LICKING COUNTY

C&FF

CHILDREN & FAMILIES FIRST

Service Coordination Mechanism

Approved by the Licking County Children and Families First Council, December 4, 2024

Service Coordination Mechanism (SCM) Table of Contents

I. Overview and Purpose

Ohio Revised Code (ORC) mandates that each community develop a plan to coordinate services for children and families who voluntarily seek services. The Service Coordination Mechanism (SCM) outlines how families and children with complex needs can access service coordination or high-fidelity Wraparound services. This aligns with the values of the Ohio Department of Children and Youth's mission to promote positive, lifelong outcomes for Ohio youth through early intervention, quality education, and family support programs.

The Licking County Children & Families First Council (CFFC) appointed the Multi-Systems Services Supervisor (MSSS), CFFC Coordinator and CFFC Clinical Committee (CC) to revise and update the SCM plan and submit the plan to the CFFC for approval. Representatives from the following agencies were involved in the revision process: Behavioral Healthcare Partners, Children and Families First Council, Licking County Job and Family Services/Children Services, Johnstown Local Schools, Southwest Licking Schools, LAPP, Licking County Board of Developmental Disabilities/Early Intervention, Licking County Schools Educational Service Center, Licking County Health Department, Licking County Juvenile Court, Mental Health and Recovery Board of Licking and Knox Counties, Newark City Schools, The Village Network, and The Woodlands. The 2024 SCM plan, submitted to and approved by the CFFC on 12/4/24, includes those revisions which have since been implemented.

Licking County CFFC provides service coordination through a process called Community Support Teaming (CST) for youth, birth to age 21, with needs in two or more systems of care. CST is a voluntary service that is designed to build on the strengths of the family and community through parent-agency collaboration. CST ensures consistent communication among team members while incorporating a broad range of community services and natural supports. The goal of CST is to maintain children in their home and community. Youth at risk of out-of-home placement or who are returning from an out-of-home placement are given high priority for CST services.

Agency staff, families and the community become aware of the SCM process through:

- Involvement in CFFC meetings where Community Support Teaming is discussed.
- CFFC services are listed in the Pathways of Central Ohio 2-1-1/Crisis Hotline online resource data base/directory.
- The SCM Plan is posted on the CFFC website.
- CFFC staff distribute information at local resource fairs.
- Service Coordination information is presented at community meetings with child and family service providers.
- Provider consultations with the Clinical Committee and the Early Childhood Clinical Committee (ECCC).
- CFFC staff involvement in community collaboratives that impact children and families.

Agency staff, families and community members become trained in the SCM by being involved in the process. Training is also provided by CC and ECCC members. Individuals involved with the CFFC (including family representatives) are informed of training opportunities in wraparound, service coordination and other related trainings. CFFC and local system providers access technical assistance and trainings through the State FCFC as often as possible to develop the quality of our services.

II. Description of statutory components required under ORC 121.37 (C)

(C) (1): A procedure for referring a child and family.

Any community service provider or family member may refer a youth to the service coordination process. Referrals may be made by contacting the CFFC Multi-Systems Services Supervisor (MSSS) by phone (740-670-8916) or email (melanie.fling@jfs.ohio.gov). Once contacted, the MSSS will send a referral form and release of information to the referral source to be completed. When a completed referral for Community Support Teaming (CST) is received, the parent/guardian is contacted by phone within 3 business days. For youth referred while in a

stabilization unit, such as a hospital, the MSSS will contact the facility and parent/caregiver within 1 business day to gather information. If possible, a meeting will occur within 3 business days and include creation of a transition plan. If it is not feasible for transition planning to occur prior to the youth leaving the stabilization unit, a meeting is to occur within 10 days of youth returning to the community. For youth in a longer term residential, out-of-home placement, a meeting will occur within 10 days after placement to begin service coordination and transition planning.

If the youth is Medicaid-eligible, the MSSS will refer the caregiver/provider to the Care Management Entity (CME) to determine eligibility for OhioRISE services; however, If the family chooses to receive service coordination through CST rather than through OhioRISE, the youth will be opened for CST services and the CME will be notified of the family's choice.

If there is a waitlist for CST services, the MSSS will reach out to the referral source and parent/caregiver to explain the waitlist process and give an estimated time of when wraparound services may begin. While a youth is on the CST waitlist, the referral source is given the opportunity to participate in a case consultation with the Clinical Committee to establish supports until the youth is assigned to a wraparound facilitator. For youth who are in an out-of-home placement or transitioning back to the community, the MSSS will schedule meetings as needed until the wraparound facilitator is assigned.

When a youth is opened for CST services, the wraparound facilitator schedules an introduction home visit with the parent/caregiver. During that visit, initial paperwork is completed including a release of information that explains a dispute resolution process. The facilitator asks for the family story to complete the initial assessment. This story is used to establish a timeline, understand family strengths, challenges, and needs, the roles and functions of formal (school and other organizations) supports and natural (family, friends, community members) supports, and to see patterns.

Risk Assessment:

When a CST case is opened, the wraparound facilitator will meet with the youth and family to gather information needed to complete a Child and Adolescent Needs and Strengths (CANS) assessment. Youth information is entered into the electronic health record (EHR) and the CANS electronic portal. After a CANS is entered into the portal, a recommendation for care coordination is determined. The following recommendations can be made:

Limited Care Coordination (LCC): Those scoring in the LCC category on the CANS will be considered low risk and will be eligible for limited care coordination services, including linking the youth/family to needed services and helping the family build supports. LCC may be appropriate for families struggling with one issue or basic need, experiencing a short-term crisis, or those families that have not previously used services from more than one agency. The LCC category can also be used when a family is eligible for Moderate or Intensive Care Coordination through OhioRISE but declines those services and prefers to have care coordination services through CFFC.

Moderate Care Coordination (MCC) Those scoring in the MCC category are considered medium risk and will be eligible for moderate care coordination services. MCC involves working with the family to define specific goals and services that will assist the family in moving towards those goals. The facilitator will discuss the purpose of forming a Community Support Team (CST) and ask who the youth/family would like to have on their team. CST members can include the family, youth when developmentally appropriate, natural supports (family/community members), staff from involved community agencies, a representative from the youth's school district, etc.

Intensive Care Coordination (ICC) Those scoring in the ICC category are considered high risk and will be eligible for High-Fidelity Wraparound (HFW) services that adhere to the National Wraparound Initiative standards. HFW incorporates a Community Support Team and is designed for youth and families that have complex, multi-system needs. Plans of care are developed that are individualized based on the strengths

and culture of the youth and their family. The plan is needs-driven rather than service-driven. Youth scoring in the ICC category typically have unique family needs and may be at risk for out-of-home placement.

*Young adults (age 18 -21) will be considered the primary contact and decision maker for their team, and all youth are active participants/decision makers on their teams and included as much as possible considering their age/developmental capability.

(C) (2): Notification procedure for CST meetings (Service Coordination and Wrap-Around).

The CFFC facilitator or other team lead, approved by the parents, will invite participants to the CST meeting by email or phone. CST team members may include the parents/guardians, youth, immediate and extended family members, appropriate school district representative and, if involved, caseworker, mental health provider, probation officer, Guardian ad Litem and other identified community providers. A parent advocate and/or other natural family supports may be invited.

(C) (3): A procedure for a family to initiate a meeting and invite support persons.

A parent/family can request a meeting at any time by contacting their CST facilitator. Meetings are scheduled at the family's convenience, and the facilitator will notify all team members of the details. Team members to invite are reviewed, and any additional team members are notified. Families will be encouraged to include natural supports such as extended family, non-blood-related kin, close friends, members from their faith community, etc. The aim is to include members who are committed to long-term support of the family. The CST Facilitator, parent/guardian, or youth (18-21 years old) will determine meeting dates/times and location, and who and how invitations will be made to support persons (formal and natural).

(C) (4): A procedure 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.

For youth referred with a concurrent request for out-of-home placement, an assessment will be conducted, and a team will be formed prior to removal (in cases that are not an emergency removal) to create a safety and crisis plan, and to identify and address immediate unmet needs that led to risk. Out-of-home placement will not be considered until all other community options are exhausted.

For youth referred while in a stabilization unit, such as a hospital, the MSSS will contact the facility within 1 business day to gather information and contact the parent/guardian. If possible, a meeting will occur within 3 business days to create a transition plan. If a transition plan cannot be developed prior to youth discharge from the stabilization unit, a meeting is to occur within 7 days of youth returning to the community.

In the case of an emergency, where the youth is moved to an out-of-home placement before a referral to CST or before an assessment occurs, a meeting will be scheduled within 10 days after the placement to develop a transition plan.

For cases brought to the CFFC for service coordination when the youth is in custody of Juvenile Court or Children Services, an assessment and a CST meeting will be scheduled within 10 days after placement. Monthly monitoring meetings will occur, and coordination will be attempted, if approved by the family and custodial entity.

(C) (5): A procedure for monitoring progress and tracking outcomes.

At each team meeting, the CST will assess progress towards goals and track outcomes as outlined in the family team plan and recorded in the EHR. Progress will also be measured through the CANS assessment that will be completed every 90 days (more often as needed) to monitor progress on each item identified as a need.

(C) (6): A procedure for protecting family confidentiality.

Confidentiality is an important right of youth and their families and must be maintained pursuant to all applicable administrative rules, policies, and practices. The expiration date is written into the release of information (confidentiality form) and family information will be destroyed in accordance with established CFFC and Administrative Agent guidelines.

CST forms and procedures will be explained to the families and this explanation will include protection of Protected Health Information (PHI). A release of information is completed by the family at the first meeting. New team members are added to the release and approved/signed by the family. During in-person team meetings, the CST facilitator assists the team in establishing ground rules and ensures that all team members are aware of the requirement for confidentiality. All virtual meetings must be conducted in private locations. Screens must be hidden from view. During virtual team meetings, the CST facilitator will review confidentiality.

A release of information form, specifically identifying CC members, is provided to the family for signature when funding requests or consultation is requested by the family team. Copies of information distributed to CST and CC members will be destroyed in accordance with established state guidelines.

(C) (7): A procedure for assessing the strengths, needs and cultural discovery of the family.

The assessment of strengths, needs and cultural discovery begins at the time of referral through questions posed to the referring entity (agency or family). There will be one to two meetings between the family and the CFFC facilitator where the family is asked to tell their family story which begins the process of building a family timeline of events and gaining an understanding of the strengths, needs and culture of the family. From that story and information gathered from formal and natural supports, the facilitator will complete the CANS and based on the assessment, compile a list of strengths and needs that is then shared at the initial team meeting. At the initial planning meeting, the family team will develop a team mission, elaborate on presented strengths, and prioritize unmet needs. The CANS will be completed every 90 days (more often as needed) to monitor progress on each item identified as a need and strength.

(C) (8): A procedure for developing a family service coordination plan.

All open cases will have a written family team plan. The CST process includes:

- Engaging and teaming with the family.
- Gathering information about strengths and unmet needs.
- Eliciting goals from the family.
- Forming a community support team (CST) that includes team decision-making about desired strategies, outcomes and how progress will be identified and tracked.
- Determining with the family and team what strategies should be prioritized and how tasks should be performed.

(C) (9): A dispute resolution process, including the judicial review process.

The Dispute Resolution Process for the Licking County Children and Families First Council (CFFC) will be used when an agreement cannot be reached between agencies represented on the CFFC concerning the provision of services to children, including:

- children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court;
- children whose parents or custodians are voluntarily seeking services; and

- when an agreement cannot be reached between the family and a service provider regarding service coordination, including the child/family assessment, the family service coordination plan, or service responsibilities for implementing the family service coordination plan.

Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. Before a dispute reaches the CFFC dispute resolution process level, every attempt will be made to resolve the conflict in a face-to-face Family Team meeting. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code. Nothing in this policy shall be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.

Each agency represented on the CFFC that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services, and the funding for those services, during the dispute resolution process. Services will not be denied to a child and family that would place a child at imminent risk. The dispute resolution process addresses EMERGENCY SITUATIONS, defined as situations involving significant risk to the child or other persons who are to be addressed by the proposed comprehensive family service coordination plan.

The family will be made aware of and provided with a copy of the Dispute Resolution Process at the initial Family Team meeting or when first entering the CFFC service system. CFFC will appoint a Dispute Resolution Committee (Committee) from its member agencies and family representatives. A family team member or Multi-Systems Services Supervisor (MSSS) will initiate the dispute resolution process by contacting the CFFC Coordinator, Sylvia Friel, for the Committee or CFFC Board contact information-- sylvia.friel@jfs.ohio.gov, 740-670-8844, 74 S. 2nd St., PO Box 5030, Newark, OH 43058-5030. For CLINICAL COMMITTEE DISPUTES, go directly to step 2A.

1. A member of the family team will refer the matter, in writing, to the Committee within five (**5**) business days (1 BUSINESS DAY IF AN EMERGENCY) following failure to achieve resolution at the Family Team meeting. The Committee will convene a face-to-face meeting with the disputing parties (including the family) and issue a written decision to resolve the dispute within fifteen (**15**) business days (5 BUSINESS DAYS IF EMERGENCY SITUATION). All involved parties will be permitted to submit relevant written materials to the Committee prior to the meeting. At the meeting, it may be necessary to clarify with the disputing parties what is excluded from the process, such as single system eligibility or issues of adjudication. This meeting will occur at a time convenient for the family.

2. If this decision fails to result in satisfactory resolution by any of the parties involved, the dissatisfied party will inform the Committee within three (**3**) business days (1 BUSINESS DAY IF AN EMERGENCY). The Committee will then refer the matter to the CFFC Board of Directors within two (**2**) business days (1 BUSINESS DAY IF AN EMERGENCY). The CFFC Board of Directors will meet to review the dispute and issue written findings and recommendations within fifteen (**15**) business days (5 BUSINESS DAYS IF AN EMERGENCY). All involved parties will be permitted to submit relevant written materials to the Board prior to the meeting.

2A. CLINICAL COMMITTEE DISPUTES- Any Family Team member or the MSSS shall refer matters of dispute with the Clinical Committee to the CFFC Board of Directors within five (**5**) business days (1 BUSINESS DAY IF AN EMERGENCY) following notice of the Clinical Committee decision in dispute. The CFFC Board of Directors will meet to review the dispute and make written recommendations within fifteen (**15**) business days (5 BUSINESS DAYS IF AN EMERGENCY). The CFFC Board of Directors will solicit information from the family as deemed necessary. All involved parties will be permitted to submit relevant written materials to the Board prior to the meeting.

When a dispute originates from the family/youth enrolled in CFFC Service Coordination, the CFFC Board is the final arbitrator of individual case resolution. The overall time limitation for these individual case disputes is 40 days.

When a dispute between agencies cannot be resolved through the dispute resolution process, the case shall be filed with the Juvenile Court within five (5) business days, along with an inter-agency assessment and treatment information. The final arbitrator of resolution in these cases will be the presiding juvenile court judge. The overall time limitation for individual case disputes between agencies is 60 days.

Early Intervention Service Coordination

To provide a seamless continuum of care for children/youth age 0-21 and align Children & Families First Council (CFFC) Service Coordination and Early Intervention (EI) Service Coordination under the umbrella of Licking County CFFC, the following process is in place:

The CFFC Clinical Committee (CC) (for families with children age 8-21) and Early Childhood Clinical Committee (ECCC) (for families with children birth- age 8), provide case consultation to community providers, recommend services, monitor and review Service Coordination cases and help identify appropriate funding or other requested services for children involved in CFFC Service Coordination. The Licking County Board of Developmental Disabilities (LCBDD) EI Supervisor has a seat on both committees. All children who receive services under Ohio's EI program, and who are also being served under the Licking County Service Coordination Mechanism (SCM), will be assured that the services received under EI Service Coordination are consistent with the laws and rules of EI requirements per federal regulations and DODD policy and procedures. EI Service Coordination and CFFC Service Coordination collaborate as follows:

- If a child is not eligible for or in need of EI services but the family and child have a need for services, the EI Service Coordinator will either provide the family with the information they need to connect with other community agencies or will make those referrals for the family.
- If a child receiving EI services needs support across multiple systems, that child will be referred to CFFC Service Coordination; however, the child will most likely be found to continue to have a need for EI services and would retain EI Service Coordination support. The CFFC Service Coordinator and/or CFFC Service Coordination team are available to support and assist with the family's IFSP/Early Intervention Plan as needed.
- If a child is being served by CFFC Service Coordination and a referral is made to EI Service Coordination, upon determination of eligibility for EI Service Coordination, the lead provider of service coordination is the EI Service Coordination provider to assure compliance with O.R.C. 5123.02.
- If a child who turns 3 is not eligible for LCBDD services but continues to have a need for supports, the EI Service Coordinator will provide the family with resources to community supports to ensure those referrals are made. If this child needs CFFC support, the outgoing EI Service Coordinator would work with CFFC to ensure the appropriate hand off is completed before the child exits from LCBDD services.
- If a child who turns 3 needs support from CFFC Service Coordination, that child will be referred to CFFC Service Coordination, but will most likely be found to have a need for LCBDD services and would retain LCBDD Service Coordination support.

Children involved in EI Service Coordination may be eligible for supports that are approved through the LCBDD approval process. Should a child be involved with EI and CFFC Service Coordination, funds for unmet needs, as determined by the CFFC Service Coordination team, may be requested of the CC or ECCC.

EI monitors cases for service delivery trends. Families exiting EI services are given surveys to identify areas where expectations are met or could improve. CC and ECCC review children involved in CFFC Service Coordination to identify gaps, duplications and trends. This would include children involved in CFFC Service Coordination and EI.

Child Protective Services – Youth in Custody

Regardless of youth/family involvement with county child protective services, CFFC Service Coordination can be accessed for any youth with needs across multiple systems. CFFC can provide service coordination for assistance in transitioning a child back into the community from a residential or therapeutic foster care placement. Child protective services play an integral role in protecting the safety and well-being of youth in the community, and this relationship should be fostered to maintain support for those youth and families who are at-risk for further system involvement.

III. A description of statutory components required under ORC 121.37 (D)

(D) (1): Description of the method for designating service/support responsibilities.

In the initial team meeting, clarification of roles and responsibilities are discussed and recorded in the CFFC Community Support Team (CST) family team plan. When additional services are identified and engaged, the service providers become part of the CST with clarification of roles and responsibilities. All efforts are made to provide a sufficient level of care. When community services are not available or cannot meet the level of care, efforts will be made to secure those services from other counties and/or natural supports. These service gaps will be recorded and reviewed by the Clinical Committee (CC) to then be taken to full CFFC with recommendations.

The CFFC facilitator will identify strengths and needs through interviews with family/youth, current service providers, school staff, and community (family and natural supports identified by family). These interviews will take place after the family has signed a consent for release of information. Following the interviews, the CFFC facilitator will complete the Child and Adolescent Needs and Strengths (CANS) assessment to assist in identification of strengths and needs. The CFFC facilitator will organize the strengths and needs in a document to be reviewed at the first team meeting. At this meeting, team members will be asked to review and add any strengths or needs not identified. Needs will be prioritized, and goals will be established around the identified needs.

The family team plan is reviewed at each meeting following the process described in section (D) (2). The CANS will be completed every 90 days (more often as needed) to monitor progress on each item identified as a need and strength.

(D) (2): Description of the method for selecting the family team member who will track progress, schedule meetings and facilitate meetings.

The initial development of a CST will be managed by the CFFC facilitator. Once the team is formed and stable with a clearly defined mission, goals, strategies, and safety plan in place, team facilitation may move to another team member with agreement from the youth/family. At any point, a request can be made for the CFFC facilitator to provide consultation or assistance in facilitation of the team when and if needed.

The ongoing meeting facilitation agenda includes:

- Review accomplishments made since the last team meeting.
- Assess progress on strategies, tasks, and goals outlined in the family team plan.
- Make adjustments to the family team plan as needed.
- Outline tasks that are assigned to team members.
- Schedule the next team meeting

Case Closure:

The CFFC will determine when a case will be closed using the CANS recommendations in combination with the family team's assessment of strategies and goals.

(D)(3): Ensuring that assistance and services are responsive to the strengths and needs of the family, as well as the family's culture, race, and ethnic group, by allowing the family to offer information and suggestions and participate in decisions. Assistance and services shall be provided in the least restrictive environment possible.

All family team plans will be responsive to the strengths, needs, family culture, race and ethnic group as defined by the family. This information is acquired through the initial home visits with the family and throughout the process. All services will be provided in the least restrictive environment consistent with their needs, when possible, to ensure community connections are maintained with children in a family environment, according to the beliefs of the CFFC.

Connection to Services: The CFFC facilitator will provide a bridge to connect youth and families to community interventions. For youth/families in need of a higher level of assistance, the CFFC facilitator will discuss service options with the family to increase safety and reduce risks. This may occur at any point, from initial meeting with the family throughout the process of service coordination. Based on need, these options may include any of the following: Intensive Homebased Services, mobile crisis team, stabilization in a residential setting, homebased services (counseling and case management), respite, parent mentoring/coaching, outpatient clinical services (counseling, psychiatric services, group therapy), and assistance with basic needs (food, shelter, and utilities). The CFFC facilitator will make referrals to address these immediate needs and develop an initial safety plan. Service providers will become part of the CST.

(D)(4): Description of how alleged and adjudicated unruly and delinquent youth will be dealt with using service coordination, including a method for diverting them from deeper involvement in the juvenile court system.

Alleged or adjudicated unruly and delinquent youth may be referred to CFFC for service coordination. The goal of CFFC is to develop a service delivery system that addresses the needs and supports the strengths of the youth, so they are diverted from more formal juvenile court interventions.

In emergency situations, the referring agency may contact the MSSS to discuss the current status, request approval for immediate intervention, and schedule an emergency team meeting. Upon notification from Juvenile Court, Children Services, or other agency that a child is being placed, an emergency meeting will be scheduled prior to placement or no later than 10 days after placement.

(D)(5): Description of timelines for completing family team goals.

The general timeline for service coordination is 6 to 9 months and 9 to 12 months for High Fidelity Wraparound services. As planning is family centered, the team has flexibility in timelines.

(D)(6): Description of crisis and safety plans in the family service coordination plan.

All families with a CST in place will have a crisis and safety plan completed. The plans may be completed by the full team or by a service provider (i.e. mental health clinician) and the family. The plan is then put in writing and presented to the team for feedback. Safety and crisis plans become part of the family team plan.

IV. O.R.C. 121.37(E)(1): Items that may be included in the individual Service Coordination Plan of an alleged unruly child.

(E)(1)(a): Designation of the person or agency to conduct the assessment of the child and the child's family as described in Division (C)(7) of this section the instrument(s) used to conduct the assessment.

The Child and Adolescent Needs and Strengths (CANS) will be the assessment tool used by the CFFC. Data is collected, reviewed and entered in the CANS portal every 90 days (more often as needed). The team will use this tool to assist in defining the level of care, prioritizing needs, and identifying strengths to define the most effective strategies. This information will be used to develop the family team plan, which includes the crisis and safety plan. Plans will prioritize reduction of behaviors that have led or may lead to unruly charges being filed.

(E)(1)(b): The personal responsibilities of the child and the parents, guardian, or custodian of the child.

A court representative will be part of the Community Support Team (CST) and will provide to the parent and youth their legal responsibilities. The family team plan will prioritize strategies that support the parent and youth in meeting personal responsibilities outlined by the court representative.

(E)(1)(c): Involvement of local law enforcement agencies and officials.

CSTs will include a court representative (probation/diversion officer) from juvenile court. If needed a CST can also include a mediator and/or law enforcement officer. Mediation is a tool utilized by the court and mediation plans are incorporated into the family team plan to ensure that the youth and family have supports and resources identified through teaming to follow through with their plan.

V. O.R.C. 121.37(E)(2): The method to divert a child from the juvenile court system that must be included in the service coordination process may include, but is not limited to, the following:

(E)(2)(a): Preparation of a complaint under section 2151.27 of the Revised Code…notifying the child and the parents, guardian or custodian that the complaint has been prepared to encourage the child and the parents, guardian, or custodian to comply with other methods to divert the child from the juvenile court system.

A report is filed by the prosecutor and a letter is sent from the Diversion department of Licking County Juvenile Court to the parent/guardian/custodian, stating they have received a complaint and their child meets the requirements to go through the diversion program. Diversion may refer multi-need youth for Community Support Team (CST) services. It is the responsibility of Diversion staff to notify parents of the referral to CST. The CFFC facilitator will contact the family.

(E)(2)(b): Conducting a meeting with the child and parent and other interested parties to determine the appropriate methods to divert the child from the juvenile court system.

Court representative(s) are included on the CST when the youth has an unruly complaint filed to ensure that appropriate strategies are developed to effectively divert the youth from the juvenile court system. The family team plan may include parent supports (education/coaching).

(E)(2)(c): A method to provide the child and the child's family a short-term respite.

The CST evaluates the level of need for short-term respite and procures this, when available, through natural community supports. If natural supports are not available, the CST will request funding through the Clinical Committee or assist the family in accessing other possible funding sources. Respite services may be purchased from agencies or individuals (with appropriate background checks completed) and may include hourly or overnight respite or recreational camps.

(E)(2)(d): A program to provide a mentor to the child.

The CST will determine the need for a mentor. CST will seek mentors from natural community supports, community organizations such as Big Brothers Big Sisters or agencies providing trained mentors. If these services are not available at no cost, the CST will request funding through the Clinical Committee.

(E)(2)(e): A program to provide parenting education.

A CST family team plan may include parenting education to provide the parent with skills to meet the needs of their child. Numerous agencies in the community provide parenting education programs in several forums and levels of intensity. These include group education, support groups, individual/family education and modeling of skills. The CFFC may also purchase parent coaching and parent mentor services.

(E)(2)(f): **An alternative school program.**

There are various alternative schools in Licking County to serve students with mental illness and/or developmental disabilities whose behavioral concerns cannot be managed in the traditional school setting. Several districts have alternative programming within their buildings and only send students to other sites when those programs are no longer able to meet the needs of the student. School districts have purchased out-of-

county alternative educational services for some of our highest risk students. For youth in alternative programs outside of their school district, the CST includes district representation (generally the special education coordinator) as well as staff from the alternative school program to increase communication and planning across all systems of care. The goal is to return the child to the least restrictive educational environment, and if possible, into mainstream classrooms.

(E)(2)(g): Other appropriate measures.

Other interventions may be part of a family team plan. These community-based services may be funded through various entities including health insurance, school districts, LCBDD, PASSS Funding and the CFFC Clinical Committee. Licking County Juvenile Court Family Intervention Services offers Mediation to CST families at no charge. Mediation provides family members with a neutral third party, focused on resolving conflict and encouraging collaboration on the family team.

VI. Fiscal Strategies

Maximizing flexible resources

The CC and CFFC facilitators constantly strive to be aware of natural and no/low cost supports. Families are encouraged to engage with these supports whenever possible. Should need arise beyond this, the CST will seek financial support through state funds, such as Family Centered Services and Support (FCSS), MSY/PCSA and local funds available through the CFFC or other local partners. Family team plans are continuously re-assessed through team meetings. The effectiveness of supports impacts the direction of the plan as well as decisions regarding funding of supports.

Government and flexible CFFC funds are used to support the SCM. Funds used to purchase services must meet guidelines set by the funding source. Through the annual budgeting process, the CFFC Board determines need and assigns income to support the provision of service coordination and direct, supportive services. Pooled funds are accessed when insurance, government and grant funding sources are exhausted or when services are restricted by the funding source.

How funding decisions are made

As part of (CST) family team plan development, the CST determines costs for resources needed to goals of the plan. Insurance and system funds are accessed when possible. If these funds are not available, a request can be made of CFFC to fund services. The Clinical Committee (CC) will review the request, which can be made for up to 90 days of funding and approve the request or make recommendations for changes/additions including other avenues to acquire resources.

Procedure for a funding request to the CFFC Clinical Committee: Any request to the CFFC Clinical Committee (CC) will be forwarded to the MSSS. The MSSS will request required documentation, explain the process, and schedule the family team representative for a presentation with the CC. The CC will, authorize funding for youth based upon the following criteria:

1) Youth currently has an open family team with CFFC.
2) Funding paperwork is completed, including a signed release of information, team risk assessment and cost approval form.
3) A completed crisis and safety plan and a family team plan is in place.
4) Funding request includes how the resource being requested will meet the objectives of the family's team plan.
5) Usual and customary services have not been successful.

6) Parent/Caregiver is actively participating in family team meetings and signs an agreement to follow therapeutic recommendations. These recommendations may include, but not be limited to individual or family therapy.

7) Approval of additional funding requests shall be based on the progress made toward the desired outcomes (i.e. goals) as stated in the family team plan, as well as parent/caregiver participation/engagement in teaming process.

In an emergency, the CFFC facilitator may contact the MSSS to request approval for immediate intervention until the next scheduled CC meeting. The MSSS will make the request to the CC members by email. A minimum of four (4) CC members must approve the request. The complete presentation will be heard at the next CC meeting.

Placement Plan: CC does not authorize payment for out-of-home placement, except in those instances deemed clinically recommended. Community pooled funds can be used for up to 30 days of out-of-home placement. A comprehensive plan to return the youth to the community is developed as quickly as possible after the out-of-home placement occurs. The CFFC facilitator will share responsibility of coordination between the placement facility, family, and community team. Progress is reported to the CC. In cases where the team determines the placement will need to continue past the 30-day period, a written request to the CFFC Funders is to be prepared and presented by the MSSS and/or a request will be made for Ohio Department of Medicaid Multi-System Youth (MSY) funding. If funding is not approved, other options will be reviewed and put into place by the CST. If approved, the team will monitor progress, examine barriers, refine the transition plan as needed, and report progress to the MSY State Review Team.

If a funding request is made for out-of-home placement for a youth <u>not open</u> to CFFC, funding approval will not exceed 30 days, funding will not be approved retroactively, and all criteria stated in the procedure for a funding request to the CFFC Clinical Committee must be followed. The following criteria must be met to authorize funding:

1) Youth is at high risk of custody relinquishment.

2) A clinical recommendation for out-of-home placement has been made.

3) If more than 30 days of out-of-home placement is recommended, an Ohio Department of Medicaid Multi-System Youth (MSY) funding request must be submitted by the assigned care coordinator (CC) within 15 days of the CC funding approval.

4) Weekly team meetings must occur during the 30 days funded and must include the CC, the CC supervisor and the MSSS.

VII. Quality Assurance of Service Coordination Mechanism

It is important that the (CFFC) monitors its Service Coordination Mechanism (SCM) so that the SCM is implemented with consistency, incorporates up-to-date and evidence-based processes, is effective and reflects the process that is practiced. CFFC accepts best practice recommendations from the Ohio FCFC and other systems when developing our SCM.

To assure that the SCM is kept up to date, the MSSS, CFFC Facilitators, Clinical Committee (CC) and CFFC Coordinator will be assigned to monitor and review the service coordination process. All sections of the SCM will be reviewed on a bi-annual review schedule. In addition, SCM processes can be reviewed any time revisions are necessary or as guidance is received from the Ohio Family and Children First (OFCF).

In addition, the CC receives data regarding CST involved youth, as well as FCSS reports and other information provided to the State. CC identifies trends, gaps and strengths in the SCM Plan, CST and community systems. The MSSS shares this data, and the recommendations of the Clinical Committee, at the CFFC Full Council meetings. This information allows the CFFC and community systems enhanced resource priority-setting, access to state funding opportunities, and local interagency investment and reinvestment of resources.