

PORTAGE COUNTY FAMILY CHILDREN FIRST COUNCIL SERVICE COORDINATION POLICY

I. Introduction/Service Coordination History and Overview

The following service coordination policy is based on state coordination mechanism guidance 2010 as required by Ohio revised code (ORC) 121.37 and 121.38.

The following policy for service coordination is a process of service planning that provides services and supports to families. This is a family focused service that takes into consideration the strengths and needs of children and families. These supports will be responsive to cultural, racial and ethnic differences in the community population. This service coordination will serve to unite service providers without dismantling systems. Confidentiality of the child and family will be assured.

II. Service Coordination Purpose, Target Population, Participants

Service coordination will be collaborative across county systems to promote a cross system team planning process to address the needs of families with multiple and complex needs. The process will be strength based giving families a voice and a choice in the direction of services.

The age group of children being served will range to ages 0-21yrs. Additional target populations may include any child with multi-systemic needs whose service or support needs are not adequately being met while seeking assistance outside the service coordination mechanism.

The following service coordination plan for Portage County has been developed and approved with participation of the following county entities. Child welfare, DD services, Alcohol and Drug service providers, Mental Health service providers, Juvenile Court, Educational service providers, FCFC, and Help Me Grow. The service coordination mechanism will document and coordinate services in Portage County for children that are referred to FCFC for assistance. Children receiving services through Help Me Grow program will be assured that services are consistent with the laws and rules of HMG per federal regulations and ODH policy and procedures. Please note not all families referred to service coordination will be appropriate for said service. For example, some families being referred may only require a referral to another community resource. Guidelines have been set to describe the levels of intervention available.

1. Referral Procedure

A. Portage County Family Children First Council will use the local ACCESS number to provide 24/7 referral system for families and providers. ACCESS contact number has been distributed to all Council member agencies, the juvenile court, and school districts. Families will have additional access through council member agencies to the information. Portage County will utilize United Way for public access. (Language changed to indicate new access number)

B. Portage County Service Coordination policy will be distributed to all Council member agencies and to families on request.

C. A phone log will be maintained of all calls with the date of receipt, contact information for person being referred, reason for referral, contact information for referral source and outcome of the referral

D. ICAT Service Coordinator will return calls within six(6) business days. (referral removed)

E. Agency case manager or designee will provide initial screening with families.(removed ICAT Service Coordinator)

F. Agency contact/CPST will evaluate client needs. Referrals requiring further evaluation will be interviewed using the Needs/Strengths Assessment Tool with results available to involved agency(s) for further assessment and decision-making. (contact/referral removed)

G. ICAT Service Coordinator when needed will assist families with forms and the service coordination process (Service Coordination Intake Case Manager removed)

2. Procedure for notification of family, staff of involved agencies, providers, family advocate as requested, and school district for family service coordination plan meetings

A. Form letter has been developed and will be given/mailed/faxed to all involved parties. The letter will indicate

- date, time and place where meeting is scheduled. (Combined A & B)
- B. ICAT Service Coordinator or agency CPST will assist in facilitating meeting. (unless client becomes part of the Portage county Service Coordination Oversight Committee process, removed)
3. Procedure for a family to initiate a meeting and include support persons.
- A. Family will be advised of their right to call a Service Coordination plan meeting by notifying their CPST of the request and the support person(s) they would like to participate. The agency CPST will notify all necessary parties. (Service Coordination Intake Case Manager...The ICAT Service coordinator, removed)
- B. Family will agree to participate and attend the meeting and or will cancel with agency CSPT twenty-four (24) hours prior to the scheduled meeting time. (ICAT Service Coordinator, removed)
- C. Two (2) no-shows by the family at their requested meeting will negate any further participation by providers/agencies at family requested meetings.
4. Procedure for service coordination plan meeting prior to an out-of-home placement, or within ten days after placement in case of emergency.
- A. All children must have a service coordination meeting prior to any decisions being made regarding placement. (community, removed)
- As listed in procedure number 3, the agency CSPT will notify involved parties. A Service Coordination Plan meeting schedule will be distributed by given/mail/fax, if possible, five (5) business days prior to placement.
- B. In the event of emergency, the ICAT Service Coordinator will contact the fiscal agents in order to approve necessary temporary funding for placement of a child until ICAT can meet, review and approve placement. The service coordination meeting will be scheduled, if possible, by the ICAT Service Coordinator/CSPT within ten (10) business days of placement. Notifications will be given/mailed/faxed within three (3) business days of placement. (planning, Intake, email, removed)
- C. Service Coordination Plan will include placement goals for child and goals to be met by provider of services to meet child's goals, and assignment of services necessary to accomplish these goals. Parental financial information to assess parent share will be used including medical insurance information. Contract will be sent/provided to parent with necessary information and forms to be completed. Funding sources identified as appropriate will sign off on financial arrangements.
5. Procedure to monitor progress and track outcomes of the family service coordination plan.
- A. Agency CPST will set up plan review meetings as appropriate for family needs
- B. Goal achievement process will be assessed at review meeting - information will be recorded on service coordination plan
- C. Agency CPST/Residential Step-Down CPST will monitor the progress of client's in placement; participate in planning sessions along with Service Coordination Plan Team and family. Service Coordination Plan will be modified to meet clients' changing needs. (Service Coordination Intake, removed)
- D. Information on families in Service Coordination and progress of plan goals will be gathered by agency CSPT/Residential Step-Down CPST. Family Child First Council Coordinator will receive a report on number of families and any other appropriate information that would require Council review or input.
- E. ICAT will comply with state guidelines for tracking outcomes. (Portage county Family children First Council, (removed)
6. Procedure protecting confidentiality of families:
- A. ICAT Service Coordinator will maintain records of each referral for service coordination, including self-referring families. These records shall include documentation of the referral and intake and a determination of whether the family is appropriate for service coordination. (Family & Children First council Service Coordination Oversight Committee, removed)
- In the event that service coordination is provided, the following records will also be maintained:
- Service Coordination Outcome/Goal Plan (SCOGP) (Family Service Coordination Plan, removed)
 - Notification and documentation of Service Coordination Plan Meetings
 - Periodic reviews and evaluations of the SCOGP
 - Any other documents created in the course of service coordination
- B. The client files will be used to facilitate the service coordination process by ICAT and may be used by Council Agencies in the course of service delivery related to the SCOGP.

Information contained in these files will be kept confidential to the greatest extent possible. Information will not be shared with or discussed among those Council agencies who are not involved in the Service Goal Plan. Information will not be shared with or discussed among council members who have no involvement. Council members/service providers are expected to maintain the confidentiality of client information as required by law. (Service Coordination Oversight Committee, removed)

- C. Individual council members/service providers may require a separate authorization before information may be provided to ICAT. Each family referred to ICAT will be required to sign an acknowledgement and authorization form describing how client files will be used and maintained and the client's rights with respect to those files. The parent(s) or legal guardian will be considered the authorized representative of the child, and may request a review of the file upon reasonable written notice to ICAT. (Family & Children First Council, Service Coordination Oversight Committee X 2, removed)
- 7. Procedure for assessing the needs and strengths of child/family that has been referred for Service Coordination
 - A. Agency CPST will provide basic case management services for families requesting this type of assistance
 - B. Council has identified a needs/strengths tool, the Service Coordination Assessment Tool covers: environment, cultural/class impact, social support, family/caregivers and child well-being and will be used to assess families' needs/strengths.
- 8. Procedure for developing a family Service Coordination plan
 - A. Families appropriate for Service Coordination:
 - 1. Will have been referred to appropriate services/providers and found service gaps and/or services offered did not meet the identified needs of the family; family will communicate these issues to ICAT Service Coordinator/agency CPST
 - 2. Families who were unable to resolve their issues and requested additional help/support from the ICAT Service Coordinator/agency CPST
 - B. At the time a child/family has met the criteria for Service Coordination the Service Coordination Assessment Tool will be administered by the ICAT Service Coordinator/agency CPST. (Clinical Director will assist in the results assessment to aid in further case planning, removed)
 - C. Results of this tool will be shared with the family and agencies involved in the Service Coordination Plan meeting.
 - D. Families determined to need Service Coordination will begin the Plan process by completing Service Coordination forms in information packet – family financial/medical insurance information, overview of Service Coordination, Council dispute resolution process for Service Coordination, consent for Information exchange between agencies/providers, client participation agreement.
 - E. Alleged habitual unruly children referred for Service Coordination will be dealt with incorporating methods for diverting them from the juvenile court system.
 - 1. Service coordination will provide youth who are alleged to be habitual unruly children - exhibiting behaviors such as tobacco use, running away, truancy, curfew and failing to abide by parent/guardian home rules - a mechanism for the community, especially parents, to divert and deter their children from involvement in the juvenile justice system.
 - 2. Services for this population will pay special attention to the underlying causes of the unruly behavior through an assessment of the child's strengths and needs
 - F. The initial Service Coordination Plan meeting will: (wrap around meeting, removed)
 - 1. Establish child/family goals and a crisis/safety plan will be identified using the information and the service coordination assessment tool identified by the family.

2. Strategies to meet the goals, support services/service agencies/providers will be identified along with timelines

III. Funding/Fiscal issues

1. For children (ages 0 through 21) who are receiving service coordination and outpatient services in the community and who are in the custody of a parent/guardian, the following fiscal resources are used:
 - A. Family Centered Services and Support (FCSS) funds for the individualized non-clinical needs (e.g., respite) of children and families. Decisions about the use of the FCSS funds are made by ICAT to ensure eligibility has been met, requests are appropriate and funds are fairly distributed. (Children's Community Behavioral Health CCBH funds are used to augment funding for our three primary community funders: Mental Health and Recovery Board of Portage County, Portage county Board of Developmental Disabilities and Portage County Department of Job and Family Services. The decision to share the CCBH funds was made jointly by the involved funders. The funds are shared proportionally among these three organizations to support the out-of-home placements. The Portage County Juvenile Court has been a funder until recently when their funds were reduced. If the available and allocated CCBH funds exceed the costs of placements then these funds will be reallocated to community-based, preventive and family-centered services, removed)
 - B. Local county agencies who have received funds (e.g., grants, foundations, levies) for specific programs and services determine guidelines for eligibility based on the funding source and make final decisions about allocation of their specific services and funds.
 - C. Use of Adoption subsidies are approved by the parent/guardian.
2. For children in need of out-of-home placement (e.g., residential), the following fiscal resources are used:
 - A. Braided funding is utilized by the three funding organizations. The current strategy is that the Mental Health and Recovery Board of Portage County is involved in all cases so they are a consistent funder. Similarly, the Department of Job and Family Services consistently contributes a share of the costs even though the child is not in their custody. The Board of Developmental Disabilities contributes a share when the child is eligible and is receiving services in their organization
 - B. Parents make a contribution to the placement, particularly signing over child support payments, disability payments, adoption subsidies, insurance coverage including Medicaid, etc.

IV. Quality Assurance Audits

1. Will be done on Service Coordination Plan charts quarterly by ICAT Service Coordinator/Agency CSPT (Clinical Director, removed)
2. ICAT will meet on a monthly basis to assess effectiveness of service coordination plan and goals for each client involved in the process. Monthly summaries will be provided to members. (Service Coordination Oversight Committee AKA ICAT, removed)
3. Reports and updates will be presented to the FCFC on a bi-monthly basis
4. Annual meeting of an ICAT subcommittee will be conducted to specifically review and update the effectiveness of policies and procedures of the Service Coordination Policy. State approval of any policy changes will be sought by FCFC on an annual basis or as needed. (Service Coordination Oversight Committee AKA ICAT, removed)

V. Dispute Resolution Process for Service Coordination

1. The following dispute resolution process applies to agency members of ICAT, and the Council, as well as to individuals and families who request Service Coordination. (Service Coordination Oversight Committee, If Help Me Grow Family is involved in a dispute, please see Section II. removed)

- A. If there is an unresolved conflict regarding any aspect of a Service Coordination Plan every attempt will be made to resolve the dispute with the participants.
- B. A written statement of the dispute should be filed in writing with the ICAT Service Coordinator and/or Council chair, within 15 business days of the conclusion of the meeting where the plan which is in dispute was developed or following any final attempt to resolve the issue(s) in dispute.
- C. The ICAT Service Coordinator will convene a special meeting of ICAT to try to resolve the dispute. A written response from ICAT will be sent by registered mail to the family within 15 business days.
(Service Coordination Oversight Committee x4 removed)
- D. If ICAT is not able to resolve the dispute, a written referral will be made to the Dispute Resolution Committee of the Family & Children First Council immediately following ICAT meeting by the Service Coordinator.
(Service Coordination Oversight Committee x 3, removed)
- E. The Dispute Resolution Committee is made up of the following mandated members of the Council: an FCFC parent representative and four mandated members of council.
- F. The Dispute Resolution Committee may require additional information or ask any agency or agencies, the individual or family for further details regarding the dispute. Following receipt of additional information the Council Chair will convene a meeting within 10 business days. At the meeting, a list of options will be developed by the Committee and recommendations voted on, with a majority vote required for acceptance. The decision of the Dispute Resolution Committee is then conveyed to all parties involved in the dispute including by the Council Chair.
(Service Coordination Oversight Committee, removed)
- G. If the dispute cannot be resolved using the above referenced dispute resolution process, the final arbitrator will be the Juvenile Court Judge. If the Judge is a party to the dispute, the Judge can ask to have another judge hear the matter or can request that an impartial arbiter consider the appeal.
- H. In regards to agency to agency disputes, the Ohio revised code 121.38 will apply.
- I. In regards to parent to agency disputes, the policies and procedures of each local agency will apply.
- J. Following a failed dispute resolution process, whether it be agency to agency, child/family to agency or child/family to their SC plan, parties to the conflict have seven business days to file a request in writing for arbitration by the Juvenile Court Judge.
- K. The Council Chair and the ICAT Service Coordinator shall prepare an assessment and recommendations for the court.
- L. The Judge can send the matter back to the Council for further recommendations and dispute resolution. The opinion of the Judge is considered final and binding.
- M. The dispute resolution process cannot override or affect decisions of a Juvenile Court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.
- N. Each agency represented on the Family & Children First Council that is providing services or funding services that are the subject of a dispute initiated by a parent shall continue to provide those services and the funding for those services during the dispute process.
- O. A parent or guardian who initiates the written dispute process shall receive a written determination of the Council's findings within 60 days
- P. The Council will be given information about disputes and dispute resolution. If inter-systems work is needed as a result of disputes, Council will make recommendations for training or other general work to improve inter-system efforts.

All of the HELP ME Grow dispute resolution process has been removed. With the approval of the Ohio Department of Health Help Me Grow Rules on September 3, 2012 all dispute resolution will take place at the state level.

VI. If a Help Me Grow family is involved in a dispute, the following dispute resolution process applies.

1. Alleged violation must be submitted in writing to the Family & Children's First Council (FCFC) Coordinator and

Council Chair and shall include the facts alleged in the complaint. The alleged violation cannot have occurred more than one year before the complaint is filed. Exceptions

- A. Alleged violation is ongoing
 - B. Complaint requests reimbursement or corrective action for a violation that occurred not more than three years before the date the complaint was received.
2. Family & Children's First Council Coordinator will notify the Ohio Department of Health (ODH) within seven days of the complaint being filed.
 3. Complaint will be sent to the Dispute Resolution Committee made up of the following mandated members of the Council: a FCFC parent representative, director of the Mental Health & Recovery Board, a representative of the Department of Job and Family Services and four mandated members of council. The Committee will:
 - A. Conduct on-site investigation as determined necessary
 - B. Interview complainant providing an opportunity for complainant to submit additional information, orally or in writing about this allegation
 - C. Interview relevant providers and give them an opportunity to submit additional information, orally or in writing about the allegation
 - D. Review all relevant information and make an independent determination as to whether there has been a violation
 4. The Dispute Resolution Committee will provide a written decision to the complainant within thirty calendar days from receipt of complaint. Decision shall address each allegation and shall include findings of fact, conclusions and the reasons for the Committee's decision. Copy of the decision shall be provided to the ODH.
 5. If the Dispute Resolution Committee determines there was a violation the FCFC will ensure that corrective actions are implemented within forty five days of the written final decision. Corrective Action Plan:
 - A. Require participation of provider in specific technical assistance activities; or
Award monetary reimbursement appropriate to the needs of the child and family; or
Develop and provide trainings at the county level to achieve compliance in the future provision of services for all infants and toddlers with disabilities and their familiesA copy of the corrective action plan will be provided to the complainant and ODH
 6. If complainant is not satisfied with the FCFC decision/corrective action plan they may file a complaint with ODH.
 7. If a written complaint or any issue in that complaint is the subject of an administrative hearing the complaint investigation by the Dispute Resolution Committee addressing this issue(s) will be set aside until the conclusion of the hearing. If there are issues in the complaint not involved in an administrative hearing they will be dealt with by following the above procedure and timelines.)

Portage County FCFC Criteria for referring clients to Service Coordination

Agency or family making referral: _____

Name of referring individual & contact number: _____

Client: _____ Date: _____

Reason for Referral: _____

Client, ages birth through 21 years, and may be currently involved with multiple agencies who has met at least 2 of the following criteria to be referred to Service Coordination:

- ↑ Client is displaying high risk behaviors that have the potential to put client or others at harm.
- ↑ Client has required crisis stabilization with the past 12 months.
- ↑ Family is struggling to maintain client within the home.
- ↑ Family has limited supports available.
- ↑ Client is struggling with behavioral and/or academic issues in school.
- ↑ Client is struggling with substance issues.

Please list agency involvement:

↑ Approved

↑ Denied

Date: _____

PERMISSION FOR INTERAGENCY EXCHANGE OF INFORMATION 2011

(Name of Agency Obtaining Permission)

I hereby authorize and give permission to the following local public agencies, through their designated representatives, to exchange and furnish information regarding:

(Child's Name)

Date of Birth

- Portage County Department of Job & Family Services Portage County Health Department
 Portage County Juvenile Court Portage County Educational Service Center Ohio Department of Youth Services, Regional Office Board of Education of _____ School District Portage County Board of DD Services Portage County FCFC Service Coordination Oversight Committee
 Portage County Mental Health and Recovery Board and Affiliates –
 Bair Foundation *Coleman Professional Services* *Family & Community Services*
 Children's Advantage *Townhall II* *Compass Recovery Center*

Other: _____

I understand that the purpose of this exchange of information is to develop an Interagency Service Coordination Plan for (child's name) _____ and that I will be involved in the process.

I also understand that the dispute resolution process is available at any time upon written request.

Type of information to be disclosed is: Diagnostic Assessment, Treatment progress, Diagnoses, Medication, Lab Results, School records, DJFS Case Information and Other _____.

Amount of Information to be disclosed: Information necessary to develop an Interagency Service Coordination Plan.

I understand that my Mental Health and/or Alcohol/Drug treatment records are protected under the Federal Regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts. 160 & 164, and cannot be disclosed without my consent unless otherwise provided for by the regulations. **In any event this consent expires automatically after (6) months from the date of signature.**

Refusal to sign: I understand that I may refuse to sign this authorization and that _____ (referral agency) will not condition treatment on whether I sign this authorization.

Signature of Child/Client

Address

Signature of Parent or Authorized Guardian for Child

Date

Relationship

Witness

Date

Revocation: I understand that his authorization is subject to revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it. I may revoke this consent in writing.

I hereby revoke consent in writing: _____
Client/Guardian Signature

Date

Signature of Person Witnessing Written Revocation

Date

Prohibition on Re-disclosure of Confidential Information: This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal Confidentiality rules (42 C.F.R., Part 2). These 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 and other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

5/28/10

ADDENDUM C

**FCFC
Service Coordination Meetings**

Day: _____

Time: _____

Client (s): _____

Next Meeting: _____

Presenting Issues/Needs:

Family/Community Supports and Strengths:

Action Plan:

I understand and acknowledge all information discussed and provided today during the meeting is to be considered confidential shared only between those members present as stated in Ohio revised code 121.37.

Sign In:

ADDENDUM D
FCFC
Service Coordination Assessment Tool

Clients Name: _____ Service Coordination # _____

Parent/Guardian _____

Address: _____

Phone: _____ Medicaid: Y/N

School: _____ Grade: _____ DOB: _____

Date: _____

Description of needs/concerns:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Food/Nutrition | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Behavioral Issues |
| <input type="checkbox"/> Court/Legal | <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Employment | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Education | <input type="checkbox"/> Systems Collaboration | <input type="checkbox"/> Domestic Violence |
| | | <input type="checkbox"/> Other _____ |

Strengths:

Cultural/Class impact on children and family:

Present social supports/systems involved:

CA

PCDJFS

TH II

DD

CPS

F&CS

JDC

SCHOOL _____

OTHER _____

OTHER _____

**PORTAGE COUNTY FAMILY CHILDREN FIRST COUNCIL SERVICE COORDINATION
OUTCOME/GOAL PLAN FOR:**

Child Name: _____ **Date of Birth:** _____ **Date:** _____

Issue or Problem:

- | | |
|--|--|
| <input type="checkbox"/> Behaviors: _____ | <input type="checkbox"/> Social: _____ |
| <input type="checkbox"/> Emotions: _____ | <input type="checkbox"/> School: _____ |
| <input type="checkbox"/> Psychosocial: _____ | <input type="checkbox"/> Other: _____ |

Goal(s):

- Increased functioning as evidenced by: _____ To be completed by: _____
- Decrease symptoms as evidenced by: _____ To be completed by: _____
- Other as evidenced by: _____ To be completed by: _____

Outcome(s):

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Good: _____ | <input type="checkbox"/> Poor: _____ |
| <input type="checkbox"/> Fair: _____ | <input type="checkbox"/> Other: _____ |

Responsible Individual/Services:

- Family contacts: _____
- Healthcare providers involved: _____
- Other: _____

Date Plan Formed: _____ Date Plan Updated (if applicable): _____

Parent Signature: _____ Parent Name (please print): _____ Client Signature: _____

Provider(s) Signature: _____

5/28/10

**PORTAGE COUNTY FAMILY CHILDREN FIRST COUNCIL SERVICE COORDINATION
SAFETY/CRISIS PLAN FOR:**

Child Name: _____ **Date of Birth:** _____ **Date:** _____

Problems, Issues, Possible Crisis:

- | | |
|---|--|
| <input type="checkbox"/> Violent Behaviors | <input type="checkbox"/> Risky Behaviors |
| <input type="checkbox"/> Suicidal/Homicidal | <input type="checkbox"/> Abuse/Neglect |
| <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Other: _____ |

Action's To Be Taken To Insure Safety In A Crisis:

- De-escalation plan: _____
- If a severe crisis to self or others go to closest Emergency Room or contact Coleman Access
- Increased behavioral issues that cannot be deescalated contact police or other _____

Responsible Individual/Services:

- Family contacts: _____
- Healthcare providers involved: _____
- Robinson Memorial Hospital ER: (330) 297-2850
- Coleman Access: (330) 296- 3555
- Townhall II HELPLINE: (866) 449-8518
- CARES Line: (330) 296-2273
- Other: _____

Date Plan Formed: _____ Date Plan Updated (if applicable): _____

Parent Signature: _____ Parent Name (please print): _____ Client Signature: _____ Provider(s)
Signature: _____