



2010 OACCA Advocacy Conference Session Summaries

Panel: State Human Service Agency Leaders

- Kay Rietz, Assistant Dep. Director, Office of Children's Services, Ohio Dept of Mental Health, rietzk@mh.state.oh.us
- Michael McCreight, Dep. Director, Office of Families & Children, Ohio Dept of Job and Family Svc, Michael.McCreight@jfs.ohio.gov
- Sandra Holt, Dep. Director, Child & Adult Protective Svc, Office of Families & Children, ODJFS, Sandra.Holt@jfs.ohio.gov
- Maureen Corcoran, Assistant Dep. Director, Office of Ohio Health Plans, ODJFS, Maureen.Corcoran@jfs.ohio.gov
- Jewel Smith, Dep. Director, Ohio Department of Alcohol & Drug Addiction Services, JSmith@ada.ohio.gov
- Linda Modry, Dep. Director, Division of Parole & Community Svc, Ohio Department of Youth Services, linda.modry@dys.ohio.gov

ODJFS – Michael McCreight

- Building and improving infrastructure including financial modules and SACWIS
- Data integrity and technical platforms in SACWIS
- Service enhancement – Alternative Response pilot in 10 counties. Flexible IV-E funding for prevention services for children at risk of entering foster care. Six counties received a grant from the federal government for this. ODJFS is trying to expand it further.
- How to reduce costs: being open to dialogue with external stakeholders.

ODJFS – Sandra Holt

- How will the department maintain/restore services to children? Focus on family engagement, aim for better outcomes.
- Honored OACCA staff
- May 13-14 statewide symposium on Alternative Response. Focus on program evaluation.
- Alternative Response – how we can do better business with who we serve, and an opportunity to review rules and monitoring regulations.
- Ohio's CFSR Program Improvement Plan – many issues on resources. Leveraging resources to meet CFSR outcomes. New PIP will be submitted by end of March.

Placement preservation/stability – planning with private agencies and transitional services are key focus of PIP.

- Ohio Youth Advisory Board – ODJFS will provide funding for it. This is a huge success.
- Adoption – struggle for resources to support adoptive families. With the loss of the AdoptOhio Kids funding, the Ohio Adoption Photo Listing work is continuing regarding deactivating the website and integrating it elsewhere. Sad to see the program and its funding eliminated. Continue to aim to strengthen the service by ODJFS despite lack of resources. Working with the National Center on Adoption Law Policy to create a new photo listing, and will partner with Adopt US Kids.
- How can we partner with ODJFS to meet its goals? It is collaborating with many partners. We are receiving National Governor’s Association technical assistance regarding the reduction of kids in foster care, and how to have more services in place. Also promotion of best practices regarding programs, cross county placement options, and availability of services such as residential treatment.
- CFSR: we can help with compliance of background checks and timelines for foster parents. And we can collaborate on the serious risk rules.

ODJFS – Maureen Corcoran

- Summary unavailable

ODADAS – Jewel Smith

- Summary unavailable

ODMH-Kay Rietz

- Since FY 08, ODMH has lost \$134 million in state GRF funds. It has eliminated 65 positions in their central office – 25%. It has closed 2 adult mental health hospitals.
- Children’s Visionary Process for Mental Health. ODMH has not had an official plan since 1987. Last stakeholder process occurred in 2003. They are bringing more of a youth voice into the process. Intent is to have short term goals, measurable outcomes, and then long term goals as well. April is when more stakeholders will be invited.
- Behavioral Health Systems Transition workgroup. Study group (under ODADAS, ODMH, and ODJFS) includes families, is tasked to develop recommendations on mental health services in communities, will submit recommendations to the Governor and General Assembly during 2011.
- TSIG grant going away at end of 2010. Supports cross systems infrastructure building. Reviewing mental health certification standards to other states. Trauma informed care uses these funds. Able to bring in the TIP model (transitions into independence process).

ODYS - Linda Modry

- In response to state budget crisis and the federal consent decree, ODYS institutional population is dropping. Population cut in half and then some – now 1,025 youth.
- ODYS closed regional office, 1/3 less parole staff (but parolee numbers also down).

- Budget cuts and population reduction has caused closure of 2 facilities and another soon.
- Provided a overview of the Targeted Reclaim initiative and the BH/JJ Initiative.
- ODYS Community Based Treatment Center (CBTC) Initiative – first center opened at Starr Commonwealth in Columbus. It is a hybrid with public and private staff. Started last fall. Hoping to expand the CBTC model to other communities. RFP will be issued soon for the Cleveland area.
- Provided overview of the OACCA trainings with ODYS on JSO treatment standards.
- Provided an overview of the Ohio Youth Assessment System (OYAS).
- Discussed progress made regarding Medicaid reinstatement for youth leaving ODYS facilities.

Q&A

- Jeff Greene asked a question to Sandra Holt about electronic record keeping and MEPA oversight. Sandra responded by stating that she does not know when electronic record keeping will occur. It is a good idea to pursue. Jesse Tower has tried to streamline a workaround for MEPA. Sandra is looking at the issue internally and is appealing to the feds as one of her priority areas.
- Bob Mecum asked a question about whether or not Ohio's system of child welfare funding through county levies is constitutional. Compared it to recent court case on the unconstitutionality of education funding. Stated that children in non-levy counties suffer.

Membership Open Forum

Tom Woll, former OACCA Board Member, wollfam@zoominternet.net

This forum was created to provide OACCA members an opportunity to give feedback to the OACCA Board. This has been a tough year economically and agencies are facing many challenges. Need to hear from members what their issues are.

Review of OACCA Mission statement: Mission says we will: Advocate, Educate, Support.

If we could only do two of those things, what would they be?

Responses from audience: Advocate and Educate, Advocate and Support; can't have Advocacy without Education.

If we could add a 4th area what would it be?

Collaboration; resource development; research/outcomes; best practices

Can you live with OACCA mission as it presently exists?

Mission should state what we are passionate about and great at doing! (Jim Miller)

It should be easy to remember and repeat. Mission says who we are; our current mission doesn't really say what we do as an organization.

On a scale of 1-10 (1 = I don't like our mission statement and 10 = I love it!), how would you rank our mission statement?

Doesn't flow well; doesn't grab me; it's too long; needs to be easier to remember; drop public/private; 'children' needs to be closer to the front of the statement; "so what" – at end of day, why do we exist?; clarify WHY we are in business; "who is it we say we are?"; "What is it we say we do?"; services are not specific enough; current mission reflects our social worker/nice guy altruism; should say we support our members in achieving this mission.

Why are you involved in OACCA? Why are you a member?

- Because of public policy on behalf of kids – to be their voice
- Strength in numbers; collectively we are a stronger voice for children
- Power of place; empowerment - OACCA uses its power and influence to make a difference/impact services to children; OACCA has clout, small agencies don't
- OACCA has a history of success
- Able to share issues with other agencies; networking

- High level source of information; OACCA has expertise to answer agencies' questions; staff able to listen and help problem solve
- Helps members develop integrated, high quality services; promote 'our way' of doing things
- Continuity – same people stick around for years; collective interest without regard to agency size; state agencies may change/policies may change, but we are constant
- Need to work on public/private partnerships; how to interface more effectively
- Need to do more than benchmarking; need to figure out how we can be the best agencies we can be
- OACCA helps find answers; how can OACCA assist members to be survivors?

What one criticism would you offer?

- We are statewide organization in county dominated state – many agencies serve more than one county; focus frequency drawn to local level; need better prioritization and decisions about where to focus time and energies
- Need tactical plan and clear strategy for measuring progress over time for system wide impact
- Need to be more PRO-active; we are more and more reactive; need to LEAD initiatives
- When OACCA takes a stands, all member agencies are thrown into mix; need to think things through thoroughly
- Regional meetings are good; we do not have enough of them; Too few statewide meetings where members can see staff; need more OACCA staff-led regional meetings
- Target things that impact everyone, i.e. standard contracts; agencies spend way too much time negotiating individual county contracts; counties don't respect state (model) contract (i.e. have all members weigh in on why Butler County is changing statewide language); (Note: OACCA can't negotiate contracts for agencies).
- Need to be aware of down side to having OACCA become involved in issues with counties where other agencies have good working relationships already. Has unintended consequences and comprise member agencies; consult members agencies in area before jumping in
- Advocate for consistency and systematic structure, use of ODP

- OACCA has not found a way to integrate regional and local connections with statewide issues
- Need to figure out how to deliver high quality services to economically deprived counties who have no money to serve kids
- How many public agencies are members of OACCA? Need to encourage their support and membership

Recommendations for Membership services you need that are not currently offered?

- Internet listserv or chat rooms to help agencies communicate about issues and problem-solve together online; create 'threads' to answer 'who can help me with this issue', exchange ideas, etc.
- Identify agencies that are similar in size, services, composition so we can connect
- How can OACCA be more helpful when county levies need to be organized and passed? Can we teach people how to organize human services levies?
- Need to be more inter-dependent, build alliances
- Facilitate agencies getting together to discuss issues like contracts; identify attorneys who can do contract reviews
- Research best practices; what are top agencies in country doing?
- Develop user-friendly way to identify and track trends regionally and nationally; maybe message boards

Wrap Up

- OACCA Board needs to review mission purposes; does our mission remain the same?
- We can do a thousand different things but we will be stronger if we focus on just 3-4 things and do them well. Obviously bears further discussion.
- Member input is critical component of this process. Send in your ideas and thoughts.

Panel: Ohio Summit on Children and the Use of Data

Kristin Gilbert, Administrator, Justice Services, Ohio Department of Job and Family Services,
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Steve Hanson, Manager, Children, Families & the Courts Section, The Supreme Court of Ohio,
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Roger Ward, Court Improvement Data Project Manager, Ohio Department of Job and Family
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Harry Blackmon, Chair, OACCA Outcomes Data Project, hblackmon@familyandyouth.org

Summary unavailable

Presentation: Children's Behavioral Health Policy

Joy Midman, Executive Director, National Association for Children's Behavioral Health (NACBH),
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Healthcare reform: SCHIP may continue, but not many OACCA members utilize it for their youth. Young adults will be able to stay on parent/government health insurance until age 26.

Discussed the presidential proposal to end federal earmarks.

Discussed extension of Medicaid to more low income individuals – adults at 133% FPL or below. Feds will pick up 100% of the cost of the new enrollees but this will be phased out to 90%.

Fraud and Waste - \$700B/y wasted. Will be addressed in health care reform.

Excise tax on expensive health insurance plans. Raises base.

Oversight on premium rate hikes – rate authority will work with employers who are unfairly treated.

Individual mandate to purchase health insurance – keeps industry supportive.

Requires contributions of employers or employees for tax credits to afford health insurance.

FY11 Federal Proposed Budget – children's programs received 8.9% increase (over\$20M). HHS received \$1.7B increase. Increased capacity of programs and improved services. \$4 million increase for the PRTF demonstration project (Ohio is not a member) with the intent to improve children's mental health. First attempt to establish benchmark to not deny kids who need institutional care. No increase in social services block grant. Systems of Care grants increased by \$5 million. Expands treatment capacity of drug courts. Providers should partner with community health centers to become EPSDT screeners for these public agencies.

Restraint and Seclusion. Overview of HB 911 and the GAO report. Other legislation that bans restraint in schools, but incentives schools with grants. HB 911 bans restraint and other measures in all types of residential centers, but threatens large penalty fines.

JJDPAs – renewed interest in the mental health needs of kids in the juvenile justice system. Slated for reauthorization.

Mental Health Parity – the Wellstone Domenici Act of 2008 – applies to many health insurance plans. Members urged to read new report on the law's regulations at www.ahpnet.com.

IMD – In 2003, there were 7 state audits conducted by the Office of Inspector General of HHS on IMD-like institutions. Focused on medical services provided to kids in these settings. Born out of 1965 exclusion of non-Medicaid support for kids. 1972 exception that excluded PRTFs. 1994 set of PRTF regulation established. 1999 PRTF defined. 2003 audits start. They found kids in PRTFs received Medicaid funded services in out of campus facilities, such as an ER.

Panel: Private Agency – PCSA/Juvenile Court/ADAMH Board Collaboration

Eric Fenner, Director, Franklin County Children Services, edfenner@fccs.co.franklin.oh.us

Deb Forkas, Director, Cuyahoga County Children Services, FORKAD01@odjfs.state.oh.us

Honorable Thomas Lipps, Hamilton County Juvenile Court, tlipps@juvcourt.hamilton-co.org

Honorable Stephen Michael, Jackson County Probate/Juvenile Court

David Royer, Chief Executive Officer, the ADAMH Board of Franklin County,

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Dru Whitaker, Chief Executive Officer, Specialized Alternatives for Families and Youth,

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Jim Mason, President and CEO, Beech Acres Parenting Center, jmason@beechacres.org

Judge Stephen Michael – From a small rural county and has been a judge for 20 years.

Collaboration is sharing people and money. It brings together a marriage. Never been able to establish a relationship with local mental health providers. Partnered with ADAMH board and out of county private mental health agencies.

Judge Thomas Lipps – Collaboration is essential. Judges are able to convene collaboration.

Hamilton County is recognized as a model county for collaboration. Forming collaborations is contingent on resources and courts are a great vehicle to draw down federal grants. There is a difference between collaboration and corroboration. Positive relationships with public agencies and private agencies are important. The Hamilton County FCFC is not as centrist as a some FCFCs in other counties. There is an issue of how close courts can be involved in FCFC committees – conflict of interest legal issues.

Dru Whitaker - Had a successful collaboration with the Allen County ADAMH Board. SAFY applied for an ODMH grant for intensive home based services. They worked with the ADAMH Board and received a performance based contract under the grant. Expanded services to families in local areas. SAFY was able to receive enough funding to start a new program. Opened the perspective of the agency to being more than foster care. SAFY has done a lot of collaboration in other states too. Bad economic times open the door to more collaboration. Public entities have barriers and challenges too, such as procurement regulations and FRP responsibilities.

Jim Mason – Hamilton County has the best public private collaboration in the state. The father's program "Back on Track" is designed for fathers who cannot pay child support. The Families in Crisis program is to support families going through a divorce. Both very successful collaborations. The ingredients to what makes collaborations work with public agencies: TRUST. T- trust, taking risks and having open communication. R-roles, understanding roles and responsibilities. U- understand, understand the problems and challenges. S-shared, shared vision and values, having common goals and not being selfish. T-think, think creatively and in new ways.

Deb Forkas – Casey grant has helped her agency understand how to collaborate. Trust and respect are essential ingredients – just like a marriage. The program helped reduce the amount of children in care. Open communication is key. She has been asked to speak to private agency Boards of Directors about the changes taking place in her county. Accessibility is key. There have been numerous agency shifts, such as the LOC tool, business has shifted away from kids in residential and more into prevention. Her budget was reduced significantly, but despite this, she is continuing to meet with providers and discuss what services are necessary and how to develop it. It is important to listen to what each other say. Business will focus on shifting trends, such as kinship care.

David Royer – His FCFC agency has been a catalyst for change. Catalysts come from negative events and statutes. The most successful collaboration comes out of a positive catalyst. His agency has a shared vision with FCCS. The two agencies used to have a bad relationship, but now it is very positive. It took a while for the agencies to find common ground and a shared vision. It is important to tear down the walls that impede collaboration.

Eric Fenner – It is challenging to form collaborations across systems with private providers. The Cuyahoga County model of collaboration is what FCCS uses. Good collaborations don't come out of desperation, but out of a shared vision. Franklin County is a resource rich community. Flexible funding helps provide resources for collaboration with private agencies. Collaboration is important as long as roles are clear and there is a shared vision.

Q&A – Bob Wehr asked Eric what the relevance is for the Outcomes Data Project-like tools that are built into programs of private agencies. Eric said FCCS is developing a tool to measure the effectiveness of the service. Providers need to be in line with the purchasers. FCCS provides quality performance reports.

Panel: Private Agency – Family and Children First Council Collaboration

Jane Whyde, Coordinator, Franklin County Family and Children First Council,
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Cameron Maneese, Coordinator, Wayne County Family and Children First Council,
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Jim Miller, Executive Director, The Village Network, jmiller@TheVillageNetwork.com

Cameron Maneese – Her FCFC started before Ohio law created them, over 17 years ago. She strives for service coordination and consensus building. Her county agencies came together to understand the impact of the state budget cuts in their community so that they could communicate that to state legislators. She has a diversion team for multineed kids that meet regularly, appointed by each FCFC entity – has been in place for 15 years.

Patty Eber – Provided a history of FCFCs and the Hamilton County FCFC. It started with state grant recipients, who designed their programs uniquely. Later it became a county mandate and new programs were created in the non-grant counties. Her executive committee is also public agency directors. The President of her FCFC is the chair of the county commission. They have sporadic meetings with private agencies. Urged private agencies to show up and participate in all opportunities for collaboration.

Jane Whyde – Her FCFC meets every other month, includes both privates and publics. It has several layers of committees. The most effective collaboration is the HMG program, and trying to meet the state standards. She doesn't make decisions on policy without consulting the HMG providers and without consensus.

Kathy McWatters – Her FCFC exists in a rural county. She's the only employee of the FCFC. The membership is open to the public. 42 agencies participate in the FCFC. 80% of her funding comes from the HMG program.

Q&A – Mark Mecum asked how each FCFC is involved in difficult placements for children who may need to go out of county. Wayne: all placements occur through the FCFC. Hamilton: court doesn't come through them. Delaware: Cluster teams strategize for placements. Franklin: provides funding for at risk kids before entering custody.