



Service Coordination Plan

Amended August 2010

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I. Overview and Purpose

Licking County offers children and families a continuum of formal and informal services and supports with the goal of maintaining children in their homes whenever possible. The county has a long history of collaborative efforts and offers service coordination through Community Support Team meetings facilitated by the Clinical System Services Director. In 1996 the ORC mandated that each community develop a plan to coordinate services for children and families who voluntarily sought services. The Licking County Children & Families First Council (COUNCIL) assumed responsibility for the development of the first service coordination plan. The plan has been modified several times, with the last formal modification in 2005. In 2007 the Funders Committee revised the service coordination mechanism. The plan being submitted includes those revisions which have since been implemented.

Consistent with the revised plan, a Clinical System Services Director was hired in November 2008 to facilitate the service coordination process through Community Support Teaming (CST). The Council appointed the Council Coordinator and the Clinical System Services Director to document the process and formally submit the Plan on behalf of Council. The Plan was reviewed and recommended by the Clinical Committee Members and the Funder's Committee of Licking County. Representatives from the following agencies were involved in the revision and approval process: Children and Families First Council; Help Me Grow / Early Intervention Committee; Licking County Juvenile Court; The Mental Health and Recovery Board of Knox and Licking Counties; Licking County Department of Job and Family Services, Children Services; Licking County Board of Developmental Disabilities; Licking County Health Department; Newark City Schools, Licking County Schools Educational Service Center; Behavioral Healthcare Partners of Ohio, LLC; LAPP and a parent mentor. The Full COUNCIL approved the Service Coordination Plan on May 25, 2010 (minutes attached). The revised plan was re-submitted on Sept. 1, 2010 to the Family and Children First Board of Directors and on August 26, 2010 to the Clinical Committee for further review.

The function of service coordination within the Licking County community is to provide a venue for children/youth between the ages of birth through 21 whose needs are not being met through traditional agency systems, who have multi-system needs or who are involved with multiple systems. Those youth at risk of out-of-home placement or who are returning from an out-of-home placement are given high priority. Service coordination builds on the strengths of the family and community by increasing parent-agency collaboration, ensuring consistent communication and utilizing a broad range of community services. This plan specifies the way in which agencies and families can successfully access existing services and supports; and when needed, propose new services or supports in order to address unmet needs.

In its original form, the service coordination plan responded to multi-need children, including those who were abused, neglected, dependent, unruly, and delinquent. Over time the mechanisms established for coordinating community services for these specified children have served as a model and as a resource for other populations. The service coordination plan reflects and supports the COUNCIL's commitment to:

- X Child well-being in this county.
- X Assuring availability and access to coordinated, culturally appropriate, effective and cost-efficient services for children and families
- X Family involvement throughout the levels of planning and services.
- X Early intervention with families.
- X Shared responsibility among systems serving children and families.
- X Strategic planning at the local level and the deliberate allocation of local resources.

Parents of newborns and early childhood service providers will receive information about Help Me Grow, the statewide system of service for infants and toddlers starting at birth through age two. Additionally, CST/CC service coordination information will be made available at local agency offices, through community-wide trainings and other community events. In an effort to increase awareness, the Service Coordination Plan will be posted on the COUNCIL website, <http://www.lcounty.com/Children/default.aspx>. Training on the Service Coordination Plan will be provided by Clinical Committee members and the Clinical System Services Director. Additional community-wide trainings on the CST process have been provided by Dr. Rick Shepler, Kent State University, The Center for Innovative Practices.

II. Referral Procedure

Any community agency, community provider, family member and/or Juvenile Court may refer a youth/family for service coordination. Referrals may be initiated by contacting any Council agency, Clinical Committee member, the Council Coordinator or Clinical System Services Director by phone, email, or by completing the referral form. Initial referral information includes the youth's name and the referring agency.

The completed referral should be returned, accompanied by a release of information, either by mail, email or fax.

The initial parent or guardian meeting is scheduled within 72 hours of receipt of the referral or as soon as possible. The initial CST meeting is scheduled within two weeks of the first family meeting. The family determines who is invited to the team meeting, and when and where it will be held. The parent also agrees to the team facilitator. They then sign the appropriate release of information so the Clinical System Services Director can invite the CST participants. CST

members include the family, staff from involved community agencies, a representative from the youth's school district and the family's natural supports.

In the initial meeting the CST facilitator gathers information from the family regarding their strengths and needs while being respectful of the cultural beliefs of the family. The team members then add to this list in all subsequent team meetings. The strengths are identified in order to utilize these in addressing any unmet needs or challenges. (Addendum D)

Juvenile Court

When a youth is alleged to be unruly and their behavior has resulted in Juvenile Court involvement the child may be ordered into programs of the court. Frequently these same families enter the service system later – often with more complex and challenging needs – that eventually require more formal intervention and resources. Our goal is to develop a service delivery system that addresses the needs and supports the strengths of these families/youth so they are diverted from more structured and formal juvenile court interventions.

In emergency situations, the referring agency may contact the Clinical System Services Director to discuss the current status, request approval for immediate intervention, and schedule an emergency team meeting. Upon notification from Juvenile Court, Children Services or other placing agencies that a child is being placed, an emergency meeting will be scheduled prior to placement or no later than 10 days after placement.

III. Funding

Clinical Committee (CC) includes representatives from community child-serving agencies. CC accepts referrals and authorizes funding for multi-need youth. To qualify as multi-need, the youth must meet the following conditions:

- 1) An interagency team that includes the parent/guardian must develop an individualized Child and Family Plan that is outcome-based and includes a Crisis/Safety Plan.
- 2) Usual and customary services and resources have not been successful and the potential for out of home placement continues to exist.

Approval of funding renewals shall be based on the progress made toward the desired outcomes (i.e. goals) as stated in the Child and Family Plan.

In addition, any request being presented to CC for funding of services and supports requires family team meetings be held. This meeting is facilitated by the referring worker and includes the following: a signed participation and confidentiality statement, team risk assessment, safety/crisis plan and the appropriate release of information.

IV. Notification of Meetings

The Clinical System Services Director or other team lead approved by the parents will invite participants to the CST meeting either in writing or by phone. CST team members may include the parents/guardians, youth, immediate and extended family members, appropriate school district representative and, if involved, caseworker, mental health provider, probation officer, Guardian ad Litem and other identified community providers. A parent advocate and/or others who are a natural support for the family may be invited.

When possible, meeting participants are sent reminders of scheduled meetings.

Future team meetings will be coordinated with the family and these same identified persons. The family and case manager will ensure all members are notified in a timely manner. Team membership may change upon the request of the family.

Placement Plan

CC does not authorize payment for out of home placement, except in those instances where a 30-day stabilization stay is deemed clinically warranted. A comprehensive plan to return the child to his home or other community setting is developed as quickly as possible after the stabilization stay is approved. The referring agency representative and the CSS Director will share responsibility for coordination between the placement facility, family and community team. Progress is reported to the CC by the agency representative.

Monitoring and Outcomes

CST teams monitor youth and family progress in a variety of ways, including periodic completion of the Licking County Team Risk Assessment tool, and parental, school and agency feedback. Teams identify overall improvement, and note individual progress. The CST and CSS Director will collaborate with all team members, including the parents/caretakers, team service providers and placement facility, if applicable, to ensure the service plan is being implemented. Service coordination data will be submitted to the state for the purpose of evaluation upon request or via standardized reporting mechanism required by funding sources. The effectiveness of the service coordination process is measured by the placement of the youth at the conclusion of the process. We

also measure dollars saved to the community through family stabilization and improved family functioning. (See attached team survey – Attachment 1.

Confidentiality/HIPAA

Team members sign a confidentiality statement that insures the privacy of the family is protected. Confidentiality is an important right of youth and their families and must be maintained pursuant to all applicable administrative rules, policies, and practices. CST forms and procedures will be explained to the families and this explanation will include protection of Protected Health Information (PHI). Releases will be obtained for interagency exchange of information. Copies of information distributed to CST members will be destroyed in accordance with established state guidelines. (See attached Release of Information Addendum B and Confidentiality Statement – Addendum C).

Assessment

All youth involved in the CST process will have been evaluated by the referring agency to assess risk levels. Initial team meetings will ascertain information as to strengths, needs, and goals of the child and family. Assessment is an ongoing process that will recognize changes and development within all areas. (Risk Assessment Level is noted on Referral Form Addendum A)

All children receiving consultation or funding from the CC will have a comprehensive coordination plan that has been discussed and developed by the child and family team. The individual plan will address the youth's ability to function in a variety of settings and ensure collaborative planning. The plan is amended to reflect progress and continued growth.

Dispute Resolution

The local dispute resolution process shall be used to resolve disputes between a child's parents or custodians and the Licking County Children and Families First Council (Council) regarding service coordination. The Council shall inform the parents or custodians of their right to use the dispute resolution process. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Revised Code. The Juvenile Court Judge has the final authority in the county dispute resolution process. (Attachment 2)

Comprehensive Family Service Coordination Plan

Upon recognition that a case may be brought to the CC the case manager or service coordinator of the referring agency will facilitate a family team meeting. The team will discuss the strengths and needs identified in the assessment, and develop goals and service interventions. Service providers will be identified and documented in the service coordination plan.

In response to items recognized through the assessment process, the service coordination plan identifies needs for the family and youth. It affords the opportunity to establish goals and specify persons responsible for assuring completion of each goal. Discussion will be facilitated to promote consideration of a plan that utilizes and incorporates natural supports in order to complete or enhance services. The coordination process is a client driven process, meaning family members will guide discussion as to what services and interventions the family desires.

Designating Responsibilities

The case manager from the referring agency will be in regular contact with the CSS Director and all team members to schedule reviews, track progress, and facilitate team meetings. The plan will be reviewed quarterly at a minimum.

Facilitation

The CSS Director and/or case manager from the referring agency will work in partnership with the parents/guardians to track goal progress, and schedule and facilitate team meetings.

Appropriateness

The CC and CST endorse a “resiliency-based” philosophy of service intervention. Therefore, strengths, needs, culture, race, ethnicity, and least restrictive environment are assessed and considered as part of every team meeting discussion and plan.

Goal Timelines

Cases may be reviewed through CC every 90 days, and more frequently if requested. At each review, goals will be re-evaluated and progress noted. Goal progress will also be reviewed at family team meetings. Goals are then revised according to outcomes achieved.

Safety and Crisis Plans

Safety/crisis is an area addressed in every family's service coordination plan. A safety/crisis plan is developed at the initial team meeting. (Addendum F)

Fiscal Strategies

As part of the service coordination plan development, the team determines costs for resources needed to address the goals of the plan. The team also determines resources available to meet the needs/costs of the plan. Once complete, the plan is reviewed by the Clinical Committee. CC will approve the plan and associated costs for up to 90 days or make recommendations for changes/additions including other avenues to acquire resources.

Pooled funds, available state and family contributions fund the services identified in plans. The following organizations contribute funds to the pool for use by the service coordination teams to maximize local resources: Community Mental Health and Recovery Services Board of Licking and Knox Counties, Licking County Department of Job and Family Services, Licking County Juvenile Court, and Licking County Board of Developmental Disabilities (LCDD). These funds are to be used to acquire community based non-categorical, flexible resources to meet the needs identified in the service coordination plan. Family contribution is determined by using a sliding fee scale based on current federal poverty guidelines, using family income and size. Pooled funding is used for residential and other placement stays when reunification is the goal. Capital needs or funding for existing services within the behavioral health, child welfare, juvenile justice, educational or developmental disabilities systems may not be funded with Service Coordination pooled funds.