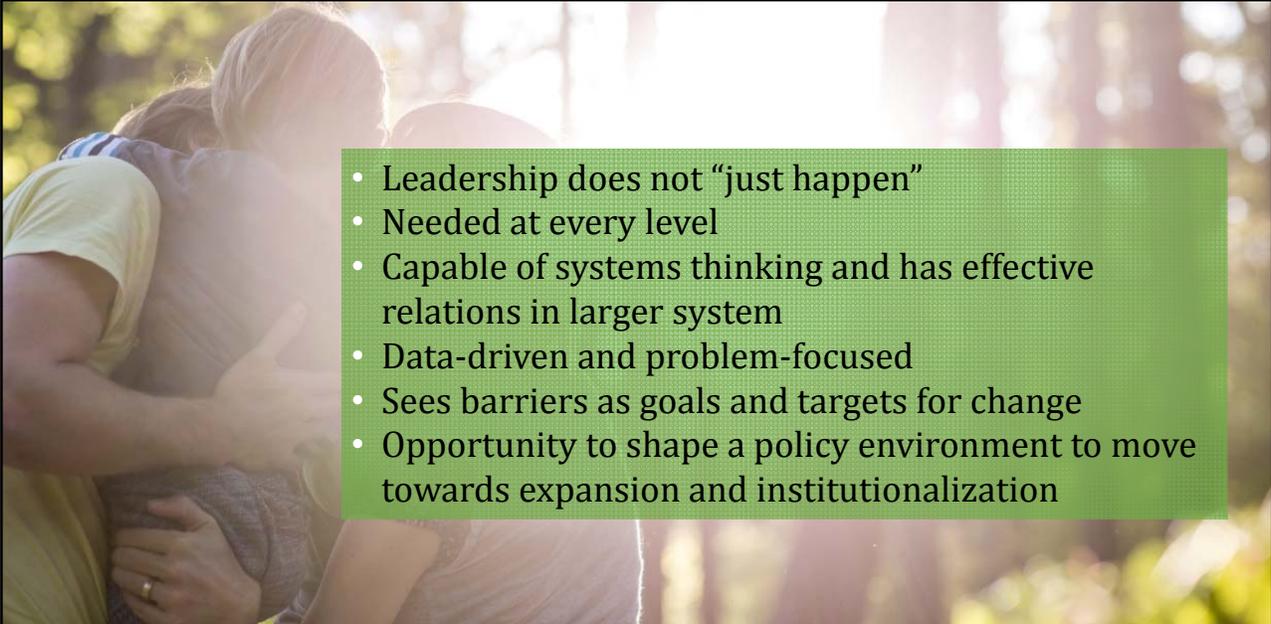
We have the technology
But do you trust?



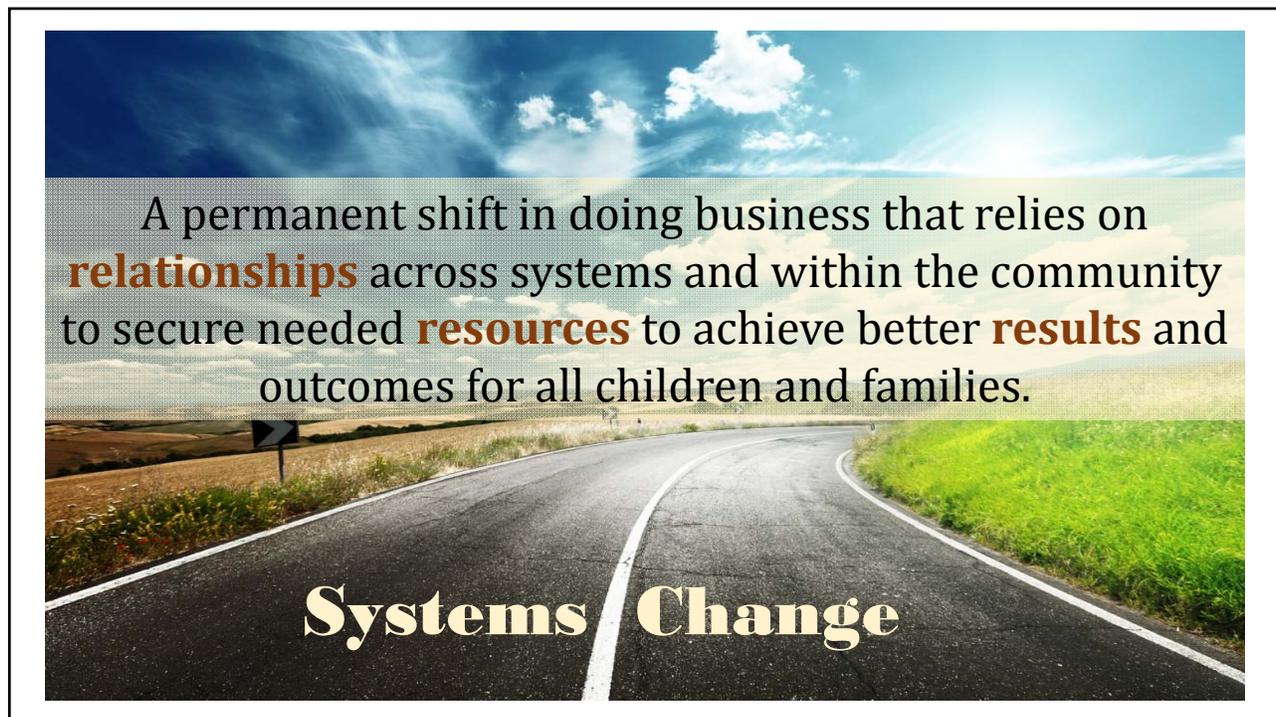
Building Trust – Cross-System Collaboration

Partners across systems have:

- Agree upon shared mission
- Identified shared goals
- Obtained knowledge about their own and each other's data system capacities
- Established cooperative working relationships to track families involvement across systems
- Secured support and buy-in for performance monitoring at all levels

- 
- Leadership does not “just happen”
 - Needed at every level
 - Capable of systems thinking and has effective relations in larger system
 - Data-driven and problem-focused
 - Sees barriers as goals and targets for change
 - Opportunity to shape a policy environment to move towards expansion and institutionalization

Importance of Leadership



Discussion Qs

What has been your experience so far in **testing strategies** and **using the results for program improvement**? What are the challenges and accomplishments?

A Reformed System Would...

- **Know** extent to which FDC meets larger CWS needs
- **Know** how FDC “complements” other CWS initiatives in a community
- **Know** how their work will impact outcomes for Court, CWS and SA-MH
- **Know** how resources will be shared, redirected, and leveraged across systems



Take a Break
(15 minutes)



Engaging the Community and Marketing to Stakeholders



Alexis Balkey, MPA
Children and Family Futures



3Ns

A Framework

NUMBERS
NEEDS
NETWORK

COLLABORATION FRAMEWORK – 3 N’S

NUMBERS

Do we have the right numbers to bring them to the table? Is our scale moving their needle?

NEEDS

Do we understand the needs of our families to know what to ask for? How do we know? Are we guessing?

NETWORK

Do we know who we need to address the needs of our families? How can we speak to their mission? How can we enhance our network?

NUMBERS



* 2002 – 2007 SAMHSA National Survey on Drug Use and Health (NSDUH)

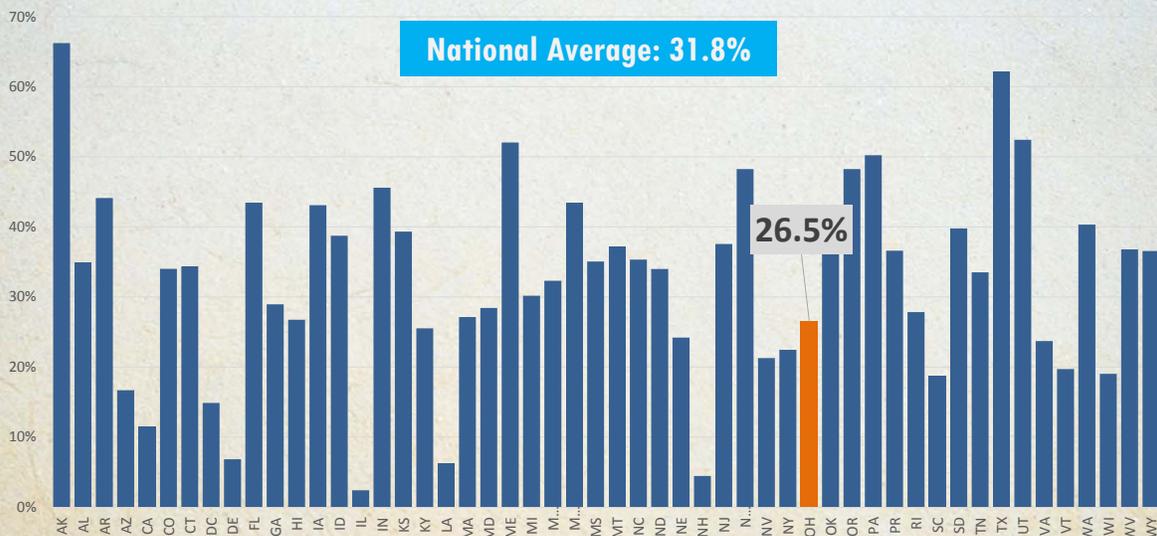
Statement of the Problem

How many children in the child welfare system have a parent in need of treatment?

- Between **60–80%** of substantiated child abuse and neglect cases involve substance use by a custodial parent or guardian (Young, et al, 2007)
- **61%** of infants, **41%** of older children who are in out-of-home care (Wulczyn, Ernst and Fisher, 2011)
- **87%** of families in foster care with one parent in need; **67%** with two (Smith, Johnson, Pears, Fisher, DeGarmo, 2007)



Parental Alcohol and/or Other Drugs as a Reason for Removal by State, 2014



Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2014



How Collaborative Policy and Practice Impacts

5Rs

- R**ecovery
- R**emain at home
- R**eunification
- R**ecidivism
- R**e-entry

NEEDS

What is Recovery?

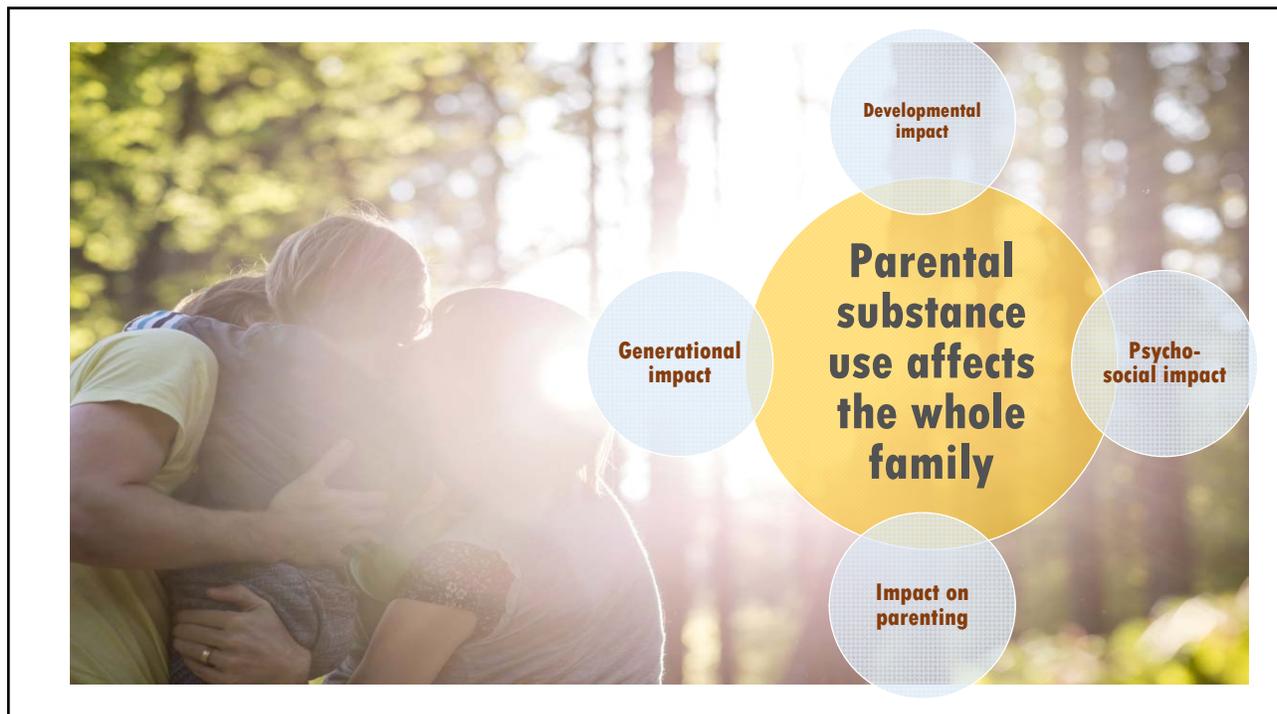
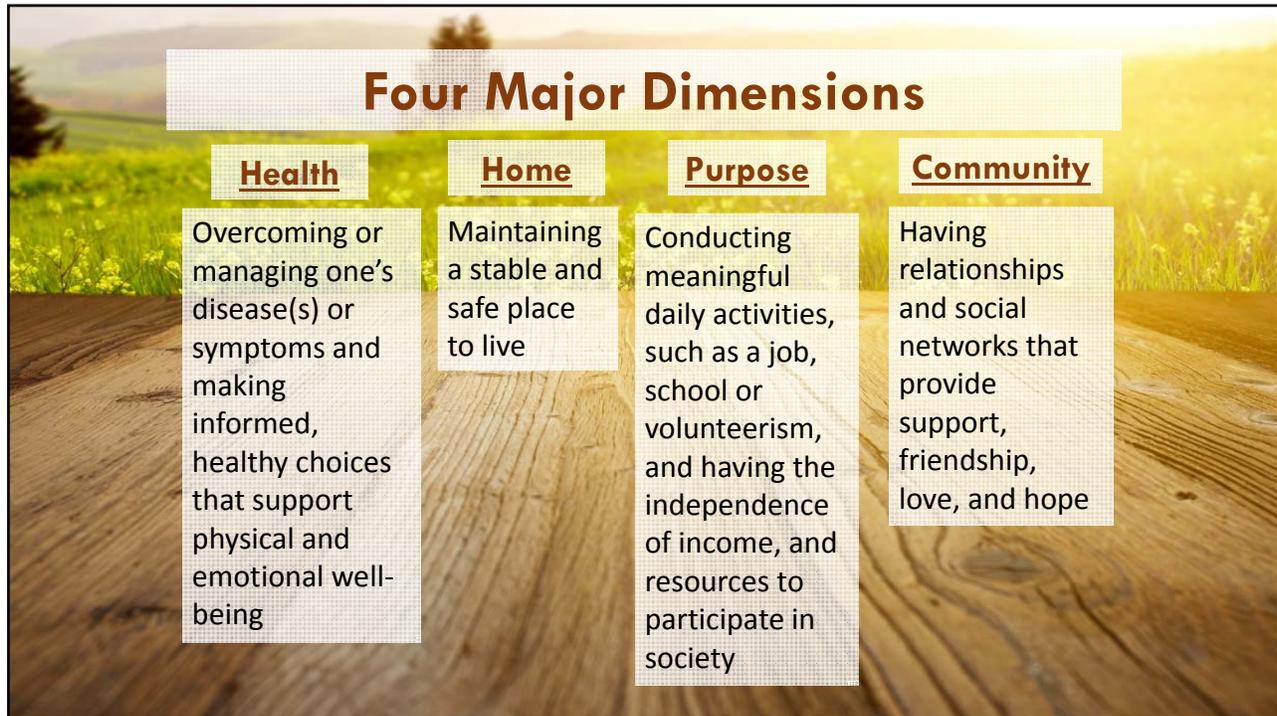
SAMHSA's Working Definition

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.



Recovery is not treatment!

Access to evidence-based substance use disorder treatment and recovery support services are important building blocks to recovery.



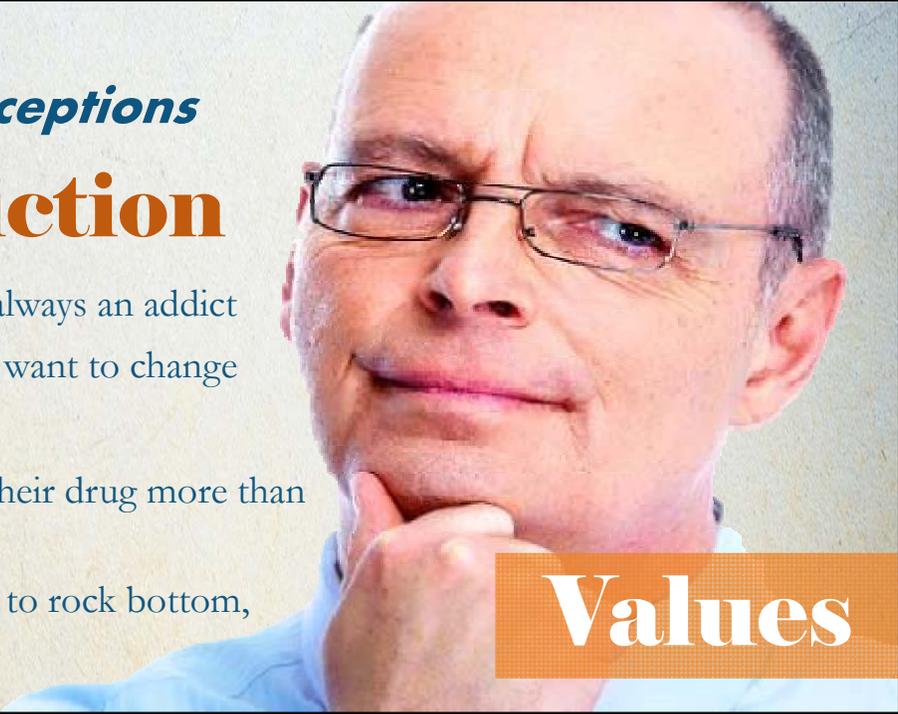
Prioritize the order of importance of the following goals of the FTC?

1. Provide parents with Reasonable Efforts (specifically by providing parents with timely access to substance abuse treatment services)
2. Reunify children with their parents
3. Achieve permanency for children in a safe and timely manner
4. Sobriety for parents despite whether reunification is an outcome
5. Other

Common Perceptions

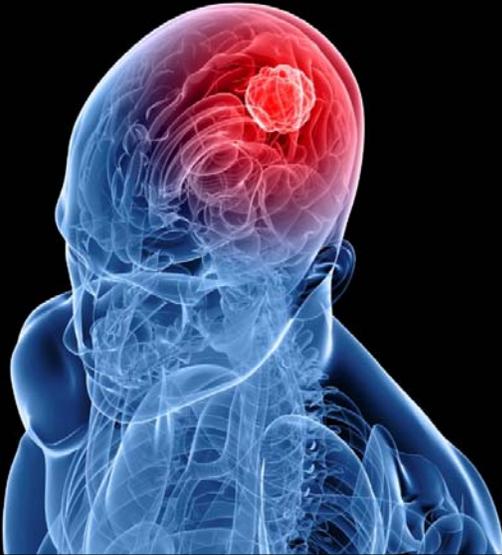
Addiction

- Once an addict, always an addict
- They don't really want to change
- They lie
- They must love their drug more than their child
- They need to get to rock bottom, before...



Values

ASAM Definition of Addiction

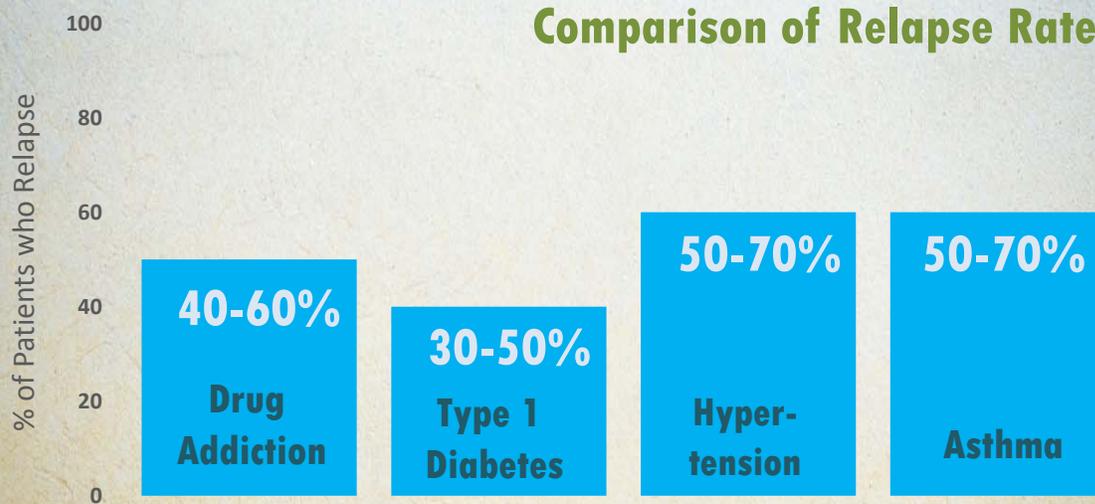


"Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors."

Adopted by the ASAM Board of Directors 4/12/2011

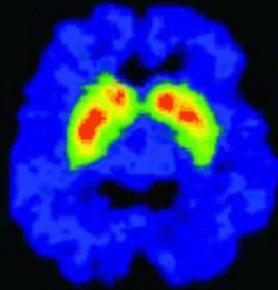
Addiction and Other Chronic Conditions

Comparison of Relapse Rates

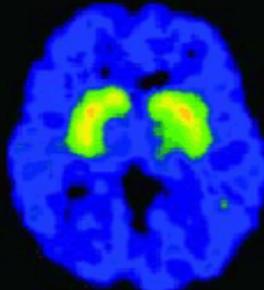


JAMA, 284:1689-1695, 2000

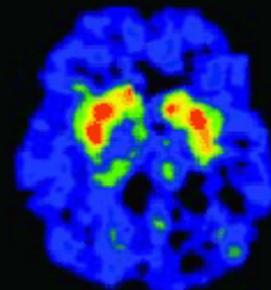
Brain Recovery with Prolonged Abstinence



Healthy Person



Meth Abuser
1 month abstinence



Meth Abuser
14 months abstinence

These images of the dopamine transporter show the brain's remarkable potential to recover, at least partially, after a long abstinence from drugs - in this case, methamphetamine.⁹

NETWORKS

Importance of a Cross-Systems Response

- Effective family interventions require **collaboration** to facilitate meaningful and sustainable family involvement and successful individual and family outcomes.
- Interventions are most effective when implemented within the context of a **coordinated, cross-system approach**.
- Interventions should consider children's and family's ecology—extended family, peers, school and neighborhood.
- Parental substance use and child abuse are often **multi-generational problems** that can only be addressed through a **coordinated approach across multiple systems** to address needs of **both parents and youth**.

Guiding Principles



- The family is the focus of concern
- The team is the tool, and people, not tools, make decisions
- Problems don't come in discrete packages; they are jumbled together
- Screening and ongoing assessment is a shared responsibility
- Developing and sustaining effective collaborations is hard—but essential work

Collaborative Relationships: Key Themes/Lessons

Fundamentals of successful collaboration and active engagement of partners include:

- Alignment of project and partner goals
- Communication of concrete benefits to prospective partners
- Ability to integrate the collaborative's work into existing efforts or infrastructures
- Clarification, understanding and agreement on roles, responsibilities and processes
- Establishing relationships is an event, maintaining relationships is a process



Five National Goals Established



1999

1. Building collaborative relationships
2. Assuring timely access to comprehensive substance abuse treatment services
3. Improving our ability to engage and retain clients in care and to support ongoing recovery
4. Enhancing children's services
5. Filling information gaps

Blending Perspectives and Building Common Ground (Report to Congress in response to ASFA)

Collaboration Barriers

1. Differences in values and perceptions of primary client
2. Timing differences in service systems
3. Knowledge gaps
4. Lack of tools for effective engagement in services
5. Intervention and prevention needs of children
6. Lack of effective communication
7. Data and information gaps
8. Categorical and rigid funding streams as well as treatment gaps

Five National Reports Issued on Alcohol and Other Drug Problems in Child Welfare: Summary of Challenges and Recommendations,
<http://www.ncsacw.samhsa.gov/files/Summary5NationaReports2.pdf>

78

WHAT IS SUCCESS IN FDC? KEY OUTCOMES

Safety (CWS)	Permanency (Court)	Recovery (AOD)
<ul style="list-style-type: none"> • Reduce re-entry into foster care • Decrease recurrence of abuse/neglect 	<ul style="list-style-type: none"> • Reduce time to reunification • Reduce time to permanency • Reduce days in care 	<ul style="list-style-type: none"> • Increase engagement and retention in treatment • Increase number of clean UA's • Increase number of graduates • Decrease Recidivism

79

Key Steps to Building an Effective Communication Infrastructure

- Establish individual and cross-system roles and responsibilities
- Establish joint policies for information sharing
- Develop integrated case plans
- Develop shared indicators of progress
- Monitor progress and evaluate outcomes
- Cross-systems communication on client progress
- Cross-systems training on both: clinical and program and policy issues impacting system operations





**Warning Signs
of Powerless
Partnerships**

Collaboration Challenges – Policies and Procedures

- Lack of or inconsistent participation or buy-in from one or more critical partners: child welfare, substance abuse treatment, judges, attorneys
- Confidentiality issues not resolved; information and data sharing problems
- Competing timeframes, lack of coordinated case planning
- Time to meet as a team
- Lack of appropriate community resources
- Issues of collaboration among agencies in understanding and working toward shared outcomes



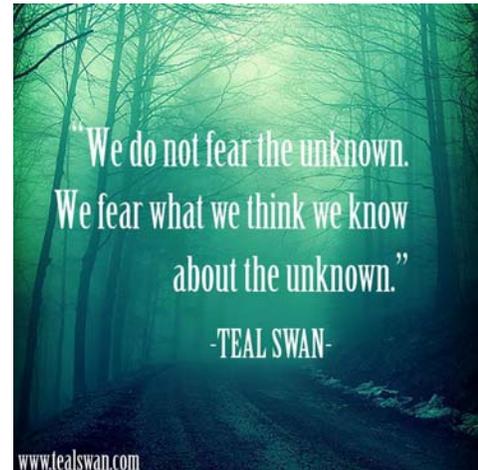
Understanding Current Operations

Partners need an in-depth understanding of each other's systems and how they impact each other

- Who does what? When? Why? And How?
- How does that affect the families you serve?

In developing this understanding, partners:

- Raise awareness about unknown processes
- Clarify misunderstood processes
- Develop a shared, common language
- Identify opportunities for improvements



What makes effective protocols?

- Shared mission and vision—agreement and understanding of target population and expected outcomes
- Clear and consistent referral process—preferably warm hand-off
- Coordinated case planning, information sharing,
- Timely and ongoing communication and follow-up
- Understanding of and attention to competing “clocks”—timeframes—recognizing that time is of the essence

Understanding of Goals and Values

Child Welfare

Primarily concerned with the safety, well-being, and permanency outcomes of children whose parents are in treatment. Goal: Is the parent moving toward sobriety to meet legal deadlines?

Treatment Providers

Primarily concerned with parents' (who may not even be identified as parents) recovery as they progress through treatment, on a different timetable than the court or child welfare system.

Judicial Officers

Monitor treatment against legal deadlines.

Parent or Child Attorney

Provide zealous and competent advocacy and representation; may have very different perspectives on what information should be shared.

Political & Community Resources



- Who would go to bat for this project? Who are potential champions for the project among legislators, policy leaders, and media?
- Who have we briefed, kept current on the project—and walked through it?
- Do we have a marketing or media strategy? Do we have an “elevator pitch?”

Marketing the Innovation

- Testing data and stories on policy leaders as early as possible—what rings the bell?
- Know the audience: What message is most credible? What crises are most visible?
- Assess which themes are most likely to make the case (the five cases):
 - Prevalence
 - Outcomes
 - Developmental
 - Cost savings
 - Intergenerational



Opportunity Knocking at the Door

**CASE EXAMPLE:
ATTORNEY
ENGAGEMENT**

"Nothing is more expensive than a missed opportunity." - H. Jackson Brown Jr.

Critical Duties of Parent's Counsel

- Maintain confidential information of the client (attorney-client privileged communication)
- Duty of loyalty
- Avoid conflicts of interest
- Provide zealous advocacy
- Provide competent representation
- Maintain communication with client
- Protection of parent's procedural rights
- Conduct an independent investigation



Roles of Children's Counsel

Attorney for the
Child

Represent and zealously advocate for the child's wishes and interests

Guardian ad
Litem

Assess and report on the child's best interest. Provide the court with pertinent information and an informed recommendation as to the child's best interest.

Friend of the
Court

Information gathering and dissemination. Facilitates collaborative solutions; and helps to promptly secure safe, stable homes and nurturing families for children so that they may thrive.

Importance of Children's Counsel

- Gives the children a voice
- They are children who arrive at kindergarten not ready for school.
- They are in special education caseloads
- They are disproportionately in foster care and are less likely to return home
- They are in juvenile justice caseloads
- They are in residential treatment programs



A Closer Look

Duties of a Parent's Counsel

- The duty to provide competent representation entails knowledge of the area of dependency law (Welfare & Institutions Code (WIC) § 317.5(a); Cal. Rules of Prof. Conduct, Rule 3-110(B), (C))
- This includes Substance Abuse (California Rules of Ct., Rule 5.660(d)(3); WIC § 218.5)
- The parent's attorney shall: Engage in case planning and advocate for appropriate social services using a multidisciplinary approach to representation when available (The American Bar Association (ABA) approved Standards of Practice for Attorneys Representing Parents in Abuse and Neglect Cases)
- While parent's counsel have the duty to provide zealous advocacy, dependency cases are required to be conducted in as informal and non-adversarial atmosphere as possible (Welfare & Institutions Code § 350(a)(1); Cal. Rules of Ct., Rule 5.660(d)(4).)

Duties of a Children's Counsel

- Meets with and establishes rapport with the child
- Disclose information from the child as is appropriate to assure child's best interest
- Present an assessment of child's best interest to the court via reports and recommendations
- Child's capacity does not alter the responsibility to assess child's best interest and advocate for the same
- Contacts those persons significantly affecting of having relevant knowledge of the child's life, examines records and investigates the child's situation
- Review and file pleadings, actively participate in court proceedings
- Recommend additional evaluations of the child, as necessary
- Monitor compliance with court orders
- Requests the court to appoint an attorney to represent the child if the child's wishes differ from the recommendations

Benefits to Family (Parent & Child)

- Better and quicker access to services
- Chances of reunification increase
- Reunification often occurs sooner
- Integrated care for the entire family
- Long term improvement
- Improved parenting skills
- Improve parent and child “buy-in” to services
- Empowerment of the parent and child in the case
- Easier access to children’s services



Benefits to Attorney

- See last slide – “Benefits to Client”
- Streamlined case processing
- Additional resources
- Entire FDC Team shares responsibility for client success (accountability for agency)
- Comprehensive documentation of client progress in system (quality of information)



Benefits to Attorney

- Ability to meet with client regularly and resolve barriers to reunification early on
- Avoid bypass
- Helps prioritize clients; cases become more clear cut
- Fewer trials
- An opportunity to improve services to parents as a whole
- More knowledgeable about reasonable services



Define Your Goals as
a System



- Increase family reunification rates
- Increase client compliance with AOD treatment
- Decrease children's stay in foster placement
- Increase timeliness of assessments and treatment
- Increase collaboration among the Juvenile Court, CWS and AOD
- Promote maintenance of healthy parent-child relationship

When parents engage and complete treatment



>85%
50%

in Family Drug Court

Parents entered treatment

Successfully completed treatment

(Children and Family Futures, 2014)

vs Dependency Cases

< 40% Parents entered treatment

< 20% Successfully completed treatment

(Oliveros & Kaufman, 2011)

FDCs outperformed comparison groups by **20-30%** in terms of parental substance abuse treatment completion (Marlowe & Carey, 2012)

Children stay home and don't come back.....



Begin in Family Drug Court

90% Children stay with their families

91% Reunited with their families

(Children and Family Futures, 2014)

Children spent fewer number of days in in out-of-home care (Marlowe & Carey, 2012)

2.3% of children participating in FDCs experienced repeat maltreatment within six months (Children and Family Futures, 2014)





Innovative

Barrier Busters

Effective leaders approach barrier-busting as a norm; they don't take barriers for granted

They know the difference between barriers and excuses

- *Confidentiality won't let us share information*
- *Other agencies don't understand our clients*
- *Our funders won't let us do it*
- *We don't have the funding to take our efforts to scale*

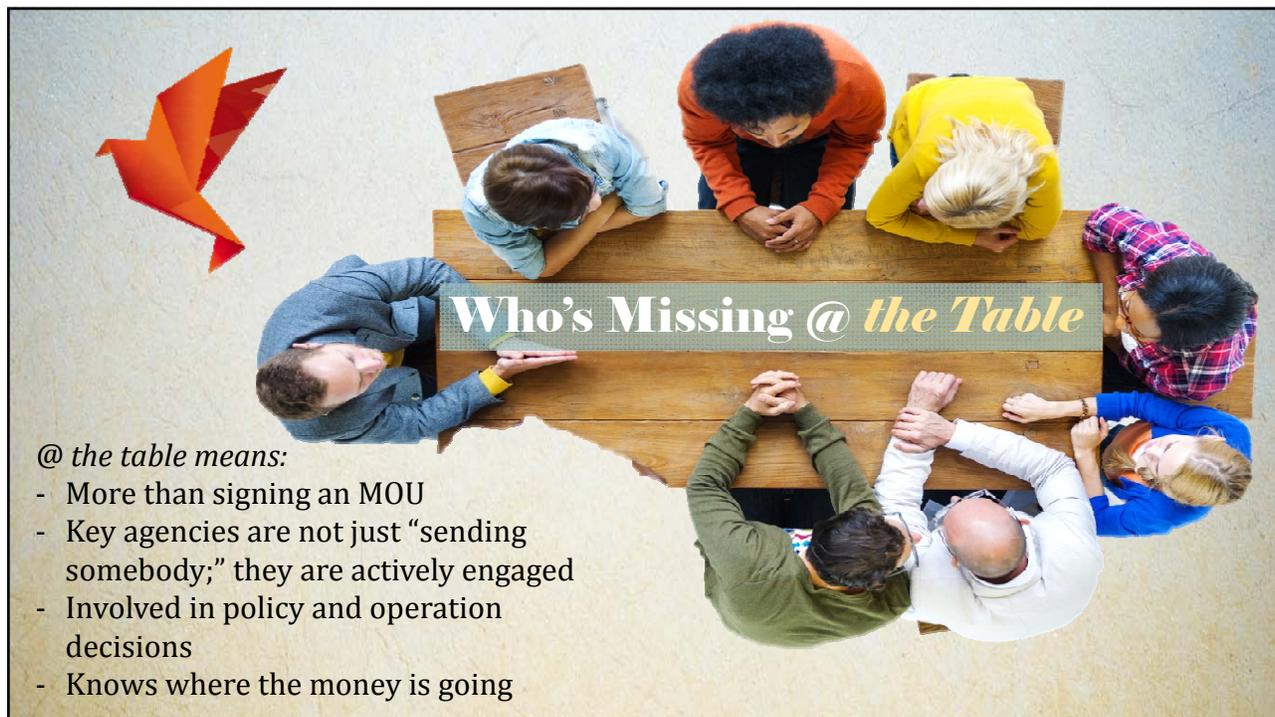


Collaborative

Builds Up Weakest Links

Effective leaders invest and help build capacity of each partner, particular missing partners, to better serve families.

Remember - you are only as strong as your weakest link



Who's Missing @ *the Table*

@ the table means:

- More than signing an MOU
- Key agencies are not just “sending somebody;” they are actively engaged
- Involved in policy and operation decisions
- Knows where the money is going



Who's Missing from the Table

- No agency alone can meet the complex and comprehensive needs of families
- Missing partners may include early child care, education, maternal and child health, medical, mental health, and housing

Strategies to Engage Community Partners

- Community Mapping – understanding what services already exist in your community and what has been contributed to the FDC
- Develop new partnerships with provider agencies through a discussion of shared outcomes
- Monitor quality of treatment through community score cards
- Develop a systematic way to monitor resource impact
- Examine and reform policies regarding opioid use and medication-assisted treatment
- Leverage judicial leadership to hold agencies accountable for outcomes

Garnering Community Support

- What type of strategies have been developed to recruit broad community participation in addressing the needs of participant families?
- Do participant families have an active role in planning, developing, implementing and monitoring services?
- Do you include community stakeholders in planning and program development?
- Have you conducted a needs-assessment of FDC participants?
- How do you identify and link families with support services they need?
- Do you keep the community aware of your efforts and outcomes?
- Which policy leaders and stakeholders agree that funding is a priority in the midst of all the competing options for use of scarce resources?

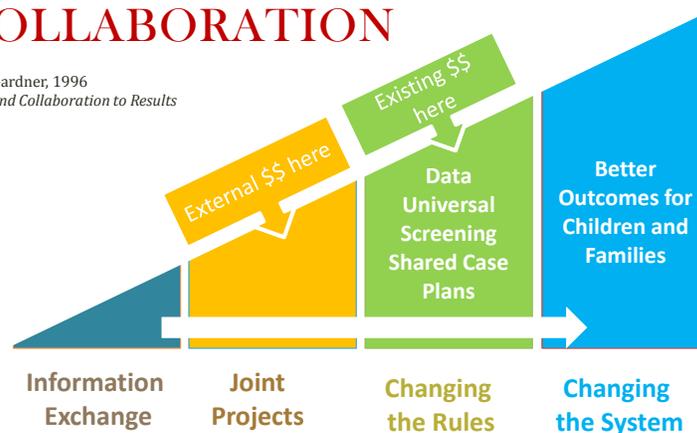
Rules of the Game

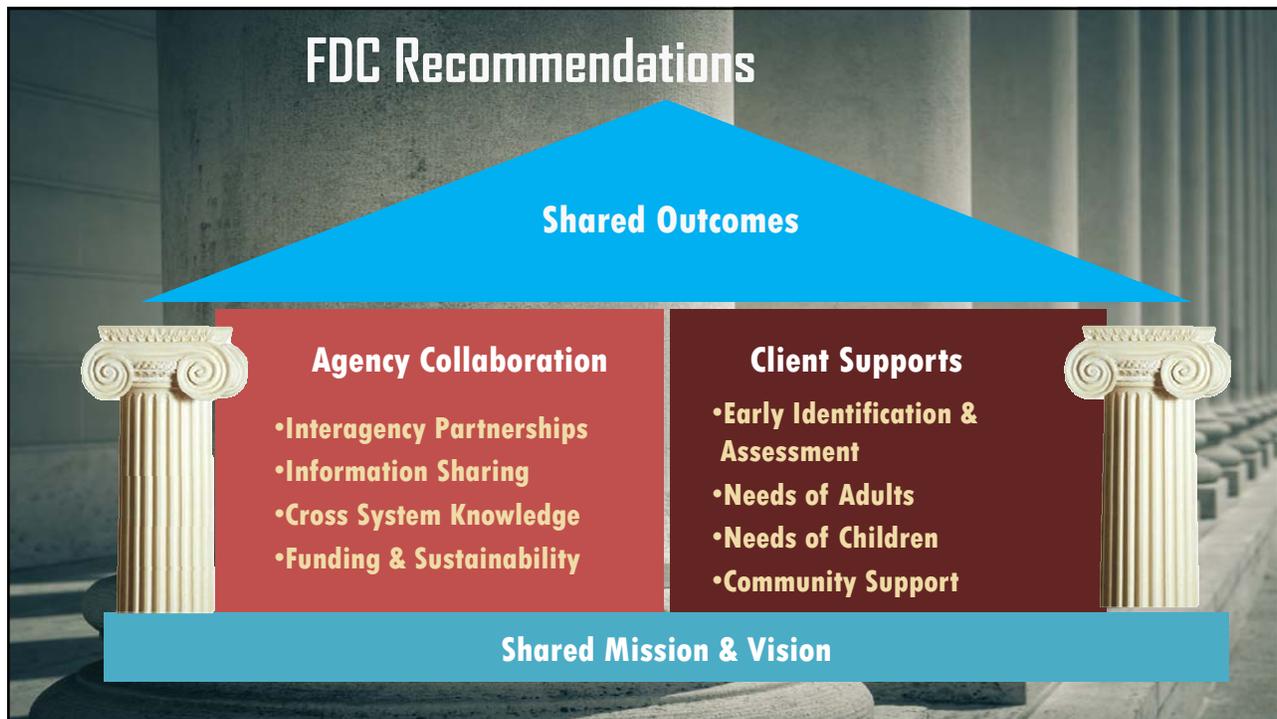
- Remind collaborators of primary objective of FDC..often..
- Know your partners - their views, their concerns, their reputation as collaborators, the issues for which they would fall on their sword
- Know who makes what decisions within each agency
- Determine the level of collaboration required to operate the program; consider developing a tiered decision-making mechanism: operational (team members) and policy (agency principals)
- Provide training and education to foster understanding of cross-system issues
- Maintain neutrality; do not appear to be furthering any one team member's agenda

Getting Better at Getting Along

FOUR STAGES OF COLLABORATION

Sid Gardner, 1996
Beyond Collaboration to Results





GRC Update on Proof of Concept

Dushka Crane, Ph.D.

Director of Healthcare Integration,
Ohio Colleges of Medicine
Government Resource Center

Daniel Weston II, MS, MBA

Consulting Research Statistician,
Ohio Colleges of Medicine
Government Resource Center

Enhancing Partnerships Through Community Mapping – Interactive Activity



Alexis Balkey, MPA

Children and Family Futures

What is a System?

A group of interacting, interrelated, and interdependent components that form a complex and unified whole.

A system's overall purpose or goal is achieved through the actions and interactions of its components.

Our Work...

To address complex social and environmental problems:

- Cannot be solved by any individual or single entity, no matter how large or powerful.
- The key to success lies in optimizing the activities, relationships, and interactions among the various components of a system.



Community Mapping

- Align available services and resources
- Streamline services and resources
- Identify areas of need



“Your stakeholders are those individuals in the community who have something to gain by the outcome of your mapping process.” —
Workforce development executive director

Why Community Map?

- Build and sustain state and local interagency collaboration and systems linkages;
- Interagency collaborative funding and cost-sharing avenues;
- Build understanding among stakeholders about existing and potential services, resources, and supports;
- Improve capacities of co-existing systems to streamline or realign resources to serve all youth; and
- Reduce the fragmentation, duplication, and gaps in services, supports, and resources commonly occurring across youth-serving entities.
- Identify opportunities to **improve** a system’s overall performance by, for example, strengthening weak connections or filling gaps in the system.

Community Mapping – 4 Steps

Pre-Mapping

Lay the foundation for productive collaboration and to establish a clear vision and goals for building a system

Mapping

Determines which resources to map and how to best map them. The collection and analysis of data at this time helps stakeholders to identify strengths and challenges.

Taking Action

Determine the most useful plan of action for effectively addressing the data findings and established goals. Communicating and disseminating information are key.

Maintaining, sustaining, and evaluating

Continuously evaluating progress, making necessary changes to the plan, and learning from experiences.

Step 1: Pre - Mapping

- Define the vision and goals for aligning community resources
- Identify and secure key stakeholders
- Establishing clear communication – shared definitions and communication expectations
- Establishing a cross-agency, multi-level task force



Pre-Mapping Hints

- Building and sustaining newly formed partnerships takes commitment. Stakeholders will remain committed to those activities that allow them to share ownership in both the process and its results (Stasz, 1998).
- When developing the task force think about the self-interest of individual stakeholders and how each stakeholder may benefit from participation in the mapping process

“It is useless to engage in the mapping process without a clear vision of what you hope to gain.”

Step 2: Mapping

- **Identify Needed resources** - determine what resources need to be collected in order to provide the information necessary for making informed decisions about change
- **Gather Information** - scan your community for existing and potential resources. Information can:
 - encourage the development of new partnerships within the community in an effort to reduce duplication of services and resource use
 - minimize gaps in services and resources, and/or
 - expand a community's services/resources to meet the needs of more of its members
 - Identify **current level of engagement** in this collaborative (strong, moderate, weak, no engagement)

Step 2: Mapping (Cont.)

Overlaps,
Gaps, and
Implications

- **Determine the Meaning of the Information: 4 Steps**
 - 1) review the original purposes for information collection;
 - 2) Describe the information in a narrative or using tables;
 - 3) Examine your information for trends or patterns (e.g., gaps and overlaps in resources) that may point to untapped resources or new ways to align current resources for improved outcomes; and
 - 4) Assess the comprehensiveness of the information in light of your goals.



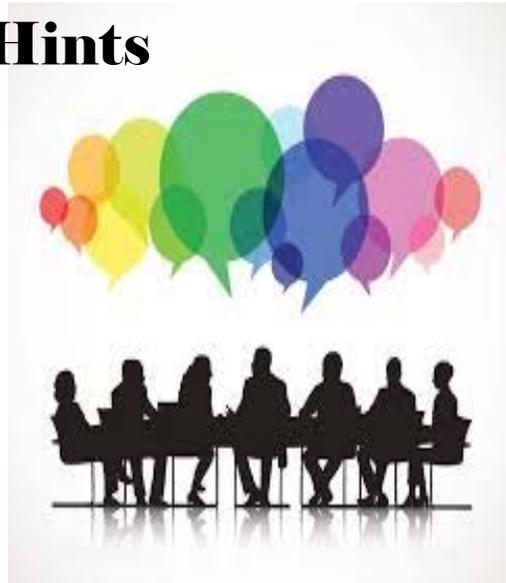
Step 2: Mapping (Cont.)

- **Communicating the Results.**
Information gained can be used to:
 - improve, develop, and/or continue new and existing practices or programs
 - increase awareness, conduct public relations
 - motivate individuals and organizations to improve their performance



Mapping – Helpful Hints

- Look beyond the usual resources to meet your intended vision and goals.
- Look for nontraditional means of funding and support to find new resources, combine current resources in creative ways, or use current resources in a way that best matches the organization's goals.



Step 3 - Taking Action

- Develop an Shared Action Plan
 - Pursue new resources
 - Re-Align existing resources
 - Aligning services or resources to fill gaps or eliminate duplication
- Anticipate any potential challenges and document methods for overcoming these challenges
- Implement the Action Plan – Leadership Needed!
- Share the Action Plan - determine the best method to communicate and share the action plan
 - Tailor Communication to match motivation

All stakeholders must have a voice and you much achieve consensus.

Step 4: Maintaining, sustaining, and evaluation mapping efforts

- Continually nurture and expand partnerships
- Community resource mapping is not an easy process nor is it ever really finished
- Demonstrate a long-term commitment to change and have a plan for “re-mapping”



Helpful Hints

- If needed, you can create separate maps on sub-topics and/or different levels of detail to reduce complexity.
- Focus on level of engagement for each identified resource to assess their “ripeness” for action
- Document all decision points



System mapping is a process often cited in social change literature as an effective way to infuse systems thinking into strategy development and evaluation efforts.

Discussion Questions

- ✓ What parts of the system are ripe for action? *To what extent are we engaged in these areas?*
- ✓ What key opportunities are we poised to build on? To what extent are we ignoring obstacles that pose a risk to our strategy's success?
- ✓ What new people or organizations need to be involved moving forward? What is the best way to get them engaged?
- ✓ Where in the system has our organization/initiative had the most/least influence?
- ✓ To what extent did we bring the right people to the table to create the desired change?
- ✓ Where have we made progress on our intended outcomes, and where have we experienced challenges?

Learning Activity



- **Using the information you just learned about community mapping, begin the pre-mapping stage of the process**
- **What is the problem you are trying to solve?**
- **Identify your vision and mission**
- **Who is missing from the conversation?**



Take a Break
(15 minutes)

LESSONS FROM THE SSRP DEMONSTRATION SITES



- *Specific practices and/or policies they have tested and outcomes of the process.*
- *Policies and/or practices that have been adopted adapted or abandoned as a result of your team's participation in SSRP.*
- *Next steps identified during today's meeting*

THE SUPREME COURT of OHIO



Ohio

Department of
Job and Family Services

Clermont County

1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps



Lucas County

1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps



Union County

1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps



Ashtabula County

1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps



Coshocton County

1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps



Henry County

1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps



Hancock County

1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps



Hardin County

1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps



Summit County

1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps



Ross County

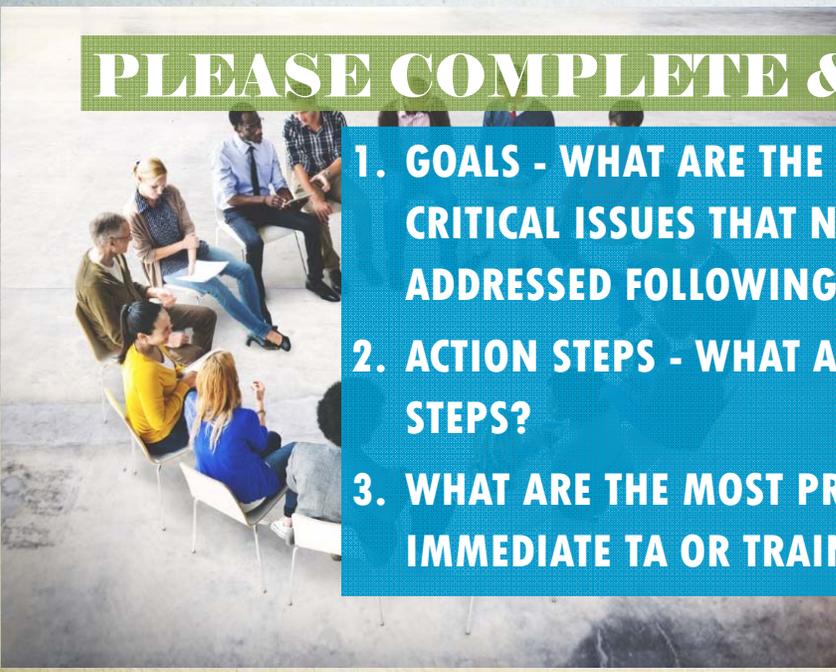
1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps



Wayne County

1. Lessons Learned
2. Policies or practices implemented, changed, or eliminated
3. Next Steps





PLEASE COMPLETE & TURN IN:

1. GOALS - WHAT ARE THE THREE (3) MOST CRITICAL ISSUES THAT NEED TO BE ADDRESSED FOLLOWING THE MEETING?
2. ACTION STEPS - WHAT ARE THE NEXT STEPS?
3. WHAT ARE THE MOST PRESSING OR IMMEDIATE TA OR TRAINING NEEDS?



Demonstration Site Charge and Expectations

- ✓ Monthly Workgroup Participation
- ✓ GRC proof of concept work
- ✓ Quarterly Data Report Submissions
- ✓ Monthly Report Submission
- ✓ Communicate, Communicate, Communicate

Closing Comments



On behalf of children and families, thank you for the work you do!

Contact Information

LaTonya Harris | Policy Analyst | Supreme Court of Ohio
65 South Front Street ■ Columbus, Ohio 43215-3431
614.387.9453 (telephone) ■ 614.387.9409 (fax)
latonya.harris@sc.ohio.gov
www.supremecourt.ohio.gov