

# **Logan County Family & Children First Council**

...facilitating collaboration among child & family serving systems to  
plan, develop, and coordinate services and resources for  
children, youth, and their families

**Service Coordination Mechanism  
Approved June 2010**



# Logan County Service Coordination Mechanism Child & Family Teams

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## SECTION 1: GUIDING DOCUMENTS

### A. History of the Service Coordination Mechanism

In Ohio, the idea of “Cluster” began in the mid 1980’s after an order by the Governor to “put into immediate effect, rules for cooperation with other organizations for service delivery to multi-need children.” In 1987 there was an interdepartmental agreement signed and “Cluster” became law. It was intended to serve as a means for different agencies to collaborate in helping the families they served. In 1988, Logan and Champaign Counties applied for and received a three-year Systems of Care grant to develop local interagency Clusters for both counties.

In 1992, another Order transformed the “Cluster” into the Family and Children First Initiative (ORC 121.37). This was after learning that too often families were not getting involved in the Cluster process until their children were already dealing with many difficulties. The goal of the Family and Children First Initiative was to promote intersystem collaboration before youth were older and in need of out-of-home placement. At this same time, locally, there was a group of agency personnel meeting to look at the transition services offered to youth ages 14-21, entitled, “INSTEP.” In 1994, the Champaign County agencies voted to pull out of the two-county system, to form their own Council and Cluster. As a result, Logan County had to do the same. In April 1994, Logan County agency representatives voted on a Council of Governments Agreement, establishing the Logan County Family and Children First Council. By-Laws were also adopted to direct the Council’s operation at this time.

At the State level, the Family and Children First Cabinet Council is composed of directors of all the major State Departments that oversee family services at the County level. This structure is mirrored at the county level. Logan County’s Family and Children First Council (LCFCFC) is comprised of the Executive Director’s or their designees from Alcohol, Drug Addiction and Mental Health Services Board, Health Department, Department of Job & Family Services, County Board of MRDD, Children’s Services Board, Family Court, the school systems, and many more.

In 1995, the State of Ohio announced a desire for County FCFCs to apply for grants to start programs that would impact, on a collaborative level, the number of youth unnecessarily placed out-of-home. The hope was that if specific attention was given to each child and family situation, as well as better controlling of the combined resources of all county agencies, this would allow for the diversion of many out-of-home placements.

In the Biennium Budget for State Fiscal Years 1996 and 1997, the Ohio Legislature required that the agencies, organizations and families in Ohio counties work together to design and develop a better system for responding to the strengths and needs of multiple-need children and their families. Agency executives or alternates have been designated as required to participate in the Family & Children First Council.

The 1998 version of this Service Coordination Mechanism reflected the two major projects of the Council, the Intersystem Services Cluster and INSTEP (*Interagency Network Supporting Transition & Employment Possibilities*). It also described the structure of the LCFCFC electing officers that serve for a one-year term and operating from a budget utilizing interagency administrative funding agreements that provide administrative operating support for the Council. In 2002, changes again were made to the plan to specifically address those issues related to the unruly and “at-risk” population.

Prior to the 2006 biennial budget, service coordination support flowed primarily toward the most difficult-to-serve youngsters. Some services for children in out-of-home care provided too little help, too late, and for too long. Recognizing these systematic shortcomings, the Access to Better Care (ABC) budget expanded funding opportunities for county service coordination. ABC focused on prevention and early intervention for conditions that have historically led to the need for placement and other intensive, restrictive services. ABC incorporates active engagement and participation at all levels of public and private service providers and stresses active partnership with families.

In the biennial budget for State Fiscal Years 2006 and 2007, Amended Substitute House Bill 66 was enacted by the Ohio Legislature and signed by Governor Taft on June 30, 2005. The legislation required those agencies, organizations and families in Ohio's counties work together to design an improved procedure for responding to the strengths and concerns of multiple need children and their families. Initially introduced in 1995 and amended in 2002, new provisions have been added to the County Family & Children First Council (FCFC) service coordination requirements in 2005. These additions complement Governor Taft's priority of improving access to behavioral health care. The ABC Initiative focuses on evidence-based interventions across the continuum of behavioral health care that support the values of family driven, culturally competent, strength-based assessment, treatment and service evaluation.

In November of 2007, the County Council conducted a retreat and approved the ten guiding principles for service coordination in Logan County. Additionally, it was proposed and approved to develop an informal child and family team process. Historically, service coordination had been conducted by an employee of the Council. In order to expand the capacity of service coordination in the county and thus serve more children and families, it was approved to move forward with updating the mechanism with the procedures for agency staff to facilitate child and family teams with families on their caseload. Additionally, Council approved the work of the System of Care Workgroup, which was established to create a uniform assessment process for multi-need youth and determining level of care. Products of the workgroup included the development of the Logan County System of Care Diagram & the Levels of Service Intensity Inventory. Furthermore, the workgroup developed capacity for the use of the Child and Adolescent Service Intensity Instrument (CASII) including training and implementation procedures. The modifications to the mechanism were approved by the Council on April 23, 2009.

In the summer of 2010, the Ohio Family and Children First Council issued guidance to County Councils that required the submission of the County Mechanism that showed compliance with Family Centered Services and Supports (FCSS) assurances. This funding is Federal and State dollars to be utilized by County Councils to meet the non-categorical service needs of families open with Service Coordination. In response to the requirements, the County Triage Team took initiative to revise the mechanism to assure compliance with FCSS assurances and brought these revisions to the County Council on June 24, 2010 for approval.

## **B. Purpose**

Since its inception in the early nineties, the Ohio Family & Children First Initiative has been a catalyst for bringing communities together to coordinate and streamline services for those families and children needing or seeking assistance. Collaboration has proven to be in the best interest of families as well as each state and local child-serving system.

County Family & Children First Councils apply the knowledge and experience of families and service providers toward the development of family-friendly and cost effective health, human and social services. The service coordination mandate has driven development of arrays of coordinated care options previously non-existent in most communities. Service integration efforts once considered impossible are being implemented. Service coordination has promoted wraparound service by linking children to other services and informal local supports. In addition, council-driven service coordination has united service providers without dismantling systems. Information is shared while assuring the confidentiality of the child and family.

The success of Family and Children First service coordination efforts depends on integrating key components into this process. Logan County Family and Children First Council (LCFCFC) will utilize the following components to help improve the service coordination process, resulting in a more effective service delivery system:

- Services are delivered using a family-centered approach.
- Services are responsive to the cultural, racial and ethnic differences of the population being served.
- Service outcomes are evaluated.
- Available funding resources are fully utilized or integrated.
- Wraparound services and community supports are utilized.
- Specialized treatment for difficult-to-serve populations and evidence-based treatment services are encouraged.
- Duplicative efforts among agencies are reduced or eliminated.
- Most importantly, families are fully involved in decision making for their children and are provided with family advocacy options.

Service coordination is a process of service planning that provides family-centered, individualized services and supports to families. It is child-centered and family-focused, with the strengths and needs of the child and family guiding the types and mix of services to be provided. It is critical that services and supports are responsive to the cultural, racial and ethnic differences of the community population.

The purpose of service coordination is to provide a venue for families whose needs may have not been adequately addressed in traditional agency systems. Each system has areas of responsibility, and the collaborative approach is not intended to replace or usurp the primary role of any one of these systems. Service coordination should build upon the strength of services in the community that are already working to meet the needs of the family. This Service Coordination Mechanism should provide access to existing services and supports, both formal and informal, and, when appropriate propose new services/supports to be added in order to address unmet needs. While this mechanism will describe a plan of care for families identified by systems, it will also allow for families to self-refer into this level of service planning. It is not intended to override current agency systems but to supplement and enhance what currently exists.

This plan will identify the criteria which will be used to suggest that service coordination is needed for a child and their family. However, no child or family will be refused the

opportunity to refer itself for consideration of service coordination. Some families require a higher level of service (including a coordinated cross-systems approach) because their needs are not being adequately met. These needs may include access to more flexible funding or supports in order to provide what is identified and otherwise inaccessible. This Service Coordination Mechanism ensures that if the need for other interventions can be identified prior to court involvement, services are put in place to meet those needs.

This mechanism will also identify the process of how Logan County will monitor and track the service coordination process and learn what service gaps exist, what services are working, where cross-system coordination works well and where it needs to improve. In order to improve local service delivery, this information will be reported to the Logan County Family & Children First Council.

### **C. Development & Review of the Mechanism**

This Mechanism has been developed from the historical working of the Intersystem Services Cluster and agencies involved in the Council. The process is derived from the original Service Coordination Mechanism, the existing Council of Government Agreement, Council By-Laws and Policies, as well as best practices, which have been utilized within Logan County.

The County Triage Team is responsible for monitoring the need for Mechanism revisions and then bringing recommendations to the Council for review and approval. The Mechanism is intended to be a useable document guiding year-round practices for Service Coordination. However, Triage will review the Mechanism annually to ensure the procedures set forth meet current practice. When a conflict arises between protocol and practice, Triage will ensure necessary implementation and/or Mechanism changes are made.

### **D. Commitments and Values**

Adopted November 2007

The Logan County Family and Children First Council operates under the following values:

- 1. Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the team process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
- 2. Team based.** The team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
- 3. Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The comprehensive wraparound plan reflects activities and interventions that draw on sources of natural support.
- 4. Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single comprehensive wraparound

plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

- 5. Community-based.** The team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
- 6. Culturally competent.** The team process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
- 7. Individualized.** To achieve the goals laid out in the comprehensive wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
- 8. Strengths based.** The team process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
- 9. Persistence.** Despite challenges, the team persists in working toward the goals included in the comprehensive wraparound plan until the team reaches agreement that the team is no longer required.
- 10. Outcome based.** The team ties the goals and strategies of the comprehensive wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

At the onset of his administration, Governor Bob Taft identified Ohio Family and Children First as the vehicle to coordinate state-wide efforts to improve outcomes for Ohio's children, youth and families. Ohio Family & Children First engaged community stakeholders to develop Ohio's Commitments to Child Well-Being. The six commitments to child well-being are:

1. Expectant parents and newborns thrive
2. Infants and toddlers thrive
3. Children are ready for school
4. Children and youth succeed in school
5. Youth choose healthy behaviors
6. Youth successfully transition into adulthood

The Logan County Family & Children First Council supports the Governor's six commitments to child well-being through several initiatives. Service coordination may be provided to those children not meeting the six commitments or when traditional agency services are not successful alone. A collaborative strengths-based effort is set up for families to creatively identify and implement innovative strategies to make the child and family successful in meeting the six commitments to child well-being.

## **E. Definitions**

### **Comprehensive Wraparound Plan (CWP):**

An individualized plan created for the family by the child and family team at the first meeting, reviewed and updated every 6-months thereafter. The plan will include the family's strengths and needs, the mission statement, a safety plan and names of team members.

### **Cluster:**

Former process for providing families inter-system service coordination in Logan County; was also a previous state funding stream used to assist families. Logan County FCFC employed a Cluster Coordinator who conducted case coordination.

### **Child & Family Team (CFT):**

Family, natural, informal and professional/formal supports come together to conduct joint case planning to assist a family to meet challenges that impair their family well-being. There are three levels of child and family teams.

#### **Agency Level CFT:**

A child/youth is involved with one agency or system. That agency is able to meet the needs of the family without collaborating with other agencies.

#### **Informal CFT:**

A child/youth has needs with 2 or more systems and typical agency services are not working. In many instances, the lead worker/agency will self identify as such. If not, Triage will assign a lead worker/agency.

#### **Formal CFT:**

A child/youth has needs with 2 or more systems and a trained facilitator in Wraparound/Strength Based Facilitation is assigned to implement Wrap Around.

### **Emergency Assistance:**

Assistance is needed due to unanticipated family deficit requiring immediate assistance; all community resources have been exhausted for Family and Children First Council funding to be utilized.

### **Extraordinary (Multi) Needs Family:**

Family who's intensive & multiple needs are not being met by traditional community agency services. The least restrictive single agency service options have been exhausted and the family continues to display multiple needs. In order to keep the family intact, county-wide service coordination is needed. Agencies can refer a client with their consent or families can directly refer themselves to FCFC.

### **Funding Request:**

Informal and Formal Child and Family Teams can apply for Council funding. Triage representatives from each agency will ensure community resources are exhausted prior to the referral coming to Triage.

### **Information & Referral (I&R):**

A family's needs are met by the agency providing information and referral only. There is no need for a Child & Family Team to be developed or the family does not desire a Child & Family Team after the process is explained to them.

**Faith-Based Referrals:**

Area churches offer assistance to families in need.

**Flexible Funding (Family Support/WA Funding):**

Collaborative pooled funds and state family support dollars to assist in keeping kids and families together in the least restrictive environment.

**Family Coaching:**

Flexible services designed to expand the helping capacity of the traditional service system of the community while promoting child safety and family stability. Services support the development of natural familial support to strengthen the family's functioning and helping relationships. These may include but are not limited to transportation, home or school companion, hands on instruction or mentoring.

**Family Select Provider:**

An independent provider whom the family selects to provide non-traditional paraprofessional services including but not limited to homemaker services, respite, family coaching, mentoring, etc

**Intensive Home Based Treatment (IHBT):**

A therapeutic service delivered in the family home; including around the clock crisis intervention and linkage with other appropriate community services.

**Respite:**

Temporary care of a child by someone other than the legal guardian not to exceed 14 days. Respite should not be used as a substitute for daycare.

**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 organizes a plan to get the child and family what they need.

The activities carried out by a service coordinator assist and enable a child and his/her family to receive services that include the following:

- Coordinating all services across agency lines to streamline and prevent the duplication of services; and
- Serving as the single point of contact in helping parents to obtain the services and assistance they need.

**Service Coordination Mechanism:**

The purpose is to provide a venue for families needing services where their needs may not have been adequately addressed in traditional agency systems. Formal and informal services and supports will be explored & utilized in order to address unmet needs. This may include access to more flexible funding or supports in order to provide what is identified and otherwise inaccessible. Considering the safety of the entire community, the process will strive for keeping families intact in the community through the use of the least intrusive treatment/service option.

**Triage Team:**

Collaborative County agencies meeting weekly to keep families intact by overseeing the service delivery needs of extraordinary needs families through promoting success within the community in the least restrictive, least intrusive manner. Triage promotes collaboration and a shared sense of community responsibility for high-risk, high-needs families of Logan County.

**Wraparound Facilitation:**

An inter-system team facilitation process that is strength based & family focused with the aim of improving family functioning, empowerment, child safety and stability.

**SECTION 2: PARENT INVOLVEMENT**

**A. Parent/Family Rights and Confidentiality**

**Informing Parents of their Rights to Service Coordination**

Families in Logan County are able to refer themselves for service coordination and understand the process for determining the appropriate level of Service Coordination. In an effort to make parents aware of service coordination, Logan County Family & Children First Council will make available an informational brochure on Service Coordination that will be available at each participating Council agency. Parents will acknowledge receiving the brochure with their signature on the Comprehensive Wraparound Plan.

The Brochure on Service Coordination will be issued to each family involved in a Child and Family Team by the team facilitator. It will describe the process of self-referral, rights to initiate a Child and Family Team meeting, requesting a review of the Comprehensive Wraparound Plan and utilization of the dispute resolution process. To request a team meeting, families need to contact and make a meeting request to their team facilitator. The facilitator will then coordinate with other team members to schedule the meeting.

Families will also be informed that they are able to invite a Parent Advocate, mentor or other support persons of their choice to be a member of the Child and Family Team. It is asked that the family inform the team facilitator of new members that will be invited to the next team meeting.

**Protecting Family Confidentiality**

Council agencies established a county-wide Exchange of Information form that is completed and signed by the parent/custodian. The Exchange protects the confidentiality of all personal family information disclosed at Child and Family Team meetings or contained in the Comprehensive Wraparound Plan (CWP) by allowing the family to select what information is shared and to what agencies. To ensure that none of the family personal information is shared by team members outside of the team meeting, participants at team meetings will be required to sign the Participant Signature section of the Comprehensive Wraparound Plan provided in Attachment I.

All personal family information and confidential paperwork will be kept in a locked filing cabinet located in the Logan County Family & Children First Council office. It will only be removed for the purposes of meeting and information retrieval.

## **B. Accessing a Parent Advocate**

All families entering service coordination or currently receiving service coordination through Family and Children First Council are eligible for a Parent Advocate. Parent advocates are trained supports helping families in a variety of ways. Advocates may attend meetings with the family, including medical appointments, team meetings, court hearings, IEP meetings, etc.

Each family will be given the opportunity to access a parent advocate. This decision will be documented on the Comprehensive Wraparound Plan by the parent selecting yes or no for a Parent Advocate referral and verifying their decision with a signature. If a Parent Advocate is desired, FCFC will coordinate the referral and assignment of a parent advocate. The Parent Advocate Referral Form is provided in Attachment L. Following the receipt of the referral, a Parent Advocate will contact the family within 48-hours.

## **SECTION 3: MECHANISM STRUCTURE**

### **A. Levels of Service Coordination**

The Logan County Family & Children First Council operates several levels of service coordination at the systemic and family levels. Beyond traditional, agency based services, families with needs in two or more systems can request or be referred for a Child and Family Team (CFT). A Child and Adolescent Service Intensity Instrument (CASII, American Academy of Child and Adolescent Psychiatry, Version 3.0, Oct 2007) determined level 2 or greater would indicate an Informal Child and Family Team. An Informal Child and Family Team is facilitated by a provider of the family and is guided by the wraparound principles. Examples of Informal Child and Family Teams include the Family Treatment Court, Family Team meetings, and inter-agency disciplinary teams.

A Formal Child and Family Team (CFT) is facilitated by the FCFC Program Coordinator, a neutral facilitator who is trained in and utilizing the Wraparound facilitation process. A CASII level of 3 or greater indicates the need for a Formal Child and Family Team. See Chart: Referral Process. The FCFC Program Coordinator and County Triage determines the appropriate level of Service Coordination for each Child and Family Team along with ensuring a facilitator is identified.

On a broader level, Service Coordination is conducted by Council annually to assess community needs, gaps and priorities. A strategic plan is created and implemented through the Service Management Committee and the Project Child Committee (formerly the Early Childhood Coordinating Committee). Both the Service Management and Project Child Committees are groups of agency management who meet monthly to review progress made on the strategic plan that reflects the Council's top priorities for the fiscal year. Needs, gaps and barriers are incorporated and identified through service coordination. The Triage

committee allows communication to flow from the “family level” to the “systematic level” in an attempt to meet the needs of every family in Logan County.

## **B. Quality Assurance of the Service Coordination Mechanism**

Triage is responsible for the oversight of the Service Coordination Mechanism. The Child & Family Team process is monitored by Triage to ensure that the detailed process in the Mechanism is the standard practice in Logan County. When Triage expresses conflict and/or concerns regarding the status of a Child and Family Team, the Family & Children First Council Director will request the Executive Finance Committee conduct a Child and Family Team review.

Triage will report any Child and Family Team barriers for meeting standards of the Mechanism to the Council Executive/Finance Committee where a strategy can be developed for either adjusting service delivery to meet the Service Coordination Mechanism or for revising the Mechanism to match the change of intersystem services in Logan County.

The Family & Children First Council strategic planning process, following the House Bill 289 guidelines, will be completed every four years during which time, the Service Coordination Mechanism will also be reviewed and updated if necessary by the Triage and presented to the Executive-Finance Committee for review and approval.

### **B.1. Oversight for Multi-Need Youth Placed Outside the Home**

To guide Child and Family Team communication, the following procedures were established.

#### **Triage**

Triage oversees all shared funding agreements for placements and other non-categorical services. The lead agency works with the FCFC Program Coordinator to create a shared funding agreement. Each involved agency is asked by the Family & Children First Council to contribute to the costs of the shared funding agreement.

Triage reviews placements monthly and ensures that a Child and Family Team meeting occurs prior to the placement of a multi-need child/youth or within 10-days following an emergency placement.

#### **Parental Rights**

Within the Brochure for Service Coordination that each family receives as part of the Service Coordination intake process (FCFC member agencies also have as resources to families) a section will inform families that they can refer themselves for a Child and Family Team at any time prior to or immediately after an out-of-home placement.

#### **Child and Family Team Communication Procedure for Out of Home Placements**

If a placement does occur and the youth is involved in more than one agency in Logan County, the Lead Worker/Custodian for the youth/family will be responsible to notify all other systems involved with the family of any pertinent information to the child/youth's safety and well-being. The facilitator, if different from the Lead Worker/Custodian, will

establish with the Lead Worker/Custodian, a plan for the flow of communication to the Child and Family Team.

**(This mechanism cannot override decisions of the Family Court regarding an out-of-home placement).**

## B.2. Triage

Triage is a group of agency representatives who act as an oversight committee for youth and families with extraordinary needs. Triage meets weekly to review cases, pool resources and funding and to serve inter-system youth and families in the least restrictive environment. Triage promotes collaboration and a shared sense of community responsibility for high risk, high need families of Logan County.

The agencies represented on Triage are:

- Board of Developmental Disabilities
- Children’s Services Board
- Consolidated Care, Inc.
- Department of Job and Family Services
- Health Department
- Family and Children First
- Family Court
- Help Me Grow
- Logan County Schools

Triage members are encouraged to submit cases for review to the FCFC Program Coordinator by 4:00 p.m. the day prior to the meeting. If no agenda items have been identified, the Program Coordinator will cancel the meeting via an email by 9:00 a.m. the day of the scheduled meeting.

The role of Triage in a Child and Family Team (CFT) is to:

- review referrals to ensure they meet admission criteria;
- help teams get organized;
- monitor the Child and Family Teams;
- report barriers or gaps in services in challenging cases;
- do a utilization review of the comprehensive wraparound plans at least every 180-days for continued stay;
- ensure a meeting has occurred within 48 hours when a family has an emergency/is in crisis;
- ensure that the least restrictive services are provided to families;
- ensure that families at risk of out-of-home placement received Child and Family Team services and that all other avenues have been explored prior to the placement;
- ensure that if an emergency placement occurs for a multi-need child, an emergency team meeting occurs within 10-days;
- review all funding requests with a decision to approve or deny the request; and
- create intersystem options to present to service providers.

Triage Representatives are also responsible for educating their agencies on the Service Coordination Mechanism.

When conflict and/or concern regarding the functioning of a Child and Family Team process or content of the individual family plan arises that Triage does not feel adept to supervise, the FCFC Director will convene a meeting of the Directors of the involved providers, within 10-

business days for a thorough review of the issues. These minutes will then be presented to the Executive/Finance Committee at the next scheduled meeting.

The Executive/Finance Committee will then review the minutes and decide if further action is indicated either locally or through the use of the State Administrative Review Process for Individual Family Plan and/or Unmet need.

If the Executive/Finance Committee authorizes the utilization of the State Administrative Review process, the local Family & Children First Council Office will submit the required forms to the state within 5-business days of the Executive/Finance Committee meeting. The state will submit a written response to the local FCF Office within 45-days of their receipt of all required documents. Within 1-business day of the receipt of the state response, the local FCF Office will forward this response to the members of the Executive/Finance Committee and it will be an agenda item at the next Executive/Finance Committee meeting.

Within 60-days of the initial Executive/Finance Committee review, the Executive/Finance Committee will issue a written statement to Triage directing of any action to be taken.

### **B.3. Education of System Agencies on the Service Coordination Mechanism**

Training community agency personnel of the Service Coordination Mechanism is a role of Triage. The following training processes will be overseen by Triage:

-Orientation to Service Coordination Training

Triage Representatives will ensure their agency employees, who facilitate Child & Family Teams have received the Orientation to Service Coordination Training. This may be conducted as part of agency staff meetings or trainings or the Cross System Training. Triage may ask the Family & Children First Council staff to assist with the orientation.

-Cross System Training

New staff members in Logan County attend a 50-minute orientation at 12+ agencies in the County. New staff members have the opportunity to find each of the 12+ agencies locations, receive a tour, meet staff and learn about each agency's programming, mission, goals and referral process. Furthermore, the Family & Children First Council Service Coordination Mechanism is reviewed. A survey is completed by those attending the trainings to indicate the usefulness of this training.

- Triage Training Plan

Includes trainings on running a team meeting, managing barriers in teams, utilizing the Child and Adolescent Service Intensity Instrument tool, supervising a Child and Family Team and Hi-Fidelity Wraparound, and other trainings as indicated.

Triage members are able to bring Service Coordination Mechanism changes to their agencies and provide trainings if necessary. The Family & Children First Council staff may assist in this process.

## **B.4. Utilization Review for Child & Family Teams**

To ensure eligible families are served and to monitor and track the progress of cases referred to and open with Family & Children First Council Service Coordination (Child & Family Teams), the following utilization review processes will take place.

Triage will review all referrals to ensure they meet admission criteria within 7-days of receipt of the referral.

At least every 180-days Triage will review Continued Stay Criteria for all Open Child and Family Teams to monitor and track the progress and outcomes of each Child and Family Team.

At least every 180-days Triage will review Criteria for Transitioning out of Service Coordination for all Open Child & Family Teams to ensure least restrictive services are provided.

An agenda item will be set for Triage titled Utilization Review. Cases for review will be listed at the beginning of each month with a determination of their continued stay/transition to occur by the end of the month.

This procedure is set forth to assure continued progress of Child and Family Teams, appropriate placement of children/youth, and continuity of care after discharge from placement.

## **B.5. Evaluations/Outcome Monitoring**

FCFC Program Coordinator will be responsible to manage a database that collects information to provide the following reports to manage and track Child and Family Team cases and outcomes:

### **Child and Family Team Case Report**

Triage will receive a monthly CHILD AND FAMILY TEAM Case Report that identifies active CHILD AND FAMILY TEAM cases, the facilitator of the team, team members, if the child/youth is in placement, the CASII Score when identified, and amount of FCFC flexible funds spent on behalf of the team.

### **Child and Family Team General Report**

A general Child and Family Team monthly report will be generated for the Service Management Committee and Council that outlines the number of referrals received and who made the referrals for both informal and formal cases, the amount of funding spent for Child and Family Team 's and what services were purchased, the number of cases being facilitated by each agency, and number of contacts for Formal Child and Family Team 's.

### **Placement Report**

Cross-system out of home placement data will be collected via the Triage team and include the number of youth and days they were in placement. Placement data will be

monitored for foster care, group home, residential, JDC, psychiatric, and DYS or Miami Valley JRC. This report will be updated each month and provided to the Council.

#### Annual Report

An annual report that shares the number of families served through FCFC Service Coordination (both informal and formal Child and Family Team's), who made referrals and what agencies were involved with Child and Family Team's, and outcomes for Service Coordination including CASII information.

Furthermore, Formal Child and Family Team's will utilize the Continuous Quality Improvement (CQI) tools for Wraparound and a tracking log to measure the output provided.

Upon request from the Ohio Family & Children First Council, service coordination data will be submitted to the state for the purpose of evaluation so long as it maintains the confidentiality of the child, youth, and family. All such submissions to the state will be void of any child, youth, and family identifying information.

## **SECTION 4: OPERATING PROCEDURES**

### **A. Referral Process to Service Coordination**

#### **Referrals from Families:**

Parents can refer themselves through an existing service provider or by contacting the Family & Children First Council if they feel their child's needs are not being met by the traditional service agencies or if they have not yet accessed traditional services. The FCFC Program Coordinator will then do an initial assessment to determine what level of Service Coordination is needed for the family (see referral process).

#### **Referrals from Agencies on Behalf of Families:**

Agency workers can make referrals to the Service Coordination Mechanism through their Triage Representative.

Families and agencies can request the Family and Children First Council Child & Family Team Referral form (Attachment A) from the Logan County FCFC office upon request and receive assistance to complete it if indicated. The referral form can also be found on the Council website at [www.logancountyfcfc.com](http://www.logancountyfcfc.com). The referral must be complete in order to assess what service intensity best suits the child and family.

The FCFC Program Coordinator will place on the referral, the date it was received. Furthermore, the completed referral contains the information on how to reach the family and referral worker and it identifies the reason Service Coordination is being requested.

Each week, Triage will review new referrals and the FCFC Program Coordinator will document on the referral form, the outcome of the referral. One of three outcomes will be identified:

1. Level 1+: Information and Referral Services Provided, Service Coordination is not indicated

2. Level 2+: Date that Informal Child and Family Team was approved by Triage. FCFC Program Coordinator may provide Consultation to ensure a facilitator is identified and that the family's needs are being addressed.
3. Level 3+: Date that Formal or Informal Child and Family Team (CFT) was approved by Triage. The FCFC Program Coordinator will contact the family within 2-weeks following the date the referral was received, except in the case of an emergency which is handled within 48-hours, to begin Hi-Fidelity Wraparound.

Each referral source will receive contact by phone, email, or letter, informing them of the outcome of the referral. This contact will be documented on the referral form. It will be the referral source's responsibility to ensure the family is aware of the outcome of the referral.

A waiting list will be determined for formal teams based on FCFC Capacity and documented on the weekly Triage agenda.

When the Formal Child & Family Team caseload is full, a waiting list will be formed.

#### Formal Child and Family Team

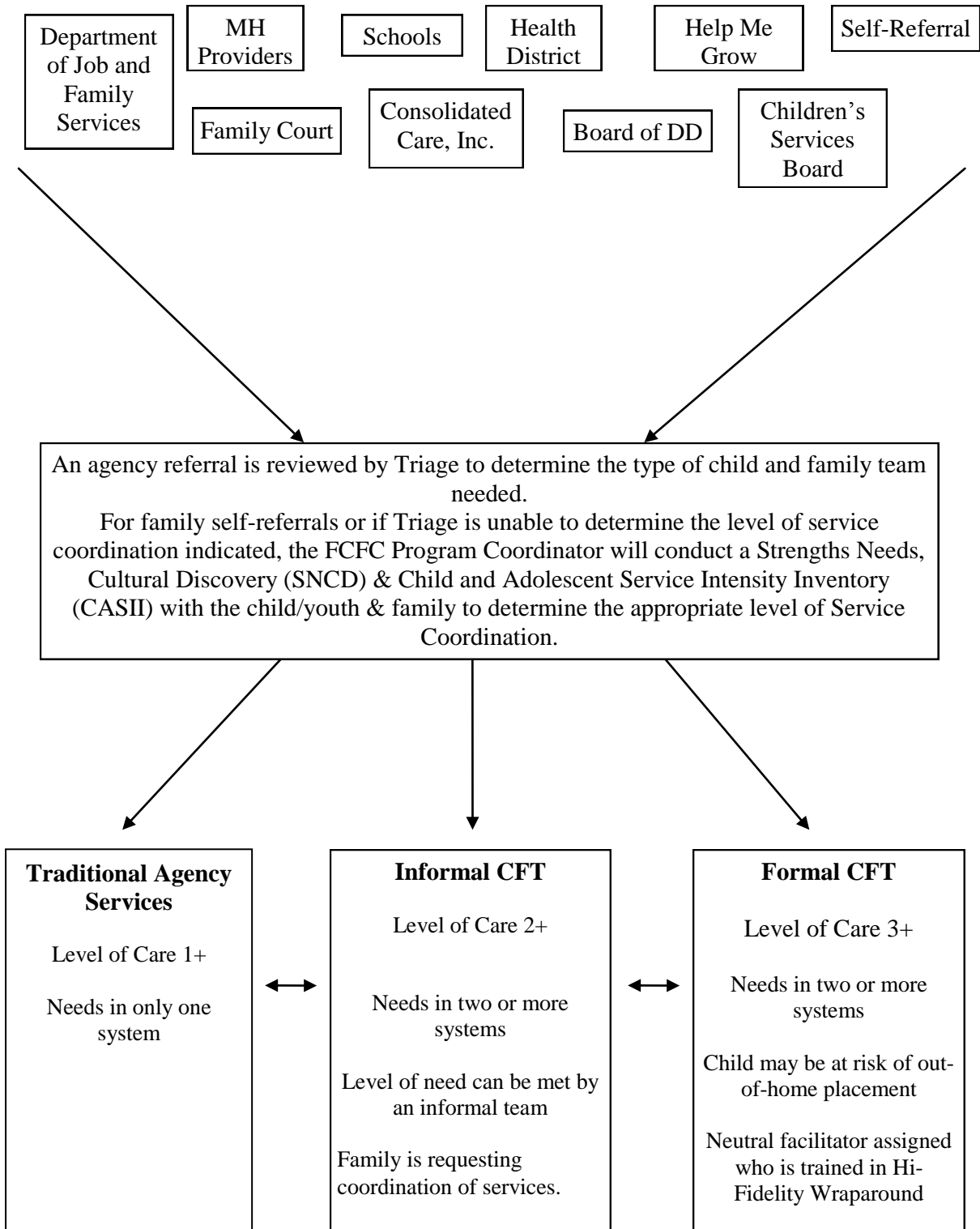
- A trained facilitator in Hi-Fidelity Wraparound is utilized.

#### Informal Child and Family Team

- A lead worker will be identified and facilitate the Child & Family Team. This lead worker is typically from the agency that has the most authority or contact with the family.

## Logan County FCFC Service Coordination REFERRAL PROCESS

**A Family Involved with needs in 2 or more Systems can be referred for Service Coordination By:**



## **B. Child and Family Teams**

### **B.1. Admission Criteria**

- Child/youth is under the age of 21
- Child/youth must be a Logan County resident. (Note: All service providers do not need to be located in Logan County as long as all are willing to collaborate.)
- The family is in need of a coordinated inter-disciplinary plan for addressing their unique needs.
- Family agrees to service coordination.
- There is a team of professionals collaborating with other agencies to assist the family in creating a unified plan.
- Multiple Needs of the child/youth in at least two of the following areas:
  - Developmental Disabilities
  - Child Abuse/ Neglect
  - Mental Health
  - Alcohol/Drug
  - Poverty
  - Physical Health
  - Special Education
  - Unruly/Delinquent

### **B.2. Criteria for Continued Service Coordination**

- The child/youth is under the age of 21;
- The family is an active team participant;
- The team continues to make progress towards the team's mission or goal; and
- The child/youth maintains needs in two or more areas as outlined in admission criteria.

### **B.3. Criteria for Transitioning out of Service Coordination**

- The child is over the age of 21;
- The family is no longer requesting service coordination;
- Goals have been met, and the team agrees that the family has stabilized;
- The child/youth is involved with only one system; or
- The team decides that, after 6 months, service coordination is making no progress.

### **B.4. Identification of a Team Facilitator or Lead Agency Worker**

Typically, the agency worker who refers the family for a team will serve as the facilitator for the initial team meeting. An on-going team facilitator will be identified at the initial team meeting. If this does not occur, Triage will with assistance of the FCFC Program Coordinator ensure that a facilitator is identified within 2-weeks of the date of the referral.

In approving a team facilitator, Triage will ensure that approved facilitators have received an Orientation to Service Coordination training prior to serving as the team facilitator.

Family preference will be solicited regarding who is assigned as the Child and Family Team Facilitator through the referring agency requesting feedback from the family when the outcome of the referral is disclosed to them.

## **B.5. Facilitator Responsibilities**

Facilitators:

- Serve as single point of contact for the family and team;
- Identify team members with the family;
- Call the meetings/send invitation;
- Arrange transportation to the meeting if it is a barrier for the family attending Child and Family Team meetings or make the location of the meeting accessible to the family.
- Facilitate meetings - setting an agenda & completing minutes;
- Develop & Update a Comprehensive Wraparound Plan (CWP) at least every 180-days;
- Ensure a Safety Plan is developed, when needed;
- Coordinate a Crisis Plan;
- Coordinate a transition plan when Service Coordination is no longer needed;
- Oversee outcome and evaluation of the Child and Family Team; and
- Keep an Exchange of Information current.

Formal Facilitators, in addition to those items listed above, also:

- Make contact with family within one week of assignment;
- Conduct immediate Safety/Crisis plan within 2-business days if needed;
- Hold first team meeting within 3-weeks of assignment;
- Complete a Strengths, Needs, and Cultural Discovery with the family;
- Complete a Child and Adolescent Service Intensity Instrument; and
- Participate in CQI review process for implementing Hi-Fidelity Wraparound.

Copies of all forms must be submitted to the Family & Children First Council office for data tracking purposes.

## **B.6. Screening Process to Determine Level of Care**

After determining that a Child and Family Team is appropriate, the Child and Adolescent Service Intensity Instrument (CASII, American Academy of Child and Adolescent Psychiatry, Version 3.0, October 2007) can be used to indicate the level of care recommended for the youth and family. The recommended level of care is used to develop a unique plan for each family that meets their intensity needs in the least restrictive environment possible. Tools used to complete the CASII should include (but are not limited to):

- Ohio Scales
- Teen Screen (Mental Health)
- Strength, Needs and Culture Discovery
- Family Risk Assessment/CSB Case Plan

- SASSI
- OYAS (Family Court)
- Genograms
- COEDI, OEDI (BDD)
- Family Input
- Ecomaps

All of this information should also be used to generate the family's Comprehensive Wraparound Plan.

### **B.6.a. Child & Adolescent Service Intensity Inventory (CASII) Guidelines**

The Child & Adolescent Service Intensity Inventory (CASII) will be used as follows:

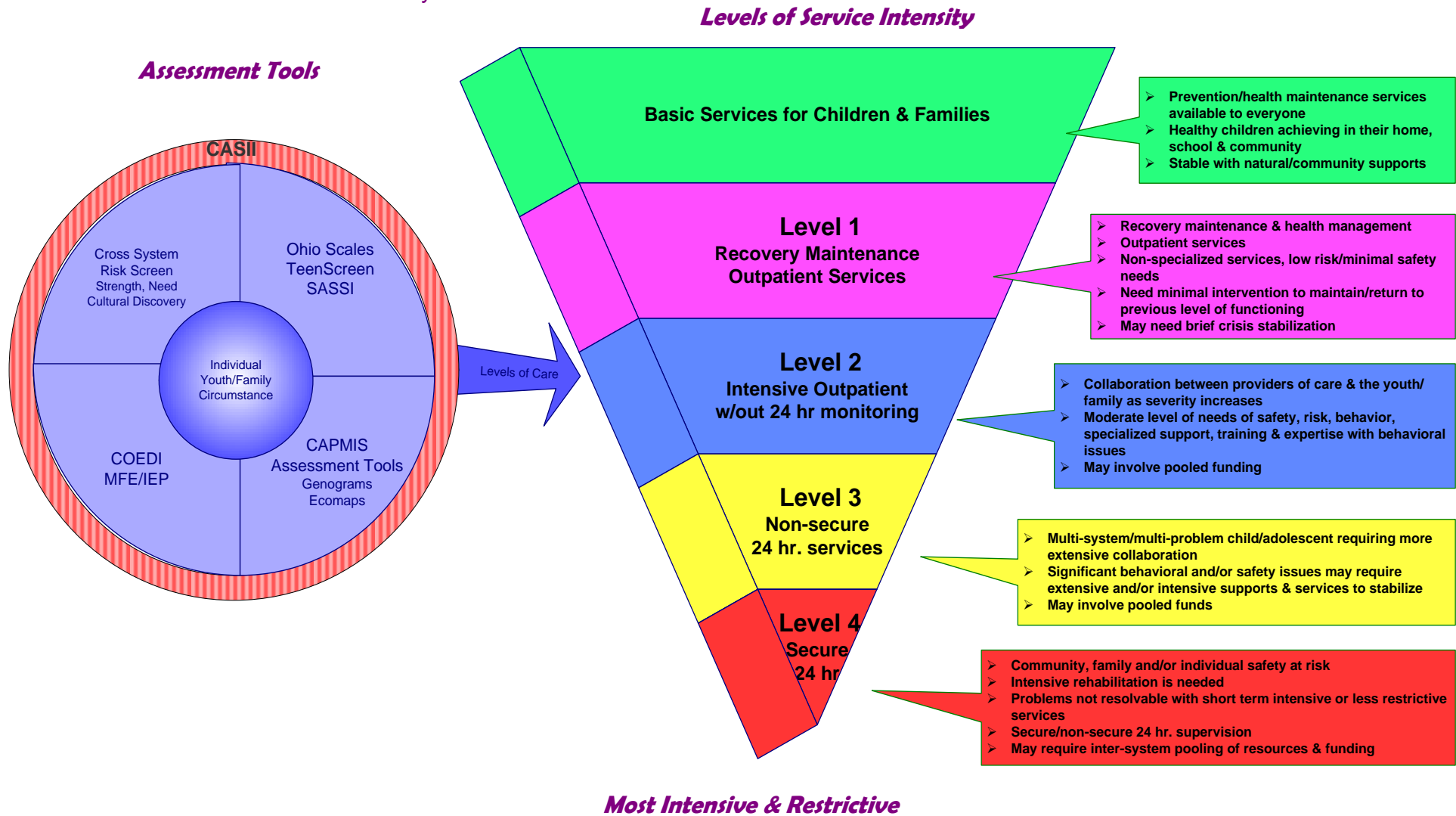
1. When a family directly refers themselves to Family & Children First Council Service Coordination as a way of determining level of service coordination and appropriate community resources to refer the family.
2. With all formal team referrals as a way of determining level of service coordination and in developing a plan for the family
3. At transition of all formal teams as a way to evaluate progress of the team
4. Whenever level of care decisions need to be made for a formal or informal team, ie. when placement out of home is being considered
5. As a planning tool for youth coming out of placement as a means for aftercare and step down planning.
6. As a means of qualifying for Intensive Home Based Treatment services
7. As local validation of recommendations made by outside providers/professionals for a specific placement or level of care.

**B.6.b. LOGAN COUNTY Service Intensity Inventory**

LEVEL OF CARE	ASSESSMENT PROCESS	SERVICE OPTIONS
Basic Services for all Children & Families	Service Specific Assessment	<ul style="list-style-type: none"> <li>• CSB School Workers</li> <li>• CSB Outreach Centers</li> <li>• School Nurses</li> <li>• Newborn Home Visits</li> <li>• School Consultation</li> <li>• Olweus</li> <li>• LifeSkills</li> <li>• Project Success</li> <li>• Strengthening Families (6-11 &amp; 10-14)</li> <li>• Early Childhood MH Services</li> <li>• Parks, Churches, YMCA, Clubs, Civic groups, Self-Help</li> <li>• Incredible Years Program (0-6)</li> <li>• TeenScreen</li> <li>• Rachel's House</li> <li>•</li> </ul>
Level 1: Basic Outpatient Services	<ol style="list-style-type: none"> <li>1. Ohio Scales:</li> <li>2. CASII Level 1&amp; 2</li> </ol>	<ul style="list-style-type: none"> <li>• Diagnostic Assessment</li> <li>• Diversion</li> <li>• Outpatient MH Services</li> <li>• Voluntary CSB Involvement</li> <li>• Intervention Assistance Team</li> <li>• Truancy Mediation</li> <li>• IEP – Pre-K to school age</li> <li>• Help Me Grow Ongoing Services</li> <li>• Head Start</li> <li>• WIC</li> </ul>
Level 2: Community Based Services	<ol style="list-style-type: none"> <li>1. CASII Level 3</li> <li>2. Ohio Scales:</li> </ol>	<ul style="list-style-type: none"> <li>• Court Ordered Protective Services</li> <li>• Kinship/Caregiver at home</li> <li>• Informal Child &amp; Family Team</li> <li>• MH/AoD Case Management</li> <li>• Compliance Court</li> <li>• Probation</li> <li>• Respite</li> <li>• Family Coaching</li> <li>• Parent Advocacy</li> </ul>
Level 3: Intensive Community Based Services	<ol style="list-style-type: none"> <li>1. CASII Level 4 &amp; 5</li> <li>2. Ohio Scales:</li> </ol>	<ul style="list-style-type: none"> <li>• Traditional/Tx Foster Care</li> <li>• Summer Academy</li> <li>• Intensive Home Based Treatment</li> <li>• Family Treatment Court</li> <li>• JSO Treatment Court</li> <li>• Juvenile Treatment Court</li> <li>• Partial Hospitalization</li> <li>• Formal Child and Family Team</li> </ul>
Level 4: Extensive Treatment/ 24-hr Services	<ol style="list-style-type: none"> <li>1. CASII Level 6</li> <li>2. Ohio Scales:</li> </ol>	<ul style="list-style-type: none"> <li>• Residential MH/AoD Treatment</li> <li>• Secured/Non-secured</li> <li>• Miami Valley JVC</li> </ul>

# B.6.c Logan County System of Care

May 2008



## **B.7. Identifying Child and Family Team Members**

Team members will be identified by the family and initial Child and Family Team Facilitator prior to the first team meeting. Team members should include the family and agency workers already involved with the child/youth. Other members may include (but are not limited to) school personnel, extended family, foster parents, faith-based people, neighbors, advocates and/or co-workers.

## **B.8. Notification of Team Meetings**

The team facilitator is responsible for (or delegating the responsibility of) informing all identified team members of meetings in writing, within a week prior to each scheduled Child & Family Team meeting. This notification can be via fax, email or letter. The notification will be sent to formal and informal supports along with the appropriate school district. Team members will be informed of the meeting date, time and location that are sensitive to the family's needs.

In the case of emergency Child and Family Team meetings, where a written notification will not reach team members in a timely manner, a phone call will be sufficient. Documentation of a phone call to the team members should be made and placed in the agency's case file.

At the end of the initial meeting, ongoing team meetings are scheduled and documented in the Comprehensive Wraparound Plan.

## **B.9. Family Crisis**

### **Safety Planning**

When there is an immediate threat to community safety standards (as defined by the Facilitator's Agency), the Facilitator will complete a Safety Plan as part of the Family's Comprehensive Wraparound Plan (Attachment I). The Safety Plan will capture the "undesired situation" and then define the "desired situation" so that community safety rules and expectations of the family are clearly defined. The team will then outline what needs to happen to get the family to the desired situation by outlining the interventions planned by the Child and Family Team, and who is responsible for identified interventions.

Safety planning is the process of developing responses that will be enacted once an anticipated crisis occurs. When doing safety planning it is important for teams to plan for the worst. Proactive plans specify specific actions for specific team members and spell out interventions that all team members are aware of and can rely on in a time of high stress.

Concerted safety planning is the best way to help not only the family but other team members manage difficult times. It is during a "safety" crisis that systems and professionals are most likely to fall into the trap of telling family members different messages in response to the immediacy of their need. At the time of a crisis, conflicting or unclear messages and supports are not helpful. Clear team planning can prevent this and increase the chances that a given crisis will not only be safe, but also an opportunity for change and a better life for the family.

At subsequent Child and Family Team meetings, the Facilitator and Team Members will review and modify the Safety Plan section of the Comprehensive Wraparound Plan.

### **Crisis Planning**

The Crisis Plan is utilized when a family is in crisis, but the crisis is FAMILY defined and not a threat to community safety standards (as defined by the Facilitator's Agency). The Crisis Plan is documented as part of the Comprehensive Wraparound Plan (Attachment I).

In conducting a Crisis Plan, the Facilitator and Team Members will identify the concern expressed by the family or team member(s), and then investigate precipitants to the crisis (what is likely to set off the crisis). To better understand how to help, the team will examine who/what is helpful and not helpful during the identified crisis situation. This collective assessment of the crisis will direct the team in identifying what steps to take to prevent and manage the crisis and who on the team is responsible for that action.

Every child/youth and family needs a crisis plan. Crisis is a part of life for all human beings. Crisis for youth and families involved in the Child and Family Team process is often a way of life. Youth and families involved with this process have complex needs and challenging behaviors and therefore have very high levels of risks of serious crisis. Therefore, it makes sense to plan for needs and behaviors that may lead to crisis proactively. Proactive planning for crisis ensures that plans are designed when the Child and Family Team is capable of its most creative and best thinking.

At subsequent Child and Family Team meetings, the Facilitator and Team Members will review and modify the Crisis Plan section of the Comprehensive Wraparound Plan.

## **B.10. Assessing the Strengths, Needs and Culture of the Family**

Each Child and Family Team enrolled in FCFC Service Coordination will have an assessment of strengths and needs. The formality of the assessment depends on how the family is referred and the level of service coordination indicated.

The Family and Children First Council Program Coordinator will utilize the Strengths, Needs, and Cultural Discovery (SNCD) form provided in attachment B. The SNCD incorporates the Child and Adolescent Service Intensity Instrument as a method for assessing strengths and needs of the referred child and their family (CASII, American Academy of Child and Adolescent Psychiatry, Version 3.0, October 2007). The CASII also formulates the appropriate level of care and service coordination for the child and family. The SNCD utilizes a holistic approach focusing on eight life domains in order to capture all areas of need for the child and family.

The SNCD will be conducted with families who self refer, as indicated/requested with informal Child and Family Teams, and with all Formal Child and Family teams approved by Triage.

Information obtained during the SNCD will be brought before Triage where the family's level of service coordination will be determined. When a SNCD has been completed with a family, it will be utilized in the development of the family's Comprehensive Wraparound Plan (CWP) which will identify the team mission, family strengths and needs, options for the team meeting family's needs, and an action plan for accomplishing each.

The SNCD will be written from a strengths-based perspective, reviewed with the family, child/youth, and custodial agency for feedback and amendments prior to the first team meeting and include:

1. Participation from the child/youth and primary caretaker in its development;
2. Identified strengths of each family member;
3. Child/youth and family needs across each life domain;
4. A summary of the family's culture and long range vision;
5. Information about extended family members, friends and others who have in the past or currently extended support to the family and child/youth;
6. A list of the family's natural supports who may participate in the team;
7. A list of people and agencies providing services for the family who may participate on their team and their perspective on the family's strengths and needs;
8. The family's preference for meeting arrangements including a location, time, etc.

Informal Child and Family Teams will screen for child and family strengths as part of their Comprehensive Wraparound Plan Development (CWP). The involvement of the family will be encouraged at all stages of the planning and implementation process. Strengths/assets of the family and child will drive the CWP as well as direct the identification of family needs. Family culture will be considered in the assessment process and be incorporated in the Comprehensive Wraparound Plan. The Comprehensive Wraparound Plan will be updated at least every 180-days and filed with the Family & Children First Council.

## **B.11. Developing a Comprehensive Wraparound Plan**

The Comprehensive Wraparound Plan (CWP, Attachment I) will be utilized for open Child and Family Teams. It is the responsibility of the Child and Family Team Facilitator to develop and update the Comprehensive Wraparound Plan. The Comprehensive Wraparound Plan will not overlap with other public system's mandated service/treatment plans, but will serve as a mechanism to link them together and coordinate services to eliminate duplication and conflicting expectations of the family. The CWP development process should utilize information obtained from the family's strength and needs inventory as documented on the Comprehensive Wraparound Plan. Formal Child and Family Teams will undergo a formalized strength and needs assessment via the Strengths Needs Cultural Discovery that incorporates the Child and Adolescent Service Intensity Instrument (CASII, American Academy of Child and Adolescent Psychiatry, Version 3.0, October 2007) to identify the appropriate level of service intensity.

The Comprehensive Wraparound Plan (CWP) will include the following

1. Team members' full name and role;
2. Ground rules;
3. Team mission;
4. Team's progress;
5. Completion of action steps;
6. Family strengths and success/celebrations;
7. Needs that relate to the team mission and prioritized needs;
8. A list of brainstormed options for each need and selected options;
9. Assignment of tasks to team members (who, what, when, and how often);
10. The use of formal and informal services;
11. Team expenditures (via the Funding Request form (Attachment C)); and
12. Date, time, and location of the next Child and Family Team meeting.

The Comprehensive Wraparound Plan will be developed by the Child and Family Team within thirty (30) days from the initiation of the Child and Family Team being established. Parents/custodians are responsible for signing the Comprehensive Wraparound Plan and are provided a copy to encourage their involvement. To ensure that none of the family personal information is shared by team members outside of the team meeting, participants at team meetings will be required to sign the Participant Signature section of the Comprehensive Wraparound Plan provided in Attachment I.

### **Ongoing Team Meetings – Comprehensive Wraparound Plan Reviews & Updates**

The Child and Family Team Facilitator will follow-up on all action plans made at Child and Family Team meetings to ensure the family is provided the necessary formal and informal support services to meet their specialized needs.

At ongoing team meetings, the Child and Family Team Facilitator or their designee will review and update the Comprehensive Wraparound Plan. Copies of the updated Comprehensive Wraparound Plan should be distributed among team members. The needs and action plan will be reviewed at each Child and Family Team meeting to determine what has been completed. When new needs emerge or current needs persist, the Child and Family Team Facilitator will identify those needs, and assist the family in defining solutions utilizing formal and informal supports and obtain any funding necessary to move forward.

Each Comprehensive Wraparound Plan will be formally reviewed at least every 180-days when an updated Exchange of Information form is completed. This review designates a subsequent time to re-evaluate the needs of the family and to re-assess if the Child and Family Team has met its original objectives. Based on the results of the Comprehensive Wraparound Plan review, the Child and Family Team may transition to a different level of care if the family has made significant progress on their identified goals. This process allows the family to receive the least restrictive services and hold them accountable for learning ways to independently problem solve family needs.

## **SECTION 5: PREVENTION**

### **A. Least Restrictive Treatment Procedure**

Services identified in the Comprehensive Wraparound Plan will be provided in the least restrictive environment possible, considering the safety of the child, family and community. Triage will ensure that the least restrictive services are provided to the family (as the family needs them). Triage will also ensure that families with children at-risk of out of home placement are provided the opportunity of Child and Family Team service coordination and that all possible measures are taken prior to the out of home placement. Furthermore, a Strengths Needs Cultural Discovery (SNCD) and/or Child and Adolescent Service Intensity Instrument (CASII) will be utilized as indicated to determine the appropriate level of service intensity for the child and family to ensure the least restrictive services are provided.

## **B. Diverting Alleged Unruly Youth**

The local law enforcement are members of Logan County Family & Children First Council. Continuous improvement is attempted in enhancing the relationship between agencies in Logan County and local law enforcement. Youth who are alleged delinquent/unruly are dealt with at the Family Court Level in Logan County.

Logan County methods to divert a child from the Family Court system include:

1. Diversion is a 3-month program and creates a contract with the youth and family that is overseen by a Diversion Officer employed by the Family Court. If the youth satisfies terms contracted upon in a three month time frame, including no new charges, the case can be closed. However, if the youth receives new charges during the diversion program or fails to cooperate with the established contract, then the Family Court can file charges on the original and/or new charges. The Diversion program can be denied at any time and the case would then be sent before the Court.
  - a. Preparation of a complaint under section 2151.27 of the Ohio Revised Code notifying the child and the parents, guardians or custodian that the complaint has been prepared to encourage the child and the parents, guardian/custodian to comply with other methods to divert the child from the Family Court system.
  - b. The local Prosecutor will send unruly charges to the Family Court where the court will utilize their Intake System to determine if the charges will be filed or if the youth is appropriate for Diversion.
  - c. A diversion officer will conduct a meeting with the child and parents, and other interested parties to determine the appropriate methods to divert the child from the juvenile court system.
2. Mentoring programs are available through the Family & Children First Council Flexible Funding program
3. Respite services can be provided through the Respite Protocol and can be arranged as shared funding agreements.
4. Logan County offers several programs educating parents on child-rearing including the Strengthening Families Program for families with children ages 6-14. Additionally, the Incredible Years Program for Parents of children under the age of six is coordinated in the County.
5. Logan County Family & Children First Council offers Family Coaching Contracts for Services.
6. Intensive home-based treatment (IHBT) services are also available through local mental health providers and accessed through the Family Court (serves as gatekeeper).
7. See Logan County Levels of Service Intensity Inventory

## C. Respite Protocol

### **Purpose: Diverting Juvenile Detention Center, Residential, and Foster Care Placement**

In order for an active Child and Family Team to request respite for a family, the following conditions should be met:

1. Child/youth has not been charged with delinquency and/or continued current JDC placement not appropriate; or
2. Child/Youth can not return/stay home because
  - a. Family stability depends on the separation of family and child/youth when the level of stress is excessive (including impending risk of out of home placement), or
  - b. Circumstances leading up to removal are not primarily due to child's/youth's issues (including homelessness and safety issues and/or risk of harm), and
3. Documentation that all family/kinship/relative options have been explored and found not appropriate. List child paternal/maternal parents, grandparents, adult siblings, aunt & uncles on CSB placement search fact sheet. (or attach previously developed genogram)
4. If Family Select Provider is available to provide respite services, if so, follow "Process for using Family Select Provider Respite." If Family Select Provider can not be identified, then follow "Process for using Licensed Foster Care Respite."

#### **Process for using Family Select Provider Respite**

1. Lead Worker to determine who the Family Select Provider will be and register that provider with either the Family & Children First Council or Board of Developmental Disabilities (whomever will be paying the provider) as outlined below
  - a. FCFC Family Select Provider  
Send to FCFC the Family Select Provider Registration/Release form provided in Attachment K along with the Funding Request form provided in Attachment C.
  - b. BDD Family Select Provider  
Send to FCFC the Funding Request form provided in Attachment C that indicates the vendor information (IE: BDD). Vendor will pay provider and bill FCFC (typically via a shared funding agreement).
2. FCFC Program Coordinator will bring Funding Request to Triage for review.
  - a. If Approved for FCFC Family Select Provider, will send a letter and reimbursement form to provider and copy the lead worker and parent
  - b. If Approved for BDD Family Select Provider, will notify lead worker of approval, generate shared funding agreement with BDD for a maximum of 3-months and send executed agreement to Lead Worker and BDD.
  - c. If Denied, will inform the lead worker.

#### **Process for using Licensed Foster Care Respite:**

1. Lead Worker completes CSB Foster Care Respite Packet (Attachment E) and sends along with the requested dates of respite to CSB by fax (599-7296) and calls CSB foster care unit (599-7290) to verify fax was received.

Note: for ongoing respites completion of entire respite packet is not necessary, just update the Placement Search Fact Sheet quarterly or if a significant change occurs with child/youth health, mental health, behavior, custody, or legal involvement. The entire Respite Packet should be updated with CSB at least annually.

- a. After hours respite requests will be made by providing Placement Search Fact Sheet information orally to the CSB on-call worker who will contact the CSB foster care worker.

Note: Emergency respite for new cases may not be possible to locate.

3. Lead Worker completes FCFC Funding Request Form (Attachment C) and submits to FCFC Program Coordinator by Triage Representative or fax (592-7001).
2. CSB will contact Lead Worker with options (either CSB or contract home) between one and 3-weekdays and ensure required provider paperwork that needs completed is forwarded to lead worker.
3. Lead worker will complete, securing custodian signatures if indicated and provide copies of the provider paperwork to CSB. At a minimum, paperwork will include:
  - a. Copy of the child's medical card or proof of insurance
  - b. Medical consent to treat form signed by the custodian of the child/youth
  - c. Crisis Plan (to be reviewed between lead worker and respite provider prior to placement)
4. Lead Worker will be responsible for coordinating transportation of the child/youth to the respite home. Will also ensure ongoing communication with the Parent/Custodian of child/youth.
5. CSB FC Facilitator will ensure ongoing communication with the Foster/Respite Parent.

**Funding:**

Lead worker submits Child & Family Team Funding Request form to the FCFC Program Coordinator for Triage review. If the request is approved, the FCFC Program Coordinator will mobilize a shared funding agreement using the following funding streams:

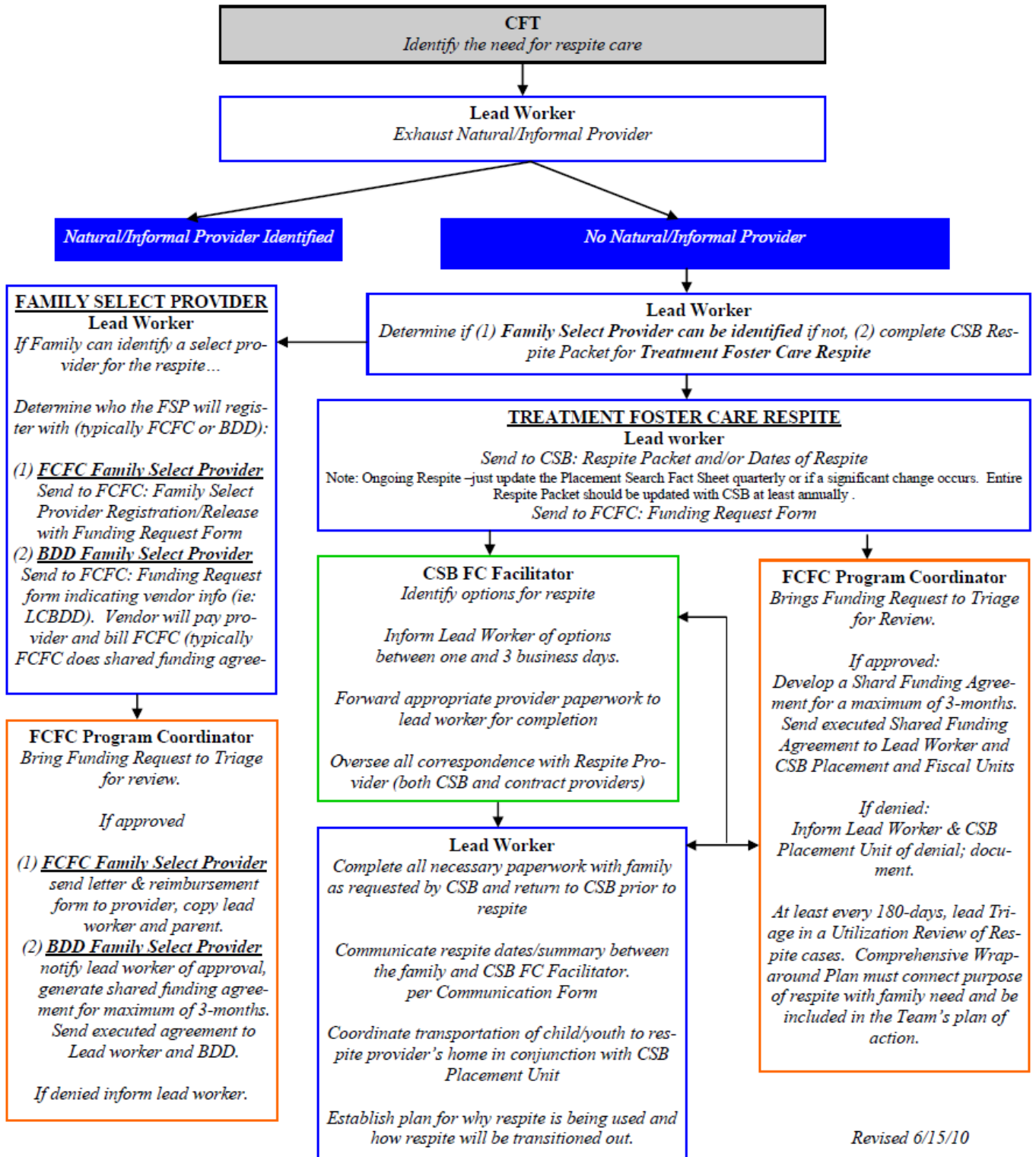
- a. Family Centered Support Services Dollars
- b. Local Pooled funds
- c. FCFC will contact agencies working with child/youth and asked to contribute a portion of costs

A fiscal agent will be determined for the shared funding agreement.

**Guidelines:**

1. Within three weekdays following the first day of emergency respite, a team meeting will be coordinated by the lead worker to develop or revise the family's Comprehensive Wraparound Plan.
2. Respite should be used as an intervention that includes a team evaluation/review of its successes and plan to prevent the use of respite in the future. Child abuse issues should be referred to Children's Services. Other safety issues should be referred to law enforcement or Family Court if child/youth is currently under supervision.
3. Triage will be paneled within 5-business days of the start of an emergency respite to review the case and respite funding. If there is not an established Child & Family Team, a referral will be made to the Family & Children First Council on the next business day to schedule a meeting within 72-hours.
4. Youth are to return to the family home at the end of respite unless significant safety issues are clearly present. If significant safety issues are present, Kinship options will be vigorously pursued by the lead worker.
5. Respite should never exceed 10-days during one respite session unless involved agencies agree.

# Logan County Respite Protocol Communication Flow Chart



Revised 6/15/10

## **SECTION 6: FUNDING**

### **A. Fiscal Support of the Service Coordination Mechanism**

Each family participating in a Child and Family Team (CFT) will have a Comprehensive Wraparound Plan (CWP) that outlines needs for the family. Funding or service requests will be completed by the Child and Family Team Facilitator or designated team member. Triage will approve or deny all requests for non-categorical services outlined in the Comprehensive Wraparound Plan. Funds to be utilized include: Logan County Agency Pooled Funds and/or other generated funds.

Flexible resources will be monitored by Family & Children First Council each fiscal year. Families who reach a total of \$800 on flexible services will require a Comprehensive Wraparound Plan review by Triage to ensure that funding utilization is appropriately meeting families' needs or if more innovative services and/or supports are available.

Logan County Family & Children First Council has an agency pooled fund account where various local agencies and service providers contribute dollars to support our shared mission of keeping families together in Logan County.

Multi-need children/youth, placed out of home, are paid for by Logan County Shared Funding agreements. When youth are preparing to return home, intensive services can be established to assist in making the transition phase successful.

Available federal and state programming funds (Family Centered Services & Supports), targeted for multi-need children and youth will be used for wraparound services and service coordination for youth involved in a Child and Family Team.

Through the Council of Governments Agreement and By-Laws, Family & Children First Council will develop a yearly budget to include proposed revenues and expenditures for the Council and its projects. In particular, the Council itself, and the Child and Family Team process will be funded by an Administrative Funding Agreement, which pools funding among agencies on a voluntary basis. An annual budget will be developed which shows account and fund histories, current use, and projected funding based upon service priorities. Triage will monitor identified account balances.

Individual shared funding agreements will be developed and approved by multi-agencies to provide specific services to individual children. In any case where a Shared Funding Agreement is utilized, the lead agency must complete a quarterly request to Triage on the child's placement status. Other state (Health Department), federal, and local grants (United Way) may be accessed for specific purposes, according to grant guidelines.

## **B. Requesting FCFC Funds or Service Assistance**

Funding is available to families engaged in the Service Coordination Mechanism (Active Child and Family Team open with Family & Children First Council). The Child and Family Team Facilitator or lead worker submits the FCFC Funding Request Form (Attachment C) to the Logan County Family & Children First Council Program Coordinator and/or Director who bring the request within 7-days before Triage for review. Once the Child and Family Team has been approved for \$800 for the current State Fiscal Year, all further requests require Triage to review the Child and Family Team Comprehensive Wraparound Plan before the funding request can be approved. Upon submission of the request, the Child and Family Team lead worker will be notified of the decision within one week.

### **Criteria to Receive Funding:**

1. Emergency assistance is available on a limited basis through Logan County Family & Children First Council for families actively involved with the Service Coordination Mechanism and team process. All other resources in the community including (but not limited to) faith based organizations, Habitat for Humanity, Community Action Commission and Department of Job and Family Services must be exhausted prior to approval for Logan County Family & Children First Council emergency assistance.
2. An active team must be meeting and a Logan County Family & Children First Council required forms must be up to date in the Family & Children First Council case file in order to consider the request. All Family & Children First Council forms can be accessed at the Logan County Family & Children First Council Office or downloaded from the website at <http://www.logancountyfcfc.com>.
3. Funds may be used to assist families with rent, utility payments, mental health co-pays, etc. Funding for a recurring need (such as a monthly inability to pay a bill) will not be approved.

## **SECTION 7: DISPUTE RESOLUTION**

This dispute resolution process includes all cases involved in Child and Family Teams (Formal and Informal) involving children and/or youth who are abused, neglected, dependent, unruly, allegedly unruly or delinquent including parents or custodians who are voluntarily seeking services.

If there is significant and unresolved conflict regarding any aspect of the Comprehensive Wraparound Plan by any team member, every attempt should be made to resolve the conflict with the participating members of the team. If the Child and Family Team cannot resolve the conflict internally, a representative of Triage will bring the issue to the weekly Triage Meeting. The Family and Children First Council (FCFC) Program Coordinator and/or Director will work with Triage and agency Directors to mediate the dispute.

If the conflict cannot be resolved within the first 7-days of the complaint, the dispute resolution process may be initiated through a written request per procedures documented below. This process can be used to settle disputes between agencies or parents/guardians and Family & Children First Council (so long as it applies to service coordination).

If the dispute does not pertain to service coordination, parents/guardians will use existing local agency procedures to address disputes. This process is in addition to other rights parents/guardians may have under the Ohio Revised Code.

Each agency represented on a county Family & Children First Council that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services or funding during the dispute process. These rights shall not be interpreted as overriding or affecting decisions of a juvenile court regarding any out of home placements.

### **A. Disputes between Agencies**

When conflict arises between agencies as to the services a child/family is to receive, any agency represented on the council may initiate the dispute resolution process. The following timeline will be used for disputes among agencies:

1. Within seven days of the conflict, the disputing agency must submit a Dispute Resolution Request Form to the FCFC Program Coordinator (Attachment F). Supporting evidence or documentation concerning the dispute should be submitted with this request and should be sent to:

Logan County Family and Children First Council  
ATTN: Program Coordinator  
P.O. Box 710  
Bellefontaine, OH 43311  
or  
Fax Number 937-592-7001  
ATTN: Program Coordinator

2. Within seven-days of receiving of the request, the FCFC Program Coordinator will set up a meeting between the Executive/Finance Committee and the disputing agency. This meeting will be in executive session, with a quorum of at least 5-mandated members. The disputing agency will prepare a presentation for Executive/Finance

Committee regarding the nature of the dispute, the specific issues surrounding the conflict and a proposed solution. Each Executive/Finance Committee member will vote on the proposed solution, and a majority vote will determine the resolution of the dispute. The Program Coordinator will only facilitate the process and will have no voting rights. The Executive/Finance Committee will be responsible for preparing the responses to the disputing agency, and the Program Coordinator will issue a written response to the disputing agency within three-days.

3. If the disputing agency disagrees with the decision made by the Executive/Finance Committee, the disputing agency has the right to proceed, within five-days of receiving the Executive/Finance Committee's decision, with either option outlined below:
  - a. Request, by completing Attachment H, Service Coordination Dispute Referral that the dispute is forwarded to the State Administrative Review Process for unresolved local disputes. Within five-days, the local FCFC Director and Chair will be responsible for reviewing and approving the submission of the dispute to the state. The local FCFC office will be responsible for ensuring the designated paperwork is submitted to the state. The State Cabinet Council will then issue a written response via the Ohio Family and Children First Office within thirty-days of receipt of the request. The local FCFC office will ensure the disputing agency and the Executive/Finance Committee receive a written copy of the state response within 3-days of its receipt. If the disputing agency is unsatisfied with the response made by the state review process, a new dispute can be filed following final arbitration procedures outlined in section 3.b.
  - b. Request that the dispute be reviewed by the final arbitrator, a Family Court Judge. The disputing agency must submit a written request to move to the final stage of the dispute resolution process. The written request should be submitted to the FCFC Program Coordinator.
4. Within five-days of receiving the written request, the Program Coordinator will submit all documentation pertaining to the dispute to the Family Court Judge. The court shall hold a hearing no more than thirty-days after the complaint is filed. A written decision will be issued by the Family Court Judge to all parties within ten-days of the hearing.
5. While the dispute resolution process or court proceedings are pending, all agencies providing services will continue to do so with no interruption until the final decision is made.

## **B. Non-emergent Disputes Between Parent/Guardian and FCFC**

A non-emergent dispute will be defined as a dispute that does not require an immediate response due to the safety or well-being of the child(ren). If a non-emergent dispute is initiated by a parent or guardian, the following timeline will be used:

1. Within seven days of the disagreement, the family will submit a Dispute Resolution Request Form (Attachment F) as well as any necessary documentation pertaining to the dispute to the FCFC Program Coordinator:

Logan County Family and Children First Council  
ATTN: Program Coordinator  
P.O. Box 710  
Bellefontaine, OH 43311  
or  
Fax Number 937-592-7001  
ATTN: Program Coordinator

2. Within seven-days of receiving of the request, the FCFC Program Coordinator will set up a meeting between Executive/Finance Committee and the family. This meeting will be in executive session, with a quorum of at least 5-mandated members. The family will prepare a presentation for Executive/Finance Committee regarding the nature of the dispute, the specific issues surrounding the conflict and a proposed solution. The presentation may be given by the family, an advocate or the lead case worker. Each Executive/Finance Committee member will vote on the proposed solution, and a majority vote will determine the resolution of the dispute. The Program Coordinator will only facilitate the process and will have no voting rights. The Chair of the Executive/Finance Committee will be responsible for preparing the responses to the family, and the Program Coordinator will issue a written response to the family within three-days.
3. If the family disagrees with the decision made by Executive/Finance Committee, they have the right to request, within five days of receiving the Executive/Finance Committee's decision, either option outlined below:
  - a. Request, by completing Attachment H, Service Coordination Dispute Referral that the dispute is forwarded to the State Administrative Review Process for unresolved local disputes. Within five-days, the local FCFC Director and Chair will be responsible for reviewing and approving the submission of the dispute to the state. The local FCFC office will be responsible for ensuring the designated paperwork is submitted to the state. The State Cabinet Council will then issue a written response via the Ohio Family and Children First Office within 30-days of receipt of the request. The local FCFC office will ensure the family and the Executive/Finance Committee receive a written copy of the state response within 3-days of its receipt. If the family is unsatisfied with the response made by the state review process, a new dispute can be filed following final arbitration procedures outlined in section 3.
  - b. Request that the dispute be reviewed by the final arbitrator, a Family Court Judge. The family must submit a written request to move to the final stage of the dispute resolution process. The written request should be submitted to the FCFC Program Coordinator.  
Within five days of receiving the written request, the Program Coordinator will submit all documentation pertaining to the dispute to the Family Court Judge. The court shall hold a hearing no more than thirty-days after the complaint is filed. A written decision will be issued by the Family Court Judge to all parties within ten-days of the hearing.
4. While the dispute resolution process or court proceedings are pending, all agencies providing services will continue to do so with no interruption until the final decision is made.

### C. Emergent Disputes between Parent/Guardian and FCFC

An emergent dispute is defined as a dispute that requires an immediate response due to the safety or well being of the child(ren). The immediate decision is made collaboratively with the parents/guardians and available staff from agencies that are involved. The following timeline will be utilized:

1. Within **three** days of the conflict, the family will submit a Dispute Resolution Request Form (Attachment F) to the FCFC Program Coordinator. Supporting evidence or documentation concerning the dispute should be submitted with this request and should be sent to:

Logan County Family and Children First Council  
ATTN: Program Coordinator  
P.O. Box 710  
Bellefontaine, OH 43311  
or  
Fax Number 937-592-7001  
ATTN: Program Coordinator

2. Upon receipt of the family's request to utilize the dispute resolution process, a meeting with the Executive/Finance Committee will occur within five-days. The meeting will be in executive session, with a quorum of at least 5-mandated members. The family will prepare a presentation for the Executive/Finance Committee regarding the nature of the dispute and the specific issues that are requested to be resolved. This presentation can be made by the family, an advocate or the Child and Family Team lead worker.
3. After the presentation, Executive/Finance Committee will meet in closed session to prepare a written response to the family. The FCFC Director and Chair will issue a written decision, which will be delivered to the family within 3-days.
4. If the family is not satisfied with the decision made by the Executive/Finance Committee, within **three** days of receiving Executive/Finance Committee's decision, the family will submit in writing a request to have the dispute decided upon by the final arbitrator, a Family Court Judge.
5. Within **two** days of receiving the family's written request, the Program Coordinator will submit all necessary paperwork pertaining to the dispute to the Family Court Judge. The court shall hold a hearing no more than **fifteen**-days after the complaint is filed. A written decision will be issued by the Family Court Judge to all parties within 3-days of the hearing.
5. While the dispute resolution process or court proceedings are pending, all agencies providing services will continue to do so with no interruption until the final decision is made.
7. The entire process shall be completed in no more than 30 days.

## **D. Help Me Grow Complaints**

Help Me Grow complaints can be initiated by contacting the Family & Children First Council Director (or Help Me Grow Project Director) or filed directly with the Ohio Department of Health by phone, email or mail. This procedure is outlined on the Help Me Grow brochure titled "Parents rights in Help Me Grow" that is given to parents at enrollment. Ohio Department of Health Procedural Safeguards, Section V.A.2. outlines the Family & Children First Council process for the investigation of Help Me Grow complaints. In this process, the FCFC Director is the designated investigator for the Help Me Grow Dispute Resolution Process.



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### PROGRAMS & INITIATIVES

**Help Me Grow**  
**Birth-3 Central Intake & Referral**

**Disability Awareness Presentations**  
**Toasty Tots**  
**Lending Library**  
**Community Child Developmental Screenings**

**Service Coordination**  
**Wraparound Child & Family Teams**  
**Cross System Training**

**Drug Free Youth Coalition**

**Strengthening Families Program**

**Bridges out of Poverty**  
**Autism Workgroup**  
**Summer Academy**  
**County Service Management**  
**Project Child**  
**Lice Committee**  
**Children's Trust Fund**

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