

## **FCFC SERVICE COORDINATION 101**

### **WHAT IS SERVICE COORDINATION**

Service coordination is a way of organizing services for families and children. It finds agencies, people and services that can help children and families. Then, with the family's involvement, it creates a plan to get the child and family what they need.

### **WHO IS ELIGIBLE FOR SERVICE COORDINATION**

Any Logan County family with a child under the age of 21 in need of a coordinated plan to address needs in 2 or more areas of life, that are unable to be met by an individual agency may be eligible for service coordination.

### **HOW TO MAKE A REFERRAL**

Community Professionals and/or families themselves can make a referral for Service Coordination.

1. Submit the Child & Family Team referral form (Attachment A) to FCFC by  
FAX 937.592.7001  
EMAIL [ahackley@logancbdd.org](mailto:ahackley@logancbdd.org)  
DELIVERY PO BOX 710, Bellefontaine, OH 43311  
PHONE 937.592.7287 (we can take information and complete the referral by phone)

When completing the referral form:

- Indicate type of referral (formal, informal, consultation)
  - If you are going to facilitate the team check informal CFT box and indicate "CFT Facilitation" in the System Involvement/Service Provided section
  - Make sure you mark all the needs of the IDENTIFIED CHILD. to qualify, this CHILD has to have needs in at least 2 areas. Parental needs do not count (ie: mother has mental health needs, but identified child does not).
2. Triage will make a decision on your referral within 7-days
  3. You will be notified by phone or email the outcome of the referral. There are three possible outcomes to referrals:

Level 1: Information & Referral (FCFC Program Coordinator will link family with services)

Level 2+: Informal CFT (Agency worker will serve as facilitator of team)

Level 3+: Formal CFT (FCFC Program Coordinator will facilitate a Wraparound Team)

Once a referral is open with FCFC, small funding requests can be approved; however, ongoing requests will not be considered without the completion of a Wraparound Plan and an executed Exchange of Information form.

Service Requests for other children in the household (ie: respite for sibling) require a separate referral and that child must also qualify with multiple needs. However, each family need only have 1 Comprehensive Wraparound Plan.

## **FACILITATING A TEAM**

As a facilitator, it is your responsibility to be the single point of contact for a team. You will coordinate services across systems on behalf of the child and family.

To keep a family open and eligible for funding, the **Exchange of Information & Wraparound Plan** must be completed **within 30-days of the referral** and every **180-days thereafter**. Keep in mind that consideration of ongoing funding requests, are contingent upon the initial Exchange of Information and Wraparound Plan submission.

Triage will review cases every 180-days to determine criteria for (1) continued stay in Service Coordination and (2) transition from Service Coordination.

## **EXCHANGE OF INFORMATION**

The Exchange of Information form (Attachment D) is due within 30-days of the referral and updated every 180-days. Notes for completion:

- Write your agency name in section: (Name of Agency Disclosing Information)
- Write child's name/DOB in section: (Name of Individual) & (Name of Child or Adult)
- Make sure Information/Parties covered are initialed by custodian of child
- Write "Coordination of Services and continuity of care" under purpose
- Write your agency name in section: (Name of Agency requesting information)
- Write "n/a" or date in section: (specify date, time period...) if custodian wants release to expire prior to standard 180-days
- To execute the Exchange, the **custodian and a witness** must sign and date

Service Requests for other children in the household (ie: respite for sibling) require a separate Referral & Exchange of Information Form and that child must also qualify with multiple needs.

## **COMPREHENSIVE WRAPAROUND PLAN**

The Comprehensive Wraparound Plan (Attachment I) is due to FCFC within 30-days of the referral and updated every 180-days. The Comprehensive Wraparound Plan dictates what the family needs help with and thus all funding requests must relate back to this plan.

Only one plan per household needs to be completed (several youth may be enrolled in service coordination in one household, but only one plan should be completed). Notes for completion:

- DATE DEVELOPED is the original date the plan is created. When the plan is updated (at least every 180-days), add that date to the "Date(s) updated" line.
  - It is ideal to review the plan at each team meeting and use this form instead of meeting minutes, just add information.
- TEAM MISSION: it is important to know what you are trying to achieve as a team. This statement will indicate how you know when your work is finished as a team. It is essentially what you are trying to accomplish "A stable, safe home for \_\_\_\_\_ that meets her emotional and behavioral needs"
- GROUND RULES: agreed upon standards for how members will conduct themselves at meetings (ie: keep things confidential, being respectful, keeping an open mind, being honest, etc.)

- **SAFETY PLAN:** This section only needs to be completed if there is a threat to community safety standards. This means that there is immediate risk to someone's safety. It is only section of the form that is not required.
- **CRISIS PLAN:** Name a concern that creates ongoing crisis for the family. Think and list what the precipitating circumstances are along with who/what is and is not helpful. Then, list a prevention and management plan for the crisis.
- **FAMILY ASSESSMENT:** list the family strengths and needs. Brainstorm Strengths and needs with the team. Needs should relate to "what does the family need help with to get to the team mission." Needs should be things the team can "help with" rather than services (ie: mom needs help dealing with her stress rather than mom needs counseling). This allows for more solutions to be identified by the team to meet the need other than just providing a service (counseling). The needs should be listed according to priority.
- **PROFESSIONAL SERVICES-COORDINATED PLAN:** List all the Professional services being provided to the family followed by who is providing them and the frequency they are received.
- **NEED SECTION:** for the first prioritized need, list it on the Need 1 line. The team should brainstorm options, or ways the team can help the family meet that need. List as many as you can and prioritize them. Then plan for several of the prioritized options in the planning boxes (what, who, when). Save the outcome box for a follow-up report.

Under Measurable Outcomes, make sure you have a team discussion on what would happen if the need was met. Then circle the team's rating for "how well the need is being met." When you go to review this need at the next team meeting, you will know if you are making progress or not. If you are making progress, keep doing more of what you are doing. If you are not making progress, re-consider your options and make a new plan.

Use the above process for Need 2 and 3. You can plan for as many needs as you would like. Only 1 is required and it is recommended not to do more than 3 active needs so that the family is not so overwhelmed.

- **PARENT SIGNATURE:** all plans must have a signature. Indicate if the parent would like a Parent Advocate. Also ensure that the family was given a copy of the Service Coordination Brochure (Attachment J) that informs them of their rights.
- **PARTICIPANT SIGNATURE:** Make sure all team members sign the wraparound plan indicating they agree to confidentiality of the meeting. It is a good idea to bring this page (Parent Signature/Participant signatures) with you to the meeting as a sign in sheet and then you can add it to your typed notes.

Requests can be made to FCFC to help meet identified needs when those services and resources are not available in the community. See funding Requests section.

## **FUNDING REQUESTS**

Funding Requests can be submitted to FCFC by open teams (referral received & approved by Triage). Small requests (ie \$10 gas voucher) can be approved prior to the Comprehensive Wraparound Plan and Exchange of Information being received, but all ongoing and large requests require these plans.

All funding requests must relate to the Comprehensive Wraparound Plan to be considered for funding. To complete the form:

- Complete the family/submission information
- Describe the request – make sure if it is for ongoing services you list the time frame. Ongoing services can be approved for up to 3-months at a time. List the dates, ie: July through September Respite – 6 days.
- How does this relate to the team/family plan: identify the need that this request falls into on the Comprehensive Wraparound Plan. The FCFC Service Coordinator will audit the case file to ensure the wraparound plan covers this request.
- Other community resources: List any other community resources that were exhausted prior to this request. If another agency in the community provides the requested service, they must be listed as being considered as an option and why they were not able to help in order for the request to be considered by FCFC. If there are not resources in the community to help with this request, please indicate such.
- VENDOR INFO: You must list the estimated cost of the request. Ie: for 6-days of respite at \$35/day you would put \$210. Then list the Name, address, and phone number of who will be paid (who we will cut the check to). Note: if this is a request for assistance with rent, utilities, or other one-time item, a bill will be needed to pay from.

Triage will review Funding Requests within 7-days of when they are received. On a rare occasion, a small request can be approved between the weekly meetings given an exceptional circumstance. All other requests should be planned.

The facilitator of the team will be notified of the outcome of the request within 9-days of the receipt of the request, typically by phone or email.

Respite – see the respite protocol for more information on how to access providers for CSB Foster Care Respite (Attachment E) and Family Select Provider Respite (Attachment K).