LICKING COUNTY

C&FF

CHILDREN & FAMILIES FIRST

Service Coordination Mechanism

Approved by the Licking County Children and Families First Council, April 4, 2018

Service Coordination Mechanism (SCM) Table of Contents

I. Overview and Purpose ..... pages 4 - 5

Entities involved in the review and revisions of the SCM

Structural components of service coordination

Criteria for children accepted for service coordination

Community awareness and training in the SCM process

II. Description of statutory components required under ORC 121.37 (C) ..... pages 5-11

(C)(1) Referral Procedure

(C)(2) Notification of Meetings

(C)(3) Family initiation of a meeting and support persons

(C)(4) Out-of-home placement assurances

(C)(5) Monitoring progress and tracking outcomes.

(C)(6) Protecting family confidentiality.

(C)(7) Assessing the strengths, needs and cultural discovery of the family

(C)(8) Developing a family Service Coordination Plan.

(C)(9) Dispute resolution, including the judicial review.

Help Me Grow Early Intervention Service Coordination

Child Protective Services – Youth in Custody

III. Description of statutory components required under ORC 121.37 (D)..... pages 11-13

Description of the process and individual components of the family Service Coordination Plan.

(D)(1) Designating service/support responsibilities.

(D)(2) Selecting family team member to track progress, schedule and facilitate meetings.

(D)(3) How plans ensure services are responsive to the strengths, needs, family culture, race and ethnic group, and are provided in the least restrictive environment.

(D)(4) How alleged/adjudicated unruly and delinquent youth are dealt with using service coordination, including a method for diverting them from deeper involvement in the juvenile court system.

(D)(5) time lines for completing family team goals.

(D)(6) crisis and safety plans in the family Service Coordination Plan.

IV. Items that may be in Service Coordination Plan of an alleged unruly child under ORC 121.37 (E)..... page 13

(E)(1)(a): Designation of the person or agency to conduct the assessment of the child and the child's family as described in Division (C)(7) of this section the instrument(s) used to conduct the assessment.

(E)(1)(b) The personal responsibilities of the child and the parents, guardian, or custodian of the child;

(E)(1)(c) Involvement of local law enforcement agencies and officials.

V. (E)(2) The method to divert a child from the juvenile court system ..... pages 14-15

(E)(2)(a) Preparation of a complaint under section 2151.27 of the Revised Code.

(E)(2)(b) Conducting a meeting with the child and parents and other interested parties.

(E)(2)(c) A method to provide the child and the child's family a short-term respite.

(E)(2)(d) A program to provide a mentor to the child.

(E)(2)(e) A program to provide parenting education.

(E)(2)(f) An alternative school program.

(E)(2)(g) Other appropriate measures.

VI. Fiscal strategies for supporting service coordination……. pages 15-16

How funding decisions are made
Maximizing flexible resources
How funds are blended, braided or coordinated to support service coordination.
Reallocating resources from institutional services to community-based, preventive, and family-centered services.
Use of Family Centered Services and Supports funds.

VII. Quality Assurance of SCM…….. page 16

How the SCM process will be monitored and reviewed. (who, how often)

Attachment A ……SCM Cover Sheet

Attachment B ……Signature Page

Attachment C ……Checklist

Attachment D ……Service Coordination Matrix

I. Overview and Purpose

In 1996, the Ohio Revised Code (ORC) mandated that each community develop a plan to coordinate services for children and families who voluntarily seek services. The Licking County Children & Families First Council (CFFC) assumed responsibility for the development of the first Service Coordination Mechanism (SCM) plan. The SCM plan has been modified several times, with the last formal modification in 2010. In 2017, the CFFC appointed the Clinical Systems Services Coordinator (CSSC), CFFC Coordinator and CFFC Clinical Committee (CC) to revise and update the SCM plan and submit the plan to the CFFC for approval. Representatives from the following agencies were involved in the revision process: Behavioral Healthcare Partners, Children and Families First Council, Licking County Job and Family Services/Children Services, Lakewood Local Schools, LAPP, Licking County Board of Developmental Disabilities/Early Intervention, Licking County Schools Educational Service Center, Licking County Health Department, Licking County Juvenile Court, Mental Health and Recovery Board of Licking and Knox Counties, Newark City Schools, The Village Network, and The Woodlands. The 2018 SCM plan, submitted to and approved by the CFFC on 4/4/2018, includes those revisions which have since been implemented.

Licking County has a long history of collaborative efforts among systems and providers offering children and families a continuum of formal and natural services and supports. Licking County systems have long held the goal to maintain children in their homes whenever possible. As a leader in local service coordination efforts, CFFC hired a CSSC in November 2008 to facilitate service coordination and develop the high-fidelity wraparound (HFW) process through Community Support Teaming (CST).

The function of CST service coordination and HFW within the Licking County community is to provide a venue for children/youth between the ages of birth through 21 whose needs are not being met through traditional agency systems, who have multi-system needs or who are involved with multiple systems, including those who were abused, neglected, dependent, unruly, and delinquent. Those youth at risk of out-of-home placement or who are returning from an out-of-home placement are given high priority.

CST builds on the strengths of the family and community through parent-agency collaboration, ensuring consistent communication and utilizing a broad range of community services and natural supports. This SCM plan specifies the way in which agencies and families can access and utilize CST services; family rights and responsibilities; how family teams operate; how CFFC family teams may access existing services and supports; how family teams may propose new services or supports to address unmet needs; how family teams may access funding for services and supports and how the community can work to improve services for families and children.

The SCM reflects and supports the CFFC's commitment to:

- ✓ Child well-being.
- ✓ Family and youth centered services and family/youth involvement throughout the levels of planning and services.
- ✓ Assuring individualized family service coordination plans and availability and access to culturally appropriate services for children and families
- ✓ Early intervention with families and the use of least restrictive, home and community supports.
- ✓ Shared responsibility and coordinated, outcome driven, effective and cost-efficient services among systems serving children and families.
- ✓ Strategic planning at the local level and the deliberate allocation of local resources.

Agency personnel, families and the community become aware of the SCM process through:

- Involvement in CFFC meetings where CST and community service quality improvement are agenda items. CFFC membership includes, but is not limited to, representatives from WIC, Head Start/Early Head Start and BCMH.
- CFFC services are listed in the Pathways of Central Ohio 2-1-1/Crisis Hotline online resource data base/directory.

- The CFFC SCM Plan and forms are posted on the CFFC website.
- CFFC personnel attend and distribute information at local public information fairs.
- Service Coordination information is presented at collaborative meetings of providers serving children age birth - 21 and at agency offices, including schools and hospitals, so that agency personnel may make referrals and share information about CFFC services with families.
- Provider consultations with CC and the Early Childhood Clinical Committee (ECCC).
- CFFC staff involvement in multiple community collaboratives that impact children and families.

Agency personnel, families and community members become trained in the SCM process through involvement in the process. Training is also provided by CC and ECCC members, the CSSC and CFFC facilitators through involvement in CC and ECCC. Individuals involved with the CFFC (including family representatives) are informed of training in wraparound, service coordination and other trainings offered through the State and other providers. CFFC and local system providers access technical assistance and trainings through the State FCFC as often as possible to develop the quality of our services.

II. Description of statutory components required under ORC 121.37 (C)

(C) (1): A procedure for referring a child and family.

Any community agency/provider or family member may refer a youth/family to the service coordination process. Referrals may be initiated by contacting the Children & Families First Council (CFFC) Clinical System Services Coordinator (CSSC) by phone (740-670-8916) or email (Cynthia.webb@jfs.ohio.gov), or by completing and submitting the Referral Form and a Family Release of Information to Cynthia.webb@jfs.ohio.gov. If a referral is received without a completed Referral form and Release of Information form, the CSSC will send the referring entity the forms for completion and submission. The Referral Form includes information such as the referring entity/youth/parent/guardian names and contact information, involved systems and supports, needs, history, and level of risk for out-of-home placement per the referral source.

The parent/guardian is contacted by phone within 3 business days of receipt of the referral. The CSSC schedules a home/office visit with the parent/guardian, unless the family refuses. For youth referred while in a stabilization unit, such as a hospital, the CSSC will contact the facility within 1 business day to gather information, contact parent/guardian, and schedule a home/office/hospital visit. If possible, a meeting will occur within 3 business days and include creation of a transition plan. If it is not feasible for transition planning to occur prior to the youth leaving the stabilization unit, a meeting is to occur within 10 days of youth returning to the community. For youth in a longer term residential, out-of-home placement, a meeting will occur within 10 days after placement to begin service coordination and transition planning.

On the first home visit, all paperwork is completed including dispute resolution and signing of releases. The CSSC/CFFC facilitator asks for the family story to complete the initial assessment. This story is used to establish a timeline, understand family strengths, challenges, and needs, the roles and functions of formal (school and other organizations) supports and natural (family, friends, community members) supports, and to see patterns. Prior to leaving, a second home visit is scheduled. If the child/youth is in the hospital, the initial meeting will occur while the youth is in the hospital, if possible, and include involved hospital staff. In cases where this is impossible, a meeting will be held within 10 days of the child/youth's return home.

Risk Assessment: With information from the family, the CSSC/CFFC facilitator enters demographic information in the electronic health record (EHR) and completes the Ohio Child and Adolescent Needs and Strengths (CANS). CANS is a comprehensive, multisystem assessment based on Communication Theory that is used to accurately represent the shared vision of the child and family and promote effective communication across family and systems of care. CANS is used to assist in determining the risk level of the child/youth and the level of service provided.

Low risk. Those scoring 0 - 50 on the CANS will be deemed low risk and will receive **Information and Referral** to services, the least intrusive option. This Information and Referral will include a list of services, contact information, and basic strategies to address specific issues discussed in the first visit, being respectful of the cultural beliefs of the family. The CSSC/CFFC facilitator will follow-up with at a phone call within 6 weeks.

Medium risk. Those scoring between 51 and 90 on the CANS will be deemed as medium risk for out-of-home placement and at the second meeting, will be offered **Service Coordination**. If the family accepts Service Coordination, the CSSC/CFFC facilitator will continue to gather information from families about which strategies and services have worked in the past. The CSSC/CFFC facilitator will work with the family to define specific goals and services that would assist the family in moving towards those goals, being respectful of the cultural beliefs of the family. The CSSC/CFFC facilitator will strive to connect the family to a case manager or care coordinator, discuss the purpose of forming a Community Support Team (CST), ask who the youth/family would like to have on their team, who they would like to have as their team facilitator, and when and where the meetings will be held. CST members will include the family, youth when developmentally appropriate, natural supports (family/community members), staff from involved community agencies, a representative from the youth's school district, and health insurance care coordinator when appropriate. The youth/parent(s)/guardian signs the appropriate release of information so the CSSC/CFFC facilitator can "form the team" and invite CST participants.

High risk. Those families with extensive involvement in services and continuing to fall short of stabilization, with scores of 70 and above on the CANS, are qualified for High Fidelity Wrap-Around. At the second meeting with the family, the CSSC/CFFC facilitator will continue to gather the family's story and explore expanding involvement of natural family and community individuals. An objective of this meeting is to have a clear understanding of functional strengths and risk/needs of child/youth while being respectful of the cultural beliefs of the family. Identified strengths are utilized in addressing unmet needs or challenges. Service gaps, such as the need for a case manager or care coordinator, will also be identified and referrals made to address the service needs.

Introduction to Service Process: A packet of information on High Fidelity Wraparound CST is reviewed and provided to clearly define the process and purpose of building a family team. The youth/family is asked who they would like to have on their family team and when and where the CST meeting will be held. CST members for a Wraparound team will include the parents/guardians, youth when developmentally appropriate, staff from involved community agencies, a representative from the youth's school district, the family's natural supports (family/friends) and other community supports such as mentors/advocates. The youth/parent(s)/guardian signs the appropriate release of information for the CSSC/CFFC facilitator to "form the team" and invite the CST participants.

*Young adults (age 18 -21) will be considered the primary contact and decision maker for their team, and all youth are considered to be active participants/decision makers on their teams and included as much as possible considering their age/developmental capability.

Procedure for funding referral to the CFFC Clinical Committee: Any referral to the CFFC Clinical Committee (CC) will be forwarded to the CSSC. The CSSC will request required documentation, explain the process and schedule the family team representative for a presentation with the CC. The CC will accept referrals, and if necessary, authorize funding for youth based upon the following criteria:

1) Multi-system involved or with needs in more than one system of care.
2) Signed Release of Information is in place.
3) Family service coordination plan, developed with parent/caretaker and child/youth, is in place.
4) Completed Risk assessment is in place
5) Completed Crisis and safety plan is in place.

6) Completed request for funding is in place that includes how the resource being requested will meet the objectives of the family's service coordination plan.
7) Usual and customary services and resources have not been successful.
8) Approval of funding renewals shall be based on the progress made toward the desired outcomes (i.e. goals) as stated in the family service coordination plan.

In an emergency, the referring agency may contact the CSSC to discuss the status and request approval for immediate intervention until the next scheduled CC meeting. The CSSC will make the request to the CC members, by phone or email. A minimum of four (4) CC members must approve the request. The complete presentation will be heard at the next CC meeting.

Placement Plan: CC does not authorize payment for out of home placement, except in those instances where a 30-day stabilization stay is deemed clinically warranted. Community pooled funds are utilized for the stabilization placement. A comprehensive plan to return the youth/child to her/his home or other community setting is developed as quickly as possible after the stabilization stay is approved. The case manager from the representing agency and the CSSC/CFFC facilitator will share responsibility of coordination between the placement facility, family and community team. Progress is reported to the CC.

(C) (2): Notification procedure for CST meetings (Service Coordination and Wrap-Around).

The Children and Families First Council (CFFC) Clinical System Services Coordinator (CSSC)/CFFC facilitator or other team lead approved by the parents will invite participants to the CST meeting either in writing or by phone. The EHR system has a built-in notification process; sending out email reminders to team participants. For those not having email, the facilitator will phone or text team members. CST team members may include the parents/guardians, youth, immediate and extended family members, appropriate school district representative and, if involved, caseworker, mental health provider, probation officer, Guardian ad Litem and other identified community providers. A parent advocate and/or other natural family supports may be invited.

(C) (3): A procedure for a family to initiate a meeting and invite support persons.

The CST Facilitator and family are responsible for teaming for purposes of creating a child and family team, which consists of individuals, identified by the family and referring agency personnel, who might be familiar with the family's strengths and needs. The process is driven by a collaborative partnership between the family, the family's supports and agencies involved with the family. Families will be encouraged to include natural supports such as extended family, non-blood-related (fictive) kin, close friends, members from their faith community, teachers, etc. The aim is to include members who are committed to long-term support of the family.

The CST Facilitator, parent/guardian, or youth (18-21 years old) will determine meeting dates/times and location, and who and how invitations will be made to support persons (formal and natural).

(C) (4): A procedure ensuring an individual family service coordination plan meeting occurs before an out-of-home placement is made, or within ten days after placement in the case of an emergency.

For youth referred with a concurrent request for out-of-home placement, an assessment will be conducted and a team will be formed prior to removal (in cases that are not an emergency removal) to create a safety and crisis plan, and to identify and address immediate unmet needs that led to risk. Out-of-home placement will not be considered until all other community options are exhausted.

For youth referred while in a stabilization unit, such as a hospital, the CSSC will contact the facility within 1 business day to gather information, contact parent/guardian, and schedule a home/office/hospital visit, if possible, within 3 business days to create a transition plan. When it is not feasible for transition planning to occur prior to youth discharge from the stabilization unit, a meeting is to occur within 7 days of youth returning to the community.

In case of an emergency and the youth is moved to an out-of-home placement before referral to CST or before assessment occurs, a meeting will be scheduled within 10 days after placement to develop a transition plan. For youth placed by the CFFC, contractual approval is limited to 30 days. Weekly written progress reports will be requested and weekly team meetings will occur. These meetings are to include community formal and natural supports, family, and facility staff. A reunification plan will be developed by the team, with benchmarks and timeframes. In cases where the team determines placement is to continue past the 30-day period, a written request to the CFFC Funders is to be prepared and presented by the CSSC. If funding is not approved, other options will need to be reviewed and put into place by the CST. If approved, the team will examine barriers and refine the transition plan as needed.

For cases brought to the CFFC for service coordination when the youth is in custody of Juvenile Court or Children Services, an assessment and a CST meeting will be scheduled within 10 days after placement. Monthly monitoring meetings will occur and coordination will be attempted, if approved by the family and custodial entity.

(C) (5): A procedure for monitoring progress and tracking outcomes.

At each team meeting, the CST will assess progress towards goals and track outcomes as outlined in the family service coordination plan and recorded in the EHR. For those receiving High Fidelity Wraparound, the focus is on addressing the unmet needs and progress is determined by number of goals reached. The CANS will be completed every 90-120 days (more often as needed) following a CST meeting to monitor progress on each item identified as a need.

(C) (6): A procedure for protecting family confidentiality.

Confidentiality is an important right of youth and their families and must be maintained pursuant to all applicable administrative rules, policies, and practices. The expiration date is written into the Release of Information (confidentiality form) and family information will be destroyed in accordance with established CFFC and Administrative Agent guidelines.

CST forms and procedures will be explained to the families and this explanation will include protection of Protected Health Information (PHI). A Release of Information is completed by the family at the first meeting. New team members are added to the release and approved/signed by the family. This form is kept in the child/youth's file located in the CSSC/CFFC facilitator office. At each CST meeting, members in attendance sign a confidentiality statement that insures the privacy of the family is protected.

A release of information form, specifically identifying CC Members, is provided to the family for signature when funding requests or consultation is requested by the family team. Copies of information distributed to CST and CC members will be destroyed in accordance with established state guidelines.

(C) (7): A procedure for assessing the strengths, needs and cultural discovery of the family.

The assessment of strengths, needs and cultural discovery begins at the time of referral through questions posed to the referring entity (agency or family). There will be one to two meetings between the family and the CST facilitator where the family is asked to tell their family story which begins the process of building a family time line of events and gaining an understanding of the strengths, needs and culture of the family. From that story and information gathered from formal and natural supports, the facilitator will complete the CANS and based on the assessment, compile a list of strengths and needs that is then shared at the initial team meeting. At the initial planning meeting the family team will develop a team mission, elaborate on presented strengths, and prioritize unmet needs. The CANS will be completed every 90-120 days (more often as needed) following a CST meeting to monitor progress on each item identified as a need and strength.

(C) (8): A procedure for developing a family service coordination plan.

All open cases will have a written family service coordination plan. The service coordination process includes:

- Engaging the family;
- Teaming with the family;
- Gathering information about strengths and unmet needs;
- Eliciting goals from the family;
- Forming a community support team (CST);
- Team decision-making about desired strategies, outcomes and how progress will be identified and tracked; and
- Determining with the family and team what strategies and tasks should be performed, by whom, how, and when to achieve proposed actions.

(C) (9): A dispute resolution process, including the judicial review process.

The Dispute Resolution Process for the Licking County Children and Families First Council (CFFC) will be used when an agreement cannot be reached (between the family and a service provider, between service providers, or between funding agencies) regarding service coordination, including the child/family assessment, the family service coordination plan, or service responsibilities for implementing the family service coordination plan. Before a dispute reaches this level, every attempt will be made to resolve the conflict in a face-to-face Family Team meeting. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination.

The Dispute Resolution procedure will be given to the family in writing and will be explained to them at the initial Family Team meeting or when they first enter the CFFC service system. If resolution is not possible during the Family Team meeting and during the formal Dispute Resolution process, necessary services will continue to be provided to the family. Services will not be denied to a child and family that would place a child at imminent risk.

If resolution is not possible during the Family Team meeting, the following steps will be initiated:

A family team member or Clinical Systems Services Coordinator (CSSC) will contact the CFFC Coordinator, Sylvia Friel, for the Dispute Resolution Committee or CFFC Board contact information-- sylvia.friel@jfs.ohio.gov, 740-670-8844, or 74 S. 2nd St., PO Box 5030, Newark, OH 43058-5030. FOR CLINICAL COMMITTEE DISPUTES, GO DIRECTLY TO STEP 2A.

1. The CFFC will appoint a Dispute Resolution Committee from its member agencies and family representatives. A member of the family team or family members themselves, will refer the matter, in writing, to the Dispute Resolution Committee within three (**3**) business days (1 BUSINESS DAY IF EMERGENCY SITUATION) following failure to achieve resolution at a Family Team meeting. (An emergency dispute situation is defined as one involving significant risks to the child or other persons who are to be addressed by the proposed comprehensive family service coordination plan.) The dispute Resolution Committee will convene a meeting with the disputing parties (including the family), within ten (**10**) business days (5 BUSINESS DAYS IF EMERGENCY SITUATION) of notification, to resolve the dispute. All involved parties will be permitted to submit relevant written materials to the Committee prior to the meeting. At the meeting, it will be necessary to clarify with the disputing parties what is excluded from the process, such as single system eligibility or issues of adjudication. This meeting will be face-to-face and will occur at a time that is convenient for the family. Within one (**1**) business day of the meeting, the committee will issue a written decision to resolve the dispute.
2. If this decision fails to result in satisfactory resolution by any of the parties involved, the Dispute Resolution Committee will refer the matter to the CFFC Board of Directors within one (**1**) business day. The CFFC Board of Directors will meet to review the dispute and issue written findings and recommendations within ten (**10**) business days (5 BUSINESS DAYS IF AN EMERGENCY). All involved parties will be permitted to submit relevant written materials to the Committee prior to the meeting.

2A. Any Family Team member or the CSSC shall refer the matter to the CFFC Board of Directors within one (**1**) business day. The CFFC Board of Directors will meet to review the dispute, and make recommendations within ten (**10**) business days (5 BUSINESS DAYS IF AN EMERGENCY). The CFFC Board of Directors will solicit information from the family as deemed necessary. All involved parties will be permitted to submit relevant written materials to the Board prior to the meeting.

If the dispute is not resolved in Step #2 or #2A to the satisfaction of all involved parties, the process and time lines established under Section 121.38 of the Ohio Revised Code shall be initiated for finding resolution determination. Following a failed dispute resolution process, a Family Team member or the CSSC will refer the matter, in writing and with necessary assessment and treatment information, to the presiding Juvenile Court Judge, who is the final arbitrator of individual case resolution.

Early Intervention Service Coordination

To provide a seamless continuum of care for children/youth age 0-21 and align Children & Families First Council (CFFC) Service Coordination and Early Intervention (EI) Service Coordination under the umbrella of Licking County CFFC, the following process is in place:

The CFFC Clinical Committee (CC) (for families with children age 8-21) and Early Childhood Clinical Committee (ECCC) (for families with children birth- age 8), provide case consultation to community providers, recommend services, monitor and review Service Coordination cases and help identify appropriate funding or other requested services for children involved in CFFC Service Coordination. The Licking County Board of Developmental Disabilities (LCBDD) EI Supervisor has a seat on both committees. All children who receive services under Ohio's EI program, and who are also being served under the Licking County Service Coordination Mechanism (SCM), will be assured that the services received under EI Service Coordination are consistent with the laws and rules of EI requirements per federal regulations and DODD policy and procedures. EI Service Coordination and CFFC Service Coordination collaborate as follows:

- If a child is not eligible for or in need of EI services but the family and child have a need for services, the EI Service Coordinator will either provide the family with the information they need to connect with other community agencies or will make those referrals for the family.
- If a child receiving EI services needs support across multiple systems, that child will be referred to CFFC Service Coordination; however, the child will most likely be found to continue to have a need for EI services and would retain EI Service Coordination support. The CFFC Service Coordinator and/or CFFC Service Coordination team are available to support and assist with the family's IFSP/Early Intervention Plan as needed.
- If a child is being served by CFFC Service Coordination and a referral is made to EI Service Coordination, upon determination of eligibility for EI Service Coordination, the lead provider of service coordination is the EI Service Coordination provider to assure compliance with O.R.C. 5123.02.
- If a child who turns 3 is not eligible for LCBDD services but continues to have a need for supports, the EI Service Coordinator will provide the family with resources to community supports to ensure those referrals are made. If this child needs CFFC support, the outgoing EI Service Coordinator would work with CFFC to ensure the appropriate hand off is completed before the child exits from LCBDD services.
- If a child who turns 3 needs support from CFFC Service Coordination, that child will be referred to CFFC Service Coordination, but will most likely be found to have a need for LCBDD services and would retain LCBDD Service Coordination support.

Children involved in EI Service Coordination may be eligible for supports that are approved through the LCBDD approval process. Should a child be involved with EI and CFFC Service Coordination, funds for unmet needs, as determined by the CFFC Service Coordination team, may be requested of the CC or ECCC.

EI monitors cases for service delivery trends. Families exiting EI services are given surveys to identify areas where expectations are met or could improve. CC and ECCC review children involved in CFFC Service Coordination to identify gaps, duplications and trends. This would include children involved in CFFC Service Coordination and EI.

Agency personnel, families and the community become aware of and are trained in the SCM process as described in *Section I. Overview and Purpose.*

Child Protective Services – Youth in Custody

Regardless of youth/family involvement with county child protective services, CFFC Service Coordination can be accessed for any youth with needs across multiple systems. Due to the restrictions of FCSS funding, CFFC will not utilize FCSS funding for service coordination activities for youth in custody. Pooled or other funding sources will be accessed for Licking County youth who are in the custody of child protective services, to provide service coordination activities that may include assistance in transitioning child back into the community from a residential or therapeutic foster care placement. Child protective services have a variety of tools available to assist with at-risk youth and families including Differential/Alternative Response and Family-Group Conferencing, but those are short-term processes that could be referred to CFFC Service Coordination for longer-term planning and coordination. Child protective services also has a variety of tools available for youth who are in custody, but these youths can also be referred to CFFC Service Coordination at any time if a youth has needs in multiple systems. Child protective services play an integral role in protecting the safety and well-being of youth in the community, and this relationship should be fostered to maintain support for those youth and families who are at-risk for further system involvement.

III. A description of statutory components required under ORC 121.37 (D)

(D) (1): Description of the method for designating service/support responsibilities.

In the initial team meeting, clarification of roles and responsibilities are discussed and recorded in the Children & Families First Council (CFFC) Community Support Team (CST) family service coordination plan. When additional services are identified and engaged, the service providers become part of the CST with clarification of roles and responsibilities. All efforts are made to provide a sufficient level of care. When community services are not available or cannot meet the level of care, efforts will be made to secure those services from other counties and/or natural supports. These service gaps will be recorded and reviewed by Clinical Committee (CC) to then be taken to full CFFC with recommendations.

The Clinical Systems Services Coordinator (CSSC)/CFFC facilitator will identify strengths and needs through interviews with family/youth, current service providers, school staff, and community (family and natural supports identified by family). These interviews will take place after the family has signed a consent for release of information. Following the interviews, the CSSC/CFFC facilitator will complete the Ohio Child and Adolescent Needs and Strengths (CANS) to assist in identification and synthesis of strengths and needs. The CSSC/CFFC facilitator will synthesize the strengths and needs which will be organized in a document to be reviewed at the first team meeting. At this meeting, team members will be asked to review and add any strengths or needs not identified. Needs will be prioritized and goals will be established around the identified needs. This list of strengths and needs will be provided to team members at each CST meeting as strategies to address goals and needs are being developed.

The family service coordination plan is reviewed at each meeting. This includes strengths, needs, goals and strategies to address the goals, and specific tasks for each team member to support the identified strategy. Assessment of goal attainment is reviewed at each CST meeting. The CANS will be completed every 90-120 days (more often as needed) following a CST meeting to monitor progress on each item identified as a need and strength.

(D) (2): Description of the method for selecting the family team member who will track progress, schedule meetings and facilitate meetings.

The initial development of a CST will be managed by the CSSC/CFFC facilitator. Once the team is formed and stable with a clearly defined mission, goals, strategies, and safety plan in place, team facilitation may move to another team member with agreement from the youth/family. At any point, a request can be made for the CSSC/CFFC facilitator to provide consultation or assistance in facilitation of the team when and if needed.

The ongoing meeting facilitation agenda includes:

- Review accomplishments: Review what went well for the youth/family since the previous meeting by asking each member of the team to provide information. A good practice is to ask the family first and celebrate success.
- Assessing progress: Report back on strategies/tasks/services, ensuring systems providing services have a mechanism where they are touching base on progress. Question alignment of services – are the services aligned around needs of the family?
- Make adjustments to the family service coordination plan: Assign tasks to team members. Examine sequence: Are we doing what we need to do first? Examine intensity: Are we doing enough to address the need? Examine if changes in needs have occurred that require prioritization.
- Next Steps: Define tasks, who will do what, when, and how frequently.
- Schedule next meeting: At each team meeting, the next team meeting is scheduled and the purpose of that next meeting is discussed.

Meeting follow-up:

Facilitators will be requested to complete meeting forms (to include outcomes of strategies and any new strategies/tasks accepted to address goals), have team members sign a meeting confidentiality form, and schedule follow-up meeting(s). These forms will be forwarded to the CSSC/CFFC facilitator with information uploaded into the EHR.

Case Closure:

The team will identify reason for closure and outcomes of each goal.

Note: CST's providing High Fidelity Wraparound will be facilitated by CFFC Staff or community providers trained in the model. Meeting facilitation will follow the agendas as defined in each phase of the process.

(D)(3): Ensuring that assistance and services are responsive to the strengths and needs of the family, as well as the family's culture, race, and ethnic group, by allowing the family to offer information and suggestions and participate in decisions. Assistance and services shall be provided in the least restrictive environment possible.

All family service coordination plans will be responsive to the strengths, needs, family culture, race and ethnic group as defined by the family. This information is acquired through the initial home visits with the family and throughout the process. All services will be provided in the least restrictive environment consistent with their needs, when possible, to ensure community connections are maintained with children in a family environment, according to the beliefs of the CFFC.

Connection to Services: The CSSC/CFFC facilitator will provide a bridge to connect youth and families to community interventions. For youth/families who are in need a higher level of assistance, the CSSC/CFFC facilitator will discuss service options with the family to increase safety and reduce risks. This may occur at any point, from initial meeting with the family throughout the process of Service Coordination (SC) and transitioning from SC. Based on need, these options may include any of the following: Intensive Homebased Services, mobile kids crisis team, 30-day stabilization in a residential setting, homebased services (counseling and case management), respite, parent mentoring/coaching, outpatient clinical services (counseling, psychiatric services, group therapy), and assistance with basic needs (food, shelter, and utilities). The CSSC/CFFC facilitator will make

referrals to address these immediate needs and develop an initial safety plan. Service providers will become part of the CST.

(D)(4): Description of how alleged and adjudicated unruly and delinquent youth will be dealt with using service coordination, including a method for diverting them from deeper involvement in the juvenile court system.

When a youth is alleged to be unruly and their behavior has resulted in Juvenile Court involvement, the child may be ordered into programs of the court. Frequently these same families enter the service system later – often with more complex and challenging needs – that eventually require more formal intervention and resources. Our goal is to develop a service delivery system that addresses the needs and supports the strengths of these families/youth so they are diverted from more structured and formal juvenile court interventions.

In emergency situations, the referring agency may contact the CSSC to discuss the current status, request approval for immediate intervention, and schedule an emergency team meeting. Upon notification from Juvenile Court, Children Services or other agency that a child is being placed, an emergency meeting will be scheduled prior to placement or no later than 10 days after placement.

(D)(5): Description of time lines for completing family team goals.

The general timeline for Service Coordination is 6 to 9 months and 9 to 12 months for High Fidelity Wrap around Families. As planning is family centered, the team has flexibility in timelines.

(D)(6): Description of crisis and safety plans in the family service coordination plan.

All families with a CST in place will have a crisis and safety plan completed. The plans may be completed by the full team or by a service provider (i.e. mental health clinician) and the family. The plan is then put in writing and presented to the team for feedback. Safety and crisis plans become part of the family service coordination plan.

IV. O.R.C. 121.37(E)(1): Items that may be included in the individual Service Coordination Plan of an alleged unruly child.

(E)(1)(a): Designation of the person or agency to conduct the assessment of the child and the child's family as described in Division (C)(7) of this section the instrument(s) used to conduct the assessment.

The Ohio Child and Adolescent Needs and Strengths (CANS) will be the assessment tool utilized by the Children & Families First Council (CFFC) Clinical Systems Services Coordinator (CSSC)/CFFC facilitator, with data being collected, reviewed and entered in the CANS every 90-120 days (more often as needed). The team will utilize this tool to assist in defining level of care, prioritization of needs, and identification of strengths to define the most effective strategies. This information will be utilized to develop the family service coordination plan, which includes the crisis and safety plan. Plans will prioritize reduction of behaviors that have led or may lead to unruly charges being filed.

(E)(1)(b): The personal responsibilities of the child and the parents, guardian, or custodian of the child.

A court representative will be part of the Community Support Team (CST) and will provide to the parent and youth their legal responsibilities. The family service coordination plan will prioritize strategies that support the parent and youth in meeting personal responsibilities outlined by the court representative.

(E)(1)(c): Involvement of local law enforcement agencies and officials.

CSTs will include a court representative (probation/diversion officer) from juvenile court, mediator(s), and law enforcement as identified. Mediation is a tool utilized by the court and mediation plans are incorporated into the family service coordination plan to ensure that the youth and family have supports and resources identified through teaming to follow through with their plan.

V. O.R.C. 121.37(E)(2): The method to divert a child from the juvenile court system that must be included in the service coordination process may include, but is not limited to, the following:

(E)(2)(a): Preparation of a complaint under section 2151.27 of the Revised Code…notifying the child and the parents, guardian or custodian that the complaint has been prepared to encourage the child and the parents, guardian, or custodian to comply with other methods to divert the child from the juvenile court system.

A report is filed by the prosecutor and a letter is sent from the Diversion department of Licking County Juvenile Court to the parent/guardian/custodian, stating they have received a complaint and their child meets the requirements to go through the diversion program. Diversion may refer multi-need youth for Community Support Team (CST) services. It is the responsibility of Diversion staff to notify parents of the referral to CST. The Clinical Systems Services Coordinator (CSSC)/CFFC facilitator will contact the family.

(E)(2)(b): Conducting a meeting with the child and parent and other interested parties to determine the appropriate methods to divert the child from the juvenile court system.

Court representative(s) are included on the CST when the youth has an unruly complaint filed to ensure that appropriate strategies are developed to effectively divert the youth from the juvenile court system. The family service coordination plan may include parent supports (education/coaching).

(E)(2)(c): A method to provide the child and the child's family a short-term respite.

The CST evaluates the level of need for short-term respite and procures this, when available, through natural community supports. A natural member of the CST may offer respite or a request may be made of family or community member(s). If natural supports are not available, the CST will request funding through the Clinical Committee (CC), PASSS funding, or from Family Support Services (F.S.S.) funds through the Licking County Board of DD to provide short term respite. Respite services may be purchased from agencies or individuals (with appropriate background checks completed) to provide hourly respite, foster care for weekend and overnight respite, therapeutic recreational day or overnight programs, and overnight as well day camps.

(E)(2)(d): A program to provide a mentor to the child.

The CST will determine the need for a mentor. CST will seek mentors from natural community supports, community organizations such as Big Brothers Big Sisters, community contacts (e.g. school nurse), agencies providing trained mentors and through local universities.

(E)(2)(e): A program to provide parenting education.

A CST family service coordination plan may include parenting education to provide the parent with skills to meet the needs of their child. Parent education is provided in several forums and levels of intensity. These include group education, support groups, individual/family education and modeling of skills.

Numerous agencies provide parenting education programs throughout the year and at various locations in the county, including the home, county jail, schools, and community centers. The Parent Advocate for Newark City schools and several school districts provide monthly forums for parents, grandparent support programs and educational programs for kinship caregivers, community education programs on how to parent a child with mental health issues and developmental disabilities are also in place. The CFFC may purchase services for parenting coaches.

(E)(2)(f): **An alternative school program.**

There are 6 alternative schools in Licking County to serve students with mental illness and/or developmental disabilities whose behavior have led or may lead to juvenile court involvement. Several districts have alternative programming within their buildings and only send students to other sites when those programs are no longer able

to meet the needs of the student. School districts have purchased out-of-county alternative educational services for some of our highest risk students. For youth in alternative programs outside of their school district, the CST includes district representation (generally the special education coordinator) as well as staff from the alternative school program to increase communication and planning across all systems of care. The goal is to return the child to the least restrictive educational environment, and if possible, into mainstream classrooms.

(E)(2)(g): Other appropriate measures.

Mediation through the Family Intervention Services of Licking County Juvenile Court has provided family members a mechanism for negotiation and finding resolution to disputes that have led to individuals being unable to move from their position and come to a team table. The court has provided these services to CST members at no charge.

For families who need **assistance in medication management**, the CST has procured services from organizations that provide visiting nurses to administer medications at the youth's residence and school as needed.

Other interventions, such as Functional Behavioral Assessments, may be part of a family service coordination plan. These community based services are provided in the child's environment. Services may be purchased from various entities: health insurance, school districts, LCBDD, PASSS Funding and the CFFC Clinical Committee.

VI. Fiscal Strategies

How funding decisions are made

As part of the Children & Families First Council (CFFC) Community Support Team (CST) family service coordination plan development, the CST determines costs for resources needed to address the goals of the plan and resources available to meet the needs/costs of the plan to maintain child/youth in community. Once complete, the family service coordination plan is reviewed by the CFFC Clinical Committee (CC). Available system funds are accessed when possible. If these funds are not available, a request can be made of CFFC to fund services. CC will review the request and approve the plan and associated costs for up to 90 days or make recommendations for changes/additions including other avenues to acquire resources.

Maximizing flexible resources

The CC and Clinical Systems Services Coordinator (CSSC)/CFFC facilitator constantly strive to be aware of natural and no/low cost supports. Families are encouraged to engage with these supports whenever possible. Should need arise beyond this, CSTs seek support from available systems and local and other funding sources. Should these supports prove to be inadequate, services identified in family service coordination plan may be funded through pooled funds, state and local funds available through the CFFC, and family contributions (as determined by a sliding fee scale based on current federal poverty guidelines). Family service coordination plans are continuously re-assessed through team meetings. The effectiveness of supports impacts the direction of the plan as well as decisions regarding funding of supports.

Funds used to acquire services must meet guidelines established by the funding source. The following organizations contribute funds to the pool for use by the service coordination teams to maximize local resources: Mental Health and Recovery for Licking and Knox Counties, Licking County Job and Family Services, Licking County Juvenile Court and the Licking County Board of Developmental Disabilities. Pooled funding may be used for residential and other placement stays when stabilization is needed and reunification is the goal. Capital needs or funding for existing services within the behavioral health, child welfare, juvenile justice, educational or developmental disabilities systems may not be funded with CFFC pooled funds.

How funds are blended, braided or coordinated to support service coordination

Government and flexible CFFC funds are utilized to support the SCM. Through the annual budgeting process, the CFFC Board determines need and assigns income to support provision of service coordination, High-Fidelity Wraparound and direct, supportive services. When possible, families are encouraged to utilize natural community based supports and non-CFFC funding sources. Should CFFC funds be needed, decisions regarding the source of funding are based upon the funding source's allowable use of funds. Pooled funds are accessed when government and grant funding sources are exhausted or when services are restricted by the funding source. Utilization of CFFC funds is tracked by funding source.

Reallocating resources from institutional services to community-based/preventative/family-centered services.

CFFC is committed to maintaining children in their homes whenever possible. Institutional services are deemed a last resort to meet the safety needs of the child, family and community. As such, out of home placement, is considered only in those instances where a short-term stabilization stay is deemed clinically warranted. Local pooled funds are utilized for the stabilization placement. A comprehensive plan to return the child to their home or other community setting is developed as quickly as possible after the stabilization stay is approved.

Use of Family Centered Services and Supports (FCSS)

FCSS funds are utilized according to FCSS guidance to support provision of service coordination, HFW and direct, supportive, non-clinical services according to the needs identified in the CFFC family service coordination plan.

VII. Quality Assurance of Service Coordination Mechanism

It is important that the Children & Families First Council (CFFC) monitors its Service Coordination Mechanism (SCM) so that the SCM is implemented with consistency, incorporates up-to-date and evidence-based processes, is effective and reflects the process that is practiced. Efforts to improve the SCM are reflected in the county revised SCM Plan. Over the years, CFFC has assessed and improved our SCM plan by installing High-Fidelity Wraparound practices and addressing the needs of older youth/young adults through the ENGAGE Systems of Care grant. CFFC accepts best practice recommendations from the Ohio FCFC and other systems when developing our Shared Plan and SCM, as seen in our emphasis on Trauma Informed Care and Early Childhood Mental Health.

To assure that the SCM is kept up to date, the CFFC Clinical Systems Services Coordinator (CSSC), CFFC Facilitators, Clinical Committee (CC) and CFFC Coordinator will be assigned to monitor and review the service coordination process. All sections of the SCM will be reviewed on a bi-annual review schedule, using a staggered date methodology to limit the number of procedures reviewed during any given time. In addition, SCM processes can be reviewed anytime revisions are necessary or as guidance is received from the State Ohio Family and Children First (OFCF). The CFFC Coordinator will distribute designated procedure(s) to the CSSC, CFFC Facilitators and CC on monthly. The CSSC/CFFC facilitator and CC members will have the opportunity to review and discuss the procedure(s) at that month's CC meetings. Sections specific to the Early Childhood Clinical Committee (ECCC) will be forwarded to that committee for review and discussion. Revised procedures will be submitted to the CFFC Coordinator by the end of the month. The CFFC Coordinator will add the revision to the SCM and submit the revised SCM to the State OFCF on a quarterly basis.

In addition, the CC receives data regarding CST involved youth, as well as FCSS reports and other information provided to the State. CC identifies trends, gaps and strengths in the SCM Plan, CST and community systems. The CSSC shares this data, and the recommendations of the Clinical Committee, at the CFFC Full Council meetings. This information allows the CFFC and community systems enhanced resource priority-setting, access to state funding opportunities, and local interagency investment and reinvestment of resources.