

Warren County Service Coordination

September 2012

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Introduction

Warren County revised its Service Coordination plan in the Spring of 2010 and was updated in August of 2011 and 12. The following were involved in the writing of this plan: Sandy Smoot, Family and Children First Council Coordinator; Kevin Stevens, Clinical Committee Coordinator; Laura Schnecker, Warren County Children Services; Sarah Pubentz, Chief Probation Officer Warren County Juvenile Court; Tony Hidy, Community Resource Assistant Director BDD; Patti Ahting, Associate Director, Mental Health Recovery Services of Warren & Clinton Counties; Nancy Harrison, Parent Representative; Lori Smyth RN, Warren County Health Department; Kelly Brooks, Director of Help Me Grow; Lisa Cayard, Director of WCCS Early Learning Centers; Bonnie Stock, Director of Special Services Franklin City Schools; Kim Sellers, Director Warren County Coordinated Care. This plan recognizes and adheres to the 6 commitments of child well-being: expectant parents and newborns thrive, infants and toddlers thrive, children are ready for school, children and youth succeed in school, youth choose healthy behaviors, youth successfully transition into adulthood. This plan is in compliance with the Ohio Revised Code, and emphasizes the need for least restrictive environment.

1. Overview

Children 0-5

Warren County Help Me Grow (HMG), WCCS Early Learning Centers and Local Education Agencies (LEA) serve the 0-5 population with service coordination so that families remain intact, children thrive and start school ready to learn.

HMG provides service coordination (SC) for children 0-3 years old who are diagnosed with a physical or mental condition indentified by the State of Ohio as having a high probability of resulting in a developmental delay or with a diagnosed developmental delay of 1.5 standard deviations from the norm in one or more areas of development or a clinical opinion based on evaluation tool. HMG provides Home Visitation (HV) for children 0-3 that meet State of Ohio guidelines for eligibility. Through SC or HV, services and resources are found and offered to families to stabilize the family and assist the child in reaching their full potential of being ready to start school and ready to learn.

WCCS Early Learning Centers provides Service Coordination for income-eligible children at risk and with developmental delays. Children 0-3 are served through Early Head Start (EHS), and children ages 3-5 are served through Head Start.

LEA's provide Service Coordination for children ages 3-5 with qualifying disabilities and/or developmental delays.

Any child who does not meet the eligibility requirements for HMG or Early Head Start may be referred to Coordinated Care to provide SC and to assist in finding appropriate intervention agencies.

Multi-Need Children Ages 0-21

Child serving agencies in Warren County are committed to family preservation. Warren County Family and Children First Council (FCFC) utilizes the Clinical Committee and Family Clinical Teams to work with multi-need, multi-system children who are eligible for services from HMG

and Early Head Start and with any eligible child ages 0-21. The Clinical Committee is comprised of agency representatives from Warren County Board of Developmental Disabilities (WCBDD), Warren County Juvenile Court, Mental Health and Recovery Services of Warren and Clinton Counties (MHRSWCC) and Warren County Children Services. It also includes School Representatives, a Parent Representative, and the Coordinated Care Director.

The Family Clinical Team is made up of agencies that are providing services to the client. Family Clinical Teams include the following but not limited to: family, Warren County Juvenile Court, Warren County Children Services, Mental Health & Recover Centers of Warren County, local school district, Warren Co. BDD, Warren County Coordinated Care and other providers both public and private.

In August 2001, the Coordinated Care program was founded by the Warren County Educational Service Center and the Warren County Commissioners with the support of Warren County Family and Children First Council member agencies, including those that are part of the Clinical Committee. Coordinated Care was designed to implement service provision for multi-need children ages 0-21 whose needs are not being adequately met at the time of the referral. (see admission criteria). The goal of Coordinated Care is to provide a child-centered, family-focused venue for those needing services not addressed by traditional systems. Coordinated Care has become the primary intervention for families with school age children who need behavior related services or could potentially need services from the Warren County Clinical Committee.

Admission Criteria For Service Coordination:

Ages 0-21

Resident of Warren County

The family agrees to participate in service coordination or there is a court order mandating service coordination

Must have multi-systemic needs whose service and supports are not being adequately addressed at the time of the referral

When a child is involved in both HMG and Coordinated Care for service coordination, the main provider of service coordination will be HMG to assure compliance with ORC 3701.61`

2. How families and agency personnel became aware of and trained in Warren County's Service Coordination Mechanism

Coordinated Care, local education agencies (LEAs), WCCS Early Learning Centers (Head Start), and Help Me Grow (HMG) receive referrals from social service agencies, Juvenile Court, schools, families, clinics, hospitals, etcetera. Warren County agency personnel have been made aware and trained in its service coordination mechanism through presentations at FCFC, Clinical Committee meetings, meetings and presentations for individual agencies and schools, inter-

agency liaisons, brochures, and referral forms and websites. Each June, Coordinated Care will provide training to agencies and parents to insure that they are properly trained on service coordination.

Not all families who are referred to service coordination will be appropriate for service coordination. Any questions about service coordination can be sent to Kevin Stevens of Warren Co. Coordinated Care at 513-695-2900 Ext. 2916 or Kevin.Stevens@Warrencountyesc.com.

C1) Referral Procedure

Children 0-5 years old

Warren County HMG receives referrals through phone calls (toll-free numbers for HMG- 513.695.2900 (Lebanon), 513.925.2900 (Cincinnati) and 937.425.2900 (Franklin, Springboro, Carlisle, Dayton) fax (513.695.2961), website (www.helpmegrow.org), email, clinics, doctors, hospitals, agencies, in- house, families and other sources. HMG referrals come into Centralized Coordination where contact information for the family and the child being referred, description of concern or problem and other demographic information is collected and entered into the Early Track statewide data system. HMG provides referral follow-up documentation back to the referral source within 45 days of receipt of the referral.

WCCS Early Learning Centers receives referrals for Head Start or Early Head Start (EHS) from HMG, doctors, Health Department, Children Services, LEA's and other agencies. An intake form is used to document referrals, including family contact information, date of referral and any concerns regarding the child. Applications are then mailed to the families. Applications may also be accessed on the website (www.wccsi.org).

All children from birth to age 3 served by HMG or EHS will receive planning and intervention based on the needs of the family and child. Children identified to have a possible developmental delay or a medical diagnosis with a high probability of developmental delay ("Part C") will receive an evaluation and /or assessment by the HMG evaluation team (which includes the parents). All children served by HMG or EHS will have a plan documenting their individual needs and may include one to all of the following provided depending on program eligibility:

1. Coordination of all intervention services, including screening, evaluation and assessment.
2. Resources of community set up to assist child/family
3. Coordination of specialized services through WCBDD
4. Referral to private therapy
5. Support groups
6. Educational classes or parent child interactions
7. Weekly to monthly home visits
8. PAT (Parents as Teachers) curriculum
9. Referrals to other agencies to assist child/family
10. Case conferences
11. Regional Infant Hearing Program
12. Public Health Nurse

WCCS Head Start and LEAs plan intervention for children ages 3 to 5 based on each child's individual needs. These interventions may include one to all of the following, depending on the needs of child:

1. Teacher provides enrichment and support in classroom with participation of parents
2. If concerns noted, an intervention team is formed, consisting of parents, teachers, and appropriate professionals
3. Individualized activities provided to support in developmental area where child has needs
4. Therapies, if child has been referred and identified through the appropriate process
5. Mental health consultation for the family
6. Parenting education

Multi-Need Children Ages 0-21

Families, Juvenile Court, schools and/or social service agencies contact Coordinated Care at 513-695-2900 Ext. 2311 or 513-695-2900 Ext. 2916 to make a referral or send email to Kim.Sellers@warrencountyesc.com or Kevin.Stevens@warrencountyesc.com and/or fax a referral form (found at www.warrencountyesc.com under Coordinated Care Program) to 513-695-2961. In non-emergency cases Coordinated Care contacts the family within a week of receiving the referral and schedules a family meeting within two weeks. In emergency cases Coordinated Care contacts the family within 24 hours of receiving the referral and sets up a meeting within three days to develop a wrap around plan to support the child and family and avert the need for out-of-home placement. ***The completed Coordinated Care referral form is utilized by Clinical Committee.***

Coordinated Care Wrap-Around services from least intensive to most intensive include but are not limited to:

1. Prevention groups – at-risk children
2. Parent training – parents of children displaying behavior problems
3. Unruly Diversion Services – unruly children
4. Intensive case management – multi-need children exhibiting behavior problems
5. Intensive home-based therapy – multi-need children at high-risk of placement
6. Respite services – multi-need children who are in danger of needing residential treatment or are returning from residential treatment
7. Truancy prevention/intervention

As the primary intervention for families with multi-need children who need services or could potentially need services from the Warren County Clinical Committee Coordinated Care workers refer to the Clinical Committee. Referrals can be made at the request of the family, schools, or agencies.

Children being served by HMG or Head Start will be referred to LEA's or a parent may call the school district directly if a disability is suspected.

C2) Procedure for notification of all comprehensive family service coordination plan meetings

Children 0-5 years old

HMG provides written notification for all service coordination planning meetings for children ages 0 to 3 (Individualized Family Service Plan “IFSP” for Part C children or Family Plan “FP” for at-risk children). The family and Service Coordinator or Home Visitor agrees on date, time and location of meeting and this information is included on the notification. Prior to the meeting, the notification is mailed, emailed or faxed (family preference) to the family and all persons or agencies the family has chosen to involve in the planning meeting. For all service coordination planning meetings, the HMG Service Coordinator or Home Visitor provides coordination of services and facilitates the planning meeting.

For children ages 3 to 5, WCCS Head Start and LEAs also provide prior written notification to inform families of Service Coordination planning meetings. Parents are always welcome to invite support persons to attend the meetings with them. Either Head Start or the LEA may provide notification and facilitation of the meetings, depending on where the child is currently receiving services.

Multi-Need Children Ages 0-21

Coordinated Care serves as the lead provider for multi-need Clinical Committee children and is unless otherwise noted responsible for setting up service coordination plan meetings. Coordinated Care consults with the family regarding date and time availability in scheduling the meeting. The family may initiate a meeting by contacting the assigned Coordinated Care case manager or by contacting Kevin Stevens at 513-695-2900 Ext. 2916 or at Kevin.Stevens@warrencountyesc.com.

Coordinated Care provides notice to the family, any identified family support persons, representatives from all appropriate agencies, a representative from the child’s school district. In non-emergency cases a service coordination meeting is held within 10 days of a referral. A written notice is sent to invited participants as soon as the date, time, and location have been set. In an emergency, a meeting is held within 3 days and all participants are notified by phone or person as to the date, time, and location of the meeting. Coordinated Care works with the family to set the date, time and location of the meeting. The family may appoint someone of their choosing to assist in this matter. Families may invite a family advocate, mentor or support person of the family’s choice to participate in any such meetings and to assist in monitoring progress.

C3) A procedure permitting a family to initiate a meeting and invite support persons

Children 0-5 years old

HMG encourages families to invite any support persons, advocates, family members, or any other persons to the IFSP or FP meeting. They are encouraged to sign consent and releases of information to be able to communicate with IFSP or FP team members. Each IFSP or FP notification reminds the client to call their Service Coordinator or Home visitor to add to their list of meeting participants. Families are informed by their SC or HV at intake and at each IFSP

or FP review that they are able to initiate an IFSP or FP meeting at any time by contacting their SC or HV.

For children served by WCCS Head Start or LEAs, families are encouraged to invite any participants wanted to attend IEP meetings. They sign the planning notification and at the bottom of the form they can put who they would like to have notified and invited to meeting. They are also informed that they may call the supervisor of special education at their school district to initiate a meeting to review the child's service plans at any time.

Multi-Need Children Ages 0-21

Families are permitted to invite advocates, mentors, attorneys, family members, and any other support person of the family's choice to a meeting. The family can initiate a meeting to develop or review the family service coordination plan by contacting their Coordinated Care worker and requesting a meeting. The family may also designate a Clinical Family team member to track the progress of the family service coordination plan, schedule reviews as necessary and facilitate the family service coordination plan meetings.

Coordinated Care works in partnership with the Parent Advocacy Connection to provide parent advocates. To be connected to a parent advocate contact your Coordinated Care case manager or Kevin Stevens at 513-695-2916 or by email at Kevin.Stevens@Warrencountyesc.com. All referrals for service coordination are notified in writing of the availability of parent advocates.

C4) Procedure ensuring a comprehensive family service coordination plan meeting occurs before an out-of-home placement is made, or within ten days after placement in the case of an emergency

Children 0-5 years old

HMG, Head Start, and LEAs do not initiate any out of home placements for children 0-5 years old. Warren County CSB may place children in foster care related to the child being neglected or abused. All agencies serving children ages 0-5 are mandated reporters, and staff are trained to make appropriate reports of suspected abuse or neglect to CSB. Agency staff participates in CSB case conferences as appropriate to provide input related to the child's needs, and update plans at this time. If a child involved with HMG is removed and placed into a foster home, the SC or HV would initiate an IFSP or FP meeting with the foster parents and/or biological parent and/or Children's Services worker, depending on the status of case and reunification plans. All agencies work very closely with Children's Services to prevent out of home placement. For children who have a possibility of removal HMG uses the IFSP or FP meetings to write a plan to provide support and education to the family. HMG is a voluntary program thus a family can choose not to participate. All agencies serving children ages 0-5 work closely with Children's Services to assist families in remaining intact.

Multi-Need Children Ages 0-21

Coordinated Care's goal is to prevent out-of-home placements. In all non emergency cases Coordinated Care, agency representatives, a school representative, and the family meet to develop a service coordination plan to provide home-based services. If an emergency placement

is unavoidable and needed immediately without time for a service coordination plan meeting prior to placement, a meeting is conducted within ten days of placement.

Warren County established a pooled fund that is supported by BDD, Children Services Board, MHRWCC and Juvenile Court. Parents are partners in many pooled funding decisions and are permitted to receive least restrictive services in their community or voluntarily place their children. The primary purpose of service coordination planning is to preserve the family. Least restrictive in-home services are explored first. Services offered at service plan meetings through the pooled fund include but are not limited to:

1. Respite
2. Day treatment
3. Evaluations: Mental health, drug and alcohol, sex offender, risk assessments and cognitive functioning evaluations
4. Residential Placement
5. Reunification services through Coordinated Care and Mental Health & Recover Centers of Warren County
6. Intensive home based treatment

Residential placement only occurs through agreement with the family or through court order unless there is a reason for custody relinquishment (abuse, neglect, delinquency). If placement is necessary the parent/guardian will be referred to the Warren County Child Support Enforcement Agency to determine the amount of child support to be paid to the Warren County Pooled Fund (if any). All residential placements are paid through the Warren County Clinical Committee Pooled Fund.

Warren County Coordinated Care Levels of Service and Intervention-Youth Ages 0-21

Early intervention for all children and families

Assessment: YOQ, FSNCD or specific service tool

Case consultation with family/guardian, school, and or present service providers already in place. If services are meeting the needs of the family/guardian and child then basic case management can be offered and is only provided with the consent of the parent/guardian. Unruly and or diversion services are offered. The family/guardian is informed of the availability of a parent advocate. Services on this level are intended for education of family/guardian and child.

Level I

Assessment: YOQ, FSNCD and/or other assessments and evaluations with input from the family/guardian, Clinical Family Team and Clinical Committee

All of the above listed services and Service coordination, Clinical Family Team services, Clinical Committee services, diagnostic assessments, regular outpatient mental health treatment services, regular outpatient D/A services, voluntary Children Services involvement,

Level II

Assessments: YOQ, FSCCD and/or other assessments and evaluations with input from the family/guardian, Clinical Family Team and Clinical Committee

All of the above listed services and probation (if ordered) protective supervision services (if ordered) IO waiver services (if eligible), respite, home based mental health services, IOP D/A services.

Level III

Assessments: YOQ, FSNCD and/or other assessments and evaluations with input from the family/guardian, Clinical Family Team and Clinical Committee

All of the above listed services and out of home placement and family reunification program.

C5) Procedure for monitoring progress and tracking outcomes of each comprehensive family service coordination plan

Children 0-5 years old

HMG IFSPs or FP's are reviewed and monitored at least every 180 days. For each 180 day review it is the responsibility of the SC or HV to gather updated progress and information needed to review current goals and services. The SC or HV will notify any team members of the review and the team member will provide information in person, by phone or written documentation. The IFSP or FP can be reviewed or updated more often as needed and the parent may call or request changes to a plan at any time. SC's or HV's are also responsible for keeping ongoing communication and visitation with each family as defined by state guidelines. Early Head Start teachers or Home Visitors complete monthly individualization reports for each child with an IFSP to document their progress.

FCFC is given a report of non-identifying information on a quarterly basis. The Early Childhood Coordination Committee is responsible for identifying service gaps for children ages 0-5 in Warren County, and for planning responses to these needs. The ECCC reports to FCFC any identified gaps and plans to fill those gaps.

WCCS Head Start and LEAs review the progress and update written plans for children aged 3-5 who have an Individual Education Plan (IEP) at least annually. The IEP is monitored by the classroom teacher and related service providers at least quarterly, and outcomes are documented. Head Start teachers complete monthly individualization reports for each child with an IEP to document their progress. Classroom interventions for children not on an IEP are reviewed every six weeks by the intervention team. These reviews occur in the preschool classroom with participation of parents, teachers, and appropriate professionals.

Multi-Need Children Ages 0-21

Service coordination plans are monitored on an on-going basis and changes are made on an as needed basis. At minimum, there is a service coordination plan meeting every six months.

An agency representative visits every child in placement, at minimum, once a month to monitor the child's progress. Residential centers are required to provide timely written and verbal information concerning major unusual incidents and the child's treatment. Service plan team members receive and share information on a timely basis. All information is shared with family unless otherwise ordered by the court. Efforts are made to shorten residential stays for children and to preserve families. Termination of a residential placement is a team decision that includes input from the parent/guardian.

The Clinical Committee meets monthly and receives updates at meetings concerning all residential placements and on youth who are receiving services through the pooled fund. Non identifying information is provided at FCFC meetings. The Clinical Committee is responsible for identifying service gaps for multi-need children in Warren County. The Clinical Committee reports to FCFC any identified gaps and plans to fill those gaps.

C6) Procedure for protecting the confidentiality of families

HMG keeps all child and family information confidential. Attachment C1 (HMG) Parents must give written consent in order to release the child's record or communicate with others about the child. Parents must also provide written consent to obtain records from various medical or service providers for HMG records. Parents will be given the option at the child's IFSP closest to 18 months to allow release of information to LEA's for possible transition planning.

WCCS Early Learning Centers will protect the confidentiality of all information regarding children and families served in the program. All employees must sign a Standards of Conduct form agreeing to maintain the confidentiality of child and family information. Only management staff and those staff members providing direct services to a child or family will have access to confidential information, as needed. Written parent consent will be requested before sharing any child or family information with another school or agency. All confidential information is kept in locked file cabinets or in locked file boxes. Children's files will be maintained in a locked storage closet for three years for audit purposes, after which files are shredded before disposal.

Early childhood providers and the Clinical Committee are respectful of the confidentiality needs of children and families. The Clinical Committee follows applicable state and federal guidelines in regard to confidentiality.

Multi-Need Youth Ages 0-21

A time limited release of information for participants is agreed to and signed by the family. All documents are kept in locked file cabinets. All email containing identifying information are password protected. Before each Clinical Committee/Family Team meetings a statement of confidentiality is signed to assure that none of the family personal information shared by team members during an individual family team meetings will be shared with others outside the identified individual family team members without written consent of the family.

C7) Procedure for assessing the needs and strengths of any child or family referred

Children 0-5 years old

For children 0-3 enrolled in HMG the IFSP or FP is used during all service coordination or home visiting planning meetings. It is started at the time of referral and completed within 45 days of referral date. During this initial 45 day timeline, screenings, evaluations, assessment and parent concerns and priority are completed and noted. These materials along with the parent, SC or HV and team members input are used to develop the child and families IFSP or FP. This document collects the strengths and needs of each child or family and helps direct goals for the child and family. Ongoing information, screenings, and assessments are then completed and collected at least every 180 days, annually, and 180/ 90 days prior to child's third birthday. When appropriate, an interpreter is used to assist a family when English is not their family language during all contacts with family.

For children aged 3 to 5 with a suspected disability, the LEA conducts a Multi-Factored Evaluation (MFE) to determine whether or not the child is eligible for special education services. This evaluation includes observations by the child's teacher and a school psychologist. Licensed professionals use standardized assessment and evaluation tools that are appropriate for the developmental level, individual needs and culture of child/family. If the child is identified with a disability, the parents meet with teachers, school district special education staff, and other professionals to document the child's strengths, needs and present levels of performance, and to develop the child's Individual Education Plan (IEP.) Results of the evaluations are reviewed, and parents are asked for their vision for their child as part of the IEP process. An interpreter is provided when English is not the family's primary language

Multi-Need Children Ages 0-21

Upon initial contact with the family the lead case manager is assessing the strengths, needs and cultural information of the family. The lead case manager begins by completing the Family Strengths, Needs and Cultural Discovery Questionnaire with the parent/guardian. This allows the family to give specific input on their perceptions of problems, strengths, cultural issues, what they hope to change and what services they believe that they could benefit from. The lead case manager also completes the Youth Outcome Questionnaire (Y-OQ) with the parent/guardian and child. The Y-OQ is used to track the needs of the child and family and to track therapeutic progress. This information used to develop the IFSP.

C8) Procedure for developing a family service coordination plan

Children 0-5 years old:

For children 0-3 enrolled in HMG the IFSP or FP is used during all service coordination or home visiting planning meetings. It is started at the time of referral and completed within 45 days of referral date. During this initial 45 day timeline, screenings, evaluations, assessment and parent concerns and priorities are completed and noted. These materials along with the parent, SC or HV and team members input are used to develop the child and family's IFSP or FP. This document collects the strengths and needs of each child or family and helps direct goals for the child and family. Ongoing information, screenings, and assessments are then completed and collected at least every 180 days, annually, and 180/ 90 days prior to child's third birthday.

When appropriate, an interpreter is used to assist a family when English is not their family language during any contact with the family. HMG SC's or HV's are responsible for coordination and documenting this plan. The SC or HV are also responsible for distributing this plan to participants within 10 business days.

For children ages 3-5 who have been identified through the MFE process as needing special education services, the IEP team (which includes parents, teachers, and professionals) meets to develop an Individual Education Plan for the child. The plan describes goals for the child's development, services that will be provided to help meet those goals, timelines for monitoring progress, and who is responsible for providing the services. The entire team participates and gives input into the plan.

Multi-Need Children Ages 0-21

Upon the first contact with the family/guardian the Coordinated Care case manager is assessing needs of the child and family. During the initial service coordination meeting all parties including the family discuss and develop the service coordination plan. The plan is called the Individualized Family Service Plan (IFSP). See section 3 for additional information.

C9) Dispute resolution process

Children 0-5 years old

For the HMG dispute resolution process, please see attachment F (HMG) or below for resolution of a parent complaint or concern. If the complaint or concern is between agencies, HMG follows the resolution process outlined below.

Under the Help Me Grow System, you and your child have specific rights and a system for resolution of concerns. If you suspect a developmental delay with your child, you also have additional rights. The State of Ohio publishes a booklet titled, "Rights in Help Me Grow," explaining your rights. This publication will be reviewed and left with you upon the first meeting and will apply to your child if you have concerns about your child's development.

However, in an effort to resolve issues in the most effective and expedient manner, we encourage you to use the following procedure should you ever become concerned about your child's rights or services under the Help Me Grow System. Should you have any questions or concerns about any service you receive from any provider within the Help Me Grow System, please contact in writing or by phone:

Help Me Grow of Warren County
ATTN: Stefanie Post, Contract Manager
1879 Deerfield Rd.
Lebanon, Ohio 45036
513-695-2900 Ext. 4769

You will receive a written response to your complaint within 30 days. If no resolution is obtained or if you wish to speak with another individual, please contact:

Warren County Family & Children First Council
ATTN: Sandy Smoot, Coordinator
601 North Broadway
Lebanon, Ohio 45036
513-695-1679 / 937-885-8679

You will receive a written response to your complaint within 30 days. If no resolution is obtained or if you wish to speak to someone at the State Help Me Grow office at any time, please contact:

Ohio Department of Health-BEIS
P.O. Box 118
246 North High Street
Columbus, Ohio 43266-0118
614-644-8389

For the WCCS Early Learning Centers and LEA dispute resolution process please see page 13 of the attached Interagency Agreement (Attachment G)

Multi-Need Children Ages 0-21:

All disputes arising between Council agencies concerning services or funding are resolved according to ORC 121.38 and ORC 2151.23 and Section XII of the Warren County Family and Children First Council's Policy and Procedures document. Parents/guardians are entitled to use the dispute resolution process.

Non-Emergent Dispute Resolution Process

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

STEP I

Upon referral to service coordination, the Coordinated Care case manager will provide written notification of the dispute resolution process to parents, guardians, caregivers and custodians.

Agency staff will be trained on the procedure through FCFC meetings and periodic trainings held by the clinical committee.

STEP II

If a parent, guardian, caregiver, custodian or agency disagrees with an action or service plan at the Family Clinical Team level, the disputing party will notify the lead case manager in writing of the dispute within 5 calendar days of the decision/meeting. The lead case manager will arrange another Family Clinical Team meeting. The team meeting will be held no later than 7 days after notification of dispute.

Send Written Notice of Dispute to:
Attn: Name of Case Manager
Warren Co. Coordinated Care
320 East Silver St.
Lebanon, Ohio 45036

STEP III

The Family Clinical Team will meet with all parties in an effort to resolve the dispute. At the conclusion of the meeting, the team shall provide a decision. Any party will have 5 calendar days to appeal to the next level.

STEP IV

Any party who remains in dispute with a Family Clinical Team decision shall notify the Clinical Coordinator in writing of the dispute within 5 calendar days of the Family Clinical Team decision. The Clinical Coordinator shall attempt to resolve the issue through negotiation with all parties. Should negotiation fail, disputing parties will have 5 calendar days to notify the clinical committee, in writing, of the dispute.

Send Notice of Dispute to:
Warren Co. Coordinated Care
Attn: Kevin Stevens
1879 Deerfield Rd.
Lebanon, Ohio 45036

STEP V

The Clinical Committee will meet with all parties within 10 calendar days of notification. The committee shall provide a written decision within 5 calendar days.

STEP VI

Should a party remain in dispute with the Clinical Committee's decision they may:

- A. Clinical decisions - Provide a written notification to the FCFC Counsel Coordinator within 7 calendar days. The coordinator will set a council meeting within 10 calendar days. The Council shall meet with all parties and render a written decision within 10 calendar days.

Send Notice of Dispute To:

Warren Co. Family And Children First Council
Attn: Sandy Smoot
416 South East St.
Lebanon, Ohio 45036

- B. Pooled fund decision – Provide a written notification to the Clinical Coordinator within 7 calendar days. The coordinator will notify the directors of Warren County Children Services, WCBDD, Juvenile Court and Recovery Services of the dispute. The four directors, or their representatives, shall meet with all

parties, within 7 calendar days, and render a written decision within 10 calendar days.

Send Notice of Dispute To:

Warren Co. Coordinated Care
Attn: Kevin Stevens
1879 Deerfield Rd.
Lebanon, Ohio 45036

STEP VII

If a party disagrees with the decision of the Council, or the four directors, they may do one of the following within 7 calendar days:

- If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly, or delinquent child or a juvenile traffic offender, a motion requesting that the court hold a hearing to determine which agencies are to provide services or funding for services to the child must be filed. ***Juvenile Court at that time will receive all available assessment and treatment information not already in their possession.***
- If the child is not a child described above, a complaint may be filed in Warren County Juvenile Court objecting to the determination. ***Juvenile Court at that time will receive all available assessment and treatment information.***

The Warren County Juvenile Court Judge has final authority on all disputes filed with the court.

While the local dispute resolution process or court proceedings are pending, each agency shall provide services and funding as required by the decision made by the Council before the dispute resolution was initiated. In the event an agency is found through the above process not to be responsible for providing or funding services, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them. All non-emergent disputes will be resolved within 60 days or less.

Emergent Dispute Resolution Process:

An emergent dispute is defined as a dispute that requires an immediate response due to the safety or well being of the child(ren), family and/or community.

STEP I

Upon referral to service coordination, the Coordinated Care case manager will provide written notification of the dispute resolution process to parents, guardians caregivers and custodians.

Agency staff will be trained on the procedure through FCFC meetings, Clinical Committee meetings and periodic trainings held by the Clinical Committee.

STEP II

If a parent, guardian, caregiver, custodian or agency disagrees with an action or service plan at the Family Clinical Team level, the disputing party will notify the lead case manager of the dispute within 5 calendar days. The lead case manager will arrange a Clinical Committee meeting. The Clinical Committee meeting will be held no later than 4 business days after notification of the dispute.

Send Notice of Dispute To:

Warren Co. Coordinated Care
Attn: Case Manager or Kevin Stevens
1879 Deerfield Rd.
Lebanon, Ohio 45036

STEP III

The Clinical Committee will meet with all parties in an effort to resolve the dispute. At the conclusion of the meeting, the Clinical Committee will provide a decision. Any party will have 4 business days to appeal to the next level.

STEP IV

Should a party remain in dispute with the Clinical Committee's decision they may:

- A. Clinical decisions- Provide a written notification to the FCFC Counsel Coordinator within 5 calendar days. The Counsel Coordinator will set a council meeting within 7 calendar days. The Counsel shall meet with all parties and render a written decision within 7 calendar days.

Send Notice of Dispute To:

Warren Co. Family And Children First Council
416 South East Street
Lebanon, Ohio 45036

- B. Pooled Fund decision- Provide a written notification to the Clinical Coordinator within 5 calendar days. The coordinator will notify the directors of Warren County Children Services, BDD, Juvenile Court, the Council Coordinator and Recovery Services of the dispute. The four directors, the Council Coordinator and the Clinical Coordinator, or their representatives, shall meet with all parties, within 7 calendar days and render a written decision within 5 calendar days.

Send Notice Of Dispute To:

Warren County Coordinated Care
Attn: Kevin Stevens
1879 Deerfield Rd.
Lebanon, Ohio 45036

STEP VI

If a party disagrees with the decision of the Council, or the four directors, they may do one of the following within 7 calendar days:

- If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly or delinquent child or a traffic offender, a motion requesting that Warren County Juvenile Court hold a court hearing to determine which agencies are to provide services or funding for services to the child must be filed within 7 calendar days of the Council's or directors' decision. Juvenile Court at that time will receive all available assessment and treatment information not already in their possession.
- If the child is not described above, a complaint may be filed within 7 calendar days with Warren County Juvenile Court objecting to the determination. Juvenile Court at that time will receive all available assessments and treatment information.

The Warren County Juvenile Court Judge has final authority on all disputes filed with the court.

While the local dispute resolution process or court proceedings are pending, each agency shall provide services and funding as required by the decision made by the council before the dispute resolution was initiated. In the event an agency is found through the above process not to be responsible for providing or funding services, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them. The emergent dispute process will be completed in no more than 45 days.

3. Comprehensive Family Service Coordination Plan

D1) Designates service responsibilities among the various agencies

Children 0-5 years old

1) HMG – Please see attachment B1&B2(HMG), Individualized Family Service Plan (IFSP) and Family Plan (FP)

HMG (0-3 years old): During planning meetings of IFSP and FP all strengths and needs are identified. The IFSP or FP documents what services will be provided, who will provide the services, and the frequency intensity and duration of the service. It is also documented when the service actually began.

For children aged 3-5 with an IEP, the service delivery section of the plan identifies which agency is responsible for providing services in each area of development, and the criteria to be used for monitoring and documenting progress. For a child with an intervention plan, the person or agency responsible for providing intervention is identified, as well as the method to be used to monitor and document progress.

Multi-Need Children Ages 0-21

A) During the development of the service coordination plan the strengths and needs are discussed and documented in the service coordination plan. ***Cultural discovery and sensitivity regarding the strengths and needs are emphasized at this time.***

- B) Previously completed evaluations, including the Youth Outcome Questionnaire (YOQ-30.2) and FSNCD Questionnaire are reviewed.
- C) The Individualized Family Service Plan includes the following: Name of recipient, date developed, identification of participants, description of the problem, goals of the plan with dates to be achieved, list of all involved agencies and schools, history of placement, past successful interventions and a detailed plan of action that specifies who does what and when (a team decision).
- D) Responsibilities of each agency, the family, and service providers are assigned to meet the identified needs.
- E) A temporary crisis safety plan will be developed and written with family/guardian input and will be attached to the individualized family service plan.

Special effort should be made by all team members to work collaboratively with the family and to give the family the opportunity to define the services that are most appropriate for them and which services they will engage in.

Families should be consulted about informal supports that may be available. Team members should give the family the opportunity to discuss informal supports such as ministers, fellow church members, club members, neighbors, friends, relatives and community events and activities that may be of benefit.

Team members should seek the families opinion as to what has worked or believed could work. All team members should collaborate together as to help remove any barriers to service (i.e. transportation, cost, etc.).

Warren County uses a pooled funding mechanism. Warren County Juvenile Court, Children Service, WCBDD, MHRWCC pool money each year to serve Clinical Committee children in the least restrictive environment. Pooled funding monies can be used for support and treatment options for children who are at a high risk for residential treatment and for the purpose of avoiding residential treatment. If residential treatment is necessary then the pooled fund is used for out-of-home placement.

D2) Designates an individual to track progress, schedule review and facilitate meetings

Children 0-5 years old

For children ages 0-3 years, the HMG SC or HV (approved by the family) will track progress, schedule reviews and facilitate meetings for the IFSP or FP. The SC or HV also encourages the family to participate in planning. Each team member also gives input into tracking progress through written or verbal input. If the child is enrolled in Early Head Start, the EHS home visitor will also track progress on the IFSP goals and participate in review meetings with the parent and HMG service coordinator.

For children aged 3-5 years, the classroom teacher and the related services staff are responsible for documenting progress on IEP goals. The special education supervisor schedules reviews and facilitates meeting.

Multi-Need Children Ages 0-21

Coordinated Care is responsible for Clinical Committee coordination services in Warren County, however the family may designate a Clinical Family Team member to track the progress of the family service coordination plan, schedule reviews as necessary and help facilitate the family service coordination plan meeting process. The family will be offered a family advocate through the Parent Advocacy Connection at the time of intake.

D3) Ensures services are responsive to the strengths, needs, family culture, race and ethnic group, and are provided in the least restrictive environment

Children 0-5 years old

HMG, WCBDD and Early Head Start are the service coordination or home visiting providers for eligible children 0-3 in Warren County. The goal of HMG, WCBDD, and Early Head Start is to identify children early and provide effective intervention and coordination of services so that children aged 0-3 and their families will reach potential and thrive, and be able to start school ready to learn. Interpreters are used whenever needed. The team receives training on socioeconomic, cultural, ethnic sensitivity. All service coordination or home visiting takes place in their own home, unless the family chooses a different environment, therefore ensuring the least restrictive environment. WCCS Early Head Start provides a bilingual (Spanish/English) Home Visitor to serve families whose primary language is Spanish. All forms and information provided to these families will be available in Spanish.

LEAs and WCCS Early Learning Centers and Head Start provide an interpreter whenever the primary language of the family is not English. Staff receives in-service training on understanding and sensitivity to cultural, ethnic and socio-economic differences. Parents are given opportunities to choose among available options for receiving preschool services in the least restrictive environment.

Multi-Need Children Ages 0-21

Coordinated Care is the service coordination provider for multi-need children in Warren County. The goal of Coordinated Care is to identify children early and provide effective intervention and coordination of services for families to prevent out-of-home placements. Coordinated Care is a service provider of the following services to meet this goal:

- 1) Prevention services
- 2) Parent training
- 3) Unruly diversion services
- 4) Intensive case management
- 5) Intensive home-based therapy
- 6) Respite care
- 7) Truancy prevention and intervention
- 8) Referrals for community services

All efforts are designed to avoid unnecessary residential placements and the accepted concept of least restrictive placement is to be followed at all times.

The family is part of the service coordination team, and is encouraged to offer information and suggestions and participate in decision making. Identified assistance and services are provided in the least restrictive environment possible.

Warren County Clinical Committee respects family involvement in planning, implementation, and evaluation of services while at the same time adhering to well-documented principles of practice.

Agency members strive to be aware of all racial/ethnic/cultural identity and gender issues. Accommodations are made to address any and all language and communication barriers. Further cultural competency training is sought when needed. The Clinical Committee/Family Clinical Team will ensure services are responsive to the strengths, needs, family culture, race and ethnic background, as identified in the Individualized Family Service Plan (IFSP) and are provided in the least restrictive environment.

D4) Process for dealing with a child who is alleged to be an unruly child

Children 0-5 years old

HMG children range in age from 0-3. Parents who may be facing issues with behavior concerns are provided with the Parents as Teachers curriculum. This curriculum empowers parents to know common behavior issues for young children, and provides suggestions to assist in these problems. Support groups and play groups are provided for families to provide support also. If screening indicates or if parent has concerns about child's behaviors or interactions the SC or HV can make a referral to Mental Health Services.

If a child with behavior concerns is enrolled in WCCS Early Head Start, teachers or home visitors make a referral to our mental health consultant, who observes the child and then makes a referral to a home-based therapist from Mental Health and Recovery Centers Of Warren County (MHRCWC) if needed.

When children aged 3-5 enrolled in WCCS Early Learning Centers have severe behavior concerns, the teachers make a referral to the Mental Health Consultant, who observes the child and reviews the Devereaux Early Childhood Assessment (DECA) completed by the teacher and the parent. If child or family therapy is recommended, the mental health consultant makes a referral to MHRCWC, which provides the services of an on-site early childhood mental health therapist. The child is also screened for developmental delays to determine if other needs are a contributing cause of the behavior problem. Parents may also be referred to attend Incredible Years parenting classes. Teachers and parents work together on any recommended strategies to support the child's social-emotional development and behavioral health.

Multi-Need Children Ages 0-21 and/or Unruly Children

Alleged unruly children are diverted from the juvenile court system to Coordinated Care's Diversion program. The Diversion program provides home-and-school based services to the

child and family to prevent further Juvenile Court involvement. The Diversion program strives to identify and intervene with unruly children early. Diversion accepts referrals from parents or guardians, schools, and social service agencies. All unruly charges filed with the Warren County Prosecutor's Office are forwarded to Coordinated Care. The Coordinated Care Diversion Program provides the following services to unruly children: case management, parent education and classes, truancy classes for children and parents, wake up calls on school days, monitoring of school attendance and mental health and psychiatric services as needed.

D5) Timelines for family service plan goals

Children 0-5 years old

HMG IFSP's or FP's are to be completed initially within 45 days of referral. The IFSP or FP will be reviewed at least every 180 days, annually, and 180/90 days prior to the child's third birthday. Goals can be continued, completed or revised at each review. Plans may be reviewed at any time if needed. The SC or HV will monitor progress with the rest of the team.

LEAs and WCCS Early Learning Centers Head Start hold regular IEP review meetings, at least annually, to monitor the child's progress, which is documented quarterly. Interventions are reviewed every six weeks to monitor progress.

Multi-Need Children Ages 0-21

The service coordination plan includes timelines for completion of goals. The plan is reviewed at minimum every 6 months by the Family Clinical Team. The next review meeting is scheduled at the conclusion of each meeting.

D6) Plan for short-term crisis and safety

Children 0-5 years old

HMG, Head Start, and LEAs attempt to fund resources and set up services as soon as possible in order to avoid emergencies. It is the goal of FCFC and agencies serving young children to provide support services to families before a crisis occurs. Agencies and schools work with parents to identify potential problems and needed resources to support the family and to prevent the situation from becoming a crisis.

In the event of a short-term crisis, for children 0-3, the HMG SC or HV (and if needed, the direct supervisor) will work through the crisis and find resources to address the emergency. Case conferences are held to avoid crisis situations.

Early Head Start staff are trained on crisis intervention, and make immediate referrals to other agencies, such as MHRCWC, mental health crisis hotline, WCBDD crisis hotline, Warren County Children's Services, or the local police.

In case of a crisis or immediate safety concerns involving children aged 3-5 years, staff are trained to contact the Warren County CSB or the local police. These agencies will provide immediate intervention within 24 hours, and CSB provides in-home supports to assist the family through the crisis.

Multi-Need Children Ages 0-21

Coordinated Care provides services early in order to avoid emergencies. It is the goal of Coordinated Care and FCFC to serve potential Clinical Committee children before a crisis occurs. Agencies, schools and parents are encouraged to make early referrals to the Coordinated Care program.

Any child who is accepted into service coordination will have a Temporary Crisis/Safety Plan developed and written by the Coordinated Care case manager and or written at the first service coordination team meeting. The plan will include input from parent/guardians and involved agencies. The plan will target strategies that provide support to the child and family and promotes family preservation. The plan will consider the strengths and needs of the child and family. Referral regarding safety are made to the appropriate agencies as needed. The Temporary Crisis/Safety Plan will be reviewed at service coordination meetings. The plan will include:

- Description of the crisis behavior
- Who is at risk and how
- What causes a situation to lead to a crisis
- How often does the crisis occur
- What has helped during previous crisis'
- Indicators that a crisis is about to occur
- What to do if a crisis occurs/plan of action
- Environmental safety

In the event of an emergency, Coordinated Care provides services in conjunction with all other involved parties. These services continue while decision making is in progress. All parties agree to attend emergency meetings so that a child does not have to wait for services.

4. Comprehensive Family Service Coordination Plan for Alleged Unruly Children

E1a) Designation of the person or agency

In April 2002 the Unruly Diversion Program was implemented through Warren County Educational Service Center as part of the Coordinated Care program.

The Diversion program works with unruly children and their families to decrease unruly behavior and prevent children from becoming involved with Juvenile Court. Diversion specialists meet with the children and families referred to the program.

E1b) An emphasis on the personal responsibilities of the child and the parental responsibilities of the parents, guardian, or custodian of the child

Parents and custodians are referred to Coordinated Care for diversion services upon filing unruly charges in Juvenile Court alleging unruly behavior. Referrals are also made directly by schools, police departments, families, or other service providers in the county.

Parents are advised to contact Coordinated Care immediately following referral. If a parent does not contact the program within two days of filing charges, a Diversion Specialist will contact them.

Initial meetings are conducted to identify the issues and a plan for resolution. Diversion workers focus on the personal responsibilities of both the child and guardian/custodian through all interventions. See interventions listed in E2

E1c) Involvement of local law enforcement agencies and officials

At the inception of the Diversion program in-services were held with all local police departments regarding Diversion services. These in-services are repeated as needed. Police departments are encouraged to distribute supplied fliers regarding Diversion services to parents and community members.

Juvenile Court processes unruly filings and refers parents to the Coordinated Care Diversion program. If an unruly charge is filed Juvenile Court statistically closes the child's case and makes the status of the case Coordinated Care Services. This excludes truancy and runaways.

E 2) Method to divert a child from the juvenile court system included in the service coordination process

Strategies Diversion uses to address unruly behavior:

It is the goal of the Diversion program to reduce unruly behavior in Warren County. The program works to help youth avoid progressive misbehavior which leads to criminal or delinquent behavior.

Diversion provides home- and school-based services to children and their families. The Juvenile Diversion Team contacts parents within one working day of a phone call from a parent or community referral requesting services or two working days of an unruly charge being filed.

The strategies used to address the unruly behavior include but are not limited to:

- parent-child mediation
- parent training
- behavior management
- behavior charts
- home visits
- school visits
- prevention services in the schools
- outings for youth (reward for good behavior)
- connection to the schools for parents
- attendance and participation in IEP meetings

- support in finding and completing community service
- emergency night time crisis services

5. Fiscal Strategies

5a) Funding decisions are made for services identified in the family service coordination plan
The Clinical Committee meets monthly and makes decisions regarding how services identified in service coordination plans will be funded.

5b) Flexible resources are maximized
FCSS funds are used for respite care and Camps. FCSS funds are reviewed monthly by the Clinical Committee.

5c) Funds are pooled to support service coordination
BDD, Mental Health, Juvenile Court and Children Services contribute to Warren County's pooled fund. Each agency contributes equally financially on a quarterly basis.

5d) Resources are reallocated from institutional services to community-based, preventative, and family centered service
The pooled fund is used to provide respite care, camps and specialized assessments. Pooled fund dollars may only be used for placement purposes if all other options have been exhausted. These services are community-based and aimed at avoiding unnecessary placements. Other resources are used to provide service coordination and home-based therapy.

5e) Decisions will be made regarding the use of appropriation item 334-404 Behavioral Health services for children and their families funding
Warren County is a Partnership for Success county. A sub committee of the Clinical Committee worked with council members to assess county needs and complete the transformation plan. A parent representative and a community mental health worker were included.

5f) Decisions will be made regarding the use of the appropriation item 335-405 Non-behavior Health funding
Warren County is a Partnership for Success county. A sub committee of the Clinical Committee worked with council members to assess county needs and complete the transformation plan. A parent representative and a community mental health worker were included.

6. Quality Assurance of Service Coordination

Service coordination mechanism process will be monitored and reviewed.

Children 0-5

HMG is funded by the State of Ohio through State and Federal Funds. Funding agencies annually review the entire program, including the service coordination piece. Internally, twenty hours per week are allotted for monitoring quality assurance. HMG provides a quarterly presentation to FCFC to share information on services and results of parent satisfaction surveys.

Head Start and Early Head Start are funded by HHS, and the Regional Office periodically reviews and monitors all program operations, including child and family services. WCCS Early Learning Centers conducts an annual self-assessment process with participation of parents, school representatives, community agency representatives, and Board members. If any areas are identified as needing improvement, an action plan is written, along with objectives for program improvement. Quarterly program reports and budget reports are provided to the Board, Policy Council, and the regional office, to share progress on meeting program objectives.

Multi-Need Children Ages 0-21

Review and monitoring of the Service Mechanism document will be conducted by the Clinical Committee with oversight by the full Family and Children First Council and the Warren County Commissioners. This will be accomplished on an incremental basis to allow for adequate review time by the committee members. The following table illustrates a suggested timeline for data review, however variations are allowable as long as the information is presented at the frequently specified in parentheses. All information will be gathered and presented by Coordinated Care to the Clinical Committee. Clinical Committee will provide quarterly presentations to FCFC and an annual review to the County Commissioners.

Recommended Month of Review	Quality Indicator
July	1. Service Coordination Mechanism Review (annually) to ensure: <ul style="list-style-type: none"> • It is compliant with current OFCF guidelines and ORC • All processes, services, entities are still current If no to either, changes must be made by Clinical Committee and a revised Service Coordination Mechanism presented to FCFC for approval. 2. Fiscal Year end Pooled Fund & FCSS Expenditures Review (July 1 – June 30) (annually)
August	Prior Fiscal Year Review of Service Coordination Outputs (annually): <ul style="list-style-type: none"> • Number of Referrals received and demographics (age, gender, involved agencies) • Number admitted and demographics (age, gender, involved agencies) • Number placed in Residential Care • Number receiving Respite Care • Number receiving specialized evaluation services • Number receiving other services paid through Pooled Fund
September	Prior Fiscal Year Review of Service Coordination Services Outcomes (annually): <ul style="list-style-type: none"> • Average length of time client receives Service Coordination • Average length of time clients are placed in Residential Care (paid by Pooled Fund) • Outcome Results using tool specified in Service Coordination Mechanism (pre/post)

October	Quarter 1 Pooled Fund & FCSS Expenditures Review (quarterly)
November	Prior Fiscal Year Review of Service Coordination Accessibility (annually): <ul style="list-style-type: none"> • Average length of time between client referral to Service Coordination and first meeting • Frequency of IFSP Goal Review - Average and Range (in months) • Number of families offered a Parent Advocate • Number of families accepting a Parent Advocate
December	Client Satisfaction Survey
January	Quarter 1 & 2 Pooled Fund & FCSS Expenditures Review (quarterly)
February	Review of all Dispute Resolutions conducted during prior 12 months, to include detail on process and time frames (annually)
March	Service Coordination Mechanism Training provided in prior 12 months - Quantity by type (annually)
April	Quarter 1, 2 & 3 Pooled Fund & FCSS Expenditures Review (quarterly)
May	Temporary Crisis/Safety Plan (TCSP) Review (annually) <ul style="list-style-type: none"> • Of clients admitted in past 12 months, percentage of Service Coordination clients who had a TCSP developed and written by the end of the first service coordination team meeting
June	<ul style="list-style-type: none"> • Overview of Quality Assurance data presented during the fiscal year (annually) • Lessons Learned Discussion (annually)

APPENDIX

- I. Addendum A Referral Form Coordinated Care
- II. Addendum B Release of information
- III. Addendum C Confidentiality Team Member Agreement
- IV. Addendum D Youth Outcome (YOQ-30.2) Assessing strengths, needs and culturally discovery process
- V. Addendum D-1 Family Strengths, Needs and Cultural Discovery Questionnaire
- VI. Addendum E IFSP
- VII. Addendum F Crisis Safety Plan
- VIII. Attachment A WCFCFC Service Mechanism Cover Sheet
- IX. Attachment B Signature Page (Separate)
- X. Attachment C Checklist for FCFC Updates (Separate)
- XI. Attachment D Service Coordination Matrix (Separate)
- XII. Attachment E Help Me Grow IFSP (Separate)
- XIII. Attachment F Help Me Grow Parent's Rights (Separate)
- XIV. Attachment G Warren County Interagency Agreement (Separate)

Addendum A

Warren County Educational Service Center
Coordinated Care Program

Date referral written: _____ Date referral received/reviewed: _____
Child's Name: _____
Sex: _____ Date of Birth: _____
Parent or Guardian's Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
School: _____ Grade: _____

Concerns (i.e. behaviors, diagnosis, family dynamics, environment, ect.):

Background Information:

Abuse/Neglect _____ Domestic Violence _____
Youth Substance Abuse _____ Family Substance Abuse _____
School/Educational Placement _____ Grade _____
School Behavior _____

Service Providers involved:

CSB worker _____ Phone _____
BDD worker _____ Phone _____
Juvenile Court worker _____ Phone _____
Mental Health worker _____ Phone _____
Other (list agency/school): _____ Phone _____

Referral to Clinical Committee for wraparound services? _____ yes _____ no

*If yes, a referral packet will be sent to you for completion

Referred by: _____ Phone _____

If referred to Clinical Committee:

Action taken: _____

Outcome: _____

Referral Source Notified? Yes No Date: _____
How? Verbal Written: Fax Email Letter

Addendum B

**WARREN COUNTY FAMILY AND CHILDREN COUNCIL OF GOVERNMENTS
CLINICAL COMMITTEE
CONSENT TO RELEASE OF CONFIDENTIAL INFORMATION**

IF YOU RECEIVE INFORMATION RELEASED WITH THIS FORM THE FOLLOWING FEDERAL LAW APPLIES DIRECTLY TO YOU:

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR, Part 2). 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 to or as otherwise permitted by 42 CFR, 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 this information to criminally investigate or prosecute any alcohol or drug abuse patient.

I, _____, Hereby authorize the Warren County
(name of client)

Family and Children First Council of Governments Clinical Committee to release, exchange, or obtain information through the designated representative of the following agencies which comprise the Warren County Family and Children Council of Governments (Please check only those agencies in which you are willing to release, exchange, or obtain information):

- | | |
|---|---|
| <input type="checkbox"/> Warren County Juvenile Court | <input type="checkbox"/> Warren County Children Services |
| <input type="checkbox"/> Ohio Department of Youth Services | <input type="checkbox"/> Warren County Educational Service Center |
| <input type="checkbox"/> The Center of Warren/Clinton Counties | <input type="checkbox"/> Lebanon City Schools |
| <input type="checkbox"/> Warren Co. Combined Health District | <input type="checkbox"/> Warren Co. Dept. of Human Services |
| <input type="checkbox"/> Community Mental Health Centers of Warren County | <input type="checkbox"/> Bureau of Vocational Rehabilitation |
| <input type="checkbox"/> Warren County Employment and Training Program | <input type="checkbox"/> Midwestern Children's Home |
| <input type="checkbox"/> Recovery Services of Warren and Clinton Counties | <input type="checkbox"/> Client's School District |
| <input type="checkbox"/> Warren Co. Bd. Of Developmental Disabilities | |
| <input type="checkbox"/> Other (specify) _____ | |

I understand that such information as may be necessary to develop a collaborative action plan for the client will be released, exchanged, or obtained among the specified representatives of the Warren County Family and Children Council of Governments. Such information may include, but not be limited to, client's social history, family background, medical/health records, substance abuse involvement, psychotherapy/mental health records, scholastic/attendance records, I.Q. test results, psychological reports, placement history, Juvenile Court records, Mental Retardation/Developmental Disabilities records, and Children Service records.

I also consent to the release and exchange of confidential information to the Warren County Family and Children Council of Governments for a resolution of problems in the event that the specified representatives of the Collaborative Team are unable to develop a Collaborative Action Plan.

I know that this release may be revoked by me at any time, except to the extent that reliance has been taken thereon, or except if I have been referred to the Warren County Family and Children Council of Governments for a resolution of problems in the event that the specified representatives of the Collaborative Team are unable to develop a Collaborative Action Plan.

I know that the release may be revoked by me at any time, except to the extent that reliance has been taken thereon, or except if I have been referred to the Warren County Family and Children Council of Governments by any court or probation department, in which case the consent is irrevocable. The date, event, or condition upon which consent will expire if not revoked will be:

- days after consent has been signed
- inactive or terminated client status
- other _____

(Client's signature, parent/guardian signature if client is a minor)

(date)

Agency representative

(date)

Addendum D

YOUTH OUTCOME QUESTIONNAIRE (Y-OQ®-30.1)

Purpose: The Y-OQ®-30.1 is designed to describe a wide range of situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ®-30.1 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

Directions: Read each statement carefully. Check the box that most accurately describes the past week. Decide how true this statement is during the past 7 days. Check only one answer for each statement and erase unwanted marks clearly.

Directions for parents/guardians completing questionnaire: If your child is under 12, the parent or other responsible adult is asked to complete this questionnaire. In this case, respond to the statements as if each began with "My child..." or "My child's..." rather than "I..." or "My..." It is important that you answer as accurately as possible based on your personal observation and knowledge.

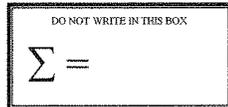
PERSON COMPLETING FORM (PLEASE CHECK):

	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
<input type="checkbox"/> Adolescent					
<input type="checkbox"/> Parent/guardian					
<input type="checkbox"/> Other					
1. I have headaches or feel dizzy.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
2. I don't participate in activities that used to be fun.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
3. I argue or speak rudely to others.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
4. I have a hard time finishing my assignments or I do them carelessly.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
5. My emotions are strong and change quickly.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
6. I have physical fights (hitting, kicking, biting, or scratching) with my family or others my age.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
7. I worry and can't get thoughts out of my mind.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
8. I steal or lie.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
9. I have a hard time sitting still (or I have too much energy).....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
10. I use alcohol or drugs.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
11. I am tense and easily startled (jumpy).....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
12. I am sad or unhappy.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
13. I have a hard time trusting friends, family members, or other adults.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
14. I think that others are trying to hurt me even when they are not.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
15. I have threatened to, or have run away from home.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
16. I physically fight with adults	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
17. My stomach hurts or I feel sick more than others my same age.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
18. I don't have friends or I don't keep friends very long.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
19. I think about suicide or feel I would be better off dead.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
20. I have nightmares, trouble getting to sleep, oversleeping, or waking up too early.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
21. I complain about or question rules, expectations, or responsibilities.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
22. I break rules, laws, or don't meet others' expectations on purpose.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
23. I feel irritated.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
24. I get angry enough to threaten others.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
25. I get into trouble when I'm bored.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
26. I destroy property on purpose.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
27. I have a hard time concentrating, thinking clearly, or sticking to tasks.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
28. I withdraw from my family and friends	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
29. I act without thinking and don't worry about what will happen.....	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
30. I feel like I don't have any friends or that no one likes me.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

ID#: _____ **Session #:** _____ **Date:** ___/___/___

Client's Name: FIRST _____ LAST _____

Informant's Name, (If Other Than Client): _____



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Addendum D-1

Family Strengths, Needs And Cultural Discovery Questionnaire
FSNCD Questionnaire

The things I like most about my child(ren) are:

I am happiest when:

The best time of my life was when:

What would I like to change about myself and/or family:

Who do you call for help:

Are you part of a community of faith:

How do you celebrate holidays:

Do you have any hobbies:

What are the strengths of my family:

What do you hope to change with help:

Services and supports that I see as being helpful to my family are:

Addendum E

Individualized Family Service Coordination Plan

Recipient Name: _____ DOB: _____

Date Developed: _____

Date/Time of Next Meeting: _____

Present: _____

Description of Problem: _____

Goals

Date to be completed

Strengths: _____

YOQ: _____

Check all agencies currently providing services:

- Coordinated Care Warren Co. Children Services
- Warren Co. MRDD Warren Co. Juvenile Court
- Warren Co. Mental Health & Recovery Services

Other, please specify: _____

Has the child ever been placed outside of the home? YES NO

If yes please provide more information: _____

Addendum F

Temporary Crisis/Safety Plan

Date: _____ Name of child: _____

Parent Name: _____ Service Coordinator: _____

Describe the crisis behavior: _____

Who is at risk and how? _____

What causes a situation to lead to a crisis? _____

How often does the crisis occur?
_____ Daily _____ Weekly _____ Monthly _____ 1-2 times per 6 months

When a crisis occurs what has helped? _____

What are some signs and or indicators that a crisis is about to occur? _____

Environmental Concerns: _____

What to do if a crisis occurs:
Action Step: _____

Action Step: _____

Action Step: _____

Action Step: _____

Action Step: _____

Parent/Guardian

Parent/Guardian

Agency Representative