

Clark County Service Coordination Mechanism

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INTRODUCTION –

Original Plan 1996

The original Clark County Service Coordination Mechanism (SCM) was developed in 1996 by a multidisciplinary committee under the direction of the Clark County Family and Children First Council (FCFC). The committee was charged with developing a plan for coordinating services to children who are abused, neglected, dependent, unruly or delinquent and those whose families voluntarily seek services. The committee conducted a review of the current array of services available and the coordination of services that had developed over time as a result of the Interagency Cluster and FCFC collaboration efforts. The plan was designed to address the programs and services appropriate for children with multiple needs and their families. It was the committee's belief that service delivery must be individualized, coordinated, community-based and family-centered. It was determined that the system needed to also be flexible, foster independence, and make optimal use of local resources.

First Revision 2002

The first revision of the Clark County SCM was prepared in response to Ohio H.B. 57 effective February 19, 2002. That legislation intended to improve processes and support at the local level to curb the incidence of and change the behavior of unruly youth, youth alleged to be unruly, and youth at risk of being unruly. The Clark County SCM was modified to include services to these children and to divert, when appropriate, these children from the juvenile justice system. In addition, the revised Clark County SCM specifically addressed the coordination of services and local programming developed to serve that population.

Am. Sub. H.B. 66 and Access to Better Care (ABC)

Amended Substitute House Bill 66 (Am. Sub. HB 66) was enacted by the Ohio Legislature and signed by Governor Taft on June 30, 2005. The legislation makes certain changes in the Ohio Revised Code (O.R.C.) requiring that the 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. New provisions have been added to the county FCFC service coordination requirements. These additions reflect existing practices in many communities and complement the priority of improving access to behavioral health care. The Access to Better Care (ABC) Initiative focuses on evidence-based and other effective interventions across the continuum of behavioral health care that support the values of family driven, culturally competent, strength-based assessment, treatment and service evaluation.

Second Revision 2005

The purpose of this second revision of the Clark County Service Coordination Mechanism (SCM) is to transform the local service delivery system from child-centered to family- and child- integrated in order to support children and preserve families through interagency home and community intervention wherever possible. This revision is accomplished in light of the commitments and values promoted by the Ohio Family and Children First (OFCF) Initiative described below.

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O.R.C. 121.37(C):

Each county shall develop a county service coordination mechanism. The county service coordination mechanism shall serve as the guiding document for coordination of services in the county. For children who also receive services under the Help Me Grow program, the service coordination mechanism shall be consistent with rules adopted by the Department of Health under section 3701.61 of the Revised Code. All family service coordination plans shall be developed in accordance with the county service coordination mechanism. The mechanism shall be developed and approved with the participation of the county entities representing child welfare; mental retardation and developmental disabilities; alcohol, drug addiction, and mental health services; health; juvenile judges; education; the county family and children first council; and the county early intervention collaborative established pursuant to the federal early intervention program operated under the " Individuals with Disabilities Education Act of 2004," 20 U.S.C.A. 1400; The county shall establish an implementation schedule for the mechanism. The cabinet council may monitor the implementation and administration of each county's service coordination mechanism.

OVERVIEW –

Since its inception in the early nineties, the Ohio Family & Children First (OFCF) 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 professional helpers 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 considered impossible in the past have been implemented. Service Coordination has promoted Wraparound Service by linking children in one system's care to other systems as well as to informal local supports. In addition, council-driven Service Coordination has united service providers without dismantling systems. Information is shared while also assuring the confidentiality of the child and family.

Commitments to Child Well-Being - OFCF has engaged community stakeholders to develop Ohio's Commitments to Child Well-being. Through steps taken by OFCF in partnership with local Family and Children First Councils the commitments are being utilized as a framework to organize programs and resources, align state activities, and measure the state's performance in improving the lives of Ohio's children.

Ohio's Commitments to Child Well-Being are:

- A. Expectant parents and newborns thrive
- B. Infants and toddlers thrive
- C. Children are ready for school
- D. Children and youth succeed in school
- E. Youth choose healthy behaviors
- F. Youth successfully transition into adulthood

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Values for Service Coordination - OFCF values that shape Ohio's public policy regarding families and their children continue to guide the progress of the Clark County SCM:

- Children have the right to live with their own family.
- Children have the right to be nurtured and protected in a stable family environment.
- When children are at risk of harm, the community has the responsibility to intervene.
- Families are our community's most important resource and must be respected, valued, and encouraged to build upon their strengths.
- The racial, cultural and ethnic heritage of children and the neighborhoods where they live are respected and supported as strengths. Cultural differences in child-rearing practices are respected.
- Families have the right and responsibility to participate in identifying their concerns, priorities, and needed resources.
- Families have a right to individualized service provision that addresses the multiple needs of their children.

PURPOSE –

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 and the individual families.

The purpose of Service Coordination is to provide a venue for families needing services where their 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 for families whose needs are being met. Service Coordination 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 Service Coordination describes a plan of care for families identified by systems, it must 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.

Key Components

The success of Family and Children First Service Coordination efforts depends on integrating key components into this process. The following is a list of components that will 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.

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- 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.

IMPLEMENTATION –

In Clark County Service Coordination is described in the Service Coordination Mechanism (SCM), which includes a description of the Family Service Coordination Plan (FSCP). The SCM in Clark County is supported in general through the respective resources of the major child and family serving agencies and in particular through a Shared Funding Agreement (Pooled Funds). The following systems are parties to the Agreement and contribute funding to support Service Coordination Plans: Job and Family Services/Family and Children Services of Clark County, Mental Health and Recovery Board of Clark County, Developmental Disabilities Board of Clark County, Clark County Juvenile Court and Clark County Combined Health District. Pooled Funds are utilized to support the per diem costs of Residential Treatment, Therapeutic Foster Care and Wraparound Services.

The primary child and family serving systems in Clark County (child welfare, juvenile justice, public behavioral health, and developmental disabilities) pursue the practice of service delivery to children and families consistent with the values and principles characteristic of Service Coordination as defined in this plan and independent of referral to Clark County Family and Children First Council (FCFC). The same Clark County systems, the Wraparound provider agency, and a significant number of professionals in other child and family serving agencies, as well as parents, have participated in training in the provision of all services in Wraparound Process.

O.R.C. 121.37 requires that communities plan service availability for all children who come in contact with the juvenile court, either as a result of their own behavior or because their needs or those of their family have not been addressed through existing community resources. Those children who have come before the juvenile court as a result of their criminal behaviors may appropriately be dealt with by the court through traditional means and/or through the SCM if ordered. Those children who are brought before the court as a result of a complaint filed because other service efforts have not been successful and it is necessary to seek court intervention due to abuse, neglect or dependency may receive intervention through the SCM. In Clark County the SCM includes the provision that the community will plan services for children served by the county developmental disabilities board as requested by their parents.

In Clark County the SCM is developed and implemented to serve the following children:

1. Unruly, Alleged Unruly, At-risk of Becoming Unruly
2. Delinquent
3. Abused
4. Neglected
5. Dependent

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6. Children for whom families have voluntarily requested services
7. Multi-system with Disabilities (MH and/or DD)

For children who receive services under the Help Me Grow program and who are also being served under the SCM, the services received will be consistent with the laws and rules of Help Me Grow per federal regulations and Ohio Department of Health policy and procedures.

The Clark County SCM has the potential for identifying a very large population of children. Any family with a child birth through 21 with multi-systemic needs is eligible for Service Coordination. While eligibility is based on the child's needs, Service Coordination is family-centered. Many family and/or caregiver needs would equate to a need of one or more children in the family. In order to optimize a finite set of resources, it is important to prioritize the population in terms of individuals who are not being served or whose needs are being inadequately met. Therefore, priority will be given to individuals meeting all of the following criteria:

1. Birth to 18 (or through 21 if receiving special education)
2. Residents of Clark County
3. Have not yet been able to access needed services, and
4. Need services from two or more systems (child welfare, juvenile justice, public behavioral health, developmental disabilities and public special education)

In Clark County the SCM is developed and implemented by the FCFC primarily through its standing committees, the Child and Family Collaborative (Early Intervention) and the Interagency Cluster. A number of cross-system practices have been implemented in consideration of local service coordination, including: Interagency Review Committee, Family Stability Committee, and Wraparound Program.

APPROVAL OF THE FAMILY AND CHILDREN FIRST COUNCIL

Clark County Family and Children First Council's (FCFC) Service Coordination Mechanism (SCM) has been reviewed and/or approved by:

- Interagency Cluster Supervisors' Group – November 7, 2005
- FCFC Executive Committee – November 9, 2005
- FCFC Board of Trustees – November 22, 2005
- FCFC Board of Trustees – June 29, 2010

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PARTICIPANTS RESPONSIBLE FOR THE DEVELOPMENT OF THE SERVICE COORDINATION PLAN

The development of the Clark County Service Coordination Mechanism (SCM) and Family Service Coordination Plan (FSCP) is the responsibility of the Clark County FCFC through its Interagency Cluster for Youth and the Child and Family Collaborative, both standing committees of the FCFC. Specifically, the task is accomplished by a sub-committee of the Cluster, the Supervisors' Group. The Interagency Cluster and the Supervisors' Group are facilitated and supported by the FCFC Coordinator. This sub-committee consists of administrators and supervisors of the following agencies:

- Family and Children Services of Clark County
- Clark County Juvenile Court
- Developmental Disabilities of Clark County
- Mental Health Services of Clark County (designated by the Mental Health and Recovery Board of Clark County)
- Oesterlen Services for Youth
- Springfield City Schools
- Clark County Educational Service Center
- Clark County Child Advocacy Center.

Additional participants in the task of Service Coordination Plan revision include:

- Clark County Combined Health District
- FCFC Family Representatives
- Clark County Child and Family Collaborative (Early Childhood Coordinating Committee)

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O.R.C. 121.37(C)(1):

A procedure for an agency, including a juvenile court, or a family voluntarily seeking service coordination, to refer the child and family to the county council for service coordination in accordance with the county service coordination mechanism;

Families may self-refer in order to access Service Coordination. This is accomplished by contacting the Clark County FCFC or Wraparound Program at Oesterlen Services for Youth. Families may voluntarily request referral through an agency currently providing services or through a school. Referrals are accepted from any child serving agency, including juvenile court and child welfare, and require agency supervisor approval. School referrals are accepted and require the approval of the building principal.

Referrals of children and families to the Clark County FCFC for Service Coordination can also be made to the Family Stability Committee by the Team Leader on behalf of a child and family team when child and family needs are not being met through traditional service approaches, when the issues facing the family are complex and require cross system cooperation, or when barriers exist that prohibit access to services.

Referral forms are available through primary child and family serving systems (child welfare, juvenile justice, public behavioral health, and developmental disabilities) or from the Family Stability Coordinator by contacting the Family and Children Services of Clark County or from Clark FCFC.

The Service Coordination referral form (see Addendum A) includes:

- 1) The date of the receipt of the referral
- 2) Contact information for the child/family being referred
- 3) A brief description of the problems being experienced
- 4) Contact information for the referral source
- 5) Disposition of referral (accepted, rejected for reason, referred to other services)

The Family Stability Coordinator/Committee and/or the Wraparound Program Coordinator will triage all referrals to determine the need for Service Coordination. Determination criteria are as follows:

- 1) Cases involving the services of multiple systems frequently benefit from Service Coordination due to the complexity of issues presented by the child and family and/or the challenges of cross-system service provision.
- 2) Cases that have not attempted the use of traditional service provision through community agencies will likely be referred to those resources. If appropriate community resources are lacking or if traditional services do not result in resolution of child and family issues, Service Coordination may be useful.

When a case is determined to warrant use of the Service Coordination Mechanism the Family Stability Coordinator or Wraparound Coordinator will contact the referral source or, in the case of a self-referral, the family, within two working days to schedule a meeting or suggest other resources.

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O.R.C. 121.37(C)(2):

A procedure ensuring that a family and all appropriate staff from involved agencies, including a representative from the appropriate school district, are notified of and invited to participate in all family service coordination plan meetings;

Following referral, the Family Stability Coordinator or Wraparound Coordinator works with the referral source or, in the case of self-referral, the family, to ensure that family and appropriate agency staff are notified of and invited to participate in the initial Service Coordination meeting.

Families are encouraged to also invite mentors, advocates, or other informal and natural supports chosen by the family. Children are invited to participate in meetings as determined to be age-appropriate and consistent with the child's therapeutic needs. Family needs and requests are considered when scheduling the time and location of Service Coordination meetings.

It is the responsibility of the child and family Team Leader, or the parent in the case of self-referral, to ensure that a representative from the appropriate school district is notified of and invited to participate in the meeting. The flexibility of the Service Coordination meeting schedule provides opportunities for meeting times convenient to school representatives.

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O.R.C. 121.37(C)(3):

A procedure that permits a family to initiate a meeting to develop or review the family's service coordination plan and allow the family to invite a family advocate, mentor, or support person of the family's choice to participate in any such meeting;

The procedure for Service Coordination referral and an initial Service Coordination meeting to develop a plan has been described in the section above, including the ability of the family to initiate those processes.

A family may initiate a meeting to develop or to review the Family Service Coordination Plan by contacting the child and family Team Leader, Family Stability Committee Coordinator or the Wraparound Coordinator.

Families are encouraged to invite mentors, advocates, or other informal and natural supports chosen by the family to all Service Coordination meetings and/or child and family team meetings, working with the child and family Team Leader.

Family needs and requests are considered when scheduling the time and location of Service Coordination meetings.

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O.R.C. 121.37(C)(4):

A procedure for ensuring that a family service coordination plan meeting is conducted before a non emergency out - of - home placement for all multi - need children, or within ten days of a placement for emergency placements of multi - need children. The family service coordination plan shall outline how the county council members will jointly pay for services, where applicable, and provide services in the least restrictive environment.

In Clark County non-emergency out-of-home placements for multi-need children are made only after the case has been presented to the Family Stability Committee and Service Coordination has been initiated. Placements may occur without staffing by the Family Stability Committee per judicial order.

Emergency placements of multi-need children are reviewed within one working day by the Family and Children Services Crisis Response Team which initiates Service Coordination.

Local FCFC shared (pooled) funding agreements govern payment for services.

Clark County FCFC and its member agencies share a common philosophy in serving children and families. That philosophy maintains that a child and family are best served in the least restrictive environment, that is, a setting that is most like the home of the child and closest to the home of the child, whenever appropriate and available. Child and family teams are encouraged to always seek the most appropriate set of services and strategies available to maintain a child in his or her own home and/or own community.

Team Leaders are responsible for working with teams to assure that Family Service Coordination Plans are consistent with this philosophy. Clark FCFC's Interagency Review Committee provides ongoing monitoring of level of care and service provision to assure services are provided in the least restrictive environment.

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O.R.C. 121.37(C)(5):

A procedure for monitoring the progress and tracking the outcomes of each service coordination plan requested in the county, including monitoring and tracking children in out-of-home placements to assure continued progress, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment, and education.

In the Wraparound Process practiced by Clark County child and family serving agencies is Tracking and Adapting. Team Leaders and Wraparound Facilitators regularly revisit Family Service Coordination Plans to monitor progress toward goals. Plans are revised to include new goals or to incorporate new options or strategies once it is determined that a selected strategy has not resulted in goal achievement.

Child and family teams utilizing the FCFC Service Coordination Mechanism (SCM) present their cases for review every three to six months to the Interagency Review Committee (IRC). The review by Committee members assists the Teams to assure continued progress, appropriateness of placements when children are cared for out of home, and arrangements for housing, treatment and education following discharge from out of home placement.

UTILIZATION BY THE STATE OF LOCAL SERVICE COORDINATION OUTCOME DATA FOR PURPOSES OF EVALUATION:

Considerable data is collected by Clark FCFC and its contractor regarding the delivery of FCFC Service Coordination. Clark FCFC will cooperate as is appropriate and feasible with requests submitted in writing by state partners who seek to utilize local data for evaluation purposes.

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O.R.C. 121.37(C)(6):

A procedure for protecting the confidentiality of all personal family information disclosed during service coordination meetings or contained in the comprehensive family service coordination plan.

All child and family serving agencies in Clark County utilize either an agency specific release of information form or the Clark County Family and Children First Council (FCFC) Release of Information form (see Addendum B). Entry into the FCFC Service Coordination Process requires the use of the FCFC Release of Information. It is the responsibility of the child and family Team Leader to assure that all necessary and appropriate releases have been obtained prior to making a referral for Service Coordination.

In addition to use of the release of information forms, at the beginning of each Service Coordination meeting all participants sign a confidentiality statement (see Addendum C) pertaining to the verbal exchange of information during the meeting and to the Family Service Coordination Plan that is produced during that meeting.

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O.R.C. 121.37(C)(7):

A procedure for assessing the needs and strengths of any child or family that has been referred to the council for service coordination, including a child whose parent or custodian is voluntarily seeking services, and for ensuring that parents and custodians are afforded the opportunity to participate.

The staff of Clark County child and family servings agencies have been trained in the Wraparound Process utilizing the training materials obtained through the Ohio Department of Mental Health. A critical step in the Wraparound Process is Strengths, Needs and Culture Discovery (SNCD). All children and families receiving service coordination in Clark County are assessed through SNCD.

SNCD is accomplished primarily by the child and family Team Leader or a Wraparound Facilitator working with the adult family members and other informal, formal and natural supports included by the family. Children may participate in SNCD as is age appropriate and therapeutically indicated.

During SNCD the family is encouraged to voice their unique strengths, needs and culture while the Team Leader or Wraparound Facilitator listens. In most cases the findings of the process are shared with the family in as a written narrative (see Addendum D). In other cases the findings are recorded in agency-specific documents that have been modified to include information provided by the family about strengths and culture in addition to child and family needs. SNCD is an ongoing process in that the SNCD document is continuously revised and expanded as the relationship between the providers and the family develops over time. As additional strengths and needs and cultural uniquenesses are discovered information is added to the written document.

Child and family teams are encouraged to begin SNCD prior to referral to Service Coordination. Information from the SNCD is used to complete the referral form. Information from the SNCD is used in developing the Family Service Coordination Plan.

In addition it is recommended that children who are referred for Service Coordination receive a mental health assessment through a certified mental health provider.

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O.R.C. 121.37(C)(8):

A procedure for development of an individual family service coordination plan described in division (D) of this section.

Plan development begins with the initial Service Coordination meeting. A written plan (see Addendum E/F) is developed including long range goals, short term objectives and options or strategies to be used to progress toward those objectives.

The Strengths, Needs and Culture Discovery (SNCD) completed with the family is used as the options or strategies are chosen. This practice assures a Family Service Coordination Plan that is individualized and specific to the family. A Plan based on SNCD reflects “family voice and family choice”.

The mandates and treatment recommendations of provider agencies are also considered in the process of Plan development. Objectives are included that reflect the specific needs of agencies whose involvement with the family is mandated by law.

A child and family team may transition out of the SCM. At the time of transition it is likely that the service plan specific to the agency of the Team Leader would replace the Family Service Coordination Plan.

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O.R.C. 121.37(C)(9):

A local dispute resolution process to serve as the process that must be used first to resolve disputes among the agencies represented on the county council concerning the provision of services to children, including children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. The local dispute resolution process shall comply with section 121.38 of the Revised Code. The local dispute resolution process shall be used to resolve disputes between a child's parents or custodians and the county council regarding service coordination. The county council shall inform the parents or custodians of their right to use the dispute resolution process. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Revised Code.

O.R.C. 121.381, 121.382:

Families must have access to the dispute resolution process. Not later than sixty days after the parent or custodian initiates the dispute process, the council shall make findings regarding the dispute and issue a written determination of its findings. Each agency represented on a county family and 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 and the funding for those services during the dispute process. Nothing in division (C) (4) of this section shall be interpreted as overriding or affecting decisions of a juvenile court regarding an out - of home placement, long - term placement, or emergency out - of - home placement.

Families are encouraged to ask questions and become informed regarding available services and the appropriateness of those services for meeting the needs of their child. Families are also encouraged to ask questions and become informed about their rights in the event of conflict with the service delivery system.

When the Service Coordination Mechanism (SCM) is accessed by a child and family team, the parent/custodian is given a written description of the Clark County SCM Dispute Resolution Process (DRP). The parent/custodian is asked to sign a statement confirming receipt of the written description and acknowledging that the DRP has been explained and understood.

The DRP is an important component of any service delivery system. Although agencies and professionals are committed to meeting the needs of the child and family there are times when decisions or the process may be questioned by one or more members of the team including the parent/custodian.

Conflicts may arise in three distinct types of situation

1. The family is in disagreement with one agency
2. The family is in disagreement with the Family Service Coordination Plan (FSCP) or some element of the FSCP.
3. An agency is in disagreement with another agency regarding the FSCP or some element of the FSCP.

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An initial step in the DRP is the determination of the emergent nature of the dispute. An emergency consists in the imminent threat or the immediate threat to the health and safety of the child as determined by the child and family team. In case of an emergency as described above every effort will be made to resolve the dispute as soon as possible within 10 days after the action was initiated.

The process for handling each of the above situations will begin at the child and family team level. It is important to note that parents and agency representatives' signatures are required on the Family Service Coordination Plan (FSCP) when developed. By signing the document, the parent(s) and agencies are stating that they are in agreement with the developed plan and enter into an agreement to comply with the goals, objectives and strategies/options. Failure to follow through may result in the initiation of due process proceedings if an agency is not in compliance, or court imposed consequences if the family is not in compliance.

If the dispute occurs after the signing of the FSCP, the FSCP including all necessary services described in the FSCP and funding to support those services will continue to be provided while the dispute is being resolved.

Family to Agency

Families are encouraged to become full partners in the child and family team process in order to share input, question and problem solve around the issues that have brought them to the table. In the event of a conflict concerning the roles, activities, schedule, or process of a particular agency, families have the following recourse.

- 1) Contact the individual professional in order to facilitate resolution.
- 2) If the above step is unsuccessful, the family will follow the dispute resolution process of the particular agency.

Family to Family Service Coordination Plan

Utilization of the Service Coordination Mechanism (SCM) will result in a minimum of conflicts between the family and the other team members or the process due to the focus on the strengths, needs and culture of the family. Team Leaders assure that parents/custodians understand their right and responsibility to participate in the development of the FSCP, to understand the FSCP, and to approve the FSCP. As the FSCP is signed by the child and family team members the parent/custodian is given the opportunity indicate agreement with the FSCP as a whole or in part and to record comments as useful to describe any disagreement.

A parent or custodian who disagrees with a decision regarding services which are part of a FSCP under the local Service Coordination Mechanism for a child may initiate the local Dispute Resolution Process (DRP) established described here:

- 1) Families are strongly encouraged to address the conflict directly with members of the child and family team. Families may request the assistance of the Family and Children First Council (FCFC) Coordinator who will meet with the child and family team to address such conflict. Assistance of the FCFC Coordinator is requested in writing.
- 2) Issues not resolved at the child and family team level will be referred to the Family Stability Committee for review within fifteen (15) working days following the child and family team meeting with the FCFC Coordinator.

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- 3) Issues not resolved by the Family Stability Committee (FSC) will be referred by the Family and Children First (FCFC) Coordinator to the FCFC Executive Committee for resolution within twenty-five (25) working days.

Not later than sixty (60) days after the parent or custodian initiates the dispute resolution process, the FCFC Executive Committee shall make findings regarding the dispute and issue a written determination of its findings.

Each agency represented on FCFC that is providing services or funding for services that are the subject of the Dispute Resolution Process (DRP) initiated by a parent or custodian shall continue to provide those services and the funding for those services during the DRP.

Agency to Agency

Clark County FCFC members strive to work across systems toward common goals with consideration given to their individual cultures and mandates. There may be a difference of opinion as to the appropriate course of action needed or agency responsibility for provision or funding of services. In the event of a conflict involving two or more agencies the following process will be initiated:

- 1) The FCFC Coordinator will assure a meeting of the involved agency representatives in order to clarify and resolve the issue within five (5) working days of the identification of an issue or longer if agreed. The assistance of the FCFC Coordinator will be requested in writing. The meeting of agency representatives may consist of:
 - a. A meeting of the supervisors of team members
 - b. Attendance at the child and family team meeting by one or more supervisors
 - c. Referral to and staffing by the FSC for resolution or recommendation
- 2) If following one or more of the strategies described above the issue remains unresolved the FCFC Coordinator will contact the respective agency directors within 5 working days.
- 3) If the agency directors are unable to resolve the issue they will refer the issue to the FCFC Executive Committee for resolution within 5 working days. The FCFC Executive Committee will issue a written determination that directs one or more agencies represented on the council to provide services or funding for services to the child. The determination shall include a plan of care governing the manner in which the services or funding are to be provided. The decision maker shall base the plan of care on the Family Service Coordination Plan developed as part of the Service Coordination Mechanism and on evidence presented during the DRP. The FCFC Executive Committee may require an agency to provide services or funding only if the child's condition or needs qualify the child for services under the laws governing the agency.

All non-emergency disputes will be resolved within 60 days from the time that the issue is first identified, i.e. the assistance of the Family and Children First Council (FCFC) Coordinator is requested in writing. The FCFC Coordinator will track the process to ensure compliance. A written summary of the resolution or findings from the Dispute Resolution Process (DRP) will be made available to all parties involved in the conflict at all steps in the above described process.

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An agency subject to a determination issued pursuant to the local DRP shall immediately comply with the determination, unless the agency objects to the determination by doing one of the following not later than seven (7) days after the date the written determination is issued:

- 1) If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly, or delinquent child or a juvenile traffic offender, filing in the juvenile court of the county having jurisdiction over the child's case a motion requesting that the court hold a hearing to determine which agencies are to provide services or funding for services to the child.
- 2) If the child is not a child described above, filing in the juvenile court of the county served by the county council a complaint objecting to the determination.

The court shall hold a hearing as soon as possible, but not later than ninety (90) days after the motion or complaint is filed. At least five (5) days before the date on which the court hearing is to be held, the court shall send each agency subject to the determination written notice by first class mail of the date, time, place, and purpose of the court hearing. In the case of a motion filed, the court may conduct the hearing as part of the adjudicatory or dispositional hearing concerning the child, if appropriate, and shall provide notice as required for those hearings.

Except in cases in which the hearing is conducted as part of the adjudicatory or dispositional hearing, a hearing held shall be limited to a determination of which agencies are to provide services or funding for services to the child. At the conclusion of the hearing, the court shall issue an order directing one or more agencies represented on the county council to provide services or funding for services to the child. The order shall include a plan of care governing the manner in which the services or funding are to be provided. The court shall base the plan of care on the Family Service Coordination Plan developed as part of the Service Coordination Mechanism and on evidence presented during the hearing. An agency required by the order to provide services or funding shall be a party to any juvenile court proceeding concerning the child. The court may require an agency to provide services or funding for a child only if the child's condition or needs qualify the child for services under the laws governing the agency.

While the local DRP or court proceedings pursuant to this section are pending, each agency shall provide services and funding as required by the decision made by the FCFC Executive Committee before further dispute resolution was initiated. If an agency that provides services or funds during the local DRP or court proceedings is determined through the process or proceedings not to be responsible for providing them, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.

The Juvenile Court is the final authority in the county dispute process.

For children who also receive services under the Help Me Grow (HMG) program, the Dispute Resolution Process (DRP) shall be consistent with rules adopted by the Ohio Department of Health (ODH) under section 3701.61 of the Revised Code.

Clark County Service Coordination Mechanism

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In Clark County the following DRP has been adopted for HMG, including the following available remedies:

- 1) Filing a complaint with Clark County Family & Children First Council (FCFC), P.O. Box 967-A, Springfield, Ohio 45501-1037 and/or
- 2) Filing a complaint with the ODH, Bureau of Early Intervention Services (BEIS), 246 North High Street, Columbus, Ohio 43266 and/or
- 3) Requesting mediation and/or
- 4) An administrative hearing with ODH.

If ODH or the Clark County FCFC receives a complaint, the entity receiving the complaint must provide the complainant with a copy of the procedural safeguards and explain the options available for dispute resolution.

Investigation by the ODH: an individual or an organization, including a parent of an infant or toddler or an individual or organization from another state, may file a complaint with the ODH regarding an allegation that a provider is violating a requirement of early intervention laws.

ODH shall assign one or more employees of ODH and/or other partnering agencies to investigate the complaint that will complete at least the following:

- 1) Conduct an on-site investigation as determined necessary;
- 2) Interview complainant and give complainant an opportunity to submit additional information, either orally or in writing;
- 3) Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing; and,
- 4) Review all relevant information and make a decision.

If ODH determines there was a violation, ODH must ensure that corrective actions are implemented; and, will require a written corrective plan of action from the provider within forty-five (45) days or sooner of receipt of the written final decision.

The corrective action plan may include the following:

- 1) Participation of the provider in specific technical assistance activities;
- 2) Award of monetary reimbursement and/or;
- 3) Development and provision of trainings at the statewide level

Investigation by the FCFC: an individual or an organization may file a complaint with Clark County FCFC regarding the provision of early intervention services within the county. The FCFC shall notify ODH (BEIS) of the complaint in writing (via email or fax) within seven (7) calendar days of receipt of the complaint.

The Family and Children First Council (FCFC) shall assign one or more individuals to investigate the complaint. The assigned individuals must not have a direct interest in the matter and shall investigate the complaint by doing at least the following:

Clark County Service Coordination Mechanism

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- 1) Conduct an on-site investigation as determined necessary;
- 2) Interview complainant and give complainant an opportunity to submit additional information, either orally or in writing;
- 3) Interview relevant providers and give providers an opportunity to submit additional information, either orally or in writing; and,
- 4) Review all relevant information and make a decision.

The FCFC shall:

- 1) Issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint;
- 2) Address each allegation and include finding of facts and conclusions and the reasons for the FCFC's decision;
- 3) Provide a copy of the decision to the complainant and to the Ohio Department of Health (ODH);
- 4) Ensure that corrective actions are implemented within forty-five (45) days or sooner of the written final decision if there was a violation.

The corrective action may include the following:

- 1) Require the participation of the provider in specific technical assistance activities;
- 2) Award of monetary reimbursement appropriate to the needs of the child and family and/or
- 3) Development and provision of trainings at the county level.

A parent of an infant or toddler may request in writing an impartial administrative hearing. ODH will:

- 1) Appoint a hearing officer to hold a hearing at a time and location that is reasonably convenient for the parents;
- 2) Provide notice to the parents and any other interested parties of the date, time, and location; and,
- 3) Notify parents about the procedures including timelines, roles of parties involved, and options if they do not agree with the resulting decision.

If a written complaint is received under the ODH or FCFC process, that is also the subject of an administrative hearing, or contains multiple issues, of which one or more are part of the administrative hearing, the complaint investigation or any part of the complaint investigation that is being addressed in the administrative hearing must be set aside until the conclusion of the hearing. "Mediation" means a dispute resolution and collaborative problem-solving process, which provides a trained impartial party who facilitates a negotiation process between parties who have reached an impasse. During the resolution of disputes, the child and family shall continue to receive appropriate early intervention services. If the complaint involves entrance into one service under this part, the child and family must receive those services that are not in dispute.

Clark County Service Coordination Mechanism

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O.R.C. 121.37(D)(1):

Designates service responsibilities among the various state and local agencies that provide services to children and their families, including children who are abused, neglected, dependent, unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services;

When a case is referred for FCFC Service Coordination a Family Service Coordination Plan (FSCP) is initiated. The FSCP includes designation of service responsibilities among local and state agencies. The FSCP also includes the specific responsibilities of team members including the family and natural supports. The FSCP includes services that match the strengths and needs of the family.

Clark County Service Coordination Mechanism

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O.R.C. 121.37(D)(2):

Designates an individual, approved by the family, to track the progress of the family service coordination plan, schedule reviews as necessary, and facilitate the family service coordination plan meeting process;

In most cases prior to referral to for Service Coordination, a Team Leader has been designated by the child and family team with the approval of the family. If not, the Team Leader is determined during the initial Service Coordination meeting with the approval of the family. The role and responsibility of the Team Leader is to track progress of the FSCP, schedule periodic FSCP reviews and facilitate child and family team meetings.

When a child is involved in both Help Me Grow (HMG) and FCFC Service Coordination, the main provider of Service Coordination will be the HMG Service Coordinator in order to assure compliance with O.R.C. 3701.61 with (the laws and rules of HMG per federal regulations and Ohio Department of Health policy and procedures).

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O.R.C. 121.37 (D)(3):

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

The Family Stability Committee Coordinator or Wraparound Facilitator or Team Leader assist the child and family team to incorporate the information that is part of the Strengths, Needs and Culture Discovery (SNCD) into the development of the Family Service Coordination Plan (FSCP). All child and family team members are included in the discussion and recognize and value family voice and family choice in the development of the FSCP. The Clark County Service Coordination Mechanism (SCM) is based on a commitment to least restrictive services in the community if this is appropriate to the health and safety of the child and family. The Family Stability Committee Coordinator, the members of FSC, Wraparound Facilitators and Team Leaders demonstrate a preference for such services.

When a child is involved in both Help Me Grow (HMG) and FCFC Service Coordination, the SCM may be utilized to support and provide resource assistance for the family's HMG Individualized Family Service Plan (IFSP).

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O.R.C. 121.37(D)(4):

Includes a process for dealing with a child who is alleged to be an unruly child. The process shall include methods to divert the child from the juvenile court system;

The Clark County Juvenile Court and other community agencies serve unruly youth, youth alleged to be unruly, and youth at risk of being unruly through the Court's Diversion Program:

Youth assigned to the Diversion Program are expected to accept responsibility for actions by participating in an individualized case plan that is developed by the youth, his/her family, and the Diversion Officer at the onset of the informal hearing after an admission to the charge is secured. Maximum length of time a child may participate in the project is ninety days. Participants who violate the terms of the informal probation rules or contracts face the possibility of having their cases made official, thereby appearing before the Judge and gaining a court record.

Officers assigned to the Diversion Program utilize many of the same consequences and services offered through standard probation programming. These include: probation, crisis intervention, referring clients to community social service agencies, community service/restitution programming, securing alternative placement and mentoring. Diversion has expanded its services to incorporate mediation in cases of juvenile-to-juvenile conflict. Children who participate in /diversion do not pay court costs or fines; however, many of the youth in the program make donations to community programs and/or volunteer in the community, often times in nursing homes or in their churches.

Cases are assigned to Diversion with the following criteria in mind: lack of prior court referrals, the age of the offender, the seriousness of the charge, the cooperation level of the offender and/or the family, and the degree of risk the child poses to himself/herself and/pr the community. Youth may be terminated from the program and referred to formal court in situations of deteriorating behavior while in the project or if new charges are filed against the youth while they are active participants of the Diversion Program.

In addition, the Juvenile Court utilizes other strategies to prevent youth from deeper involvement with the juvenile justice system, including: Drug Court, Mediation, Night Court, Family Preservation Team, Mentoring, and other community services.

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O.R.C. 121.37(D)(5):

Includes timelines for completion of goals specified in the plan with regular reviews scheduled to monitor progress toward those goals;

Child and family teams utilizing the Service Coordination Mechanism (SCM) are expected to meet a minimum of monthly and more frequently as needed. The Team Leader and/or Wraparound Facilitator are responsible for scheduling regular Service Coordination meeting for Plan review and revision.

Timelines for completion of goals specified in the plan are developed by the child and family team and recorded in the Plan.

Timelines and progress toward goals are reviewed every four to six months with the FCFC's Interagency Review Committee until transition from the SCM.

Clark County Service Coordination Mechanism

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O.R.C. 121.37(D)(6):

Includes a plan for dealing with short - term crisis situations and safety concerns.

Team Leaders and facilitators consider Crisis Planning as part of the initial engagement of families in the SCM. The family participates by naming the crisis and with assistance the family plans to resolve the crisis before further development of the FSCP.

An important part of ongoing planning is the practice of functional assessment and development of skills in recognizing the antecedents of crisis. All Family Service Coordination Plans include plans for crisis response.

The FSCP also addresses safety concerns on a case by case basis. Safety planning is done in conjunction with Juvenile Court in the case of unruly youth and youth alleged to be unruly.

Crisis and Safety Plans are a component of the Family Service Coordination Plan (see Addendum E/F).

Clark County Service Coordination Mechanism

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O.R.C. 121.37(E):

Includes items that may be included in the individual family service coordination plan of an alleged unruly child. Items to highlight include:

(E)(1)

(a) Designation of the person or agency to conduct the assessment of the child and the child's family as described in Division(C)(7) of this section and designation of the instrument or instruments to be used to conduct the assessment;

(b) An emphasis on the personal responsibilities of the child and the parental responsibilities of the parents, guardian, or custodian of the child;

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

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

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

(b) Conducting 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.

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

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

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

(f) An alternative school program...

(g) Other appropriate measures...

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FISCAL STRATEGIES

Funding Family Plans

Each child and family teams that develops and works with a Family Service Coordination Plan (FSCP) costs out services and develops a budget. The budget includes financial resources available through the family as well as the community. The budget also details financial resources needed to implement specific options or strategies in the plan.

Short term plans (approximately 90-120 days) are usually funded through a contract with Oesterlen Services for Youth for Wraparound Services. That contract is supported through the Clark County FCFC's shared (pooled) funding agreement. Long term plans (exceeding 120 days) are referred to the Interagency Review Committee (IRC) for monitoring. IRC may approve ongoing funding through the Oesterlen Wraparound contract.

All Family Service Coordination Plans that utilize Residential Treatment or Treatment Foster Care are approved by Family Stability Committee and/or Interagency Review Committee and funded through the Clark County FCFC's shared funding agreement.

In the event that funds are not available the Interagency Review Committee prioritizes requests based on needs of individual cases and documents unmet needs for consideration by the Clark County Family and Children First Council's Executive Committee.

On a case by case basis families contribute to the cost of a Family Service Coordination Plan on either a voluntary basis or in compliance judicial order.

Funding the Service Coordination Plan

The Clark County Service Coordination Plan is funded through a variety of funding strategies including:

Local Pooled Dollars*

Family Centred Services and Supports Funding

Medicaid

Federal and Local Grants

*Job and Family Services/Family and Children Services of Clark County; Clark County Juvenile Court; Mental Health and Recovery Board of Clark County; Developmental Disabilities Board of Clark County; and, Clark County Combined Health District.

Clark County Service Coordination Mechanism

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QUALITY ASSURANCE

Tracking Effectiveness

Family Service Coordination Plans that include options such as Residential Treatment, Treatment Foster Care, and/or Wraparound Services are reviewed at three to six month intervals by FCFC's Interagency Review Committee. The Committee tracks treatment outcomes and monitors length of stay or service (in the case of Wraparound Services).

FCFC Service Coordination Plans utilizing Wraparound Services utilize the Family Development Matrix to assess Plan effectiveness.

FCFC's Clinical Services Coordinator assists the FCFC Coordinator and members of the Interagency Review Committee to track the effectiveness of Service Coordination related to behavioral health treatment.

Plan Review

The Clark County Family and Children First Council reviews the Clark County Service Coordination Mechanism on an ongoing basis. The review is the responsibility of the Interagency Cluster and the Child and Family Collaborative, standing committees of the Council. Specifically this occurs through the Interagency Cluster Supervisors Group which meets monthly.

Reviews are conducted for the purpose of updating and revising the Plan to reflect ongoing development of the county's System of Care. The review also assists the committees to identify training opportunities for providers as well as for parents and caregivers.

Clark County Service Coordination Mechanism

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PUBLIC AWARENESS/MARKETING –

Educating providers and families

The Clark County Family and Children First Council employs several strategies to educate families, agencies and direct care personnel about the Clark County Service Coordination Plan.

Clark FCFC launched a website at www.clarkfamilyfirst.org. That website includes a link to the Clark County Service Coordination Plan and to the Ohio Revised Code Sections 121.37 and 121.38.

The regular meetings of the FCFC standing committees, the Interagency Cluster (especially its Supervisors' Group) and the Child and Family Collaborative (Early Childhood Coordinating Committee) afford opportunities for increased awareness.

Families and caregivers are also targeted for education and awareness through specific family-oriented processes. The Child and Family Collaborative's Family Advocacy Committee serves the Help Me Grow target population.

Regular staff training

One to two times each year FCFC, through the Interagency Cluster's Education Committee, sponsors a cross-system service information event known as Social Services 101. The event is an opportunity for providers and families and other community members to learn about Clark County's Service Coordination Plan as well as services and supports available to families in the community.

Specific system and agency staff development and supervisory processes also reinforce awareness and understanding of the Service Coordination Mechanism and the Family Service Coordination Plan.

Supervisors of major child and family serving systems cross-train new staff as the result of a "new staff orientation agreement".

Wraparound Program/Service Coordination Referral Form

Oesterlen Services for Youth, Inc.
Community Service

Coordinator (937) 398-0253

Fax (937) 398-0107

Date of Referral _____

E-mail to mbuhrmas@oesterlen.org and jbarnett@oesterlen.org

- Facilitation/Service Coordination
- Individualized Direct Services (IDS)
- Alternative Response

Family Name: _____

Case ID _____

Family Members: Include all household members *Denotes Parent/Guardian

Role (Adults)

Name

M/F

DOB/Age

Race/Ethnicity**

School & Grade/ IEP? (Child)

Name	M/F	DOB/Age	Race/Ethnicity**	School & Grade/ IEP? (Child)
*				

** H=Hispanic A=Appalachian O=Other C=Caucasian AA=African American BI=Bi-racial

Address: _____

Phone Numbers: _____ / _____

Presenting Concern/Service Desired:

- Academic difficulty
- Home Management Skills
- Other _____
- Behavior issues/mental health of child
- Behavior issues/mental health of caregiver

Desired Outcome for Referral:

- Mentor/coach If so--Issue: _____
- Maintain child in home
- Other _____

Safety Issues Needing Immediate Attention:

- Shelter
- Clothing
- Other _____
- Food
- Unsafe behaviors

Cultural Considerations:

- Single caregiver
- Financial instability
- Incarceration and Role/Relationship _____
- Kinship
- Other

Team working with family: *Denotes Team Leader

Name	Address	Phone #	Relationship
*			

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Life Domains

Rate each domain on a scale from 1-5 or Unknown

1=In crisis 2=At risk 3=Stable 4=Safe/Self Sufficient 5=Thriving U=Unknown

Shelter	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Food & Clothing	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Transportation	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Health/Safety	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Social/Emotional	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Finances	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Family Relations	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Community Support	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Adult Employment	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Child Edu./Dev	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Child Care & Safety	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Immigration	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Youth Social Skills	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	
Judicial System Involvement	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	U	

Additional Information/Summary: _____

Signature of family, team, and supervisor involved in Request, demonstrating confirmation of the above information as being accurate and indicating family agreement to release of information.

Team leader or referent has discussed services with the family and the family is in agreement with this referral

Team Leader
(TL): _____

Date: _____

Supervisor _____

Date: _____

Form must be sent from the supervisor e-mail address

Administrative approval – Name:

Date:

CLARK COUNTY FAMILY AND CHILDREN FIRST COUNCIL
CONSENT FOR RELEASE OF INFORMATION

CLIENT NAME:

DOB:

SS#:

*Use a separate Release for each adult or child for whom information is requested.

(Optional)

WORKER:

AGENCY:

I, _____ on behalf of myself, or as the parent, legal guardian or custodian of the above-named individual, do hereby authorize and direct the following organization(s) I have identified with my initials:

- _____ CASA/ GAL/Attorney
- _____ Catholic Social Services
- _____ Children's Medical Facility
- _____ Child Advocacy Center
- _____ Clark County Dept. of Job & Family Services
- _____ BenefitsPlus
- _____ Ohio Means Jobs
- _____ Child Support Enforcement Agency (CSE)
- _____ Family & Children Services (FSC)
- _____ Clark County Family & Children First Council (FCFC)
- _____ Clark County FCFC Family Stability Committee & attendees
- _____ Clark County FCFC Interagency Review Committee
- _____ Clark County Juvenile Court
- _____ Clark County Combined Health District:
- _____ Developmental Disabilities of Clark County
- _____ Educational Placement: _____
- _____ Faith-Based Org. _____
- _____ McKinley Hall

- _____ Mental Health Services, Inc. , most current service related to program: _____
- _____ Mental Health & Recovery Board of Clark, Greene, & Madison Counties
- _____ Mercy Reach
- _____ Miami Valley Child Development Centers, Inc.
- _____ Oesterlen Services for Youth
- _____ Pediatric Associates
- _____ Other Physician: _____
- _____ Other Pediatrician/Physician _____
- _____ Project Woman
- _____ Rocking Horse Center
- _____ Salvation Army
- _____ Social Security Administration
- _____ Springfield Regional Medical Center
- _____ Wellspring
- _____ Other: _____

to release written and verbal communication permitted with my initials:

- _____ Discharge /Termination summary
- _____ Academic Plans, Grades, Conduct/Attendance
- _____ Clinical/Psychological Assessment(s)
- _____ Physical Assessments/Medications
- _____ Progress Reports/Case Review Information
- _____ Service/Treatment Case Plan(s)
- _____ Other

Information said organization(s) have in their notes or files concerning the above-named individual's involvement with above-initialed organization(s) dated from _____ to _____ for the purpose of investigation, treatment, management of the case, or the processing of payment of claims. **No Mental Health and/or Chemical Dependency information will be re-released except by the custodial entity (parent, guardian, custodian, or custodial agency).**

IMPORTANT INFORMATION – PLEASE READ BEFORE SIGNING

This Consent for Release of Information will be applicable to information requested and disclosed under both the Health Insurance Portability and Accountability Act (HIPAA) and all applicable Federal regulations made under HIPAA, and the Family Education Rights and Privacy Act (FERPA) and all applicable Federal regulations made under FERPA.

Furthermore, I hereby authorize and direct that any organization(s) I have identified with my initials may cross release information with any other organization(s) so identified with my initials.

I understand that signing this release is voluntary and it does not need to be signed in order for me to receive treatment. I also understand that there is the potential that any information disclosed as a result of this Consent (to which HIPAA may be applicable) may be subject to re-disclosure by anyone who receives the disclosed information and that because of this, such information may no longer be protected under HIPAA.

This consent is subject to revocation in writing at any time except for information already gathered in good faith. If I should revoke my Consent for Release of Information, the revocation does not include any information which has been shared between the time that I gave permission and the time that it was cancelled, or any other information to the extent that the relevant agency or entity has taken action in reliance on this Consent for Release of Information.

This authorization (consent for release of information) will remain effective for:

1) 90 or 180 days (circle one) unless an earlier date is specified here _____ OR

I understand that the agencies receiving this information must hold it as confidential and may not further release it to any other person or agency not identified by my initials unless specifically authorized to do so. Information will only be shared to the extent necessary to achieve the goals of investigation, treatment, management of the case, or the processing of payment of claims.

Required Notifications Under FERPA

If a parent of a child who signs consent to disclosure of information (this Consent for Release of Information) under FERPA so requests, the educational agency (in this case, Help Me Grow Program) shall provide him or her with a copy of the records disclosed. If so requested, the educational agency shall also provide a copy of the records disclosed to the student/child who is the subject of the consent to disclosure of information.

Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. FERPA prevents the disclosure of personally identifiable information without parental consent except in limited circumstances, requires notice to be provided to the child's family regarding their privacy rights, requires providers to keep records of access to the child's records, and contains complaints and appeal procedures which apply to disputes over records to which FERPA is applicable.

Chemical Dependency Programs:

When/if you agree to any release of your health information, the following statement is stamped on all released documents per Federal Regulations: This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

HIV Release:

This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is **NOT** sufficient for the purpose of the release of HIV test results or diagnoses.

Client signature: _____
(age 12 and over)

Print Name: _____ Date: - -

Parent/Guardian Signature: _____

Print Name: _____ Date: - -

Witness Signature: _____

Print Name: _____ Date: - -

This release expires on: - - Date cannot be more than 180 days from today's date.

I hereby revoke consent: Client signature: _____ Date: _____

Staff/Witness signature: _____ Date: _____

Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Revised 12/17/13

If you choose to revoke this release, it is your responsibility to notify all relevant parties.

TEAM REVIEW

Family Name:	Case Number:	Date:
---------------------	---------------------	--------------

Name	Agency	Fax Number

Each team member signing above is aware of and agrees to abide by all confidentiality guidelines

Life Domains

Rate each domain on a scale from 1-5 or Unknown

1=In crisis 2=At risk 3=Stable 4=Safe/Self Sufficient 5=Thriving U=Unknown

Shelter	__1	__2	__3	__4	__5	__U	
Food & Clothing	__1	__2	__3	__4	__5	__U	
Transportation	__1	__2	__3	__4	__5	__U	
Health/Safety	__1	__2	__3	__4	__5	__U	
Social/Emotional	__1	__2	__3	__4	__5	__U	
Finances	__1	__2	__3	__4	__5	__U	
Family Relations	__1	__2	__3	__4	__5	__U	
Community Support	__1	__2	__3	__4	__5	__U	
Adult Employment	__1	__2	__3	__4	__5	__U	
Child Educ/Dev	__1	__2	__3	__4	__5	__U	
Child Care & Safety	__1	__2	__3	__4	__5	__U	
Immigration	__1	__2	__3	__4	__5	__U	
Youth Social Skills	__1	__2	__3	__4	__5	__U	
Judicial System Involvement	__1	__2	__3	__4	__5	__U	

TOTAL THIS REVIEW PERIOD _____ TOTAL PREVIOUS REVIEW PERIOD _____ BEGINNING TOTAL _____

ACTION STEPS

DATE:

WHO	ACTION TO BE TAKEN	BY DATE

Next Team Meeting

Strength, Needs and Culture Discovery

Family Name: Case Number:

Home Address:

Meeting/Contact Dates: Date Completed:

Facilitator:

Family Members: Name, Age, Marital status/length of relationship, school/occupation, Hobbies/Interests; strengths/needs, family relationship

Wraparound Team:

Other Supports:

Cultural Considerations:

Signature Date

Signature Date

Signature Date

Signature Date

Oesterlen Services for Youth, Inc.
Community Service

Wraparound IDS/Service Coordination Plan and Review

Child/Family Name _____ Date Initiated _____
Case # _____ Today's Date _____
Service Coordinator/Facilitator _____

Team working with family: *Denotes Team Leader

Name:	Name:
Agency/	Agency/
Family Role:	Family Role:
Name:	Name:
Agency/	Agency/
Family Role:	Family Role:
Name:	Name:
Agency/	Agency/
Family Role:	Family Role:
Name:	Name:
Agency/	Agency/
Family Role:	Family Role:

Life Domains

Rate each domain on a scale from 1-5 or Unknown

1=In crisis 2=At risk 3=Stable 4=Safe/Self Sufficient 5=Thriving U=Unknown

Shelter	__1	__2	__3	__4	__5	__U	_____
Food & Clothing	__1	__2	__3	__4	__5	__U	_____
Transportation	__1	__2	__3	__4	__5	__U	_____
Health/Safety	__1	__2	__3	__4	__5	__U	_____
Social/Emotional	__1	__2	__3	__4	__5	__U	_____
Finances	__1	__2	__3	__4	__5	__U	_____
Family Relations	__1	__2	__3	__4	__5	__U	_____
Community Support	__1	__2	__3	__4	__5	__U	_____
Adult Employment	__1	__2	__3	__4	__5	__U	_____
Child Educ/Dev	__1	__2	__3	__4	__5	__U	_____
Child Care & Safety	__1	__2	__3	__4	__5	__U	_____
Immigration	__1	__2	__3	__4	__5	__U	_____
Youth Social Skills	__1	__2	__3	__4	__5	__U	_____
Judicial System Involvement	__1	__2	__3	__4	__5	__U	_____

TOTAL THIS REVIEW PERIOD _____ TOTAL PREVIOUS REVIEW PERIOD _____ BEGINNING TOTAL _____

Wraparound IDS/Service Coordination Plan and Review

SAFETY PLAN

NAME:	DATE:
Event:	
Prevention	
What do we know works?	What else can we try?

Early Intervention	
What do we know works?	What else can we try?

Management Steps	
1.	
2.	
3.	
4.	

Wraparound IDS/Service Coordination Plan and Review

Name _____

Date _____

OVERALL FAMILY GOAL:

OBJECTIVE: What will success look like?

- _____
- _____

REVIEW

REVIEW DATE _____

NEXT TM DATE _____

<u>INTERVENTIONS/ACTION STEPS</u>			
Who	What	When	Done ✓

Wraparound IDS/Service Coordination Plan and Review

Name _____

REVIEW

REVIEW DATE _____

NEXT TM DATE _____

<u>INTERVENTIONS/ACTION STEPS</u>			
Who	What	When	Done ✓

REVIEW

REVIEW DATE _____

NEXT TM DATE _____

<u>INTERVENTIONS/ACTION STEPS</u>			
Who	What	When	Done ✓

Name _____

Wraparound IDS/Service Coordination Plan and Review

REVIEW

REVIEW DATE _____

NEXT TM DATE _____

Who	What	INTERVENTIONS/ACTION STEPS	When	Done ✓

REVIEW

REVIEW DATE _____

NEXT TM DATE _____

Who	What	INTERVENTIONS/ACTION STEPS	When	Done ✓



Interagency Review Committee
Residential /Therapeutic Foster Care___ Wraparound/IHBT___

Date:

Date of most recent IRC report:

How many times has this case been presented to IRC:

Child's Name:

Birth Date (Age):

Custodian(s):

Family Members / Others in the Home, Relationship to Identified Child & Ages:

Is child living with substance abusing adult?

Has provider had any contact /engaged with non-custodial parent? Yes ___ No ___

Is non- custodial parent involved with child at all? Yes ___ No ___

Placement Provider:

Per Diem/Day:

(foster care network, foster care family name, treatment facility)

Services Provided:

Wraparound Facilitator:

Current Expenses to Date:

Services Provided:

Date of Placement or Initiation of Wraparound services:

Number of months in Placement or Wraparound services to date:

Previous Placements/Previous utilization of Wraparound or IHBT:

(approximate dates, length of stay, reason for removal):

Team Members:

Team Leader: _____ Agency: _____

Counselors: _____ Agency: _____

School: _____

Juvenile Court: _____

Family & Children Services: _____

Family: _____

Other: _____

Child Identified as Crossover Youth: Yes ___ No ___

Last team meeting: Date: _____

Are team meetings regular and well attended? Yes ___ No ___ Why Not? _____



Interagency Review Committee

Residential /Therapeutic Foster Care___ Wraparound/IHBT___

Current Medications & Dosage:

Prescriber:
Prescriber:
Prescriber:

Last Appointment with Prescriber: Next Appointment with Prescriber:

Diagnoses:

Has child had multiple surgeries or multiple health issues? If yes, describe:

Trauma

Physical Abuse ___ Sexual Abuse ___ Emotional Abuse ___
Crime Victim ___ Traumatic Grief/Separation/Death ___
Victim of Domestic Violence ___ Witness to Domestic Violence ___
Victim/Witness of School Violence ___ Victim/Witness of Community Violence ___
Victim/ Witness to Accident/Natural Disaster ___ Other: ___

School District of Financial Responsibility

School Setting & Name: Grade:

IEP: Yes ___ No ___ Type: Bx ___ Ed ___ Speech ___ OT ___ Other ___

Educational Disability:

Reasons for original referral:

Family Strengths/ Needs / Culture Discovery:



Interagency Review Committee
Residential /Therapeutic Foster Care___ Wraparound/IHBT___

Who recommended Residential/ Therapeutic Foster Care, Wraparound or IHBT services?

Original Goals:

Progress on Goals to Date:

Barriers to Progress & Plans to address these barriers:

Anticipated Date of Discharge from Current Placement or Wraparound /IHBT services:

Goals for the coming period *(these will be reviewed during IRC staffing)*

Child will:

Custodian will:

Provider will:

Team will:

IRC completion plan: (Needs identified – Primary, Secondary, Tertiary)

Next Meeting for Review:



Interagency Review Committee
Residential /Therapeutic Foster Care____ Wraparound/IHBT____

Closing Summary

Date:

Date of most recent IRC report:

How many times has this case been presented to IRC:

Child's Name:

Birth Date (Age):

Custodian(s):

Family Members / Others in the Home, Relationship to Identified Child & Ages:

Closing summary: (Please include current residence of child, reasons for closing the case, goals met, ongoing support services, date of closure)