



PARTNERS
FOR OHIO'S FAMILIES

Partnerships and collaboration enhance the quality of outcomes.

OFFICE OF FAMILIES & CHILDREN

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From OFC Deputy Director Jennifer Justice – 7/4/14

This First Friday celebrates Ohio's statewide implementation of a Differential Response (DR) system. Congratulations to the Round 10 counties: Adams, Clermont, Knox, Lorain, Morrow, Muskingum, Perry, Van Wert and Warren. We often bring up the old adage, "it takes a village..." but this systemic transformation took an entire state, as well as seven years, countless champions and many intelligent and passionate professionals. I hope you all feel proud about your roles in moving Ohio to a model based on engagement and partnership with families and communities. However, I caution you not to over-celebrate; your job is nowhere near done. Much is left to be achieved, and in truth, it's harder to sustain a new system than create it.

We must be persistently attentive and inquisitive. For example, in 2007, the DR Design Team set what they believed was a reasonable goal for Ohio's case pathway assignment. Team members based this goal on Minnesota's average statewide 60 percent Alternative Response (AR) assignment rate. Ohio currently assigns about 35 percent of all accepted reports to an AR pathway. It's likely that this rate will increase as newer implementers become more comfortable with the model, but we have been holding steady for a while.

According to data from the SACWIS, 23 percent of Ohio's Traditional Response (TR) pathway cases are eligible for AR but have been assigned

to a TR pathway because of staffing issues. (For more DR statistics, see the "Did You Know?" boxes throughout this month's First Friday.) It could be interesting to look at pathway distribution and the overall percentage of cases that move to ongoing services to see if a few strategic changes could benefit both an individual agency and the families served. For new or reassigned staff, remember that DR Primer training is available through regional training centers.

I want to extend my thanks to the Design Team members who contributed their reflections to this issue of First Friday. It seems many of us remember those early meetings the same way we often remember awkward family events: with fondness and humor, though it was difficult at the time. Regardless, it's been rewarding to read those stories of "firsts" and realize how much progress we've made over the years.

I also appreciated reading Caren Kaplan's thoughts about the factors behind Ohio's successful implementation and the 12 components needed to ensure model fidelity. I particularly was struck by her idea of viewing DR not only as a system of multiple pathways, but as a value that anchors the entire system. As Dave Thompson, our Minnesota Department of Human Services DR consultant put it, "The most important thing that changed

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[after DR implementation] is what we believe about families.”

As a system, we are making a philosophical shift that acknowledges the value of families’ input. This month’s First Friday highlights just a few of the programs that have been formed by OFC and other stakeholders to help us tap into the benefits this input brings.

Differential Response: To Infinity and Beyond

*By Sonia Tillman, MSW, MA, LSW, Office of Families and Children (OFC)
Diferential Response and Special Projects Manager*

Time to celebrate! We have completed statewide implementation of Ohio’s DR system, and families in all 88 counties now have the benefit of a two-track response. We’re done, right?

Actually, Ohio’s journey is just beginning. Making system-wide changes is demanding, and maintaining those changes – while both staying faithful to the spirit of model and adapting to specific situations – requires constant attention. The good news is that even during design, Ohio’s DR county-state partners worked with an eye to long-term sustainability. Several critical pieces already are in place or in development:

- DR Practice Profiles that establish essential skill sets. The profiles describe 10 behaviors that guide best casework practice:
 - Engaging
 - Assessing
 - Partnering
 - Planning
 - Implementing
 - Evaluating
 - Advocating
 - Communicating
 - Demonstrating Cultural and Diversity Competence
 - Collaborating
- Casework and supervisory core training upgrades that incorporate:
 - Key engagement approaches
 - Screening processes for team decision-making
 - A universal case consultation framework
 - The Practice Profiles
- Infrastructure
 - Ohio’s DR Leadership Council and Statewide Implementation Team will continue under OFC.
 - Coaching and consultation with contracted DR experts will continue through June 2015.
 - Dedicated OFC staff will continue county-focused technical assistance, monthly statewide calls, quarterly newsletters and quarterly in-person meetings in each region to encourage peer-to-peer consultation.

Ohio has made a sound investment by depositing significant resources into the design, implementation and sustainability of its DR system. This approach has resulted in stronger family engagement, increased service provision and positive evaluation outcomes, all without compromising child safety. As agencies continue to enhance communication with community stakeholders and refine screening and pathway assignment, we will continue to see our efforts reflected in positive outcomes for the families and children we serve. Not only are we really just beginning our work, I believe we have only just begun to see the extent of its benefit for Ohio’s families.

Meet Our New DR Coordinator

In June, Michelle Diehl joined OFC as the DR coordinator, working with Differential Response and Special Projects Manager Sonia Tillman. Michelle is a valuable addition to our office and, like Sonia, brings extensive county-level experience with DR systems.

Before joining OFC, Michelle was the intake supervisor at South Central Ohio Job and Family Services. She also has been a member of the DR Leadership Council since 2010 and is excited to apply her DR experiences on a broader scale.

“Witnessing the growth of Differential Response, from the perspective of a caseworker in Ross County during the pilot, to supervising DR staff and serving as a Round 1 representative on the Leadership Council, to now working for [OFC] as the DR coordinator, has been incredible,” Michelle said. “Statewide implementation is a remarkable milestone and the result of the hard work and dedication of many. There is still much to do, and I am excited to be part of the continued work with Differential Response in Ohio.”



Michelle Diehl

Looking Back: Elements Critical to Success

By Caren Kaplan, Ohio Consultation Team's lead consultant

Looking back, it's hard to believe that it's been seven years since I joined Ohio stakeholders in their quest to design, develop and implement a DR. What eventful years!

From inception, OFC's and the Supreme Court of Ohio's (SCO's) primary stewards consistently demonstrated vision, conviction, insight and leadership. The inclusive manner of the design process –working in partnership with counties – invited both risk and reward. What would happen if the Ohio Department of Job and Family Services (ODJFS) didn't agree with the recommendations of the team or the consultation team rejected ODJFS' vision? And could a product built by "consumers" with diverse experiences and perspectives – that is, the counties – achieve broad-based support and functionality? The risk ultimately was worth taking, but this did not result simply from happenstance.

Because my work spans seven states, several Canadian regions and multiple tribes in various states, I have considerable experience with jurisdictions that are developing, implementing or sustaining DR systems. From my perspective, Ohio's remarkable journey resulted from stakeholders' constant attention to four elements:

1. Leadership and prioritization –

The investment by Ohio's leadership has been uniquely all-encompassing, as demonstrated in the following areas:

- The executive branch made establishing a DR system a priority over three gubernatorial terms without making families' outcomes a partisan issue. Throughout administrative change and tenuous fiscal times, ODJFS continued as an enduring leader of this effort.
- The legislative branch enacted statutes allowing 10 pilot counties, established that the AR pathway should be the pathway of first consideration, and mandated statewide expansion.
- The judicial branch initiated and maintained the exploration of a DR system by asking whether Ohio's laws best serve Ohio's families.
- County public children services agencies stepped forward to champion and embrace the work.
- The Leadership Council continues to demonstrate the vision of shared leadership as the guiding

force of Ohio's work. This shows a significant parallel to a DR system's desired practice of shared power with families.

2. **Partnerships** – Ohio's DR system has been built by expanding partnerships among state agencies; between state and county agencies; among county agencies; between county agencies and communities; among county agencies, community providers and line workers; between supervisors and workers; and most importantly, between workers and the families they serve. Evolving partnerships continue to identify new ways to better meet a wider range of families' needs.
3. **Shared sense of ownership of and commitment to desired outcomes** – Working together to build the DR system allowed partners at all levels to become invested in its success. This shared investment encouraged individuals to become champions of the approach and continues to highlight that each of us – whether we're caseworkers, family members or state leaders – has the same goal for children and families.

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We've Come a Long Way!

DR has come a long way since its humble beginnings in a SCO subcommittee. Below is a timeline of events since the program's inception.

- 2004 – *Where We Started*
The Subcommittee on Responding to Child Abuse, Neglect and Dependency is formed.
- 2005 – *Laying the Groundwork*
Subcommittee explores DR models and outcomes in other states.
- 2006 – *Legislative Foundation*
Statutory authorization to pilot and evaluate an AR pathway is granted.
- 2007 – *Putting the Pieces in Place*
Project team is formed, evaluation plan is developed, and 10 pilot sites are selected.
- 2008 – *Ready, Set, Go!*
Pilot policy, protocol and tools are established by a county-driven design workgroup in preparation of the pilot's launch.
- 2009 – *From Planning to Practice*
Pilot implementation and research begins; quality evaluation is under way.
- 2010 – *Sharing Our Results*
Final report and evaluation results are available.
- 2011 – *Legislative Authorization, Building Capacity and Scaling Up*
State infrastructure is established; implementation is under way in 33 counties.
- 2012 – *Continued Growth of the Practice*
DR expansion is under way in 48 counties.
- 2014 – *Statewide Implementation*
DR is live in all 88 counties.

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4. **Investment, specialized supports and dedicated resources** – Change does not happen without cost, and Ohio’s DR system benefited from a willingness to dedicate both human and financial resources. Such resources were generously given by the AIM Team (American Humane Association, Institute of Applied Research, Minnesota), ODJFS, SCO, Casey Family Programs, the Minnesota Department of Human Services (an early and nationally recognized pioneer of the alternative response approach), the Ohio Children’s Trust Fund, the HealthPath Foundation of Ohio, the National Center for Adoption Law and Policy at Capital University Law School, the Public Children Services Association of Ohio, and county agencies, which provided a wide range of supports and limited financial assistance.

Other “wow” factors that distinguished Ohio included:

- Embracing implementation science and consultation with the National Implementation Research Network.
- Integrating the Intimate Partner Violence Collaborative, Safe and Together, and the staged implementation of DR.
- Focusing on data-driven decision-making and long-term evaluation.

So before you go on to your next task for today – reading another article, visiting a family, making a phone call, attending a meeting, or anything else – take a moment to CELEBRATE. Whatever role you played in this endeavor, no matter how big or small, you contributed to a significant systemic transformation.

Looking Forward: For the Long Haul

By Caren Kaplan, Ohio Consultation Team’s lead consultant

Imagine: The year is 2028, and Ohio’s DR system is being recognized by the American Public Human Services Association and the U.S. Department of Health and Human Services’ Children’s Bureau for its excellence in meeting the comprehensive needs of children and families. Unlike other states, Ohio has successfully sustained the quality of an innovation in child protection. As a consultant to the team that helped develop and implement DR in Ohio, I have been asked to explain this success, and it’s easy for me. Ohio gave the program sufficient care and attention, as needed by anything to grow and develop.

With statewide implementation, it is tempting to write a new process off as “completed.” But we must recognize that without attentiveness, the work will get sloppy, the parallel process will be overlooked, and concentration on fidelity will fade. Kudos to Ohio’s Differential Response Leadership Council, which replaced rollout activities with a focus on

sustainability immediately after statewide implementation was in effect. The council has taken the definition of sustainability – the long-term maintenance and continued effectiveness of innovation – to heart. Ohio’s child welfare stakeholders know that a DR system is not simply an approach to child protection; it is one piece in family-led practice that must permeate the entire agency.

To reach the 20-year milestone I’ve described, Ohio needs 12 factors:

1. **Leadership:** Competent leadership and succession-planning to educate new leaders.
2. **Stewardship:** Responsible planning, acquisition and management of operations and resources.
3. **Infrastructure Supports:** Establishment of internal supports to ensure quality delivery.
4. **Staff Functions:** Shifting dedicated start-up staff to positions focused on sustainability.

Did You Know?

Approximately...

- 35 percent of Ohio’s screened-in child abuse and neglect reports were assigned to the AR pathway in May 2014.
- 23 percent of TR cases were eligible for AR but assigned to TR because of “staffing considerations/workload.” This is SACWIS’ most frequently selected discretionary reason for TR assignment (January to June 2014).
- 7 percent of the cases assigned as AR from January to June 2014 had a pathway change to TR. This can happen, for example, with information through assessment, a subsequent report that required TR and court involvement.
- 13 percent of AR cases are opened for ongoing post-assessment services.

5. **Effective Communication:** Regular DR communication to necessary audiences.
6. **Data and Evaluation Systems:** Systems that monitor results and garner ongoing commitment.
7. **Staff Training:** Supervision of ongoing professional development.
8. **Model Fidelity:** Monitored fidelity to the DR model.
9. **Intentional Change:** Responding to challenges with deliberate change and avoiding unwanted drifting from the model.
10. **Partnerships:** Development and nurturing of internal and external partnerships.
11. **Families:** Ensuring families’ input in decision-making.
12. **Base of Support:** Growing the support base to build capacity and share responsibility and successes.

Lessons Learned From A Small Ohio County

René King, Maryland Social Services Administration's AR director

In 2007, Ross County Children's Services (RCCS) and nine other Ohio counties formed the Ohio Alternative Response Pilot Project. At the time, I was the RCCS intake supervisor, and in that capacity I served as the AR pilot lead. Being from a rural county, my agency's staff faced resource challenges. We knew we'd have to build new partnerships with internal and external stakeholders to successfully meet the needs of the families we served.

One of the first decisions made by our agency implementation team turned out to be critical to our success. We determined that no decision – whether it pertained to AR practice, agency policy and protocols, or direct services to families – would be made in a silo. Before AR implementation, RCCS staff met and identified community service providers, churches and businesses in our community. Then each staff member helped contact the parties identified to explain what AR was and how they could help. Our outreach included many nontraditional stakeholders, including the local movie theater, Lowe's and private landlords.

We convened regular meetings to take stock and brainstorm ways to strengthen our internal partnerships. Staff identified families' needs and discussed known service gaps. These items then were listed on a flip chart to help us identify any service provider or community stakeholder who could help us meet the identified needs. We also discussed current policy, protocol and practice and identified areas that would require continued review as we implemented AR.

We learned many lessons as we implemented AR. But the key to our success was our ability to partner with staff and external stakeholders. Once staff understood the AR philosophy and were able to help shape AR practice, they were eager to carry that message to community stakeholders. We built a team that was committed to the idea that child welfare agencies cannot keep kids safe alone. We gained confidence and developed a track record in which child welfare agencies, working with families and community partners, could build safety around the entire family unit, keeping kids safe.

Q&A with Ohio's DR Design Team

The initial suggestion for Ohio's two-track response to reports of child abuse and neglect can be found nestled near the back of a 500-page report prepared by the American Bar Association and the National Center for Adoption Law and Policy in answer to the question, "Do Ohio's maltreatment laws best serve Ohio's children and families?"

But the DR system itself – its structure, policies and values – was the product of seven two-day meetings around a long table on the second floor of the Supreme Court of Ohio. Between September 2007 and June 2008, a design team met to craft guiding principles, procedures and strategies. Members included representatives from each of the 10 pilot counties, the Supreme Court of Ohio, OFC, the Public Children Services Association of Ohio (PCSAO), Casey Family Programs, the Ohio Child Welfare Training Program and Ohio's DR consultants. The team addressed such topics as terminology, records retention, confidentiality, informed consent, community outreach, SACWIS integration, and training and education needs. Members voted on all decisions.

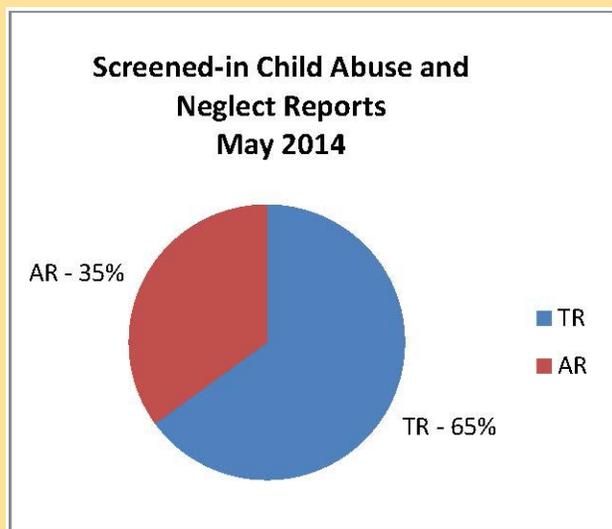
The process was time-consuming, labor-intensive and sometimes contentious, but it laid the way for a significant shift in Ohio's child welfare culture, with important implications for the future. Thank you to members of the initial workgroup, especially the 10 pilot counties that stepped forward to pioneer this new approach: Clark, Fairfield, Franklin, Greene, Guernsey, Licking, Lucas, Ross, Trumbull and Tuscarawas. We reached out to some members of the DR Design Team to reflect on the process. Read on for their responses.

Why did you apply to be a pilot county?

"Tuscarawas County applied to be a pilot county not just because of

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Did You Know?



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the funding, but because AR was an opportunity to try something new... Despite the staff's best efforts, we were fighting a losing battle with number of children in care."

– *Lynn Angelozzi, (formerly) Tuscarawas County*

"This grant offered us the opportunity to make changes to policy and practice that we felt hindered good social work. The idea of working with ODJFS and possibly affecting practice statewide was very exciting."

– *Stefania Falke, Clark County*

Early Design Team meetings often are described as "difficult." What struck you about the process at the time, and what do you see in retrospect?

"I actually enjoyed those beginning months. Creative juices were flowing. There were no limitations, no restrictions; everything landed on the table for discussion. It was exciting to be helping to shape the future of Ohio's child welfare."

– *Sue Wasiniak, Licking County*

"I loved the early meetings. It was great having the opportunity to sit down with colleagues who were every bit as passionate as we were."

– *Rich Bowlen, (formerly) Fairfield County*

"What struck me was the different method being used to create something new. In my 40 years in the system, change always came from the top down with little input from counties. ... In later years, there was an opportunity to comment through the clearance process, but it was always a reactionary process. This was totally different. ... Counties were being asked to help create how things would look in the future, and to be there from the start of the process."

– *Nancy Mahoney, (formerly) Clark County*

Did You Know?

Statewide and county-specific data are available in the Business Intelligence Channel's "AR Intake Summary" report, which also offers case-specific information. SACWIS access is required.

"The early meetings were clouded by attitudes and agendas. Everyone thought they knew what was best, and initially there was mistrust among the team members. Over time, relationships developed, and a true partnership was formed."

– *Darleen Shope and Rick Tvaroch, Trumbull County*

What has been the most significant change that you or your county experienced with DR?

"Stronger focus on front-loading services and referring to community resources earlier in our involvement with families."

– *Kristi Burre, Fairfield County*

"We realized that a disposition does not keep children safe."

– *Stefania Falke*

"In 2010, to implement DR agency-wide, we restructured our "front door" to support the dual track system. In addition, our agency culture and attitudes about family engagement and partnerships have developed over time. We have experienced a paradigm shift in how we view and think about families."

– *Darleen Shope and Rick Tvaroch*

"The most significant change seen at Tuscarawas County through our involvement with AR/DR was that the engagement strategies allowed the families to see [our] staff as helpers versus adversaries. Effective and open relationships developed from the trust gained, which helped the families learn and utilize help-

seeking behaviors to better meet the needs of their families."

– *Michelle Tope, Tuscarawas County*

Most programs change after implementation. What changes have you made from your early program or what assumptions did you make that had to be reassessed?

"Tuscarawas reassessed the assumption that spreading AR/DR into our ongoing units was the best practice for us. We found that once families were engaged with a worker at intake, it was best to not disturb that dynamic."

– *Michelle Tope*

"Our most significant change was combining our alternative and traditional social workers. By training all of our social workers in both paths, it has eliminated any issues of status of cases, and has allowed the unit to assign more fairly."

– *Sue Wasiniak*

It's natural to lapse into old habits. What do counties and the state need to do to keep DR front and center?

"Listen to frontline staff. If we are thinking of solutions while our frontline social workers are still providing information, then we're not really listening. Ohio has phenomenal, professional and very skilled social workers. They can tell us what works and what doesn't."

– *Rich Bowlen*

"Make sure training remains available. Given turnover in both workers and supervisors, it is possible for agencies to have no one on staff who has been trained to do AR."

– *Nancy Mahoney*

"Integrate the Practice Profiles into the culture of your agency. Take advantage of all resources available, i.e. statewide calls, in-person meetings, technical

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Did You Know?

The "Differential Response Primer" training is available through the Ohio Child Welfare Training Program for any county that would like to train additional staff and increase its pathway assignment. Please contact your regional training center to schedule.

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assistance from county and state partners, trainings, coaching, and Child Welfare Experiential Learning. It is important to continually self-assess by utilizing both internal and external measures to ensure program and practice fidelity."

– *Darleen Shope and Rick Tvaroch*

"I would like to see us continue to explore new and innovative ways to work with our families. I think that by continuing to improve our practice, we won't lapse into old ways. It's hard for me to envision not offering alternative approaches to our families."

– *Sue Wasiniak*

Why do you think DR works?

"Unfortunately, even under the best of circumstances, traditional cases can be adversarial, especially when criminal charges are pursued by law enforcement or custody decisions have to be made. Our families involved in alternative cases usually see our agency and our community partners as supportive, allowing the family to make those key decisions about their children with our guidance, not our direction."

– *Sue Wasiniak*

"Each family is unique, with their own issues. One approach is like trying to fit a round peg in a square hole. DR permits flexibility."

– *Lynn Angelozzi*

"DR works because it brings child welfare professionals back to the basics. Engagement and trust are essential to successfully building a relationship with a family... Providing the opportunity and expectation that a parent will have the capacity to safely care for their own child will build strength and resilience."

– *Crystal Ward Allen, (formerly) PCSAO*

"A DR system provides a structure to ensure families are initially approached by the child welfare system in a way that aligns with the nature of the reported allegations made against them."

– *Kristi Burre*

"I believe that DR works due to the team building with the families, workers, community [and] state, and our practice shift from punishment to treatment. Much like families, county agencies want to be part of the decision-making process, and for the first time, we were at the table. Our practice has moved from catching someone to

prevention and reoccurrence."

– *Stefania Falke*

Do you have words of advice for people who may be thinking about trying something new?

"Change is good. Change is an opportunity. Change takes time. Be patient."

– *Lynn Angelozzi*

"Bring as many players to the table as possible and design your something 'new' together. Shared ownership in anything is more successful than being told to do something."

– *Stefania Falke*

"Link any new best practice initiatives to child, family and employee satisfaction. If the ... changes cannot be linked to desirable outcomes for children, families and caseworkers, then the motivation, buy-in and accountability necessary to create success will be missing."

– *Kristi Burre*

"Try it. Our thought process has always been that we'd rather fail while trying our very best to do what is right by children and families than to sit and do nothing and accept the status quo."

– *Rich Bowlen*

Working with Primary Parent Partners

In spring 2013, the PCSAO and Casey Family Programs facilitated the first meeting of the Primary Parent Partner Workgroup. Workgroup members have a mutual interest in exploring how some primary parents can potentially support and guide other parents involved with the child welfare system because of child maltreatment allegations. The workgroup's initial focus was on such things as team building, expanding partnerships, studying parent engagement programs across the nation, formalizing efforts, and identifying ways to promote parental engagement in Ohio.

Recently, the workgroup adopted a new name that better represents its overall goal: Helping Ohio Parent Effectively (HOPE). But HOPE has accomplished more than a name change over the past 15 months. The workgroup is partnering with county agencies that are developing primary parent partner programs (see right). It also identified a vision ("Parents helping parents reach successful outcomes") and a mission ("To build resources for parents with open cases or

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What is a Primary Parent Partner?

Primary parent partners are birth, adoptive or foster parents who have been the subject of abuse, neglect or dependency allegations. They journeyed with their caseworkers, guardians ad litem, community supports, and their children's foster or kinship caregivers to reach the best possible outcomes for their children, whether that was reunification or placement with other caregivers. For counties that seek their help, primary parents can be an invaluable resource. They can use their own experiences to connect as advocates and mentors with parents who have open child welfare cases, and help in a way that is affirming, fear-reducing and solution-focused. Counties that implement primary parent programming recruit, train and prepare these parents to serve as resources for other parents.

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removals in the child welfare system"). Additionally, the workgroup created a guide to help agencies and communities develop local primary parent partner programs.

The workgroup includes primary parent partners and representatives from OFC, PCSAO, Casey Family Programs, the Lucas County Children Services Board, the Ohio Family Care Association, the Ohio Primary Parent Advisory Council (OPPAC), the Ohio Children's Trust Fund, the Parent Advocacy Connection (see "NAMI Ohio Offers Support to Families of Young Children with Mental Health Disorders," page 9) and the recently awarded planning grant recipients.

The workgroup meets at least quarterly in Columbus. At its most recent meeting on June 23, members discussed the HOPE goal, outcomes and sustainability. They also heard presentations from Lucas County's successful Primary Parent Partner program, OPPAC and the grant recipients.

Congratulations, Grant Recipients!

OFC is pleased to announce the recipients of its Primary Parent Partner Planning Grants: Cuyahoga County Division of Children and Family Services, Richland County Children Services and Trumbull County Children Services. Funding from Casey Family Programs will support each of these agencies as they plan primary parent partner programs. All three submitted detailed proposals for a six-month planning process, during which they will convene planning teams, host family listening sessions and develop program plans by Dec. 31, 2014. OFC is working with Casey Family Programs to identify implementation funds for 2015. Here's what each agency had to say when asked why they chose to undertake this project:

"The opportunity to provide additional supportive services to strengthen the family system is something our agency strives to accomplish on a daily basis. This program is another way to engage families by providing them a primary parent who has successfully met case recommendations and had [his or her] case closed."

– *Tim Harless, Richland County Children Services' Community Outreach and Programming director*

"For 20 years, family-to-family has been our practice model and our foundational philosophy. We placed strong emphasis on refreshing this model, which relies heavily on parent engagement. Families will be empowered to participate and build self-advocacy skills while keeping their child's best interest at heart."

– *Selina Dublin, Cuyahoga County Division of Children and Family Services' Senior Social Services administrator*

"By ensuring that families are involved at every level of the decision-making process, the Primary Parent Partnership Program is the critical next step in the evolutionary process that Trumbull County Children Services started with the Alternative Response Pilot Program in 2007."

– *Richard Tvaroch, Trumbull County Children Services' Quality Assurance supervisor and project manager*

Ohio Primary Parent Workgroup

Front Row: LaToyia Hampton (Two-Lifestyles, Inc.), Pat McCollum (OPPAC Cincinnati), Doreen Britt (Primary Parent, Cuyahoga County), Colleen Tucker-Buck (ODJFS), Karen Ezirim (OPPAC Franklin County) and Rhonda Mays (Primary Parent, Cuyahoga County).

Second Row: Selina Dublin (Cuyahoga County Division of Children and Family Services), Kristen Rost (Ohio Children's Trust Fund), Jeed Jitprasert (PCSAO), Katrina Barry (Lucas County Children Services), Renay Sanders (Synergy Force of Ohio), Angela Schoepflin (OPPAC Champaign County/NAMI Ohio), Crystal Ward Allen (Casey Family Programs) and Lisa Purdy (ODJFS).

Back Row: Carla Carpenter (ODJFS), Jeffrey Mays (Primary Parent, Cuyahoga County), Tim Harless (Richland County Children Services) and Rick Tvaroch (Trumbull County Children Services).



NAMI Ohio Supports Families of Young Children with Mental Health Disorders

By Angela Schoepflin, NAMI Ohio's Children's Programs administrator

Ohio's chapter of the National Alliance on Mental Illness – NAMI Ohio – serves as the state's voice on mental illness. Our organization is comprised of thousands of individuals living with mental illness, their family members, advocates and professionals working together to ensure that adults and children with mental health disorders and their loved ones receive the help they need.

We fulfill our mission to improve the quality of life, ensure dignity and respect, and support persons with serious mental illness and their families through our advocacy, education and support programs. Several of our programs are designed specially to meet the needs of families with children under age 18 who have emotional or behavioral difficulties. Such programs include our Parent Advocacy Connection (PAC) program, NAMI Basics and our Children's Caregiver Support Groups.

PAC

PAC is a grassroots parent advocacy program comprised of trained volunteers who reflect the cultural and ethnic makeup of the families they serve. PAC advocates help families navigate such systems as children's services, mental health and addiction services, education, juvenile justice, and developmental disabilities. Many parents served by PAC later become PAC advocates. PAC empowers parents to have a "voice and choice" in the care of their children because it believes:

- Parents are the foremost experts on their children;
- Each child and family possess unique strengths and abilities that can assist in treatment

planning and service delivery;

- Strong family and professional partnerships improve decision making, enhance outcomes and ensure quality; and
- Families of all backgrounds deserve a parent advocate

PAC is funded through a collaboration between several state agencies, including the Ohio departments of Job and Family Services, Mental Health and Addiction Services, and Developmental Disabilities.

NAMI Basics

NAMI Basics is a free six-session program designed for family caregivers of children and adolescents with emotional and behavioral difficulties. NAMI Basics helps parents and other family caregivers better understand the illnesses behind behavioral difficulties and the critical role families play in treating those illnesses. The program is taught by trained teachers with experience as caregivers of individuals with emotional and/or behavioral difficulties prior to age 13. The goals of NAMI Basics are to:

- Give the caregiver the fundamental information needed to be an effective caregiver
- Help the caregiver cope with the impact of emotional and behavioral difficulties on the child and the entire family
- Provide tools to help the caregiver make the best decisions possible for the care of the child
- Help the caregiver take the best care possible of the entire family – especially themselves.

Children's Caregiver Support Groups

NAMI Ohio and the Ohio Federation

for Children's Mental Health have partnered to establish a statewide network of support groups for families with minor children who have emotional or behavioral difficulties. Support groups provide parents and caregivers, including foster parents, with a safe haven – a place where they don't feel pressured to sugar-coat how they feel for fear of judgment – and the knowledge that they are not alone.

Each support group is facilitated by two trained co-leaders. To ensure that the support group meetings are productive and do not become "gripe" sessions, each facilitator is required to attend a five-hour training seminar. The training covers such topics as the components of a successful support group, how to get a group discussion going, addressing crisis situations, how to handle someone who is being disrespectful and how to engage a quiet person.

In addition to the training, NAMI Ohio provides co-leaders with tips on starting a support group, good places to hold meetings, ideas on seeking food and monetary donations, and getting the word out about the support group, as well as a sample agenda. Ongoing technical assistance and information regarding resources is available, as well.

For a complete listing of the support groups throughout Ohio, see the attachment called "Children's Caregiver Support Groups." To learn how to get a support group started in your area, to find a NAMI Basics program near you, or to see whether you or a family you know is eligible for a PAC advocate, go to www.namiohio.org or call NAMI Ohio at (800) 686-2646.

Highlighting New SACWIS Functionality

The Comprehensive Visitation Report has been available through SACWIS since March 27 under the "Administration/Reports" tab. By running this report, you can see whether your agency's caseworkers have visited all children and adults being served beyond the assessment/investigation phase of a case. It lists all children who are active members of an ongoing, AR ongoing or adoption case; all children with open cases who have non-ended legal statuses; and all children and adults who are participants in case plans on open cases, regardless of case category.

To generate a report, select the desired date range. Reports for the current month will show results as of the current date. This can allow you to plan needed visits for the rest of the month.

The default report will show results for your agency. You can use the "Population" drop-down menu to view child records, adult records or both. The "Population Type" drop-down menu lets you select custody records, noncustody records or both. You also can specify unit, supervisor and worker details if you wish. (See below.)

Note: Today's data is not included in this report.

When the report generates, it features a summary at the top with details below:

Section I: Agency Visitation Totals							
Month/Year	Total Child Visits Needed	Total Visits Needed for Children in Custody	Total Visits Needed for Children Not in Custody	Total Adult Visits Needed	Total Visits Needed for Adults Associated to Children in Custody	Total Visits Needed for Adults Associated to Children Not in Custody	Total Visits Needed for Children
January 2014	139	51	88	126	54	96	96
February 2014	143	52	91	127	54	97	97
March 2014	146	52	94	128	50	103	103
April 2014	150	58	92	129	53	101	101
Totals:	578	213	365	510	211	397	397

Case ID	Case Category	Person ID	Name	DOB	Visit Month	Person Visited (Yes or No)	Monthly Placement Setting Vis (Yes/No)
	ONGOING			11/12/1996	January 2014	Yes	Yes
	ONGOING			11/12/1996	February 2014	Yes	Yes
	ONGOING			11/12/1996	March 2014	No	No
	ONGOING			11/12/1996	April 2014	No	No
	ONGOING			01/07/2010	January 2014	Yes	No
	ONGOING			01/07/2010	February 2014	Yes	No
	ONGOING			01/07/2010	March 2014	Yes	No
	ONGOING			01/07/2010	April 2014	No	No
	ONGOING			06/05/2007	January 2014	Yes	Yes
	ONGOING			06/05/2007	February 2014	Yes	No
	ONGOING			06/05/2007	March 2014	Yes	Yes
	ONGOING			06/05/2007	April 2014	No	No
	ONGOING			02/13/1993	January 2014	Yes	No
	ONGOING			02/13/1993	February 2014	Yes	No
	ONGOING			02/13/1993	March 2014	No	No
	ONGOING			02/13/1993	April 2014	No	No
	ONGOING			11/02/1995	January 2014	Yes	Yes
	ONGOING			11/02/1995	February 2014	No	No
	ONGOING			11/02/1995	March 2014	No	No
	ONGOING			11/02/1995	April 2014	No	No

You also can generate a statewide summary report by marking the "Generate Statewide Summary Report" box under Option 2 on the parameter screen. This report displays the overall monthly compliance information for the entire state for the time period selected. Detailed

record information does not display on the statewide report. If you select your agency under Option 2, a summary report for your agency will display without the detailed record information.



ODJFS staff in Columbus wore purple on June 13 to raise awareness for elder abuse. Elder Abuse Awareness Day in Ohio and nationwide was June 15, 2014.

July 2014 Global Emails

The following emails were sent in June from Jennifer Justice to PCSA directors and/or private agency directors. They are organized below by mailing date and key word.

6/3/14 - Save the Date: October 17, 2014, "Fostering Pathways to Success" Conference

6/13/14 - Child Welfare Manager's Meeting to Provide Program and Policy Updates

6/17/14 - Wendy's Wonderful Kids Child-Focused Recruitment Program

Rule Review Update

The following rules were posted to the Ohio Families and Children Rule Review website, www.ohiorulereview.org, for 10 days beginning June 25, 2014:

- OAC 5101:2-38-09 – PCSA Requirements for Completing the Case Review
- OAC 5101:2-38-10 – Requirements for Completing the Semiannual Administrative Review (for corrections)

The following rule was posted for 30 days beginning June 25, 2014:

- OAC 5101:2-39-01 – Removal of a Child from the Child's Own Home (for amendments due to House Bill 130)

Because of First Friday's release on Independence Day, the comment period for some of the above rules may close before you have a chance to review them. However, please continue to visit the site periodically for new postings. We welcome your input and hope you use this opportunity to share your experiences.

Principle of the Month

Partnerships and collaboration enhance the quality of outcomes.

Feedback and Subscriptions

Please email [First Friday@jfs.ohio.gov](mailto:FirstFriday@jfs.ohio.gov) if you want to subscribe, unsubscribe, or have comments or ideas about content. Be sure to include your name, organization and email address.



PARTNERS
FOR OHIO'S FAMILIES