

Williams County Service Coordination Plan

Revised September 2007

I. Purpose:

This plan is being formulated so that Williams County agencies that serve children can meet the needs of those children and their families in a coordinated, simplified, and cost effective manner. It is written in compliance with the guidelines in house bill 57 (amends 121.37) and the Ohio Administrative Code Section. The Williams County Service Coordination Plan makes the presumption that the needs of many youth and families who come into contact with the juvenile justice system, children services, mental health, drug and alcohol services and others are being adequately met by those systems. It recognizes that each system has areas of responsibility, and that the collaborative approach is not intended to replace the primary role of any one of these systems. This plan ensures that the need of other interventions can be identified prior to court involvement, and that services are put in place to meet those needs, building on family strengths. The critical aspect of the plan lies in the fact that it is a reinforcement and creative option for all the involved systems to access when the resources of one system are not adequate to address the needs of the youth and family, regardless of which system they first entered. The Williams County Family and Children First Council has a standing committee for the implementation of service coordination entitled "Clinical Committee" This Service Coordination Plan will support the following:

- 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.
- Coordinate appropriate, effective and cost-efficient services for children and Families.
- Increase family involvement throughout the levels of planning and services.
- Support early intervention to families.
- Encourage shared responsibility among systems serving children and families.
- Be locally driven.

The underlying values held by the Williams County Family and Children First Council towards Service Coordination for families is:

- Children have the right to live with their own family
- Children have the right to be nurtured and protected in a stable family environment
- When children are at risk of harm, the community has the responsibility to intervene
- Families are the communities' most important resource and must be respected, valued, and encouraged to build upon their strengths

- The racial, cultural, and ethnic heritage of children and the neighborhoods where they live are respected and supported as strengths. Ethnic and racial child rearing practices are valued.
- Families have the right and responsibility to participate in identifying their concerns, priorities, and needed resources.
- Families have the right to individualized service provision that addresses the multiple needs of their children.

The goals of the Service Coordination efforts by the Clinical committee are:

- Services are delivered using a family centered approach.
- Services are responsive to the cultural, racial, and ethnic differences of the population being served.
- Service outcomes are evaluated.
- Available funding resources are fully utilized or integrated.
- Wrap-around services and community supports are utilized
- Specialized treatment for difficult to serve populations and evidence based treatment services are encouraged.
- Duplicative efforts among agencies are reduced or eliminated.
- Most importantly, families are fully involved in decision-making for their children and are provided with family advocacy options.

II. Service Coordination Awareness:

This service coordination plan will be adopted by the Williams County Family and Children First Council. Council agencies will share the plan with their agency staff. The Family and Children First Council Coordinator will be available for staff training as requested. The plan will be disseminated to each participating agency of the Clinical Team. The standing Clinical Committee of the Williams County Family and Children First Council includes: Council Coordinator, Job and Family Services, Four County Family Center, NW Ohio Educational Service Center, Bryan City Schools, Williams County Board of MR/DD, Williams County Juvenile Court, Health Department, Department of Youth Services, and other agency representatives as determined by parent or case. These may include but not limited to: law enforcement, foster care agencies, Head Start, foster parents, Help Me Grow, health care provider, Counselors, etc.

III. Target Population:

This plan's target population includes Williams County multi-need youth who have been identified as, or are at risk of becoming, abused, neglected, dependent, unruly, alleged unruly or delinquent under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. A typical child in service coordination will be involved with multiple systems, is at risk of placement, or who has experienced multiple failures across multiple systems. Eligible Williams county Youth will be under the age of 18 years, or age 22 if identified MR/DD. Special consideration will be given to those youth age 0 to age 3 under the Williams County Help Me Grow Program. The services received for this population under the service coordination will be consistent with the laws and rules of Help Me Grow per federal regulations and Ohio

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Department of Health policy and procedures with compliance under Ohio Revised Code 3701.61.

IV. Levels of Intervention Services:

The service coordination mechanism in Williams County is directly accountable to the Williams County Family and Children first Council. The mechanism is divided into tiered levels to cover all levels of service coordination needed. The level of intervention will be determined by the judgment of the Family and Children First Service Coordinator. Criteria examined will be: (1) level of family involvement with child serving systems, (2) risk of removal of the child from the home and presenting issue, (3) level of services involved.

Service Levels Include:

1. **Information and Referral:** Predominantly for families involved in one system with a low risk of child removal. The Service Coordinator will provide information and help make referrals for the family. The Service Coordinator will make a follow-up contact with the family to ensure referral linkage and family is satisfied with outcomes.
2. **Service Coordination:** Service Coordination is for families involved with multiple needs youth with low to moderate risk of being removed from the home. A Service Coordinator will do strengths and needs assessment and help the family put together a plan with action steps. The Service Coordinator will meet with the family monthly to monitor the plan. All families involved at this level will be included in a case report for the Clinical Committee to review as needed.
3. **Wraparound Family Teams:** This level is for families involved with multiple needs with a moderate to high risk of having a child removed from the home. Case management services are provided at this level and a multi-need team of service provider and family supports. The Wraparound facilitator coordinates providers and natural supports, whose membership is guided by the family. The family develops the Wraparound Plan with the assistance of the Family Team. A Comprehensive Strengths and Needs Assessment are completed and the Comprehensive Family Service Coordination Plan is formulated. The Family Team will meet monthly to review the success of the plan and the Wraparound Facilitator will meet with the family no less than bi-monthly to provide support and follow through. All families involved at this level will be included in a case report for the Clinical Committee to review as needed.
4. **Resource/Clinical:** This level consists of all of the members of the Clinical Committee. The Clinical Committee will be responsible for the approval of any funding requests made by the Service Coordinator .
5. **Administrative:** This level consists of the Williams County Family and Children First. The Council serves in program development and approval. They provide integration and planning to improve community based, family centered services. Aggregate reporting ensuring family confidentiality from the Clinical Committee and Intensive Service Coordination Family Team Levels occurs here.

V. Referral Process

1. Parent/Guardian Referral: A parent and/or guardian may make a referral by contacting the Family and Children First Coordinator. The Coordinator will review the referral process with the individual and assist them as needed. They will receive a referral packet that includes a release of information (Attachment A), an intake form (Attachment B) and a copy of the County Service Coordination Plan. A parent and/or guardian making referral for assistance does not need signatures from any agency or program.

2. Informal Agency Consultation: The Service Coordinator will provide informal consultation with agency and/or community representatives regarding the appropriateness of a referral. There are occasions when cases have been referred when only one system has been involved. A consultation will assist the provider in identifying additional resources and whether or not additional systems need to be involved. During consult, determination will be for which tier of coordination is appropriate.

A. Clinical Committee Referrals: When determined appropriate, the following information must be provided to the Service Coordinator:

- i. Release of information signed by the parent or guardian
- ii. Completed Clinical Committee Referral Form
- iii. Signatures from at least one agency or system involved with the referral (unless the Coordinator has made exception or a parent or guardian made the referral.)
- iv. The lead agency and case manager is identified from the agencies referring the case.
- v. Cases are reviewed on the 2nd Thursday of every month. In order for a case to be reviewed in the same month of the referral the information has to be to the **Service** Coordinator by the 1st Thursday of the month. If the information does not reach the Coordinator by the cut off date the case may be reviewed the following meeting.
- vi. Lead Case Managers are responsible to notify the families of the meeting dates and to encourage their participation. Parent participation should be reported to the Coordinator prior to the meeting

B. Intensive Service Coordination Family Team Referrals: When determined appropriate, the following process will be followed:

- i. Release of information will be signed by the parent or guardian
- ii. Complete Clinical referral Form will be completed by the family and lead case manager.
- iii. The Service Coordinator will contact the family within 2 business days of the receipt of the referral to determine the members of the family team.
- iv. The Family Team Meetings will be scheduled within 7 business days.

- v. Attempts will be made for meeting with the family to occur during a convenient time and place for the family and the least restrictive environment possible. Families can ask for meeting to develop or review the family's service coordination plan.
- vi. The Service Coordinator is responsible to notify the family and family team members, including notification to the local school district, of the meeting date.

VI. Out of Home Placement Required Team Meetings

- A. If a child currently involved in the Service Coordination process requires an out of home placement, the following conditions and procedures will be followed:
 - 1. If the out of home placement is not an emergency, a team meeting will take place before the placement occurs.
 - 2. If the out of home placement is an emergency, a team meeting will occur within 10 days of the placement.
- B. The meetings will be used to make sure that all other community based options have been exhausted and will give team members an opportunity to consider alternatives to placement. If that is the case, the team members will put community supports in place for the family during the placement and begin planning for the child's reunification with family and the community. The team will monitor the out-of-home placement to assure continued progress, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment and education. Nothing in this section shall be interpreted as overriding or affecting decisions of a juvenile court regarding an emergency out of home placement.
- C. Payment for services will be shared according to funding available and decided on a case by case basis.

VII. Monitoring Progress and Tracking Outcomes:

- A. Progress will be monitored and documented at each Clinical Committee Meeting or Family Team Meeting which will be at least quarterly and with each change of family status.
- B. Outcomes will be tracked through Electronic Service Coordination Outcomes Results Evaluation (ESCORE)
 - a. All other youth in service coordination will be tracked using the Williams County Family Development Matrix (Attachment D). The Matrix will be reviewed on at least a quarterly basis by the Family Team. The family will participate in the completion of the monitoring tool.
- C. Results of individual matrices will be compiled into a community report for the Family and Children First Council on at least a semi-annual basis. These results while maintaining family confidentiality, will be pooled and used to inform council regarding gaps in available county services, determining what

services are working and where cross system coordination works well and where it needs improvement during the council's strategic planning process.

- D. An annual report of progress will be compiled for reporting at the county and state levels.

VIII. Confidentiality:

All members of the service coordination team, Clinical and Family Teams, will begin each meeting by signing the Attendance Sheet (Attachment E) which details an agreement of the confidentiality of all personal family information disclosed through the Service Coordination plan or Family Team Meetings.

IX. Strength Based Assessment:

- A. At levels 2, 3 and 4, the Service Coordinator will conduct an initial assessment of family strengths and needs (Attachment F)
- B. When a family self refers to the clinical committee, the Service Coordinator will conduct an initial assessment of family strengths and needs.
- C. At the Family Team level, the Service Coordinator will do a summary of the presenting issue, family strengths and prioritized needs, then have it reviewed by the family and when approved, distribute it to team members prior to the first team meeting.

X. Family Service Coordination Plan:

- A. A family will identify and prioritize their needs with the assistance of the Service Coordinator and the Clinical or Family Team. The family and the team will determine long range goal and initial short range goals.
- B. The Family Service Coordination Plan (FSCP) will clearly identify the action steps towards accomplishment of short range goals and the team member responsible for each step. Responsibility for funding of services for each step will be agreed upon in the FSCP (Attachment H)
 - 1. The action steps and services designated in the FSCP will be responsive to the strengths, needs and culture of the family. The team will refer to the Family Strength Assessment to help determine the action steps.
 - 2. The family will be fully involved in choosing appropriate services and service providers.
 - 3. Services will be provided in the least restrictive environment possible. The team will attempt to provide supports and services to the family while maintaining the children in the home as long as it is safe for the children and the community.
- C. The service coordinator or a designated person will track the progress of the FSCP, schedule reviews as necessary and facilitate the team meetings. In most cases this will be the responsibility of the Service Coordinator unless the family would prefer the job done by someone else on the team.
- D. If a child is alleged to be unruly this will be designated in the assessment process. With parental approval, the Juvenile Probation department will be invited to be a part of the team and the unruly behavior will be a focus of the FSCP in order to divert the youth from further court involvement.

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E. Time lines to accomplish each short term goal will be established in the FSCP and agreed upon by the team. The Family Development Matrix (Attachment D) will be used to monitor the progress of each goal. The full FSCP will be reviewed quarterly.

XI. Short Term Crisis and Safety Plan

Each family will develop a crisis and safety plan with the assistance of the Clinical Committee or Family Team.

- A. The team will help identify the presenting issue(s) that may cause a family crisis.
- B. The Crisis Safety Plan (CSP) (Attachment I) will outline the steps a family should follow in the event of a crisis. A contact person will be designated for the family and a plan set into place with the goal of minimizing the crisis and keeping the family together when possible.
- C. If the CSP is utilized the Service Coordinator will be contacted and a special family team meeting will be set up within 3 days of the crisis. The team will discuss the crisis and evaluate the plan to make sure it was effective and that all the family needs were met.

XII. Dispute Resolution Process:

A grievance or a dispute resolution is a method to resolve conflicts between parties. The Williams County Family and Children First Council agree that the conflict between any of the service partners and /or families must not impede the delivery of services. Therefore, the Williams County Family and Children First Council are committed to resolving all conflicts at the lowest possible level and in the most expedient manner. The grievance/dispute resolution in this scenario will refer only to those cases that have been referred to the Williams County Family and Children First Service Coordination Process. The recommendation is that the entire process will be completed within 90 days or less. The Service Coordinator will ensure that the procedure is followed and responded to in an expeditious manner.

The process of handling grievances or disputes is dependent on the premise is that individuals will be advised to seek resolution through the individual agencies prior to the initiating a formal dispute resolution process. If a child is in imminent danger of abuse or neglect, the emergency will be reported to Williams County Job and Family Services and/or a local law enforcement agency. Service Coordination grievances or disputes will be addressed in the following manner:

- a. If a family wishes to grieve the formation of the service plan, the family shall notify the Service Coordinator to discuss the complaint. The Coordinator will determine whether the complaint is actually agency specific or if it is regarding the identified plan.
 - i.) The Coordinator facilitates problem solving.
 - ii.) If the complaint is agency specific then the Coordinator will direct the parent/guardian to the appropriate agency representatives and/or

contacts. The Coordinator will contact agency management to make them aware that a family has made a complaint and how and to whom they were directed.

- iii.) The Coordinator will receive notification from the system involved on the outcome of the parent/guardian complaint.
- iv.) If the complaint is regarding the identified plan, then all agencies involved with the case will be called to a meeting to discuss the concerns of the family and modify the plan as needed with direction from the Family.
- v.) A written report will be forwarded to the parent/guardian and a copy provided to all agencies involved.
- vi.) If parent/guardian is satisfied process ends. If the parent/guardian still has a complaint about the plan the parent/guardian can take it to the next step.

The Coordinator will assist the family in completing a formal grievance to the Family and Children First Clinical Committee/Family Team.

The Coordinator will forward the letter of complaint and schedule a meeting to review the case and make the necessary modifications.

- a) Agency heads are notified and they will designate the appropriate representative to the meeting.

A written report will be forwarded to the parent/guardian and a copy provided to all agencies involved.

If the parent/guardian is satisfied the process ends. If the parent/guardian is still unhappy with the decision then they may file an appeal to the Williams County Juvenile Court.

- i.) The Coordinator will assist the family in filing an appeal to the Williams County Juvenile Court within seven days in accordance with Ohio Revised Code #121.38.
- ii.) The Coordinator will forward the complaint to the Williams County Juvenile Judge and work with the court staff to schedule a meeting to review the case.
- iii.) Williams County Juvenile Court provides a decision on the case. The court provides

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documentation to the family/guardian and the Council Coordinator.

- b. If the dispute involves a Help Me Grow Service, reference will be made to the Help Me Grow policies which are in alignment with this Service Coordination Plan. Parent/Guardian may choose to file grievance with the Ohio Bureau of Early Intervention at 614-644-8389

XII. Quality Assurance

This Service Coordination Mechanism Document and the Process of implementation will be reviewed annually by the Williams County Family and Children First Council and the Clinical Committee.

Document Completed and accepted by Full Council on November 28, 2005