



**Service  
Coordination  
Mechanism**

**2010**

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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 that impact both families and services. Council members believe that pooling resources is the best way to create systems' change.

The Council, which is composed of local agencies working together on behalf of Geauga's families, currently funds a broad spectrum of community-based services. All the programs that Council has helped develop and now funds are community solutions to identified service gaps that existed in Geauga County. One of the major programs/services Council provides in the county is Service Coordination. In Geauga, Service Coordination, with all that it entails, is essentially a way of doing business based on the Council philosophy that kids being served through Council-funded programs and individualized services are the "community's kids," not just the responsibility of one system.

## **II. SERVICE COORDINATION HISTORY & OVERVIEW**

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

It became clear - early on - to a 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 this goal in mind, our Council members pooled their resources and developed several key community-based services aimed at helping families of multi-need kids stay together.

## **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 planning and organizing services for these families. By the late '90s this "way of doing business" was being 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 could be served in the community through intensive community-based treatment such

as our Youth Partial Hospitalization Program (BRIDGES) and our Geauga Therapeutic Youth Center.

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 a federal grant, FAST, ABC, and now 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 one-time, short-term basis to families so in Geauga, most of these families are not defined as Service Coordination families with the more formal process that Service Coordination entails. The goal of Family Stability is to get services to families quickly with a very short turnaround time.

The second major component of Service Coordination in Geauga is Help Me Grow, geared to families with young children with a strong focus on prevention. Rarely do HMG families need Service Coordination beyond what is offered through HMG, but in those few cases where it's needed, additional services have been accessed through the Family Stability umbrella of services.

The entry point for non-HMG families to obtain Service Coordination and access to the wide range of services funded by Council is through one of our county's interdisciplinary treatment teams: the Multi-Disciplinary Team, the Screening Committee, or the Diversionary Team. (The criteria for entry into each is defined below.) None of this Service Coordination, however, would be possible without the Council's Case Services Coordinator, who facilitates the workings of the three treatment teams and helps coordinate services for the children and families needing Council's assistance. This .75 F.T.E. position is funded from the Council's pooled fund.

In addition, 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, Ravenwood Mental Health Center, Job & Family Services, the Health District, Juvenile Court, the HMG/Early Childhood Subcommittee, the Educational Service Center, Catholic Charities, and the local school districts not only have been integral to Service Coordination development, but all also play key roles on all the treatment teams which serve as its entry point.

The goal of our Service Coordination Plan is to provide the opportunity for agencies to collaborate in a structured way to better serve Geauga families and to provide services in the least restrictive form possible. Our plan, which outlines how service provision is coordinated in Geauga, is based on the following tenets:

1. Services to Geauga's families and children are coordinated, community-based and family centered;
2. Children are best served in the community and in their own homes, if possible, connected to community and family supports;
3. Parents have a voice in both the planning and delivery of services for their family;

4. Services support early intervention with families, primarily through the Help Me Grow Initiative, in order to give children the best possible start in life;
5. Children 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. The state initiatives and funding for TPP, FSIF, and HMG made it possible for the Geauga community to focus in a more comprehensive, planful way on young families and their children. Council's objectives for that population, helping children get off to a healthier, more stable start while giving their parents tools to prepare their children for learning, are now a key focus of our Council. The three other commitments, geared to older children, are objectives Council has been working towards for the past ten years.

## **IV. SERVICE COORDINATION TARGET POPULATION**

Many Geauga families require the support of more than one agency and the children/adolescents targeted in this Service Coordination plan are likely to be receiving one 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
- Vocational and habilitation services

As mentioned previously, our service coordination process serves a wide range of kids and families from those at highest risk needing placement outside the home to families needing respite or gas cards. The populations served break down as follows: (1) 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; (2) families with children adjudicated unruly, alleged to be unruly, or at-risk of becoming unruly. The "at risk unruly" population is 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; and (3) 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. Most of the families in this 3<sup>rd</sup> category do not have the formal Service Coordination designation by Council since Council is usually being approached for the funding of one specific, time-limited service or support. These families may need coordinated services but on a more limited basis.

## **V. SERVICE COORDINATION MECHANISM, PURPOSE, AND REQUIRED COMPONENTS**

### **A) Development of Geauga’s Service Coordination Plan/Mechanism**

Our Service Coordination Plan was initially developed by and has been 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), parents, 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 its interdisciplinary treatment teams (the Multi-Disciplinary, Screening, or Family Stability).

### **B) Service Coordination Procedure**

#### **Overview:**

Any Geauga agency, including Juvenile Court or a family 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 the county service coordination mechanism. The Case Services Coordinator goes over the referral process with the individual and assists them as needed. The parent/guardian is also given the name of a designated Council Parent Representative as a potential information source and/or guide for the process. All parents are encouraged to participate in the case presentation even if they do not take the lead. The Case Services Coordinator plays a major role in the navigation of the Council system for self-referring families who are not connected to a service professional in the community. A meeting, prior to the actual presentation can be scheduled with the Case Services Coordinator at a time convenient to the parents.

#### **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.
- 3) The case is presented and the recommendations from the Team hearing the presentation are then sent to the presenter, the family (if the family is not the presenter) and to other appropriate parties within 5 business days (**Attachment I – Treatment Recommendation Letter**)

Anyone making a presentation to one of the subcommittees/teams is given a referral packet explaining the procedures as well as the referral form known in Geauga as the Council's Common Intake Form (**Addendum A**). (See **Addendum A1 for additional referral packet information**). The Intake Form is used for presentations to either the MD Team or the Screening Committee and contains the following sections:

- Brief description of the problems being experienced
- the strength-based family assessment section
- the family's statement of need
- the family's identification of cultural considerations
- referral source contact information
- family contact information
- timeline for referral process
- appropriate releases of information
- date of receipt of referral

## C) Accessing Services

### Council's Inter-Disciplinary Teams

Children are brought to the attention of one of the Council's three Inter-Disciplinary Teams by parents, school personnel, public and private agencies and by Juvenile Court. These Teams serve as the entry point for all Council-funded services. All case referrals go through the Council's Case Services Coordinator who facilitates the functioning of these three teams. The Multi-Disciplinary Team (MD Team), the Screening Committee, and the Family Stability/Diversionary Team all play a significant role in our service coordination system. In Geauga, both Juvenile Court and the Mental Health and Recovery Services Board refer all kids needing placement services thru Family First Council for both treatment recommendations and funding. This is also true for the majority of JFS's residential treatment kids. Membership on the three subcommittees overlaps somewhat but is representative of many different perspectives. Each community 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 three groups is somewhat fluid. (**Attachment II, Community Teams – List of Members**). The Council's Administrative Assistant contacts appropriate Team members either by phone or e-mail prior to each meeting.

**The Multi-Disciplinary Team (MD Team)** was created more than 15 years ago as a forum for agencies both to present difficult cases and to receive input on those cases from other professionals in the community. It has grown to become the treatment arm of the Family First Council. Agencies, professionals and parents present to the MD Team if they are interested in seeking recommendations that may include residential placement and therapeutic foster care. It also continues to be a venue for professionals to seek input about challenging cases. The MD Team is composed of key treatment professionals from education, mental health, health, Juvenile Court, child welfare, and DD agencies and meets monthly.

MD Team focus:

- The majority of referrals come from Juvenile Court, JFS, mental health case managers and therapists.
- Kids presented are usually those needing the highest level of intervention, i.e., residential or therapeutic foster treatment placement outside the community. These multi-need kids must be receiving services from two or more agencies in order to be referred.
- If designated as needing this most restrictive form of treatment, the MD Team refers these cases to the full Council for funding approval. These are the only cases referred to the Council – decisions on all other cases are made by the inter-disciplinary teams.
- Local funding, primarily from local levies, is used for these treatment services.
- Children put on the Council’s waiting list for funding are not given the Service Coordination designation until their placements are actually funded by Council.
- The MD Team makes treatment recommendations to the Council but no funding decisions.

**The Screening Committee** is the entry point for our two Council-developed and locally funded treatment programs – BRIDGES (the community’s after-school youth partial hospitalization program), and the Geauga Therapeutic Youth Center, a residential treatment program for youth (12-17) who because of mental health or substance dependency issues are unable to remain in a family setting. Cases are reviewed by the Screening Committee to determine if the programs can meet the needs of the child being referred. The Screening Committee grew out of the Multi-Disciplinary Team. It became clear that too many cases were being presented to review thoroughly at the monthly MD Team meeting, plus many families needed a quicker turnaround time. The Screening Committee also serves as the emergency MD Team. This team meets on a weekly basis and can provide recommendation to the full Council when an emergency arises.

Screening Committee focus:

- The majority of referrals come from Juvenile Court, JFS, parents, and therapists.
- Kids presented are usually multi-need and at high risk of being placed outside the community: (1) kids who need after-school youth partial

hospitalization services in order to help them remain in their own homes; and (2) kids who, at least temporarily, need placement outside the home due to drug, alcohol, mental health issues, or significant behavioral issues.

- The Council helped develop and now funds both these programs and has designated the Screening Committee as the sole entry point. These cases are not referred to Council for individual funding.
- The Screening Committee makes the final decisions on entry into the 2 programs described above based on the amount designated in Council's budget. Local funding, primarily thru local levies, is used. The Case Services Coordinator oversees this process.
- FCSS funds are used to support "Council kids" participating in Council's youth partial hospitalization program (BRIDGES) and for transportation for the BRIDGES kids.

**The Family Stability Team which is Geauga's Diversionary Team** reviews requests for a range of community-based services geared to strengthening families and keeping children in their own homes. The array 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, Children's Services, and Educational Service Center systems, has developed several services, such as: One-on-One, which 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 team also contracts for family preservation services on behalf of families. These services help children avoid both placement and court involvement. Families presented often have mental health issues, JFS involvement, are at risk of court involvement, or may be experiencing other problems. This 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. Diversionary services are also viewed as early intervention services for families where there may be concerns about the family's ability to stay together long-term. It is here where HMG families sometimes access services.

Family Stability Team focus:

- Referrals come from many sources, including parents.
- Families presented are those needing shorter-term services geared to stabilizing a family in crisis. Council is often one funder of services but does not provide overall service coordination.
- The Council funds this array of services and has designated the Diversionary Team as the sole entry point. These cases are not referred to Council for specific funding.
- Families referred, who are likely to need ongoing Family Stability services, can be designated as Service Coordination families by the Diversionary Team at the time of referral.
- The Family Stability Team makes the final decision re: access to the services described above based on the amount designated in Council's budget. Local

funding is used, primarily local levy funds. The Case Services Coordinator oversees this process.

**D) Help Me Grow – Service Coordination**

In Geauga County, Geauga Help Me Grow, which is a free, and voluntary program, provides services for expectant parents and for families with infants and toddlers between the ages of birth to three years old. The goal of the program is to assure that newborns, infants, and toddlers have the best possible start in life. Services include pre-natal groups, developmental screenings, in-home family support, and child development and community resource information which promote children’s growth and support families. Service Coordination is a key component of Geauga Help Me Grow.

Gauga Help Me Grow is funded by the Geauga Family First Council, Geauga Job and Family Services, and the Ohio Department of Health. Services are provided thru the collaboration of several agencies with the DD Board serving as the main service provider. The Geauga Family First Council is responsible for the administration of Geauga Help Me Grow and all funding from the state flows thru the Council.

Anyone can refer a child to Help Me Grow (hospital, doctor, social service agency, etc). Many referrals come from the parents themselves. Most referrals concern children at risk of developmental delays due to biological or environmental risk factors or children with diagnosed developmental delays or disabilities. Referrals are made thru either the local or toll-free HMG phone number, via our HMG website or by fax.

When a child enters Help Me Grow, an individual Service Coordinator/Home Visitor is assigned to that child and follows the child through the program. The Service Coordinator/Home Visitor makes in-home visits to discuss health issues and early childhood development and links families to available community resources.

**E) Role of Case Services Coordinator in Service Coordination**

When a family’s needs cross agency boundaries, the Case Services Coordinator in conjunction with the Council’s three subcommittees, serves a key coordinating role in:

- 1) stabilizing families and
- 2) managing out of home placements.

“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 possible (for instance, using home-based treatment instead of residential placement), and that alternatives to court-involvement are considered first.

Over the years as additional teams and new services have been developed, our Council has worked closely with the Inter-Disciplinary Teams to help keep “red tape” at a minimum and the forms and procedures as family-friendly and easily negotiable as possible. The Case Services Coordinator is instrumental in ensuring that the system is as easily accessible as possible for families and professionals alike.

### Case Referrals

- **Informal Consultation** - The Case Services Coordinator is available for informal consultation re: the general appropriateness of a referral and helps direct the referent to the appropriate Team/Committee. He/she also assists in identifying potential additional resources to be accessed on behalf of the child.
- **Parent Referral** - A parent or guardian may make a referral by contacting the Case Services Coordinator who reviews the referral process with the individual and assists them as needed. The parent/guardian is also given the name of a designated Council Parent Representative as a potential information source and/or guide for the process. All parents are encouraged to participate in the case presentation even if they do not take the lead. The Case Services Coordinator plays a major role in the navigation of the Council system for self-referring families who are not connected to a service professional in the community.
- **Formal Referral** - If a formal referral is deemed appropriate, one of two packets of information must be completed and provided to the Case Services Coordinator before the start of the presentation either by the family seeking access to Council services/programs or by the service professional acting on the family’s behalf:
  - The Council’s Common Intake Form (**Addendum A**) is used for presentations to either the MD Team or the Screening Committee.
  - A condensed one-page form (**Addendum A2, Family Stability Intake Form**) is used for presentations to the Family Stability Diversionary Team so services can be accessed more quickly.
  - Our Council’s Family Release of Information Form (**Addendum B**) must be signed before any presentation is made. Strict confidentiality is enforced.

All three of these forms, which have been in use since the late ‘90s, were developed by an inter-disciplinary subcommittee. 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.

Once the forms are completed, the Case Services Coordinator schedules the presentation with the MD Team, the Screening

Committee, or the Family Stability Diversionary Team, whichever is most appropriate. The case is then presented to one of the above by the parent/guardian or a representative from the agency with the most direct involvement in the case. (Staff from agencies involved in the case are invited to participate, as are parents/custodians.) At this point the family is also encouraged to bring an advocate/support person to the presentation, if they choose. There is normally a meeting each week that can deal with any case.

- We require that Council's Confidentiality Disclaimer Form (**Addendum C**) be signed by all hearing the case presentation. The form stresses the confidentiality of all information being presented, none of which can be shared without the written consent of the family.

## **F) Case Presentation**

### **Overview**

When a case is presented and recommended for services, a Lead Case Manager (LCM) is identified. The LCM is usually the worker from the agency providing the primary service to the family - social worker, Probation Officer, or mental health case manager (CPST). The parent has a voice in the selection of the LCM, although if the Court is already involved, the LCM is usually either the JFS social worker or the Probation Officer because of court orders.

Even if the family is not taking the lead in presenting, they are invited to attend the case presentation so their input can be heard directly. At the case presentation, the MD Team, Screening Committee or Diversionary Team (whichever committee is appropriate) will make recommendations for case direction to the LCM. These recommendations are then followed up in writing to the LCM by the Case Services Coordinator (**Attachment I, Treatment Recommendation Letter**).

Once a case has been accepted for "Service Coordination" and designated as such, the family is given a copy of the Dispute Resolution Process. The Case Services Coordinator works with the LCM and the family to determine who should be part of the family's treatment team. The treatment team then works together and closely with the family to create the Individual Family Service Coordination Plan which outlines family goals and time frames. (**Addendum E – Individual Family Service Coordination Plan**). (see p. 14 for a more in-depth description of the IFSCP).

### **Children Recommended for Out-of-County Placement:**

These cases must be presented to the Council for funding approval so the Case Services Coordinator schedules the LCM to present the case at the next monthly Council meeting. In emergency situations, services can be authorized by the Council Coordinator until the scheduled case presentation to Council. (See description of emergency procedure below).

In the Geauga system, once funding is approved by Council for out-of-county placement, the child is automatically considered a Service Coordination child. If, at the time of presentation, there is no Council case funding available, the child is placed on the Council's waiting list. In many of these cases, another agency, either JFS or the Mental Health Board (in drug/alcohol abuse cases), funds the placement so the child can receive treatment until Council funding is available. These cases are not designated SC cases until Council funding is used. There is a procedure in place for those waiting list kids designated as "an emergency" by the MD Team or Screening Committee whereby the child can be moved to the top of the waiting list for funding consideration. "Emergency" in these cases is defined as posing a threat to himself/herself or to others.

In rare cases, Council jointly funds a placement with JFS. In these cases, JFS, having custody, takes the lead role in directing the case and the JFS case plan takes precedence over the Council's Family Service Coordination Plan (Family SC Plan). The Council's Case Services Coordinator helps provide some service coordination, particularly vis-à-vis the residential facility or therapeutic foster care network, but JFS takes the lead role. These cases are not designated Service Coordination cases.

### **Emergency and Non-Emergency Placement Procedure**

For non-emergency cases, it is the practice of Geauga Family First Council that all cases are presented to either the MD Team or the Screening Committee for a treatment recommendation. Everyone involved in the case is invited. Funding cannot be secured until a case first has been presented for recommendations and service coordination.

Emergency placement and funding is only secured after an inter-disciplinary treatment team meeting has been held and placement is designated an emergency by either the MD Team or the Screening Committee, which services as the MD Team's emergency committee since it meets weekly. The parents, and their support person, involved agencies, a representative from the appropriate school district are invited to this meeting.

The emergency funding process is then accessed through either the Council Coordinator or the Case Services Coordinator who contact by phone two of the three members of the Council's Emergency Funding Subcommittee. This subcommittee consists of the Mental Health and Recovery Services Board's Executive Director, the Superintendent of the Educational Service Center and the Council President. 2/3 majority can approve emergency funding. Continued funding, however, must be approved at the next full Council meeting. Council meetings are held monthly. The Case Services Coordinator schedules the LCM (Lead Case Manager) to present the case at the next monthly Council meeting. If emergency placement is necessary, emergency funding can be provided for up to 30 days prior to the Council meeting. A family service coordination meeting will take place within 10 days of any emergency placement.

### **Children recommended for BRIDGES or Geauga Therapeutic Youth Center:**

No referral to Council for funding is needed since these are Council-funded programs. However, these children are designated as Service Coordination cases, once presented.

**Families recommended for Family Stability/Diversiónary Services:**

No referral to Council for funding is needed since any services provided are funded through a pot of local funds designated for Family Stability cases. Generally these cases are not Service Coordination cases, unless officially designated as such by the Family Stability Diversiónary Team.

**Monitoring Progress / Tracking Outcomes:**

The BRIDGES and Therapeutic Youth Center Program submit quarterly reports to the Geauga Family First Council regarding children in their programs. Contained in these quarterly reports are new admissions, the progress of each child and discharge efforts. In addition the Case Services Coordinator attends all treatment team staffings to assure continued progress, appropriateness of placement and discharge planning. The Case Services Coordinator also attends treatment team staffings for all out-of-county placements a minimum of every 90 days to assure continued progress, appropriateness of placement and discharge planning. The Case Services Coordinator then reports to the Council quarterly re: the progress of each of these children who are placed out-of-county.

**VI. INDIVIDUAL FAMILY SERVICE COORDINATION PLAN**

**Overview**

Once the child has been designated as eligible for Service Coordination services, the Case Services Coordinator works with the LCM and the family to determine who should be part of the family's treatment team, sometimes known as the Family Service Team. Except in rare instances the family is a key component of the team which also includes some number of the formal and informal support people already identified on the Common Intake Form (**Addendum A**). This treatment team then develops a treatment plan based on the needs and strengths of the family. The 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 this plan. The treatment plan is our Family Service Coordination Plan (**Addendum E, Individual Family Service Coordination Plan**).

The purpose of the Family Service Coordination Plan 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.

This plan does not supersede case plans developed by JFS and Juvenile Court involving children with court orders. The Family SC Plan is a tool to aid in the implementation of services for families whose needs cross agency boundaries and helps outline for families how the agencies involved will coordinate services to help

meet their needs and goals. Through the plan the Council, the involved agencies, and the family can more clearly identify their roles. The Case Services Coordinator oversees this process.

**A) Requirements of the Plan and Process:**

- 1) There is a designed Lead Case Manager (LCM) for each case:  
 With approval of the family, the designated LCM is responsible for tracking progress, scheduling reviews and facilitating family service coordination process and/or treatment team meetings. As described above this is usually the worker from the agency providing the primary service to the family. The family may designate another person to assume this role. However, the designated person will need to work with the LCM to ensure meetings and reviews are being conducted on a regular basis. Should there be a disagreement re: treatment direction within the team the LCM is responsible for scheduling a meeting with the Multi-Disciplinary Team to resolve treatment issues.

The LCM 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

- 2) The Family SC Plan and process:
  - a) Ensures services that are responsive to the strengths, needs, culture, race and ethnicity of the family by giving the family the opportunity to offer input and to participate in any decision-making:

The initial presentation of any case includes an in-depth discussion of the family’s strengths and weaknesses. Our Intake Form (**Addendum A**) p.5 contains a Family Page which is to be filled out by the family or listed by the LCM in the words of the family (**Addendum D – Family Page**). On this page the family’s strengths, weaknesses, priorities and dreams (in the words of the family) are listed. At each Family SC Plan review and treatment team meeting these strengths and needs are taken into account in order to incorporate them into a plan that works to help the family. The LCM and the Case Services Coordinator help the treatment team define the service responsibilities for all involved treatment team members, including family members. This treatment planning includes consideration of funding options, availability of services, and, if necessary, the prioritization of services. It also allows for

the opportunity for the family member to offer information regarding their culture, race and ethnic group.

The family is invited to attend all treatment team meetings. It is our Council's belief that a plan can only be truly successful when it addresses all these issues and includes family members. Community providers also identify strengths and needs as part of the assessment completed as part of the Council's Common Intake Form. Family needs and requests are always considered when scheduling the time and location of the meeting.

- b) Ensures services are provided in the least restrictive environment:

One of the main tenets of our Council's philosophy is that community agencies collaborate to provide services in the least restrictive environment possible. The treatment team meetings are based on this philosophy.

- c) Includes timelines for Family SC Plan goals:

Treatment team meetings are held a minimum of every 90 days. All involved agencies, the family, and school officials are invited. At this meeting case plan goals and the progress towards completion of these goals are reviewed. In cases where a child is in placement the treatment team meeting takes place at the treatment facility or the therapeutic foster home within 30 days of placement. Another treatment team meeting is then held within 90 days of placement and at least every 90 days thereafter. Council's contracts for services require that the placement facility or service provider invite all of the above to all 90 day staffings. At these team meetings time lines are set for accomplishment of goals.

- d) Includes a process for notification of Family SC Plan meetings:

As stated above, the LCM is required to notify all involved agencies, the family and school officials about all treatment team meetings. This expectation is spelled out specifically by the Council's Case Services Coordinator at the time the LCM is designated, which is a formal process in our Service Coordination planning

- e) Designates an individual to monitor the tracking of progress and outcomes:

The designated LCM is responsible for tracking progress and scheduling reviews of each case. Should there be a disagreement re: treatment direction the LCM is responsible for scheduling a meeting with the Multi-Disciplinary Team to resolve treatment issues. The Case Services Coordinator facilitates the treatment team meetings, if possible, unless other arrangements are made.

- f) Ensures there is a procedure whereby the family can initiate a team meeting:

The Individual Family Service Coordination Plan indicates a family may request a treatment team meeting at any time and bring a support person to this meeting. In his/her dealings with the family, the Case Services Coordinator specifically reiterates the importance of this component of our procedure.

- g) Ensures there is a diversion procedure for those alleged Unruly child:

Most Council cases are not referred to Juvenile Court. The teams always consider 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. The Geauga County Juvenile Court has an excellent diversion program. Every situation brought to the attention of the Juvenile Court is screened by the Intake Officer to determine if the child is appropriate for their Diversion Program. It is the Court's desire to avoid formal Court action, and community resources are used to alleviate the situation whenever possible.

- h) 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 SC Plan. The LCM and Case Services Coordinator take the lead in ensuring these issues are discussed at treatment team meetings. The initial plan itself is completed at the first treatment team meeting although it is usually modified throughout the course of the treatment.

It is critical to anticipate crises and to effectively intervene. A family can be prepared and given the tools to help deal with the crises. The Case Services Coordinator is available by cell phone 24/7 to authorize funding for services that will help a child maintain in the home or to provide funding for emergency respite services.

It is stressed to everyone involved in our service coordination process that a crisis/safety plan for each family is important, as is the discussion with the family re: what triggers crises. Plans are also usually discussed at each team meeting in order for all to gather additional input.

- i) Ensures Confidentiality of Family Information:

A confidentiality form is signed by all team members prior to any presentation and discussed at team meetings. (**Addendum C**).

## **B) Monitoring the Family Service Coordination Plans**

- 1) The LCM works closely with the family and other involved professionals to monitor the effectiveness of the services provided.
- 2) The Case Services Coordinator facilitates the treatment team meetings where appropriate but, at a minimum, attends them. He/she also helps coordinate case management responsibilities across systems and helps resolve problems related to service delivery.
- 3) The Case Services Coordinator updates the Council quarterly as to each Service Coordination child's individual progress.
- 4) One of the main roles of the Case Services Coordinator 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 both the BRIDGES program and the Geauga Therapeutic Youth Center.

## **VII. DISPUTE RESOLUTION PROCESS FOR SERVICE COORDINATION**

### **Overview**

In Geauga, our dispute resolution process covers agency-to-agency, family-to-agency, and family-to-Council conflicts re: individual case services. However, so far there have not been any agency-to-agency disputes since all funding is pooled and all agencies have a say in plan development. Each dispute resolution step outlined has specific time limits attached. The whole process from start to finish must be completed within 60 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 Council Coordinator's responsibility to initiate and oversee the dispute resolution process.

As a first step, the parties are encouraged to resolve the issue among themselves directly. If the conflict is not resolved, the Council Coordinator attempts to mediate. If this step is not successful, the Emergency Subcommittee for either treatment or funding is accessed and its recommendation is presented to the full Council. If the issue cannot be resolved by the Council, the final arbiter of individual case resolution is the Juvenile Court Judge. Children and their families continue to receive disputed services already in place throughout the dispute resolution process.

### **Dispute Resolution Process**

When consensus cannot be reached by the involved parties (i.e. service professionals, parents, etc.) regarding the treatment recommendations by the MD Team, the Screening Committee, or the Family Stability Diversionary Team or regarding the funding decisions of the Family First Council (FFC) the 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 (LCM, 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 calls the three Emergency Treatment Subcommittee members for a recommendation. The Treatment Subcommittee consists of the Chief Probation Officer, JFS's Social Service Director, and Ravenwood Mental Health Center's Associate Director.
- 3) This Subcommittee can authorize a change in treatment up until the next regularly scheduled Council meeting. The Case Services Coordinator then calls the involved parties to convey the emergency recommendation.
- 4) The Council reviews the decision at its next meeting, 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.
- 5) In an emergency, Step #1 can be skipped.
- 6) This full dispute process is completed within 30 days at the latest since these disputes are handled at the monthly Council meetings.

**B) Funding Decisions**

**1) Non-Emergency**

Pertains to:

- Child whose case has already been reviewed by the MD Team, the Screening Committee or the Diversionary Team or
- Child already in the Council system who needs additional funding.

Occurs when:

- 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.

- At the point that new or additional information becomes available, re: a child already receiving services, the family or LCM can request a review by the MD Team at their next monthly meeting. This request by the involved parties is made to the Case Services Coordinator.
- The MD Team can then request that the case be re-presented to the full Council for funding consideration.

**2) Emergency**

Pertains to:

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

Procedure:

- Parents or Case Services Coordinator contacts Council Coordinator to request funding, or funding extension. Usually the Case Services Coordinator has been kept abreast of case developments by either the LCM or the family so has background re: possible emergencies.
- By the next business day, the Council Coordinator contacts the three Emergency Funding Subcommittee members (see page 7) to provide or extend funding until the next regularly scheduled Council meeting.
- If two out of the three members agree, Council Coordinator conveys decision over the phone to parents and LCM – and funding for a maximum of 30 days or until the monthly Council meeting is made available.
- At the next regularly scheduled Council meeting, the case is reviewed.
- Council reviews the emergency decision - parents, LCM, and other service providers deemed appropriate are invited to give input.
- The final decision is conveyed in writing and over the phone by Council Coordinator within 48 hours of the meeting. The final decision is binding upon all parties.

**C) During the Process**

- 1) Children and their families 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 Procedure is again made available to the family and to the agencies involved. This Procedure 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.

### **Judicial Authority**

If a conflict cannot be resolved through the designated dispute resolution process, the final arbiter of individual case resolution is the Juvenile Court Judge.

### **Non-Emergency**

The final resolution can be appealed to the Court by any party within seven (7) days of the decision by the full Council. The Judge will hold a hearing within 30 days of the filing of the motion to review. The Case Services Coordinator is responsible for forwarding all pertinent treatment/assessment information to the Court prior to the hearing. The information forwarded will include minutes from the full Council meeting relating to treatment, the Common Intake Form, all treatment recommendation letters, and any other written correspondence pertaining to this dispute.

### **Emergency**

The Judge will hold a hearing within 48 hours of the filing of the emergency motion to review. This procedure will not circumvent any agency or the parents taking appropriate action through the Court, i.e., JFS filing a motion for emergency custody. If a motion is filed with the Court prior to the hearing, the Council Coordinator will be responsible for forwarding to the Court the family's Council Common Intake Form, pertinent minutes from any Council meeting, all treatment recommendation letters, as well as the Council recommendations from the dispute resolution process.

## **VIII. HELP ME GROW COMPLAINT RESOLUTION PROCESS**

When consensus cannot be reached by the involved parties (service professionals, parents, etc.) re: appropriate Help Me Grow services for a child, the Family First Council Coordinator shall be contacted (**Attachment III, Full HMG Complaint Resolution Process**). It is then the Council Coordinator's responsibility to initiate and oversee the complaint resolution process which involves the following steps:

- 1) The FFC Coordinator is contacted and meets with the involved parties within seven business days to discuss the complaint.
- 2) If consensus still cannot be reached, the Coordinator encourages the parent to make a formal, written complaint to the Council or to contact:

Bureau of Early Intervention Services  
Ohio Department of Health  
246 N. High Street, P.O. Box 118

Columbus, OH 43216  
Ph: 614-644-8389  
Email: [beis@gw.odh.state.oh.us](mailto:beis@gw.odh.state.oh.us)

- 3) When choosing to file a written complaint with Council, parents shall receive in writing from Council a response to their complaint within 30 days of its submission.
- 4) This process aligns with our County Service Mechanism.

## **IX. FUNDING/FISCAL STRATEGIES**

Unlike many other Councils, all funds coming into 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. Since the mid-90s, this pooling of funds, which is based on an extremely high level of trust on the part of Council members, has allowed Council to streamline its funding process and to get funds quickly to the children/families needing them most.

There are six local funders, two of whom, JFS and the Mental Health Board, provide over \$275,000 each into the pool basically with no strings attached. There is one Council budget for all expenditures and each of the 20 Council members has an equal vote re: Council business. Individual case-funding, those funds set aside for the Service Coordination kids who require placement outside the community, comprises 1/3 of Council’s budget and comes primarily from local funding sources. Funding for individual placements is discussed and approved by the full Council at each monthly meeting upon a MD Team recommendation re: treatment.

The funding for the two 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. The funding for the community-based services, such as respite, family preservation, or one-on-one services, which are processed through our Diversionary Team, comes from a combination of local levy funds and local grants which are put into our Council’s Family Stability “pot”. The bulk of funds for local services and programs are put into our Council’s pooled fund and are easily accessible. Council’s six 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.

## **X. PUBLIC AWARENESS**

The Common Intake Packet, necessary for accessing Council-funded services, is readily available to families and agencies both through the Family First Council offices and on the Council’s website. We are in the process of adding the Service Coordination Plan itself to the website and will work to provide annual trainings on

the Service Coordination Plan to community professionals. A copy of the Dispute Resolution Procedure is given to all families whose children are designated “Service Coordination” youth and the HMG Parents’ Rights Information Sheet is given to all HMG families at the initial visit. Council’s three person staff has been and will continue to be trained on all aspects of our Service Coordination Mechanism.

## **XI. SERVICE COORDINATION MECHANISM QUALITY ASSURANCE**

Our goal as a Council is to review the Service Coordination plan annually to evaluate if and how it is working. However, the Case Services Coordinator collects data and updates Council quarterly on progress being made in individual cases. The data collected helps Council determine gaps in services that still exist and is used to help prioritize how Council’s funding is used. Our Council will supply whatever data necessary upon request by the state.

Two years ago Council’s Prevention Subcommittee created a Survey (**Attachment IV, Geauga’s Family First Council Survey**) to track background information on Council’s Service Coordination “kids”. This survey is given to parents at the 1<sup>st</sup> Treatment Team meeting by the Case Services Coordinator or mailed if the parents do not attend the first Treatment Team meeting. The survey is given to parents of all non-custody kids. Data from the survey is compiled by the Council’s Administrative Assistant and shared with the Council annually re: the background information on Service Coordination families. The Council’s Administrative Assistant also compiles information re: discharge outcomes: 1) directly upon discharge; and 2) 6 months later via correspondence to the parents. The purpose of tracking this information is to evaluate the success both of Council’s placement services and of our locally funded BRIDGES and Geauga Therapeutic Youth Center programs.

## **ADDENDUMS**

- A** – Common Intake/Referral form
  - A1** – Referral Packet information sheet
  - A2** – Family Stability Intake form
- B** – Family Release of Information form
- C** – Agency Disclaimer Form
- D** – Common Intake Form – Family Page
- E** – Individual Family Service Coordination Plan
- F** – Family Crisis / Safety Plan

## **ADDITIONAL LOCAL INFO** **ATTACHMENTS**

- I.** Treatment Recommendation Letters
- II.** Community Teams – List of Members
- III.** Full HMG Complaint Resolution Process
- IV.** Geauga Family First Council Survey