



**Summit Family &
Children First Council**

Service Coordination Plan July 2010

INTENT OF THIS DOCUMENT

This county Service Coordination Plan shall serve as the guiding document for coordination of services in Summit County when a child/youth with complex, multi-system needs is referred to the Summit County Family & Children First Council for assistance as required in Ohio Revised Code (ORC) 121.37 and 121.38.

For those children who also receive services under the Help Me Grow program, the service coordination mechanism shall be consistent with rules adopted by the Department of Health under section 3701.61 of the Revised Code.

DEFINITION OF SERVICE COORDINATION PLAN & SERVICE COORDINATION MECHANISM

The Service Coordination Plan is the result of working in partnership with families to develop a holistic service plan that is family centered, individualized to meet the unique needs of the specific family and child, strength based and is sensitive to the family's cultural, ethnic and racial background. The Service Coordination Mechanism is the planning process that Summit County FCFC has developed working collaboratively with county agencies to develop coordination of services in the county and a process by which a child is referred to the Council for assistance. Summit County has a strong history of collaboration efforts and has a rich mix of services and supports for families. Summit County FCFC has built upon this foundation and supports existing agencies service coordination efforts. FCFC's service coordination mechanism exists for families whose multiple needs may not be met within the traditional agency systems or if the family needs assistance being linked to appropriate services and or supports. The same principles of service coordination are also utilized with FCFC's Help Me Grow Program.

APPROVAL OF SERVICE COORDINATION PLAN

The Service Coordination Plan has been approved for submission by the Summit County FCFC Executive Committee (*see July 1, 2010 minutes*). The plan will be submitted via email to the FCFC general membership (*see membership list*) for review and input and approval will be sought at the FCFC general membership meeting in August 2010. If any changes are recommended by the membership such changes will be made and re-submitted to the FCFC Executive Committee and the State. The plan will also be posted on the Council's website at www.fcfcsummit.org. Input will be sought by the membership for any future changes and/or additions.

MONITORING SERVICE COORDINATION PLAN

FCFC, Help Me Grow and Summit County Cluster for Youth (Cluster) will review the plan at least yearly. The Director of FCFC is responsible for initiating the review and distributing the plan and any amendments to the FCFC membership. Several methods will be utilized to determine if the county is meeting the goals of the service coordination plan. The Self Assessment Tool will be part of the continuous improvement process and will be used to review, amend and or add articles to the plan in order to keep it current with best practice and as a tool to measure our success in meeting the goals of the plan. Since the Cluster Review Council approves Cluster cases this will also afford the opportunity for monitoring how well the plan has been transferred into actual practice. The data maintained by the Cluster Coordinators and the evaluation data and reports received from the Cluster evaluators are all tools that will be utilized to assure compliance. Cluster data is tracked in a database and a report is generated each year and provided to all FCFC and Cluster members (*see Cluster Annual report 2009*). SOC service coordination data is tracked on the FCSS tracking form and submitted to the State on at least a yearly basis or more often if requested. FCFC is also looking at developing a database to track FCSS: SOC cases so outcomes may be monitored. FCFC will comply with state guidelines for the service coordination plan and tracking requirements.

Writing the plan is the initial step but integrating this into the community fabric of services both at the administrative and at the case level is an ongoing process. The plan will become part of the yearly Cross System Training Class that the Cluster sponsors. This year long training includes 30 participants from various agencies in the community that work with children and families. This exposure will assist in integrating the plan across systems in the community. FCFC staff (Cluster coordinators) also train the 4 main referring agencies (Children Services, DD, Juvenile Court and ADAMHS board) about the service coordination mechanism approximately yearly or when requested by the agencies. Families are made knowledgeable of Summit County's service coordination through the Mental Health America PEERS program. PEERS stands for Parent Education Empowerment Resources and Supports. They have trained parent advocates and offer support groups to parents who have children with severe emotional and behavioral health needs. They are also made aware of the service coordination mechanism through the Summit County FCFC website at www.fcfcsummit.org. It should be noted that the goals, guiding principles and vision of Summit County FCFC also applies to Help Me Grow. In addition, if new parents and/or agencies become members of FCFC they will be oriented about the Service Coordination Plan and the By Laws for FCFC.

FAMILY INVOLVEMENT

Summit County partners with Mental Health America for parent advocacy. This agency has trained parents that work with FCFC and the Cluster at both the system level and the case level. They serve as parent advocates for FCSS: System of Care (SOC) cases. The director of Mental Health America and the PEERS coordinator both sit on the Cluster review council. FCFC has set aside FCSS: SOC dollars to help support parent advocates by providing stipends for attending meetings. FCFC has also provided financial support to Mental Health America to support, train, and offer professional growth for the programs advocates. All families referred for service coordination via FCSS: SOC are offered a family advocate through Mental Health America PEERS if they so choose. Parents sign a form either requesting or denying a referral for a parent

advocate. If requested by the family, the SOC coordinator makes a written referral for a parent advocate.

STRUCTURAL COMPONENTS/TARGET POPULATION

Summit County's Service Coordination has two (2) levels of intervention. The first level is children/families who are referred to Service Coordination via FCSS: SOC (System of Care). These are youth who are in their own home or a home of a relative who need supportive services to be maintained in their home and/or community. There is a release of information signed by the parent/guardian and a referral form for this level of intervention. The second level of service coordination is children who are involved in 2 or more systems that may need supportive services to be maintained in their own home and/or community or who may need to be placed outside their home in a more restrictive setting for treatment reasons and the placing agency may request funding assistance from the Cluster shared pool. These are children who have typically been involved with many systems and received several services. These cases are opened as Cluster cases only with the approval of the Administrative and Review Council's approval.

Both levels of intervention/service coordination serves children birth through the age of twenty-one (21). These youth may be abused, neglected, dependent, unruly or at risk to be unruly or delinquent, youth with behavioral health needs or youth whose families are voluntarily seeking services. Summit County chooses to define the unruly population by the legal definition of status offense, "Any child who has violated a law applicable only to a child, such as truancy, curfew and runaway is considered to be a status offender". Also included in this category, are "unruly/incorrigible cases, which are defined as any child who does not submit himself to the reasonable control of this/her parents, teachers, guardian or custodian by reason of being wayward or habitually disobedient". These youth may be alleged unruly, adjudicated unruly or those at risk of becoming unruly. By definition, youth may be deemed unruly only until the age of eighteen (18).

The Cluster Service Coordination Mechanism does not usurp community agencies of their primary responsibility, mandates or expertise. The Cluster builds on the community agencies expertise but offers a cross-system expertise of how to resolve cross agency disputes, offers additional funding avenues, offers a process to build consensus between systems and between systems and parents and assist in identifying services and/or placement options in the least restrictive setting with parental input.

The implementation of the Service Coordination Mechanism is managed by Summit County Cluster for Youth (Cluster), a program under the direct supervision of the Summit County Family & Children First Council director. However, the Cluster is funded through local pooled dollars of Children Services, ADAMHS Board, Juvenile Court and the Developmental Disabilities Board.

LEVELS OF INTERVENTION

FCSS: SOC (System of Care)

System of Care (SOC) is a broad, flexible array of effective services and supports that focus on family-centered practice, community-based services, strengthening the capacity of families, and

providing individualized services. SOC focuses on maintaining children and youth in their own homes and communities by providing non-clinical family-centered services and supports. It is not just a funding source but a process by which families and systems work together to identify services and supports to help strengthen the family.

The **target population** for Summit County's Service Coordination Mechanism are:

1. Children ages 0 through 21 who have complex, multiple system needs who are referred by agencies, social service systems or parents voluntarily seeking services (they do not have to be involved with a certain number of systems but may have needs of more than one system)
2. Children at-risk for out-of-home placement (residential placement, hospital, or detention center)
3. Children who need intensive community-based services

A referral to Summit County FCFC for System of Care, (SOC), service coordination may be made by any agency in Summit County, including the school system, or any family voluntarily seeking services. If a family is seeking services they may contact the SOC coordinator, at any time, via telephone at 330-926-5671. They do not need to complete a referral form. The SOC coordinator will gather all pertinent information from the parent during that phone call and schedule an initial meeting with them at a time, date and location convenient for the family. The SOC coordinator will then contact all team members, identified by the parent/guardian, via email or telephone, to schedule subsequent team meetings. If there is an agency involved with the family they are invited to the staffing as well. If an agency is making a referral they must do so by submitting a completed referral form (*see addendum A*) as well as a parent/guardian signed FCFC SOC release of information (*see addendum B*). The Referral Process, Referral Form and Release of Information can be accessed via the FCFC website at: www.fcfcsummit.org. The completed forms may be sent to Charity Hawkins via email chawkins@schd.org, regular mail at 1100 Graham Rd. Circle, Stow, Ohio 44224 or fax to 330-923-1350.

The SOC coordinator documents the date the referral was received, contacts the referent, and/or parent/guardian, within 7 days of receipt of the referral to schedule the initial team meeting. A team meeting is typically scheduled within one week, or later upon the request of the parent, at a date, time and location convenient for the parent. If the family's only need is to be referred to another community resource this is done and the case may not be opened. All contacts, responses, outcomes of referrals, and referral for community services are documented in a contact log in each family's file. Planning is always focused on implementing a child's plan in the least restrictive setting and appropriate level of service intensity, which is typically in their own home and community but may sometimes be in the home of a friend or relative as approved by the family. If the need for other interventions can be identified prior to court involvement, services are put in place to meet those needs. Also, there will be a team meeting prior to any child being placed outside their home for treatment or within 10 days if they are placed outside their home. If a child is placed outside their home through an order by Juvenile Court, for unruliness or delinquency or Children Services due to custody, dependency, neglect or abuse, that agency may choose not to involve FCFC for service coordination and place the child and fund the placement themselves. Further system penetration is avoided whenever possible. If for

any reason, needed services or supports are not available, the SOC plan will outline efforts to address such gaps.

The SOC coordinator will, with the family's approval:

- Schedule team meetings as requested by the family and/or a team member
- Facilitate each meeting
- Assist the team with assessing the family strengths, needs and culture
- Assist team with developing a plan. All services for which funds will be used must be written into the plan
- Help team develop a crisis and safety plan. If an involved agency already has a crisis and safety plan they may provide it to the team. It will be reviewed to see if anything should be added or deleted.
- Have at least monthly contact with the family or agency worker (in person or by phone), unless the family identifies a need to meet more or less frequently.

The SOC coordinator informs the parent they may invite anyone they wish to any meeting as a support person. The coordinator will contact any informal supports the family would like. They are also informed about accessing family advocacy through Mental Health America as another option for a support person. If the parent chooses to have a parent advocate, the SOC coordinator makes a written referral, via email or fax, to Mental Health America PEERS program. The parent invites the advocate to all meetings they would like them to attend.

The SOC coordinator, at the first meeting with the parent, assesses the strengths, needs and culture of the family with the parent's input (*see addendum D*). Other team members are also contacted and may have input. Summit County does not have a standardized tool for assessing the SNCD but gathers this information through discussion with the family, and other team members, and documents it on the addendum D form for the family to review. This is usually done within the first two meetings with the family. Team members sign a confidentiality agreement, at the first meeting, assuring that none of the family's personal information shared during team meetings will be shared with others outside the identified team without written consent of the family (*see addendum C*). This is done at the initial team meeting. The team then develops a family service coordination plan (*see addendum E*). Plans are written with the input of all team members, including the family, to ensure that it is responsive to their family's strengths, needs, family culture, race and ethnic group. If other public systems already have a treatment plan, objectives from those plans are incorporated into the service coordination plan. The family has a voice and is encouraged to participate during all aspects of the plan development. They identify and prioritize their family's needs so services and supports may be accessed to meet those needs. Team members are inquired as to which tasks they are able to perform and time frames are established and documented in the service coordination plan. The family approves all aspects of the plan including who facilitates the meetings and when reviews are needed. A crisis and safety plan is developed by the team. (*see addendum F*). If a case manager on the team has already developed a crisis and safety plan, it is reviewed by the team and modified, as needed, so as to not duplicate plans or overwhelm the family. If an emergency placement takes place the SOC coordinator is notified and a team meeting is scheduled as quickly as possible usually within 10 days. SOC team meetings typically take place on a monthly basis but can be sooner or later than that at a parent or professionals' request.

Progress on goals is tracked by the team and adjustments to the plan are made if needed. The SOC case is closed when the family identifies that they are no longer in need of service coordination, supportive services or when the child is placed out of the home or placed in Children Services custody. Those cases are then followed and monitored by the placing agency as Summit County FCFC has only one SOC coordinator and is unable to monitor closed SOC cases. However, when the child is ready for discharge or returns to the parent's custody any agency worker or parent may again contact the SOC service coordinator to re-open the case and assist with coordination of services to help support and maintain the child in their home and community.

Children involved with the Juvenile Court system who are alleged unruly are typically diverted out of the system by the court referring the child to one of the county's youth diversion programs of which there are several. The court also has a Family Resource Center which is a grant funded program that will work with families to link them to community resources so the youth does not further penetrate the justice system. Children who are alleged or adjudicated unruly may also be offered a mentor, respite, or an alternative school placement. These are just some of the programs the court has to divert unruly youth from the system. They also may refer them to FCFC for service coordination and funding assistance for some of the above mentioned services.

SUMMIT COUNTY CLUSTER FOR YOUTH

The Summit County Cluster for Youth (Cluster) is the cornerstone for the assessment and decision making on multi-need, multi-agency involved youth. These are typically the "deep end" youth. The four placing agencies, in Summit County, (ADAMHS Board, Juvenile Court, Children Services and DD) approve Cluster cases and the use of funding from the Shared Pool. This collaborative has been in place since the 1980's and works well for Summit County and all agency personnel are aware and trained about the Cluster referral procedure. A youth, birth through 21 years of age, who exhibits more than one emotional, physical, or developmental difficulty and thus require the services of more than one system, may be referred, to the Cluster by an agency, anyone in the community or a parent. A referral is made to Cluster, by an agency, when service providers are unable to adequately meet the needs of the child and/or the family either programmatically or financially or if coordination of services is a problem. The Cluster operates with three councils: Executive, Administrative, and Review Council.

EXECUTIVE COUNCIL (Juvenile Court Judge, Children Services Director, DD Director, ADAMHS Board Director and Child Guidance & Family Solutions President)

- Meets quarterly
- Reviews annual Cluster data
- Reviews Shared Pool expenditures
- If indicated and/or needed would review and make decisions on case responsibilities and/or funding
- Assures resolution of case disputes through the Dispute Resolution Process
- May direct Cluster to strategize and develop recommendations to resolve a case and/or system issue
- May make recommendation on projects on which the Cluster should embark

ADMINISTRATIVE COUNCIL (Appointed representatives from Children Services, Juvenile Court, DD, ADAMHS Board and Child Guidance & Family Solutions)

- Meets monthly
- Reviews and approves cases being requested for presentation to Review Council by the Cluster coordinators or one of the other administrators
- Discusses and approves funding for placement and/or services through Shared Pool and CCBH funds
- Oversees the Shared Pool
- Monitors service delivery
- Recommends services to transition active Cluster youth from out of home placement to the community and/or to the adult system

REVIEW COUNCIL (*see membership list*)

- Meets monthly
- Reviews new and ongoing Cluster cases
- Reviews year end reports and data
- Reviews trends in cases in order to facilitate planning efforts and program development
- Reviews the Service Coordination Plan annually
- Identifies and addresses gaps in service

Financially, the Cluster may access:

- CCBH 404 dollars (The ADM Board has allocated all dollars to Cluster)
- Shared Pool (Contributors: Children Services, DD, Juvenile Court & ADAMH board)
- Local agency dollars of the four placing agencies: Children Services, DD, Juvenile Court & ADAMH board. The agency representatives have the knowledge and authority to allocate their agency's placement dollars to meet the needs of these children.

Programmatically, the Cluster strives to:

- Identify and resolve system barriers
- Identify gaps in service
- Develop programs and projects to enhance services

Coordination of Services, the Cluster:

- Develops joint service coordination plans with professionals and the parent
- Delineates services, responsibility and cost
- Designates a Lead Case Manager
- Monitors delivery of services
- Assists with discharge planning

CLUSTER COORDINATORS

Summit County has two coordinators, one of which is also the supervisor, who work for the Cluster and whose salaries are paid by the Summit County Juvenile Court, Children Services, DD and the ADAMHS Board through shared pool funding. They are supervised by the Director of FCFC and are employees of and housed at FCFC's Administrative Agency, the Summit

County Health Department. The coordinators have experience and knowledge about systems, services and programs in the community. They are a valuable resource at both the case and system level.

REFERRAL PROCESS

Each of the four child and family serving agencies in Summit County, who have the ability to place children outside their homes for needed services and/or treatment, has an appointed representative to the Cluster Administrative and the Review Council. There are also twelve agencies that sit on the Cluster Review Council who have appointed representatives. (*see Cluster membership list*) A referral should first be discussed with this representative to assure that the agency representative is adequately informed about the case and that all approved documentation is attached. There is a referral form (*see addendum A*) and a Cluster release of information (*see addendum B*) that is completed and sent via email, fax or regular mail to one of the Cluster Coordinators. The Judge and magistrates also refer cases to Cluster via the Journal Entry. It is known by all agencies making a referral to Cluster that a parent, and the youth if able to participate, is expected to be invited to all staffings. The Cluster believes that families should not have to give up custody to obtain services for their children. Data for 2007-2009 documented that 76% - 84% of youth referred to Cluster were in their parent's custody. The remaining percentage was in Children Services custody due to abuse and/or neglect. (*see Cluster Data report 2009*). If a parent is not involved with one of the Cluster agencies or if a private agency is making a referral, they should contact one of the two Cluster Coordinators. A private agency must complete the referral form and release of information and submit it as any of the Cluster agencies would. The parent may contact one of the Coordinators by telephone to initiate a staffing. The parent may also contact the Coordinator if they are receiving services with a community agency but do not feel that their needs are being met. Parents do not have to complete a referral form but do sign a Cluster release of information authorizing shared communication with Cluster member agencies and other team members. The Coordinators are paid through the Shared Pool and are FCFC staff. Their responsibility is to facilitate a family team planning meeting (staffing) in order to develop a collaborative family driven service coordination plan. It is stated at all staffings that all information shared by team members is strictly confidential and a confidentiality agreement is signed by all team members (*see addendum C*).

Once the Cluster coordinator receives the release of information and referral packet, identified team members, including the family and whoever the parent wants to bring as a support person, are invited to a staffing. The date the referral was received is documented on the last page of the referral form. Invitations to staffings are done via email or by telephone. The referent is responsible for inviting the family as they are the person who knows the child and family best. The parent may invite and bring any informal support person. If they do not have anyone they are informed there is a parent advocate available through Mental Health America PEERS and are given the telephone number. A staffing is usually scheduled within one to two weeks and is held at a date, time and place that is typically, convenient for the family. This may not always be possible in circumstances where the court orders an emergency staffing due to the child being in the detention center or if the child is in the hospital. Also, if Children Services has custody or the child is already in an out of home placement the staffing will be held wherever is most convenient for the majority of team members. Staffings are scheduled prior to any out of home

placement, unless otherwise ordered by the Juvenile Court, and are done within 10 days after a placement if the case is referred to Cluster. The placing agencies have their own protocol for placement of children that are not Cluster involved cases.

The goal of the staffing is to look holistically at what the family wants and needs. To assist in gathering and discussing pertinent information the Cluster has identified nine primary life domains on the referral packet. These domains are: Family, Residence, Education/Vocational, Emotional/Psychological, Social/Recreational, Medical, Safety, Legal, and Religion. This is to encourage and remind case managers to look holistically at the family and to consider not only the identified child but the needs of the parent(s) and siblings. By including the parent/guardian and child in the gathering of information and in decision making about services, it assists in assuring that services are culturally sensitive and responsive to their strengths and identified needs. The staffing should be family and child driven, strength based, culturally sensitive, holistic, creative and collaborative. Summit County strives to be culturally sensitive. It is believed that since the family is involved at each step in the process the information gathered from the parent/guardian affords an opportunity to be culturally sensitive. If there are cases where cultural sensitivity is explicitly needed, we are fortunate to have the International Institute which has social workers with expertise in languages and cultures that we can contact for guidance and/or if a translator is needed. The staffing should not be a discussion of blame for a provider, child, or parent nor should it be agency/system driven or pathology focused.

PARTICIPANTS

Participants will include those individuals or agencies that are currently involved with the family and approved by the family unless there are mandated agencies due to custody or legal issues such as Juvenile Court or Children Services. This may also include professionals, not presently involved, who may be potential service providers. The family may invite either informal or formal support people that they identify as support for them. A parent advocate, through Mental Health America PEERS, may also be offered to the parent if the parent wishes.

STRUCTURE OF THE STAFFING/DEVELOPMENT OF SERVICE COORDINATION PLAN

The Cluster Coordinator facilitates the staffing. Introductions of all attendees take place. Then the coordinator explains the role of Cluster and the process of the staffing. There is a statement of confidentiality and an agreement is signed (*see addendum C*) by all in attendance that no information discussed in the staffing will be discussed out of the staffing. Each agency representative is then asked to review their agency's involvement with the family (past and current history, services provided, testing results etc). The family's strengths needs are discussed as well as barriers to services for identified needs. The family is asked to be a part of the discussion to clarify any incorrect or misinformation given as well as what services they believe worked or didn't work for their family. After all discussion there is development of the individual family service coordination plan. The plan should be built on what the family and child want and need and should be responsive to the strengths, needs, culture, race and ethnicity of the family and provided in the least restrictive environment. If the child is already out of the home the treatment providers are asked to review any recommendations for the family and child. The plan should state specific goals, time frames, and designate the person/agency that is responsible for implementation. If identified services or supports are not available, the plan will

state how alternative services were identified. Any gaps in service availability will be reported to the Administrative and Review Council for discussion as to how to address these gaps in services. Team members, including parents and the child, identify which activities they will accomplish. The exception would be if an agency has a legally mandated requirement to provide certain services. A lead case manager is identified. This is done so that the parents, and other agency personnel, have a “point person” to contact for information or clarification on the plan. Each case is unique and staffings are held as needed for that particular case. Typically they are held monthly unless a team member or the court requests it to be held sooner or later. If the child is out of the home in a therapeutic placement team meetings are held monthly. The lead case manager and parent attend these meetings. The Cluster coordinator will attend meetings in out of home placements quarterly and at any transition times such as discharge planning meetings. The case manager will relay information to the Cluster Coordinator after each out of home placement meeting. Any team member may request a staffing be held at any time.

An important part of the service plan is a crisis and safety plan. The Cluster Coordinators do not develop these plans. Cluster member agencies develop the crisis and safety plans with the family since they know the family best. The plan may be discussed at the Cluster staffing and revised as needed. In each placing agency they are now developing crisis and safety plans that are very similar to the FCFC SOC crisis and safety plan.

The Cluster Coordinators present the case and recommendations to the Administrative Council for approval to present to the Review Council to officially open the case with Cluster for continued service coordination or funding assistance. A decision may be made that a case may not become an “official” Cluster case if there was one staffing to link the family to needed services or if an agency, or the family, decides after the staffing that there is not a need for the Cluster to coordinate services and the family will just continue working with a particular agency.

The unruly and/or alleged unruly youth referred to the Cluster follow the same procedures as the above. The Cluster Coordinators are knowledgeable about preventive services in the community especially those who provide services for or work with unruly youth. One of these resources is our Youth Divisions. The Youth Diversion Programs are housed in a community’s police department and have an officer that works with the social workers to deter unruly youth from entering the Juvenile Justice System. Services, in addition to case management, are varied and may include: respite, parent education, mentoring for the youth. If the child and family successfully follow through with the program the charges are dropped. There are also other programs/services that may be used as wraparound services for example, youth mentors, Safe Landing which is a respite shelter facility, Truancy Task Force, mediation, New Beginnings, etc. There are also two specific programs that work with the deep end youth whose goal is to maintain them in the community. These programs are Crossroads (co-occurring substance use and mental health intensive probation) and ICT (Integrated Co-Occurring Treatment) The latter is a unique home based program offered through a local mental health agency that works in conjunction with Juvenile Court. Therapists have dual expertise in both mental health and substance abuse.

FISCAL STRATEGIES

Funding decisions for services or supports identified on the SOC service plan are discussed by team members. Team members first identify the service needed, how long it is needed and the cost of the service. If funding is needed through the FCSS: SOC dollars the SOC coordinator consults with the supervisor and FCFC director to ensure it is an allowable expense. If an involved agency is able to fund a service or support they do so. The Summit County Health Department is the fiscal agent for FCFC and SOC. All invoices are paid by the fiscal agent and expenses are tracked on an excel worksheet that is accessible on a daily basis. FCFC looks at all funding sources (agency funds, Cluster shared pool, FCSS:SOC, CCBH 404, program scholarships, and family contribution) to maximize resources to assist and support families. FCFC has also begun referring youth to HOME Choice to access services and funding to assist families with supportive services. Funds saved by a youth discharging early from a residential setting are reallocated to the shared pool to assist other families who need support or youth who may need placement for a short time out of their home for treatment. Funding, through the Cluster Shared Pool dollars, for all Cluster cases can only be approved by Administrative Cluster. Each agency has given authority for funding decisions to an appointed representative on Administrative Cluster. This policy was made for two reasons: 1) Funding issues often derail creative thinking and 2) the Administrative Cluster has the authority to make these decisions. This council meets monthly to discuss cases and makes funding decisions. The Cluster may access Shared Pool funds, HOME Choice, FCSS: SOC and CCBH 404 funds. The Summit County ADAMHS board has allocated all the CCBH 404 dollars to the Cluster and the Administrative Cluster determines how those dollars will best be spent.

PUBLIC AWARENESS/TARGETED MARKETING

Summit County Cluster has been providing a Cross Systems Training program for professionals since 1995. To date almost 500 community professionals have been trained. The training program is 6 months long. Participants attend one full day per month. Topics include professional collaboration, state and local collaboration, parent and professional partnerships, and wraparound. There are two additional sessions where participants travel to community agencies that provide services to families so they are familiar with the agency and the services they provide. There are also speakers who present information about IEP, MFE, IDEIA, child welfare, different types of families, mental health, juvenile justice, and developmental disabilities. The two Cluster Coordinators also educate the professionals on the Service Coordination Plan in Summit County. They learn the process, how to access it, make a referral, and mandates of the plan. They are encouraged to inform the families they work with on the ability to self refer for service coordination. The Cluster Supervisor also conducts training at agencies about the availability of service coordination and the referral process to direct care staff as well as agency managers. Families are made familiar with the service coordination plan through local agencies or via the Summit FCFC website. Mental Health America also has support groups for families managing children with behavioral health issues. Several parents who have been involved in service coordination attend these groups and learn about service coordination there. Many families who have contacted Summit FCFC have stated they learned about FCFC service coordination by viewing the website or word of mouth.

EVALUATION

Evaluation is a process of systematically determining and showing evidence of expected and unexpected outcomes and impacts of the intervention effort on children and families, service providers and the community. Evaluation assures that children and families actually receive needed services, documents gaps in service and leads to strategies for improvement. Monitoring is closely tied with evaluation. The Cluster has always collected data to meet these goals at both the case and system level but have not had a systematic data system set up to collect the data and then to develop reports in order to understand our impact and make system recommendations if indicated. The Cluster did develop a database in approximately 2006 to track Cluster youth. A 2009 data report is attached. It is difficult to determine how or if Cluster's service coordination is helping reduce the length of stay of youth referred to the Cluster since most children referred to Cluster is for funding assistance of a placement for which the youth was in prior to being referred to Cluster. Also, several youth are referred to Cluster for coordination and planning for the most appropriate placement. Once the case is officially opened as a Cluster case the Cluster coordinator monitors the case to ensure the team is planning for needed supportive services when the child is discharged from an out of home placement. Summit County gives their assurance that data would be shared with the state for the purpose of evaluation if requested.

The Cluster has also used individual cases scenarios to illustrate how well or how problematic some service coordination plans have been implemented. These illustrations have been shared with the Cluster Executives, Review Council and Cluster Cross System Training as a learning tool.

The Cluster annual report serves as an evaluation tool which is shared with the Review and Executive Council of Cluster and also the General Membership of FCFC. Results of the report is utilized to improve our service coordination mechanism and to improve services to family and children.

DISPUTE RESOLUTION

SUMMIT COUNTY CLUSTER FOR YOUTH

The Cluster's dispute resolution process has seldom been used which is a tribute to the sense of collaboration, trust and consensus building that exists. The existence of a flexible Shared Pool has also been a major contributor to the lack of dispute among agency providers. Summit FCFC FCSS:SOC will follow the same dispute process, and timelines, as the Cluster with the exception that all disputes will be put in writing to the SOC coordinator who will in turn provide them to the Summit FCFC director. If the case can not be resolved by a written decision of the FCFC director it will then be presented to the FCFC executive committee to render a decision.

Philosophically the belief is that problem solving through consensus building is the most successful and beneficial approach to dispute resolution. Due to this belief, team building and problem solving are components of the Cross-System Training Program. The Cluster and Family & Children First Council will encourage and support this principle through all steps of the dispute resolution process. The Cluster and FCFC will adhere to all applicable laws/regulations in regards to confidentiality and will comply with all applicable HIPPA regulations concerning the use and disclosure of protected health information.

Summit County also recognizes that community agencies may have in place a formalized dispute resolution process for their employees and their consumers. Parents will continue to use local agency grievance procedures to address disputes not involving service coordination. This 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. Many agencies, including Children Services, Child Guidance & Family Solutions, DD and Mental Health America, also have ombudsmen to listen to parents concerns in regards to service/treatment. The utilization of these existing structures will be encouraged and supported as first steps. The parent and agency providers are informed of the Dispute Process at the conclusion of the initial Service Coordination Planning Meeting. Parents are included in all aspects of the dispute process, if they choose. This process does not override any decision made by the juvenile court judge regarding out of home placement, long-term placement, or emergency out-of-home placement.

If a parent or guardian wishes to initiate the dispute resolution process they need only put their concern in writing to the Cluster supervisor. This is true for whether a parent/guardian expresses concerns regarding FCFC service coordination or concerns about their individual service plan.

Cluster will resolve non-emergency disputes no later than 60 days after the parent or custodian initiates the dispute process. FCFC will make findings regarding the dispute and issue a written determination of its findings. All services and funding provided will continue to be provided during the dispute process. The parties may, by mutual agreement, waive the time limits. Any waiver so agreed upon shall be in writing and signed by the FCFC Director and all parties pertaining to the dispute. All decisions throughout the dispute process must be in writing.

Emergency situations would have to demonstrate why a time line of 60 days is detrimental to the child, family or agency since services would continue during the dispute process. It is hard to define an emergency situation but in general it would have to demonstrate why the continuation of present services or lack of appropriate services is placing the child in danger either physically and/or emotionally. In these situations the time line would be reduced to two weeks or less.

The following dispute resolution process between child/family to agency and child/family to their service coordination plan and agency to agency will apply specifically to Cluster. Non-emergency cases will be resolved within sixty (60) days or less.

1. If there is a significant and unresolved conflict regarding any aspect of the Service Coordination Plan which may include, but is not limited to, identified services; funding of those services; or the lead case manager role by either the parent or any agency member of the team, and/or a dispute between agencies every attempt should be made to resolve the conflict within the parent/professional service coordination team.
2. If the parent/professional team cannot resolve the conflict, a member of the agency team or a family member may file a formal statement of dispute. The statement and any supporting evidence should be sent to the Cluster Supervisor who will present the request for dispute resolution to the Administrative Council. The date the complaint is received becomes the official date and begins the time line for dispute resolution. The

Administrative Council will review all relevant information and render a written decision within one week.

3. If the Administrative Council cannot resolve the conflict and/or the person/agency making the complaint is not satisfied with the decision the complaint will be referred to the Review Council. The Review Council will review all relevant information and render a decision within two weeks of the referral from the Administrative Council.
4. If the Review Council cannot resolve the conflict and/or the person or agency making the complaint is not satisfied the complaint it will be referred to the Executive Council. The Executive Council will review all relevant information, may ask for additional information and/or testimony, and will render a decision within two weeks. The Executive decision will be put in writing along with supporting documentation if applicable. The entire process will be resolved within sixty days.
5. If resolution cannot be resolved through this Dispute Process the final arbitrator would be the Juvenile Court Judge. The request for a court hearing must be filed, by the disputing party to the Judge, within 7 days after the failed dispute resolution. The Cluster Coordinator(s) will assist in preparing all pertinent information for the court. The court shall hold the hearing as soon as possible, but not later than ninety (90) days after the motion or complaint is filed. The court may conduct the hearing as part of the adjudicatory or dispositional hearing concerning the child, if appropriate, and shall provide notices as required for these hearings. In cases in which the hearing is not part of the adjudicatory or dispositional hearing the hearing shall be limited to a determination of which agencies are to provide services or funding for services of a child. The court shall issue an order directing one or more agencies represented on the council to provide services or funding for services to the child. The order includes a plan of care governing the manner in which the services or funding are to be provided. The court shall base the plan of care on the family service coordination plan. An agency required by the order to provide services or funding shall be a party to any juvenile court proceeding concerning the child. The court may require an agency to provide services or funding for a child only if the child's condition or needs qualify the child for services under the laws governing the agency. The decision of the court is final and binding.
6. The Cluster Supervisor will be responsible for conveying the written decision at any step in the dispute resolution process to all pertinent bodies, which will include but is not limited to, the family, agency team members, Cluster Review Council, Administrative Council, Executive Council and Family & Children First Council.
7. All filed disputes will be tracked and reviewed at the yearly Cluster Retreat when the service coordination plan is reviewed.
8. The Cluster may consult with the Ohio Family & Children First Council if it is a unique case where there are specific issues with funding, locating an appropriate service and/or if administrative rules prohibit a solution.

If there is a formal request of OFCF to review a complaint, Summit county will utilize the OFCFC Service Coordination Dispute Referral form and the Service Coordination Administrative Review Referral form.

This Dispute Resolution Process is for all applicable Cluster complaints. Ineligible complaints may involve eligibility for programs/services which should be directed to the Due Process procedures of the agency(s) involved. Also disputes involving an Individual Educational Plan (IEP) covered under O.R.C. Chapter 3323 and Individuals with Disabilities Educational Improvement Act (IDEIA) are to be channeled through the appropriate Local Educational Authority (LEA). If the family or agency representative disagrees at an initial service coordination meeting prior to signing the service coordination plan and becoming a cluster case there is no requirement to comply with this dispute process. Once a plan has been instituted this dispute process becomes effective. Services and/or funding during the dispute resolution process would continue. If an agency that provides services or funds during the local dispute resolution process or court proceedings is determined through the process or proceedings not to be responsible for providing them, it shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.

In cases that involve Shared Funding a contract is signed by the funding agencies and approved for a specific period of time and an amount with the opportunity to request additional funding if the need exists. Therefore, a request for continuation of funding has to be made 30-45 days prior to termination of the agreement. If the funding agreement terminates without an official request to continue funding there is no obligation to extend funding beyond the original approval dates nor is this subject to the dispute process. This would not affect other services such as case management, etc.

SUMMIT COUNTY HELP ME GROW

1. For Part C – eligible children, Service Coordinators (a) coordinate evaluations and all assessments; (b) facilitate and participate in the development, review, and evaluation of IFSPs; (c) identify available service providers; (d) coordinate, facilitate and monitor the timely receipt of services; (e) inform families of the availability of advocacy services; (f) coordinate with medical and health providers; and (g) facilitate transition plans to preschool and/or other services if appropriate. Service Coordination policies are determined by the Ohio Department of Health Bureau of Early Intervention Services and are mandated to follow federal law as written in IDEA.
2. (1) Help Me Grow referrals can be made by calling, faxing or mailing the referral form to the Summit County Intake & Referral Central Site. Once the referral has been received, the Intake Coordinator records the referral in Early Track, which is the state web database for Help Me Grow. The referral is then faxed to one of the three community agencies that are sub-contracted to do Service Coordination. A letter is sent to the family within 48 hours informing them of the agency that will provide Service Coordination to their family. A Service Coordinator is assigned, and contacts the family through a home visit to begin enrollment.

(2) Notification by letter or e-mail will be made at least 2 weeks in advance to the family and person or persons directly involved in services to the family, along with anyone the family wishes to be present at the meeting.

(3) An IFSP meeting will be completed within 45 days of referral and reviews done at least every 180 days. If they wish to review the plan sooner, they can tell their Service Coordinator and she will schedule the meeting.

(4) The outcomes and progress being made is monitored at each IFSP review. IFSPs are also reviewed independently by each Service Coordinator's Clinical Supervisor to ensure quality and that timelines are being met.

(5) The Consent and Release of Information states that information will only be shared with agencies listed and initialed by parents on the form.

(6) Summit County Help Me Grow uses the Routines Based Interview (RBI) as a tool to assess strengths and needs and cultural structure of the family. In addition, the entire IFSP process assesses the child's strengths and needs as well as the families.

(7) Service coordinators facilitate and participate in the development, implementation, review and monitoring of the IFSP and its timelines. Facilitation includes coordinating a meeting time and location that results in the participation of the family and as many service providers and evaluation team members involved with the family as possible. An RBI is completed prior to the IFSP and, consequently, outcomes are identified by the family at that time. Information is gathered by the Service Coordinator for the IFSP from the time the family is enrolled. The IFSP, or Individualized Family Service Plan, is the interaction, collaboration, and partnership between parents and providers resulting in a written plan that:

- lists outcomes for individual families and their infant or toddler, and
- describes resources/services and their coordination that will support those outcomes;
- is made to be flexible;
- can be developed in many ways;
- can be changed whenever the family feels it needs to be updated;
- can include all types of services, skills and materials needed to help the child;
- identifies and organizes formal and informal resources to facilitate families' goals for their children and themselves;
- identifies the family's concerns and needs.

(8) Procedural Safeguards are in state and federal policies:

(A) Children and their families eligible for HMG but not eligible for Part C, may file a complaint through the county family and children first council's dispute resolution process as required by section 121.37 of the Revised Code.

(B) The department, as the lead agency shall establish procedural safeguards that are consistent with Part C regulations. The department in partnership with the state and county family and children first councils is responsible for assuring effective implementation of these procedural safeguards by each state or local agency or a private agency in the state that is involved in the provision of Part C services. The department assures implementation through the following activities:

(1) Disseminating written guidance regarding procedural safeguards to:

- (a) County family and children first councils;
- (b) Help me grow project directors;
- (c) Centralized intake and referral sites;

- (d) County boards of mental retardation and developmental disabilities;
- (e) County departments of job and family services; and
- (f) The family support consultant network;
- (2) Entering into interagency agreements with the department of mental retardation and developmental disabilities and the department of job and family services, which includes the agreement to work together to consistently implement the Part C procedural safeguards, regulations and other applicable policies; and
- (3) Monitoring county compliance with this rule.
- (C) The department shall develop and assure the implementation of a process for the resolution of complaints regarding the provision of Part C services. The process shall specify the procedure for:
 - (1) Filing a complaint with the county FCFC;
 - (2) Filing a complaint with the department;
 - (3) Resolving the dispute through mediation or an administrative hearing within thirty days from receipt of the request for mediation or an administrative hearing; and
 - (4) Resolving the dispute through investigation by the lead agency within sixty calendar days from receipt of the complaint.
- (D) Each county FCFC shall develop and maintain a resolution process for complaints, which shall be consistent with Part C.
 - (1) The FCFC shall notify the department of the complaint in writing (via electronic or U.S. mail or facsimile) within seven calendar days of receipt of the complaint; and
 - (2) The FCFC shall issue a written decision to the complainant and the department within thirty calendar days from receipt of the complaint.
- (E) Each provider of Part C services may develop and maintain a resolution process for complaints which shall be consistent with Part C. If the provider has a resolution process for complaints:
 - (1) The provider of Part C services shall notify the department and the FCFC of the complaint in writing (via electronic or U.S. mail or facsimile) within seven calendar days of receipt of the complaint; and
 - (2) The provider of Part C services shall issue a written decision to the complainant, FCFC and the department within thirty calendar days from receipt of the complaint.
- (F) Upon receiving a complaint, the department, FCFC or provider shall:
 - (1) Assure the individual registering the complaint has a copy of the procedural safeguards; and
 - (2) Explain the options available for dispute resolution.
- (G) If the department receives notice that a complaint regarding Part C services was filed with the county FCFC or a provider, the department shall monitor the resolution process to assure that the complaint is resolved by the county FCFC or provider within thirty calendar days. If the complaint is not resolved within thirty calendar days, the department shall notify the complainant, the county FCFC and the provider, if applicable, that complainant may select one of the following:
 - (1) To have the department investigate the complaint in accordance with paragraph (C) (4) of this rule. If this option is selected, the department

shall assure that the complaint is investigated and resolved within sixty calendar days from the date the county FCFC or provider received the complaint; and

(2) To mediate and/or to go to an administrative hearing in accordance with paragraph (C) (3) of this rule. The department shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty days from receipt of the request for mediation and/or administrative hearing.

(H) Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.

3.
 - (1) Service Coordination, IFSP, developmental evaluation, screenings, transition and family support is funded by a blend of ARRA Part C funds, Part C dollars, and General Revenue dollars.
 - (2) Resources are maximized by utilizing what resources are available in the county at no or minimum cost to families. Collaborative efforts between the County of Summit Bd. of DD, Family Child Learning Center, have maximized resources for families.
 - (3) There are currently 5 Service Coordinators who are funded by ARRA dollars 100%. Those families served by these Service Coordinators are considered funded by ARRA as well. Our county utilizes the Part C and the General Revenue funds by blending them to reimburse for Service Coordination by sub-contractees.

4. The Service Coordination system for Help Me Grow is monitored in a number of ways. Clinical Supervisors print out reports from Early Track to show timelines of IFSPs, developmental evaluations, assessments, screenings and transition planning conferences. The Project Director reviews these same reports on a county level to ensure compliance with timelines. An annual record review is completed to review randomly selected individual files as another measure of monitoring. ODH mandates that each county do an annual self-assessment reviewing specific indicators. Summit County Help Me Grow contracts with the University of Akron Institute for Health and Social Policy to evaluate all aspects of the program as well. They report quarterly and do a final yearly report for FCFC.