



**Service
Coordination
Mechanism**

2019

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I. INTRODUCTION

Geauga Family First Council is a collaborative, interagency organization designed to meet the diverse needs of families living within Geauga County through a unified system of services. Established pursuant to Ohio Revised Code, sec. 121.37, Geauga Family First Council is strongly committed to removing barriers for multi-need children through prevention, early intervention and an inter-system provision of services which support the entire family.

Our Council provides the framework for county agencies to coordinate efforts and to take a pro-active approach to sharing resources and information and discussing areas of concern which impact both families and services. Council members believe that pooling resources (both funding and ideas) is the best way to create systems change.

The Council, composed of local agencies working together on behalf of Geauga's families, currently funds a broad spectrum of community-based services. All the programs Council has helped develop and now funds are community solutions to identified service gaps which existed in Geauga County. One of the major functions our Council provides in the county is Service Coordination. In Geauga, Service Coordination, is essentially a way of doing business based on the Council philosophy that the kids, being served through Council-funded programs and individualized services, are the "community's kids," not just the responsibility of one system. Our Council plays a unique role in Geauga. Rather than providing direct services we work to ensure that families receive the services they need when they need them – whether to resolve chronic issues or address crises. Our focus thru Service Coordination is to streamline services for multi-need families so they're not passed from agency to agency nor do they fall thru the cracks. Ours is a systematic approach to help streamline and coordinate services for families across the various public systems.

II. SERVICE COORDINATION HISTORY & OVERVIEW

The groundwork for Geauga Service Coordination was laid in the late '80s when the Geauga County Cluster was the main vehicle for this collaboration. However, by the mid-'90s our Cluster/Council had already moved beyond the traditional Cluster concept of funding case-specific services for multi-need kids, at the micro level.

It became clear - early on to the group of committed, creative people forming the nucleus of Family First Council - that kids were better served in their own homes, if possible, or, at a minimum, in the community close to family, school, and mental health/social service supports. With the Voinovich Administration's goal in mind – coordinating and streamlining services for families needing public agency assistance – our Council members pooled their resources and developed several key community-based services aimed at helping families of multi-need kids stay together (a more macro approach). This combined macro and micro level approach continues to form the foundation of Geauga Family First Council today.

Our Service Coordination Mechanism was initially developed by and refined recently with input from the following Geauga child-serving entities: Geauga JFS, the Geauga Mental Health & Recovery Services Board, Juvenile Court, the Geauga DD Board,

the Geauga Educational Services Center, Geauga Health District, Family First Council's Early Childhood Subcommittee (our county's early intervention collaborative), our Council's Family Reps, local community mental health agencies as well as the local schools. All the groups listed above are regular participants in either Geauga Family First Council or one of Council's two Inter-Disciplinary treatment teams (the Multi-Disciplinary Team and the Family Stability Team).

The Service Coordination Mechanism (SCM) serves as the guidance document for services provided in Geauga thru Geauga Family First Council. All agencies providing Service Coordination on behalf of our Council agree to follow the process and procedures outlined in our SCM.

III. SERVICE COORDINATION PURPOSE

Service Coordination, in our county, is defined as a coordinated approach to serving kids/families whose needs cross agency boundaries – our way of helping plan and organize services for these families. It's essentially a continuum of services and processes which help professionals and multi-need families obtain and manage the services they need. Since the late '90s this "way of doing business" has been provided not only to families with what we call the highest-risk kids, those needing placement outside the community, but also to those with multiple needs who can be served in the community through more intensive community-based treatment such as our Youth Partial Hospitalization Program (BRIDGES) and our Geauga Therapeutic Youth Center, both of which are locally funded.

In early 2000, with the funding available through the state's Family Stability (FSIF) funds we were able to expand our coordinated approach to service delivery to a much broader range of families. Geauga's Family Stability Program, which, once the state FSIF funding ended, has been continued through both state FCSS (Family-Centered Services and Supports) dollars and local funds, provides individualized support and flexible services geared to strengthening families and keeping children in their own homes. Often, these services are provided on a shorter-term basis to families. The goal of our Family Stability program is to get services to families quickly with a very short turnaround time.

The Service Coordination process only occurs in Geauga because of the commitment of the major family-serving agencies to this concept. Representatives from the DD Board, Mental Health and Recovery Services Board, Ravenwood Health, Job & Family Services, the Health District, Juvenile Court, the HMG/Early Childhood Subcommittee, the Educational Service Center, Catholic Charities, Family Pride, and the local school districts not only have been integral to Service Coordination development, but all also play key roles on our Council's Inter-Disciplinary Teams which serve as the entry point to Council-funded services.

The goal of our Service Coordination Mechanism is to provide the opportunity for Geauga agencies to collaborate in a structured way to better serve Geauga families and to provide services in the least restrictive form possible. Service Coordination in Geauga is based on the following tenets:

1. Services to Geauga's families and children are coordinated, community-based, if

at all possible, and family centered;

2. Children are usually best served in the community and in their own homes, where they can be connected to community and family supports;
3. Parents and youth have a voice in both the planning and delivery of services for their family and have access to a Family Advocate if needed;
4. Services are strength-based, individualized, and responsive to the cultural, race, and ethnicity of the families being served;
5. Services are monitored and evaluated in order to best meet the family's needs and are accessible and responsive on a timely basis;
6. The community's financial resources are organized to best provide high-quality services;
7. Services particularly to young families, emphasize early identification and early intervention;
8. Youth receiving services through Geauga's Service Coordination process are viewed as the "community's children" not the responsibility of just one agency.

OHIO'S COMMITMENTS TO CHILD WELL-BEING

- Expectant parents and newborns thrive
- Infants and toddlers thrive
- Children and youth succeed in school
- Youth choose healthy behaviors
- Youth successfully transition into adulthood

help form the basis for services Council provides to Geauga's families. While Council's efforts are not formally based on Ohio's Commitments but rather on the local needs of the Geauga community, the two are intertwined.

9. All Council and Inter-Disciplinary Team members are strictly bound by confidentiality. Our Council's Confidentiality Agreement is signed by all Council and Inter-Disciplinary Team members.

IV. SERVICE COORDINATION TARGET POPULATION

Many Geauga families require the support of more than one agency. The children/adolescents targeted in this Service Coordination Mechanism (SCM) are likely to be receiving two or more of the following services:

- Child development/early intervention programming
- Health services
- Juvenile justice intervention
- Mental health and substance abuse counseling

- Social services
- Special education

Our goal is to serve:

- Multi-need children (0-21) who are abused, neglected, delinquent, or dependent and multi-need children whose parents are voluntarily seeking services because they feel their child's needs are not being met by one system alone;
- Families with children adjudicated unruly, alleged to be unruly, or at-risk of becoming unruly. The "at risk unruly" population are those "turning-point" kids who, due to their parents' situation, to their home environment, or to their own ability level, are already struggling in some area of their lives and could become court-involved unless diversionary intervention occurs;
- Families needing family preservation, parent counseling, respite or one-time emergency services such as gas cards, help with utility payments, all geared to strengthening the family structure.
- Children 0-3 who are receiving services thru Ohio's Early Intervention Program because they are at risk for or have been identified with a developmental delay.

V. SERVICE COORDINATION REFERRAL PROCESS

OVERVIEW

Any Geauga agency, including Juvenile Court, and families voluntarily seeking services, may refer a child aged (0 through 21 years) by contacting the Council's Case Services Coordinator for Service Coordination in accordance with our county's SCM. This is the single central entry point for all Council provided and funded services. The Case Services Coordinator (CSC) goes over the referral process with the individual, family, or referral source to help determine what level of care (the least restrictive) may be needed. At this time, if requested, the parent/guardian is also given the name of a designated Council Family Representative as a potential information source and/or support person for parents/guardians whose children are being presented to one of Council's two Inter-Disciplinary Teams for services. The Case Services Coordinator (CSC) plays a key role in helping navigate the Council system particularly for self-referring families who are not connected to a service professional in the community. A preliminary meeting, prior to the actual presentation, can be scheduled with the CSC at a time convenient to the parents. Our CSC's role is to determine which of Council's two Inter-Disciplinary Teams is the most appropriate to "hear the case". The CSC facilitates all those team meetings so also has the expertise/experience to determine what level of care may be needed (See page13 for the Description of the 2 Inter-Disciplinary Teams)

The person presenting the case is usually the person from the agency providing the primary service to the family - Social Worker, Probation Officer, the mental health case manager (CPST), Therapist, or SSA (from DODD). It also can be a parent. If the parent is not the presenter, he/she has a voice in the selection of the presenter and is encouraged to attend the presentation so parent input is heard directly. In cases where Juvenile Court is already involved, the person presenting

is usually either the JFS Social Worker or the Probation Officer because of court orders.

CASE PRESENTATIONS

Three pieces of information must be completed and provided to the CSC before a case can be presented either by the family seeking access to Council services/programs or by the service professional acting on the family's behalf. These forms have been developed by the Inter-Disciplinary Teams and Council:

- The **Council's Common Intake Form (Attachment E)** is used for presentations to the appropriate Inter-Disciplinary Team.
- The Council's **Family Release of Information Form (Attachment F)** must be signed before any presentation is made. Strict confidentiality is enforced. The Common Release covers all agencies involved in the case to avoid families having to sign multiple forms and to assist agencies with information-sharing.
- The **Council's Confidentiality Disclaimer Form (Attachment G)** must be signed by everyone participating in the presentation. The Confidentiality Disclaimer Form is also signed by all Council and Inter-Disciplinary Team members and a file of the forms maintained in the Council office. The form stresses the confidentiality of all the family's personal information, healthcare treatment, and educational information which is presented. All parties agree that the information is only to be shared for professional purposes unless written consent of the family is obtained.

The Common Intake Form must be filled out in its entirety and covers the following information and includes an outline of the family's strengths and needs:

- Family demographics
- Family/child medical/social history
- Strength-based family assessment section
- Family identification of cultural considerations
- Reason for referral
- Date of referral
- Family contact information
- List of formal and informal supports being currently accessed by child/family
- CANS assessment results
- Current needs of child/family in each significant life domain (housing, behavioral/social, school/education, developmental trauma, juvenile justice, substance abuse, vocational/employment)

REFERRAL TIME-LINE

- 1) Referral is received from a family member or an agency staff person who is contacted by the next business day by the Case Services Coordinator.

- 2) After the Case Services Coordinator determines the appropriateness of the referral, the initial meeting of the appropriate Inter-Disciplinary team is scheduled within 5 business days or less. The Council's Common Intake Form and Release of Information Form must be completed for the case presentation to go forward.
- 3) The case is presented and the recommendations from the Team hearing the presentation are then sent to the presenter and to other appropriate parties within 5 business days (**Treatment Recommendation Letter - Attachment H**)
- 4) At this point the family is also given a copy of **Council's Dispute Resolution Process (Attachment I)**

VI. LEVELS OF INTERVENTION

Over the past 20 years our Council has worked closely with our community's major public agencies (Mental Health, JFS, DD Board, Juvenile Court, County Commissioners) to establish a System of Care – a coordinated network of community-based services and supports organized to meet the challenges of children/youth with multiple needs. In Geauga, this array of services spans all intensity levels of care. The majority of services/interventions provided are funded thru our local pooled funds.

Not all families who are referred or refer themselves require the same level of assistance. In Geauga's system, there are five levels of Service Coordination involvement. In Geauga, Wrap (ENGAGE) is viewed as a higher intensity form of Service Coordination so is included in our continuum. The level of Service Coordination provided is based on: the child's level of risk; the immediacy of the situation; and complexity of the situation, which is often determined by the number of systems involved and the number of barriers/obstacles getting in the way of those systems meeting the family's needs. To be eligible for all levels of Geauga Family First Council's Service Coordination (except Level 1) the youth must meet the following criteria:

1. Youth, 0-21 years of age
2. Resident of Geauga County
3. Multi-need, i.e. his/her needs must be beyond the resources/capabilities of any one system

LEVEL ONE – INFORMATION & REFERRAL

These youth do not need a team-based approach. These cases are typically referred by parents or relatives who contact our Council via our website, phone, or fax. Many of these families may not have as of yet reached out for any services but some might be involved with one system such as Job & Family Services, Mental Health, or the DD Board. Our Council's Case Services Coordinator (CSC) follows up with the family and connects them to the appropriate agency for information about services and supports. The CSC frequently takes a very active role in this "linking".

LEVEL TWO – SYSTEM SUPPORTED SERVICE COORDINATION

These youth have open cases with another family-youth team meeting process thru one of Council's partner agencies (Job & Family Services (non-custody), Board of DD, one of our community mental health agencies, Juvenile Court, or the schools). A Case Manager (CM) has already been assigned to the case and a cross-system team in place but the family is experiencing a new crisis/situation leading them to seek services/supports in addition to what they're already receiving. These Level Two families are working to keep their children/youth in their own home thru team-based clinical or non-clinical services like BRIDGES (our partial hospitalization program funded with local funds by our Council), MST, IHBT, or ENGAGE (wrap).

Each of these youth has already undergone a CANS assessment, has an IFSP (Individual Family Service Plan), and a Crisis/Safety Plan in place, and is participating in regular team meetings with measurable outcomes. Many of the families in this Level Two category are eligible for and could benefit from non-clinical supports/services available to them thru our FCSS (Family-Centered Services and Supports) funding which include:

- Non-clinical in-home parent/child coaching;
- Non-clinical parent support groups;
- Parent education;
- Mentoring;
- Respite care (including summer camps);
- Transportation (i.e. taxi fare, gas vouchers);
- Social/recreational activities;
- Safety and adaptive equipment;
- Structured activities to improve family functioning;
- Parent advocacy

A referral for FCSS services and supports can be received from the Case Manager or the family. In this instance our CSC schedules the presentation for our Family Stability/Diversions Team which is our Council's entry point for FCSS funds. Council's Common Intake form is used for Family Stability presentations as well as for Multi-Disciplinary Team presentations. As outlined on page 7, the packet contains the following:

- Council's Common Intake Form
- Council's Release of Information
- Council's Confidentiality Disclaimer Form

Families engaged in either System-Supported (Level 2) or Intensive Level (Level 3) Service Coordination are eligible to access FCSS funding to maintain the child in the home, as are ENGAGE families. Service Coordination is a requirement for any family receiving FCSS supports or services.

A presentation before the Family Stability Team will be scheduled once the completed referral packet has been received. This Team meets weekly. If it is determined this family needs additional or different clinical services or a higher

level of Service Coordination, there will be a discussion at the meeting and a recommendation made.

Council staff monitors the cases which have been referred either for FCSS supports/services or for more intensive additional services. There is ongoing communication between the CSC and the family's Case Manager since all requests for additional services must be presented to one of our Teams. Our CSC, who is very "hands-on", schedules and facilitates the presentations. Because Geauga is small and our Council system extremely collaborative, the cases of multi-need kids/families are easily tracked and services streamlined and coordinated. Thru Recommendation Letters within 5 business days of any case presentation the family's existing team is kept aware of any additional services being added.

HELP ME GROW – EARLY INTERVENTION (A LEVEL TWO COMPONENT)

A key component of Service Coordination in Geauga County for Geauga's younger families is Help Me Grow – Early Intervention Service Coordination. This SC piece is prescribed by Early Intervention laws and rules which are based on federal regulations and DODD policies and procedures. If a child is already being served thru one of Council's Service Coordination components and a referral is made to Geauga's HMG-E.I. program, our DODD Board (Metzenbaum) takes over Service Coordination to assure compliance with ORC 5123.02. Metzenbaum is Geauga's sole HMG-E.I. provider. The assigned HMG-E.I. Service Coordinator then helps the parent thru the eligibility process, the scheduling of assessments and evaluations, and works with other team members to ensure the delivery of quality services. If the child is determined eligible for E.I. services, the HMG-E.I. Service Coordinator helps the family identify goals for their child, create an IFSP, and put the needed services in place as part of the E.I. Service Coordination component. If the child doesn't meet the E.I. eligibility requirements, the family continues with the Service Coordination process already in place.

Rarely do HMG families need Service Coordination beyond what is offered thru HMG-E.I. but in those few cases where it is needed, additional services/supports can be accessed thru our Family Stability (FCSS) umbrella of services and supports, as in other Level Two cases. Geauga HMG-E.I. transitions all kids, who turn 3 while still in the program, into a new setting chosen by the parents. The majority of the kids transitioning out of HMG do not need Council's Service Coordination, nor do their parents choose it. However, families whose needs cross multiple systems when their child exits HMG, can be referred back to Council's Service Coordination component. To access Service Coordination or FCSS funding the HMG worker would need to complete the Common Intake Form and make a presentation to the Family Stability Team.

Council's Early Childhood Subcommittee (ECS) plays an active role in Geauga in terms of identifying service gaps, duplication of services, and trends in early childhood services. The ECS is composed of representatives from all the early childhood providers in Geauga and meets quarterly. The Council Coordinator

facilitates the meetings and shares all service gap discussions at the Council table where annually Council's SCM is updated. The HMG Clinical Supervisor's report is one of the program reports re: Council-funded programs shared quarterly with Council.

LEVEL THREE – INTENSIVE SERVICE COORDINATION

For some families, a more intensive level of SC is needed and they are connected to our Council's Service Coordinator known in Geauga as the Council's Case Services Coordinator (CSC). The CSC obtains copies of the Council's original Common Intake Form, the Release of Information form, the CANS results, and the IFSP and crisis plan all of which should already be in place. A modified CANS may be done to assess the current risk. If these pieces have not been completed previously, or the information has changed, the CSC will ensure they are completed by gathering information from the youth's current team.

The goal at this Service Coordination Level is to determine and provide for short-term crisis stabilization services (outside the home) if needed. Before the youth can be referred for this more intensive level of service Council requires that all other community-based services have been accessed, except in extreme emergencies. Youth eligible for Intensive Service Coordination are non-custody youth who may need short-term crisis stabilization in either our county's Therapeutic Youth Center (which is funded in part by our Family First Council) or in a nearby residential facility. These cases are then presented to Council's Multi-Disciplinary Team, which like our other Inter-Disciplinary Team, is made up of representatives from our partner agencies. (See page 13 for Inter-Disciplinary Team description). Additional outcomes are then listed on the newly modified IFSP, team meetings are held, and the outcomes monitored as in Level 2 SC cases.

LEVEL FOUR – ENGAGE WRAPAROUND SERVICES

In Geauga, the wraparound services provided by our Council are based on the ENGAGE-Hi-Fidelity Wraparound model. ENGAGE is a higher-intensity form of Service Coordination – an evidence-based planning process which helps identify a creative and unique set of natural supports for each family. The goal of ENGAGE is to stabilize and strengthen the family outside the more formal, traditional resources and supports which have not been working.

In our Council's continuum of care ENGAGE is for those families where a different non-traditional approach is needed with more creative "outside the box thinking". In Geauga, the target population for ENGAGE remains youth in transition (14-21) with serious emotional disturbance who are at risk of involvement with the child welfare or juvenile justice systems or of homelessness. Families with kids younger than this target group are usually referred to our community mental health center's IHBT program (which, although a slightly different approach, offers some similar services) or to our BRIDGES program.

Families being referred for ENGAGE follow the same procedures as those families referred to our Family Stability Team, again using our Council's Referral Packet (see page 7). The parents are always invited to this presentation. If the family is accepted into ENGAGE, an ENGAGE facilitator is assigned to the family. The presenter is responsible to ensure the ENGAGE facilitator was approved by the family. This facilitator is responsible for ensuring all needed forms are completed and is chosen from a pool of community professionals who have attended the state ENGAGE training – staff from Catholic Charities (primarily for the 18-21 population), Ravenwood Health, Family Pride, and Geauga County Job & Family Services. As is the Family Stability Team's usual procedure, after the case presentation, a **Treatment Recommendation Letter (Attachment H)** summing up the Team's recommendations is sent to the presenter and the identified ENGAGE facilitator. ENGAGE is expected to last 12-18 months.

LEVEL FIVE – RESIDENTIAL TREATMENT

The goal of Geauga's System of Care is to provide an array of community-based services ranging in intensity and service coordination approach. These services are geared to serving youth within the community if at all possible. For the small number of kids whose needs, at least temporarily, exceed what can be accessed in Geauga, funding for residential treatment or therapeutic foster care is provided thru our Council. Out-of-county placement is funded out of Council's local pooled funds for approximately 7-8 youth at any given point. These youth are usually in JFS custody. Council's Multi-Disciplinary Team serves as the entry point into our system for these cases although, in almost all instances, these youth have already received community-based Council-funded services.

The Multi-Disciplinary Team then makes this treatment recommendation and the case is presented by the CSC at the next monthly Family First Council meeting since placements involve separate funding. In emergency situations, placement services can be authorized by the Family First Council Coordinator, with Emergency Subcommittee approval, until the scheduled case presentation to Council. If, at the time of the presentation, if there is no Council case-funding available, the child is placed on Council's Waiting List and either JFS or the Mental Health Board (for drug/alcohol cases) funds the placement until Council funding becomes available. The Emergency Subcommittee Members are Council's President, the JFS Executive Director, and the Mental Health & Recovery Services Board Executive Director.

Since a level of care/risk assessment tool has been used by the placing system to determine the need for placement, Council does not administer a tool of its own. Likewise, Council does not create its own IFSP because JFS takes the lead and the JFS Plan takes precedence. In our Geauga system, Level 5 Service Coordination is considered a less intensive form of Service Coordination.

Service Coordination can continue in Level 5, on a less intensive basis, while the youth is in placement. In these cases, all systems are in agreement and Council's pooled funds are used to cover the costs. The services are aligned such that each

system is providing what is needed. This alignment and local pooling is an underpinning of our Council and has been for many years.

Youth eligible for residential treatment funding must meet at least one of the following criteria:

- Youth continues the use of alcohol or drugs or suffers a relapse which causes a need for placement with Intensive Out-Patient services in place for stepdown;
- Youth continually exhibits aggressive behaviors including sexual aggression;
- Youth chronically exhibits suicidal ideation;
- Youth needs significant medication modifications in a safe environment.

The role in these cases of the Case Services Coordinator (CSC), is to attend an initial staffing at the treatment facility within the first 30 days, and subsequent staffings every 90 days to assure continued progress, appropriateness of placement, and discharge planning. The CSC reports to the Council quarterly re: each of these youth. The CSC is also actively involved in planning and executing HOME Choice Transition Services for youth leaving placement.

VII. ACCESSING SERVICES (HOW OUR SERVICE COORDINATION SYSTEM WORKS)

Children are brought to the attention of one Council's two Inter-Disciplinary Teams by parents, school personnel, public and private agencies, the schools, and by Juvenile Court. As outlined above, these Teams serve as the entry point for all Council-funded services and all case referrals go through the Council's Case Services Coordinator (CSC) who facilitates the functioning of these Teams. The Multi-Disciplinary Team (MD Team), and the Family Stability/Diversions Team each play a significant role in our Service Coordination Mechanism. Membership on the Inter-Disciplinary Teams overlaps somewhat and each Team is representative of a variety of different agency perspectives. Each Team has its own treatment/intervention focus but in order to best meet the needs of families in terms of timing and access, the movement of cases between the two groups can be somewhat fluid. Both Teams meet weekly. The Council's Administrative Assistant emails the appropriate Team members to confirm that the already scheduled meeting will take place.

ROLE OF THE INTER-DISCIPLINARY TEAMS

(Inter-Disciplinary Teams List of Members - Attachment J)

1) THE MULTI-DISCIPLINARY TEAM

OVERVIEW

The Multi-Disciplinary Team (MD Team) is the central entry point in Geauga for kids needing residential or therapeutic foster care placement

outside the community. The majority of referrals come from Juvenile Court, JFS, and mental health professionals.

OUT-OF-COUNTY PLACEMENT

- Both Juvenile Court and the Mental Health & Recovery Services Board refer all kids needing out-of-county placement serves to this Team for treatment recommendations and to the Council for funding. This is also true for most JFS cases.
- Kids referred are usually those needing the highest level of intervention because all else has been tried.
- If designated as needing a placement outside the county, the MD Team refers these cases to the full Council for funding approval. These are the only cases referred to the Council – funding decisions on all other cases are made by the Inter-Disciplinary Teams.
- Local funding, primarily from local levies, is used for these out-of-county placements.
- The MD Team makes these treatment recommendations to the Council but not the funding decisions.

OUT OF HOME COMMUNITY-BASED PLACEMENTS

The **MD Team** is also the entry point for our in-county Geauga Therapeutic Youth Center (GYC), a residential treatment program for youth (12-17) who, because of mental health, behavioral, or substance dependency issues, are unable to remain in a family setting. The GYC cases are reviewed by the MD Team to determine if the program can meet the needs of the child being referred.

- Kids presented are usually multi-need and at high risk of being removed from their home. They are kids who, at least temporarily, need short-term crisis stabilization due to significant drug, alcohol, emotional, or behavioral issues.
- The Council helped develop and now funds the Geauga Youth Center (GYC). Youth placed there are not referred to Council for individual funding. The MD Team makes the final decision re: entry based on the local funds designated for the GYC in our Council's annual budget. Local funding, primarily thru local levies, is used. The CSC oversees this process.

REQUESTS FOR TREATMENT RECOMMENDATIONS

In another role agencies, professionals, the schools, and parents sometimes present to the **Multi-Disciplinary Team** for input re: their most complex/challenging cases. The MD Team members are all creative and experienced in their fields. These requests are made when a variety of community-based options have already been tried but were not effective.

EMERGENCY PLACEMENTS

Finally, the **Multi-Disciplinary Team** serves as the entry point to Council for emergency placements. If a placement is designated as an emergency the Council Coordinator (with input from the CSC and approval by the Emergency Subcommittee) can authorize funding until the monthly Council meeting where the case is presented.

2) THE FAMILY STABILITY/DIVERSIONARY TEAM

OVERVIEW

Our Family Stability Team is the entry-point for a range of community-based services geared to strengthening families and keeping children in their own homes. These in-community services include BRIDGES (the community's after-school youth partial hospitalization program which Council developed and now funds) and ENGAGE, Geauga's Wraparound Program. Referrals come from Council's community partners including the schools, JFS, Juvenile Court, the DD Board, and mental health professionals.

- The range of individualized supports and flexible services accessed through this Team help increase the involvement of parents and maintain children in the least restrictive and safest environment possible.
- The Team, composed of representatives from the DD, Mental Health, Juvenile Court, JFS, the Educational Service Center and school systems, has developed several programs, such as: One-on-One, which is locally funded and provides in-home intervention 24/7 on an emergency or short-term basis; short-term respite at the Geauga Therapeutic Youth Center; and in-home respite.
- The goal of these services is to help children avoid both placement and court involvement. Families presented often have mental health issues, JFS involvement, or are at risk of Court involvement. The Team meets weekly in order to respond to the escalating needs of a family.
- Services also can be approved on an emergency basis in-between meetings. These services can be provided quickly and with a minimum of red tape by the Case Services Coordinator and are viewed as early intervention services for families where there are concerns about the family's ability to stay together long-term.

ENTRY POINT FOR BRIDGES

A kids presented are usually multi-need and at high-risk for being removed from their home. The BRIDGES Program was developed locally and offers intensive group-based therapeutic services aimed at helping kids remain in their own home. Junior BRIDGES serves kids 8-12 years old and Senior BRIDGES serves kids 13-17 years old.

ENTRY POINT FOR ENGAGE/WRAPAROUND SERVICES

Our Level Four Service Coordination cases (ENGAGE/Wrap) are referred thru our Family Stability Team. As described earlier, in Geauga’s System of Care, ENGAGE is a higher-intensity form of Service Coordination – a planning process which helps identify a creative and unique set of natural supports for each referred family.

ENTRY POINT FOR FCSS SERVICES/SUPPORTS

- Families presented are those needing shorter-term services geared to stabilizing a family in crisis. If a family not already receiving Service Coordination services is presented, our Case Services Coordinator becomes the family’s Service Coordinator since the family will need ongoing Service Coordination.
- The Council funds this array of short-term services with both state FCSS and local funds. These cases are not referred to Council for specific funding. For those families who do not qualify for FCSS Funds, funding from local grants is used. Three local groups contribute these non-FCSS funds.
- The Family Stability Team makes the final decision re: access to the services described above based on the funds set aside in Council’s budget. Local funding makes up approx. ½ of our Family Stability budget. The Council’s CSC and Administrative Assistant oversee the process.
- All families receiving FCSS services and supports have a CANS assessment, an IFSP/Crisis Plan, regular team meetings and outcomes which are monitored.

ROLE OF THE CASE SERVICES COORDINATOR (CSC) IN SERVICE COORDINATION

When a family’s needs cross agency boundaries, the CSC in conjunction with Council’s Inter-Disciplinary Teams, serves a key coordinating role in helping stabilize families. In Geauga, “Stabilizing families” means ensuring that the right services are delivered at the right time – and in the right amount. Geauga’s philosophy is that youth and families should be served in the least restrictive setting (using home-based treatment instead of residential placement if at all possible), and that alternatives to court-involvement are considered first. Our Council has worked to help keep “red tape” at a minimum and the Team forms and procedures family-friendly and understandable. The CSC wears many hats and is instrumental in ensuring that the system is as easily accessible as possible for families and professionals alike.

1) OVERSEEING CASE PRESENTATIONS

As outlined in on page 6, the CSC has many responsibilities in our Case Referral/Presentation system.

Once a case has been accepted into our “Service Coordination System” the CSC works with the Case Manager and the family to determine who should be part of the family’s treatment team going forward, depending on the Level of Intervention needed.

a) LEVEL ONE CASES

The CSC plays a “linking role” in terms of community resources but usually has no formal continuing role vis-à-vis the family.

b) LEVEL TWO CASES

Level Two cases presented by the Service Coordinator from one of our System Supported Service Coordination partners will, in most cases, already have a Team and the CANS, IFSP, Crisis/Safety Plan, and Outcome Measures, in place, many of which will need to be modified based upon the recommendations of the Inter-Disciplinary Team. These recommendations are conveyed in writing as well as verbally by the CSC, who works with the Service Coordinator to ensure all Council’s Service Requirements are being met.

c) LEVEL THREE CASES

Level Three cases needing Intensive Service Coordination on the part of the CSC will be designated as such. The CSC will then work closely with the case presenter and the family to determine who should be part of the family’s SC Team. This Team may vary slightly from the original Team. The family is a key team component which also includes some number of the formal and informal support people already identified on the **Common Intake Form (Attachment E)**. This treatment team then develops an **Individual Family Service Plan (IFSP) (Attachment K)** based on the needs and strengths of the family. This Team, working with the parents, also develops family goals, action steps to accomplish these goals, a time frame for provision of services, and a review schedule. Parent input is obviously crucial to the IFSP. The purpose of the IFSP is to ensure input from the family, school, and service professionals and to coordinate the assignment of responsibilities among the community agencies providing services to the multi-need child.

The IFSP does not supersede case plans developed by JFS and Juvenile Court involving children with court orders. It is a tool to aid in the implementation of services for families whose needs cross agency boundaries by helping outline for families how the agencies involved will coordinate services. Through this plan, Council, the involved agencies, and the family can more clearly identify their roles. The CSC oversees this process.

Parties to be notified of this Level Three planning process should include family members, advocates/mentors/support people (as identified by the family), a rep from the youth’s school district of responsibility and the

appropriate staff from the involved agencies. Family needs/requests are always taken into account when scheduling the SC meetings, which must occur at a minimum, every 90 days, until SC ends.

The Council's CSC, unless another person is chosen by the family, will facilitate the initial meeting and track the IFSP progress. A written individualized IFSP as well as a written **Crisis/Safety Plan (Attachment L)** and written outcomes will be developed by the Team for each family.

2) MONITORING THE FAMILY SERVICE COORDINATION PLANS

It is the responsibility of Council's CSC to ensure that all families receiving Service Coordination as part of Council's continuum of services, at any involvement level, have on file with their System-Supported SC, or with our Council, a copy of their CANS, IFSP, Crisis/Safety Plan, and a report re: the measurement of each family's Outcome Measures. **(Outcome Measurement Report - Attachment M)**

- a) In Level Three cases the CSC serves as the Intensive SC and works closely with the family and other involved professionals to monitor the effectiveness of the services provided. The CSC facilitates these team meetings where appropriate but, at a minimum, attends them. He/she also helps coordinate case management responsibilities across the systems and helps resolve problems related to service delivery. He/she is responsible for maintaining the records.
- b) In Level Two (the designated SC) Level Four (the ENGAGE Facilitator), and Level Five (the JFS Social Worker) maintains all records including referral documentation, releases and confidentiality agreements, IFSP's, contracts for funded services and supports, and correspondence pertaining to the IFSP, etc. It is the responsibility of the CSC to ensure this is happening.

3) QUALITY ASSURANCE OF COUNCIL-FUNDED SERVICES/ PROGRAMS

In addition, one of the CSC's main roles in the Council system is to ensure that the family is receiving the services for which the Council has contracted. Initially, the focus was on being an advocate for the child vis-à-vis placement facilities. However, this role has been expanded to include advocacy re: the quality of services provided by the BRIDGES program, the Geauga Therapeutic Youth Center, ENGAGE, and all Service Coordination activities.

VIII. REQUIREMENTS FOR ALL SERVICE COORDINATION CASES

The following Service Coordination requirements apply to Level Two, Level Three, and Level Four Service Coordination Cases. For Level Two (System-Supported Service Coordination) families and Level Four (ENGAGE) families, the Council staff (primarily the Case Services Coordinator) are responsible for

ensuring that the requirements listed below are met. For Level Three (Intensive Service Coordination) families the Council's CSC is the Service Coordinator and facilitates the Service Coordination process itself.

With agreement from the family, there is a designated SC responsible for tracking progress, scheduling reviews, and facilitating the team process and meetings. Usually it is the CSC's who's been working with the family. If there is disagreement re: treatment direction within the team the CSC is notified by the SC and is responsible for scheduling a meeting with the Multi-Disciplinary Team to resolve treatment issues.

Our IFSP Planning Process:

- Ensures services are responsive to the strengths, needs, culture, race and ethnicity of the family. The family and other IFSP Team members are given the opportunity to offer input and to participate in any decision-making and the family is asked to identify specific issues related to culture, race, ethnic group, and gender.
- Ensures services are provided in the least restrictive environment.
- Includes a timeline for measurable outcomes. Team meetings are held a minimum of every 90 days.
- Includes a process for notification of Family IFSP meetings:

As stated above, the designated SC is required to notify all involved agencies, the family and school officials about all Team meetings. This expectation is spelled out specifically by the Council's CSC at the time of case presentation.

The SC is responsible for the following notifications before any team meeting can go forward:

Was family invited? Yes/No

Was family reminded they could bring a support person? Yes/No
(24 hour notice is required if attorney for family or child will be present)

Was appropriate school official notified? Yes/No

Were appropriate staff and involved agencies notified? Yes/No

- Ensures there is a procedure whereby the family can initiate a team meeting and bring a support person/advocate to this meeting. In his/her dealings with the family, the CSC specifically reiterates the importance of this component of our process.
- Ensures there is a diversion procedure for the alleged Unruly and Delinquent youth:

Cases of alleged Unruly and Delinquent youth are referred to the appropriate Inter-Disciplinary Team in the same manner as other youth. Most are not referred to Juvenile Court initially as the Team considers supportive services and in-home services first, believing that referral to Juvenile Court is a restrictive option and should only be considered when other supportive services have not been successful. If a child, not on probation is displaying unruly behaviors, the child may be referred to Juvenile Court for an intake conference. Geauga's Juvenile Court has an excellent diversion program. This type of referral is screened by the Court's Intake Officer to determine if the child is appropriate for their Diversion Program. The Court's goal is usually to avoid formal Court action so community resources are used to alleviate the situation whenever possible.

- Includes a plan for dealing with Short-Term Crisis and Safety Concerns:

At all treatment team meetings consideration is given to the potential of short term crisis situations and safety issues, both of which are incorporated into the Family's IFSP. The initial Crisis plan is completed at the first Team meeting although usually modified throughout the course of the treatment.

It is critical to anticipate crises and to establish an understanding among Team members that crisis/safety issues are a possibility so the family can be prepared and given the tools to help deal with the crisis. Such a crisis is not to be considered a failure. The CSC is available by cell phone 24/7 to authorize funding for services to help a child maintain in the home and/or to provide funding for emergency respite services. Examples of crisis/safety planning include: calling 911, calling Geauga's 24 hour Crisis Line (COPE), and contacting the family's mental health providers. The importance of Crisis/Safety Plans is stressed to the members of each Team as is the discussion with the family re: what might trigger crises.

- Ensures Confidentiality of Family Information:

A confidentiality form is signed before each team meeting by all team members prior to any presentation. **(Attachment G)**.

- Ensures that no non-emergency out-of-home placements occur without a family's team meeting.
- Ensures that in the case of an emergency placement a family team meeting is held within 10 days. Emergency placements are very rare and would only occur after consultation with the Council's Emergency Subcommittee unless the placement is Court-ordered.

IX. DATA COLLECTION

Our Council monitors and tracks data indicators to capture both demographics and outcome measurement for all youth/families served thru our Service Coordination Process as outlined in our SCM Guidance. (See Data Tracking - Attachment N). For many years our Council has tracked internally a great deal of additional data used to modify and develop our programming and funding. All data is inputted into our system by Council's Administrative Assistant. The data will then be entered in the required OFCF Service Coordination survey once or twice per year as required.

X. DISPUTE RESOLUTION PROCESS FOR SERVICE COORDINATION (Attachment I)

OVERVIEW (as per ORC 121.37(c)(9) and ORC 121.381 and 121.382)

In Geauga, our dispute resolution process covers any disputes which might occur agency-to-agency or child/family to Council. Fortunately so far we have not had either type of dispute because all our funding is pooled and all agencies plus parents have a say in plan development. Each dispute resolution step outlined has specific time limits attached. The whole process from start to finish should not last no longer than 30 days. If disputes occur at any stage of the Service Coordination process, regarding either treatment or funding, the Council Coordinator is contacted. It is the Coordinator's responsibility to initiate and oversee the dispute resolution process.

As a first step the parties are encouraged to resolve the issue themselves directly. If the conflict is not resolved, the Council Coordinator attempts to mediate. If this step is not successful in a Family-Initiated Case-Related Dispute, the Council's Emergency Subcommittee is accessed for its recommendation. If the Emergency Subcommittee (ES) step is not successful, the **Final Arbiter** of Individual Case Resolution is the Council's **Dispute Resolution Subcommittee (DRS)**.

An Agency-to-Agency dispute is referred to the Council's Finance Committee for a recommendation. If that step is not successful, the **Final Arbiter** in Agency-to-Agency Disputes is the Juvenile Court Judge. Children and their families will continue to receive disputed services already in place throughout the Dispute Resolution process whether it's a Family-Initiated or an Agency-to-Agency dispute.

INDIVIDUAL CASE-RELATED DISPUTES – Initiated by Parents/Caregivers

This section pertains specifically to children in their parents' custody with no JFS involvement. When a child is in JFS custody, all Court orders re: treatment supersede any Council recommendations.

When consensus cannot be reached by the involved parties (i.e. service professionals, parents, etc.) regarding the treatment recommendations by the Council's Multi-Disciplinary or the Family Stability Teams or the funding decisions of the Family First Council (FFC), the Council's Case Services Coordinator contacts the FFC Coordinator, who oversees the dispute resolution process.

A) Treatment Decisions

If the child is already in the Council system and a decision is made to change the course of treatment, i.e., hospitalize, move to less restrictive, etc., and one party (the Service Coordinator, another service professional, or parent) disputes that course of action, the following will apply:

- 1) The FFC Coordinator is contacted and arranges to have the Council Case Services Coordinator meet with the involved parties within three (3) business days to resolve the dispute. If the Council Coordinator is unreachable, the Case Services Coordinator should be contacted directly.
- 2) If consensus still cannot be reached, by the next business day, the Case Services Coordinator notifies the Council Coordinator and consults with the three Emergency Subcommittee members over the phone for a recommendation. The Emergency Subcommittee consists of the Council President, the JFS Executive Director, and the Mental Health & Recovery Services Board Director. At least two of the three members must agree on the decision. If an ES member is involved in the dispute itself, that member must recuse him or herself.
- 3) Within 2 business days, the Case Services Coordinator notifies the family of the ES decision. If the family does not accept the ES recommendation, the case is referred to Council's Dispute Resolution Subcommittee (DRS), as the next step in the process.
- 4) The Emergency Subcommittee can authorize a change in treatment up until the Dispute Resolution Subcommittee (DRS) can meet which must be within 7 business days. The DRS consists of: the Council President, the Council Vice President, a Family Rep if one of the two Council Officers is not a Family Rep, and a Council Coordinator from a neighboring county.
- 5) The DRS meets within 7 business days with the Council Coordinator as the facilitator. Anyone on the DRS involved in the conflict must recuse him or herself from the decision-making. The DRS hears input from the involved parties and makes a final decision. This decision is conveyed to the involved parties within 48 hours by the FFC Coordinator over the phone and is followed up in writing.
- 6) This decision cannot be appealed – the **DRS** is the **Final Arbiter**.
- 7) The full Dispute Resolution Process must be completed within 30 days of the complaint being initiated.

B) Funding Decisions

1) Non-Emergency

Pertains to:

- a) Child whose case has already been reviewed by the MD Team; or
- b) Child already in the Council system who needs additional funding.

Occurs when:

- a) The MD Team's recommendation to the Council for funding was turned down at the Council meeting. Since this decision is being made by the full Council, it cannot be appealed.
- b) At the point that new or additional information becomes available, the family or the Service Coordinator can request a review by the MD Team at their next weekly meeting. This request by the involved parties is made to the Case Services Coordinator.
- c) If warranted, the MD Team can then request that the case be re-presented to the full Council.

2) Emergency

Pertains to:

- a) Child not yet accepted for Council services.
- b) Child in Council system who needs higher level of services, possibly residential.
- c) Council child for whom Council can no longer provide funding at the current level.

Emergency Procedure:

- a) Parents or Case Services Coordinator contacts Council Coordinator to request a funding extension. Usually the Case Services Coordinator has been kept abreast of case developments by either the Service Coordinator or the family so has background re: possible emergencies.
- b) By the next business day, the Council Coordinator contacts the three Emergency Funding Subcommittee members (Council President, the JFS Executive Director, and the Mental Health & Recovery Services Board Director) for a recommendation. If 2 out of the 3 members agree, the Council Coordinator conveys the decision over the phone and in writing to the family within 48 hours of the meeting. If involved in the dispute itself a Subcommittee Member must recuse him or herself.
- c) If the family/caregiver does not accept the recommendation, the Council Coordinator convenes the Dispute Resolution Subcommittee (the Council President and Vice President, a Family Rep, if one of the Council Officers is not a Family Rep, and a Council Coordinator from a neighboring county). This meeting must be held within 7 business days of the Council Coordinator's initial contact. The DRS reviews the ES recommendation, hears input from the involved parties, and makes a decision as the **Final Arbiter**. Anyone on the DRS involved in the conflict, must recuse him or herself from the decision-making.

- d) The decision is conveyed to the involved parties within 48 hours by the Family First Council Coordinator over the phone and is followed up in writing.
- e) This decision cannot be appealed – the **DRS** is the **Final Arbiter**.
- f) The full dispute process must be completed within 30 days of the complaint being initiated.

3) The Council’s Case Funding Guidance, approved by Council at the 7/16/12 Council meeting, sets the parameters for how Council funding will be used for placements and is thereby incorporated into Council’s Dispute Resolution Process and is attached at the end of the Dispute Resolution section.

C) During the Dispute Resolution Process

- 1) Children and their families will continue to receive disputed services, i.e. those occurring prior to the dispute, throughout the Dispute Resolution Process.
- 2) A copy of the Dispute Resolution Process is again made available to the family and to the agencies involved. This Process is also provided to all families when they first are designated for Service Coordination.
- 3) All parties involved with FFC programs/services agree to the above terms and make copies of the Dispute Resolution information and procedures available to their staffs.
- 4) After the Dispute Resolution Process has been followed, the decisions made by the Council regarding both treatment and funding are considered binding upon all parties.

AGENCY TO AGENCY DISPUTES

Each Council Member agency is governed by its own unique set of Federal and State laws, rules, regulations, and policies. A Council Member, who disagrees with the Council’s decision re: the services or funding a youth/family is to receive from agencies represented on Council, may initiate the Council’s dispute resolution process by filing a complaint in writing to the Council President with a copy to the Family First Council Coordinator.

The Council President will call a meeting of the Council’s Finance Committee (essentially Council’s Executive Committee) within 7 business days in an attempt to bring about a resolution which reflects the best interest of the family. A written determination will then be submitted by the Council President to the complainant and the Council Coordinator within 14 business days of the initial referral to the Council President. An agency subject to this determination, shall immediately comply with the determination, unless the agency objects by filing action with the Geauga County Juvenile Court as specified in ORC 121.38(B)(2). This must be done no later than seven (7) days after the date the written determination was issued. The Geauga County Juvenile Court will proceed with the resolution of the dispute according to ORC 121.38.

While the Dispute Resolution Process or any Juvenile Court proceedings are pending, each agency shall provide services and funding as recommended by Council prior to the Dispute Resolution Procedure being initiated. If the agency providing services or funding is found not to be responsible for providing the service as a result of the Dispute Resolution Process, the agency shall be reimbursed for the cost of providing the services by the agency or agencies determined to be responsible. If the reason for the agency's disagreement with the recommendation is due to Federal or State rules, an interagency agreement or MOU prohibiting the provision of this service, Council can choose to apply to OFCF for an exemption.

DISPUTE RESOLUTION PROCESS FOR FAMILIES RECEIVING OHIO PART C EARLY INTERVENTION SERVICES

If the dispute involves Early Intervention (E.I.) Services, the family has the right to file a written complaint at any point of the process. However, often the quickest way to resolve an issue is to talk with the E.I. Service Coordinator and E.I. Supervisor. If there is no resolution, the next step is to contact the E.I. Contract Manager (who is also the Council Coordinator). The Council Coordinator will meet with the involved parties within 7 Business Days to discuss the complaint.

If there is still no resolution, the family is encouraged to contact the Ohio Department of Developmental Disabilities at 614-466-6879 or EI@dodd.ohio.gov. The Family can also submit a signed written complaint to:

Early Intervention
Ohio Department of DD
30 East Broad Street – 12th Floor
Columbus, OH 43215

The complaint will be investigated and the family will get a response from DODD within 60 calendar days. While the complaint is being investigated, the child continues to receive E.I. Services.

Geauga Family First Council Case Funding Guidance (Addendum as of 7/16/12)

- 1) The Council Coordinator has the authority to arrange emergency placement funding in-between Council meetings if necessary. This emergency funding will then be reviewed by the full Council at the next Council meeting.
- 2) If parents choose a placement for their child which is different from what has been recommended by the Interdisciplinary Treatment Team (either the Multi-Disciplinary Team or the Family Stability Team in an emergency), the Council's portion of the placement costs cannot exceed the highest per diem Council is currently paying (or has paid in the past 12 months). The parents will be required to pay the difference if they choose to access Council funding.

Example:

Placement cost	\$325.00/day
Highest FFC rate at the time	- \$250.00/day
Parents paid the difference	\$ 75.00/day

The placement chosen by the parents must be consistent with the Interdisciplinary Team’s treatment recommendation. Council will not fund any portion of a placement that does not match the treatment recommendations. Example ... if therapeutic foster care is recommended, the Council wouldn’t pay for residential treatment. Council is a funding body not a treatment body so it is the role of the Interdisciplinary Teams to make treatment decisions from a clinical perspective. Council can also refuse to fund a placement not aligned with what the Treatment Team recommends.

- 1) All facilities used must have a current license thru ODMH, ODJFS, DYS, or ODDD.
- 2) Placement funding can be terminated if the treatment provided runs counter to the Treatment Team’s recommendations and/or if the treatment is not working.

XI. FUNDING/FISCAL STRATEGIES

Unlike many other Councils, all funds coming to our Council – local, state, and federal – are pooled and all expenses, whether for children’s placements, programs, or personnel costs, are paid out of this fund. However, in the Council’s annual budget each state or federal grant has its own line item and accompanying restrictions re: the use of those funds such as HMG and FCSS. Since the mid-90s, this pooling of funds, which is based on a high level of trust on the part of Council members, has allowed our Council to streamline its funding process and to get funds quickly to the children/families needing them most.

There are five local funders, two of whom, JFS and the Mental Health Board, provide over \$275,000 each into the pool. None of the local contributions come with strings attached. There is one Council budget for all expenditures and each of the 18 Council members has an equal vote re: Council business. Individual case-funding, those funds set aside for Service Coordination kids requiring placement outside the community, comprises 1/3 of Council’s budget and comes from local funding sources. Funding for individual placements is discussed and approved by the full Council at each monthly meeting upon an Inter-Disciplinary Team recommendation re: treatment. The other local funders are the DD Board, the County Commissioners, and the local schools.

The funding for the two locally developed, community-based programs in which Service Coordination kids participate, BRIDGES and the Geauga Therapeutic Youth Center, also comes from our pooled local funds. These two programs are funded on an annual basis, not by individual child, each having their own line-items in the budget. This is also true for our ENGAGE (Wrap) program which our Council now funds locally. The funding for the other community-based services, such as respite, one-on-one services, etc., which are processed through our Family Stability Team, comes from a combination of local levy funds, state FCSS funds, and local grants which are put into our Council’s Family Stability “pot”. Council’s five funders are billed quarterly for

their commitments. The salary of the Case Services Coordinator, who oversees the Service Coordination process in Geauga, is also paid out of Council's pooled fund as is that of the Council Coordinator, and our part-time Administrative Assistant.

Family Centered Services and Supports (FCSS) funds are used for non-clinical needs of children and their families. As outlined above, decisions re: these funds are made by our Family Stability/Diversions Team, which meets weekly based and are based upon the FCSS guidelines. Requests for pro-social activities which do not meet the FCSS criteria are paid for with local grant funds. This whole process is overseen and tracked by our Case Services Coordinator and Administrative Assistant.

XII. PUBLIC AWARENESS

Council's Referral Packet, which is required in order to access Council-funded services, is readily available to families and agencies both through the Family First Council offices and on the Council's website. This newly revised Service Coordination Mechanism (SCM) will be added to our website and we will soon provide training on the SCM to community professionals thru our Council and Inter-Disciplinary Team meetings. The members of each Inter-Disciplinary Team and our Council are given copies and trained when they join one of the Teams.

A combination of the Council's Case Services Coordinator and the Council Coordinator will also provide onsite education and training on the SCM, to the staff of our partner agencies listed above. Due to some significant changes in our plan, this year this onsite education will be even more important than ever. Efforts to inform Geauga families about the purpose and availability of Service Coordination will also be coordinated with educational efforts on the part of Council's main referral sources including our community mental health agencies, the schools, Juvenile Court, our Mental Health & Recovery Services Board, CASA, the DD Board, JFS, and the Help Me Grow staff. Informational materials about Council and Help Me Grow are also available on our Council's website, at all the public libraries, as well as in the lobbies of all our agency partners. Our HMG Parents' Rights brochure is given to all HMG E.I. families at the initial visit and a copy of our Dispute Resolution process is given to all families whose children are designated as Service Coordination youth.

XIII. SERVICE COORDINATION MECHANISM QUALITY ASSURANCE

Our Council reviews the Service Coordination Mechanism annually to evaluate if and how it is working. The Case Services Coordinator collects data and updates Council quarterly on progress being made in individual residential treatment cases. In addition, the Program Coordinators of each of the main Council-funded programs (BRIDGES, Geauga Youth Center, ENGAGE, and HMG-E.I.) provide quarterly, written program reports to the full Council. These reports help Council determine what gaps in service may still exist and prioritize how Council's pooled funds are spent.

As outlined above, our Administrative Assistant tracks extensive data on all cases presented to Council's Inter-Disciplinary Teams including: referral source, referral

reason, presenting issues, school district, family strengths, etc. which will be shared as part of the required OFCF aggregate Service Coordination report.

ATTACHMENTS

OFCF REQUIRED

- A. Service Coordination Mechanism Cover Sheet
- B. Geauga FCFC Signature Page
- D. Geauga FCFC Service Coordination Matrix Page

ADDITIONAL LOCAL INFO **ATTACHMENTS**

- E. Council's Common Intake Form
- F. Council's Release of Information Form
- G. Council's Confidentiality Disclaimer Form
- H. Treatment Recommendation Letter
- I. Council's Dispute Resolution Process
- J. Inter-Disciplinary Teams – List of Members
- K. Council's Individual Family Service Plan (IFSP)
- L. Council's Crisis/Safety Plan
- M. Outcome Measurement Report
- N. Data Tracking
- O. Council's Service Flow Chart