



**Summit Family &
Children First Council**

SUMMIT COUNTY FAMILY AND CHILDREN FIRST COUNCIL

SERVICE COORDINATION MECHANISM

Amended March 2018

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I. OVERVIEW

A. History of the Service Coordination Mechanism

Summit County and the State of Ohio have a long history of coordinating systems and services to address the needs of families who have children with complex, multi-system needs. Knowing this history helps the reader understand the design and purpose of the present day Mechanism.

1980's - In the early 1980's it had become apparent to a number of stakeholders around the state that for those children/youth and their families who were involved in multiple systems, receiving services was often very complex, duplicative across systems and unwieldy to navigate. Some children/youth and their families "fell through the cracks" as systems tried to determine who was responsible, who would provide services and who would pay. In 1987, Governor Celeste created "Cluster" where county level treatment/clinical teams were formed to collaborate across systems to meet the needs of multi-system involved children. The teams often consisted of clinical level cross-system personnel from the different agencies involved with the child. They would formulate a treatment plan for the child and determine how/who would pay for the costs of the treatment.

State Intersystem Cluster Funding was created to assist counties, when requested, to help fund services/placements for children that the county was unable to provide.

Summit County pooled funding and successfully established a robust and effective Cluster infrastructure and process.

1990's - Stakeholders recognized the value of Cluster, but were also finding that too often families were not getting involved in the Cluster process until their children were older, already dealing with many difficulties and needing out-of-home placement.

In 1993, to address the need for more preventative and macro/system level planning and coordination, Governor Voinovich expanded on the work of Cluster and transformed Cluster into Family and Children First Councils (FCFCs). One mandate of the newly established FCFCs was to produce a written Service Coordination Mechanism that described intersystem efforts to address the needs of multi-system youth. Specific requirements of service coordination outlined in law included a cross-system process to assess the needs of the child and a cross system process to develop an individualized family plan. A dispute resolution process was also required to be part of the Mechanism.

The State Intersystem Fund application process was greatly simplified and more counties began to request funding to assist with providing services/placements for the children with the most severe problems. The use of service coordination was a requirement to access these funds.

Summit County volunteered to serve as a pilot and was one of the first county FCFCs established. The Cluster process remained strong and active and became a committee of FCFC. Both FCFC and Cluster were supported in part by local pooled funding. Summit County became a leader in establishing treatment expectations, timelines and per diem rates for children/youth needing residential treatment.

2000's -During the Taft administration the law was revised (2006) to require that the service coordination mechanism include services for youth at risk of being unruly, allegedly unruly and adjudicated to be unruly youth and a method to divert them from the juvenile court system.

Additional changes made during the Taft administration included a requirement for families to have access to the referral and dispute resolution processes for service coordination, required a strengths and needs assessment of the family, placed increased emphasis on family engagement and empowerment and the right to a family advocate. Another important addition was the requirement for family team meeting to take place within specified timeframes for all emergency and non-emergency out-of-home placements.

It should be noted that these changes more closely aligned with many of the established principles of High Fidelity Wraparound.

Summit County revised their Service Coordination Mechanism to incorporate all required changes. Local pooled funding continued to support FCFC and Cluster. During the years of 2006-2009, High Fidelity WrapAround was also provided via the support of state funding streams (Blueprint and FAST).

2010 - During the Strickland administration, county FCFCs were required to revisit and/or update their local Service Coordination Mechanism to reflect current practice and ensure compliance with the law. The state's Family-Centered Services and Supports (FCSS) initiative was connected to FCFC service coordination and offers funding for non-clinical services and supports, including service coordination, for families and their children. The ability to access FCSS funding was contingent upon an approved county Service Coordination Mechanism that aligned with system of care principles.

Summit County revised their SCM to incorporate all required changes. Local pooled funding continued to support Cluster and the new FCSS dollars funded another level of service coordination called System of Care Service Coordination. While both processes filled a need in the community they operated in siloes and administration and oversight were provided by separate groups. It should be noted that from 2014 - 2016 the county participated in Ohio's System of Care grant (ENGAGE) via federal funding from SAMSHA. The funding and technical assistance from the ENGAGE grant supported Summit County's implementation of a High Fidelity WrapAround program. Unfortunately, the program was not sustained after the grant period.

2018 - Under the Kasich administration, FCFC are now required to revise their local Service Coordination Mechanism to ensure continued compliance with the law and to further clarify their System of Care. Specific clarifications include target populations, levels of intervention, data collection and monitoring and how data is used to inform decision making at the macro level. For the first time ever, distinctions between FCFC Service Coordination and High Fidelity WrapAround were made in Ohio's SCM Guidance Document.

Recognizing an opportunity and need to better align and streamline services provided under the Service Coordination Mechanism, Summit County made several major infrastructure changes. Changes included re-aligning existing services, adding services to expand and strengthen the continuum of care and more fully embracing evidence based or best practices. The re-alignment of services also allowed funding to be maximized. To describe these changes in a nutshell, Cluster and System of Care Service Coordination were "sun-setted" and local pooled funding was fully aligned with other revenue sources to fully support FCFC and its revised Service Coordination Mechanism. The new structure and levels of care are described in detail in section (I)(F), pages 8-15 of this document.

B. Development and Review of the Service Coordination Mechanism

The county Service Coordination Mechanism serves as the guiding document for coordination of services in Summit County when a child/youth with complex, multi-system needs is referred to the Summit County FCFC for assistance as required in ORC 121.37 and 121.38. It has been developed, reviewed and approved by the Summit County Family and Children First Council, which has the required membership to meet the specifications within ORC 121.37:

3 Parent Representatives	Jobs & Family Services
Children Services	Health Department
Akron City (Police)	Early Intervention Collaborative
Board of DD	Educational Service Center

Commissioner's Office
ODYS
Akron Public Schools

Local Non Profit
Community Action/Head Start
Alcohol, Drug Addiction & Mental Health

Additional community partners such as Juvenile Court, multiple mental health agencies, Akron Children's Hospital, Metropolitan Housing and others (via FCFC committees and workgroups) have on-going input into the development of the Mechanism. It is a living document that is formally minimally reviewed on an annual basis and edited as needed.

C. Community Awareness/Training of Service Coordination Mechanism

Families and agency personnel will become aware of and trained in the Service Coordination Mechanism in a variety of venues, including:

- Local training and workshop opportunities
- Presentations to agency staff
- FCFC Brochures
- FCFC Website
- FCFC Cross System Training - Summit County Family and Children First Council is preparing for its 24th Annual Cross Systems training. The training is offered to direct care staff serving Summit County children and families. The training is eight months long and participants meet on a monthly basis. The purpose of the training is to deepen participants' knowledge of community resources, build professional networks and strengthen collaboration between agencies. We believe that families are better served when agencies communicate, coordinate and collaborate. Since 1995, there have been over 500 community professionals that have graduated from the program.

Outreach efforts will include but not be limited to, reaching out to FCFC member agencies, WIC, Head Start/Early Head Start and BCMH.

Specific to Ohio Part C Early Intervention Service Coordination, there is a written, strategic outreach plan that has been approved by FCFC. It includes outreach efforts to WIC, Head Start/Early Head Start, BCMH, hospitals, physicians and other sectors of the community that frequently interact with parents of young children.

D. Purpose of the Service Coordination Mechanism

Since the inception of Cluster and then Family and Children First Council, the practice of bringing community partners together to coordinate and streamline services for children and families seeking assistance has proven to be effective. When we collaborate at both

the micro and macro levels we are able to better serve children and families. Duplication is eliminated and resources are maximized. Most importantly, families are more successful and can achieve better outcomes.

The Summit County FCFC Service Coordination Mechanism describes its System of Care for families of children/youth who have multiple needs and whose needs may not have been adequately addressed in traditional agency systems. It describes a coordinated network of community based services and supports that are organized to meet the challenges of children and youth with complex needs. It describes how community partners collaboratively respond to the identified needs of families.

E. Key Values of System of Care & Service Coordination

The Service Coordination Mechanism describes a system of care designed to offer a broad array of services and supports that are coordinated at both the system and service level and integrate the following values:

- 1) Services and supports are **individualized** and delivered using a **family-centered** and **strength based** approach; **natural supports** are strongly drawn upon
- 2) Services and supports are responsive to the **cultural, racial and ethnic characteristics** of the population being services
- 3) Services and support **outcomes are tracked and evaluated**
- 4) Available funding **resources are fully utilized or integrated**
- 5) Home and community based services and supports are preferred; utilizing the **least restrictive environment** that is possible and appropriate
- 6) Specialized treatment and services are **evidence-based or best practice**
- 7) Services and supports are delivered in a **collaborative, team based approach**; duplicative or competing efforts among agencies are reduced or eliminated
- 8) **Families and youth are fully involved in decision-making** and are provided with **advocacy** and support options. Engaging older, **transition aged youth** is especially critical in helping them gain independence and gradually reducing reliance on formal systems. When working with transition aged youth, the approach is more **person centered and self-directed**.
- 9) **Early identification and early intervention** is emphasized

F. Service Coordination Mechanism Levels of Care & Implementation Oversight

The Summit County FCFC Service Coordination Mechanism provides multiple levels of care for Summit County youth aged birth through 21 years who have needs in multiple systems.

Each level under the FCFC service coordination mechanism provides a neutral venue and safety net for children needing a more intensive collaboration of providers from various systems. The Mechanism is not intended to override current agencies or systems, but rather to build on the strength of existing services and supports in the community and when needed, propose new services, supports and/or strategies to address unmet needs.

Summit County has a strong history of collaborative efforts and a rich mix of services and supports for families. Summit County FCFC works to continually build on this foundation.

Oversight

Implementation and oversight of the Summit County Service Coordination Mechanism is primarily provided by the Summit County FCFC SCM Oversight Committee and the Service Review Collaborative. A graph depicting Summit FCFC's full governance structure and flow of information can be found in Section V, page 30 of this document.

Membership and responsibilities specific to the SCM Oversight Committee and the Service Review Collaborative are detailed below:

Service Coordination Mechanism Oversight Committee (SCMOC):

Membership of the SCMOC, as defined in the Summit County Family & Children First Council Bylaws, is comprised of one (1) designated representative of each entity who has entered into a funding agreement with the SCFCFC:

- The Executive Director of Summit County Children Services
- Executive Director of Summit County Alcohol, Drug and Mental Health Services Board
- Superintendent of Summit County Board of Developmental Disabilities
- The Honorable Judge of Summit County Juvenile Court

Responsibilities of SCMOC include:

- Establishing and overseeing an annual budget that supports implementation of the county’s Service Coordination Mechanism, including federal, state and local resources
- Ensuring that procedures and services are in place to support the implementation of the county’s Service Coordination Mechanism
- Ensuring there is a procedure for monitoring the effectiveness of the county’s implementation of the Service Coordination Mechanism
- Working with the Service Review Collaborative to identify and address service gaps and/or system barriers
- Ensuring access to a local dispute resolution process to resolve disputes among agencies and individual families concerning the provision of services to children as outlined in the Service Coordination Mechanism

Service Review Collaborative (SRC)

Membership of SRC, as defined in the Summit County Family & Children First Council Bylaws, is chaired by the FCFC director and its membership consists of 2-3 staff per agency, who are appointed by and report to their respective SCMOOC executive member and/or school superintendent:

- Summit County Children’s Services
- Summit County Juvenile Court
- Summit County Board of Developmental Disabilities
- Summit County Alcohol, Drug Addiction and Mental Health Services Board
- Summit County Educational Service Center
- Akron Public Schools

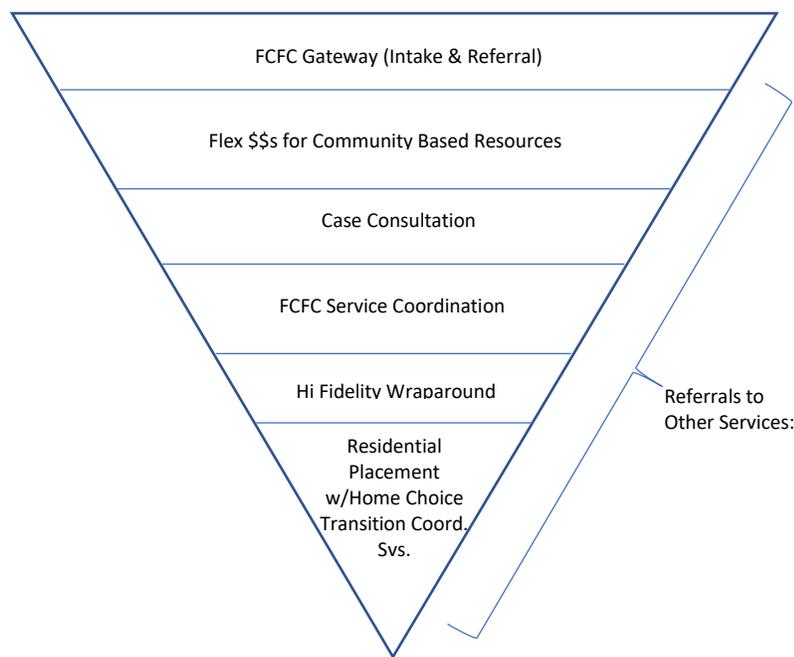
Responsibilities of SRC include:

- Reviewing and monitoring funding requests for community based services and supports for individual children with complex, multi-system needs
- Offering case consultation from a multi-system perspective to staff from any agency dealing with a complex youth/family/ situation and/or system barrier
- Reviewing individual cases that are in need of more restrictive placement settings such as residential treatment and make recommendations
- Monitoring youth in residential treatment, including:
 - # of youth in placement
 - length of stay

- progress of expected outcomes
- readiness to move into less restrictive environment
- Offering recommendations and/or suggestions on ways to better serve youth/families
- Monitoring capacity and utilization of resources (i.e. flex funds, FCFC service coordination, placement funds, etc.)

The SCMOC and SRC work closely together to implement and monitor utilization of each service level under the SCM umbrella.

The below graphic illustrates the multiple levels of care provided by the Summit County FCFC Service Coordination Mechanism:



A detailed description of each level of care is offered below:

Intake/Referral - the FCFC office serves as the gatekeeper for referrals to all levels of FCFC service coordination. Youth/families who meet the eligibility criteria for services under the FCFC Service Coordination Mechanism are triaged by FCFC staff and SRC, as needed. A detailed description of the referral process is outlined in Section (II)(A), pages 16-19 of this document.

Youth/families not eligible for FCFC services are informed of and/or linked with other appropriate services. Summit County is very fortunate to have a healthy and robust continuum of community based services to support its system of care. An inventory of resources is maintained by 211 InfoLine, Care Coordination Hotline, www.RedTreeHouse.org and other resources. Summit County FCFC

office staff utilizes these resources to help facilitate family linkage(s) to service(s) that best fit the child/youth and family needs.

Flexible Funding for Community Based Services- short term funding is made available upon application to help fill child/youth ancillary and contingent family needs in which there is no other source of funding and which contribute toward the child's individualized service plan, stabilization of the family and/or avoidance of out of home placement.

Case Consultation - staff from any agency may request a case consultation to discuss identified service gaps, system barriers, youth/family needs and brainstorm solutions from a cross system perspective.

FCFC Service Coordination - a service planning and coordination process for multi-system involved youth. Service providers and natural supports working with the child and family utilize a team approach led by a neutrally positioned facilitator housed at FCFC to ensure services are aligned, streamlined and coordinated.

High Fidelity Wraparound - building on the practices of FCFC Service Coordination, High Fidelity WrapAround offers a more intense and evidence based planning process to high risk families whose needs remain unmet by traditional service coordination. A neutrally positioned facilitator housed at FCFC leads the comprehensive family team to develop a uniquely designed helping plan based on the youth and family's unmet needs and is inclusive of uniquely-designed resources linked to youth and family strengths.

FCFC Service Coordination and High Fidelity WrapAround closely mirror one another and have many parallel operations. One primary difference between the two is the intent behind a referral. For example, FCFC service coordination is primarily designed to address the dosage, sequencing, coordination and alignment of traditional services and to address system barriers. High Fidelity WrapAround is primarily designed to address youth/family needs that remain unmet and to develop a plan based on the youth/family culture, strengths and natural supports. Another primary difference is families enrolled in High Fidelity WrapAround tend to have greater-need, higher-risk scores and family teams meet more frequently. They may also have longer lengths of stay in service.

Both FCFC Service Coordination and High Fidelity WrapAround are voluntary and operate under the principles outlined in (I)(E) of this document.

The following information provides an overview of the FCFC Service Coordination and High Fidelity WrapAround processes:

Phase 1: Engagement and Team Preparation

During this phase, the FCFC Family Team Facilitator meets with the family to lay the groundwork for trust and engagement and to identify family team members; such as representatives from the agencies, schools and systems working with the family as well as advocates, mentors and/or other family supports. The FCFC Family Team Facilitator explains confidentiality to the family and obtains a Release of Information from the guardian to allow communication with the family's natural supports, as well as, any professional that may be included on the team.

An interview process known as the Strengths, Needs & Culture Discovery (SNCD) is completed with the family. This process also includes input from other identified team members, natural supports and professionals. Information garnered from the SNCD contributes to a comprehensive picture of the youth and family needs, strengths and culture and informs service planning efforts. For families engaged in Wraparound, a short narrative based on information obtained is prepared, pre-approved by the family and presented at the initial family team meeting during *phase 2*. Additional information about the SNCD process can be found in Section (II)(G), page 22.

During this phase, the tone is set for teamwork and team interactions that are consistent with the **system of care and service coordination** principles.

The FCFC Family Team Facilitator also works with the family to complete an initial Child and Adolescent Needs & Strengths (CANS) assessment within 30 days to establish a level of care baseline. This tool will be re-administered every 90 days.

The FCFC Family Team Facilitator assists the family and team members to develop an Immediate Safety Plan if there are concerns that need to be addressed before any work can be done with the youth and family. The Family Team Facilitator also assists the family and team members to develop an initial Crisis Plan.

The activities of this phase should be completed quickly (typically within 1-2 weeks), so the team can begin meeting and become

personally invested in the FCFC Service Coordination or WrapAround process as quickly as possible.

Phase 2: Initial plan development

An initial team meeting will occur within 30 days of the FCFC Family Team Facilitator's initial meeting with the family unless the family cannot meet within that timeframe due to work schedules, vacations, illness, etc. The FCFC Family Team Facilitator is responsible for inviting and/or notifying team members (both formal and informal) to this meeting as well as subsequent meetings via telephone, email or a face-to-face meeting. However, the family is at all times encouraged to invite or notify team members if they so desire.

This phase begins with an orientation to the process and the establishment of team ground rules. Team trust and mutual respect are built while the team creates an initial Plan of Care reflective of FCFC Service Coordination and WrapAround principles. Family culture, strengths and needs are the foundation for this individualized plan. Aspects of the plan include:

- Team mission
- Highlighted strengths of youth and family
- Prioritized needs
- Measurable goals
- Selected strategies to meet goals
- Clearly defined tasks and timelines
- Responsibilities are assigned to team members, which may include securing funding

Planning is facilitated by the FCFC Family Team Facilitator and it is always focused on implementing a child/youth plan in the least restrictive setting and appropriate level of service intensity. Further system penetration is avoided whenever possible. If, for any reason, needed services or supports are not available, the plan of care will outline efforts to address such gaps. The team schedules and/or confirms their next review meeting at the end of each meeting.

Developing the initial plan of care should be completed during one or two family team meetings and should take place within a 1-2 week period. A rapid time frame will be implemented in order to promote team cohesion and shared responsibility in moving together toward achieving the team's mission. In addition:

- Team meeting times are scheduled at family convenient times/locations

- Family may request a team meeting at any time by contacting the FCFC Family Team Facilitator, who will assist them in scheduling the meeting.
- Families are encouraged to invite involved agencies/team members, including schools, to team meetings.
- Families may invite a family advocate, mentor or support person to participate in any team meeting.

Crisis and safety planning are important components of the process and are initiated in Phase I. During Phase 2, the team continues to develop a safety plan that identifies individualized strategies to provide immediate support to the child and family, keeping everyone safe while still keeping the child and the family together when possible. The team also continues developing the Crisis Plan initiated in Phase 1. Detailed information about the crisis planning process is provided in Section (III)(F), page 28.

Phase 3: Plan Implementation

During this phase, the initial plan of care is implemented and the family team meets regularly. Families served via the FCFC Service Coordination process may only need to meet on a monthly basis whereas families enrolled in High Fidelity WrapAround may need to meet on a weekly or bi-weekly basis. Progress, satisfaction and successes are continually reviewed at family team meetings.

Changes are made to the plan as needed while continually striving to build and/or maintain team cohesiveness and mutual respect while working toward the team mission. If multiple plans are required to operate simultaneously because of system mandates, these plans are coordinated to eliminate duplication and conflicting expectations, with minimal overlap and duplication.

The FCFC Family Team Facilitator maintains contact with the family in between team meetings. The activities of this phase are repeated until the team's mission is achieved and goals have been attained. When the team of a family being served via FCFC Service Coordination gets to the point of no longer needing to meet on a regular monthly basis and when a team of a family being served in Wraparound gets to the point of only needing to meet on a monthly basis the family may be ready to move into the transition phase.

Phase 4: Transition

During this phase, plans are made for a purposeful transition out of formal FCFC Service Coordination or WrapAround to a mix of formal and natural supports in the community, or, if appropriate, to services and supports in the adult system. The focus on transition is continual and the preparation for transition is apparent even during the initial engagement activities. Formal transition plans for families engaged in the WrapAround process are created and teams formally celebrate completion of the program.

Placement Funding - funding is made available upon application to support short term (approximately 90 days) placement into a therapeutic foster care, group home or residential treatment setting. Except for in emergent situations, all youth must be engaged in FCFC Service Coordination or High Fidelity Wraparound before placement funding requests will be considered.

HOME Choice Transition Services - Summit County FCFC serves as a Transition Coordination agency for the Ohio HOME Choice program. For youth engaged in FCFC Service Coordination or WrapAround, the Family Team Facilitator submits an application to serve as the HOME Choice Transition Coordinator for HOME Choice eligible youth and directly provides transitions services in accordance to Ohio Medicaid HOME Choice program standards.

At the request of Summit County Children Services or Summit County Juvenile Court, the Summit County FCFC applies to serve as the HOME Choice Transition Coordination Agency for youth not engaged in the FCFC Service Coordination or WrapAround process and works in partnership with the lead referring agency to provide transition services in accordance with Ohio Medicaid HOME Choice program standards.

Ohio Part C Early Intervention Service Coordination - provides service coordination to parent of infants and toddlers ages birth thru three who have or who are expected to have developmental disabilities. The Summit County FCFC contracts with Summit DD to provide Part C EI services to eligible children.

II. OPERATING PROCEDURES required by ORC 121.37 (C) (1-9)

Ohio Revised Code 121.37 outlines specific requirements of the Service Coordination Mechanism, most of which pertain specifically to FCFC Service Coordination/WrapAround. Although some of these

requirements have been described earlier in this document, each statutory section will be individually addressed to ensure full compliance.

A. ORC 121.37(C)(1) - Overview of Eligibility & Intake/Referral Protocols and Timelines

Eligibility

Summit County children/youth aged birth through twenty-one years who have (unmet) needs in multiple systems and/or who are at high risk of out-of-home placement are eligible for services and supports described in the Service Coordination Mechanism.

Specific populations addressed/targeted within the SCM include:

- Ohio Part C Early Intervention - All families with children ages birth to three years old who receive services under Ohio's Part C Early Intervention program and who are also being served under the county SCM are assured that services received under EI service coordination are consistent with the laws and rules of Early Intervention requirements per federal regulations and DODD policies and procedures. If a child is being served by FCFC Service Coordination or WrapAround and a referral is made to EI Service Coordination or vice versa, upon the determination of eligibility, the lead provider of service coordination shall be the EI Service Coordinator to ensure compliance with ORC 5123.02. The FCFC Family Team Facilitator and team assists with the family's IFSP/EI plan as needed. If a child enrolled in EI Service Coordination is in need of supports across multiple systems, the county FCFC Family Team Facilitator and team are available to support and assist as needed.
- Youth in Custody of Child Protective Services - regardless of youth/family involvement with CPS, youth with needs across multiple systems can access services under the FCFC SCM umbrella to prevent deeper involvement in the system.
- Youth allegedly unruly, adjudicated unruly or delinquent - regardless of involvement with juvenile court, youth with needs across multiple systems can access services under the FCFC SCM umbrella to prevent deeper involvement in the system.

Who Can Refer

A description of who can refer to each level of care of the Summit County Service Coordination Mechanism is provided below:

- Ohio Part C Early Intervention - anyone can make a referral by either calling Summit County's Part C EI provider at 330-543-8315 or by contacting the centralized, statewide Central Coordination at 800-755-4769 or www.ohioearlyintervention.org/referral. Historically, common referral sources include parents/guardians, hospitals, physician offices, staff from social service agencies, etc.
- Flexible Funding for Community Based Services - staff from any agency serving the youth/family may submit a funding request by completing all required forms and submitting them to the FCFC director at jhouchins@schd.org
- Case Consultation - staff from any agency serving the youth/family may request case consultation by contacting the FCFC director at 330-926-5671 or jhouchins@schd.org. Referrals must be approved by the supervisor of staff submitting it.
- FCFC SC & WrapAround- Any agency, including juvenile court or family voluntarily seeking service coordination may make a referral by completing all required forms and submitting them to the FCFC director at jhouchins@schd.org

IMPORTANT NOTE: the referral form and process is the same for FCFC Service Coordination and WrapAround. Decisions regarding which process will best serve a family will be an internal decision made by FCFC staff and informed by information contained in the referral packet, family interviews and the CANS assessment tool.

- Placement Funding - a FCFC Family Team Facilitator or staff from an agency represented on SRC may make a referral by completing all required forms and submitting them to the FCFC director at jhouchins@schd.org. Referrals must be approved by the supervisor of staff submitted it.
- HOME Choice - any agency or family may request FCFC to submit an application to the state for FCFC to serve as the transition coordinator for HOME Choice eligible youth (90 days in residential treatment facility and Medicaid recipient) by contacting the FCFC Director at jhouchins@schd.org

Intake Process & Timelines

Ohio Part C Early Intervention referrals are made to and processed by a centralized, statewide referral system in accordance to state rules governed by the Ohio Department of Health in partnership with the Ohio Department of Developmental Disabilities.

Referrals for all other SCM levels of care are handled through the FCFC office. All referrals will include a completed Release of Information, FCFC Risk and Strengths Screen and appropriate intake form. Intake forms for each level of service will include the following information:

- Date of receipt of the referral
- Contact information for the person being referred
- Referral source and contact information
- Age, gender and race of youth
- Brief description of needs/problems
- Systems/agencies involved
- Identified Needs
- Identification of Medicaid Managed Care Plan, if applicable
- FCFC response to referral/outcome of referral

All state required intake data points will be collected for youth served under the Service Coordination Mechanism. Data on families enrolled in FCFC Service Coordination or WrapAround will be entered in a statewide electronic health record system. Data on all other families will be entered into a local electronic database.

Any family self-referring to services under the Summit County Service Coordination Mechanism may contact the FCFC Director at 330-926-5671 with any questions about the process and/or assistance with intake form completion.

Within two working days from date of referral receipt, the FCFC director or staff will complete an initial screening to confirm eligibility and follow up with the referral source if information is missing and/or referral is not appropriate.

If the referral is found to be complete and appropriate, the FCFC director will immediately (within one working day) process the referral and either assign a Family Team Facilitator (for FCFC Service Coordination or WrapAround) or schedule a presentation/discussion with SRC at an upcoming meeting (SRC meets weekly).

For FCFC Service Coordination/WrapAround, the assigned Family Team Facilitator will make contact with the family within two working days of case assignment to explain the process and ascertain whether or not the family is willing to participate.

After two unsuccessful attempts to reach the family, the Family Team Facilitator will notify the referral source. If a third attempt to reach the family is unsuccessful the family will be informed via a letter sent via UPS that they have 5 days to contact the Family Team Facilitator or the case will be closed.

If contact is successful and the family agrees to services the Family Team Facilitator will schedule a time to meet face to face with the family to complete appropriate paperwork, discuss who will serve on the family's team, explore initial meeting date timelines, etc. This initial face to face contact will take place at a time and location of the family's choosing. The goal is for this face to face contact to take place within 5 business days of initial contact. The Family Team Facilitator will then begin completing required forms and entering data into the state electronic health record system. All of this activity occurs during *Phase I* outlined in Section (II)(F), page 12 of this document.

The Family Team Facilitator will notify the referral source of the final disposition of the SC/WA referral. Referral sources for requests taken to SRC will be engaged throughout the entire process and therefore kept up to date about all decisions made.

SPECIAL PROVISIONS:

- A Wait List for FCFC Service Coordination and WrapAround may be maintained and managed, as needed. Information obtained from the FCFC Risk and Strengths Screen will help prioritize/manage the list.
- In case of emergencies the FCFC Director also has authority to approve funding requests for community based services in an amount not to exceed \$1,000. In this type of situation, the FCFC Director shall notify and solicit feedback from available SRC members via email and phone.

B. ORC 121.37(C)(2) - Meeting Notification for Family Teams

The Family Team Facilitator will provide advance meeting notice and invitation to all members the family wants on their team. This may include representatives from all appropriate agencies, including a representative from the child's school district as well as family

support persons both formal and informal. At the initial meeting, the frequency, location and date of subsequent meetings will be set. The Family Team Facilitator may utilize the “meeting reminder” function in the state electronic health record system. The Family Team Facilitator will schedule emergency family team meetings as needed, giving as much advance notice as possible. All meetings will take place at a time and location convenient to the family.

C. ORC 121.37(C)(3) - Family Initiated Meetings & Advocate/Support Persons

At any time, families may request a family team meeting to develop or review the family’s plan of care by contacting their Family Team Facilitator. The Family Team Facilitator will then take necessary steps to arrange the meeting. The family is informed by the Family Team Facilitator that they may invite a family advocate, mentor or support person of the family’s choice to any meetings. The Family Team Facilitator lets families know that formal parent advocates are available through Ohio’s Parent Advocacy Connection or Summit County’s Greenleaf Family Services, Inc.

D. ORC 121.37(C)(4) - Scheduling Family Team Meetings for Placement Decisions

For families involved in the FCFC Service Coordination or WrapAround process, non-emergency placement decisions are only made as a result of a facilitated family team meeting. If after all options have been explored and the family team believes out of home placement best addresses the needs of the youth, the team’s recommendation is then presented to the Service Review Collaborative for further problem solving and if necessary, funding decisions.

When an emergency placement of a youth engaged in the FCFC Service Coordination or WrapAround process occurs a family team meeting shall take place within 10 days of the placement to address immediate needs and begin transition planning for the youth’s return to the community. Transition planning shall include a HOME Choice application for all eligible youth.

For youth who are not involved in FCFC Service Coordination or WrapAround, but for whom out-of-home placement may be needed, agencies can request case consultation from SRC and/or make a referral to FCFC Service Coordination/WrapAround. FCFC Pooled Funding may only support out-of-home placement costs of youth engaged in the FCFC Service Coordination or WrapAround process, except for rare, emergent situations and upon SRC approval.

Each of these decision making points help ensure that the most appropriate services are provided in the least restrictive environment.

E. ORC 121.37(C)(5) - Monitoring Progress & Tracking Outcomes

Tracking outcomes and monitoring progress of individual youth will take place at several levels:

- a. A written, individualized Plan of Care will be developed by the family team and will include measureable goals and action steps that the team will review/monitor at each team meeting. At each meeting, the team will rate progress and this rating will be entered into the state electronic health record systems and tracked over time.
- b. The CANS assessment tool will serve as another monitoring tool. The Family Team Facilitator will work with the family to complete the initial CANS score, which will serve as the baseline, within the first 30 days of the case being opened. Thereafter, the CANS will be repeated every 90 days with team input. If a youth is in out-of-home placement, the facility will be asked to participate in the CANS assessment.
- c. For HOME Choice eligible youth, the HOME Choice transition coordinator will participate in discharge planning meetings and complete all required documentation, which includes a “Community Readiness Assessment”.
- d. When FCFC pooled funding is utilized for out of home placement, the placement facility will participate in phone conferences with the Family Team and SRC as needed to review progress and discharge planning efforts. NOTE: participation of the placement agency staff in the CANS and phone conferencing will be included in any placement contract.

Service coordination data points (including Part C EI) that are tracked and reported to FCFC to help fulfill its responsibilities to annually evaluate and prioritize services, fill service gaps and invent new approaches to achieve better results for families and children include, but are not limited to:

- Demographic information (age, gender, race, school district)
- Reason for referral
- Systems involved
- Numbers served
- Waitlist data (if applicable)
- Staffing levels and case load size
- Type of service provided and length of stay
- Number of youth in placement

- Resources approved by SRC
- Trends, service needs/gaps identified
- Case closure information:
 - percentage of success
 - percentage of youth who remained in the community
 - length of stay and outcome of residential placement
 - Client satisfaction survey results; including an analysis of any trends of satisfaction or trends of dis-satisfaction
- Local cost savings
- Programmatic successes and goals for upcoming year

F. ORC 121.37(C)(6) - Confidentiality

A Release of Information (ROI) is signed by parents/guardian, which includes a statement about data being entered into a statewide electronic health record system whenever they are referred to FCFC. An updated ROI is obtained when new providers/potential providers need to be added to the Release. The Release of Information may be revoked at any time upon written request of the parent/guardian.

Before the initial family team meeting, a Confidentiality Agreement is signed by each party present. Any person joining the team thereafter will also be asked to sign a Confidentiality Agreement. The FCFC Service Review Collaborative signs a Confidentiality Agreement annually.

All hard copy documents containing confidential information are stored in locked file cabinets located in a locked, employee only area. All electronic records are maintained in a HIPAA compliant manner. A local prosecutor annually examines compliance with HIPAA regulations.

G. ORC 121.37(C)(7) - Strengths, Needs & Cultural Discovery Process

Each person (including parents/guardians) making a referral will be asked to complete the FCFC risk and strengths screening tool based on their perception/understanding of the youth/family situation. The questions contained in the screen tool are very descriptive so that specialized training to use the tool is not required. Although the tool is not normed, it is comprehensive (covering multiple life domains) and will provide a consistent measure on which to determine level of care needs and guide case assignment.

The FCFC risk and strength screening tool will also assist the newly assigned Family Team Facilitator understand concerns identified by the referral source and better prepare them to complete the normed

CANS tool. It should be noted that CANS users are required to be trained and annually re-certified.

The FCFC risks & strengths screen can also let the Family Team Facilitator know which life domains in the CANS may be trigger points or sensitive areas for the family and/or which may need a more thorough exploration/discussion with the family. Both tools contain (but are not limited to) the following elements for evaluation:

- Life Functioning/Independent Living
- Child Strengths
- Behavioral/ Emotional Needs
- School
- Child Risk Behaviors
- Developmental Needs
- Trauma
- Juvenile Justice Needs
- Substance Abuse Needs
- Vocational/Employment Needs

The combination of information garnered from the FCFC risk/strength screening tool, CANS and the strengths, needs and cultural discovery process completed with the family completed during *Phase I* (see Section (I)(F), page 11) culminates into a comprehensive picture of the youth and family needs, strengths and culture and informs service planning efforts.

SPECIAL NOTE: For families engaged in the Wraparound process, the strengths, needs and cultural discover (SNCD) process is both an event and ongoing process that begins when the Family Team Facilitator first meets with the family. Additional information may be obtained from team members. Based on information gathered from the family and other team members a short narrative that is pre-approved by the family is created. The narrative is then presented to the team at the first meeting and is used to formulate the family Plan of Care. The SNCD helps the team understand the culture of the family so they know the family's values & priorities and the eventual plans looks like and feels like the family.

H. ORC 121.37(C)(8) - Procedure to Develop Individualized Family Plans

Utilizing information gathered in the FCFC risk and strengths screen, Ohio CANS and the SNCD process, the team develops an individualized and strength based Plan of Care that is respectful of the family's culture and considerate of least restrictive environment, using the

plan template provided by Ohio Family and Children First's electronic health record system. If multiple mandates inescapably require multiple plans, such plans should be linked together and coordinated to eliminate duplication and conflicting expectations of the family.

The family plan of care is a living document and can be altered as needed. Progress is regularly tracked at each meeting and documented in the OFCF electronic health record system.

I. ORC 121.37(C)(9) - Dispute Resolution

There are times when one or more members of a FCFC service coordination planning team may question decisions or the process of decision-making. Conflicts may arise if a family is in disagreement with one agency (*parent/guardian or young adult to agency*), if a parent/guardian or young adult is in disagreement *with FCFC service coordination (parent/guardian or young adult to FCFC plan of care)*, or one agency is in disagreement with another agency on the service plan (*agency to agency*).

Dispute resolution does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code. The local Dispute Resolution Process also must not be interpreted as overriding or affecting decisions of a juvenile court regarding out-of-home placements.

It is expected that participants in a service planning process will, in all instances, seek clarification and resolution of issues at the point of planning. Families are encouraged to ask questions and become knowledgeable of available services/supports, what their child may need, and what rights and responsibilities are theirs as parents.

Parents/guardians and young adults (18-21) will be fully informed about the local dispute resolution process and their right to access it.

Families served by Ohio Part C Early Intervention may utilize the local FCFC Dispute Resolution process. If this option is selected by the family, the FCFC Director shall provide DODD, the lead agency responsible for Ohio's Part C program, a copy of the complaint within 5 days of its filing and provide documentation of complaint findings/recommendations within 5 days of issuance. Families enrolled in Ohio Part C Early Intervention may forego the local process and directly file a complaint with the Ohio Department of Developmental Disabilities to access their established dispute resolution process and/or request formal mediation or a due process hearing.

Each agency represented on FCFC that is providing necessary services or funding for necessary services that are the subject of the dispute shall continue to provide services or funding of services during the dispute process. These rights shall not be interpreted as overriding or affecting decisions of a juvenile court.

Parent/Guardian or Young Adult to Agency

Parents/guardians or young adults shall use existing local agency grievance procedures to address disputes not involving FCFC service coordination.

Parent/Guardian or Young Adult to FCFC Service Coordination

Parent, guardians or young adults filing a formal complaint regarding FCFC service coordination shall follow the below process and timelines.

Agency to Agency

Agencies filing a formal complaint regarding FCFC service coordination shall follow the below process and timelines.

DISPUTE RESOLUTION PROCEDURES AND TIMELINES

- 1) Grievant shall submit a written summary of concerns to the FCFC Director. The complaint summary should include as much detail as possible, including an outline of specific concerns, parties involved and action requested. The FCFC Director will conduct an investigation, which includes record review, interview(s) with the complainant(s) and relevant providers and provide a written summary of finding and recommendations within ten (10) days. A grievant who is not satisfied with the recommendations offered has five (5) days to request advancement to the next level of dispute resolution.
- 2) If resolution cannot be found at the FCFC Director level, the process will proceed to a review by the Service Coordination Mechanism Oversight Committee/Service Review Collaborative who shall review the grievance within ten (10) days and present their recommendations within five (5) days of their review to the party filing the dispute. NOTE: Families enrolled in Ohio Part C Early Intervention complaints shall be directed to the Ohio Part C EI Advisory Committee instead of the SCMOC/SRC. A grievant who is not satisfied with the recommendations offered by the committee has five (5) days to request advancement to the next level of dispute resolution.
- 3) If resolution cannot be found at the SCMOC/SRC or EI Advisory Committee level, the process will proceed to the full FCFC Council who shall review the grievance within ten (10) days and issue its

results in writing within five (5) days of its review. A grievant who is not satisfied with the recommendations offered has five (5) days to request advancement to the next level of dispute resolution. Steps 1-3 shall take no longer than 60 days

- 4) If resolution cannot be found in steps 1-3, the FCFC director shall refer the complaint to the director of Ohio Family and Children First (OFCF). OFCF will follow their established procedures and upon approval of the OFCF Cabinet Council, shall provide a written response to the FCFC within thirty (30) days of the request.
- 5) If resolution cannot be found through the previous steps of the Dispute Resolution Process the final arbitrator will be the Juvenile Court Judge. The request for a court hearing must be filed within seven (7) days after the failed dispute resolution. The FCFC Council Director will assist in preparing all pertinent information for the court. The court shall hold the hearing as soon as possible, but not later than ninety (90) days after the motion or complaint is filed. At least five (5) days before the date on which the court hearing is to be held, the court shall send each party subject to the determination written notice by first class mail of the date, time, place and purpose of the court hearing. The decision of the court is final and binding.

The dispute resolution process shall be modified in emergency situations. Emergency is defined as a situation that requires an immediate response due to the safety and well-being of the child. In this instance, the FCFC Director shall consult with SCMOC/SRC or Part C EI committee members and based on their responses, will provide written recommendations within three (3) days. Once the immediate emergency is handled, any continuing conflict will follow the outlined Dispute Resolution Process.

III. OPERATING PROCEDURES required by ORC 121.37 (D) (1-6)

A. ORC 121.37(D)(1) - Process & Components of Individualized Family Plans and Designating Service Responsibilities

As previously mentioned, the Family Team Facilitator will work with the family to determine composition of the Family Team. The established Family Team will work together to create an individualized Plan of Care that is based on the child and family's needs, strengths and culture. The Plan of Care is stored in the statewide electronic health record system includes the following components:

- Identification of youth/family
- List of Team Members & Team Strengths
- Family Mission and Vision
- Team Mission and Goals
- Identified youth and family strengths and needs
- Crisis Plan
- Designation of service responsibilities (i.e. agency and/or person responsible for setting up, delivering and reporting progress of services delivered.
- Timelines for services and supports to be delivered
- Designation of financial responsibilities
- Date of next team meeting
- Needs Outcomes and Strategies, Timelines, Assignments & Progress Reporting
- Level of Family Engagement
- Identification of Community Resources Accessed & any Service Gaps
- Reason for Case Closure

B. ORC 121.37(D)(2) - Selecting a Team Leader/Facilitator

Upon acceptance into the FCFC Service Coordination/WrapAround process, a family will be assigned a Family Team Facilitator (FTF) who is responsible for organizing the process (i.e. schedule meetings, invite team members, facilitate meetings, monitor plan of care and crisis plan, plan progress, etc.) As much as possible, the child/family culture and needs will be taken into consideration when assigning a FTF. The family may request a different FTF if they so choose.

C. ORC 121.37(D)(3) - Culturally Appropriate Services in Least Restrictive Environment

All services and supports shall be selected and provided in a least restrictive environment and in consideration of the child and family needs, strengths and culture. Family voice and choice is paramount in service planning and selecting service providers. As much as possible, early intervention and the use of evidence based/informed supports and services are strongly encouraged.

D. ORC 121.37(D)(4) - Diversion of Allegedly Unruly Youth

The juvenile court may refer any child alleged to be unruly to FCFC Service Coordination/WrapAround. Juvenile courts operate under statute on the premise of rehabilitation. Summit County Juvenile Court is widely recognized for its efforts to provide alternative

responses to any youth who does not pose an eminent risk to public safety. The purpose of a diversion alternative is to serve the best interest of the child and provide reparation for those acts without court action and creation of a formal court record. Research has proven that justice involvement ultimately has adverse effects on children who are over processed or involved with the justice system. The use of evidence-based screening and assessment tools is imperative when identifying risk levels of youth who would otherwise be better served by a diversion option. Examples of diversion options offered by juvenile court include, but are not limited to:

- Referral to the Family Resource Center for case management as an alternative to filing a formal complaint
- Respite referral to a community provider as opposed to detaining a youth in a secure detention facility and increasing their risk to remain in and return to the justice system.
- Mediation meetings with trained mediators
- Early identification youth as being Dually Involved Youth allowing for service coordination between child welfare and juvenile justice
- Involvement in a specialized docket programing which operates on the principle of addressing specific treatment needs and goals
- Behavioral Health Juvenile Justice responses, including intensive case management and supportive solution focused responses
- Education specific to the identified need i.e. anger management classes for youth brought to the court for domestic violence related charges.
- Restorative Justice Peace Circles
- Victim Impact Panel attendance
- Restitution work reimbursement
- Community service work group

E. ORC 121.37(D)(5) - Establishing Timelines for Completing Team Goals

Timelines and expectations for goal completion will established by the Family Team, incorporated into the plan of care and monitored at each team meeting.

F. ORC 121.37(D)(6) - Crisis & Safety Planning

Recognizing that families experience crises, the family team will develop a written crisis response plan, detailing options for

prevention of a crisis and responses to a known crisis by those supporting the youth and family and based on family need and preference. A crisis is defined by the family and not a threshold of threat based on community safety standards. (Any safety concerns or need for safety programming will be addressed as needed). Individualized family crisis plans will position the team to be prepared to respond appropriately and immediately in the event there is a crisis. It allows the team to plan its response during a time when everyone is positive and calm, helping to assure that members will not overreact if the need arises to implement the crisis plan. Again, recognizing the family crises occur, such an event will not be viewed as a failure by team members.

IV. FISCAL STRATEGIES

Summit County FCFC aligns multiple funding streams in order to maximize resources. Funding streams utilized include:

- Family Centered Services and Supports Funding- pays for service coordination
- Local Pooled Funds - pays for service coordination, flexible community based services/supports and out of home placement, such as residential treatment. Original sources of pooled funding includes but is not limited to:
 - Reclaim Ohio
 - Title 4-E
 - Levies
- HOME Choice Funding - pays for flexible community based services/supports
- ADM 421 Funding - pays for out of home placement, such as residential treatment
- Ohio Part C EI Service Coordination Funding - pays for service EI coordination
- Medicaid Waivers

V. QUALITY ASSURANCE OF MECHANISM

This document previously identified data points that will be tracked via electronic data systems. By monitoring and tracking these service coordination mechanism data points, FCFC learns where service gaps exist, what services are working, where cross system coordination works well and where it needs improvement. This information informs decisions on how to improve Summit County's system of care to better serve families. Below is a chart of Summit County's FCFC infrastructure which depicts the flow of information:

FAMILY & CHILDREN FIRST COUNCIL
(Membership comprised of mandated members, 12 additional community partners & serves as the governing board / final authority)

COMMUNITY PARTNERS COLLAB
(open membership; networking & community feedback loop)

EXECUTIVE COMMITTEE
(Sub set of FCFC membership that provides leadership/guidance to the full council)

OHIO PART C EI ADVISORY COMMITTEE
(Membership comprised of broad set of community partners; helps to monitor program quality; involved in EI dispute resolution process)

SERVICE COORDINATION MECHANISM OVERSIGHT COMMITTEE
(Membership comprised of local SM funders: JC, CPS, ADM, DD
Provide oversight of SCM; involved in SC/WA dispute resolution process)

SERVICE REVIEW COLLABORATIVE
(Membership comprised of managers from JC, CPS, ADM, DD, schools
Provide case consultation; review/approve funding requests for community based and out of home placements)

VI. ATTACHMENTS

- A. FCFC Release of Information
- B. FCFC Risk and Strength Screening Tool
- C. Protocol and Referral Form for Flexible Funding for Community Based Services
- D. Protocol and Referral Form for Case Consultation
- E. Protocol and Referral Form for FCFC Service Coordination/WrapAround
- F. Protocol and Referral Form for Out-of-Home Placement Review and/or Funding