Community Impact Study

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*The Indiana University evaluation team thanks you for your interest in this work and always welcomes your questions and suggestions.*
EXECUTIVE SUMMARY

In 2005, the One Community One Family (OCOF) system of care was established to provide a coordinated System of Care (SOC) to serve children and youth with emotional and behavioral health needs, along with their families. As Southeastern Indiana’s local system of care partnership, OCOF has supported the implementation of many evidence-based models by providing technical assistance in strategic planning, project management, social marketing, change implementation, evaluation, trainings, as well as employing additional effective practices. The purpose of this report is to disseminate the findings of a case study exploring the perspectives of key community stakeholders who were involved in various stages of OCOF activities ranging from partners to state employees. The study, conducted by the Families, Communities, and Schools (FoCuS) team in the School of Education at Indiana University in Bloomington, IN, examined the OCOF SOC’s mission, implementation strategies, sustainability efforts, and long-term impacts.

The report findings are based primarily on data gathered from transcripts developed from semi-structured interviews that were conducted with 19 key stakeholders during 2015. Additionally, documents gathered from OCOF were included in this study. Content and thematic analyses were employed to analyze the two data sources (interview transcripts and document reviews), using the qualitative analysis software QSR NVivo. Analyses led to the establishment of ten assertions by the research team.

Although the coding was not purposefully quantified as part of the analyses, the team counted the number of references for each code. Thus, we have some confidence that the list below, more or less, provides the respondents’ perceptions of how each might be ranked regarding the impact that OCOF has had on the community.

1. OCOF SOC has facilitated, improved, and increased communication and collaboration among child-serving organizations and other systems in Southeastern Indiana: Developed structures for collaboration toward community change at the system level; improvement of communication at the state level; emphasis on relationship building and better access to services.

2. OCOF has empowered families in the community, offered advocacy support, and has created opportunities for families to have a voice: Respect of each family’s individual culture and promote participation at all levels of decision-making in OCOF activities.

3. OCOF successfully facilitated the implementation of wraparound services via its partners in Southeastern Indiana: Emphasizing the importance of the role of wraparound facilitators.

4. Over time the community has come to value OCOF as an important organization that is trustworthy and solution-focused, situating them as operating above other child-serving agencies and serving as a venue to regional and community planning that addresses the needs of children and families.
5. OCOF contributed resources to the community: Securing funding from SAMHSA, The Health Foundation for Greater Cincinnati (now Interact for Health), Indiana Division of Mental Health and Addiction, along with additional funding sources.

6. The OCOF SOC became its own non-profit: Ensuring an independent organization can address and react to challenges quickly and comprehensively.

7. OCOF has empowered youth in the community: Support of youth voice and the development of a safe environment for youth.

8. OCOF has impacted the community in Southeastern Indiana through offering educational opportunities and assisting in the development of several programs: Providing various trainings, consultations, and technical assistance.

9. OCOF fostered a shift in thinking about mental health in Southeastern Indiana: Reducing the stigma associated with mental health issues; promotes shared responsibility rather than blaming the families.

10. Several champions have significantly influenced the OCOF community: Brenda Konradi, Kathy Riley, and Cathy Piche as examples of influential leaders.

Studying community change is not an easy undertaking, nor is the ability to accurately attribute such change to a specific source (Stoecker, 2012). Thus, we acknowledge that the findings in this Community Impact Study must be interpreted with some caution. Still, the overall impact that OCOF appears to have had on Southeastern Indiana can be described as nothing less than stunning. Not only do these data reinforce the adage that it takes a village to raise a child, they clearly demonstrate what can be accomplished in a community, even one as large Southeastern Indiana, by a forward-thinking and committed group of individuals. It is not overstating it to say that children’s social services in Southeastern Indiana will never be the same for young people and their families because an insightful group of people came together more than 10 years ago and created the One Community One Family System of Care. It is our intention that your review of this report will offer a glimpse into the “ripples in the pond” that is Southeastern Indiana, initiated by the work of this group.
INTRODUCTION

The purpose of this report is to present a study which explored the impact that the One Community One Family (OCOF) system of care (SOC) has had on the wider community since its inception in 2005. The study critically examined the perspectives of various community stakeholders regarding the SOC’s mission, implementation strategies, sustainability efforts, and long term impacts on the community. The study further served as an investigation into some of the attributes of Southeastern Indiana’s unique service population and is intended to offer a valuable resource for future program design, implementation, and evaluation. The primary goal that drove the Community Impact Study was to understand the perceived impact that the OCOF SOC has had on the broader communities it has served over time.

Setting

OCOF is Southeastern Indiana's local system of care partnership. In 2005, the OCOF partnership was initially established to provide a coordinated system of care to serve children and youth with emotional and behavioral health needs, along with their families, in an eight county region of Southeastern Indiana. Since its early days, the goals of the OCOF partnership have moved well beyond an initial focus on wraparound in 2005 to more broadly include the following in 2015:

- Empowering, advocating, and supporting family and youth throughout the lifespan;
- Facilitating and expanding interagency collaboration within and among communities in the region;
- Improving practices in K-12 and early childhood education;
- Disseminating information about trauma and trauma-informed care;
- Supporting the region to better address substance abuse;
- Providing training, professional development, and consultation to providers and caregivers;
- Supporting partner agencies in system change/organizational improvement efforts through grant writing, evaluation and strategic planning;
- Reflecting family voice in local, state, and national level policymaking.

Through these activities, the OCOF partnership works to improve the community in an effort to positively impact all children and families in Southeastern Indiana. OCOF supports the implementation of evidence-based models such as Wraparound, Incredible Years, and Transition to Independence Process, peer-to-peer support, as well as system-level work with partner agencies by providing technical assistance, strategic planning, implementing effective practices, project management, social marketing, change implementation, evaluation, and trainings.

Entitled the “OCOF Service Diagram,” figure 1 on the following page depicts this Service Diagram, including some of its cross-system partnerships.
OCOF Graphic
Originally developed in Sept 2011; updated Feb 2015

**OCOF Partnership**
A partnership and vehicle to improve our system of care

**Coordinating Staff**
- Technical assistance to our community and across the states
- Facilitate change and collaboration within and among partners to improve outcomes
- Training and Consultation
- Monitoring, evaluation and quality assurance
- Provide and coordinate training
- Parent Coaching
- Grants assistance and project management

**Governance Board**
- Made up of community partners
- Guidance to staff
- Selection of change initiatives
- Accountability
- Maintenance of quality standards
- Monitoring, evaluation and quality assurance
- Endorsement of programs and services

**SIEOC and OVO**
Working with Head Start to implement Conscious Discipline

**Batesville Schools**
Working to implement PBIS

**SIEOC**
Working with Child Care Resource & Referral to support trainings, screenings, and emotional consultation

**Tristate Trauma Network**
Supporting a newly developed collaborative in trauma-informed SOCs

**United Families and Youth MOVE**
Working to increase family and youth involvement

**Milan School**
Working to implement the Nashville STARS program

**SEL3CT**
Facilitating collaboration among county drug free councils

**Justice System**
Working with Dearborn County to evaluate programming and make improvements

**And more...**
State Systems of Care Conference Mental Health First Aid
Mission, Vision, and Principles

The mission of OCOF is to provide “a community partnership promoting an evidence supported System of Care Approach that enhances the wellness of families and children.” The vision is “all youth are happy, healthy and successful.” Their core principles are family driven, youth guided, community based, culturally responsive and trauma informed. OCOF defines these as:

- **Family Driven.** The services we provide are specialized to meet each family's unique needs and families are the experts in regards to their children. Family voice is evident in how services and policies are designed.
- **Youth Guided.** The youth we serve have an important voice in their care and also in how services and policies are designed.
- **Community Based.** We believe in the importance of incorporating community in a family's care. Children experience better long term outcomes if they are living within their communities.
- **Culturally Responsive.** We strive to meet the needs of our diverse community and the importance of each family's individual culture.
- **Trauma Informed.** We understand the role that trauma plays in the lives of families and how this affects their lives.

Method

Study Design

This study employed a qualitative case study design using two primary data sources: interviews and document reviews. Broadly, a case study provides “an exploration of a bounded system or a case (or multiple cases) over time through detailed, in-depth data collection involving multiple sources of information rich in context” (Creswell, 1998, p. 61). In this case, the data collection methods were used to provide a detailed understanding of the OCOF SOC. Multiple data sources can also help to increase the validity of the interpretation for case studies by allowing researchers to confirm findings from one source of data with other sources of data (Yin, 1989). A rich description of the setting and findings are provided as well to provide a better understanding of the contexts in which this case emerged and continues to evolve.

Study Sample

The primary source of data for this case study were key stakeholders in the community who had experience with, and information about, OCOF - its history, current functioning, future directions, and most important for this study, its perceived impact on the community that it has served for more than 10 years. Informants included system and agency leaders, community members who were involved in the children’s social services system over the last decade, as well as individuals who only had recent involvement. Broadly, this study sought to include the perceptions of those best able to comment on the children’s social services arena in Southeastern Indiana within the framework of a SOC model. Researchers identified ideal participants by using
criterion-based sampling, which involved selecting participants who met the predetermined criteria of importance (Patton, 2002). The primary criterion in this study was knowledge about and/or involvement in the children’s social services arena in the communities served by OCOF.

Working first with the OCOF Evaluation Advisory Board, the FoCuS research team generated a list of names of potential interviewees. This list was examined for completeness by personnel from OCOF and the research team. Second, and as an additional check for completeness and accuracy, at the end of each interview, respondents were asked who else should be interviewed for the study.

Ultimately 19 out of 20 invited stakeholders were interviewed and all of those interviews were fully transcribed for analysis. The selected interviewees had been involved with OCOF at various stages. Several respondents had been connected with OCOF while it was under the auspices of the Community Mental Health Center, Inc. (CMHC, Inc.), and several others have worked or partnered with OCOF since its inception in 2005. Other interviewees were more recently involved with OCOF. These interviewees included partners, parents, employees, governance committee representatives, community members, and state employees. In line with the ethics of research involving human subjects and to preserve the anonymity of respondents, no further information about the sample is provided.

Data Collection

Data for this study were collected primarily from (1) semi-structured interviews with stakeholders, and secondarily from (2) a review of OCOF documents. The purpose of the semi-structured interviews was first to develop an understanding of stakeholder perceptions by systematically exploring how respondents viewed the impact that OCOF had on its community from 2005-2015, and to explore their attribution of that impact. Interviews were conducted via telephone at a time that was convenient for each participant. Each interview was approximately one hour in length and all interviews were audio-recorded and transcribed for analysis. During the second part of data collection, publically available documents were collected from OCOF personnel, including both historical and recently developed materials (e.g., strategic plans, a logic model, original grant proposals, brochures, event flyers, etc.). Documents were specifically targeted related to their ability to help the researchers create and report an in-depth understanding of OCOF’s policy development, practices, and possible community impacts.

Analytic Strategies

Consistent with case study design, data triangulation was employed by using multiple sources of evidence (i.e., interviews and documents), aimed at corroborating findings (Patton, 2002). Interview data were analyzed first, followed by the analyses of documents. This process was purposeful, such that the data collected from documents were used to corroborate, strengthen, and support findings from the interviews. To increase reliability of our findings, interview data were first analyzed independently by two researchers who were experienced in qualitative inquiry. Using the qualitative analysis software QSR NVivo, each interview transcript was imported into the program. This software, frequently used in qualitative analysis, provides an easy-to-use framework that enables researchers to store, index, sort, and code for different types of qualitative data (Leech & Onwuegbuzie, 2011; Ulin, Robinson, & Tolley, 2005). An
advantage of NVivo is that it facilitates the sharing of documents, thematic ideas, reliability checks, and quick application of new codes as needed.

Analyses began with the reading and rereading of all transcriptions of recorded interviews (Stake, 2006). In the early stages of analysis, two investigators separately coded two interviews to identify preliminary themes from the data that aligned with at least one of the research questions, and to formulate a list of coding categories for organizing incoming data. Next, the two analysts discussed the discrepancies that emerged from their independent efforts and came to an agreement about the coding. These processes were also discussed during ongoing analytic meetings with a third researcher who had a long history of working with the OCOF community, as well as a project coordinator who was leading efforts to evaluate OCOF.

The analysis process was participatory and iterative, continuing until no new information about the primary research questions emerged from the data. Code categories were refined as subsequent data were gathered. Inter-rater reliability checks were conducted throughout the coding process, and coding differences were resolved through team discussion. As a result, the team generated several assertions that captured the codes and themes and were supported by the data (Erickson, 1986). The trustworthiness of these assertions was evaluated by seeking both disconfirmation as well as confirming evidence in the data. All of these processes were discussed among the researchers while analysis was occurring. When needed, an experienced researcher provided a check of the coding scheme and opportunities for fine-tuning.

In addition to the interview data, document analyses also were conducted. Such an analysis, “involves skimming (superficial examination), reading (thorough examination), and interpretation” (Bowen, 2009, p. 32), combining content analysis and thematic analysis. Content analysis is used to organize information into categories related to the study’s purpose. In this process, meaningful and relevant passages of documents are identified and separated from that which is not pertinent (Bowen, 2009; Corbin & Strauss, 2008; Strauss & Corbin, 1998). Thematic analysis is used to recognize patterns within the data, with emerging themes becoming the categories for analysis (Fereday & Muir-Cochrane, 2006). This process requires more focused re-reading, review of the data, and coding.

In this study, documents were analyzed after interview data had been analyzed. Thus, the themes generated from the analysis of the interview data provided a framework by which to deductively analyze the study documents. When document data did not fit the pre-determined themes, new themes were created. Indeed, the use of predefined codes or themes is common when document analysis is supplementary to other research methods, as was the case in this study (Bowen, 2009). Documents were used to create both quantitative (e.g., number of community partners and increases in partnerships over time) and qualitative (e.g., quality of partnerships) descriptions of the impact OCOF SOC had on the community. Mismatches—such as when identified themes did not appear to be supported by data, or when differences in opinion about how to analyze ambiguous data from source documents occurred between researchers—were treated as discrepancies. These processes were iterative and continued until all discrepancies were resolved and no further new information appeared to be forthcoming from data collection or analyses. Only when all of the evidence from the interviews and documents created a consistent picture of the OCOF SOC’s impact on the community were the researchers satisfied that the processes of data collection and analysis were complete.
**FINDINGS**

Analyses of the study data yielded a total of ten assertions that related to the impact the OCOF SOC organization has had on the community in Southeastern Indiana since 2005. The following sections are organized by these ten themes. In each section, study data were utilized to describe the evidence supporting each theme.

**Assertion 1: OCOF SOC has facilitated, improved, and increased communication and collaboration among child-serving organizations and systems in Southeastern Indiana.**

There was general consensus among all interviewees that the OCOF SOC has not only facilitated and improved, but also has increased communication and collaboration among child-serving agencies and systems in Southeastern Indiana. One interviewee put it this way: They “don’t have the silos anymore. We have people really collaborating to work for family and the youth.” Another interviewee noted how the community now associates communication and collaboration with improved outcomes for youth and families, stating: “I think the care the families are getting is dependent on how well people collaborate, you know, and how well people collaborate brings more quality to a rural area.”

Several sub-themes emerged from the data. Each offers further detail and evidence about how the presence of OCOF SOC has impacted Southeastern Indiana in this way.

**OCOF Developed and Facilitated the Structures for Collaboration.** Several interviewees discussed how the OCOF SOC has created and provides structure or infrastructure at the system level for community change. For instance, OCOF has developed systems for marketing, coordinates community and organizational training programs, offers improved access to care, and monitors quality assurance, among other activities. Moreover, the governance board oversees all of these efforts and provides guidance in terms of where efforts should be focused in order to improve the overall mental wellness of the community.

In terms of improving collaboration, several interviewees discussed the importance of how structures provided by OCOF improve and facilitate collaboration. More than one respondent highlighted how important it has been to the community that OCOF “got everybody sitting at the same table.” In addition, some interviewees described how this structure has improved communication and facilitated shared planning. For example, one interviewee remarked that everyone “…planned together and listened to each other. They were actually understanding the importance of everybody working together as far as families go.” OCOF is seen as “a big umbrella that is encompassing it all and bringing everyone in the community together to the table.” Another interviewee shared a similar sentiment, noting “OCOF is this umbrella for the whole entire Southeastern Indiana area that brings all of the programs together.”

These collaborations have created a structure (it was also referred to as a forum) for child and family serving organizations to see how everyone’s goals for youth and families were similar. One interviewee put it this way: OCOF “takes in every other agencies’ mission and connects the dots between all of them. They help everyone see how their missions are similar and connected.” This has moved the community away from its traditional services “silos.” One interviewee attributes the success of OCOF to creating a space in the community where
“everyone is open-minded. They work together and it’s not territorial.”

Creating this space or forum for child-serving organizations to communicate and collaborate has several perceived influences on the community. For example, some interviewees viewed individuals working for the Department of Child Services as being more flexible and willing to collaborate with schools and other organizations, such as United Families. Respondents believed that this increased flexibility and interest in working together was a direct result of OCOF’s efforts to get everyone to sit down together and talk.

**Creating New Structures for Collaboration.** OCOF not only gathered members from various child-serving organizations together, it also created new structures to facilitate communication, collaboration, and, ultimately, problem solving. For example, through the creation of SEL3CT, multiple Drug Free councils now work together in Southeastern Indiana to “share information and learn from each other’s strengths.” OCOF is now the “fiscal agency for this group and the driving force behind this regional organization.” The Southeastern Local Community Coalitions Collaborative Team (SEL3CT), comprised of the Local Coordinating Councils (LCCs) of Dearborn, Decatur, Franklin, Ohio, Ripley and Switzerland counties, is committed to reducing underage drinking and substance use in their communities. In partnership with OCOF and IU-Bloomington, SEL3CT developed, implemented, and evaluated region-wide strategies to reduce substance abuse that appear to be effective and are truly focused on Southeastern Indiana (CRI website, 2015).

SEL3CT evolved out of conversations between OCOF and a community leader in Dearborn County, to “somehow get people to share ideas better.” Instead of attempting to, “travel the ideas around to different county meetings,” OCOF saw the benefit of bringing all of the county coalitions together. This allowed everyone to more easily share ideas and discuss those ideas in real time. In addition, members of the community coalitions had a real desire for evaluation, and OCOF believed that it could help with these evaluation needs instead of paying outside entities for this service. Through their partnership with an evaluation team from IU, OCOF brought in university consultants to assist with evaluation efforts, as needed. By bringing everyone together, OCOF collectively helped everyone with evaluation needs. This collaboration lead to the use of a single shared survey which was utilized among all of the counties in Southeastern Indiana to first learn more about substance use in the area, then to use those findings to develop an action plan.

Another structure created by OCOF is called the Provider Fair. OCOF helped facilitate communication and collaboration to develop this bi-annual event. The initial idea came from conversations between the director of the Decatur County Department of Child Services and OCOF. They saw the need for employees working within agencies that serve children and families to learn more about the providers in their communities, as well as for community providers and organizations to learn more about each other. Thus, with the help of OCOF, the first Provider Fair was held in April of 2008. The fair was so well received that OCOF, in partnership with DCS Region 15, now repeats the event every other year. Interviewees noted that the Provider Fair has both improved and increased communication among child-serving organizations that might otherwise not have known about each other.
Communication, Collaboration, and Advocacy at the State Level. OCOF has persisted in working to improve communication at the state level. Several interviewees pointed out OCOF is communicating and working collaboratively at the state level to advocate for and bring resources to Southeastern Indiana. Many respondents believed that without these efforts at the state level, certain services would not have been funded in the community. For example, “they are certainly a strong advocate back to the state. OCOF has been influencing policy that helps to fund services that in the past would not have been funded. They also look for grant opportunities.”

Relationship Building as an Important Component of Fostering and Maintaining Collaboration. Our analyses suggested that OCOF has done “a lot of relationship building amongst the other providers” to foster collaboration among organizations. Relationship building activities typically consisted of regular meetings that OCOF employees had with various organizations, such as CMHC and DCS, to work through obstacles and barriers. Interviewees noted that such positive relationships also required “a lot of buy in from top-level management on down.” As such, OCOF was on a mission to build strong, authentic relationships among organizations to ensure buy in. For example, one interviewee described how once-separate meetings were now held with both DCS and CMHC, specifically to address barriers and concerns, highlighting how OCOF was “constantly trying to make our systems play nice together and also figure out what our challenges were.”

Improving Access to Services. Interviewees discussed in detail how OCOF has improved communication for families, such that they are now able to better understand the services that are available to them. Many people noted that the increased awareness related to available services has improved access to services. For example, one interviewee stated that before OCOF, she did not know her child qualified for Medicaid for mental health services; also adding that, “years ago, you didn’t talk about mental health.” In addition, OCOF’s impact is evident in common protocols that were agreed upon and shared among multiple child-serving systems. These protocols outline how children and families access wraparound services. For example, one person said, “We know that that’s just our central person. The access point is the person that you make contact with to request wraparound services and they determine if that’s an appropriate referral and if it is, there is a screen[ing] they do and if not, they get us to the right places.”

Assertion 2: OCOF has empowered families in its community, offered advocacy support, and created opportunities for families to have a voice.

One of the core principles of OCOF is to strive to meet the needs of diverse communities and recognize the importance of each family’s culture and uniqueness. The common reflection from the interviewees was that OCOF cares about family and youth in the community and arranges trainings, conferences, luncheons, and other educational sessions specifically for caregivers. Interviewees mentioned numerous times that these opportunities are very beneficial for families as they meet other families, and share ideas, successes and challenges. OCOF also offers programs designed to empower families and continues to create opportunities for families to have voice. It also provides advocacy and support to families and partners with family-
connected groups, such as TIP, United Families, FIRE, Incredible Years, and others.

Many parents who were interviewed reported prior negative experiences with mental health organizations and/or encountering stigma before becoming involved with OCOF. The difference with OCOF was that the staff did not judge parents; instead, they listened to both parents and youth. One parent said it this way: “I’ve never had [this support] in my life and it was wonderful. I felt like I was actually contributing to some of these parents because being a parent and walking in these shoes when you’re getting support, it’s amazing.”

Kathy Riley, who served a parent volunteer in the early days of OCOF, has been referred to as the linchpin in bringing youth and family voice to Southeastern Indiana. Never known for sugar coating the critical needs of youth and families touched by mental health challenges, she has become known as a fierce advocate of ensuring that youth and families are part of the change process at all levels. She constantly reminds all partners that families know best what works, doesn’t work, and where the gaps are. While Southeastern Indiana had already demonstrated that having youth and families as true partners on various committees had a positive impact on the community, with Kathy’s guidance, increasing numbers of caregivers have become advocates, also developing a strong voice and participating at all levels of decision making.

At the state level, DMHA recognized the value of respectful partnerships both with families and across systems. It established “The Youth and Family Sub-Committee,” which was a result of efforts from the “Family and Youth Inclusion (FYI)” sub-committee. The goal was to ensure the inclusion of youth and family voice and participation at all levels of decision-making within Indiana’s system of care structural development and expansion. Again, Kathy Riley, a volunteer parent and founding member of the committee, helped to ensure its success by encouraging more parents from the community to join. An interviewee who works with several SOCs put it this way, “I know that when I look at the State committees that I serve on, often times, the family voice is coming from Southeast Indiana. So I think that's indicative of how much value that family opinions are given in that area because they’re also the ones who are influencing.”

Kathy also started Parent Panels, which take place during conferences, parent gatherings and other events. The panels consist of parents whose children were struggling with various mental health challenges. Participants share deeply personal stories about their experiences and how they overcame struggles and the audience is encouraged to ask questions to learn better approaches in caring for their own children. It was evident from the data that these panels had a profound impact on parents who could finally see that there was hope for their children.

**United Families.** One important aspect of the impact that OCOF has on the community can clearly be traced to the creation of United Families (UF). In 2006, during the push to provide more parental and peer support, Kathy Riley started a parent support group, however, one of her goals was to create a support group that had an educational component to it. She wanted to avoid what she had experienced with parent groups, in which parents would sit around sharing sad stories. She wanted this group to feel empowered.

From the initial group that was started by Kathy Riley, UF emerged and evolved. Since 2006, UF has been dedicated to empowering families to address challenges related to caregiving for youth with mental health challenges through education, support, and advocacy. UF staff members and volunteers are parents and family members who have personal experience in these
areas. In addition to educational support groups, UF also provides one-on-one peer support to family members, and help families advocate for their children. Monthly meetings typically include a speaker, food, and childcare. Between March 2009 to February 2015, 1154 adults and 1385 youth attended parent gatherings that were held in Aurora, Batesville, Brookville, Greensburg, Lawrenceburg and North Vernon.

Assertion 3: OCOF successfully facilitated the implementation of wraparound services via its partners in Southeastern Indiana.

From 2005 and through 2015, OCOF has served over 2000 youth and families via its various partners, many of which provide wraparound services. Wraparound is an approach to the treatment of youth with serious emotional disturbances that coordinates and plans a unique set of services and supports that are individualized to meet the needs of the youth and family to achieve a positive set of outcomes. One interviewee defined wraparound as “a program that makes sure we listen to parents. However, we had one parent who always said that in the past nobody listened to her.” The interviewee recounted a story about this parent and mentioned that after wraparound started for her child the parent said, “people started listening, all of a sudden things got better. So instead of everybody blaming her and pointing fingers, everybody worked with her.” In order to implement more successful wraparound services, OCOF reached out “to all social service agencies and persons who might provide services to the community, not just child welfare.” The idea of wraparound and OCOF was, “don’t be stagnant, always keep moving, which means they were always trying to find answers to people’s problems.

Prior to OCOF and wraparound, the stakeholders in the community saw that the high-needs youth who were involved in multiple systems were not being served appropriately. People were not collaborating and OCOF saw wraparound as a vehicle for fostering collaboration. In the beginning, OCOF reached out for consultation to another SOC in central Indiana, Choices Coordinated Care Solutions, in order to learn how best to implement wraparound in Southeastern Indiana. After this initial consultation, OCOF began recruiting wraparound facilitators. On March 27, 2006, three facilitators had been hired to cover OCOF’s six-county catchment area, and referrals for wraparound services began. Those initial facilitators had a passion and desire to truly listen to and serve youth and families. This led to many successes for this wraparound team. The families and the community cared deeply for these facilitators because, as demonstrated through their actions, they would go to great lengths to ensure that youth were served in a more comprehensive way and not fall through the cracks.

In a survey that OCOF developed in 2007 before the Indiana University evaluation team came on board, the staff contacted anyone who had sent a referral or attended one of their trainings to ask about their level of satisfaction and their perceptions related to the responsiveness of OCOF services. As a result, they received highly positive comments about individual facilitators and positive feedback about the trainings and other services that OCOF provided. It was an affirmation that helped the team at OCOF confirm that they were on the right path and they began to consider expanding their services.

The impact that wraparound services have had in the Southeastern Indiana is evident in the stories families and others have shared. Perceptions indicate that without wraparound services that focus on the child and the family, these same positive experiences would not exist. One example of the influence of wraparound was told about a family that was involved with the
Department of Child Services (DCS). The practice of being family driven and youth guided, which was aided by the wrap facilitators, led a really resistant mother to come to an agreement to put her son in foster care. DCS asked the wrap facilitators to help, "we don’t think mom’s ready. We don’t think we can place him back with mom." However, the mother was really resistant to send her son back to the foster care. By the end of the meeting with the facilitators, the mom stated, "you know, ask DCS if there is something else we can do in the meantime, I don’t think I’m ready yet." Putting her son in foster care was the best decision for this family at the time.

After the son returned home from the facility, they planned a big celebration where they invited the wrap team to their home. The impact on DCS was also a great success, as the case was solved with the help from the wraparound facilitators. As a result, DCS case workers sent the wraparound facilitators flowers to thank them.

In this case, it was the wraparound services, which proposed family driven care, that created a successful situation. The wraparound facilitator left it up to mom to make the decision about services. When mom decided that it was not best for her child to come back to live with her yet, it helped break down the resentment that mom had towards DCS and other child serving organizations. Mom saw them as working with her rather than against her.

Another parent of a child who was involved in wraparound explained how wraparound changed their lives, “[My son invited 40 some people [who were involved in addressing his behavioral needs] and he looked at everyone and told everybody what they did, how they changed his life and that is why they were invited and stuff like that. The impact they had on his life. These were [most of the] people who were in wraparound and that’s what changed everything in our life.”

This parent shared her experience and impact on her family, “OCOF really came to us at a time when we were probably at our lowest because the behavior was getting so out of hand and we had honestly tried everything that we could think of. They just kind of formed a group around the family and helped us see things a lot of different ways so that we could start working on it together.... one of the most effective things, like things that were working, especially with my oldest one, is when we had the family team meetings [wraparound] and stuff, and that tended to create more of a sense of responsibility with my daughter.”

Assertion 4: OCOF is considered a leader in the community and serves as a model to other child-serving agencies.

The interviewees see OCOF as being different from other social service agencies in Southeastern Indiana because of their focus on interagency collaboration, a core principle in systems of care, where there is collaboration among critical stakeholders, such as juvenile justice, mental health, schools, DCS and others, in an effort to serve children who need multiple services. Interviewees saw OCOF as unique in incorporating this collaboration because “they want to take in every other agency’s social mission, they want to connect the dots between all of them [the different agencies].” Due to the collaboration that has developed through OCOF, state level agencies are currently reaching out to Southeastern Indiana as a key location for implementing new projects, bringing more opportunity to the region. OCOF also serves as a venue to regional/community planning to address the needs of human service organizations and those entities that interact with children and families.

In addition, the community started to see OCOF as an important organization that helps
people and works collaboratively to address their problems. Even other systems of care coordinators throughout the state consider OCOF operating above other child-serving agencies. Some of them ask for OCOF’s help with the questions like “how can we make this work here? How can I do this? What do I need to do and would this be ok? Would the MHA be ok with this and that?” One of the people from the State contacted the OCOF director after one of the SOC conferences and said, “I found that I can just always count on your team to tell us what they think. That’s what I love. You guys will call it out but you’ll call it out with an idea of how to make it better.” People see OCOF as an organization which brings all the other people and agencies together around the table. And then, all of those agencies look at the community strengths and the community’s needs and work on how to address those needs. The director of OCOF explained that, “the driver is the community, not the mental health center or anybody else.”

The other important aspect of OCOF is that they look out for the community, so rather than thinking about their agency first, they think about the community first. According to the director, the community values OCOF because of their relationship with youth, individuals, families, organizations and agencies in the rural community and their vision of this whole community improving and doing better. As a part of their strategic planning process, they engaged in considerable work via mind mapping, envisioning what the ideal community might look like. “Almost like hopes and dreams for this community - we know they’re not all attainable but having those discussions help.” They listen to the people in their community and try to find areas that need more focus and work.

The parent interviewees perceive that OCOF is unique and above other child-serving agencies because they were able to create processes and innovate in ways that greatly improved relationships and services, such as listening to parents and youth, giving them voice, and developing a quality wraparound team. As one parent shared “it changed my life, you know, we do have a voice now and people will quit judging us someday. Maybe.” Parents struggled a lot because of the stigma that sometimes comes with mental health challenges; however, other agencies and people are beginning to be more “accepting of it because of the system of care [OCOF] right now.” Thus, OCOF was the main organization that started to address the stigma associated with mental health in the community. As one person explains, “it’s because of OCOF that the stigma isn’t as bad as it used to be. Is it still there? Yes it is still there, I don’t know that it will ever go away, but it’s better.”

Several interviewees perceive OCOF to be the “go to” organization when they need resources, have an idea they want to implement, or have a problem to solve. One interviewee stated that OCOF “tries to find the best type of resources to help people out, they’re always looking at things like that.” Individuals from the community bring opportunities and problems to solve to OCOF. The community “sees a need and goes to OCOF with their ideas to help make it happen.” When OCOF doesn’t have the resources themselves, they work hard to reach out to other providers to find resources. Other interviewees talked about how people reach out to OCOF to get help with the IEP (Individualized Education Plan (or Program) or other school related issues. Several interviewees stressed that OCOF “finds ways to make things happen.”

When OCOF first started, people did not know the difference between OCOF, SOC and wraparound. This became clearer over time along with the value that OCOF brought to the community. One interviewee explains this:
“It went from trying to explain to people what wraparound is and what they do, to now it is at the point like, “oh, you haven’t heard about OCOF?” You know, it is a common name now that people recognize, and everyone talks about their reputation, and OCOF does have a reputation, it is entirely true. You know I have people telling me, sometimes when you have a training and you wonder if it’s going to be worthwhile but when people hear it’s an OCOF training, regardless what the topic it is, people say, “if OCOF is doing the training, it has to be good.”

OCOF has impacted the community by helping different agencies “recognize what the service gaps are and the need to fill the gap.” They have always tried to be a well-balanced group that includes all the different entities that work with families and youth.

Assertion 5: OCOF contributed resources to the community.

OCOF received state and local foundation funds in 2005 to develop and implement a system of care for Southeastern Indiana. The initial plans were to serve five counties (Dearborn, Franklin, Ohio, Ripley, and Switzerland), but the Decatur County Department of Child Services quickly contributed funds to expand the SOC to include Decatur County. After OCOF was awarded the funding, they worked with smaller groups like the local drug-free councils that could provide monies from their flex funds. These funds allowed staff to take a more creative approach in supporting youth and families.

In November of 2007, the Children’s Mental Health Initiative federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) request for proposals was released. OCOF submitted their proposal in January of 2008 and was awarded the grant in October of 2008. This was a critical success for OCOF, as it allowed them to hire family advocates, a social marketing coordinator, a PR person, and other staff. In addition, the grant allowed for expansion efforts to begin into Jennings and Rush Counties. As part of that cooperative agreement, OCOF also contracted with researchers from Indiana University to conduct a federally required evaluation along with locally developed research studies of OCOF’s implementation, functioning, and outcomes. Local evaluation efforts still continue to benefit the region.

With the grant, OCOF has gained many accomplishments. The number of staff has grown and new programs have been initiated. In the early years, OCOF focused primarily on implementing wraparound and a family advocacy program, but, “From that point [with the grant], it really just kind of blossomed not as wraparound, but more of a SOC, so it kind of made that shift.” At the time, wraparound Fidelity Index scores were consistently high (Note: This has changed in recent years). The grant money was also shared with other agencies through trainings, programs, and other activities and supports. This was a six-year, $6 million dollar grant that created positions for a core team of staff to lead the effort. OCOF has also used the funding to “expand and focus on system transformation efforts across all systems in Southeastern Indiana, particularly in the areas of trauma-informed care, workforce development, non-profit economic development, and parent engagement” (concept for exploring relationships with OCOF and the partnership for mental health, 2014).

In 2014, OCOF finalized its incorporation as its own 501c3 as the SAMHSA grant ended. In 2014, as a separate entity, they estimated an annual budget of $350,000 or more funded by their training and consultation contracts and local business support. At the time of their separation from CMHC the OCOF staff included one director, one full-time and one part-time
employee. After the grant, the staff had more freedom, as “they're not governed by certain program contracts.” Even though OCOF is the recipient of federal funds, they also try to match those monies with local funds.

The other sustainability effort OCOF has been working toward is expanding their services by trying to meet additional community needs. They use the funds to provide services for youth and family in their community, such as trainings, conferences, one-to-one supports, and consultations. They hired more staff and continually work toward closing the gaps in their strategic plan. Even when applying for grants, OCOF models collaboration by working with other agencies to apply for and share the funds.

**Project LAUNCH.** Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is a grant that OCOF received in 2014 to develop programs and facilitate systemic change. OCOF is the lead agency in this program, which involves several additional organizations. Project LAUNCH is “intended to improve the overall wellness, by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development, of young children birth-8 years old and is administered by the Indiana State Department of Health in partnership with the Indiana Division of Mental Health and Addiction” (OCOF website, n.d.). There are five core prevention and promotion strategies in which Project LAUNCH focuses: (1) screening and assessment in a variety of child-serving settings, (2) enhanced home visits through increased focus on social and emotional well-being, (3) mental health consultation in early care and education programs, (4) family strengthening and parent skills training, and (5) integration of behavioral health into primary care settings” (Mental Health Promotion & Youth Violence Prevention, n.d.).

**Incredible Years.** Incredible Years, a program under Project LAUNCH, is “an evidence based parenting program for caregivers of children from birth-8 years old and offered through OCOF. The program is provided in group format or home coaching. The program is for all types of caregivers and provides tools, knowledge and skills to help prepare children for school and to build well-rounded relationships. And, because of LAUNCH funding, this program is free!” (OCOF website, n.d.)

OCOF also has **Parent Coaching**, which is a part of Incredible Years and Project LAUNCH. The Parent Coaches help families find needed resources and offer free group workshops based on The Incredible Years curriculum to all caregivers with children between the ages of 0 months to 8 years of age. They also have Baby Group for prenatal population. The Incredible Years curriculum, which was developed by Carolyn Webster Stratton, Professor Emeritus from the University of Washington, is designed to help parents improve their children’s social and emotional behavior needs along with school readiness. (Incredible Years website: [http://incredibleyears.com/](http://incredibleyears.com/))

**Pilot Site for the DCS Children’s Mental Health Initiative.** This initiative provided Wraparound services to children who met the criteria for wraparound services but whose parents did not have access to Medicaid and therefore could not pay for services. This allowed families “access to needed services without having youth enter the child welfare or probation system for the sole purpose of accessing services.” It also constructed a “multiagency approach for all children within communities in order to provide the best outcomes and service conditions.”
Below is a synopsis of key funding streams accessed and services generated by OCOF:

Health Foundation of Greater Cincinnati (now called Interact for Health)
- The initial $300,000 to establish OCOF in 2005
- A trauma informed system transformation implementation grant
- Opioid Prevention Planning Grant

Indiana Division of Mental Health and Addiction
- Training and Consultation Contract for the Community Alternative to Psychiatric Residential Treatment Facilities Medicaid Demonstration grant
- Indiana Systems of Care Conference
- Family Involvement Grants for United Families

Local Coordinating Councils for a Drug Free Indiana
- Flex funds (in earlier years)
- United Families

Dearborn Community Foundation and the City of Lawrenceburg
- SEL3CT facilitation and evaluation

Assertion 6: The OCOF SOC is community-owned and community-driven as evidenced by public persuasion that OCOF become independent from CMHC.

The Goal from Day One. In the early days of OCOF, a group from Choices Coordinated Care Solutions in Indianapolis conducted a training focused on systems of care for key stakeholders in the Southeastern area. This training spurred the interest of many in the area to work toward the goal of becoming their own SOC, and in early 2005, a grant proposal was submitted to DMHA (Department of Mental Health and Addictions) and the Health Foundation of Greater Cincinnati to help this idea come to fruition.

In the spring of 2005, the COO of CMHC at the time, Julia Rupp, contacted Brenda Konradi, who was working as a rape crisis coordinator for CMHC, to ask if Brenda might be interested in building a team of wraparound facilitators and serve as their supervisor. Brenda was quite interested and in July of 2005, when the funding was awarded, Brenda was hired on as Systems of Care Coordinator in August of that same year.

In 2006 Brenda hired several wraparound facilitators and hired Kathy Riley as a PRN “as needed” employee. From the beginning, the goal was for this new, yet-to-be-named entity to be viewed as separate from CMHC. The vision was that the organization would come to be known as an unbiased entity and able to provide the most comprehensive services to a broader range of individuals, well beyond the CMHC catchment area.

With this growth came the need to formalize a name for this new group: “It started with developing a board of directors for a SOC and ensuring that all community partners were represented.” True to the mission and culture that Brenda was building with this nascent team, it
was decided there would be a naming contest and that representatives of the community as a whole – not the governance committee and not Brenda or any one person in a leadership role – would decide upon the name. Representatives from youth, families, schools, various mental health service providers, and more, came around the table to discuss this important decision. When one of the members suggested the name, One Community One Family, it struck a chord with the group, as it seemed to capture the essence of its mission. This new entity officially had a name.

With the grant came additional responsibilities for Brenda. As she took on the role of Systems of Care Coordinator, she focused her efforts on wraparound. Brenda’s primary goal at this point was to ensure the wrap facilitators would match the culture that she wanted to build for this new entity – facilitators who would go to any length to meet the needs of their clients and be able to hit the ground running at an even faster pace than before. She knew that she had a brief window of time to demonstrate that this entity was different than CMHC.

As Brenda began working with new families and recruiting facilitators, she didn’t introduce herself as being part of CMHC as there was “...a stigma that was sometimes associated with working for a large mental health provider.” Instead, she promoted her vision of what this entity could be and that it truly could provide more comprehensive services to the whole community, yet still be under CMHC. Her strategy worked.

The team came together with fervor to work toward Brenda and the Governance Committee’s vision of providing comprehensive quality service to all people across the mental health continuum and uproot any stigma associated with mental health services. The focus of this new team began expanding from wraparound to the development of a number of crucial training programs for the community along with educational outlets for families. Trauma Informed Care, parent and peer gatherings, and additional programs sprouted during this time, including Transition to Independence, United Families, FIRE (Finding Improvement by Reaching Empowerment) and Project LAUNCH, to name a few.

OCOF’s new role: Embracing the shift to a System of Care. “A System of Care does not equal Wraparound.” In the beginning, the team used the terms SOC and wraparound interchangeably. Slowly, there was a keen realization that a “System of Care does not equal Wraparound.” The team began to see that wraparound was about providing direct service to individuals and families, while a System of Care took on the much broader role of an umbrella organization ensuring that all of the service providers were collaborating to address gaps in services for the whole community. With a SOC, the community is the client; with wraparound, the individual or family is the client – a big difference! The key to this transition was that OCOF quickly built a reputation for having strong connections to the community and provided a broader range of services, offering training and other opportunities to a much wider audience.

This expansion of services brought more structure; a governance committee, an evaluation advisory board, social marketing and cultural linguistic committees were formed. The OCOF team went through some growing pains in trying to figure out who they were, especially under the umbrella of CMHC. With the expansion of services, they began to realize that OCOF had moved beyond serving the individual via wraparound services and into serving the whole community. They were truly beginning to view themselves as a System of Care rather than having the narrower focus of a wraparound team, which was also a shift being experienced in
many SOC teams on a national level.

What became clear through all of this was that the “SOC needed to be owned by the community, not by the mental health center.” CMHC was beginning to realize this as well, “I think at some level the health center knew it [OCOF] needed to be owned by the community but struggled with that.” Brenda was caught in the middle of some of these discussion and decisions – she was an employee of the mental health center but there was also an advisory board that was looking at the bigger picture beyond CMHC’s mission to what the community really needed in order to provide more efficient, effective and comprehensive services.

Questions began to formulate: If there is a lead agency (CMHC) that is championing the partnership, “how do we ensure that the lead agency doesn’t have an outsized piece of the pie so as not to overshadow [the work of OCOF]?” It became increasingly clear that OCOF needed to distance itself from CMHC in order to gain the trust of their partners and families; that they were working from their own mission, not under the mission of CMHC. This would allow them to move forward as an unbiased, guiding force that was there to serve all people in the community.

If a million dollar grant comes through a large agency like the CMHC, even if the lead agency has the best intentions, people may believe “that the lead agency gets most” of the grant monies instead of spreading it around to various agencies to more comprehensively serve the community. As an employee of CMHC, Brenda found herself in the awkward position of trying to answer to both CMHC and the community around how monetary decisions were made. OCOF began to experience a dissonance in their mission due to differing priorities and OCOF increasingly found it was caught in the middle. That needed to change. It was time to take the next step in exploring its independence.

Planning Committee: Next Steps to Becoming an Independent 501c3. Soon it was time to take the next steps in planning for the separation. OCOF brought in a consultant to help the team envision what the new nonprofit would look like. This became the work of the Strategic Planning Committee. “I think a lot of this probably came down to [having] that crucial conversation and just pushing for transparency.” Each month a cross section of community team members gathered for three hour meetings to engage in deep conversation around how the transition would transpire on all levels: legally, financially, philosophically, politically.

Fostering transparency by getting the right people around the table. There was real effort to bring the right people around the table who were willing to have tough, transparent, thoughtful conversations regarding this crucial next step. There was excellent leadership in the room and there was a “higher than normal level of transparency around the [finances] in this situation.” The team reviewed the numbers to try to understand how to sustain the different services under each umbrella – OCOF and CMHC. Just as important, there were people of influence in these meetings who had the capacity to make the decisions take hold.

The final papers were signed that granted OCOF its nonprofit status in April of 2014 and OCOF transitioned from CMHC in October that same year.

Benefits of Separating: small, nimble and the ability to address challenges quickly. “We can jump on projects and react quickly.” OCOF’s move into a separate nonprofit has already yielded benefits with its ability to be more nimble, allowing it to provide services and
develop new programs that address multiple gaps the staff were not able to address in the past. To illustrate, an individual came to Brenda stating that no one applied for a planning grant for drug free coalitions where there was a dearth of services in the Southeastern Indiana, an area that was in critical need of such services. This person asked Brenda if she might help write the grant. Since OCOF no longer had to wade through red tape and multiple approvals, they were able to “mobilize quickly now that they were their own agency and sign off...” to write and submit the grant.

From day one when OCOF started talking about separating from CMHC, Brenda often stated that the shift would take ten years – and she was right. What was interesting is that the Governance Committee, upon the eve of the separation, stated that, “we are not worried at all about OCOF without CMHC, we are worried about CMHC without OCOF.”

**Assertion 7: OCOF has empowered youth in the community.**

The implementation of programs that empower youth begins with giving voice to youth involved with OCOF. Before OCOF started to include youth in their activities such as decision-making, the interviewees mentioned that nobody was listening to the kids. As one interviewee stated, “and they listen to [my son] too and I think that was the amazing thing to me because nobody ever wanted to listen to him.”

In addition to giving voice to youth, OCOF gave them a chance to be involved in unique ways. The youth even took part in the hiring process of an OCOF staff member. An interviewee shared her experience: “I’m having two youth sit there and interview me, ... I thought it was cool that they were doing it. That’s like one thing that I loved when I came on was that the youth and the family had so much input into everything: hiring, events, and basically involved in every meeting.” It was a huge impact on the youth and community as well - people started to see these youth as more involved and an integral part of process.

OCOF also provided opportunities for youth to present and share their stories, which empowered the youth in the audience as well. One parent shares her experience, “they [2 girls in the audience] came up to my son afterwards and said ‘you’re the first person that understands what I live through every single day.’ It was amazing. And I’m not kidding you it was probably the most empowering thing that’s happened with my son.”

**Finding Improvement by Reaching Empowerment (FIRE).** OCOF facilitated the inception and growth of a program called Finding Improvement by Reaching Empowerment (FIRE). FIRE was initiated by OCOF but is now housed under the Community Mental Health Center. It has been dedicated to empowering at-risk youth to self-advocate in their community for social change involving mental health awareness and service provision since 2010. FIRE employs several young adult staff members trained as peer support specialists who provide one-on-one peer support to youth. These support services are open to youth receiving services at CMHC, with a target age range of 13 to 25 years.

Due to the newfound support and opportunity provided by OCOF, youth became more comfortable using their voice to address their needs. The FIRE program provided a safe environment for youth, in which they could get involved with other young people in their communities. One interviewee talked about FIRE as something that had been “a help for the kids, so to speak, also young adults.” It has also addressed the most pressing service needs of
members of the community with emotional and behavioral disorders.

Assertion 8: OCOF has provided educational opportunities and assisted in the development of several programs and initiatives.

OCOF has impacted the communities of Southeastern Indiana through a variety of education and training opportunities geared towards improving services for youth and families. It is likely that without these opportunities, the child-serving organizations in Southeastern Indiana would be less informed about best practices for improving the mental wellness of those whom they serve.

The following are the training, consultation, and technical assistance programs that OCOF has provided and continues to provide. Many of the trainings are presented in detail. Beyond the training and consultation listed below, OCOF has also contracted with numerous presenters to bring quality training to Southeastern Indiana, including Motivational Interviewing, Transition to Independence Process Model, and additional culturally relevant presentations, to name a few.

Curriculum Based Trainings

- Trauma-Informed Approaches—Maine Thrive Model
- Mental Health First Aid
- Youth Mental Health First Aid

Individualized Training and/or Consultation

- Systems of Care Development and Implementation
- Strategic Planning
- Change Leadership
- Family-driven Leadership
- Implementing peer to peer support models

Technical Assistance to Partners

- Collaborative Leadership and Planning
- Grant Writing, Proofreading, Feedback
- Grants Management
- Project Planning, Implementation, Management
- Data Management and Collection
- Evaluation
- Training/Conference Management
- Fiscal Agent

Parent Education and Support

- Incredible Years
- United Families
**Mental Health First Aid Training.** This training is “a public education program that helps individuals identify, understand, and respond to signs of mental illness and substance use disorders. Those who take the 8-hour course to certify in Mental Health First Aid learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care” (SAMHSA website). The director of OCOF and other staff have worked with several schools and community groups to implement this training, which is applicable to anyone. Recently, OCOF finished a two-day mental health first aid training with high school students and their teachers in one of the local schools. Several interviewees reported on the success of this training and that they would like to see more schools get involved. “The mental health first aid training has been amazing. Hopefully we’re going to see it get into the schools for all the teachers.” OCOF expects to receive funding for this training. In addition, some staff members are also certified instructors of Youth Mental Health First Aid and are part of the Regional Mental Health First Aid Hub in the tri-state area.

**Trauma-Informed Approaches – Maine Thrive Model.** In regards to trauma informed efforts, OCOF invested in training with the THRIVE model and has received training and consultation from THRIVE for over 4 years. THRIVE is the statewide trauma-informed System of Care in the state of Maine. In November 2009, “OCOF began working with Maine Thrive to provide trauma-informed care trainings to a wide variety of individuals. Participation in the trainings was high and feedback from participants was overwhelmingly positive. “We had people come up to us at the end and say, ‘this is the best training you guys brought here.’” The participants felt the training was accessible to almost anyone and showed the role that everyone can play in becoming trauma-informed. Shortly after these initial trainings occurred, OCOF, with the support of Maine Thrive, approached Indiana Department of Child Services (DCS) about a commitment to become a trauma-informed system. For some time after, Ripley County DCS was involved in an ongoing trauma-informed system transformation process facilitated by staff from OCOF, (note: OCOF is not currently serving as facilitator at this time). OCOF also provided trauma-informed training sessions with the goal, “to provide an overview of trauma theory and how to apply this theory to service systems in order to create services and supports that are respectful, effective, and trauma informed thereby reducing the likelihood of re-traumatizing families and youth” (Trauma Informed Training Flyer, 2011). The results have been very positive as DCS Practice Indicators have improved and locally developed surveys have shown. As more providers have been learning about the concept of trauma-informed care, the need has emerged to formalize actual processes for becoming trauma-informed systems. “Those who have participated in initial trainings have left wanting more” (SOC.planning.grant.trauma). Thus, OCOF has provided additional Trauma Informed Trainings in the area, including state conferences.
**Bridges Out of Poverty.** One of the programs that OCOF offered in past years was the ‘Bridges Out of Poverty’ workshop, which provides key lessons in working with individuals in poverty. By gaining a deeper understanding of both their challenges and successes, it assists all in partnering to create opportunities for success. Goals: (1) Understand poverty’s impact on people and community; (2) Build skill sets for those working with persons living in poverty; (3) Develop a shared language for working with people living in poverty.

**Positive Behavior Intervention Supports (PBIS).** The OCOF SOC facilitated change within the Batesville School Corporation through funding from the Federal SOC grant and LAUNCH. SOC partners worked closely with the school corporation to implement Positive Behavior Intervention Supports (PBIS). According the PBIS website (www.pbis.org), PBIS has an “emphasis on school-wide systems of support that include proactive strategies for defining, teaching and supporting appropriate student behaviors to create positive school environments.” OCOF continues to support Batesville Primary School in working to fully implement this initiative.

**The Transition to Independence Process (TIP).** TIP model was developed for working with youth and young adults (17-25 years old) with emotional/behavioral difficulties (EBD) to:

a) Engage youth in their future planning process.
b) Provide youth with developmentally appropriate, non-stigmatizing, culturally competent, and appealing services and supports.
c) Involve youth and their families and other key players in a process that prepares and facilitates them toward greater self-sufficiency and successful achievement of their goals related to relevant transition domains.
   1) Employment/career
   2) Educational opportunities
   3) Living situation
   4) Personal effectiveness and wellbeing
   5) Community-life functioning transition

When the first training was held in April of 2009, OCOF received positive feedback and people asked for more. The training was then held two additional times in Lawrenceburg and Batesville. As the executive director reported, even though TIP training was a great evidence based practice, the first TIP training in 2009 “was an example of jumping in without being real mindful ... I mean it was great they came in and learned about it but we weren’t really implementing it, you know, so we probably could have structured that a little bit differently.” However, in 2015 it turned out to be a huge success and 16 overview and consultations sessions were held in several different counties.

**SEL3CT**

A little over two years ago, an effort began to encourage the Local Coordinating Councils for a Drug Free Indiana to collaborate more formally. The LCCs realized the power that can come from collaboration and began to meet as a region with One Community One Family as the
facilitator of the collaborative effort. A six county regional collaborative of LCCs was formed consisting of Dearborn, Decatur, Franklin, Ohio, Ripley and Switzerland counties. Initial discussions focused upon information sharing and the need to have regional data that is not simply aggregated with the state of Indiana or Greater Cincinnati region. Through OCOF’s existing relationship with a team of evaluators from Indiana University, the group began with these evaluators to develop surveys and administer them within the region. The regional collaborative group is now called South Eastern Local Community Coalitions’ Collaborative Team (SEL3CT) and OCOF still facilitates the group with support from the City of Lawrenceburg. SEL3CT typically meets 6-8 times per year and has focused primarily on data collection as well as sharing ideas and challenges with each other in order to improve their own communities.

In Spring 2015, OCOF was contacted by Interact for Health suggesting that OCOF work to ensure an application from Indiana was submitted in response to the request for proposal regarding Opioid Prevention planning. OCOF worked with SEL3CT and the CRI team at IU to submit the proposal. SEL3CT was awarded an Opioid Prevention Planning grant from Interact for Health, with OCOF serving a facilitative role along with the CRI team. This plan will be completed and submitted in 2016.

**State SOC Conference**
OCOF was awarded a state contract from DMHA to provide the Indiana Systems of Care Conference in 2013 and continues to manage that conference now. OCOF partners with Choices Coordinated Care Solutions in providing the conference, which is also driven by a conference planning committee of SOC Coordinators, family members, youth and other key stakeholders. The conference has over 500 attendees every year with a wide variety of topics offered.

**Impact extends outside of southeastern Indiana with Tri-State Trauma Network.**
The impact the OCOF now extends outside of Southeastern Indiana. Three years ago, OCOF received a grant from the then Health Foundation of Greater Cincinnati to expand trauma informed training and change initiatives. At that time, the Foundation also funded a group of consultants to develop a needs assessment and plans related to addressing trauma since numerous Cincinnati based organizations had also applied for funding and were denied. OCOF had the opportunity to interact with these consultants and they eventually developed a business plan for a new organization: Tristate Trauma Network (TTN). The Tri-State Trauma network is a System of Care in Cincinnati made up of a group of providers focused on trauma for the tri-state area. The consultants had found that most agencies in Cincinnati and Northern Kentucky felt a need for a coordinating organization to, a) build a trauma informed system of care for the region, b) ensure quality training, and c) serve as a clearinghouse of trauma resources. In addition, it was clear that infrastructure needed to be developed in order to obtain more resources and to work toward these outcomes.

Due to territorial issues, the administrators of TTN didn’t believe local organizations in Cincinnati could provide the technical assistance or administrative support as they felt like everyone was “in it for themselves.” TTN had heard about the work being done in Southeastern Indiana and wanted their story to be similar in that they wanted to start under an umbrella agency and eventually grow into an independent entity. Another reason they reached out to OCOF was
that it was perceived to be unbiased, non-territorial and had the infrastructure needed to help this group get started.

After negotiations, the OCOF SOC agreed to serve as the lead agency and fiscal agent for the newly developed TTN. OCOF received $15,000 a year to provide fiscal and administrative support, along with mentoring, consultation and technical assistance as needed.

In addition to TTN in Cincinnati, OCOF has impacted the community of Evansville through similar consultation work. One interviewee from OCOF states that she “got pulled down there to do some training.” She talked about how she trained the group in understanding how SOC is more than wraparound and stated to staff that, “your SOC is about improving the whole community.” Within a couple of months, in the community of Evansville, their services were already expanding, “they had a trauma informed committee and had done a lot of outreach and social marketing. In addition, they had a big family day event planned focused on raising awareness of emotional wellness and mental health issues.”

**New Initiatives**
OCOF has also launched new initiatives within the last six months, which include the items below. These initiatives will be explored in-depth in a forthcoming study:

- Milan School-based Services Grant
- Youth MOVE
- Parent Cafes
- Jail Chemical Addictions Program Evaluation Project

**Assertion 9: OCOF has fostered a shift in thinking about mental health in Southeastern Indiana.**

In 2005, key stakeholders in the community, including representatives of the CMHC, YES Home, the Department of Child Services and Department of Special Education, began meeting to discuss the fact that the historically-used territorial approach to serving youth was not meeting the needs of adolescents and children in the community, particularly those with mental health needs. Stakeholders felt this was due to too many children being sent away to residential settings, far from their home, communities, and schools. As mentioned earlier, representatives from Choices CCS, Inc. of Indianapolis came to Ripley County, where many of the OCOF service providers were located, and presented information to stakeholders on what systems of care and wraparound could do for the youth in the community. At that meeting, the local stakeholder group decided to pursue funding to start a system of care in Southeastern Indiana. They applied both to the State Division of Mental Health and Addictions (for a two-year grant at $50,000 per year), which had earmarked funding to start a SOC, and also to the Health Foundation of Greater Cincinnati (a three year grant of $300,000), which was deeply invested in supporting children and adolescents. The local community mental health center in southeastern Indiana, CMHC, Inc., agreed to serve as the fiscal agent and lead the new initiative.

**Family Driven.** One of the core principles of the SOC movement is to be “family driven” (Stroul, & Blau, 2010). Findings indicate that not only has OCOF successfully modeled this principle, but the result has also had a profound impact on the community by fostering a broad
shift in thinking about what it means to involve families as partners and drivers in decision making. The staff at OCOF believe families are the experts in regards to their children and have designed their services and policies based on this principle. The following quote provides a simple example of this impact: “I just couldn’t believe that they had actual parents at a [State] conference…[with] all these other important people.” It shows how OCOF had fostered a shift in thinking towards being family driven “The idea under family driven is not guiding the family, it is more ‘keep(ing) families in the driver’s seat’” (Osher, Family Driven Journey).

They also had lead family contacts who “provide leadership and oversight in the development and implementation of a process for empowering families as advocates for themselves and their communities” (CMHC Lead Family Contact, Position description 2009). The Lead Family Contact served as a member of the Project Management Team and oversaw all activities in the organization and implementation of services provided by the Family Support Specialists. One of the interviewees, who has experience with several SOCs, compares OCOF with the Indianapolis area SOC, stated, “that is something we have really struggled with is to get family and youth involvement and you would think it would be much easier because we have many more people here but it seems that it's not.” She continues to describe how OCOF managed to figure it out by beginning “to look at [parents] as equal partners and not people who are being held hostage by the system.” Another interviewee shares similar views and states, “They listen to family members, they listen to the community, and they listen to professionals. They really do try to build on the strengths of families.”

**Stigma associated with the CMHC.** At the very beginning, OCOF was working under the CMHC umbrella. Given this, there was sometimes a stigma associated with CMHC as some in the community didn’t believe CMHC’s services were up to par and there are those who thought that OCOF would be the same. However, this was not the case. People soon discovered that the staff at OCOF was true to its word; they followed through on promises and built strong relationships with families. Eventually, OCOF’s services expanded to serve all people, not just those with mental health difficulties. Because of this, people started to accept that OCOF was not singularly tied to traditional mental health services. In addition, OCOF had engaged in several activities and functions locally and in other parts of the region in order to reduce the stigma associated with mental illness. These included mental health awareness days, Mental Health First Aid training, and trauma-informed care, among other events and trainings.

OCOF has improved and increased the communication and collaboration focused on mental health in Southeastern Indiana. As a result, many interviewees shared the opinion that a greater number of people are more aware and less afraid of talking about mental health related issues. Interviewees have further explained that there seems to be a decrease in stigma associated with mental health as a result of the OCOF’s efforts to improve awareness and communication about mental health-related issues. For example, one interviewee states, “...now everybody talks about it... it’s because of the System of Care. Agencies that really don’t deal with it on a daily basis are now dealing with it, and accepting it because of the System of Care. I really do believe that.” Another interviewee says, “I do believe it’s because of OCOF that the stigma isn’t as bad as it used to be.”

The other crucial aspect regarding OCOF was that as director, Brenda hired staff members who firmly believed parents should be involved in the mental health process. Brenda
would invite family members to participate in interviews during the hiring process so the parent could see how the interviewee was reacting/responding during the interview. It was found that the interviewees either thought, “it was the greatest thing or they were really confused by it all. I'd rather have the person who’s excited and thinks it’s cool.” Thus, the family peer advocates did a really good job by providing “a lot of education and a lot of advocacy, grassroots kind of stuff” and “getting the word out in the community.” According to the interviewees, the OCOF team does a good job of being nonjudgmental of parents, gaining their trust and listening to their perspectives. As a result, they have built a culture within OCOF that has helped diminish the stigma sometimes associated with mental illness.

**Changes in perceptions related to providing services.** As an example, the following quote from a parent demonstrates how OCOF fostered a shift in thinking towards providing services: “OCOF really came to us at a time when we were probably at our lowest because the behavior was getting so out of hand and we had honestly tried everything that we could think of. They just kind of formed a group around the family and helped us see things a lot of different ways so that we could start working on [the behavior] together.” Several parents also talked about their experiences prior to OCOF, and how the people who were supposed to be serving the families were judging them as parents, blaming them for doing something wrong. This was juxtaposed by OCOF’s approach which was one where, “they wanted to find out what was really going on and they wanted to really talk to everybody in the family and see where things were going, what was happening with stuff and what everybody's take on things were. They wanted to try and get into the middle of it.” In addition, OCOF worked to improve the community in order to positively impact all children and families in Southeastern Indiana as “OCOF is not just for mental health, but mental wellness.”

Several interviewees shared similar sentiments about how dedicated the employees from OCOF were to get providers to see that they have a shared responsibility for supporting the youth and families in their communities. Specifically, OCOF tried to help people understand that “this is not just a mental health kid, this is a kid in our community.” OCOF worked hard to instill beliefs that shared responsibility meant that no one person or organization gets blamed when something goes wrong because, as a community, everyone is responsible. Thus, a shift in thinking towards shared responsibility led to a reduced focus on blame.

**Assertion 10: Local champions have played an important role in the development of community, organization, and staff.**

The impact that OCOF has had on Southeastern Indiana has been impressive. These efforts would not have been as powerful without the involvement of several “champions” in the OCOF community. The role and importance of these champions, who work for OCOF and other partnering organizations, were clearly revealed in the findings of this study. Although interviewees noted the contributions made by many people, three individuals emerged from the data as key to the impact OCOF has had in the region.

**Brenda Konradi.** Brenda has served as the director of OCOF since it became its own 501c3 non-profit organization in 2014. In the summer of 2005, Brenda was working in CMHC’s Directions Program. She worked in schools, conducting prevention programs and also
coordinated rape crisis services and provided domestic violence services at other agencies in the community. At that time, CMHC's chief operating officer, Julia Rupp, recruited her for a new position: System of Care Coordinator. Initially, Brenda and the group focused on how to get wraparound started. Because she did not have a clinical care background (she is a social worker by training), the Intensive Youth Service Director at CMHC provided the clinical supervision. Brenda has said that even though the clinical piece is needed because the work is focused on youth with mental health needs, wraparound is almost always non-clinical because it is focused on the family, adding: “honestly what those first facilitators really needed, because a lot of them were already experienced, they needed to know how to deal with difficult situations and people, that’s the stuff they were struggling with. It was reminding them of the family driven stuff-- I mean, it wasn't this child's diagnosis, it wasn't oppositional defiant.” When OCOF first began, the staff included the SOC Coordinator and five facilitators. Brenda transitioned out of the role of supervising the wrap facilitators soon after receiving the SOC Federal grant, so she could focus on the many aspects associated with a growing system of care.

For a while, she worked closely with Choices, an Indianapolis-based agency, that provided some training for OCOF’s team. Choices first presentation to OCOF addressed, either directly or indirectly, some of her concerns. For example, Brenda recalls that when she saw the list of people who were attending the training, being surprised that it was all CMHC people: It “was supposed to be a community thing. We should at least get some community people.” OCOF did invite community members and that was how the community first became involved in the process.

Brenda defines herself as “a real relaxed supervisor but there are certain things like, “Don’t let me hear someone say you didn’t get back with them, particularly a family member.” Now it does happen at times...but it’s just that people deserve, even if it’s a quick email saying, “I’m swamped right now. I can get back with you in a couple of weeks or whatever.” She attributes her core success to her relationships with the community.

People know her and trust her because (1) she follows through and (2) demonstrates genuine caring for the community. In the interviews, stakeholders often mentioned her personality as a key factor that makes her a “champion.” Here are several examples: “I think Brenda does such a really good job at being genuine and trustworthy that she really earns the trust and respect of people, that’s a big help.” “She’s all about relationships. She’s done an excellent job of winning people over who may have been pessimistic or hesitant, or, “ok it’s just another program,” kind of thing. I think she’s done an excellent job because she lives in the area and she really lives and breathes this work. I think that’s important.”

With Brenda’s long term involvement in the organization and her emergent role as a community “champion,” OCOF’s impact on the community began to broaden. This growth was another clear theme in our findings. For instance, several interviewees mentioned that her leadership set the stage for the success of OCOF. Here are some examples: “I just can’t say enough about her, how she is just such a go getter and she just has the best interest of families and youth. She just has their best interests in mind and I think the agency will just grow and do so many more good things”.
• “I just don’t think that I can stress enough that I think Brenda’s leadership is modeled throughout the organization.”
• “She kind of keeps her finger on the pulse of what people actually need and fills those needs and letting people know that -- you’re not creating the need and you’re not just doing what has been done, you’re doing what’s necessary so it’s important.”
• “It also includes the passion you have for your community -- vision. Forward movement, thinking outside the box kind of stuff. I always think about champions.”
• “And that to me is really important when you’ve got somebody that’s asking a question and you say I don’t know but I’ll find out. She [Brenda] usually finds out and that’s just integrity.”
• “She’s been approached by so many entities within the state. Wanting her input on what they are doing speaks volumes. Credibility that other people are asking her how she's doing what she's doing.”

Kathy Riley. Kathy was the first parent of a child with mental health needs to participate on the OCOF Advisory Board. She attended her first state Systems of Care Conference in 2006 and started a Parent Gathering in Ripley County in August of 2006. Kathy was soon hired on in an as-needed capacity in the role of Family Support Specialist for OCOF. One of the first elements that really impressed Kathy was the process Brenda was utilizing when hiring wraparound facilitators, “I (Brenda) didn't want to recruit in a traditional way, I didn't want to put ads in the paper and just get whatever. I kind of went out and as we talked this up in the community, trainings and different meetings...”

It was at that point when OCOF decided to include a family member in the group. Stakeholders were unanimous that it should be Kathy - folks appreciated her candor: she “will tell you what she thinks.” Her first role was as the Parent Gathering Facilitator as well as marketing, training and orientation. “Her vision was to start this group and she wanted it to be educational, she didn’t want it to be everybody sitting around sharing sad stories; she wanted it to be empowering.” Parent gatherings were open to any parent/foster parent/caregiver of a child with serious emotional or behavioral needs.

Kathy and her son’s transformative story has been recounted several times in the OCOF history to demonstrate the success of the OCOF approach. It has had a wide-reaching impact on the community by making the experience of parenting a child with mental health challenges real for people. Because Kathy had owned a beauty shop in the community for years, everybody in the community knew her. Everyone also knew that her son had challenges. Thus, many in the community, especially those who had children struggling with similar issues, recognized her.

Kathy was keenly aware of the mental health social stigma and how it creates prejudicial attitudes and discriminatory behavior directed toward individuals with serious emotional behavior needs. As she relates in her own story, people she knew in the community would say to her "well don’t tell anybody your kid has issues." Her response was, "why the hell not? If my kid had cancer you'd all be out doing fundraisers and stuff. Why wouldn’t I say anything?"

Over the years, Kathy’s role has greatly expanded to include both peer-to-peer support, greater participation in OCOF planning, and presentations at state and national conferences. She has worked for United Families for ten years and has provided peer support in schools, parent gatherings, and individually with parents. In addition, Kathy has a special interest in the Individual Education Planning (IEPs) processes used in schools for students labeled for special education and has accompanied many parents to IEP meetings to offer support.
Cathy Piche, Director of YES Home Services. Cathy was the first chairperson of OCOF and is still serving in this position. She is the Director of the Yes Home, Youth Encouragement Services, which houses up to fifteen adolescents at any given time. Cathy is highly respected, has served on numerous community groups and Boards over the years, and has always been involved in community coalitions. She is vocal about changing the common misconception that the system of care was not just about the community mental health center. She is a champion of progress and her involvement in the OCOF separation process was key to its success, as highlighted in this quote: “I mean without her (Cathy), none of this would have happened. The "Cathy seal of approval" is huge, you know, it makes all the difference.”

CONCLUSIONS

Studying community change is not an easy undertaking. Even more challenging, is the ability to accurately attribute such change to a specific source. We acknowledge that the findings in this Community Impact Study must be interpreted with some caution for several reasons. First, this study did not necessarily examine the prior community milieu that set the stage for an initiative like OCOF to develop and evolve. Undoubtedly, local, regional, and national policy shifts and momentum for change set the stage for the emergence of OCOF and much of the community development was attributed to OCOF in this study.

Second, purposeful sampling was used in this study to generate the respondent list for interviews and we therefore acknowledge the possibility that not all stakeholder perspectives were adequately represented in the process. Individuals were invited to be interviewed for this study because they could reflect on children’s social services in Southeastern Indiana over the past ten-plus years. Moreover, by checking and rechecking our respondent list before and during the interview process and then asking respondents during interviews who else should be interviewed for the study, we have confidence that our study sample was appropriate. Still, we recognize that in interview research, it is always possible that another group of respondents might have produced a different set of findings.

Still, in spite of these limitations, the overall impact that OCOF appears to have had on Southeastern Indiana can be described as nothing less than stunning. Not only do these data reinforce the adage that takes a village to raise a child, they clearly demonstrate what can be accomplished in a community, even one as large Southeast Indiana, by a visionary and committed group of individuals. It is not overstating it to say that children’s social services in Southeastern Indiana will never be the same for young people and their families because a group of people came together more than ten years ago and decided that the status quo for children with mental health needs and their families needed to be drastically changed. Reviewing this report provides readers with the glimpse into the “ripples in the pond” that is Southeastern Indiana, started by the work of this group.

The current core team of community “champions” and their many partners will be the first to remind us that hard work is not over. In many ways, it’s just getting started. As OCOF moves into its new role as a facilitator of community change, partners understand that more effective and earlier interventions for children with emotional and behavioral challenges are crucial to improving overall community wellbeing and reducing unnecessary reliance on historically overly restrictive societal responses. Earlier intervention ultimately leads to
prevention and the need for communities to help young people stay in school, stay away from alcohol, drugs, and cigarettes, and prepare for a post high school career. It has been our pleasure to observe OCOF move into the arena of community guardian and we are excited to see what the next level is for this high performing organization.
REFERENCES


