

Allen County Service Coordination
Mechanism

Allen County Family & Children First Council

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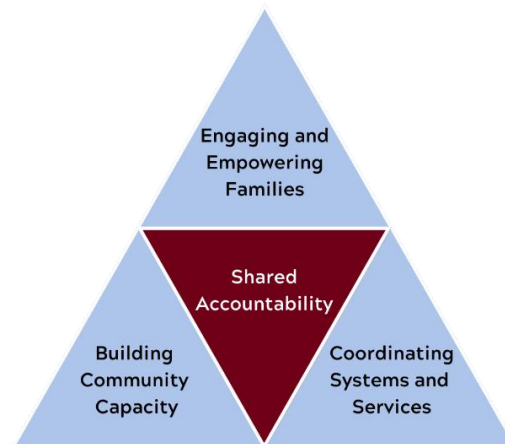
Allen County Service Coordination Mechanism

Revised 2024

Introduction

The purpose of Allen County Family & Children First Council (COUNCIL) is to streamline and coordinate existing government and community services for families seeking services for their children. Ohio Revised Code (ORC) 121.37 outlines the authority of COUNCIL in this process. COUNCIL is committed to empowering families of multi-system youth using a System of Care model:

- Service planning and system design are driven by families.
- Diversity of families and communities is valued and respected.
- Mutual respect and responsiveness amongst partner agencies guides decision-making.
- Services and supports are built on a continuum from prevention through treatment.
- Decisions regarding service planning and system design are data-informed and evidence-based.



ORC 121.37(D) states that “each county shall develop a family service coordination plan” and ORC 121.37(E)(F) outlines specific requirements. ORC 121.38 outlines the responsibility for county councils to develop a dispute resolution process. The Allen County Service Coordination Mechanism documents processes used by Allen County System of Care partners.

Oversight of the Service Coordination Mechanism (SCM)

In compliance with ORC 121.37(C), the Allen County SCM is the guiding document for coordination of services for any youth with complex, multi-system needs, or at-risk for multi-system needs. The goal is to maintain children and youth in the local community by using community-based services with a foundation in the System of Care Model. All persons or entities providing service coordination, whether county FCFC employees, FCFC member agencies, or representatives of OhioRISE must follow the processes, policies, practices, and procedures outlined in the county FCFC Service Coordination Mechanism.

The Allen County FCFC Intersystems Committee is responsible for reviewing and monitoring the SCM. As part of the review, priority will be to provide an accessible referral process that is easily navigated; and creates a “no wrong door” environment for families seeking help. All matters discussed by the Intersystems Committee are handled confidentially according to the standards set forth by state and federal laws and professional ethics. The committee includes representatives from Allen County Board of DD, Allen County Children Services, Allen County Educational Services Center, Allen County Health Department, Allen County Job & Family Services, Allen County Juvenile Court, Lima City Schools, AAH Mental Health and Recovery Services Board, West Ohio

Community Action Program, FCFC partner Medical and Mental Health Providers, and the FCFC Coordinator/Service Coordinator.

Allen County Values of Service Coordination

- **Individualized**- Every youth has unique needs so the plan of care developed will be specific to their needs, and offered in the least restrictive environment possible.
- **Respectful**- Service Coordination is based on respect for the family and includes trust-based interactions designed to build a sense of equal partnership. To maintain this trust, information discussed is confidential and not subject to disclosure or discussion outside this meeting.
- **Honoring**- In all interactions with families, it is a privilege to be a part of the family's journey. Considerations are made regarding the meeting format so both the parent and youth are comfortable, when to meet and whether to connect with the parent and youth together or separately, and creating strength-based plans.
- **Responsive**- Service Coordination understands what is beneath a situation; it strives to build bridges with community providers and family to come up with new ways to respond to the underlying causes.
- **Collaborative**- Service Coordination brings people together in the form of family focused team meetings; collaborating to develop a future oriented plan, and adjusting as necessary to achieve desired outcomes.
- **Partnering**- Service Coordination ensures that families understand and feel part of the process.
- **Promoting Safety**- Service Coordination includes tools and techniques that focus on safety and allow families to define their own sense of crisis.
- **Adaptable**- Service Coordination uses a fact-based approach detailing clearly defined results/outcomes, which allows for modification if the parent and/or youth feels the plan needs to be changed.
- **Family-Focused**- The intent is for families to experience a sense of growth and hope for the future. The team should recognize positive changes in the youth and family's ability to manage challenges and access necessary support.
- **Local**- Interventions for youth will utilize home and community supports including specialized and/or evidence-based treatments specific to the youth's needs, whenever possible.
- **Support upon Return**- If a youth is placed in out-of-home care, it is imperative that service coordination continues with the youth and family, and a representative from the custodial/placement agency (if applicable), to prepare for the youth's successful return to family and community.

Service Populations

Service Coordination targets those Allen County children and youth with unmet multiple-system needs and any of the following:

- Children birth through school enrollment (DD youth are eligible while enrolled in school until 22nd birthday)
- Children with at least one custodial parent/ guardian/kinship provider who wishes to keep the child(ren) in the community and agrees to participate in the Family Team process
- Children at risk of being deemed unruly, alleged unruly, adjudicated unruly or delinquent

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- Children under the jurisdiction of the Juvenile Court as delinquent
- Children involved with Children Services as abused, neglected or dependent
- Children receiving services under Ohio’s Early Intervention program
- Children eligible for OhioRISE Medicaid services

Allen County will support youth/families in any way possible, so there are no identified populations who would not be eligible for service coordination. However, some groups may have barriers: undocumented individuals (FCFC can use School ID in place of SSN, but other systems require SSN), and homeless youth without parent/guardian participation.

Community Partners Committed to Service Coordination

AC Board of Developmental Disabilities

Early Intervention- Families of children under the age of 3 with an identified delay may be assigned an EI Service Coordinator to set priorities to meet the child’s needs and develop a service plan through Ohio Early Intervention. The EI Service Coordinator serves as contact for the family and ensures compliance with section 5123.02 of the Ohio Revised Code and the Allen County SCM. Should EI services, established in their policies, be unable to support the needs of a multi-system child, the assigned EI Service Coordinator will serve as Team Lead with FCFC Service Coordination. Babies diagnosed with NAS/NOWS are eligible for EI services; those families may benefit from FCFC or OhioRISE participation on teams to meet the family’s needs.

Eligible youth (ages 3 and older) - A Service & Support Associate (SSA) serves as the primary point of coordination for DD eligible youth and families. The SSA is responsible for monitoring the Individual Service Plan (ISP) services and supports, ensuring services are being provided, needs are being met, and the person is happy with services and providers. If additional system collaboration is needed or needed services/supports are ineligible for ACBDD funding; the assigned SSA will serve as Team Lead for FCFC Service Coordination.

AC Children Services- Child protective services play an integral role in protecting the safety and well-being of youth in the community. Service Coordination may be offered to custodial parents/guardians of youth at-risk for further system involvement. Due to the funding restrictions, youth in ACCS custody are not eligible for FCSS funding or service coordination. Families who are involved with a FINS (self-determined family in need of services) case may benefit from a team-based approach for support, so a referral to FCFC or OhioRISE for service/care coordination is encouraged.

START Program- Ohio START (Sobriety, Treatment and Reducing Trauma) is an evidence-informed children services-led intervention model that helps public children services agencies (PCSAs) bring together caseworkers, behavioral health providers, and family peer mentors into teams dedicated to helping families struggling with co-occurring child maltreatment and substance use disorder. The overall goal of this program is to stabilize families harmed by parental drug use so that both children and their parents can recover and move forward with abuse-free and addiction-free lives.

AC Juvenile Court - Allen County Juvenile Court offers multiple Community Control programs to identify needs and recommend strategies to help prevent deeper involvement in the juvenile court system. ORC 121.37 (D)(E) diversion requirements are provided by these services:

ACCESS Center- The Allen County Community Engagement and Specialized Services Center is a community-based resource for youth, families, schools and other agencies provided by Allen County Juvenile Court Community Control. The purpose is to triage the needs of a youth and/or family, and provide linkage and referral to area agencies and resources. When families, schools, or agencies contact the ACCESS Center, the family is assigned an Intervention Specialist who provides service coordination efforts, including linkage to ACCESS Center and/or community programming.

C.A.S.T. (Allen County Court Assessment Service Team) is a multi-disciplinary team working with a youth with multi-system needs. The purpose is to prevent deeper involvement in the juvenile justice system. The team, led by an Intervention Specialist and the Behavioral Health Navigator, works to provide short-term interventions, referrals to treatment, or other community resources to ensure the youth is successful in home, community, and school.

Domestic Violence C.A.S.T. teams meet after a youth has been arrested or detained for domestic violence. The team may consist of Community Control staff, a member of the Behavioral Health Services unit, and specific community resources. The purpose is to identify what led to the incident, identify the needs of the family, create a safety plan, and link to appropriate services. Once the youth returns home, an Intervention Specialist continues to work with the youth and family to provide additional supports.

Diversion - The Allen County Community Control diversionary process offers a youth, who is at risk of becoming court involved, the opportunity to address the presenting concerns without having official court involvement on their permanent record. The goal is to reduce recidivism, prevent labeling, increase accountability, and provide appropriate services to prevent further court involvement. An Intervention Specialist will provide evidence-based offender education and intervention services to youth enrolled in diversion.

Behavioral Health Services Unit- Allen County Juvenile Court provides behavioral health services to those youth involved in the court through A.C.C.E.S.S. Center, Community Control, Juvenile Detention Center, or JDC Treatment program. The Court employs a BH Navigator, BH Counselor, BH Specialist, and BH Case manager to address the behavioral health needs of any youth who encounters the juvenile justice system.

The **Allen County Juvenile Detention Center** employs a BH Specialist to address the mental health and substance use disorder needs of the residents. A residential treatment program resides in JDC for those adjudicated youth ordered by the Judge into the program. The Behavioral Health Counselor and Case Manager include system of care, evidence-based best practices as part of each youth's individualized treatment plan. If a child receiving FCFC service coordination is placed in the JDC Treatment Program, those services will be suspended until reentry planning begins. OhioRISE eligibility will not change.

Re-entry- A BH Specialist works with community partners (schools, BH agencies, Children Services) to ensure successful community re-entry from detention. A BH Specialist may work with Community Control staff as youth return from juvenile detention facilities outside of Allen County. To ensure

continuity of care, the BH Navigator may follow a youth, as a member of their team, when they return to the local community.

Embrace MOMS (Coleman & Mercy Health) - The MOMS program is Ohio’s response to the growing needs of pregnant women with opioid use disorder. The MOMS model emphasizes a team-based delivery model with care coordination, provision of wrap-around services, and engaging the women in medication-assisted treatment (MAT) and case management. The Embrace staff use the team-based philosophy to support pregnant and new moms through Plans of Safe Care work. Participants in the Engage MOMS program are free to choose their MAT and OB provider.

MRSS (Coleman) - Mobile Response Stabilization Services (MRSS) is a certified team that provides a structured community-based, in-person intervention and stabilization service for families. MRSS is delivered to any young person under the age of 21 who is experiencing escalating emotional symptoms, behaviors, or traumatic circumstances that have impacted their ability to function within their family, living situation, school, or community. MRSS is available to all types of families (birth, kinship, foster, guardianship, and adoptive). While effective in serving youth in acute crisis, MRSS is also an early intervention emergency program that often serves as a gateway to other services across the system of care. An episode of MRSS care should last no more than 6 weeks or 42 days from the date of the initial mobile response, and is informed by the youth and family’s unique needs and MRSS goals. A referral for OhioRISE eligibility or FCFC Service Coordination may be made for families seeking additional supports.

Community Mental Health Services

Family Resource Center Mental Health Crisis Intervention services focus on responding to emergent situations through assessment, immediate stabilization, and determination of level of care needed. The goal of this program is to provide crisis intervention services during normal agency hours as well as through the community hospitals, crisis centers, and criminal justice facilities after normal agency hours. Staff work to coordinate discharge planning and mental health services for clients leaving psychiatric inpatient settings, as well.

SAFY Behavioral Health Intensive Family Services- services include in-home case management, therapeutic group services, parenting skill buildings, therapy, after-hours crisis intervention support, and youth respite through SAFY Youth Drop-in Center.

Educational Services Center- The Allen County ESC offers pre-school and individualized educational interventions for students of the eight member school districts. ESC staff refer to OhioRISE or FCFC when cross system coordination is needed.

Allen County ESC Preschool: The Allen County Educational Service Center preschool program serves children ages 3-5 across six districts, offering both center-based and itinerant services at locations like childcare centers, homes, hospitals, and Head Start programs. The program supports children with disabilities and typically developing peers, using an approved curriculum aligned with early learning standards. Literacy instruction is rooted in the science of reading. Through Ohio’s Early Childhood Education (ECE) grant, families may qualify for free or reduced-cost attendance based on income.

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Services include screenings, evaluations, IEPs, and therapies such as occupational, physical, and speech. The program collaborates with specialists (e.g., audiologists, mobility and vision specialists) to provide comprehensive support. Regular assessments, progress monitoring, family engagement, and transition support from Early Intervention and Preschool to Kindergarten are prioritized. All Department of Children and Youth requirements, including SUTQ standards and licensing, are followed.

Alternative Education: The Allen County Educational Service Center Pathway to Success/Alternative Program brings behavior to a level where it no longer inhibits learning.

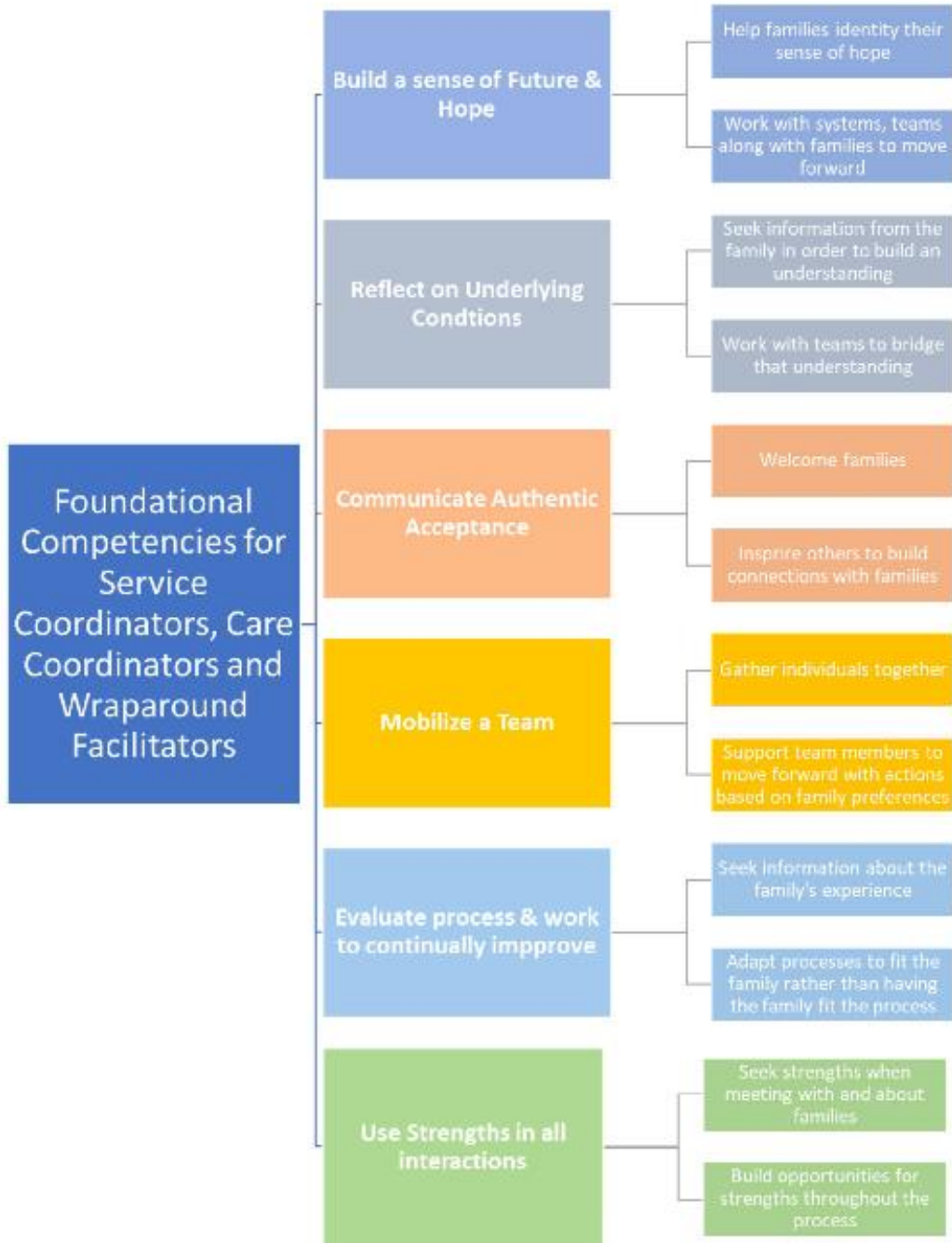
Related Services: The Allen County Educational Service Center’s related services team, including occupational therapists (OTs), physical therapists (PTs), and speech therapists, provides support to nine member districts. They deliver a range of services for students ages 3-21, including screenings, evaluations, IEP development, direct therapies, and consultation with teachers and staff. The team regularly monitors progress, reports to families, and collaborates with parents and caregivers to reinforce strategies in home and community settings. All providers are licensed through the Ohio Department of Education Workforce, and stay current with best practices through ongoing professional development.

Local School Districts- Most districts employ school Social Workers who are trained mental health professionals with a master’s degree in social work and a state license. They provide services to enhance and promote the educational, emotional, and social needs of students and families by coordinating community resources to meet students’ needs, and making referrals to behavioral health services, as needed.

OhioRISE- OhioRISE is a specialized Medicaid health plan for youth with complex behavioral health needs. Children and youth who are eligible up to the age of 21 and demonstrate the need for additional behavioral health care as identified through the Ohio Children’s Initiative Child and Adolescent Needs and Strengths (CANS) assessment or a recent inpatient admission for mental health or substance use disorder services. OhioRISE expands access to in-home, community-based services to ensure eligible children and youth, have the tools, and supports they need to grow and thrive. Depending on a child or youth’s needs, they will receive one of three “tiers” of care coordination. Tiers two and three of this service (moderate and intensive) will be delivered by NYAP Care Management Entity (CME). Aetna Better Health of Ohio will provide care coordination for children or youth in tier one. FCFC service coordination is available for youth enrolled as OhioRISE tier one.

Ohio Department of Youth Services - The Ohio Department of Youth Services (DYS) is the juvenile corrections system for the state of Ohio. DHS is statutorily mandated to confine felony offenders, ages 10 to 21, who have been adjudicated and committed by one of Ohio’s 88 county juvenile courts. The DHS Division of Community Engagement and Reentry is responsible for supporting the reentry planning process. In planning for return to the community, it is critical that youth, staff, family members, and community partners work together in an integrated manner to support a youth’s treatment plan and to help the youth succeed in achieving the goals of the plan.

What Does It Take to Coordinate Care?



Access to High Level System of Care Support

In most cases, community providers are able to address the needs of children they serve utilizing agency mandates, policies, procedures and funds. O.R.C. 121.37(C)(1) requires a procedure for an agency, including a juvenile court, or a family voluntarily seeking service coordination, to refer and access service coordination. This section focuses on those multi-need, system-challenged children and families who need greater systems collaboration.

- Allen County **FCFC Service Coordination** requires an FCFC Intersystems Referral Form.
- If a youth is Medicaid eligible with qualifying behavioral health concerns, they may be eligible for **OhioRISE** services and supports, including Care Coordination. Referrals for OhioRISE eligibility are made online to NYAP (Allen County’s OhioRISE care management entity) [OhioRISE Referrals \(jotform.com\)](https://jotform.com). Those eligible at Tier 2 or Tier 3 levels will receive local Care Coordination through NYAP. Youth eligible at Tier 1 OhioRISE supports, may access FCFC Service Coordination, if needed.

1) Information and Referral

The youth/family may just need connection to community resources, especially if they are:

- Not involved with multiple systems, or
- Having difficulty accessing services through an agency that may not be the most appropriate for their needs, or
- Not familiar with local, regional or state resources, or
- Active with Aetna Tier 1 OhioRISE Care Coordination.

A referral to Allen County FCFC can be made, on behalf of a family, for resources that are beyond the scope of a partner agency. The Allen County FCFC Service Coordinator will work with the family to connect to resources or make warm-hand offs. Typically, this level of Service Coordination is very short in length. In addition, the FCFC Service Coordinator is available to provide support to community-agency representatives seeking resource information for families (in place of a Service Coordination referral).

2) Service Coordination Child & Family Team Support

If existing efforts are not meeting the child’s multi-systemic needs, a formal team, including family members and advocates (family-chosen), plus agency representatives appropriate for youth’s needs, is created. The family must:

- Agree to participate in service coordination and complete necessary enrollment materials;
- Participate in identifying family strengths and needs using the CANS (Child and Adolescent Needs and Strengths) assessment;
- Help identify goals for Plan of Care, and;
- Participate in recommended services and Child & Family Team meetings.
- The Child & Family Team must adhere to the Allen County values of service coordination, maintain confidentiality, attend meetings, provide update reports, and assist with meeting and/or revising Plan of Care goals for youth. High Fidelity Wraparound Service is not currently offered in Allen County.

3) Service Coordination Child & Family Team with Funding

In some situations, the team will identify supports and services related to the youth's Plan of Care goals youth that will require funding. Any funding request requires prior approval by the appropriate service/care coordination entity (FCFC Intersystems or OhioRISE). Children and youth must have multi-system needs, be using creative multi-system supports, and other avenues of payment have been exhausted or ruled out.

Funding requests should relate to the following Life Domains:

- Safety
- Life Functioning/Independent Living
- Child Strengths
- Behavioral/Emotional Needs
- Trauma
- School\Education
- Child Risk Behaviors
- Developmental Needs
- Juvenile Justice Needs
- Substance Abuse
- Vocational/Employment
- Family Support

FCFC cases require prior approval through a Fund Request Form or grant application for:

- FCFC Family Centered Support Services (FCSS) funds
- MSY Other (PCSA) funds
- Negotiated cost-shared agreement by Council agencies
- MSY Youth-specific Grants, accessible through Ohio Medicaid

OhioRISE cases require request to Care Coordinator for:

- Flexible Funds
- MSY Youth-specific Grants, accessible through Ohio Medicaid
- Medicaid Approved Services

Service Coordination Protocols

Complete Referral Form – Parent/guardian, community agency or other entity are welcome to submit a referral:

Multi-System Youth (non-Medicaid) - Referrals for **FCFC Service Coordination** can be forwarded to the FCFC Coordinator cenneking@allencountyohio.com and/or by completing the Intersystems Referral Form. All active FCFC cases are presented to the Intersystems Committee for guidance on goals, supports, and resources. The FCFC Referral Form requires the following information:

- date of referral,
- contact information for the child (including full name, birthdate, personal identification number),

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- parent/guardian(s) contact information (full name(s), address, telephone number),
- referring individual contact information (full name, agency, telephone number and email),
- youth's presenting concerns,
- a list of systems/agencies involved with the child,
- insurance identification

Medicaid Eligible Multi-System Youth- Referrals for **OhioRISE eligibility** are made directly to NYAP (Allen County's OhioRISE care management entity) [OhioRISE Referrals \(jotform.com\)](https://jotform.com). Those eligible at Tier 2 or Tier 3 levels will receive Care Coordination through NYAP. Youth eligible at Tier 1 are eligible for OhioRISE supports but do not receive local care coordination. The following information is required on the referral:

- Referring individual (full name, agency, email)
- Contact information for the child (full name, birthdate, address)
- Parent/guardian(s) (full name, relationship)

Initial Meeting with the Family- Contact with the family will be made **within 5 business days** of the referral to schedule an initial meeting. During that session, parent/guardian will learn about services, and complete required intake forms. In the case that the family is looking for resources and information only or do not wish to pursue service coordination, no further intake is necessary; FCFC Intersystems is notified when FCFC referred youth are not activated. Families working with FCFC will receive a copy of the Dispute Resolution Policy and sign the Commitment to Service Coordination & Release of Information Form. OhioRISE has a 90-day timeline to meet with the family to complete the intake process and sign consent documents.

Needs and Strengths Assessment – Allen County uses the Ohio Comprehensive CANS (Child and Adolescent Needs and Strengths) tool to assess the level of need and/or eligibility for OhioRISE. This tool collects information from conversations with family and natural supports, along with reports from current providers, to document current needs and strengths of the youth and family. Information from the CANS may be entered into the Ohio CANS IT portal. The **CANS will be updated at least every 90 days**, and will include input from family and team members. If intensive or out-of-community treatment is considered, the Ohio Comprehensive CANS Assessment must be completed within 30 days of the treatment start date.

Develop a Child & Family Team – It is vital to build a team of individuals who are working with or supporting the youth. O.R.C. 121.37(C)(3), permits a family to initiate a meeting to develop or review the family's service coordination plan and invite a family advocate, mentor, or support person of the family's choice to participate in any such meeting. The initial Child & Family Team Meeting should take place **within ten working days** after the family offers consent/commitment to services, or as soon as possible due to schedules of the family or team members. If a NYAP/OhioRISE care coordinator is unable to schedule a Child & Family team meeting within 90 days, the youth's case will return to Aetna/OhioRISE for outreach.

Team Leader- At the first meeting, the team leader shall review rules for confidentiality and respect. The team leader, chosen by the family, can be the Early Intervention Service Coordinator, Mental Health provider, County Board SSA, OhioRISE Care Coordinator, or FCFC Service Coordinator. The team leader will coordinate meetings (including virtual access), maintain the core values of service coordination, communicate with the

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team, and provide updates for the Plan of Care. To meet the requirements of O.R.C. 121.37(C)(2), the team leader is responsible to ensuring that a family and all appropriate staff from involved agencies, including a representative from the appropriate school district, are notified of and invited to participate in all family team meetings. In an effort to simplify and expedite communication, the team leader will email the team follow-up materials and messages between meetings. If the family does not have access to email, it will be the responsibility of the team leader to remind them of meetings (by letter, phone or text). The team leader is responsible for submitting with any support or service funding requests, and for any additional information required by FCFC or OhioRISE.

Plan of Care – an individualized Plan of Care, specific to the youth’s needs and CANS assessment priorities, will be developed following the first team meeting; NYAP/OhioRISE requires a completed Plan of Care within 30 days of meeting with the family. Service Coordination best practices include identifying time lines and team assignments for each goal of the Plan of Care. Following the Values of Service Coordination, the Plan of Care will be individualized and provide services in the least restrictive environment. Updates to the Plan of Care and CANS assessment must be made at least every 90 days. Care Plans for youth are maintained in the FCFC or OhioRISE HIPPA-compliant electronic records system. Since the Plan of Care is a “living” document, updates will be made during team meetings or conversations with families as needs change for the youth.

Parent Advocate- Families will be offered contact information for a parent advocate. Advocates may be the Allen County Parent Mentor (those with children on an IEP), or advocates through OHMAS, Partners for Kids, OCALI, and other Ohio resources. If identified, the Parent Advocate will be added to the team list and receive notification of meetings. If active in FCFC service coordination, up to \$25 per hour for parent advocate attendance at family team meetings may be requested.

Safety/Crisis Plan- to keep safety a priority, a Crisis or Safety Plan should be in place for at-risk youth; Mental Health provider, OhioRISE Care Coordinator, Allen County Board of DD, or Children Services is responsible for the creation and monitoring of the Safety/Crisis plan.

Consistent Child & Family Team Meetings- The team leader, or designee, will record goal timelines and assignments, monitor progress of supports/services, and report outcomes to the team. If strategies are not working, the team should look for other strategies. As long as unmet goals remain, the team will continue to meet and make plans to achieve the next outcome.

Change of Placement- O.R.C. 121.37(C)(4) ensures that a team meeting will be conducted before a non-emergency out-of-home placement for all multi-needs children. If there is an emergency out of home placement due to safety of child, the FCFC or NYAP/OhioRISE coordinator and Children Services representative shall schedule a meeting within 10 calendar days of placement to review the child’s status, including how he/she is adjusting to placement, and to continue planning for future reunification with family and community. If this placement change results in loss of parental custody, FCFC service coordination will be suspended until reunification.

Transition or Exit of FCFC Services

FCFC - as the youth and family complete initial goals of the Plan of Care, work will move toward transition/exit. When team meetings and intensive service coordination is no longer be needed, family feedback is collected

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through the Family Exit Survey, and a request for case closure is made to the Intersystems Committee. If a family stops participating in service coordination with no further contact, the Service Coordinator will complete the Exit-Close Form, and the case will be closed.

OhioRISE- the reasons that OhioRISE can end membership are if the youth is no longer meeting eligibility requirements (CANS assessment), loss of Medicaid eligibility, incarceration, fraud or misuse of membership ID care, or disruptive or uncooperative behavior that affects OhioRISE's ability to provide services. For youth disenrolled from the OhioRISE plan, the OhioRISE plan will identify members who have ongoing care that cannot be interrupted. OhioRISE Transition of Care coordinators will work with other health plans, practitioners, and providers to ensure continuation of the member's care.

Out of Home Services/Treatment – It is a priority in Allen County to maintain youth in the community and in the least restrictive setting. If the youth and family fully engage in the available community-based therapeutic and supportive services, and those services are determined by the team to be inadequate to provide a reasonable level of safety and well-being for the child, then out of home services will be considered. Parent/caregivers, along with the team, will be actively involved in the decision for out of home services/treatment. No youth should receive treatment in an environment that is more restrictive than needed for their own well-being, and services/treatment should be of the shortest duration possible for positive outcomes.

Scheduled Respite- hourly or overnight respite to provide a break for youth and family.

FCFC funding can be requested for respite. If the respite provider is a family-chosen individual, the parent/guardian/family contact will be reimbursed for the pre-approved amount and is responsible for paying the family-chosen provider. A Request for Respite Reimbursement Form needs to be completed. If the youth's needs requires an agency provider, the agency must be approved as an Allen County vendor. Respite funds will not cover daycare expenses. Respite funding can be approved for up to 3 months at a time, and should not be scheduled for more than 7 consecutive days.

OhioRISE Behavioral Health respite requests should be discussed with the OhioRISE Care Coordinator.

Informal Family-Chosen Placement- Parents/guardians may arrange for a youth to stay with a family member, friend, or natural support, at their own expense. The parent and caregiver should continue with active participation on the team, if the youth remains in Allen County. When a youth moves from Allen County but remains in Ohio, the FCFC or OhioRISE contact can assist with transferring the case to the new county. It is the parent/guardian's responsibility to sign releases with providers, and create a safety/crisis plan.

Residential Treatment Program – The Child & Family Team must document a significant level of care need before residential treatment can be considered. A letter of support from the local MH provider and qualifying CANS assessment must be provided to the FCFC or OhioRISE contact. Approval for treatment funding is a long process and requires documentation that family has attempted all suggested local/regional services without success. The team will continue to meet at least monthly during the treatment stay in order to prepare for discharge/return to the community.

Funding Options

Implementation of any plan or part thereof is subject to the availability of and the rules governing the use of funds. Partnerships between agencies and funding streams are encouraged.

FCFC Family-Centered Support Services Funds (FCSS) -Each County FCFC receives an annual allocation available to youth active in FCFC service coordination. There are specific federal restrictions on the use of Title IV-B funds, the primary source of Ohio's FCSS funding. Federal regulations require these dollars to be used for community based services which promote the stability and well-being of youth and families. These dollars cannot be used for clinical services or as match for other federally funded programs, including Medicaid.

Examples of allowable family support expenditures when identified on the Plan of Care:

- Non-clinical in-home parent/child coaching;
- Non-clinical parent support groups;
- Parent education;
- Mentoring;
- Respite care (including summer camp);
- Transportation (e.g., Cab/taxi fares, gas vouchers);
- Social/recreational activities;
- Safety and adaptive equipment;
- Structured activities to improve family functioning;
- Parent advocacy; and,
- Service coordination (FCFC service coordination unit rate).

The Funding Request must be submitted to the FCFC Coordinator no less than 3 days prior to an Intersystems meeting. Each Fund Request must be tied to a goal of the youth's Plan of Care. In case of an emergent need, a fund request can be made electronically. Once approved by Intersystems Committee vote, the FCFC Coordinator will finalize arrangements for services, process invoices and track the expenditures for the approved time period. Payment for services started before Intersystems approval are not eligible for FCSS funding. Additional fund needed beyond the initial time-period will require additional Intersystem Committee approval.

FCFC MSY PCSA Other Funds - As outlined in Ohio Administrative Code 5101:2-54-01 portions of Multi-System Youth (MSY) allocations distributed by local Public Children Service Agencies (PCSA) must be designated to county Family and Children First Councils' (FCFC) restricted pooled fund. Use of these funds is restricted to providing services and supports needed to prevent the relinquishment of custody of children, 0-18, and to facilitate family reunification following a custodial episode. Allen County FCFC uses these funds to supplement FCSS funding, or when needed services/supports do not qualify for FCSS funding. An Intersystems Fund request is required to seek approval of MSY PCSA Other funds, and the request must apply toward one of the youth's Plan of Care goals. These funds may be used in any of the following manners:

- Service Coordination/Wraparound to prevent custody relinquishment or for a relinquished child/youth;
- In-home and/or community supports to prevent custody relinquishment;

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- In-home and/or community supports needed to support family stability for a child returning from agency custody; or Funding requests must only be made for expenses not otherwise covered by another payer source. All expenses should directly relate to services or supports for children at risk for custody relinquishment or those who are returning home following a custodial episode.
- Residential treatment and/or room and board for treatment to prevent custody relinquishment

Allowable Expenses may Include, but are not limited to:

- Clinical services not covered by another payer/insurer
- Co-insurances and insurance deductibles for related services
- High-Fidelity Wraparound
- In-home parent/child coaching
- Mentoring
- Parent advocacy
- Parent education
- Parent support groups
- Residential Treatment and/or Room & Board for Treatment
- Respite Care (including camp)
- Safety and adaptive equipment
- Service Coordination
- Social/Recreational Supports
- Structured Activities to Improve Family Functioning
- Transportation to and from allowable services (e.g., Cab/taxi fares, gas vouchers)
- Youth/Young Adult Certified Peer Support

Non-Allowable Expenses Include:

- Services billable to other payer sources, including health insurance
- General program costs (i.e., non-individualized services)
- Classroom instruction or any required public education cost or responsibility (to include tutoring, school-based credit recovery, and/or summer school programming).

Family's Third Party/Private Insurance- Families with private insurance are responsible for contacting the provider to provide documentation about needed treatment. Private insurance should cover psychiatric and counseling services, and medications. Regarding residential treatment, insurance may cover all or a portion of daily expenses/room and board. It is the family's responsibility to work with the treatment provider and insurance company to document what is covered. Private insurance coverage must be exhausted before other funding sources are considered. Financial assistance through the Mental Health Recovery Services Board is a possibility.

Local Cost Share Agreements -Allen County Children Services, Allen County Board of DD, and Mental Health and Recovery Services Board (Allen, Auglaize Hardin) may share costs for direct services to youth. Agreements are created on a case-by-case basis to address specific needs of youth being served by one or more of the agencies. These agreements are handled directly by the agency partners based on input from the team.

MSY Grant Funds- This State of Ohio program to prevent custody relinquishment for youth with multi-system needs, created in SFY20 pursuant to Section 333.95 of AM Sub H.B. No. 166, with the goal of preventing transfer of custody to the child protection system solely for obtaining funding to access treatment. The MSY Program is intended to assist caregivers when local resources and other payment sources have been exhausted. The State MSY Program is the funder of last resort and can only be accessed when local funds, health insurance, post-adoption assistance funds, and other sources of funding are used first. MSY Program funding cannot be used to supplant other funds. To access Ohio MSY funding, OhioRISE care coordinator or FCFC service coordinator will complete the MSY Grant application, assist with identifying placement facility, coordinate payments, monitor services, and plan for discharge.

- Children and youth served by the MSY program must either be at risk for custody relinquishment or have been recently relinquished for a short period of time (ex: 30 days) solely to access care. Funding will only be authorized for care provided on or after the date of application and for dates of service after custody return.
- Children and youth served by the MSY program must have multi-system needs and be using creative multi-system supports. All applicants must have a local/regional team working to coordinate and follow their care. The team must be actively working to use creative solutions to serve the unique needs of the child/youth and their caregiver(s). Monthly updates on each MSY funded youth will be presented to the Intersystems Committee.
- Care funded by the MSY Program must be clinically appropriate and provided in the least restrictive setting possible to support the child or youth's needs. Applicants seeking funding for out-of-home care must document recent use of intensive levels of community-based care. In many cases, even when specific evidence-based and evidence-informed practices are not available, a mix of other outpatient services and supports – including natural supports – should be exhausted before using out-of-home care. All applications for out-of-home care require a recent (within 30 days) CANS assessment recommending out-of-home care or other clinical documentation indicating the need for out-of-home care. Applications for out-of-home substance use disorder care require a recent (within 30 days) ASAM assessment recommending a residential level of care. The Intersystems Committee will review and approve each MSY grant fund request prior to submission.
- Each child or youth served by the MSY program must be supported by one or more legal guardians who are willing to actively participate in the young person's care planning and treatment. Guardians of children and youth who receive MSY Program funding for out-of-home care must be willing to have the young person return to the home as quickly as clinically appropriate.
- The MSY Program is intended to address acute needs and prevent immediate custody relinquishment. The Program is not intended to provide long-term funding to support long-term needs. Instead, the MSY Program can help fill in gaps while longer-term funding and services are put into place by the child/youth's care team.
- Program funding is only available when appropriated by the Ohio General Assembly. Funding is provided through grants and is limited. The receipt of funding is not guaranteed. There is no right to funding beyond 30 days of initial authorization. Funding can be rescinded at any time.

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- If funding is authorized to support out-of-home treatment, the requestor commits to immediately facilitate detailed discharge planning upon admission to an out-of-home treatment setting; if the child/youth is already receiving out-of-home treatment at the time of application, discharge planning must have started prior to application and the requestor commits to continue this work for the duration of funding.

Allowable Expenditures may Include, but are not limited to:

- Clinical services not covered by another payer/insurer
- Residential Treatment and/or room & board for treatment
- Service Coordination or High-Fidelity Wraparound
- In-home/community (non-medical, non-clinical) supports; in-home parent/child coaching
- Home Modifications
- Respite Care (including camp)
- Safety and adaptive equipment
- Transportation to and from allowable services (e.g., Cab/taxi fares, gas vouchers)
- Mentoring
- Parent advocacy & education
- Structured interventions to improve family functioning

PASSS- Youth who have been adopted and later need intensive behavioral health supports are eligible for PASSS (Post Adoption Support Services Subsidy) funds. Parent/guardian must apply for PASSS funds by contacting OhioKAN <https://ohiokan.ohio.gov/>, PASSS funds must be approved and expended before MSY grant funds will be approved.

OhioRISE Primary Flex Funds- These funds are used for services, equipment, or supplies that are not covered by Medicaid, but recommended by the team as something to benefit the OhioRISE member. The OhioRISE care coordinator will explain how to ask for funds, up to \$1500 per calendar year. To be approved for primary flex funds, the family cannot have the ability to buy the service or item with other funds or resources.

Dispute Resolution Process

The State requires (O.R.C. 121.37(C)(9)) **FAMILY & CHILDREN FIRST COUNCILS** to provide a process to resolve disputes among families and the agencies represented on the county council. The process addresses the provision of services to children, including children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. Families will receive a copy of the Dispute Resolution process as part of FCFC service coordination intake. 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.

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The family may contact the Allen County FCFC Intersystems Committee chair to request a Dispute Resolution Committee when there is a dispute between two agencies, a family and more than one agency, there is a dispute between the family and their team, or the single-agency process, has not been addressed within 30 calendar days of initiation.

- The Dispute Resolution Committee will be appointed by the chair(s) of the Intersystems Committee in consultation with the FCFC President within 5 business days of the request.
- The Committee shall be appointed consisting of three mandated agency representatives and one community agency representative from Council, who are not involved in the dispute, plus one parent representative from Council. The Intersystems chair(s) shall lead the process but are non-voting.
- Within 5 business days of appointment, the Dispute Resolution Committee shall meet with family and agency representatives regarding the dispute and make a decision by majority vote. There shall be every effort made to mediate the dispute at this and every ensuing level. Family will be notified of the recommended resolution within 5 business days of the vote.
- If the decision of the Dispute Resolution Committee is not satisfactory to at least one party to the dispute, the disputants may submit a written complaint to the FCFC President no later than five (5) business days after the decision by the Dispute Resolution Committee. The FCFC Steering Committee will review and make a decision, by majority vote, within sixty (60) business days of the receipt of the original complaint. Any member of the Steering Committee who has been involved with the dispute shall be disqualified from participating.
- If any disputant involved is not satisfied with the decision of the FCFC Steering Committee, the disputant may appeal by immediately notifying the Council President. Family disputes will be forwarded to the Ohio FCF Cabinet Council within 90 business days of the original complaint. Allen County Juvenile Court will address agency disputes. If the child is the subject of a pending dependency, neglect, abuse, delinquency, unruly, or juvenile traffic offender proceeding in the Juvenile Court, a written motion in the pending proceeding will determine which agencies are to provide services or funding for services for the child pursuant to Revised Code Section 121.38(B)(1). If the child is not the subject of a pending dependency, neglect, abuse, delinquency, unruly, or juvenile traffic offender proceeding in the Juvenile Court, the disputant will file a written complaint with the Court objecting to the decision of the Steering Committee pursuant to Revised Code Section 121.38(B)(2). All parties involved in the dispute, with the assistance of the Council Coordinator and Intersystems Chairperson shall submit all relevant information and their respective positions and proposed solutions to the Court not later than thirty (30) business days after the written appeal is filed with the Court. The Court will consider and decide the appeal within ninety (90) business days after the filing of the appeal with the Court. Unless otherwise scheduled by the Court on its own motion, no formal hearing will be held unless specifically requested by one of the disputants not later than thirty (30) business days after the written appeal is filed with the Court. A final determination is required within 90 business days of the Court filing date; the decision of the Judge is final.
- In the event of an emergency involving an immediate risk of harm or injury to a child during any dispute, existing mechanisms for legal protection and /or intervention shall be invoked. An emergency meeting

of the Steering Committee will be called and the number of members who are able to attend will constitute the quorum. The Steering Committee will hear the parties in dispute and communicate their decision within 24 hours of hearing the case.

- If a dispute is raised in connection with a child in Early Intervention service coordination, it is the responsibility of the Council to assure the effective implementation of procedural safeguards by each state or local agency or private agency in the state that is involved with the provisions of Early Intervention. Any dispute filed regarding a child in Early Intervention will follow the rules, regulations, and laws governing Early Interventions set forth by DODD, DCY, and other governing parties.
- The dispute resolution process is not open to the public. Records of the dispute and its resolution shall be filed in the FCFC Council office.
- Any agency providing services at the time the complaint, under section 121.381 of the Ohio Revised Code, shall continue to provide those services and any funding for those until a resolution is complete. If during the local dispute resolution process it is determined that the agency is not responsible for providing them, the agency will be reimbursed by those determined to be responsible.

If an **OhioRISE** member is unhappy with OhioRISE or their providers, or do not agree with the decision that has been made, call Member Services at 1-833-711-0773 (TTY: 771), or visit the website

www.AetnaBetterHealth.com/OhioRISE. OhioRISE will respond in writing if it is decided to deny a request to cover a service; reduce, suspend, or stop services before receiving all the services that were approved; or deny payment for a service received that is not covered by OhioRISE. Member will also receive written notification if OhioRISE did not decide on whether to cover a service requested, or give an answer to something the member was unhappy about. A member has the right to file a complaint at any time with the Ohio Department of Medicaid (Bureau of Managed Care Compliance and Oversight) or Ohio Department of Insurance, as listed in the OhioRISE Member Handbook.

- If the member does not agree with the decision or action in the response letter, they can **appeal** within 60 calendar days (from date of mailing date of letter). If the decision is to reduce, suspend or stop services before all the approved services are received, the letter will outline how to keep receiving the services and when the member would be responsible for payment of said services. If the member or provider believes that waiting 15 calendar days to decide the appeal could seriously risk life or health, member or provider should include that in the appeal; if in agreement, OhioRISE will offer an **expedited appeal**. Unless given a different date, OhioRISE will answer the appeal in writing within 15 calendar days from the date of contact.
- If there is no change to the decision or action because of the appeal, the member has the right to request a state hearing. You may only request a state hearing after going through the OhioRISE appeal process.
- If a member is unhappy with OhioRISE or a provider, this is called a **grievance**. OhioRISE will answer a grievance by phone or mail (if unable to reach by phone). Response timelines include TWO working days about not getting medical care; THIRTY calendar days for all other grievances except grievances about getting a bill for care; SIXTY calendar days for grievances about getting a bill for care.

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- If OhioRISE needs more time to respond to an appeal or grievance, a letter will be sent to the member notifying that up to 14 additional calendar days are needed; the letter will explain the reason for more time.
- **State Hearing** is a meeting with the member or designee, representative from the Allen County Department of Job and Family Services, and the hearing officer from the Bureau of State Hearings with the Ohio Department of Job and Family Services. The member may only request a state hearing after completing the OhioRISE appeal process. The OhioRISE Member Handbook includes more information about this process.
- **Just Cause** is a request to end enrollment with OhioRISE. Before asking for Just Cause, contact OhioRISE to allow the issue to be resolved. If the issue is not resolved, request for Just Cause is made by calling the Medicaid Hotline at 1-800-324-8680 (TTY:711). The OhioRISE Member Handbook lists reasons for Just Cause.

Quality Assurance

FCFC Monitoring- The Intersystems Committee is responsible for maintaining the SCM and related processes for Allen County, and upholding the values of Service Coordination for youth and families. The Intersystems Committee will review the SCM annually and update with best practices. FCFC, as a whole, will approve revisions SCM proposed by the Intersystems Committee, as required by ORC 121.37C.

The Intersystems Committee reviews all FCFC Service Coordination referrals to make recommendations for supports, services, and team involvement. Priority will be to provide an accessible and easily navigated referral process that creates a “no wrong door” environment for families seeking help. Ohio FCF tools and guidance will help address weaknesses in the SCM or systems of care.

Ohio Automated Service Coordination Information System- According to ORC 121.376, each county Family and Children First Council shall enter and update information in the Ohio Automated Service Coordination Information System (OASCIS) as information becomes available or within five business days of acquiring new information. Failure to enter information may result in the withholding of state funding.

The data in OASCIS is confidential, and release of information is limited to those with whom the county FCFC is permitted by law to share the information. Access to and use of data in OASCIC shall be limited to the extent necessary to carry out the duties of the Ohio FCF cabinet council and the county FCFC established in section [121.37](#) of the Revised Code. Personnel having access to OASCIS shall be limited to those individuals who have been educated on the confidentiality requirements of the information system, who are informed of all penalties, who have been educated in security procedures, and who have provided acknowledgement of rules developed by the Ohio FCF cabinet council.

Misuse of Protected Information - According to ORC 121.376 (E), each county FCFC shall establish and implement a policy establishing administrative penalties, up to and including dismissal from employment, for unauthorized access to, disclosure of, or use of data in OASCIS. Allen County FCFC follows personnel policies

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established by the Administrative Agent (Board of Commissioners). Allen County Personnel Policy (July 25, 2024 version XXIV(C)10), states that disseminating unauthorized confidential or proprietary County documents or information or data restricted by government laws or regulations, and/or browsing or inquiring upon confidential records maintained by the County without substantial business purpose is prohibited. Any employee who disregards Allen County policies will face disciplinary action, up to but not limited to termination.

NYAP Quality Statements

Privacy - The National Youth Advocate Program is committed to protecting the confidentiality and private information of persons and families served, employees, and other organization-affiliated stakeholders. Adherence to the highest standards of confidentiality is not only a matter of law, but also serves as an act of respect for an individual's personal information. Information sharing is limited to that which is required or authorized by law as per relevant organizational policies and procedures. The organization maintains full compliance with the Health Insurance Portability and Accountability Act of 1996.

Equity, Diversity, and Inclusion - The National Youth Advocate program deeply values and is committed to equity, diversity, and inclusion for all who are served by, employed or work with, or visit the organization. The organization develops and implements policies and practices that protect and advance the rights of others and expects all employees and others representing the organization to promote and uphold the civil rights of others when working with, or on behalf of, the organization and the children, youth, families, and communities we serve.

Public Awareness

Ohio FCF requires that the Allen County Service Coordination Mechanism be available to the public through the Allen County website <https://allencountyohio.com/family-children-first/>. This website will also provide access to Service Coordination related materials.

Service coordination training will be presented to Council annually, in addition to approval of updates. This will include training on the dispute resolution process, Ohio Revised Code requirements, and service coordination values. Agencies may request staff trainings through the Council Coordinator. Council partner agencies will be encouraged to include the FCFC Service Coordination information and the SCM link in new hire packets.

Council member agencies are encouraged to post the SCM on their established websites.

History of Service Coordination in Ohio

Ohio has a long history of coordinating services and systems to address the needs of youth and families. In the mid-eighties stakeholders around the state identified a significant problem in meeting the needs of youth and their families, who were involved in multiple systems.

In 1987, Governor Celeste brought child serving agencies together to form the Interdepartmental Cluster Services For Youth (ICSFY), often referred to as “Cluster”. Counties were mandated to form ICSFYs to focus on youth with very intense needs requiring out-of-home placements. The teams typically consisted of child service personnel from the different agencies and systems involved with the child. The team would formulate a treatment plan for the child and determine how the services would be funded. State Intersystem Cluster Funding was created to assist counties in providing services/placements for youth for which funding was not otherwise available.

In the early 1990s, Governor Voinovich created county FCFCs to expand the work of Cluster and become the catalyst for bringing communities together to coordinate and streamline services for families and youth. County FCFCs were established in ORC 121.37 in 1993, along with a blueprint of how the coordination of services and systems should operate at the state and local level, including the service coordination mechanism. In 2006, during the Taft Administration, ORC 121.37 was revised to address high-risk youth and divert them from the juvenile court system. Other changes focused on family voice and choice and family engagement and empowerment. In 2010, during the Strickland Administration, Family Centered Services and Supports (FCSS) funding was introduced to provide non-clinical services and supports, including service coordination, for families and their youth. Under the Kasich Administration in 2018, local Service Coordination Mechanism were updated with System of Care specifics including: target populations, levels of intervention, data collection and monitoring, and how data is used to inform decision making at the macro level. In addition to Service Coordination, High Fidelity Wraparound was introduced in Ohio’s SCM Guidance Document.

In 2019, under Governor DeWine’s Children’s Initiative, HB 161 set policy goals and provided funding to support Multi-System Youth (MSY). The main goals were to prevent custody relinquishment for families solely for the purpose of obtaining treatment, ensure county systems have the resources and planning processes in place to prevent youth from entering residential care, when possible, and ensure these youth transition successfully from a residential treatment setting to a community treatment setting. In 2021, OhioRISE Medicaid add-on services and supports high-need BH youth were introduced.

Evolution of Allen County FCFC Service Coordination Efforts

Allen County Family and Children First Council held its formative meeting on December 8, 1995 and began meeting regularly in January 1996. To meet Ohio Revised Code requirements, Council meetings included an Executive Session to review and approve requests for cluster funds for multi-system children and youth; a General Session followed to conduct Council business. During the Executive Session, funding decisions for the most challenging, multisystem, “deep-end” children were made by the heads of agencies without family input.

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In 1996, the Intersystems Committee was formed to work directly with multi-system youth/families and approve funding requests outside of Council meetings. Clinical representatives of Council agencies met with families to discuss the family needs and how the collaboration from Council agencies could help. Using Systems of Care philosophy, service coordination through collaborative family teams was established as the norm.

Allen County FCFC Service Coordination is built on the premise that family involvement in service planning and implementation is critical to successful treatment outcomes; strengthens the existing capacity of families to function effectively; and, ensures the safety and well-being of each family member. Collaboration between child-serving agencies, families and providers will the child's individual needs, by examining their strengths, clarifying their concerns and objectives, and then planning for a return to stability with the right blend of services. The goal is to maintain children and youth in their own homes through the provision of non-clinical, community-based services with a foundation in the System of Care Model.

Sources:

OFCF 2023 Service Coordination Handbook
Ohio Revised Code
Allen County Personnel Policy Manual (July 25, 2024)

Council Revision History:

March 11, 1996 Approved
December 1, 2005 Review
January 12, 2006 Review
September 10, 2010 Full Review and Revision
June 16, 2011 Revision
April 19, 2013 Revision
July 13, 2016 Full Review and Revision
March 12, 2018 Full Review and Revision
May 13, 2019 Revision of Section VII. Dispute Resolution
December 9, 2024 Full Review and Revision

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