

Family & Children First Council Shared Planning Workbook

January 2016



**Ohio Family &
Children First**



THE OHIO STATE UNIVERSITY

RESULTS MANAGEMENT TEAM

This workbook is a supplement to the “Ohio Family and Children First HB 289 Shared Plan Guidance.” More specifically, the workbook provides a step-by-step process for completing “Shared Planning” documents as required by Ohio Family and Children First. In addition, the steps in this workbook are intended to build the capacity of local Family and Children First Councils (FCFCs) to implement the recommendations contained in the report titled “Recommendations for Establishing High Functioning and Impactful Family and Children First Councils” issued in June 2015. These recommendations focus on the value represented by local FCFCs’ community planning activities. The steps in this workbook are supported by worksheets, designed to be completed in one or two meetings (2-6 hours) and provide the information necessary to complete required FCFC planning documents. The process starts with a review of critical work in which members of FCFC are involved.

This is followed by the development of “Shared Priorities.” Shared Priorities provide the basis for initiating collaborative, community efforts to enhance service delivery in a variety of different ways. Shared Priorities are characterized by a common and agreed upon outcome; shared concept of success and how success will be measured; and mutually reinforcing activities. The exercises that follow provide a simple and straight-forward series of steps that will guide FCFCs through a process for developing Shared Priorities. More, importantly, this process provides the basis for a community conversation about opportunities to enhance local services. The Council Coordinator plays an especially critical role by facilitating the process of developing a community plan according to the guidelines established by HB 289. The worksheets that follow provide the tools to support Coordinators in this endeavor. Finally, the information resulting from completing this process can be transferred directly to the Shared Planning documents required by Ohio Family and Children First.

Glossary of Planning Terms

1. **Based on data**- Optional criteria for ranking a Shared Priority relative to the data available to support it.
2. **Baseline data**-Data that captures a particular status prior to the initiation of an intervention.
3. **Community support** – Optional criteria for ranking a Shared Priority relative to the likelihood that a majority of stakeholders will be inclined to endorse it.
4. **Directional language**-Expression of movement on an indicator in a positive or negative direction.
5. **Geographic Focus** -The physical location where change that results from FCFC action is expected to take place.
6. **Indicator of Success**-That indicator(s) that defines achievement of the desired change.
7. **Initiative/intervention**- Programs and/or projects that the FCFC is leading, directing, managing, administering and/or in which members are closely partnering.
8. **Intent**-Expected result of FCFC’s efforts to impact a Shared Priority.

9. **Linked to well-being of local residents** - Optional criteria for ranking a Shared Priority relative to the welfare of the target population.
10. **Measurable outcome**-Descriptive information that goes beyond intent and includes target population, geographic focus, success measure and criterion or criteria for success.
11. **Mutually reinforcing activities**-Specific activities (including those currently being implemented and planned) undertaken by independent stakeholders that together produce a specific result.
12. **Requires a collaborative, community response**- Optional criteria for ranking a Shared Priority relative to the likelihood that it can be accomplished in the absence of a coordinated effort by independent stakeholders (e.g. FCFC).
13. **Shared Measurement**- All participating organizations agree on the ways success will be measured and reported, with a short list of indicators identified and used for learning and improvement.
14. **Shared Outcomes**- The expected result of mutually reinforcing activities.
15. **Shared Priority**-A categorical issue in the community of highest need or the highest level of categorical concern in the community. Priorities can be specific around child and family issues; delivery system infrastructure development or enhancement; and/or enhancements to FCFC's capacity to collaborate. Generally stated in terms of a goal or broad statement of a desired state.
16. **State level priority**-Issue or activity defined through a state level process as highly important.
17. **Success Criteria** – The specific change that must be observed in an indicator to conclude that FCFC action has been effective.
18. **Target Population** - The group of individuals who are the target of FCFC actions.

Shared Plan Required Documents

The Shared Plan Template is attached.

Step 1: Defining Shared Priorities

This step can be completed as homework or during a FCFC meeting and is based on identifying critical community needs. Each FCFC member should identify one or two high priority needs. These needs will be referred to as potential Shared Priorities. In this step it is appropriate to review data related to needs/potential Shared Priorities. However, the formal review of needs data is an optional activity. Needs data, data sources and other community plans used to inform decision making should be documented on page 12 of this workbook.

Worksheet 1a: Needs/Potential Shared Priorities

Council Member's Organization	Need/Potential Shared Priority
Children Services	Immigrant/refugee issues
Children Services	Several situations where adoptions disrupted
Children Services	High number of cases where children exposed to severe trauma

The Council Coordinator should transfer this information to flip chart pages that can be viewed by the entire FCFC. Finally, this information should be aggregated, endorsed and transferred to a single form (WS 1b).

Worksheet 1b: Aggregated List of Needs/Potential Shared Priorities

Council Member's Organization	Need/Potential Shared Priorities
Children Services	Immigrant/refugee issues
Department of Health	Infant mortality rate increasing
Children Services and Juvenile Court	Several situations where adoptions disrupted
Department of Health	Prenatal home visiting highly visible and effective
Children Services; School District; Juvenile Court and Alcohol, Drug and Mental Health Board	High number of cases where children exposed to severe trauma

Finally, the Council Coordinator should add Ohio's state level priorities to the list of potential Shared Priorities:

1. Infant mortality
2. Trauma-informed care
3. High need, multi-system youth
4. Employment services for transition-aged youth and young adults

Step 2: Ranking Shared Priorities

Each Shared Priority nominated by FCFC members should be ranked based on a common set of criteria. WS 2 provides a means of ranking Shared Priorities. Criteria on which each Shared Priority can be rated are indicated in the top row of WS 2. Each Shared Priority should be ranked by rating the Shared Priority on each criterion. Scores of 3=high; 2=moderate; and 1=low can be assigned based on FCFC members' review of each Shared Priority against each criterion. Finally, a total score can be calculated by adding scores across criteria. Final scores are meant to provide a foundation for discussion. As part of this step, FCFC members should decide which potential Shared Priorities to include in their Shared Plan.

Worksheet 2: Ranking Shared Priorities

Shared Priorities	Community Support	Linked to Well-being of Local Residents	Based on Data	Requires Collaborative, Community Response	Total Score
Infant mortality	1	2	3	3	9
Immigrant/refugee issues	3	2	2	1	8
Disrupted adoptions	2	2	2	2	8
Prenatal home visiting	2	3	2	1	8
Children exposed to severe trauma	3	3	3	3	12

Shared Priority(ies) that will be included in Shared Plan: Children exposed to severe trauma

Transfer to R1, B1 and/or G1.

Step 3: Defining Mutually Reinforcing Activities

Step 3 provides the opportunity to develop specific activities that in aggregate will result in progress toward a Shared Priority. A key concept in developing activities is the notion of “mutual reinforcement.” Mutually reinforcing activities are actions undertaken by members of Council that are differentiated but when implemented in aggregate produce the desired outcome. Mutually reinforcing activities might be assigned to FCFC members given internal capacities, expertise and/or experience. Worksheets 3a-3c provide a format for developing a coordinated plan to address a Shared Priority. Step 3 should be completed by the FCFC as a group. The Council Coordinator should facilitate the discussion to identify mutually reinforcing activities. First, generate a list of current community efforts that impact the Shared Priority (WS 3a).

Worksheet 3a: Current Community Efforts

Shared Priority: Children exposed to severe trauma

Organization	Current Community Efforts
Alcohol, Drug and Mental Health Board	Cognitive behavioral therapy
Children Services	Multi-systemic therapy
School District	Supports at school
FCFC	Service coordination
FCFC	Wrap-around plan

Transfer to R4, B4 and/or G4.

Next, identify additional activities that FCFC will engage in to address the highest ranked Shared Priority (Shared Priority R1) in the sequence in which activities would be implemented (WS 3b). Additional activities can be thought of in terms of several types of intent:

- Expanding an existing service
- Enhancing the operation of FCFC
- Increasing the efficiency and/or effectiveness of an existing effort (cost savings)
- Collaborating to address something new that has not been identified previously

Worksheet 3b: New Activities

Shared Priority: Children exposed to severe trauma

Activities:

Infuse trauma informed care across all service delivery systems that service youth in our community

Add to R4, B4 and/or G4.

WS 3c provides the opportunity to breakdown each activity into sub-steps and assign responsibilities to FCFC members.

Worksheet 3c: Work Plan

Activity: Infuse trauma informed care across all service delivery systems that service youth in our community

Sub-Step	Organization/Person Responsible	Target Date
Ensure that major system's endorse trauma informed care	Children's Services CEO	February 28, 2016
Recruit and secure release time for project manager	FCFC	April 30, 2016
Assign oversight to subcommittee of FCFC and appoint chairperson	FCFC	April 30, 2016
Learn basic foundations of trauma informed care	Community stakeholders	June 30, 2016
Attend knowledge building training	Chairperson and key members of oversight subcommittee	August 31, 2016
Develop model policies for implementing trauma informed care	FCFC	August 31, 2016
Train lead staff in participating systems	Children's Trust Fund \$ Guidance Counselor	November 30, 2016
Advocate for policy changes in pilot service delivery systems	FCFC	February 28, 2017
Implementation and assessment of outcomes	Subcommittee of FCFC	June 30, 2017
Engage in program improvement planning	Oversight subcommittee	July 30, 2017

Step 4: Creating Shared Outcomes

Step 4 provides the opportunity to convert the Shared Priorities selected for inclusion in the Shared Plan into Shared Outcomes. Shared Outcomes include the following components:

1. Object of action
2. Intention of action
3. Directional language
4. Description of what will be done

Worksheet 4: Shared Priorities and Short-term Outcomes

Shared Priority	Shared Outcome
Children exposed to severe trauma	Reduce maladaptive behaviors in children exposed to severe trauma

Transfer to R2, B2 and/or G2.

Step 5: Community Measurement and Shared Outcomes

Step 5 provides the opportunity to connect measurement procedures to a Shared Outcome. Council members as a group should answer the following questions about the highest ranked Shared Outcome (R2) and then repeat this task for other highly ranked Shared Outcomes (B2 and G2):

1. What is the intent of FCFC’s efforts or what change is anticipated? Use directional language.
2. Who or what is the target of FCFC actions? Who or what changes?
3. In what geographic area will change take place?
4. What indicators will be observed to determine if desired change has occurred? **Transfer to R3, B3 and/or G3.**
5. If observing multiple indicators, what pattern must be observed to indicate success?

Worksheet 5: Abbreviated Outcomes Template

Shared Outcome: Children exposed to severe trauma

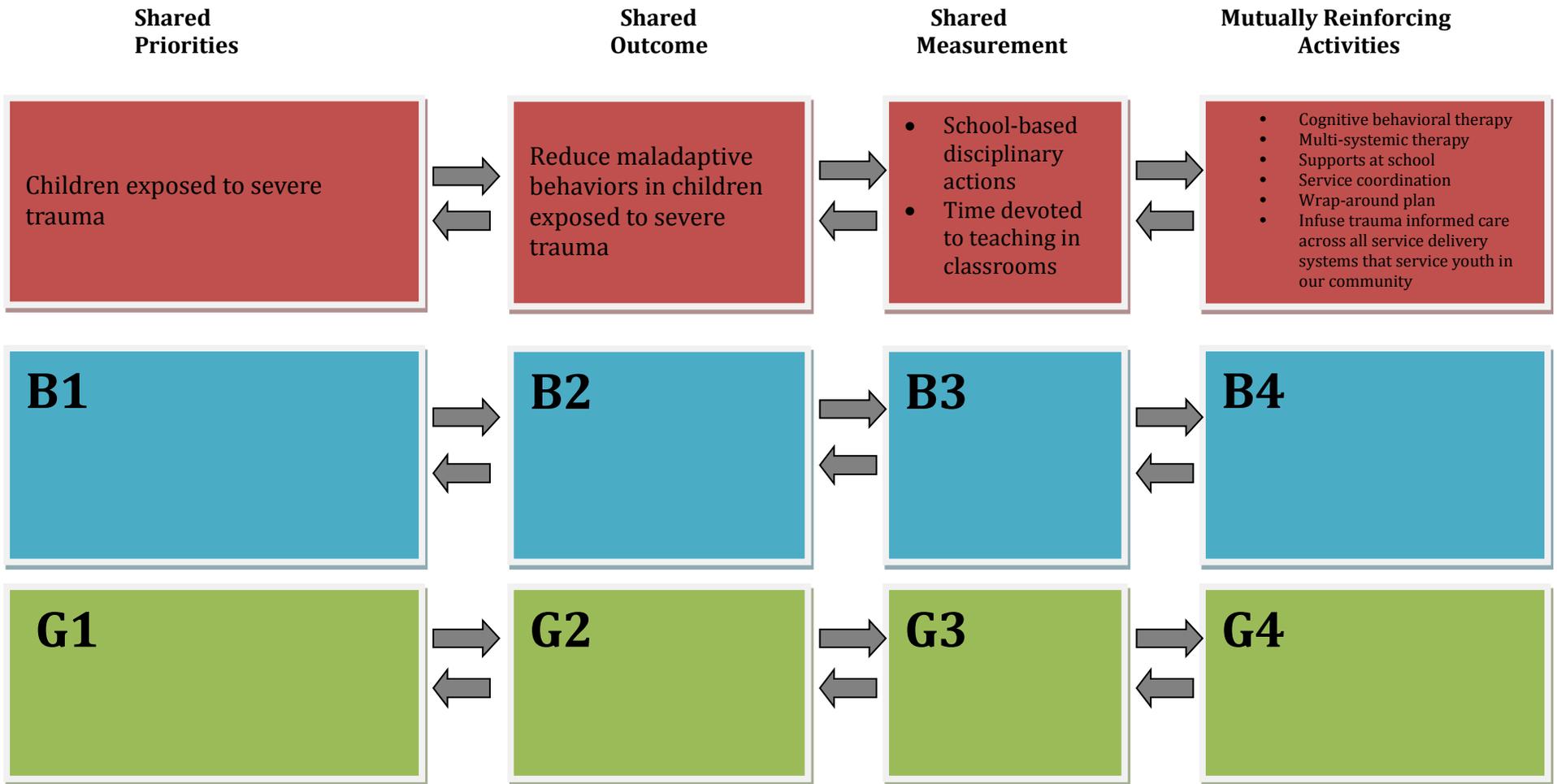
Intent:	Reduce maladaptive behaviors in children exposed to severe trauma
Target Population:	Student in grades K-12
Geographic Focus:	Buckeye School District
Indicator of Success:	<ul style="list-style-type: none"> • School-based disciplinary actions • Time devoted to teaching
Success Criteria:	<ul style="list-style-type: none"> • Reduced school-based disciplinary actions as evidenced by school disciplinary action log AND/OR • Increased time devoted to teaching as evidenced by intern’s “teaching time tracker”

Step 6: Collecting Baseline Data

Step 6 provides the opportunity to collect baseline data for the indicators FCFC members identified in Step 5. Indicators are secondary data that someone else has collected. **Enter this information in Boxes R6-R16; B6-B16; and G6-G16.**

County Family and Children First Council Shared Plan for SFYs 17-19

Current FCFC Initiatives:



Needs Assessment

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

1. Children Services 5-year plan

2.

3.

4.

5.

6.

7.

8.

9.

10.

2. Identify alternative needs assessment methods or data sets that were utilized to identify the Shared Priorities:

Community Health Assessment

3. Identify any barriers experienced in this process (i.e. plan collection, availability of data, language issues, etc.):

4. Identify any successes/how this process has worked to strengthen the Council and county collaboration:

Report on Indicator Data (Provide data for each indicator listed on the Shared Plan.

Shared Result:

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
School-based disciplinary actions	R6 Data: Number of disciplinary actions in last 12 months=1,000 Year of Data: 2015	R7 Data: Year of Data:	R8
Time devoted to teaching	R10 Data: Average daily minutes spent teaching in typical classroom=1,000 Year of Data: 2015	R11 Data: Year of Data:	R12
R13	R14 Data: Year of Data:	R15 Data: Year of Data:	R16

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

- school disciplinary action log
- intern's "teaching time tracker"

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

Report on Indicator Data (Provide data for each outcome indicator listed on the Shared Plan. List only ONE outcome per page. This page can be duplicated as needed).

Shared Outcome:

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
B5	B6 Data: Year of Data:	B7 Data: Year of Data:	B8
B9	B10 Data: Year of Data:	B11 Data: Year of Data:	B12
B13	B14 Data: Year of Data:	B15 Data: Year of Data:	B16

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

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

Report on Indicator Data (Provide data for each outcome indicator listed on the Shared Plan. List only ONE outcome per page. This page can be duplicated as needed).

Shared Outcome:

Shared Measurement Indicator(s):	Baseline Data	Current Year Data	Direction of Change (+, -, NC)
G5	G6 Data: Year of Data:	G7 Data: Year of Data:	G8
G9	G10 Data: Year of Data:	G11 Data: Year of Data:	G12
G13	G14 Data: Year of Data:	G15 Data: Year of Data:	G16

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

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