



## Clark County Family and Children First Council Service Coordination Mechanism

### **(A) Overview and Purpose of Service Coordination**

The Clark County Family & Children First Council exists under the Ohio Revised Code to improve the well-being of families and children. As a collaborative of public and private child and family-serving systems, entities, and families, the Council supports initiatives that increase the likelihood that children can grow up safe and healthy, surrounded by the support of their families and communities. Clark County's Service Coordination mechanism outlines how families and youth with complex needs can access service coordination in our local system of care.

#### **1. Key Components**

The success of Family and Children First Service Coordination efforts depends on integrating key components into this process. The following is a list of components that will improve the Service Coordination process, resulting in a more effective service delivery system:

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

#### **2. Implementation**

The Service Coordination Mechanism (SCM) in Clark County is supported in general through the respective resources of the major child and family serving agencies and through a Shared Funding Agreement (Pooled Funds). The following systems are parties to the Agreement and contribute funding to support Service Coordination Plans: Clark County Job and Family Services, Mental Health and Recovery Board of Clark, Greene and Madison Counties, Board of Developmental Disabilities of Clark County, Clark County Juvenile Court and Clark County Combined Health District. Pooled Funds are utilized to support the per diem costs of Residential Treatment, Therapeutic Foster Care, Partial Day Hospitalization programming and mental health assessments.

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

O.R.C. 121.37 requires that communities plan service availability for all children who encounter the juvenile court, either because of their own behavior or because their needs or those of their family have not been addressed through existing community resources. Those children who have come before the juvenile court because of their behaviors may appropriately be dealt with by the court through traditional means and/or through the Service Coordination Mechanism if ordered. Those children who are brought before the court because of a complaint filed because other service efforts have not been successful, and it is necessary to seek court intervention due to abuse, neglect or dependency may receive intervention through the Service Coordination Mechanism.

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

- Delinquent
- Adjudicated Unruly, Alleged Unruly, At-risk of Becoming Unruly
- Abused
- Neglected
- Dependent
- Children for whom families have voluntarily requested services
- Multi-system with Disabilities (MH and/or DD)

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

### **3. Accessing Service Coordination**

The Clark County SCM has the potential for identifying a large population of children. Any family with a child, birth through 24 with multi-systemic needs is eligible for Service Coordination. While eligibility is based on the child's needs, Service Coordination is family centered. Many families and/or caregiver needs would equate to a need of one or more children in the family. To optimize a finite set of resources, it is important to prioritize the population in terms of individuals who are not being served or whose needs are being inadequately met. Therefore, priority will be given to individuals meeting all the following criteria:

- Birth to 24 (Youth ages 0-21 are funded with state funds and youth ages 22-24 are funded with local funds).
- Residents of Clark County
- Have not yet been able to access needed services, and

- Need services from two or more systems (child welfare, juvenile justice, public behavioral health, developmental disabilities, and public special education)

Services are free and provided regardless of income level.

Several cross-system practices have been implemented in consideration of local service coordination, including Interagency Review Committee (IRC), Family Stability Team Committee (FST), and our newly created Multi-Disciplinary Team (MDT) through Juvenile Court and JFS for Dually Involved Youth.

#### **4. Review, Revisions, and approval of the Service Coordination Mechanism**

The Family and Children First Council (FCFC) Director, Service Coordination Supervisors, FCFC Family Representatives, and the FCFC Executive Committee were involved in the initial development, review, revision, and approval of the Clark County Service Coordination Mechanism. System partners (as outlined in O.R.C. 121.37) include:

- Clark County Department of Job and Family Services, Family & Children Services Division
- Clark County Juvenile Court
- Developmental Disabilities of Clark County
- Mental Health Services of Clark County (designated by the Mental Health & Recovery Board of Clark, Greene and Madison Counties)
- CareStar
- Springfield City Schools
- Mental Health & Recovery Board of Clark, Greene and Madison Counties

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

- Interagency Cluster Supervisors' Group- November 7, 2005
- FCFC Executive Committee - November 9, 2005
- FCFC Board of Trustees - November 22, 2005
- FCFC Board of Trustees -June 29, 2010
- FCFC Executive Committee – February 14, 2018
- FCFC Executive Committee – August 11, 2021
- FCFC Executive Committee – December 11, 2024

#### **5. Outreach and Training on the Service Coordination Mechanism**

Families and system providers are informed about FCFC's service coordination various ways (including but not limited to):

- Presentations to Child & Family Collaborative
- Presentations to FCFC Board of Trustees
- Emails sent to current and past referral sources for target outreach about the program.
- Participation in the annual Social Services 101 event
- The Clark County FCFC website contains the updated SCM.

## 6. Designation of Service Responsibilities

- FCFC Service Coordinator: The coordinator will facilitate initial meetings for the family, family team leader and family teams, followed by managing and tracking progress of subsequent meetings and the individual family care plans. The coordinator can also consider Council objectives for families and children. The coordinator is responsible for reporting requirements assigned by law or otherwise assigned as a condition of service coordination. The coordinator will also facilitate the dispute resolution process. The coordinator will participate on the Interagency review committee, family stability committee, and multidisciplinary team.
- Team Leader: The Family team leader will partner with the coordinator to facilitate and coordinate services within a Family Team. The Family team leader will collect necessary information from service providers and share information with the coordinator. The family team leader will be the primary contact for the family when Service Coordination closes with the family.
- Family Teams: Family teams include service providers and natural supports that will act in the best interests of the child and family to create a quality and comprehensive family service coordination plan. Family teams will collaborate with the Service Coordinator.
- Family Stability Committee (FST): FST is designed to maintain family preservation, provide referrals to services and promote stability to families that might be experiencing complex needs. FST is held at Family and Children Services and facilitated by the FST Program Coordinator. Providers working with families may make referrals to FST, or a family can self-refer to the committee. Service Coordination referrals may be made directly from FST. The team consists of representatives from: Developmental Disabilities, Juvenile Court, OhioRise, CareStar (Service Coordination), Family and Children Services, Mental Health Services, Rocking Horse Center, local school district representative and other providers may be added as needed to address more specific needs of the family. FST meetings are voluntary – the family must be willing to meet with the agency and providers. Releases of information are needed for anyone in the family – this includes all children. Adults (over 18) can sign their own release and the release of anyone under the age of 18 must be signed by their custodian. The family and providers working with the family will present information to the committee during the meeting, and the committee will make recommendations for services to further promote stability to families.
- Multi-Disciplinary Team Meeting (MDT): MDT meetings are scheduled when a youth receives a charge with Juvenile Court (JC), has an open children services case, and meets the Dually Involved Youth (DIY) criteria. MDT meetings are held at Family and Children Services and facilitated by the DIY Program Coordinator. primary goals of the meeting are family preservation, safety of children and communities and stabilization of families in crisis. The committee brainstorms different ways to meet the physical and emotional needs of families to avoid further involvement in the juvenile justice and/or child welfare system. The team consists of representatives from: Developmental Disabilities, Juvenile Court, OhioRise, CareStar (Service Coordination), Family and Children Services, Mental Health Services, Rocking Horse Center, local school district representative and other providers may be added as needed to address more specific needs of the family. At the conclusion of the meeting, participants are provided with a copy of the MDT recommendations.

- Inter-Agency Review Committee (IRC): IRC meets to review cases for any youth that are receiving supportive services such as Service Coordination, in home therapeutic services, and at times conflict resolution. IRC also reviews Dually Involved Youth (DIY) cases. DIY is a collaborative initiative between JFS and JC. It wraps services around the youth and family from the point of intake to help alleviate or reduce the risk of further involvement with the Juvenile Justice system. The case is reviewed after the youth and family have begun services recommended at their multi-disciplinary team meeting (MDT). IRC also reviews cases of youth placed out of the home in residential care treatment facilities recommended by JFS who has custody or through Multi-System Youth (MSY) when parents maintain custody.

**(B) Procedure for referring a child and family:**

Families may voluntarily request referral through an agency currently providing services. Referrals are accepted from any child serving agency, including juvenile court and child welfare, and require agency supervisor approval.

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

Referral forms are available through primary child and family serving systems (child welfare, juvenile justice, public behavioral health, and developmental disabilities), from the Family Stability Coordinator by contacting Clark County Department of Job and Family Services, or from Clark FCFC by contacting:  
Email: [fcfcclark@gmail.com](mailto:fcfcclark@gmail.com)

Phone: (937) 327-1991

Address: P.O. Box 967-A, 1346 Lagonda Ave., Springfield, OH 45501-1037

The Service Coordination referral form includes:

- The date of the receipt of the referral.
- Contact information for the child/family being referred.
- Age of person being referred at time of referral.
- A brief description of the problems being experienced.
- Contact information for the referral source.
- Systems/ Agencies that have been involved with person to date.
- Identification of Medicaid Managed Care Plan or private insurance.
- Disposition of referral (accepted, rejected for reason, referred to other services).

The Children Services Deputy Director/Designee and FCFC Executive Director will triage all referrals to determine the need for Service Coordination. Determination criteria are as follows:

- Cases involving the services of multiple systems frequently benefit from Service Coordination due to the complexity of issues presented by the child and family and/or the challenges of cross-system service provision.

- Cases that have not attempted the use of traditional service provision through community agencies will likely be referred to those resources. If appropriate community resources are lacking or if traditional services do not result in resolution of child and family issues, Service Coordination may be useful.

Referrals will not be accepted for a youth/family if the family does not want to participate in Service Coordination. Service Coordination is voluntary. When a case is determined to warrant use of the Service Coordination Mechanism the Service Coordinator will contact the family within three working days to schedule a meeting or suggest other resources. The Service Coordinator will make three attempts to contact a family to initiate or engage with service coordination. Attempts will include phone calls, emails, or unscheduled visits. If they are unable to make contact, the service coordinator will notify FCFC. FCFC will then contact the referral source to verify the contact information for the family is correct, and to ask the referral source to follow up with the family.

If the referral source is unable to contact the family or provide a way to contact the family, then the Service Coordinator will mail a no contact letter to the referral source and to the family stating that the referral is closed. The referral can subsequently be re-opened if the family comes forward and requests Service Coordination.

### **1. Levels of Coordination/Intervention Across a Continuum**

Not all families who are referred, or who refer themselves to FCFC Service Coordination require the same level of assistance. To determine the proper level of coordination, the referral is first triaged by the FCFC Director and Deputy Director of Children Services/Designee. Once a referral is sent to the Service Coordination contract provider, an evidence-based assessment is provided to the family and youth to identify priority planning areas of need that can be used in the developing the plan of care. Levels of Coordination Across a Continuum include:

- Information and Referral – A family whose only need is to be connected to another community resource or support.
- Service Coordination – A broad based, neutrally positioned, youth and family driven, cross-system (team) planning process by which previously identified and existing resources and supports are coordinated to determine the least restrictive plan of success for youth with complex needs.
- Ohio Rise – Uses a “system of care” approach and guiding principles of a wraparound philosophy. These techniques focus on wrapping around a child or youth through care coordination to provide services and supports through a coordinated network in their community. Children who may benefit from OhioRISE are those with multiple needs that result from behavioral health challenges, have multisystem needs or are at risk for deeper system involvement, are at risk of out of home placement or are returning to their families from out of home placement. Youth who may be eligible for OhioRISE are those eligible for Ohio Medicaid (either managed care or fee-for-service), are age 0-20, are not enrolled in a MyCare Ohio plan, and those requiring significant behavioral health treatment needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment. Youth may also be eligible for OhioRISE due to certain urgent conditions such as admittance into a Psychiatric Residential Treatment Facility (PRTF). OhioRISE care coordination uses a Child and Family Team (CFT) approach. Youth and their caregivers select members of their CFT. The CFT meets regularly to

assist with care planning that focuses on the child or youth's and family's strengths, beliefs, culture, community/natural supports, and their voice can choice. OhioRISE care coordination is provided at three levels of intensity:

- Limited Care Coordination (Tier 1) – delivered by Aetna and is the least intensive level.
- Moderate Care Coordination (Tier 2) – delivered by Care Management Entities (CMEs) and uses wraparound-informed strategies.
- Intensive Care Coordination (Tier 3) – delivered by CMEs and adheres to the High-Fidelity Wraparound model.

At any time, the chosen coordination process may be used as a bridge to connect to any needed additional community intervention. These types of interventions, including Integrated Co-occurring Treatment (ICT), Intensive Home-Based Therapy (IHBT), crisis services, partial hospitalization, and out-of-home placement options will be accessed based on the on the intensity of the presenting needs of the youth. The chosen coordination process will continue throughout these intervention services to ensure the youth and family have the proper level of service and supports to continue to support them once the chosen intervention has been completed.

**(C) Procedure for notification of all family service coordination plan meetings:**

1. The service coordinator works with the referral source and the family, to ensure the family and appropriate agency staff are notified of and invited to participate in the initial Service Coordination meeting. Families can include or exclude anyone they feel is essential for achieving their vision of success.
2. Families are encouraged to invite mentors, advocates, or other informal and natural supports chosen by the family. Children are invited to participate in meetings as determined to be age-appropriate and consistent with the child's therapeutic needs. Family needs and requests are considered when scheduling the time and location of Service Coordination meetings.
3. It is the responsibility of the service coordinator to ensure that a representative from the appropriate school district is notified of and invited to participate in the meeting if the school district is an identified member of the team. The flexibility of the Service Coordination meeting schedule provides opportunities for meeting times convenient to school representatives.
4. At the end of each team meeting, the team schedules the next meeting(s) as needed. Discussion of additional team members to add is facilitated to ensure the right people are available to aid in planning.

**(D) Procedure for a family to initiate a meeting and invite support persons:**

1. A family may initiate a meeting to develop or to review the Plan of Care by contacting the child and family Team Leader, Family Stability Committee Coordinator, or the Service Coordination Coordinator.
2. Families are encouraged to invite mentors, advocates, or other informal and natural supports chosen by the family to all Service Coordination meetings and/or child and family team meetings, working with the child and family Team Leader.
3. Family needs and requests are considered when scheduling the time and location of Service Coordination meetings.

**(E) Procedure for ensuring an individual 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:**

1. In Clark County non-emergency out-of-home placements for multi-need children are made only after the case has been presented to the Family Stability Committee and Service Coordination has been initiated. Placements may occur without staffing by the Family Stability Committee per judicial order.
2. Emergency placements of multi-need children are reviewed within three working days by the Family and Children Services Crisis Response Team which initiates Service Coordination.
3. Local FCFC shared (pooled) funding agreements govern payment for services.
4. Clark County FCFC and its member agencies share a common philosophy in serving children and families. That philosophy maintains that a child and family are best served in the least restrictive environment, that is, a setting that is most like the home of the child and closest to the home of the child, whenever appropriate and available. Child and family teams are encouraged to always seek the most appropriate set of services and strategies available to maintain a child in his or her own home and/or own community.

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

**Multi-System Youth Custody Relinquishment Funding**

County Family and Children First Councils (FCFCs) via a grant agreement with the Ohio Department of Medicaid (ODM) may seek multi-system youth (MSY) custody relinquishment funding. Funding must only be requested to support children and youth who are at risk for custody relinquishment or have already been relinquished and need services and/or supports to transition to community and/or non-custody settings. A youth must have a need for an elevated level of mental health treatment unavailable locally. The team leader will present the youth's case to the IRC/MSY committee prior to the MSY application being initiated. IRC/MSY committee members will ensure a youth's funding eligibility by confirming the following:

- The child has a multi-system needs and is at risk for custody relinquishment or has already had custody relinquished and is need of services and/or supports to transition to a non-custody setting.
- A professional recommendation indicating youth's level of care needs.
- Clark County has identified availability of resources and/or clinically indicated services to support the youth and family.
- Multi-system local and/or regional agencies are working to coordinate care for the youth and family.
- Financial resources have been reasonably exhausted.



- The youth will be placed in the least restrictive setting, and the setting will be documented as clinically appropriate to meet the treatment needs of the youth and family.

Following IRC/MSY committee approval, the team leader will complete the MSY application form with all historical service information, current involvement with local/state services, funding information, current rates for proposed facility, parental signature, and complete parental agreement. Upon completion, the application is submitted to the FCFC Executive Director and team leader's supervisor for review and approval. FCFC may ask for revisions, but once application is in final draft, the FCFC Director will submit the application. Notification of application approval or declination will be electronic.

Once a funding request has been approved, the case team leader is responsible for completing case update forms. For non-residential services expenditures: This update form must be completed at least every 90 days to provide updates on expenditures and case progress for non-residential services. Residential services expenditures: This update form must be completed monthly (every 30 days) to provide updates on expenditures and case progress for residential services. The team leader will submit the form to the FCFC Executive Director for submission. The monthly therapeutic summary from the residential provider and fiscal invoice must be submitted on day 30 from MSY approval date and will be submitted every 30 days thereafter. Youth utilizing these funds will continue to be monitored locally on the IRC/MSY committee agenda.

If approved MSY funding is exhausted, a new or continued funding request can be made on the case update form part B. The team leader is responsible for completing the request, and the form shall be submitted to the FCFC Executive Director and team leader's supervisor. Once approved, the form will be submitted to ODM. If placement changes, all changes must be communicated to the IRC/MSY committee through the FCFC Executive Director. The team leader will complete the MSY Case Update Form, and:

- Provide 'specifics' to the change in circumstance.
- Complete the request at least 14 days from discharge if requesting transitional services.
- Attach documentation that supports the request.
- Reflect the change in services/supports and/or providers on the funding page.
- Be specific regarding the funding and provide details as to whether it is:
- 100% shift of available MSY funds with no additional funding being requested OR
- Request to shift available MSY funds and request additional funds.
- All shifting of funds requests requires a new signature/date from the FCFC and the parent/guardian.
- All shifting of funds requests goes through a standard review process – shifting of funds is NOT automatic or guaranteed.
- Shifting of funds requests should be received prior to the change in services/supports.

**(F) Procedure for monitoring progress and tracking outcomes:**

1. The youth and family team continues to meet until the family team and youth address the needs in their service coordination plan or the family feels that they are sufficiently addressed. Team Leaders and Service Coordinators regularly revisit Family Service Coordination Plans to monitor

progress toward goals. Service Coordinators identify if families are responsive (participating in meetings and weekly contact) and engaged (participating in program requirements). If Coordinators determine families are not responsive or unwilling to engage, these issues will be discussed during supervisory review and at Interagency Review Committee (IRC) presentations. Progress and barriers are described to the Interagency Review team and during supervisory review. Plans are revised to include new goals or to incorporate new options or strategies once it is determined that a selected strategy has not resulted in goal achievement.

2. Child and family teams utilizing the FCFC Service Coordination Mechanism (SCM) present their cases for review every three to six months to the Interagency Review Committee (IRC). The review by Committee members assists the Teams to assure continued progress, appropriateness of placements when children are cared for out of home, and arrangements for housing, treatment and education following discharge from out of home placement.
3. Considerable data is collected by Clark FCFC and its contractor regarding the delivery of FCFC Service Coordination. In accordance with O.R.C. 121.376 (A), the Ohio Automated Service Coordination Information System (OASCIS) is utilized to track funding sources and information regarding families seeking services from a county council including:
  - a) Demographic Information:
    - i. Number and relationship of family members.
    - ii. Genders of youth.
    - iii. Ages of youth.
    - iv. Races of youth.
    - v. Education of youth.
  - b) Youth financial resource eligibility information.
  - c) History and desired outcomes.
  - d) Youth's physical and behavioral health histories, when available.
  - e) Names of youth's insurers and physicians, when available.
  - f) Individualized plans including:
    - i. Referrals made to services.
    - ii. Services and supports received.
    - iii. Crisis plans.
    - iv. Safety plans.
  - g) All relevant case file documents.
  - h) Any other information related to families served, services provided, or the financial resources used to provide the services.

In accordance with O.R.C. 121.376 (B), information is entered and updated in OASCIS as information becomes available or within five business days of acquiring new information. Access to and use of data in OASCIS shall be limited to the extent necessary to carry out the duties of the family and children first cabinet council and the county family and children first councils established in section 121.37 of the Ohio Revised Code.

**(G) Procedure for protecting family confidentiality:**

In accordance with O.R.C. 121.37 (C)(6), all child and family serving agencies in Clark County utilize either an agency specific release of information form or the Clark County Release of Information form. The

Clark County release of information form is signed by the parent/guardian of all children involved in FCFC Service Coordination concerning the disclosure of information during the process. The form contains all potential community partners including school districts. Entry into the FCFC Service Coordination Process requires the use of the Release of Information. It is the responsibility of the child and family Team Leader to assure that all necessary and appropriate releases have been obtained prior to making a referral for Service Coordination.

In addition to use of the release of information forms, Family Stability meeting partners and IRC partners sign a confidentiality statement (pertaining to the verbal exchange of information during the meeting).

**(H) Procedure for assessing the strengths, needs, and culture of any child and family accepted into the service coordination process:**

A critical step in Service Coordination is Strengths, Needs and Culture Discovery (SNCD). All children and families will be assessed using the Clark County Assessment Tool (CCAT). This evidence-based assessment tool covers all Social Determinants of Health as well as the following elements for evaluation:

- Strengths
- Life Functioning
- Behavioral/Emotional Needs
- Risk Behaviors
- Cultural Factors
- Potentially Traumatic/Adverse Childhood Experiences
- Early Childhood
- Transition Age
- Caregiver Resources & Needs

During the assessment, the family is encouraged to voice their unique strengths and needs, and it is a requirement that each youth/family referred to FCFC service coordination be assessed prior to the start of the development of the formal plan to determine the level of need/care. The assessment is conducted every 90 days or more often as needed.

This tool can be used to identify priority planning areas of need that can be used in the development of the Plan of Care (POC).

For those youth/families with higher intensity needs across the continuum, the Ohio Children's Initiative CANS assessment tool is required to determine eligibility of Ohio RISE and/or to apply for MSY funds for out of home treatment and entered to the Ohio Children's Initiative CANS Information Technology (IT) System.

**(I) Procedure for developing a family service coordination plan:**

Service Coordination assists each family with developing and maintaining a Plan of Care (POC). The plan will identify strategies and tasks to meet goals, and identify and organize providers, services, and responsibilities. Services may be provided by public and private agencies and informal supports such as neighborhood associations, neighbors, other families, and churches. Families have an active

role in writing the individual plan and share a responsibility for carrying out the plan. Each POC is different because each child and family is different. Plans will ensure services are responsive to the strengths, needs, family culture, race, and ethnic group, and are provided in the least restrictive environment to each family.

1. The Individual Family Service Plan includes:
  - a. Service Responsibilities: A list of agencies and persons responsible for giving the child and family the specified needed services.
    - i. The agencies can be state, county, local, public, and private agencies and informal supports.
  - b. Family approval of the person coordinating the services.
    - i. This person will track the progress of the POC, schedule reviews as necessary and facilitate the meeting process.
    - ii. By signing the POC, families agree to the Team Leader and the plan (as is currently written).
  - c. The assurance that every child receives needed services.
    - i. The POC must also make sure that all services support individual family strengths and needs.
  - d. A promise that families and children will be given the opportunity to share opinions, ideas, suggestions, and participate in decisions. This ensures assistance and services are respectful of the family's culture, gender, race, and ethnic group.
  - e. A guarantee that services will be delivered in the least restrictive environment.
    - i. A least restrictive environment is when a child receives services in the most helpful setting, and as recommended by professional service providers.
  - f. A process for early identification and intervention for alleged or adjudicated unruly/delinquent children to divert the child from the juvenile court system.
    - i. The process may include, but is not limited to:
      1. preparation of a complaint to encourage the family to comply with methods to divert the child from the court system, conducting a meeting with the child and parents to determine appropriate methods for diversion, short-term respite, child mentor, parenting education, alternative school programming, diversion contract or other appropriate measures deemed necessary by the team.
  - g. A timeline for the goals outlined on the plan, as deemed appropriate for the needs of the child according to the team.
    - i. The timeline is located on the POC.
    - ii. Timelines will consider provider waitlists for services.
  - h. Crisis and/or Safety Plan:
    - i. Crisis Plan: The Service Coordinator will guide the creation of individualized Family Crisis Prevention Plans for families as part of the care planning process. Unlike safety plans, crisis prevention plans address stress-inducing situations that do not pose immediate safety risks, such as explosive behaviors, temper tantrums, sneaking out, or skipping school. The service coordinator will assess whether a crisis plan is needed alongside the care plan. These plans can be

crafted at any stage, focusing on preventing triggering events and providing guidelines for families during crisis. They leverage the strengths of the family and their support networks to empower them.

- ii. Safety Plan: A safety plan is crucial when health and safety are at risk. Service coordination prioritizes safety. In the initial family meeting, the service coordinator addresses health and safety risks. If any issues threaten safety, a safety plan will be created. The service coordinator helps identify patterns, clarify acceptable behaviors, and educate siblings or team members. The safety plan includes preventative measures and steps to maintain calm during incidents, with contacts for mental health services and local emergency personnel. The plan aims to restore trust and prevent future incidents. The safety plan can be updated as needed.
2. The POC is reviewed by the service coordinator, family, and team members at monthly meetings, and adjusted based on the family's goals and accomplishments.
3. A child and family team may meet goals to transition out of Service Coordination. At the time of transition, it is likely that the service plan specific to the agency of the Team Leader would replace the Plan of Care.

**(J) How alleged unruly children will be supported using service coordination including a method for diverting them from the juvenile court system:**

The Clark County Domestic Relations Court-Juvenile Section and other community agencies serve unruly youth, youth alleged to be delinquent, and youth at risk to being unruly through the following programs.

**Intake:** When a youth is charged with an offense they are referred to the Juvenile court Intake Department. A juvenile court probation officer administers the Juvenile Inventory for Family Functioning (JIFF), Adverse Childhood Experience (ACE), a risk assessment provided by the Ohio Department of Youth Services, as well as an interview with child and custodian to review the results of the assessments and determine what needs can be met by family, community and court. The assessments provide an objective view of what domains of a child's life may be at risk so that appropriate services can be provided. In low-risk instances and by agreement of the family, the intake officer may refer the youth and family to community resources to include service coordination and recommend the court admonish the charge.

**Diversion:** Unruly and youth accused of delinquent acts are expected to accept responsibility for those actions by participating in an individualized case plan developed by the youth, family and diversion officer to address the identified at risk behaviors of the youth. Diversion provides a lower-level supervision that is designed to be completed in less than 120 days, potential connections to community resources, service coordination, and if appropriate, consequences for both positive and negative behaviors. If diversion is successfully completed, the youth's charges will be dismissed.

**Mediation:** the court provides mediation services for youth, families, and schools to address truancy issues. In addition, the court provides mediation services to assist in resolving conflict between families and youth and conflicts between youth. A service coordination referral may be part of a family/youth mediation agreement.

**Dually Involved Youth (DIY):** a collaborative approach with Family and Children Services designed to address the challenging needs of youth who are involved in both the juvenile justice system and child welfare system. Family and Children First Council and Mental Health Recovery Board as well as other community partners are active members of the DIY Executive Committee that regularly reviews the data and programming of this initiative.

**Girls Circle:** an evidence based structured support group for girls that has been shown to reduce delinquency and is administered at one of Springfield's junior high schools by two female probation officers.

**Boys Council:** an evidence based structured support group for boys that has been shown to reduce delinquency and is administered at one of Springfield's junior high schools by two male probation officers.

**(K) A dispute resolution process, including judicial review process:**

The dispute resolution process has been created to resolve disputes between agencies or between agencies and guardians when there is a disagreement about the service coordination plan. Any dispute regarding Early Intervention should follow the Early Intervention dispute resolution process. The Family and Children First Council dispute resolution process is outlined below.

Families are informed in writing of the availability of dispute resolution at the initial triage meeting with the Program Coordinator. Families may also be informed of the process as appropriate at ongoing meetings of the child and family team. Families may also be informed of the process as appropriate at ongoing meetings of the child and family team. Families are provided with the contact information for resolving conflicts or making a complaint. At the point of disagreement, all parties (agencies and families) are strongly encouraged to attempt to resolve the issues directly with members of the Service Coordination team or the agencies in question.

Once a care plan is established, any funding or services that are subject to the dispute initiated by a guardian shall continue to be provided during the dispute process. If the dispute is about services desired by the parent/caregiver, but not yet received, delivery of those services will be dependent on the dispute resolution process.

Dispute resolution does not replace other rights or procedures that guardians or custodians may have under other sections of the Ohio Revised Code. It must not be interpreted as overriding or affecting decisions of a juvenile court regarding out-of-home placements, home placements, long-term placements, or emergency out-of-home placements. It also does not apply to individual system decisions, services, or policies as those systems have unique dispute resolution policies which must be utilized. Families whose child is served by Service Coordination and who disagree with an assessment, service, or service plan of a member agency/system must first exhaust that system's dispute resolution process before making a written request for dispute resolution through the Family & Children First Council.

The Clark County Family & Children First Council may also consult with the Ohio Family & Children First at the Department of Children & Youth if it is a unique case where there are specific funding issues, locating an appropriate service, and/or if the administrative rules prohibit a solution. If the dispute

cannot be remedied by following the council's local dispute process, the FCFC will consult with Ohio Family and Children First to determine the next steps before it is filed with the local juvenile court.

Below outlines the steps for addressing:

- The family disagrees with one agency
- The family disagrees with the care plan or some element of the care plan.
- An agency disagrees with another agency regarding the care plan or some element of the care plan.

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

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

### **Family to Agency**

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

- Contact the individual professional to facilitate resolution.
- If the above step is unsuccessful, the family will follow the dispute resolution process of the agency.

### **Family to Care Plan**

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

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

- Families are strongly encouraged to address the conflict directly with members of the child and family team. Families may request the assistance of the Family and Children First Council (FCFC)

Coordinator who will meet with the child and family team to address such conflict. Assistance of the FCFC Coordinator is requested in writing.

- Issues not resolved at the child and family team level will be referred to the Family Stability Committee for review within fifteen (15) working days following the child and family team meeting with the FCFC Coordinator.
- Issues not resolved by the Family Stability Committee (FST) will be referred by the Family and Children First (FCFC) Coordinator to the FCFC Executive Committee for resolution within twenty-five (25) working days.

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

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

### **Agency to Agency**

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

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

All non-emergency disputes will be resolved within sixty (60) days from the time that the assistance of the Family and Children First Council (FCFC) Coordinator is requested in writing. The FCFC Coordinator will track the process to ensure compliance. A written summary of the resolution or findings from the



Dispute Resolution Process (DRP) will be made available to all parties involved in the conflict at all steps in the above-described process.

An agency subject to a determination issued pursuant to the local DRP shall immediately comply with the determination, unless the agency objects to the determination by doing one of the following no later than seven (7) days after the date the written determination is issued:

- If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly, or delinquent child or a juvenile traffic offender, filing in the juvenile court of the county having jurisdiction over the child's case a motion requesting that the court hold a hearing to determine which agencies are to provide services or funding for services to the child. Inter-agency assessment and treatment information will be provided to the court.
- If the child is not a child described above, one or more involved parties may file a complaint with the Clark County Juvenile Court. Inter-agency assessment and treatment information will be provided to the court.

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

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

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

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

For children who also receive services under the Help Me Grow (HMG) – Early Intervention program, the Dispute Resolution Process (DRP) shall be consistent with rules adopted by the Department of Developmental Disabilities (DODD) under section 3701.61 of the Revised Code.

Filing a complaint with Clark County Family & Children First Council (FCFC):

Email: [fcfcclark@gmail.com](mailto:fcfcclark@gmail.com)

Phone: (937) 327-1991

Address: P.O. Box 967-A, 1346 Lagonda Ave., Springfield, OH 45501-1037

### **Annual Review of Disputes for Continuous Quality Improvement Purposes**

Any disputes filed by agencies or families will be used as part of the annual evaluation of quality assurance and for continuous quality improvement efforts.

#### **(L) Fiscal Strategies for supporting FCFC service coordination:**

1. Support for teams

The Inter-Agency Review Committee (IRC) can assess funding needs for both in-home and out-of-home services for families. The service coordinator can present to IRC the funding request for consideration.

2. Programmatic Support

Service Coordination work is funded through Clark County Department of Job and Family Services through a contract with a local provider(s) meeting the guidelines of a community RFP process. Current funding for the implementation of programmatic services is provided through multiple funding sources:

a. Family-Centered Services and Supports Funds (FCSS)

b. MSY-PCSA funding

c. Shared system funding agreements from Clark County Combined Health District, Clark County Educational Service Center, Springfield City School District, Clark County Juvenile Court, Clark County Department of Job and Family Services, Mental Health and Recovery Board of Clark, Green, and Madison Counties, United Way of Clark, Champaign, & Madison Counties, and the Clark County Combined Health District.

a. Cluster funding is part of shared funding agreements. Cluster funding supports community-based and preventative services with the goal being to maintain youth in the least restrictive environment.

d. Springfield Foundation Grant

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

All Service Coordination cases are referred to the Interagency Review Committee (IRC) for monitoring. Each case will have a completed Interagency Review Committee Face sheet form. This form describes current team information, current medication and diagnoses information, progress and barriers to goals, and next steps for plan. Any cases considered for Residential treatment; IRC committee will complete IRC Residential Services Checklist to ensure all local, least restrictive supportive services have been explored before recommending Residential services (see section E for further guidance on Residential Treatment).

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

### **(M) Quality Assurance of Service Coordination Mechanism**

Clark County's Service Coordination Mechanism is reviewed and updated annually as needed, shared with Family & Children First Council members, made available upon request, and posted on the Council's website. Quality assurance for service coordination is continuous, with the FCFC analyzing referral sources and demographic data to identify education and training needs, and informing agencies about service gaps. Trends are addressed in council and collaborative meetings.

1. Family Service Coordination Plans are reviewed at three-to-six-month intervals by FCFC's Inter-Agency Review Committee (IRC). The Committee reviews progress towards achieving goals, brainstorms services that may be beneficial to the family, reviews crisis and/or safety plans as applicable, tracks treatment outcomes and monitors length of stay or length of open service coordination services.
  - a. The FCFC Director and members of the (IRC), including clinical staff from Mental Health Services, Mental Health and Recovery Board, Board of Developmental Disabilities, Juvenile Court, CareStar and Springfield City School District track the effectiveness of Service Coordination related to behavioral health treatment.
2. The public child-serving system directors provide oversight for projects that have multi-system impact and/or require multi-system funding. Compliance with program-specific standards is monitored programmatically by service providers and systemically by their administration.
3. As noted above, disputes are filed with the Clark County Family & Children First Council Director and are used as part of the annual evaluation of quality assurance.
4. Improving quality service coordination procedures is an ongoing goal. Professional development, monthly collaboration meetings, individual coaching sessions, and IRC oversight ensure quality of services.

For additional information, contact:

Email: [fcfcclark@gmail.com](mailto:fcfcclark@gmail.com)

Phone: (937) 327-1991

Address: P.O. Box 967-A,

1346 Lagonda Ave.,

Springfield, OH 45501-1037