

ERIE COUNTY
SERVICE COORDINATION MECHANISM

Overview and Goals

This **Service Coordination Mechanism** is based on the accomplishments of the youth serving systems in Erie County and relies significantly on procedures and patterns developed collaboratively over time with those systems. It attempts to build on the strong foundation already developed in the county, as well as move forward in those areas, which remain challenging. We have attempted to frame the Service Coordination Mechanism within the existing structures and relationships established, so as to assure continuity and consistency in the system of care for our youth and their families. This Coordination Mechanism shall serve as a guiding document for coordination of services for families and children in our county. For children who also receive services under the Help Me Grow program (HMG), the service coordination mechanism shall be consistent with rules adopted by the Department of Health under section 3701.61 of the Revised Code. This mechanism was developed and approved with the participation of the agencies involved in the Family & Children First Council of Erie County.

The Family & Children First Council (FCFC) is comprised of several levels of group activities all of which are directed toward providing Erie County families and children with a high quality of well-integrated services.

- * The Administrative Level consists of the top executives of all the systems who participate in the Family & Children First Council, along with parent representation. The membership includes the Director of the Erie County Health Department, Director of Erie County Job & Family Services, Director of the Children's Service Unit of Job & Family Services, Judge of the Erie County Common Pleas Court –Domestic Relations and Juvenile Division, the Director of Juvenile Court Probation, The Director for Planning & Policy of the Erie/Ottawa MHR Board, Superintendent of Erie County MR/DD Board, , Superintendent of Sandusky City Schools, Superintendent of Margaretta Local School District, Regional Director of The Ohio Department of Youth Services, Chairperson/Designee of the Early Intervention/Help Me Grow County Collaborative, Chair of the County Commissioners, a Headstart representative, a representative of the City of Sandusky, the United Way of Erie County, the Director of Kinship House and three Parent Representatives.
- * The second level of the Council is the Clinical Level. The Clinical Level consists of the middle level managers of the participating systems. The Clinical Level reviews Family Team decisions and is a resource for teams, monitors treatment for Council youngsters, identifies service gaps, approves requests for funding of individual cases within established funding streams, and recommends cases for placement review.
- * The Placement Review Board. The Placement Review Board shall be comprised of membership that is appointed by the Judge of the Juvenile Court, the Directors of Jobs & Family Services, and the Mental Health & Recovery Board and the Superintendent of the local School System. The Team will include the FCF Director and the FCF Service Coordinator. The placement review team will meet twice monthly. The Placement Review Board will review the cases of

children who have been placed out-of-home and are involved in Service Coordination. The Board will monitor each child's progress and the implementation of the plan for reintegration back into the community as developed by the Family Team. The Placement Review Board will review the individual plans for the child and ensure that services are provided in the least restrictive environment. The Placement Review Committee will also be charged with reviewing Shared Funding Agreements.

- * The "Family Team" Level of the Council is the direct service level. The Family Team is a multiple system team, which provides strengths based assessment and treatment planning for children and their families. Any case manager in any system may request a team meeting to develop the most creative and flexible service package for a child and family.

It is the presumption and experience that the key participants in the Family & Children First Council are on the whole addressing the needs of children and families with whom they come in contact, given their current resources. The focus of this Service Coordination Mechanism is on those multi-system/multi-challenged children and families who are not being served effectively due to inadequate services and supports, and on facilitating greater overall systems integration for all children and families served by the systems.

Principles and Values

Vision

For any organization, and certainly for any collaborative effort to succeed, there must be a consensus on the foundation on which that collaboration rests. The Family & Children First Council of Erie County's vision is that we are "***Improving the Quality of Family Life in Erie County***". We do this with a commitment to the following beliefs:

- ⋄ Families are our most important human resource, and their children our most vulnerable class of citizens. Children with multiple needs are at an even higher risk of failure in becoming self-reliant adults. We believe that our forum can create ideas and influence policy.
- ⋄ We will positively influence an array of systems, which already exist to support families, and with these systems form a safety net of support.
- ⋄ The child serving systems will one day coalesce at all levels, so that children and families will be offered complete services which will support them and form an unbreakable chain.
- ⋄ Children and families will be nurtured and protected by an all-encompassing system, which will wrap around them according to their unique needs.
- ⋄ That one day, in Erie County, every family will be afforded the opportunity to secure supportive and educational services to fully enhance the lives of our families and children.

Mission

In tandem with that vision is the following:

The Family & Children First Council shall assure that services to families and children are delivered in a timely, effective, and coordinated manner and in the least restrictive environment. It is our intent to achieve local collaborative decision making to create partnerships within the community to ensure that families and children of Erie County will have the nutrition and health care needed to have healthy minds and bodies; families will understand and address the developmental needs of their children; and family members will be literate and possess the knowledge and skills necessary to be productive and responsible citizens.

Guiding Principles:

Our Family & Children First Council is geared to improve services to multi-need children and families. With that in mind our Family & Children First Council supports the following:

- ❖ *The system of care shall include a comprehensive array of effective services.*
- ❖ *Services shall be individualized to meet the unique needs of the child and family and will address the eight life domain areas.*
- ❖ *The array of services shall be the least restrictive and most appropriate.*
- ❖ *Families and surrogate families shall be full participants in the planning and delivery of services.*
- ❖ *Children shall receive services that are integrated and coordinated across agencies.*
- ❖ *Early intervention and prevention programs shall be promoted in order to enhance the opportunities for success.*
- ❖ *The rights of children and families shall be protected.*
- ❖ *Services shall reflect the cultural and ethnic diversity of the community and its residents.*

Our Council also supports Ohio's Commitments to Child Well-being:

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

Our County will utilize these commitments as a framework to assist us in organizing local programs and resources, aligning local activities and measuring our performance in ***“Improving the Quality of Family Life in Erie County”***.

***Process for Accessing the Family & Children First Council (FCFC)
Service Coordination Mechanism (SCM)***

To Develop an Individualized Family Service Coordination Plan (IFSCP)

(1) A procedure for referring a child and family to the County Council for Service Coordination

The Family & Children First Council in Erie County has focused on multi-need youth as its target population. An Erie County Council child needs many systems for support; is involved in multiple systems; is at risk for institutionalization; presents as a systems' failure; and usually has multiple failures across multiple systems. Included in this population are those children whose families are voluntarily seeking services and those children involved with the Help Me Grow (HMG) System.

The **Erie County Service Coordination Mechanism (ECSCM)** makes the presumption that the needs of many youth and families who come into contact with the juvenile justice system, child welfare, mental health, drug/alcohol services and others, are being adequately met by those systems. It recognizes that each system has areas of responsibility and that this collaborative approach is not intended to replace or usurp the primary role of any one of these systems. This mechanism is an option when the resources of one system are not adequate to address the needs of the youth and family. This mechanism strives to ensure that the need for other interventions can be identified prior to court involvement, and that services are put in place to meet those needs, building on family strengths.

In order for any agency or family seeking service coordination they must contact Central Intake and Referral at (419) 621-3962 Ext. 171. An initial assessment of a family's need for service is made by the contact agency/Central Intake. (See Brochure)

This assessment will determine the eligibility and Level of Service Coordination needed. A Level One Service Coordination referral is those parents who are not involved in multiple agencies, yet are seeking services that they are having difficulty accessing through one agency. Level One referrals will be referred to an appropriate agency for assistance prior to Service Coordination being considered as an option. Level Two is those children who are already multisystem involved. (See Attachment A -Referral Form)

If the needs of the family cannot be met through already existing collaborative efforts, the need to form a Family Team for Service Coordination will be evaluated and initiated if appropriate. The referral will then be given to the Family & Children First FCF Service Coordinator in the County.

Family choice is emphasized in the selection and/or provision of services. Except in those cases where child or public safety is the predominant concern, families should be offered the opportunity for assistance and the opportunity to reject part or all of that assistance. It will be incumbent upon the Family & Children First Council to address these needs in ways, which are timely, culturally relevant, community-based and collaborative.

(2) A procedure for notification of all comprehensive family service coordination plan meetings

When it is decided that the family would benefit from the formation of a Family Team and the wraparound process initiated, the family will be given the opportunity to design their own family team.

The FCF Service Coordinator will assign a Team Facilitator or become the Team Facilitator for the referred family. The parent and the Team Facilitator will determine who should be present at a Family Team meeting. The parents/family and child are integral and essential partners on convening the team. The parents decide whom they would like to have invited to their Family Team Meeting. The facilitator will encourage them to invite informal supports such as:

- Family members
- Friends
- Church members
- And others from their neighborhood and community that they can count on for support.

The Team Facilitator will suggest that they may want to invite formal supports such as:

- Family Support Workers
- Counselors
- Teachers from the local school district or their representative
- Jobs & Family Service Personnel
- Juvenile Court
- MR/DD
- Or others involved with their family as service providers

The Team Facilitator may also help them to consider people that don't work with their family now but may be able to provide them with information, services, resources, or additional supports. They will also inform them that there may be people who *must be invited* because of legal reasons and are necessary to have input from if they are involved with them, (JFS or JC staff).

The Team Facilitator prior to the first scheduled team meeting for the family will contact all team members. The Team Facilitator will record all contacts with team members and compile a team roster for the family. (See Attachment B & C)

3) A procedure permitting a family to initiate a meeting and invite support persons

All families involved in Service Coordination will be given the information on their team roster. Meetings will be regularly scheduled by the team; if however, parents feel a need to have additional meetings scheduled, they can contact their Team Facilitator for assistance in setting up the meeting. The parent will be provided with information on Parent Advocates available in the area for support on their team. (See Attachment D)

4) A procedure ensuring a comprehensive family service coordination plan meeting occurs before an out-of home placement is made, or within ten days after placement in the case of an emergency,

It is the intent of the Erie County Service Coordination Mechanism that services for children with serious emotional disturbance should be planned and implemented to maximize the support of the

family and the community to provide adequately for the safety and well-being of the child at home. Services shall be individually planned to meet the unique needs of each child and family. The continuum of services shall include, but not be limited to, individual and family counseling, crisis intervention services, day treatment, respite care, foster care, therapeutic foster care, intensive home-based family support services, residential treatment, and inpatient services. All efforts will be made to provide services without requiring the parents to relinquish custody of the child. Relinquishment of custody will be considered as an avenue of last resort in order to maximize funding streams available for the needed services. Erie County will utilize out-of-home placement only after families are provided the range of community-based therapeutic/supportive services and those services are inadequate to provide a reasonable level of safety and well being for the child and family, or when an emergency exists, which requires immediate intervention.

With the implementation of Service Coordination and the formation of Family Teams, it is envisioned that any recommendation for a non-emergency out-of -home placement of a child would originate from the Family Team of that child. Cases in Erie County, which are part of the Service Coordination process, will be reviewed and updated on a regular basis at the Clinical Committee meetings held monthly. With this regular review and update of cases the Clinical Committee should be aware of any case that has the future potential to become a recommendation for residential placement.

Access to services for children with serious emotional disturbance and their families shall be voluntary whenever informed consent can be obtained. Involuntary commitment to the Dept. of Jobs and Family Services custody shall not be required, but may be considered, as a condition for obtaining, providing or paying for treatment by the County. If the parents enter into a voluntary services agreement with the Dept. of Jobs and Family Services, the Department shall have the responsibility for the child's placement and care. All potential and available resources for funding will be considered when calculating the financial obligation of the family. When a child is in a voluntary placement, which is funded in whole or in part by local, state or federal funds, the Erie County Placement Review Board will review the placement every 30 days. (See Attachment E)

When a child & families Individualized Family Service Coordination Plan, which has been developed by their team, has identified services in which funding is needed, the request for funding will be presented to the Clinical Committee for review of appropriateness. The FCF Director will determine the appropriate resource for the funding. Resources of funding may include: ABC funding streams, Help Me Grow, or Agency Shared Funding. The Agency Director providing shared funding must sign off on the Funding Request Form when agreeing to share funding. (Attachment F)

The Placement Review Board shall be comprised of membership that is appointed by the Judge of the Juvenile Court, the Director of Jobs & Family Services, the Mental Health & Recovery Board and the Superintendent of the local School System. The Team will include the FCF Director and the FCF Service Coordinator. The placement review team will meet twice monthly. The Placement Review Board will review the cases of children who have been placed out-of-home and are involved in Service Coordination. The Board will monitor each child's progress and the implementation of the plan for reintegration back into the community as developed by the Family Team. The Placement Review Board will review the individual plan for the child or adolescent and

ensure that services are provided in the least restrictive environment. The Placement Review Committee will also be charged with reviewing Shared Funding Agreements.

5) A procedure for monitoring progress and tracking outcomes of each comprehensive family service coordination plan.

The Clinical Committee of the Family & Children First Council will be updated and review each case involved in Service Coordination on a monthly basis. Any case that is an out-of-home placement will be tracked and monitored by the Placement Review Board as stated above. The Clinical Committee and the Placement Review Board, when appropriate, will monitor the progress and track the outcomes of each service coordination plan requested in the county to assure continued progress toward stated goals, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment, and education.

6) A procedure for protecting the confidentiality of families.

All Family & Children First Council participants have entered into a confidentiality agreement which assures the timely access to appropriate information while respecting the right to privacy of children and parents. All families involved in Service Coordination, Family Team Meetings and HMG sign a Release of Information Form initiated prior to formation of the Family Team or the sharing of family/agency information. The Family & Children First Authorization for Information Sharing will be signed by the parents for a period not to exceed 180 days. Parents are informed of their right to revoke the release in writing at any time. Parents within the Help Me Grow system are given their Parents Rights Brochure. The Release of Information for the HMG system shall follow the ODH guidelines as applicable. At the first team meeting an agreement of confidentiality is also signed by all the team participants. (See Attachment G, H, & I)

7) A procedure for assessing the needs and strengths of any child or family referred.

The Team Facilitator will have an initial meeting with the family. At this initial meeting or soon after, the Team Facilitator will have a conversation with the family as part of a strengths assessment. (See Attachment J & K) During the early assessment process, the primary focus will be the safety, permanency and well being of the children in the family. The purpose of this early stage is to engage and develop a relationship with all household members, including the children as well as the parents & caretakers. In addition, during this phase of information gathering from the family, the facilitator begins to develop the Family Team with the parents. The importance of an inclusive assessment cannot be stressed enough. Without a thorough assessment, the facilitator will not have a clear view of family interaction and family dynamics. This information will be shared as part of the first team meeting. Our county uses several different tools to assess the needs and strengths of the families it works with. When a Family Team is formed, assessments which have already been done will be included in this assessment process and be shared with the team.

For each family participating in Service Coordination, the team will utilize the Family Development Matrix as part of the strengths and needs assessment. This Family Develop Matrix will help to establish baseline data for each family in 13 general outcome areas. This matrix provides information on areas a family is successful and those areas that need immediate

assistance. The Families progress is tracked over time in each of the outcome areas as they receive services. This allows the team to identify the family's successes as well as areas in need of further attention and assistance; consequently, allowing service coordination to be more targeted giving the family accurate assistance. (See Attachment L)

Central to the above process is the role of the parents and family and a focus on the strengths present in the child's life. The ultimate completion of this process represents the Team's "official assessment" of the child and family's needs. It is inclusive of other more detailed or formal assessments made at various points but represents the global and comprehensive information base from which the system will work.

(8) Developing an Individualized Family Service Coordination Plan (IFSCP)

Family Team (Wraparound) meetings are community support/assistance planning meetings. They are guided by strength-based, family assessment model. The family most often will be referred to Service Coordination for development of a family team by the system that currently holds the lead case management responsibility. The parents/family and child are integral and essential partners on the convening team.

Parents and families, including the child if appropriate, are full and equal participants in the development of the strengths-based assessment and individualized service plan. Such planning meetings are to be scheduled at times and places which are convenient to families.

A Family Team may be convened for any child involved in any of the mandated or other participating systems/agencies when there are such conditions as: difficulty in creating an appropriate service plan; intersystem barriers inhibiting the execution of a plan; financial barriers limiting the planning; difficulty in identifying the full array of services needed or other factors which appear to be impacting the smooth flow of the system in meeting the stated needs of the child and family.

The purpose of these Family Team meetings is to creatively examine what might work for the child and family, and to develop individualized goals. It develops strategies which cover the range of needed services including where the child lives and what direction all of the involved systems are headed. The purpose of the meeting is to develop an array of treatment, education, recreation, and living arrangements written into a plan, which will work for the child and family. (See Attachment M)

- ♥ All Family & Children First Council participants have entered into a confidentiality agreement that assures the timely access to appropriate information while respecting the right to privacy by children and parents.

Since the majority of children for which a Family Team meeting is called, are already involved at some level in one or more of the key systems, it is likely that relevant background material, including assessments and evaluations exists. The Team does not duplicate evaluations or assessments; however, the Team may request additional information to properly assess the full range of needs.

The needs identified through the assessment process will be synthesized into a unified, coordinated, family service plan which is inclusive of all appropriate services and supports and unifies all existing plans.

As a part of the individualized planning process any current plan by any agency or system is reviewed and can be modified, revised and/ or included in the Individualized Family Service Coordination Plan (IFSCP) as needed. At times the Family Team process can be used to augment any current service plan, with a broader or more specific and individualized array of services and supports. If the child is involved in various systems or agencies which require services plans, the Child & Family plan will either become a part of the record(s) or in some cases may replace it, depending on the circumstance.

The plans, which are developed, should be driven by the needs, goals and choices of the child and family. They should not be limited by what is currently available, or the origin of the resources. This is a way to ensure that treatment planning is in the best interests of the child and family and not driven by resources.

- ♥ Every effort will be made during the planning process to identify a range of services and supports, which are acceptable, accessible and relevant to the parents, child and family culture. It is quite possible that current services may need to be modified and individualized to meet the unique needs of the child and family. It is also possible that through the wraparound process, services and supports, which do not currently exist, will be brought on line.

9) A dispute resolution process.

Dispute resolution is an important component of any services delivery system. Although agencies and professionals are committed to meeting the needs of the child and/or family there are times when one or more members of the team may question decisions or the process. In all instances families are encouraged to ask questions and become informed as to what is available, what their child might need, and what rights and responsibilities they have as parents. Conflicts may arise in three distinct types of situations:

- ⊗ The family is in disagreement with one agency;
- ⊗ The family is in disagreement with the service plan; or
- ⊗ One agency is in disagreement with another agency or the service plan.

1. The process for handling each of the above situations is dependent on the premise that individuals and agencies will, in all instances, seek clarification and resolution at the Family Team level prior to initiating the formal conflict resolution process. If difficulties in resolution at this level occur, the Council Director can be asked to sit on the team as a mediator for conflict resolution. At no time during the dispute resolution process will services to the family be disrupted. This keeps the conflict mediation and dispute resolution as close to the direct level of care as possible.

The process itself is a mediating process and is based on a “stay at the table” approach, which is understood and accepted by the participants. The final Family Team plan, which emerges, is the negotiated document and contains “team” solutions.

2. If the Family Team cannot resolve the conflict, a referral is made to the Clinical Level of the Council. A referral can be made by contacting the Council Director. The Clinical Level will review all the relevant information at the regularly scheduled meeting,
Time frame: Clinical Level recommendations shall be issued within five working days beginning with the day after the Clinical level reviews the referral.

A. Procedures for Emergency Dispute Resolution:

The family or provider brings the emergency situation to the attention of the Council Director. (An emergency situation is defined as disruption to an essential service provision, which jeopardizes the safety and well being of the child or family). The Council Director will request an emergency meeting of the Clinical Level to review the referral. Time frame for convening this meeting will vary according to situation needs response time. Once the immediate emergency is handled, any continuing conflict will follow the outlined process, but may require being placed on a fast track.

Time frame: Clinical recommendations shall be issued within five working days beginning with the day after the referral is reviewed in an emergency Clinical Level Meeting.

3. If a resolution cannot be found at the Clinical Level of the Council, then a referral is made by the Council Director to the Council’s designated Dispute Resolution Subcommittee. This Subcommittee may require any additional information or ask any participants for further details regarding the conflict. Any additional information requested will also be provided to all Family Team Members. The Subcommittee will issue a majority recommendation within 10 working days. The recommendation is then conveyed to the Family Team. This decision is considered to be locally binding.

4. At the regularly scheduled Administrative Board meeting, the Dispute Resolution Subcommittee will report its actions along with recommended policy changes to improve the overall delivery of services, to the full membership.

The noted time frames are binding in order to resolve the conflict in a timely manner while allowing sufficient time for concerns to be heard; so that service delivery for the child and family is minimally impacted. A reasonable request at any stage to extend the time limits can be made by those involved if additional time is needed to adequately respond. Further appeals are limited to statutory rights families may have under Ohio Law.

The FCF Council shall inform parents and/or custodians of their rights to use the dispute resolution process. Parents or custodian shall use existing local agency grievance procedures to address disputes not involving Service Coordination. FCFC of Erie County shall assure that there is a process, through the Ohio Department of Health (ODH), for complaint resolution that includes

mediation and civil hearing procedures for parents of children birth to three who have a developmental delay or diagnosed disability. Parents of children birth to three determined to be eligible for HMG services shall be informed of their rights annually, at a minimum, throughout the time the child is receiving HMG services. Parents of children enrolled in HMG who are at-risk shall follow the dispute resolution process as outlined in this Service Coordination Mechanism.

The Family & Children First Cabinet Council has an established State Appeals Process to resolve disputes among participants of local Family & Children First Councils when local Council participants agree that reasonable responsibilities are not being shared. Local Councils may access the appeal process only by a majority vote of their local membership.

Judicial Authority

When the provision of services cannot be resolved by the above dispute resolution process it is acknowledged that formal Court involvement is necessary. Formal Court involvement requires compliance with statutory and constitutional provisions. The final determination of individual case resolution begins with and can only be accomplished through the filing of an appropriate case with the Juvenile Court. Judicial authority shall be utilized only pursuant to statutory authority upon an individual child's case plan as submitted by the local Family & Children First Council. The case must be filed with the Juvenile Court within seven days of a failed dispute resolution.

When the juvenile court serves as the final determiner for individual cases, individual agencies may waive current program standards and eligibility mandates in order to provide services to that individual child and family. This in no way changes individual agencies program standards and eligibility criteria for other clients in the county.

Implementation of an Individualized Family Service Coordination Plan (IFSCP)

1. Designates service responsibilities among the various agencies.

The Individualized Family Service Coordination Plan (IFSCP) developed by the Family Team will clearly identify and define the responsibilities for provision of services by all parties involved including timelines to be followed. If the identified services and supports are not presently available, the plan will outline what efforts will be undertaken to address the service gaps. The Team Facilitator and/or parent will be responsible for monitoring the implementation of the Individualized Family Service Coordination Plan and will reconvene the group as needed to update or modify the plan. The Team Facilitator works collaboratively with other systems case managers who may be assigned to the case.

From time to time, the Family Team may concur that an out-of-home placement is needed. The Family Team will cooperate to locate a placement, which will meet the identified treatment needs of the youth. Prior to the placement the team should complete a placement plan, which details expected outcomes and benchmarks for discharge. During placement, the Family Team should continue to meet to review the placement and the youth's progress toward discharge. The team, prior to the youth's discharge, should formulate an aftercare plan. All cases of out-of-home placement will be tracked and monitored by the Placement Review Board.

(See above procedures)

2. Designates an individual to track progress, schedule reviews and facilitate meetings.

The Team Facilitator or person responsible for implementing the agreed upon plan will work with the parents in arranging for the needed services and supports. The Team Facilitator will assist the parents in navigating the system and acting as an advocate for their stated needs. Responsibilities, authority, and funding for coordinated assessment, service plan development and implementation; transition services, service activity tracking and service satisfaction will be assigned among all responsible agencies and organizations. The Team Facilitator will track the progress made toward stated goals along with the family & team members and will ensure that team members are following through with assigned responsibilities. All individual reviews will be scheduled by the team to meet the family's needs.

If for whatever reason there is significant disagreement regarding development or implementation of the plan (e.g., financial issues, gaps in the service system, disagreement over the plan by any participant), the dispute resolution process should be initiated. While the conflict resolution process is active, the child and family are to be served under a temporary plan developed by the Team process.

3) Ensures services are responsive to the strengths, needs, family culture, race and ethnic group, and are provided in the least restrictive environment.

The Team Facilitator will explore issues of family vision, values, traditions and beliefs during the strengths assessment. We can expect that many of our natural and community supports will be culturally responsive in the provision of supports to the family. The Team Facilitator will address this in the team meeting. If it should occur that culturally appropriate services are not available to meet the needs of the plan of care, then we will work to match the family to services as best we can and continue to work with our agencies on culturally competent practice.

The team will research all possible options for the family in designing a plan that is in the least restrictive, least intrusive, and most clinically appropriate environment that takes into consideration the safety of the child, the family, and the community. The system will provide access to a comprehensive array of services that addresses the child's physical, emotional, social and educational needs within the identified least restrictive, most normative environment. Services considered for each individual youth will range along a continuum of care-least restrictive being care provided in the natural family home; to kinship care; to foster care; to therapeutic foster care; to group home; to hospitalization; to residential care; to secure residential care; to placement in the Department of Youth Services. The system will ensure that multiple services are delivered in a coordinated and therapeutic manner, and that children can move through the system of services in accordance with their changing needs.

4) Includes a process for dealing with a child who is alleged to be an unruly child.

With the formation of a Family Team and the formulation of an Individualized Family Service Coordination Plan (IFSCP) a youth, if identified prior to unruly charges being filed, should successfully be diverted from Juvenile Court involvement. If the preparation of a complaint under section 2151.022- (Unruly Child) of the Revised Code has been filed, the youth and parents of the youth will be encouraged to become involved in the teaming process to divert the youth from Juvenile Court.

Erie County service providers with programs that provide respite, mentoring, short-term crisis stabilization, parenting and a variety of other prevention activities may be used as resources to help in the diversion of unruly youth from additional involvement in the Juvenile Court system. When appropriate the youth and family will be referred to such programs as Big Brothers/Big Sisters, the Boys and Girls Club, the YMCA, for mentoring services. They may be referred to Boy's Village Foster Care Network or JFS for temporary Respite Care and short-term crisis management. The Erie County Department of Job & Family Services Children's Services Unit will assess the need for supportive services to families with youth at risk for being unruly when neglect and/or abuse are the core issues. The Family In-home Residential Services Team of JFS may provide agency assistance to families to aide in finding alternatives for caregivers to utilize when dealing with youth with unruly behavior issues. The focus of the direct caseworker involvement with the family unit is to address the concerns while preserving the family unit and empowering the parents. The direct case management involvement allows the agency to maximize the resources available for the family throughout the community to be successful as an alternative to out- of- home placement whenever possible.

The Erie County Family Court offers a wide array of diversionary services to youth and their families. Juvenile Court has a program that is initiated for children at risk of unruly but for whom a complaint has not been filed. The Court and the school systems of Erie County have a program in place where the school can make a referral to the Court on issues relating to attendance or minor behavior problems for children in K through 12th grade. An informal hearing is held with the focus on overcoming barriers the family might face in achieving school success

If a complaint is filed, the Court can hold the case in abeyance pending the child and family completing a diversion contract and remaining trouble free for a period of time. The Court currently offers a counseling program, a drug and alcohol education program, skill classes, restitution, mediation and family conferencing. Court staff offers some of the programs and others are offered by partnering with community providers.

The Court recognizes that even though the complaint is heard formally in the courtroom, there is a need to offer services to reduce recidivism and prevent the child from being removed from home. In addition to traditional services provided by juvenile courts the Court has partnered with the community to develop program such as the following: alternative school programs; girls groups, specialized programming for African American youth, parenting programs; an electronic monitoring program in lieu of detention; in-home counseling; Multisystemic Therapy; and Juvenile Drug Court.

5) Includes timelines for family service coordination plan goals.

All Individualized Family Service Coordination Plan (IFSCP) will include timelines for completion of goals specified in the IFSCP plan with regular reviews scheduled to monitor progress toward those goals. (See Attachment M)

6) *Includes a plan for short-term crisis and safety.*

Anticipated crises for the youth and family will be defined and clarified in the Family Team meeting with input from all members. A Safety and Crisis plan will be developed with the child and family in the Family Team meeting. The Safety and Crisis plans will be both proactive and reactive. Each member of the team will be asked to put his or her concerns on the table regarding what could go wrong. There is a review of history because most crises have happened before. The team should identify where its plans seem most vulnerable and what the possible consequences would be if the plan does not function. Alternative strategies will need to be thought through as plan "B". Proactive plans include tangible or intangible supports that are expected to prevent a targeted crisis from happening. Reactive plans are developed by the team to prepare for what action they will take if the crisis actually occurs.

After each crisis occurs, the team should convene within 48-72 hours to review whether or not the plan worked: if it was effective, and if it needs modification. All changes to a plan need to be team-driven, and all members who are not present must be informed immediately so that everyone is on the same page. (See Attachment N)

Funding of Individualized Family Service Plans

Our Council continues to explore the maximizing of available local, state, and federal funds. With shared funding agreements utilized for specific children, we are moving away from discussions of "whose kid is this?" and moving more toward a planning and utilization of resources based on the needs and requests of the child and family. Whenever a child is eligible to receive FAST \$/ABC Funds, the appropriate forms will be completed by the Family Team and submitted to the Council Director to be reviewed and approved for funding if applicable. A shared funding agreement may also be utilized to help in the funding of plans for a youth. The team will write the shared funding agreement with the assistance of the Council Director. This shared funding agreement will utilize all funding sources available to the youth and family and must be agreed upon by all systems that will provide funding. The funding partners must also designate a fiscal agent.(See Attachment F)

Quality Assurance of the County SC Plan

Through the Family Team process and the Clinical Level of the Council, the above outcomes are measured and evaluated. We are also reviewing statistics regularly through our MST therapy program. Evaluation procedures will include Consumer satisfaction surveys that will be distributed and evaluated by the Council. There will be ongoing input from families during the planning, implementation and evaluation process developed to measure results and key indicators of progress through informal and formal meetings. (See Evaluation Forms and Surveys)

Other Considerations

Service gaps

In the above outlined procedures there are areas, which will need continued strengthening and attention. These include:

- Community-wide access to the Family Team process.
- Extensive internal systems information and education regarding the process and procedures; this would include cross system training.
- Community information and education regarding the process and procedures, which assures access to non-system involved children and families.
- Standardized identification number for clients

Ongoing and aggressive efforts at community education will be needed in order to assure awareness and access to the process, particularly for those children and families who may not be currently involved in any of the systems, but are in need of support. Our county will provide agencies with ongoing training opportunities on Service Coordination and Wraparound.

Continuous feedback of service gaps will be forwarded to the Administrative Level for review, attention and program/services development.

Waivers

The Council will review and identify any rules and regulations, which may impede services to families and children and submit a request for a waiver for modification of the rules identified.

This plan will be reviewed annually for needed revisions as it is viewed by our Council as a “work in progress”.