

Attachment A

FCFC Service Coordination Mechanism Cover Sheet

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Lucas County Family and Children First Council Countywide Care Coordination Mechanism - Revised 2010

Resubmission with Required Changes – September 27, 2010

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The Mission of the Lucas County Family Council is to coordinate a publicly accountable, cost effective system of services that support the health, education and well being of our families.

Lucas County Care Coordination Mechanism

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Lucas County Care Coordination Mechanism

ADDENDUMS

A. Referral/Request Forms

- a. Special Assistance Funding
- b. Wraparound
- c. Intersystem Placements

B. Release of Information Forms –

- a. **Council Level** - This is the initial Release of information that is submitted by referring party and includes parent and agency signoff. Another level of confidentiality is completed by the agency contracted to provide Wraparound facilitation and includes all identified parties to the developed Wraparound Team.
- b. **NAMI ROI for Wraparound**
- c. **Meeting Confidentiality Form**

C. See note in Addendum B

D. Strengths, Needs, and Cultural Discovery Form

E. Wraparound Plan Template

F. Family Crisis and Safety Plan Template

ATTACHMENTS

- I. County FCFC Service Coordination Matrix Page
- II. Signature Page
- III. Council Minutes

Lucas County Family and Children First Council

Countywide Care Coordination Plan Lucas County – Revised Spring 2010

HISTORY, DEVELOPMENT, PURPOSE AND VALUES

History and Development

In the early 1980's it had become apparent to a number of stakeholders around the state that for those children/youth and their families who were involved in multiple systems, receiving services was often very complex, duplicative across systems and unwieldy to navigate. For some of the children/youth and their families they literally "fell off the map" as systems became embroiled in conflicts over who was responsible, who would deliver services and who would have to pay. At that time, Lucas County, Juvenile Court Judge Andy Devine had ordered local systems to come together to try to work out their issues so that in order to better coordinate services for the child/youth and their family. These issues rose to the attention of state government resulting in Executive Order 84-12, which was issued by then Governor Richard Celeste in 1984 and culminating in the passage of HB 304 in 1987, which codified the establishment of county-level Clusters in ORC 121.37.

In the impending years, ORC 121.37 was expanded under Governor George Voinovich's administration in the early 1990's to build on and expand the notion of bringing the various public systems together to improve coordination, reduce duplication and improve outcomes for children and families, beyond individual families to also include a system level approach. Thus was born the Ohio Family and Children First Initiative. While this was a much more expansive scope and role, the role of the Cluster was not negated but also further developed and refined in Section 5(C) of ORC 121.37. Lucas County was one of the original pilot counties to participate in the Ohio Family and Children First Initiative.

In Lucas County, there were two important developments in the mid-1990's, the first was the development of Pooled Funding by the major public systems to support the Cluster, making a pool of funds available to support out-of-home placements and other services identified by the Cluster Team, as needed, with the goal of reducing the inter-system conflicts that would formerly arise over who was responsible for paying for services. Lucas County has had a strong history of Pooled Funding since that time. The other development was the first completion of the "County-wide Service Coordination Mechanism." One of the original goals and aspirations outlined in that first document was to try to develop a common intake form that could be utilized by each of the systems. This goal was never realized as issues related to different system

mandates, including referral information, presented significant barriers to achieving this goal.

In the early development and operations of the Cluster over the first decade, it quickly became known as the ***place you made a referral to if you needed to place a children/youth***. While this may not have been the original intent for the Clusters, it seemed to fill a very specific need in Lucas County for some children/youth involved in multiple systems with very complex problems. Lucas County has developed three key functions over the last twenty years under the umbrella of our countywide service coordination mechanism. These functions include:

- **Special Assistance Funding** - As a less restrictive and more preventative practice to help try to prevent children/youth from becoming deeper involved, Special Assistance Funding has been an important function that has provided funding to children/youth involved in multi-system teams, but not necessarily reaching the status of a Cluster case, to help fund creative services/supports for which there was no other source of funding.
- **Intersystem Coordination** – This is the facilitation of intersystem coordination under a traditional Cluster Model. These are children/youth and their families for whom the existing treatment team may not have been working, had reached an impasse in developing creative options for the child/youth, parent(s)/guardian and other family members. Over the past ten years the Cluster Team (more recently “Creative Options” Services Team) has increasingly worked to try to keep children/youth in the community and promote the value of intersystem coordination.
- **Intersystem Placements** – children/youth determined to be in need of placement, who are involved in multiple systems and referred to Cluster for funding, consultation and ongoing placement review.

For more than a decade, consequently, the following questions have continued to emerge at different times:

- How could Cluster better serve a primary role of inter-system coordination rather than “placing” children/youth?
- How could Cluster better engage parents/guardians?
- How could Cluster try to promote home and community-based services and supports as the first resort rather than looking at placement as the first resort?
- How could Cluster better track outcomes?

As Lucas County grappled with these questions, there were other developments emerging both around the state and nation that sought to reduce high costs of care and poor outcomes for children/youth with very complex multi-systemic needs by developing

and implementing models of care coordination that would also empower families. This also included informal and non-traditional supports, better coordination of care, reducing duplication, and measuring outcomes. These included developing frameworks and practice in Wraparound, Systems of Care, Continuum of Care and Service Coordination Models. In the early 2000's, Stark County hosted a presentation by Milwaukee Wraparound, which was very well attended. A number of counties in Ohio began to go through the process of moving from traditional Cluster models to developing and implementing Wraparound as a better way to work with children/youth and their families and coordinate care.

In the Spring of 2009, Family Council Staff, Pooled Fund Group members and agency staff participated in a presentation on Wraparound – the theory and practice. Neil Brown, a National Wraparound Initiative Consultant presented an overview of Wraparound and the underlying values and philosophical framework for Wraparound and staff from both Stark and Butler Counties presented on their experience of moving into Wraparound and implementing wraparound in their respective counties.

As a result of these developments, and that Lucas County was awarded a Behavioral Health and Juvenile Justice Grant in 2009, Lucas County began to make the journey from a traditional Cluster model, to developing Wraparound as a key part of our care coordination mechanism.

In making the transition from a traditional Cluster Model to Wraparound as the model for care coordination in Lucas County, we are working to balance our approach to focus on both establishing a specific Wraparound Process to coordinate care for children/youth, their parents and families as defined by the requirements established in ORC 121.37 while also looking at the bigger picture of how our public systems work with all children/youth, parents, and their families who may need services or supports. The key outcome of this approach is to ensure that children/youth, their parent(s)/guardian and other family members get the appropriate level of care and coordination needed to strengthen the overall functioning and self-determination of their family. Keeping both micro (individual) and macro (system) level issues in balance as part of the local change process will help to ensure the following –

- a) That Wraparound does not end up as an isolated categorical program, which may be a good program, but has little bearing on the overall operation of systems and how they work with and impact parent(s) and their families in Lucas County.
- b) Improving the shared accountability of all of the public systems in contributing toward the improved status and well-being of parent(s), their child/youth and families in Lucas County.

In restructuring our Countywide Care Coordination model over the past several months and more recently working to update the Countywide Care Coordination Plan the following teams all helped to contribute toward this development:

Wraparound Planning Team – this team was composed of members representing the public child and family serving systems and education; parents, and some members of the broader community. This team helped to provide input into the development of Wraparound over the first several months of our efforts - helping to identify longer term issues that would need to be addressed to positively impact implementation and long-term sustainability of Wraparound.

Wraparound Core Team – This team primarily consisted of representatives of key partners on the Behavioral Health and Juvenile Justice (BHJJ) grant from the Mental Health and Recovery Services Board of Lucas County, Lucas County Juvenile Court, Lucas County Family and Children First Council and NAMI of Greater Toledo. This team has primarily had an operational focus to ensure that Wraparound and Multi-systemic Therapy were implemented as part of our BHJJ Project. This team met very frequently for the first five months of the BHJJ grant period (SFY 2010), and worked to develop an operational model and plans for the implementation of Wraparound. These were presented to the larger Wraparound Planning Team for review and feedback.

Creative Options Service Team – This is the team that has been operating under the original “Cluster” model. This team has been important in identifying potential problems and has helped to problem-solve issues related to the transition from a traditional Cluster model to Wraparound as the actual intersystem coordination process.

A roster of participants on each of these teams may be found in Appendix A to this document.

Purpose and Values

The core purpose of the Countywide Service Coordination Mechanism has been to ensure a process to coordinate services for multi-system involved children/youth and their families with very complex problems, reduce duplication and improve outcomes for these children/youth and their families. As our understanding and approach has evolved over the last 26 years, the development of Wraparound as the coordination mechanism for many children/youth and their families with multi-systemic issues continues to build upon our long history of collaboration - taking coordination to a higher level of individualizing care and ensuring the central role and voice of parents and other family members.

It is important to point out that we have made a deliberate choice to call this our Countywide **Care** Coordination Mechanism, using the word care rather than service.

This is an important change to emphasize the coordination of care – which may include formal services/supports and informal or non-traditional supports. The choice of wording matters in supporting a change to how staff across all of the systems view the way we all work with families and the strategies that we utilize to help children/youth and their families. This emphasizes the fact that this work is focused on coordinating care – which includes a broad continuum of strategies and both formal services and informal supports in our work with these children/youth, parents/guardians and their other family members.

While Wraparound will be implemented as core function for coordination, the underlying values and framework of Wraparound will also inform practice within our additional functions under our care coordination umbrella of Special Assistance Funding and Intersystem Placements.

Core Values

The Core Values guiding our Countywide Care Coordination Plan are those values that form the framework for Wraparound. While not every child/youth their parent(s) and family served by the functions under our Care Coordination Plan will participate in a full wraparound process, the values guiding how we work with them will remain consistent.

Parent/Family Voice¹	Parent and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects Parent(s) and family member's values and preferences.
Team-based	The wraparound team consists of individuals agreed upon by the Parent(s) and Family Members who are committed to the family through informal, formal, and community support and service relationships.
Natural Supports	The team actively seeks out and encourages the full participation of team members drawn from Parent(s) and family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
Collaboration	Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

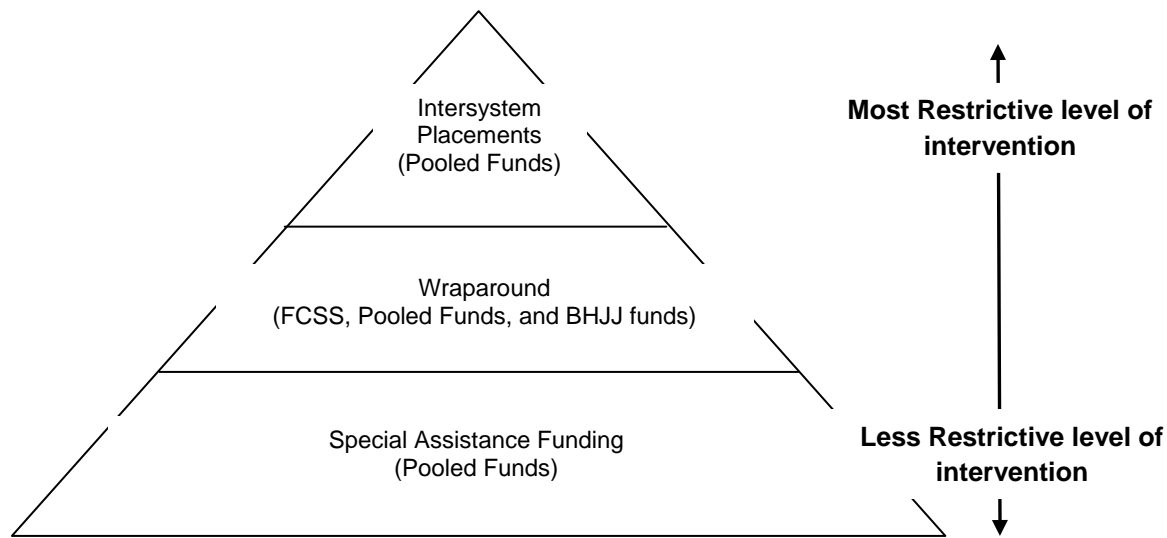
¹ **Source:** Bruns, E. J., Walker, J.S., "Ten Principles of Wraparound Process", National Wraparound Initiative, 2004

Community-based	The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote the child/youth, parent(s) and entire family's integration into home and community life.
Culturally Competent	The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the parent(s) their child/youth and family, and their community.
Individualized Care	To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services that are the result of the of the planning process and reflect the goals and dreams of the parent(s), child/youth and the entire family.
Strengths-based	The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child/youth, their parent(s), and the entire family; their community, and other team members.
Unconditional Care	A wraparound team does not give up on, blame, or reject children, youth, and their families. When faced with challenges or setbacks, the team continues working towards meeting the needs of the youth and family and towards achieving the goals in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer necessary.
Outcomes Focused	The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

SECTION 2: MECHANISM FUNCTIONS AND STRUCTURE

Core Functions

Prior to a discussion of structure it is important to understand the core functions, as the structure supports the functions. These functions as outlined in page 2 of this document include Special Assistance Funding, Intersystem Coordination, and Funding for Intersystem Placements. These functions form a continuum, as shown in the following diagram, which shows each of the core functions and funding supporting each function²:



As Lucas County has transitioned over the past year from a traditional Cluster model to Wraparound, it was decided that it was important to maintain the functions of Special Assistance Funding and funding for Intersystem Placements. With the transition into Wraparound and away from a traditional Cluster model, the Council will be contracting for the provision of wraparound facilitators to run wraparound teams. This means that the role of the Council will shift away from “managing” individual cases to managing intersystem resources through the following functions:

1. **Gate-keeping** – All referrals for Care Coordination, whether Special Assistance Funding, Wraparound, and/or funding for Intersystem Placements will be reviewed and approved by the Intersystem Resource Management Team.
2. **Monitoring fidelity (Wraparound)** – Lucas County is currently working collaboratively with the University of Toledo’s College of Health and Human Services to utilize MSW Graduate Interns who will be trained in the use of the Team Observation Method ® to measure the fidelity of Wraparound teams to the 10 core

² In the presented model **FCSS** = Family-Centered Services and Supports. **BHJJ** = Behavioral Health and Juvenile Justice Grant Funding.

values underlying Wraparound. This will help us to determine areas that may need additional training/technical assistance to ensure fidelity to the Wraparound Model.

3. **Monitor for system barriers and community service/support gaps** – Through quarterly reviews of Special Assistance Funding request, data from Wraparound fidelity monitoring, and summary data on county out-of-home placements, the Intersystem Management Review Team will be watchful for information and trends that may be indicative of system barriers or community service/support gaps. This team will then make recommendations to the Pooled fund Group and Executive Committee on possible solutions.
4. **Measuring Outcomes** - the Intersystem Resource Management Team will be more focused on measuring and monitoring outcomes rather than the running the process.
5. **Monitoring Costs** – what is the total costs we are paying to the level of outcomes we are achieving.
6. **Managing Capacity** – Given the apparent community need, and limited resources that are available at any given point in time, how can we best manage current capacity and plan for future capacity? Determining the right mix of funding to be allocated to each of the three core functions under our intersystem care coordination mechanism. For instance, if we are able to reduce the number of children requiring funding for placement, can we shift these funds toward Special Assistance Funding and/or Wraparound?

In the light of this focus at the Council level the current Cluster team will be replaced by an Management of Intersystem Resources Team.

Special Assistance Funding

This is funding that will be available upon application to help fill child/youth ancillary and contingent family needs in which there is no other source of funding and which contribute toward the stabilization of the family and/or avoidance of out of home placement. The utilization of Special Assistance funding assumes the following:

- Child/youth is involved in multiple public systems or has multi-systemic needs.
- Child/youth and their family have a working treatment team.
- Request for Special Assistance Funding will only be received from a public child/youth serving system in Lucas County.

Funding request, up to the amount of \$3,000 may be approved administratively by the Family and Children First Council Director. All request exceeding \$3,000, whether a onetime request or cumulative request within a fiscal year, must be reviewed and approved by the Intersystem Resource Management Team.

Wraparound

Wraparound is an organizing process that builds a team around a child/youth and their family, including representatives from various systems that may be involved with the child/youth/family; service providers; relatives, neighbors, or other significant persons in the lives of the family. This organizing process individualizes services and supports, both formal and informal, around the strengths and needs of the child/youth/family to achieve improved and more meaningful outcomes.

Once a child/youth and their family referred for Wraparound (WA) has been determined eligible, the referral will be forwarded to NAMI of Greater Toledo to assign a WA Facilitator who will then begin the initial work with the child/youth and their family including an initial assessment utilizing the Family Development Matrix.

Wraparound Planning Process - Lucas County uses the National Wraparound Initiative's High Fidelity model of intensive care coordination. This model is structured around well-defined activities and skill sets. The fidelity of the model shall be monitored through the use of the Team Observation Method ® and the Wraparound Fidelity Inventory (WFI) ®.

Intersystem Placements

While we value and work towards the least restrictive environments for children/youth, we recognize that there are times when placement may be a necessary option. For those children/youth that are intersystem involved and require placement that will be paid for from Pooled Funds, there are two possible scenarios that may occur while they are in placement –

1. **Wraparound** – while they may be in placement, they may also be in Wraparound and the Wraparound Team continues to work with the Family and in preparing for the child/youth's exit from placement.
2. **Placement monitoring** – if the child/youth and their family are not in wraparound or not considered ready to refer to wraparound, the Intersystem Resource Management Team will continue to receive updates on the status of the placement and progress in getting the child/youth back out of placement.

Structure

Pooled Fund Group and Pooled Funding - An important foundation for the structure of our Care Coordination Mechanism in Lucas County has been and will continue to be the Pooled Funding Group and Pooled Funding. The Pooled Fund Group includes the Executive Directors/Superintendents of Children Services, Board of Developmental Disabilities, Department of Job and Family Services, Mental Health and Recovery Services Board, Toledo Public Schools, Juvenile Court (Administrative Judge). These Directors/Superintendents contribute over \$800,000 annually into a Pooled Fund to be utilized to support the core functions of our Care Coordination Plan and the administration of the Care Coordination Mechanism. As mentioned in the first section of this document, Lucas County has had a history of Pooled Funding for over 15 years and this has been important to building a sense of shared accountability for children/youth and their families who are involved in multiple systems rather than ongoing conflict about who's responsible and who's going to pay. The Intersystem Resource Management Team will cross-system issues that may be presenting barriers

Operational Structure - In order to support the core functions of our Countywide Care Coordination Mechanism the operational structure will include an Intersystem Resource Management Review Team (IRMT), with members appointed by each of the major child/youth serving systems in Lucas County, staffing to include the Lucas County Family and Children First Council Director (Council Director), Intersystem Secretary and support and supervision from Council Director and fiscal staff. Oversight will be exercised by the Pooled Fund Group and Executive Committee of the Council and the whole Council will be informed on community-level service/support gaps. An Intersystem Care Coordination Review Team, consisting of broader representation from Council, community and parents will be convened at least two times annually to assess the strengths and opportunities for improvement in the overall functioning of the Countywide Care Coordination Mechanism in Lucas County. This committee would also provide policy review and recommendations to the Council to improve the functioning of the Care Coordination Mechanism in Lucas County.

Intersystem Resource Management Team

Purpose - The purpose of the Intersystem Resource Management Team is to provide multiple-system consultation and guidance to the ongoing development and operations of the Intersystem Care Coordination Mechanism (ISCCM). This includes operations of the core functions which include:

- Special Assistance Funding
- Intersystem Care Coordination (WRAPAROUND), and
- Intersystem Placements funded with Pooled Fund dollars.

Membership - The fixed membership on the Intersystem Resource Management Team (IRMT) will include appointments from the following public child and family serving systems –

- Lucas County Children Services
- Lucas County Board of Developmental Disabilities
- Mental Health and Recovery Services Board of Lucas County
- Lucas County Juvenile Court
- Ohio Department of Youth Services (proposed)

In addition to the above named public systems, the following will provide an identified point person for the Intersystem Resource Management Team (IRMT) that may be contacted on a consultative basis:

- Lucas County Department of Job and Family Services
- Toledo-Lucas County Health Department
- Toledo Public Schools
- Lucas County Educational Services Center (representing all districts other than Toledo Public Schools)

While these systems will participate on a consultative basis as needed, the identified point person will be expected to attend at least four meetings annually.

Additional Participants - In addition to the appointed membership on the IRMT, the lead case manager/service coordinator making a referral for either Wraparound or Intersystem Placement may be invited to provide input into the referral determination process. The agency providing Wraparound Facilitators will also be invited to participate in the review of Wraparound referrals to provide input on capacity and readiness for wraparound based on referral information.

Qualifications of appointed members shall include at a minimum

- Strong working knowledge of their own system, the different services/supports provided to children/youth and families through their system, and the eligibility for these services/supports
- Understanding of the mandates, mission and goals of the system they are representing
- Authority to make decisions on behalf of the system they represent (within the parameters of that system)
- Ability to quickly access executive level leadership within their system
- Ability to work collaboratively with other systems
- Strong problem-solving skills

- Understanding of the issues/problems faced by children/youth and their families who either have multi-systemic needs or are involved in multiple systems.

Additional desired qualifications

- Some experience with budgeting and finance (at least as this relates to a service delivery system)
- Understanding and/or appreciation of the public, legal, and political environment in which each of the public systems operate

Roles and Responsibilities - Each appointed member is expected to regularly attend and participate on the Intersystem Resource Management Team (IRMT). The team will meet once weekly for approximately one to two hours, depending on the workload for that week, and at least one time per month for up to three hours to review intersystem placements on monitoring status. If there is a low workload for a given week and no referrals to Wraparound, the meeting will be cancelled for that week. Additionally, appointed members of the team are expected to:

1. Come to meetings prepared (if there are any assignments or information to review prior to the meeting)
2. Arrive at meetings on time – this will be critical to keeping the meetings on track.
3. Promote an environment of mutual respect with their colleagues from across the systems represented.
4. Once a decision has been made, support the decision outside the meeting.
5. Work in a collaborative spirit with their colleagues from other systems while being honest and forthright about what they can and cannot do.
6. Function as the Intersystem Care Coordination Point Person within their system

The following table defines the roles and responsibilities of the Intersystem Resource Management Team in relation to the three core functions of the ISCCM as presented above.

Function	Responsibilities	Expected Frequency
Special Assistance Funding (SA)	<ul style="list-style-type: none"> • Within their system – ensure that staff have a clear understanding that Special Assistance funding should be utilized under the following conditions: <ol style="list-style-type: none"> 1. The existing treatment team has worked to look at alternative ways to meet a family’s needs, e.g., informal supports 2. The service or support for which Special Assistance Funding is sought is part of a overall plan for the child/youth and their family and these funds are being utilized to achieve a specific goal/outcome within that plan. 3. That these funds are dollars of last resort – have other funding sources been explored? 	As Needed
	<ul style="list-style-type: none"> • Review funding decisions made by the Council Director 	1 – 2 times

Function	Responsibilities	Expected Frequency
	<ul style="list-style-type: none"> • Review and approve or deny requests that are equal to or in excess of \$3,000 • Review SA data on request, source of request, what request is for, and length and amount of request to identify any emerging or long-term trends, possible system barriers and service gaps. IRMT may develop further recommendations to Pooled Fund Executives or Family Council Executive Committee based on the issue. • Monitor utilization of budget 	<p>monthly</p> <p>As needed</p> <p>1 time monthly</p> <p>At least 1 time monthly</p>
Wraparound	<ul style="list-style-type: none"> • Review and determine status of referrals received for Wraparound • Gate Keeping – compare the level of demand to available capacity. Present recommendations to PFG/Family Council Executive Committee as necessary. • Provide consultation as requested by Wraparound facilitators on issues related to system barriers. • Monitor data on capacity, quality, costs, and outcomes • Review reports on fidelity from data acquired through the utilization of the Team Observation Method (TOM) and the Wraparound Fidelity Index. Identify possible training needs or other recommendations to ensure fidelity to Core Wraparound Principles. • Identify system barriers and support and/or service gaps that adversely impact Wraparound Teams. Develop recommendations to PFG/Executive Committee. 	<p>Weekly</p> <p>Weekly</p> <p>As needed</p> <p>Quarterly</p> <p>Quarterly</p> <p>As needed</p>
Intersystem Placements	<ul style="list-style-type: none"> • Review and approve or deny referrals for funding of Intersystem Placements for child/youth involved in more than one placing system. • Emergency Placement Meeting as prescribed within ORC 121.37 prior to or within 10 days of a child/youth going into out-of-home placement • Determine whether to recommend referral of the child/youth and their family/guardian into Wraparound to the Lead Agency, even if currently in placement, to help prepare the family to work effectively with the child/youth when they return. • Quarterly reviews of children/youth in placement and in ongoing monitoring status or in Wraparound (while they continue to remain in placement). Review progress, length of stay, expected outcome, readiness to move into less restrictive environment and costs. • Monitor utilization of placement funding 	<p>As needed</p> <p>As needed</p> <p>As needed</p> <p>Quarterly</p> <p>Monthly</p>

Function	Responsibilities	Expected Frequency
	<ul style="list-style-type: none"> • (PROPOSED) Review data on all county out-of-home placements of children/youth (aggregate level data) including – <ol style="list-style-type: none"> 1. Number currently in placement by each system 2. Length of stay 3. Level of restrictiveness 4. Costs 5. Providers utilized and outcomes achieved 	Quarterly

SECTION III: OPERATIONS AND PROCEDURES

A. Referrals/Requests

Who Can Make Referrals

Referrals to Countywide Care Coordination for may be made by any of the following Public child/family serving systems:

Wraparound Referrals:

- Children Services,
- Lucas County Board of Developmental Disabilities
- Lucas County Juvenile Court
- Mental Health and Recovery Services Board of Lucas County
- Lucas County Department of Job and Family Services
- Toledo-Lucas County Health Department
- Ohio Department of Youth Services
- Lucas County Educational Services Center
- Schools
- *Lucas County Help Me Grow providers*
- *Private providers serving children, youth and families in Lucas County, e.g., day care providers, private physicians, churches, youth groups, private psychologist, etc. (for Wraparound only).*
- Parents may self-refer (for Wraparound only).

Special Assistance or Intersystem Placement Funding Requests may only be submitted by the following:

- Children Services,
- Lucas County Board of Developmental Disabilities
- Lucas County Juvenile Court
- Mental Health and Recovery Services Board of Lucas County
- Lucas County Department of Job and Family Services
- *Lucas County Help Me Grow providers (Special Assistance Requests only)*

Referral Process

Referrals from Public Systems - For staff within public systems making a referral to the Care Coordination Mechanism:

- The person making the referral obtains the Referral Packet either from their system's representative to Intersystem Resource Management Team, or from the Cluster office directly.
- In completing the referral there will be a place on the form to indicate whether they are referring for Special Assistance Funding, Wraparound, or funding for Intersystem Placement.
- Each system will have specific internal requirements for screening referrals to access the Care Coordination Mechanism, staff will be required to follow the defined protocol within their system.
- If a Wraparound Referral is directly submitted by a private provider (as defined above) or directly by a family, the Family Council Director will review and screen the referral prior to presentation to the Intersystem Resource Management Team.
- The completed referral package is then submitted to the attention of the Intersystem Secretary at the Office of the Lucas County Family Council. This may be faxed to (419) 213-6998 or emailed to carecoordination@co.lucas.oh.us
- To be considered the referral must include:
 - a. Completed Intersystem Care Coordination Referral form,
 - b. Pertinent collateral documentation depending on which function of Intersystem Care Coordination the referral is intended to access.
 - c. Appropriate releases of information
 - d. Referring staff person's contact information
 - e. Signoff by appropriate supervisor/system representative if coming through a public system or designated provider agency. If referral is received by a private provider or directly from a family, the Council Director will sign off on the referral.
- Upon receipt of the Intersystem Care Coordination Referral for Wraparound or Request for Special Assistance Funding or Intersystem Placement Funding, the Intersystem Secretary will date-stamp the referral and do the following –
 - a. **Special Assistance –**
 - **Request less than \$3,000** - If the request is under \$3,000, check to see if there have been prior request approved within the last year, and if so for how much. If still under \$3,000 in total – prepare for review by Council Director.
 - **Request exceeding \$3,000 (single request or cumulatively within year)** – Prepare request for review by the Intersystem Resource Management Team. Depending on the scope and costs of the

request, referral source may be asked to attend the Intersystem Resource Management Team meeting.

- b. **Wraparound** – Prepare and schedule for review of request by the Intersystem Resource Management Team. Council Director will determine if additional information will be needed for the IRM Team and contact referral source in advance to gather any additional information.
 - c. **Funding for Intersystem Placements** – Prepare and schedule for review of request by the IRM Team. If this is a impending placement an urgent meeting of the IRM Team may be called to try to divert the placement if possible or if the placement is an emergency placement, schedule to meet within ten days of the placement to
- The Council Director will review all referrals for completeness and contact referral source for any additional information that may be determined necessary for determining the status of the referral.
 - The Intersystem Secretary will schedule referrals to be reviewed by the team within no later than 3 days upon receipt of the referral.
 - The Intersystem Secretary will work with the Council Director to put together the weekly meeting agenda and get the agenda and agenda packets out to each of the team members.

Family Self-Referrals:

A family may refer itself for Intersystem Care Coordination (Wraparound only) at any point in time, including if their child/youth is currently in an out-of-home placement. Families would also need to complete a referral form and return this to the Lucas County Family Council. The Intersystem Secretary or the Council Director will also be available to assist families who want to do a self-referral and may be contacted at (419) 213-6992.

Educating the Community on the Care Coordination Mechanism

Families: The Lucas County Family Council will work with our intersystem partners to develop ongoing targeted education and putting together materials directed towards families to ensure that families know they can and how to self-refer for Wraparound. Lucas County is working with the Wraparound Consultant to develop training on Wraparound which will be targeted toward families. The Wraparound Core Team is currently working on a flyer/brochure for families with information about what Wraparound is and how families can self-refer.

Private Providers: The Wraparound Core Team will continue to work with the Wraparound Consultant to sponsor Wraparound 101 Trainings during SFY 2011. These trainings will be open to staff in both public and private child/youth and family

serving agencies. Additionally the WA Core Team is currently working on putting together a brochure that is both informational about what Wraparound is, how to refer, and expected roles and responsibilities if a person is part of a Wraparound Team.

B. Confidentiality

The Lucas County Family Council will ensure that the confidentiality of children/youth and their families involved in the County Care Coordination Mechanism is protected and that all information shared among Team Members and providers is done so only with a Release of Information that has been signed by the responsible family member(s). This Release of Consent form limits the sharing of information to members of the Management of Intersystem Resources Team and the contracted provider who is providing Wraparound Facilitators to develop the wraparound teams and plans for eligible children/youth and their families who are approved for wraparound.

For families referred to Wraparound, an initial Release of Information is utilized to allow for the sharing of the information in the referral among the IRMT Members and contracted agency providing Wraparound Facilitation (where they will be assigned a Wraparound Facilitator). *If determined eligible for Wraparound the assigned Wraparound Facilitator will ensure that all members of the Wraparound Team sign a confidentiality statement which explains the confidentiality expectations of information disclosed during team meetings and the planning process.*

C. Eligibility

In Compliance with State requirements while also managing limited local resources, a child/youth and their family must meet the following requirements to be determined eligible for Intersystem Care Coordination.

All referrals must meet each of the four following eligibility criteria:

- Lucas County resident – the child/youth must be a Lucas County resident.
- Multi-systemic issues (multiple needs) – While the child/youth and family may not yet be involved in multiple systems, they have multiple needs that threaten to destabilize the family and/or may result in out-of-home placement of the child. *This will also include children/youth determined by the court as unruly or delinquent that could potentially be diverted from further involvement with juvenile justice.*
- The child/youth must be within the ages of 0 through 21 years of age.
- The child/youth must demonstrate impaired function in at least 2 or more of the life domains (utilizing the Family Development Matrix)

If referred for Wraparound at least one of the following criteria is met.

- Does not have an existing coordination process in place, e.g., Treatment

Team, Visioning Process, etc.

- Coordination process in place but needs an alternative process (WA) or extra consultation due to system barriers, lack of care alternatives, or team impasse.
- Parent(s)/Guardian not satisfied with existing process and seeks alternative coordination and planning process, they may self-refer into the County-wide Care Coordination process.

Special Assistance/Intersystem Placement criteria. In addition to the first four criteria, the first criteria must be met if referred for intersystem placement, the second must be met if referred for Special Assistance Funding:

- Funding for placement – must be an intersystem involved child/youth
- No other funding source to support ancillary or contingent needs as defined in Special Assistance funding

D. Alternatives for Non-Eligible Families

For those children/youth and their families referred to Wraparound that are determined not-eligible for Wraparound, the IRM Team will review other possible options that will then be communicated back to the referral source both verbally and in writing. This may include –

- Information and Referral –giving them information on how to utilizing United Way’s 2-1-1 to access information about community services, supports and resources,
- Information on a specific service or supports in the community they may want to consider, e.g., Help Me Grow, Family Resource Center for assistance utilizing the Benefit Bank, Special Assistance Request (if referral source is one of the public systems or HMG), or the Lucas County Department of Job and Family Services.
- Direct referral to a specific provider agency.

E. Wraparound: Assessment, Planning and Implementation

Phase 1: Engagement and Team Preparation

During this phase, the Wraparound Facilitator meets with the child/youth and/or parent(s)/guardian to lay the groundwork for trust. The Facilitator explains confidentiality to the family and obtains additional releases of information from the guardian to allow communication with the family’s natural supports as well as any professional that may be included on the team. Families will be offered a Family

Support Advocate at this time and are given a copy of the Family Council's Dispute Resolution Process.

Assessment includes the utilization of the Family Matrix assessment tool and a process known as *Strengths, Needs & Culture Discovery (SNCD)* is completed with the family, which also includes input from other identified team members, natural supports and professionals.

Strengths, Needs, and Cultural Discovery - It's our guide for Facilitators in writing up the discussion they have with families in the engagement phase. There are no standardized questions that families are asked. Instead, WA depends on the clinical skill of the Facilitator to guide the discussion in order to have a complete narrative. As you can see in the Facilitator's guide, each Family Story must include strengths, needs, and address family culture. WA breaks down culture to include how and where the family lives, what values are important to them, what they prefer, and how the family members interact with each other and the bigger world. This narrative is shared in the first WA team meeting so all team members have a clear understanding of the family's perspective and culture. The narrative forms the basis for the WA plan. The family prioritizes needs so the ones most important to them are worked on first. Plan actions build on the strengths identified in the narrative, and interventions are tailored to the specific culture of the family. As the team's understanding of the family's culture increases, the actions included in the plan become more specific to the family.

During this phase, the tone is set for teamwork and team interactions that are consistent with the wraparound principles. The Facilitator assists the family and team members to develop **Crisis and Safety Plans**, which can be mobilized to immediately respond to and stabilize emergency situations.

The activities of this phase should be completed quickly (within 1-2 weeks if possible), so the team can begin meeting and become personally invested in the Wraparound process as quickly as possible. Finally, as part of the engagement process, the child/youth and parent(s)/guardian must be satisfied with the Facilitator that they have been matched with or may have the option to be matched with a different facilitator.

During the wraparound process, the Wraparound Facilitator takes the lead role for the Team Process and is responsible for working with the family members and other team members to organize the meetings and ensure the completion of the Matrix assessment, SNCD, recording the plan and monitoring the progress of the plan.

Notification of Wraparound Team Meetings

During the engagement process with families referred to Wraparound, the Wraparound Facilitator gathers information about who will be on the team. Once the Facilitator and Family agree on when the first WA meeting will be, they then discuss how to divide up the responsibility of inviting the team members. Each meeting ends with an agreement of when the team will meet next. The Facilitator sends out meeting minutes that include the date of the next meeting to the entire team by e- or regular mail. In the event a meeting must be cancelled, the Facilitator works with the Family and team to coordinate

the date and time for the next meeting through phone calls, e-mails, text messages, home visits, and/or posted mail.

Phase 2: Initial plan development

This phase begins with the team developing their mission, which guides the process for the family. Team trust and mutual respect are built while the team creates an initial Wraparound plan of care reflective of the Wraparound principles. Family culture, strengths and needs and the domains that the child/youth and parent(s)/guardian have identified in the Matrix assessment are the foundation for this plan.

- Needs are prioritized
- Measurable goals are developed
- Selected strategies to meet those goals are identified
- Clearly defined tasks and timelines are identified
- Responsibilities are assigned to team members, which may include securing funding.

Planning is always focused on implementing a child's plan in the least restrictive setting and appropriate level of service intensity. Further system penetration is avoided whenever possible. If, for any reason, needed services or supports are not available, the Wraparound plan will outline efforts to address such gaps. The team schedules their next review meeting. This phase should be completed within 1-2 weeks of Phase 1. A rapid time frame will be implemented in order to promote team cohesion and shared responsibility in moving together toward achieving the team's mission. In addition:

- Team meetings are scheduled at times/locations convenient to the family
- A family can request a team meeting at any time...what does this mean
- Families are encouraged to invite their family and friends as well as involved agencies, including schools, to team meetings.

Crisis and safety planning is an important component of High Fidelity Wraparound. The team works to develop a plan that identifies strategies and provides immediate support to the child and family, keeps everyone safe, while still keeping the child and the family together when possible. If/when crisis occurs it is not considered a failure.

Phase 3: Plan Implementation

During this phase, the initial Wraparound plan is implemented. Progress, satisfaction and successes are continually reviewed at Wraparound review meetings. Changes are made to the plan as needed while continually striving to build and/or maintain team cohesiveness and mutual respect. If multiple plans are required to operate simultaneously because of system mandates, these plans are coordinated to eliminate

duplication and conflicting expectations, with minimal overlap and duplication. The activities of this phase are repeated until the team's mission is achieved and formal Wraparound is no longer needed.

Phase 4: Transition

During this phase, plans are made for a purposeful transition out of formal Wraparound to a mix of formal and natural supports in the community, or, if appropriate, to services and supports in the adult system. The focus on transition is continual during the Wraparound process and the preparation for transition is apparent even during the initial engagement activities.

F. Parent(s) and Family Member Right to Request a Meeting of the Team

Parent(s) and/or family members have the right to initiate or request a team meeting, outside of any regularly scheduled meetings of the Wraparound Team. The Wraparound Facilitator will make the parent aware of this right during Phase 1 of the Wraparound planning process. The Parent(s) and/or Family Member will make this request to the Wraparound Facilitator – either verbally or in writing. The Wraparound Facilitator may ask them some questions to clarify the purpose of the meeting and may work with the requesting party to any issues without a meeting if at all possible. If this is not possible they will work with the parent or family member and team members to arrange a team meeting.

G. Out of Home Placements: Non-emergency and Emergency Response

While Wraparound is focused on serving children/youth in the community and promoting least-restrictive settings, there may be times when a child/youth in Wraparound becomes at-risk of out-of-home placement. This may be the result of an ongoing development or an acute crisis situation.

- a) **Non-Emergency:** The Wraparound Facilitator will convene the Wraparound Team to ensure that other options to placement are explored and/or exhausted prior to placement.
- b) **Emergency Placement:** The Wraparound Facilitator will convene the Wraparound Team within 10-days of an emergency out-of-home placement to begin planning for the return of the child/youth to the community or determine if the case will be referred back to the Lucas County Family and Children First Council for placement monitoring status – if it is determined by the parent(s), family members and other team members that no benefit would be gained continuing in Wraparound at the current time.

H. Waiting List

Given limited resources, if a child/youth and their family are determined eligible but all of the Wraparound Facilitators are at maximum capacity at a given point in time, they will be put on a waiting list and matched with a facilitator as soon as possible. If there is a more critical need then special assistance funding may be utilized to address a more urgent need while they are awaiting being matched with a facilitator.

SECTION IV: DISPUTE RESOLUTION

Conflict may at times arise when there is a dispute on the course of action, changes in an existing service plan, a disruption in services, over the funding of a planned service or support for a child/youth, their parent(s) and families. This conflict may involve conflict between systems or between the parent(s) and one or more system/agency involved in the planning, funding, and/or delivery of services. Dispute resolution is important as a way to provide ground rules to solving these conflicts and providing a remedy to the parent(s) when they may be in disagreement with a proposed course of action or lack thereof. The scope here applies only to those children, youth and their families involved in Intersystem Care Coordination as prescribed in ORC 121.37 (C)(1-9), in other forms of intra-system coordination of services the parent(s) must utilize the complaint or dispute resolution process established within that specific agency or program, e.g., Help Me Grow parent(s) would utilize the Dispute Resolution Procedure established for Help me Grow. Dispute resolutions must be resolved and parties to the dispute provided with written notification of final decisions within 60 days from the filing of the original request for dispute resolution.

IMPORTANT NOTE: *If a family files for dispute resolution, regardless of cause or reason, the child/youth and their family shall be assured of continuation of current services/supports as approved in the Wraparound Plan throughout the Dispute Resolution Process.*

1) Intersystem Conflict:

When agreement cannot be reached by the systems involved in a Wraparound Team regarding family assessment, service plan development, the assignment of responsibilities to implement the service plan, or difficulties in the implementation of the plan, either the parent(s) or the service provider(s) may:

- a) Petition the Executive Committee of the Lucas County Family Council to review their concerns. The Executive Committee will, in a timely manner, arrive at an agreed upon solution by all parties involved. Under the provisions of this plan, at no time during the dispute resolution process will services to the child/youth, parent(s), and family be disrupted. Families upon accessing services will be advised of their legal rights beyond the dispute resolution process.
- b) If the dispute cannot be resolved at the level of the Pooled Fund Group the next step would involve securing an outside mediator to try and bring resolve to the conflict. The mediation services would be paid for out of Pooled Funds.
- c) If the conflict still cannot be resolved the Juvenile Court Administrative Judge will render the final decision as to how the conflict will be resolved.

2) Parent(s) Dispute Regarding Plan and/or Services:

- a) Parent(s) will be informed of their right to dispute resolution upon being determined eligible for Intersystem care coordination.

- b) If a parent(s) and system/agency are in disagreement with the assessment, service plan, assignment of responsibility, or delivery of services they may ask their lead or call the Lucas County Family and Children First Council directly to file for dispute resolution at (419) 213-6992.
- c) Attempt should be made to encourage the parent(s) to try to resolve the problem/conflict within the Wraparound team process first.
- d) Emergency situation is brought to the attention of the Wraparound Facilitator by the parent(s). (An emergency situation is defined as a disruption to an essential service provision which jeopardizes the safety and well-being of the child/youth, parent(s), and family.
- e) Wraparound Facilitator or Parent(s) may request an emergency meeting of Intersystem Resource Management Team. Time frame for convening this meeting will be established to be compliant with the requirements of ORC 121.37.
- f) Necessary revisions will be made in the assessment, service plan, assignment of responsibility, or delivery of services as agreed upon by all parties following the successful resolution of a dispute.
- g) The Council Director will be responsible for conveying the written decision at any step in the dispute resolution process to all pertinent bodies, which will include but not be limited to, Parent(s), Intersystem Resource Management Team, Wraparound Team, Treatment Teams, members of the Executive Committee of the Lucas County Family and Children First Council.
- h) All dispute resolution request filed by parent(s) will be heard by the Executive Committee of the Lucas County Family Council, which includes the pooled fund executives plus an at-large community representative and a parent representative on Family Council.
- i) Non-emergency cases referred to the Executive Committee will be resolved within sixty (60) days or less with a written response provided to the Services Team and the Parent(s). The parties may, by written mutual consent, waive the time limits if needed to ensure an agreed upon resolution.
- j) If the Executive Committee fails to resolve the conflict and/or the parent(s) making the complaint is not satisfied with the decision the complaint will be referred to the Juvenile Court Judge who will act as the final arbitrator.

3) Help Me Grow and Dispute Resolution

For children who also receive services under the Help Me Grow Part C program, the Dispute Resolution Process shall be consistent with rules adopted by the Ohio Department of Health under 3701.61 of the Revised Code:

Ohio Department of Health (ODH), as the lead agency, shall establish procedural safeguards that is consistent with Part C regulations. ODH, in partnership with the state and county family and children first councils, is responsible for assuring effective implementation of these procedural safeguards by each state or local

agency or a private agency in the state that is involved in the provision of Part C services. Each county council shall develop and maintain a resolution process for complaints, which shall be consistent with Part C.

ODH/HMG Dispute Process

- (1) An individual or an organization may file a complaint with the Lucas County Family and Children First Council (LCFCFC) regarding the provision of early intervention services within the county. The LCFCFC Director is designated as the council's liaison for the receipt of complaints.
- (2) The Help Me Grow Project Director will notify ODH (Bureau of Early Intervention Services) of the complaint in writing within seven calendar days of receipt of the complaint.
- (3) Initially the LCFCFC Director and/or Help Me Grow Project Director will provide a copy of the council's dispute resolution process as outlined in the Service Coordination Mechanism to the individual registering the complaint. From that point forward the Help Me Grow Project Director will continue to work with the family through the Dispute Resolution Process.
- (4) The Help Me Grow Project Director will explain the options available for dispute resolution to the family, which include:
 - a. Request an investigation by filing a complaint with the LCFCFC;
 - b. Request an investigation by filing a complaint with the Ohio Department of Health;
 - c. Requesting mediation through the Ohio Department of Health;
 - d. Requesting an administrative hearing through the Ohio Department of Health;**
 - e. Filing a complaint with the provider of Part C services,
- (5) Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the resolution of disputes arising under Part C. If the complaint involves the initiation of one or more services under this part, the child and family must receive those services that are not in dispute.
- (6) The investigation of the complaint will include at least the following:
 - a. Conducting an on-site investigation as determined necessary;
 - b. Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing about the allegation;
 - c. Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing about the allegation; and
 - d. Reviewing all relevant information and making a decision about whether there has been a violation.

- (7) The LCFCFC will issue a written decision to the complainant within thirty (30) calendar days from receipt of the complaint. The written decision must address each allegation and include findings of facts and conclusions and the reasons for the council's decision. A copy of the decision will also be provided to ODH.³
- (8) The LCFCFC will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

4) **Juvenile Court as Final Arbitrator**

If the resolution cannot be resolved through the previous steps of the Dispute Resolution Process the final arbitrator would be the Juvenile Court Judge. The request for a court hearing must be filed within 7 days after the failed dispute resolution, by the disputing party. The Council Director will assist in preparing all pertinent information for the court. The court shall hold the hearing as soon as possible, but not later than ninety (90) days after the motion or complaint is filed. The court may conduct the hearing as part of the adjudicatory or dispositional hearing concerning the child/youth, if appropriate, and shall provide notices as required for these hearings. In cases in which the hearing is not part of the adjudicatory or dispositional hearing the hearing shall be limited to a determination of which agencies are to provide which agencies are to provide services or funding for services for a child. The court shall issue and order directing one or more mandated member agencies represented on the county council to provide services or funding for services to the child. The order includes a plan of care governing the manner in which the services or funding are to be provided. The court shall base the plan of care on the family service coordination plan. An agency required by the order to provide services or funding shall be a part to any juvenile court proceeding concerning the child. The court may require an agency to provide services or funding for a child only if the child's condition or needs quality the child for services under the laws governing the agency. The decision of the court is final and binding.

5) **Tracking and Review:**

- a) All filed disputes will be tracked and reviewed annually Intersystem Coordination Team as part of the annual review of the County Care Coordination Mechanism.

³ If ODH receives notice that a complaint regarding Part C Services was filed with the county council or provider, ODH will monitor the resolution process to assure that the complaint is resolved by the county council within thirty (30) calendar days. If the complaint is not resolved within thirty (30) calendar day, ODH will notify the complainant, the county council and the provider, if applicable, that the complainant may select one of the following:

1. To have ODH investigate the complaint in accordance with Rule 3701-8-08 (C)(4). If this option is selected, ODH shall assure the complaint is investigated within sixty (60) calendar days from the date the county council or provider received the complaint; and
2. To mediate and/or go to an administrative hearing in accordance with Rule 3701-8-08 (C)(3). ODH shall assure that if the complainant selects this option for mediation or an administrative hearing, the hearing is completed within thirty days from the receipt of the request for mediation and/or administrative hearing.

- b) As per ORC 121.37 Section B 2a, the Lucas County Family Council may consult with the Ohio Family and Children First Council (Cabinet Council) if it is a unique case where there are specific issues with funding, locating an appropriate service and/or if the administrative rules prohibit a solution.

SECTION V: QUALITY ASSURANCE, DATA MANAGEMENT AND EVALUATION

As part of the overall monitoring and evaluation of all aspects of the Care Coordination Mechanism there are four primary areas of focus –

1. **Quality (Fidelity)** – For Wraparound we are working to put in place a process to measure fidelity of the implementation to the 10 core principles of Wraparound (see core values on page 5 & 6 of this document). In order to measure fidelity we will utilize the Team Observation Method (TOM), which was developed out of the National Wraparound Initiative at the University of Washington. This will help us to identify areas for improvement in our local implementation of Wraparound in Lucas County. These areas may be indicative of a need for more focused training, or wider system issues/barriers that need to be addressed.
2. **Satisfaction** – In order to measure satisfaction we will be working to implement the utilization of the Wraparound Fidelity Index (WFI). This measures perceptions and satisfaction with the Wraparound process from multiple perspectives, including Parent, Professionals, and Youth.
3. **Outcome** – We are working on building our capacity to measure outcomes across all three of the core functions of Special Assistance Funding, Wraparound and Intersystem Placements. With children/youth and families in Wraparound, the Family Matrix domains will be utilized to track changes in status of participants/ families over time based on specific individual/family goals that are identified as part of the Wraparound Plan.
4. **Costs** – In order to monitor the overall cost-effectiveness of our County Care Coordination Plan, costs will also be tracked across all three core functions of the Lucas County Care Coordination Mechanism to assess what is the level of quality, satisfaction and outcome we are achieving compared with the amount it is costing.

Additional Data Management Issues

The Lucas County Family and Children First Council will be responsible for ensuring and overseeing the collection of data, data management and storage related to the County Care Coordination Mechanism.

Data Sharing with Ohio Family and Children First Cabinet Council

Data and information related to our County Care Coordination Plan will be made available to the Ohio Family and Children First Cabinet Council upon request. This data would not include any personal identification of individual children, youth or their families so as to protect the confidentiality of children/youth and families in Care Coordination.

SECTION V: FUNDING

In order to fund the core functions of our Intersystem Care Coordination (Special Assistance, Wraparound and Intersystem Placements), Lucas County will utilize local Pooled Funds, State System of Care Family-Centered Services and Supports funding and Behavioral Health and Juvenile Justice Grant Funding in SFY 2011. These funds will help support the structure to deliver these core functions of intersystem care coordination and provide services and supports to children/youth, parents, and their families as shown in the SFY 2011 budget below.

Intersystem Budget - SFY 2011 (July 1, 2010 through June 30, 2011)				
Line Item/Category	PF	BHJJ	FCSS	Total
FUND BALANCE		\$0.00	\$0.00	
REVENUES				
Pooled Funding				
Lucas County Children Services	\$278,000.00			\$278,000.00
Mental Health and Recovery Services Board of Lucas County	\$202,100.00			\$202,100.00
Lucas County Juvenile Court	\$123,000.00			\$123,000.00
Lucas County Board of Developmental Disabilities	\$228,000.00			\$228,000.00
Lucas County Department of Job and Family Services	\$18,000.00			\$18,000.00
Toledo Public Schools	\$6,000.00			\$6,000.00
Pooled Funding Subtotal	\$855,100.00			\$855,100.00
Family Centered Services and Supports			\$159,679.00	\$159,679.00
Behavioral Health and Juvenile Justice Grant		\$114,034.00		\$114,034.00
TOTAL REVENUES	\$855,100.00	\$114,034.00	\$159,679.00	\$1,128,813.00
EXPENDITURES				
Wraparound Budget (Contract)	\$156,335.00	\$114,034.00	\$159,679.00	\$430,048.00
Supervisor	\$19,250.00	\$19,250.00	\$0.00	\$38,500.00
Facilitators (4 FTE's)	\$48,000.00	\$48,000.00	\$50,000.00	\$146,000.00
Benefits/Taxes	\$21,450.00	\$21,450.00	\$22,100.00	\$65,000.00
Equipment				
Computer	\$2,100.00	\$0.00	\$0.00	\$2,100.00
Smart phone	\$2,334.00	\$2,334.00	\$0.00	\$4,668.00
desks/file	\$1,500.00	\$1,500.00	\$0.00	\$3,000.00
Mileage	\$1,500.00	\$1,500.00	\$0.00	\$3,000.00
Phone changes	\$750.00	\$750.00	\$0.00	\$1,500.00
Admin	\$12,500.00	\$12,500.00	\$0.00	\$25,000.00
Parent Partners	\$5,250.00	\$5,250.00	\$0.00	\$10,500.00
Rent	\$3,780.00	\$1,000.00	\$0.00	\$4,780.00
Supplies	\$500.00	\$500.00	\$0.00	\$1,000.00
Supports/Services	\$37,421.00	\$0.00	\$87,579.00	\$125,000.00
Wraparound Budget - Subtotal	\$156,335.00	\$114,034.00	\$159,679.00	\$180,548.00
Intersystem Placements Budget	\$400,000.00			
Special Assistance Funding Budget	\$120,000.00			
Operations & Admin				
Salary	\$127,906.48			\$127,906.48
FICA	\$1,855.00			\$1,855.00
WC	\$2,456.00			\$2,456.00
PERS	\$17,907.00			\$17,907.00
Group Insurance	\$30,033.00			\$30,033.00
Travel/Training/Mileage	\$1,000.00			\$1,000.00
Supplies	\$1,742.52			\$1,742.52
Equipment	\$500.00			\$500.00
Other	\$1,500.00			\$1,500.00
General Admin	\$30,000.00			\$30,000.00
Operations & Admin Subtotal	\$214,900.00			\$214,900.00
TOTAL EXPENDITURES	\$891,235.00	\$114,034.00	\$159,679.00	\$1,164,948.00
REV minus EXP	-\$36,135.00	\$0.00	\$0.00	-\$36,135.00

CODES: PF = Pooled fund BHJJ = Behavioral Health & Juvenile Justice Grant FCSS = Family-Centered Services and Supports (State System of Care Funding)

The following matrix shows which funding source supports each of the core functions outlined within this document –

Core Function	FCSS	BHJJ	Pooled Funding
Special Assistance Funding			X
Wraparound	X	X	X
Intersystem Placements			X

Resource Development

An important strategy that Lucas County will continue to develop to fund intersystem care coordination will be an ongoing focus on resource development which includes:

- Continuing to seek out new resources that may be utilized to serve children/youth, parents and their families with multi-systemic needs, and
- Looking for ways to improve the utilization of existing resources

Management of Intersystem Resources Team and Wraparound Teams will work to also utilize and tap into other available resources (local, state and federal) whenever appropriate to optimize the utilization of available resources to serve children/youth, parents, and their families. Examples of other possible sources of funding that may be tapped into to help maximize our local resources may include:

- IV-E funding (Children Services/Juvenile Court)
- Individual Options Waivers (Developmental Disabilities)
- TANF and Title XX
- Medicaid funding

**LUCAS COUNTY FAMILY & CHILDREN FIRST COUNCIL
 INTERSYSTEM CARE COORDINATION
 SPECIAL ASSISTANCE FUNDING REQUEST**

A. REQUEST INFORMATION

Date of Referral: _____	Name of person making referral: _____
Total Amount Requested: _____	Agency _____
<u>DATE STAMP BELOW (LCFCFC)</u>	Title: _____
	Agency Address: _____
	City/State/Zip: _____
	Phone Number: _____
	Email: _____

B. CHILD/YOUTH AND FAMILY INFORMATION

1. Last Name: _____		First Name: _____		Middle: _____	
2. DOB: _____		3. Gender : <input type="checkbox"/> M <input type="checkbox"/> F		4. Race: (Choose One)	
5. Ethnicity: (Choose One)					
6. Current Living with: Name: _____			7. Relationship to Child: _____		
8. Who has custody of the Child: _____			9. Relationship to Child: _____		
10. Current Residence: (check one)		11. Address: _____			
Living with Parent(s) <input type="checkbox"/>		12. City/State/Zip: _____			
Living with Relative <input type="checkbox"/>		13. Home Phone: _____		14. Cell Phone _____	
Foster Care <input type="checkbox"/>		15. Email (optional) _____			
Residential Treatment <input type="checkbox"/>		16. Has received Special Assistance Funding in the past (Check one):			
Other (specify): _____		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
17. Child/youth has been in out-of-home placement in the last 12-months?		18. Are you requesting money to help the child/ youth: (Choose one)		19. School Attending: _____	
Yes <input type="checkbox"/>				20. School District: _____	
No <input type="checkbox"/>					
Unknown <input type="checkbox"/>					
21. Is there a planning team or treatment team already in place working with this child/youth and their family? Yes <input type="checkbox"/> No <input type="checkbox"/>					
22. If yes, which of the following public systems/agencies are also involved with this child (check all that apply):					
Lucas County Children Services <input type="checkbox"/>		Lucas County Board of Developmental Disabilities <input type="checkbox"/>			
Lucas County Juvenile Court <input type="checkbox"/>		Mental Health and Recovery Services Provider <input type="checkbox"/>			
Ohio Department of Youth Services <input type="checkbox"/>		Lucas County Department of Job and Family Services <input type="checkbox"/>			
Other <input type="checkbox"/>		Describe: _____			

C. PURPOSE OF REQUEST: SERVICE OR SUPPORT, NEED AND OUTCOME

23. Description of Request (Service or support, dates, times, costs):

**LUCAS COUNTY FAMILY & CHILDREN FIRST COUNCIL
 INTERSYSTEM CARE COORDINATION
 SPECIAL ASSISTANCE FUNDING REQUEST**

24. Please describe the need(s) of the child/youth and/or family that this service or support is expected to meet <i>(Please note that a formal services/support is not a need but a strategy for trying to meet a need)</i>
25. What is/are the expected outcome(s) of this service or support? (to the child/youth and/or to the whole family)
26. If this request is funded, how will you plan to work with the family to meet their need(s) once this funding has been used or is no longer available?

D. SERVICE/SUPPORT INFORMATION

27. List other resources that have been reviewed as possible funding sources (NOTE: Special Assistance funding is a funding source of last resort. You must demonstrate that you have checked into other possible funding sources):	
a. _____ b. _____ c. _____ d. _____ e. _____	
28. Provider Information - PLEASE NOTE: if this is a request for medical or adaptive equipment or product, you must get three quotes and have this information available if requested. Please remind provider to complete W9 form in order to receive payment. Provider Agency/Name: _____ Federal Tax ID (if available) #: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email (if available): _____	29. Service/Support delivery and costs information: Projected start date of Service/Support: _____ Projected end date: _____ NOTE: In most cases requests are limited to 3-month intervals per request.
30. How are costs calculated by provider (check one): Per diem: <input type="checkbox"/> Hourly <input type="checkbox"/> Other: _____	
31. Rate (e.g. how much per diem? Hour?): _____	
32. Utilization: Total Days, Hours or Other requested: Days: _____ Hours: _____ Other: _____	

INTERNAL REVIEW: This request has gone through the appropriate internal process to this System or Agency and has received the approval of the following manager or supervisor:

Name (PRINT): _____ Phone: _____ Email: _____

 Signature

 Date

**LUCAS COUNTY FAMILY & CHILDREN FIRST COUNCIL
INTERSYSTEM CARE COORDINATION
SPECIAL ASSISTANCE FUNDING REQUEST**

CHILD/YOUTH: _____

E. SPECIAL ASSISTANCE REQUEST REVIEW/STATUS (FOR LCFCFC OFFICE USE ONLY)

Type of Review (Check one): Administrative: _____ MIRT: _____	
Date Reviewed: _____	
Approval status (check one) Yes: _____ No: _____ Sent back for further information: _____	
Amendments to Request:	
Date: _____	Change: _____
Date: _____	Change: _____
Date: _____	Change: _____
Lucas County Family and Children First Council Approval:	
_____	_____
Director's Signature	Date
Follow-up Date: _____ Completed by: _____	
Did service or support achieve stated outcome: Yes: _____ No: _____	
NOTES:	



Lucas County Family and Children First Council County Care Coordination Wraparound Referral

Community Wraparound forms a team around a child and family who are struggling to stay safe, stay together, and / or maintain everyday life and functioning. The team works together to create, implement, and monitor a community and strength-based plan that will help the family realize its vision for a better life.

Adapted from "Quality and Fidelity in Wraparound" by Janet S. Walker and Eric Burns as found in Focal Point.

Who to refer? Lucas county families with children who have multi-systemic issues who would like a **team – based approach** to develop a **service coordination plan** for their child and family.

ELIGIBILITY CRITERIA

Child/youth must meet the following four criteria (Check all that apply):

- Lucas County resident – the child/youth must be a Lucas County resident.
- Currently multi-system involved or child/youth and family have multi-systemic issues – While the child/youth and family may not yet be involved in multiple systems, they have multiple issues that threaten to destabilize the family and/or may result in out-of-home placement of the child.
- The child/youth must be within the ages of 0 through 21 years of age.
- The child/youth must demonstrate impaired function in at least 2 or more of the life domains (based on already completed assessments)

Child/youth must meet at least one of the following criteria must be met (Check all that apply).

- Does not have an existing coordination process in place, e.g., Treatment Team, Visioning Process, etc.
- Coordination process in place but needs an alternative process (WA) or extra consultation due to system barriers, lack of care alternatives, or team impasse.
- Parent(s)/Guardian not satisfied with existing process and seeks alternative coordination and planning process, they may self-refer into the County-wide Care Coordination process.



**Lucas County Family and Children First Council
Intersystem Care Coordination
Wraparound Referral**

Making a referral to Wraparound:

1. Complete the referral packet. Please ensure that
 - a. Parent /guardian signs the release of information.
 - b. Attach the most recent assessments you have, social histories, service plans, psychological assessments.

2. Each of the Public Systems has an identified internal screening/approval process for referrals to Intersystem Care Coordination (which includes Special Assistance Funding, Wraparound, and funding for Intersystem Placements) – you must follow the screening/approval process within your specific system before this will be accepted by Family Council for review.

3. Mail or Fax all information to :

Lucas County Family Council
One Government Center, Suite 580
Toledo, Ohio 43604
FAX 419/213-6998

What if I have any other questions about the referral process?

Contact the identified point person within your system

To sign up for the next available Wraparound 101 Training:

Contact Dave Kontur at Lucas County Family Council
(419) 213-6990 or email dkontur@co.lucas.oh.us



Lucas County Family and Children First Council Intersystem Care Coordination Wraparound Referral

Date: _____

Referral by: _____ Agency: _____

Phone: _____

Identified Child/Youth's Name	Date of Birth	Race (Choose One)	Gender (Choose One)

Child in custody of, please check the following that apply,

Adopted
 Biological
 Legal
 LCCS
 Temporary
 Permanent
 Legal

Guardian Name:	Guardian Name:
Relationship: Marital Status: Date of Birth:	Relationship: Marital Status: Date of Birth:
(Choose One)	(Choose One)
Address:	Address:
City: State:	City: State:
Zip: Home phone:	Zip: Home phone:
Employer:	Employer:
Work phone: Cell:	Work phone: Cell:
Email:	Email:

Is the child out of the home currently (hospital, detention, treatment or residential facility)?

Yes No

If yes, complete the following:

Placement:	Contact:
Address:	Phone:
City: State:	Email:
Zip:	

Other household members:	DOB	Relationship



**Lucas County Family and Children First Council
Intersystem Care Coordination
Wraparound Referral**

Education Placement (Check one) Is youth on an IEP? Yes <input type="checkbox"/> No <input type="checkbox"/>	School: <input type="checkbox"/> Regular Education <input type="checkbox"/> Home <input type="checkbox"/> Alternative School <input type="checkbox"/> Drop Out <input type="checkbox"/> GED program / classes
---	--

Professional/Natural Supports	Role	Phone (ext)	Email Address
Name of Contact			
Children Service			
Juvenile Justice			
Mental Health Treatment			
Substance Abuse Treatment			
Developmental Disabilities			
Job and Family Services			
Additional Supports: Name (Natural Supports) Church, family, Friends – add below			



**Lucas County Family and Children First Council
Intersystem Care Coordination
Wraparound Referral**

Additional Information (complete if applicable)

Primary Mental Health Diagnosis: _____

Secondary Diagnosis: _____

Check if History of Abuse: Physical Sexual Neglect

Juvenile Ct/Law Enforcement _____

Pending Charges? _____

Any additional concerns or risks? If so, please describe.

SIGNATURES

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Youth/Child Signature: _____

Date: _____

Referral Signature: _____

Date: _____

Approving Supervisor's Name (PRINT): _____

Phone: _____ Email: _____

Signature: _____

Date: _____

***** Release of information must be attached to referral *****

FOR FAMILY COUNCIL OFFICE USE ONLY

Date Reviewd by MIRT _____ STATUS: Approved _____ Disapproved _____

Date Sent to NAMI if approved: _____

**LUCAS COUNTY FAMILY & CHILDREN FIRST COUNCIL
 INTERSYSTEM CARE COORDINATION
 PLACEMENT FUNDING REQUEST**

A. REQUEST INFORMATION

Date of Referral: _____	Name of person making referral: _____
Total Amount Requested: _____	Agency _____
<u>DATE STAMP BELOW (LCFCFC)</u>	Title: _____
	Agency Address: _____
	City/State/Zip: _____
	Phone Number: _____
	Email: _____

B. CHILD/YOUTH AND FAMILY INFORMATION

1. Last Name: _____		First Name: _____		Middle: _____	
2. DOB: _____		3. Gender : <input type="checkbox"/> M <input type="checkbox"/> F		4. Race: (Choose One)	
5. Ethnicity: (Choose One)					
6. Current Living with: Name/facility: _____					
7. Relationship to Child: _____					
8. Who has custody of the Child: _____			9. Relationship to Child: _____		
10. Current Residence: (check one)		11. Address: _____			
Living with Parent(s) <input type="checkbox"/>	<input type="checkbox"/>	12. City/State/Zip: _____			
Living with Relative <input type="checkbox"/>	<input type="checkbox"/>	13. Home Phone: _____		14. Cell Phone _____	
Foster Care <input type="checkbox"/>	<input type="checkbox"/>	15. Email (optional) _____			
Residential Treatment <input type="checkbox"/>	<input type="checkbox"/>	16. Has received Placement Funding in the past (Check one):			
Other (specify): _____	<input type="checkbox"/>	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
17. Child/youth has been in out of the home placement in the last 12-months?		18. Will this child/youth eventually return home?		19. School child/youth has been attending: _____	
Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		20. School District: _____	
No <input type="checkbox"/>		No <input type="checkbox"/>			
Unknown <input type="checkbox"/>					
21. Is there a planning team or treatment team already in place working with this child/youth and their family? Yes <input type="checkbox"/> No <input type="checkbox"/>					
22. If yes, which of the following public systems/agencies are also involved with this child (check all that apply):					
Lucas County Children Services <input type="checkbox"/>		Lucas County Board of Developmental Disabilities <input type="checkbox"/>		<input type="checkbox"/>	
Lucas County Juvenile Court <input type="checkbox"/>		Mental Health and Recovery Services Provider <input type="checkbox"/>		<input type="checkbox"/>	
Ohio Department of Youth Services <input type="checkbox"/>		Lucas County Department of Job and Family Services <input type="checkbox"/>		<input type="checkbox"/>	
Other (specify): _____					
23. Is there any direct family involvement with this child/youth: Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>					
If yes, please describe: _____					
24. Parent Information (if not known, leave blank)					
Father's Name: _____			Mother's Name: _____		
Living <input type="checkbox"/> Deceased <input type="checkbox"/>			Living <input type="checkbox"/> Deceased <input type="checkbox"/>		
Address: _____			Address (if different from father): _____		
City: _____		State: _____	City: _____		Zip: _____
Home Phone: _____		Cell: _____	Home Phone: _____		Cell: _____

**LUCAS COUNTY FAMILY & CHILDREN FIRST COUNCIL
 INTERSYSTEM CARE COORDINATION
 PLACEMENT FUNDING REQUEST**

C. ADDITIONAL INFORMATION:

25. Description of Placement Request (Type of placement, Provider, projected dates, times, costs):
26. Have alternative/less restrictive options been explored? Please describe:
27. What needs will this placement serve? Please describe:
28. If there is some level of family involvement, what steps will be taken to maintain/strengthen these connections while this child/youth is in out-of-home placement? Please describe:
29: How will the educational needs of this child/youth be addressed and monitored while in placement?
30. If there is some level of family/guardian involvement, have you also considered making an additional referral to Wraparound to develop a wraparound plan to help family build supports/skills to work with child/youth when they return home? Yes <input type="checkbox"/> No <input type="checkbox"/>

D. SERVICE/SUPPORT INFORMATION

33. List other resources that have been reviewed as possible funding sources that may possibly pay for part of the cost of this placement: (e.g., Medicaid, IV-E Reimbursement, PASSS, Social Security Income, Parents)	
a. _____	d. _____
b. _____	e. _____
c. _____	f. _____
34. Provider Information - Provider Agency/Name: _____ Federal Tax ID (if available) #: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email (if available): _____	35. Placement information: Projected start date of Placement: _____ Projected end date: _____
	36. How are costs calculated by provider (check one): Per diem: <input type="checkbox"/> Hourly <input type="checkbox"/> Other: _____
	37. Rate (e.g. how much per diem? Hour?): _____
	38. Utilization: Total Days requested: Days: _____

**LUCAS COUNTY FAMILY & CHILDREN FIRST COUNCIL
INTERSYSTEM CARE COORDINATION
PLACEMENT FUNDING REQUEST**

INTERNAL REVIEW: This request has gone through the appropriate internal process within this System or Agency and has received the approval of the following manager or supervisor:

Name (PRINT): _____ **Phone:** _____ **Email:** _____

Signature

Date

E. SPECIAL ASSISTANCE REQUEST REVIEW/STATUS (FOR LCFEFC USE ONLY)

Date Reviewed: _____

Approval status (check one) Yes: ____ No: ____ Sent back for further information: ____

Amendments to Request:

Date: _____ Change: _____

Date: _____ Change: _____

Date: _____ Change: _____

Lucas County Family and Children First Council Approval:

Director's Signature

Date

Follow-up Date: _____ Completed by: _____

Did his placement achieve stated outcome(s): Yes: ____ No: ____

**LUCAS COUNTY FAMILY COUNCIL INTERSYSTEM CARE COORDINATION
ADDENDUM B: CLIENT AUTHORIZATION FOR INFORMATION SHARING**

I hereby authorize the Member agencies of the Lucas County Family and Children First Council, named on the reverse side of this Authorization, to exchange, give, receive, or share information in their records, related to my participation and/or that of my minor children regarding services provided by one or more of these agencies:

Name of Client _____ Date of Birth _____

Name of Client _____ Date of Birth _____

I understand the following (Please Read Carefully):

1. The purpose of this information sharing is to improve the communication about services to me and/or my family.
2. Each of the member agencies has agreed to do according to law:
 - a) To share this information only with other member agencies;
 - b) Not to share information with non-member agencies without my written consent
3. Any and all rights to confidentiality, which I may have under state or federal law: including the Health Insurance Portability and Accountability Act of 1996, will continue, except for information covered by this form.
4. I may revoke this Authorization in writing at any time except for information that has been previously exchanged. To revoke this Authorization, I must provide a written notice of my intent to revoke to the Lucas County Family and Children First Council, One Government Ctr., Ste. 580, Toledo, Oh. 43604
6. This Authorization shall automatically expire 180 days (6 months) from the date below unless I have revoked it in writing.
7. This Authorization shall not restrict Information-Sharing otherwise authorized by law.
8. **I am entitled to a copy of this Authorization.**

I authorize sharing of the following information: (*initial on the lines below if "yes"*)

Yes _____ Case Information: Identifying information, plus medical and social history, treatment/service, history, psychological evaluations, IEP's, IFSP's, transition plans, vocational assessments, grades and attendance, financial information and other personal information held by any of the member agencies regarding me or my minor children.

Yes _____ HIV and AIDS related diagnosis and treatment

Yes _____ Substance abuse diagnosis and treatment

I am also Authorizing the sharing of information with the following specific persons/service providers: (list all of the providers below)

1.	2.	3.
4.	5.	6.
7.	8.	9.

I understand that once the information I have authorized to be disclosed reaches a listed person/service provider, the person or organization may re-disclose it and the information may no longer be protected by HIPAA privacy laws.

This Authorization for information sharing has been explained to me. I have read the disclosures below. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to the sharing of information as described above.

Signature of Client (if over 18)

Date Signed

X _____
Signature of custodial parent/guardian (**circle one**)

Date Signed

X _____
Signature of custodial parent/guardian (**circle one**)

Date Signed

X _____
Staff Person Facilitating this Authorization

Agency

Date Signed

See page 3.

LUCAS COUNTY FAMILY & CHILDREN FIRST COUNCIL MEMBER AGENCIES PARTICIPATING IN INTERSYSTEM CARE COORDINATION:

Mental Health and Recovery Services Board of Lucas County	Lucas County Juvenile Court
Lucas County Board of Developmental Disabilities	Lucas County Family and Children First Council
Lucas County Children Services	Lucas County Educational Services Center
Toledo-Lucas County Regional Health District	Ohio Department of Youth Services
Lucas County Department of Job and Family Services	Toledo Public Schools
NAMI of Greater Toledo (Wraparound Facilitation Provider)	

Definition of "Case Information":

If this release authorizes the disclosure of Case Information, consent to such disclosure may include the following types of information, if it is in files of the agency disclosing this information:

- a) Identifying information: names, birth dates, sex, race, address, telephone number, social security number, type of services being received and name of agency providing services to me or my minor children. Medical records, including but not limited to results of physical and mental examinations, diagnoses of physical and mental disorders, medication history, physical and mental health status and history, summary of treatment services received, summary of treatment plans and treatment needs.
- b) Psychological and medical testing including but not limited to any IQ tests or other tests of cognitive or emotional or mental status, and any reports of physical tests such as X-rays, CT scans, diagnostic blood testing, and other test results.
- c) All records of services provided by the Lucas County Department of Job and Family Services except child abuse investigation reports.
- d) Juvenile court records.
- e) School Records: This information is subject to the Family Educational Rights and Privacy Act of 1974, 20 USC Section 1 232g, and the Ohio Student Records Privacy Act, RC 3319.321.

To All Agencies receiving information disclosed pursuant to this consent:

If the records released pursuant to this consent include records of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

- This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or otherwise permitted by 42CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

If the records released include records of a HIV-related diagnosis or test results, the following statement applies:

- This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnosis.

Lucas County Family Council One Government Center, Suite 580 Toledo, OH 43604 (419) 213-6993

NAMI OF GREATER TOLEDO
WRAPAROUND PROGRAM CONSENT FOR RELEASE OF INFORMATION

I, _____, DOB _____

Hereby authorize the sharing of information between NAMI of Greater Toledo and the following agencies or persons:

as it relates to participation in Wraparound Services for 180 days from date of signature.
 This release allows for the sharing of information regarding the following individuals/family members:

Name	DOB	Relationship	Name	DOB	Relationship

Information to be shared includes:

Treatment plans	Assessments	Psychological testing	Educational testing	Progress notes
Consultation	Psychiatric Records	Oral communication	Case Management data	Family History
Criminal records	Safety Plans	Probation Records	Mental health records	Payment History
Wraparound Plans and Wraparound Meeting Discussions/Minutes (_____)			(_____)	

Please initial if you are authorizing the release and sharing of information related to the following:

- _____ Diagnoses and/or treatment for alcohol and/or other substances
- _____ HIV test results
- _____ AIDS Related Complex diagnoses and/or treatment
- _____ Diagnoses and/or treatment relating to other communicable diseases

Please indicate here any exceptions or exclusions, of any kind, regarding information to be shared with those listed above:

I understand that I have the right to revoke this authorization at any time. Any revocation of authorization must be put in writing and submitted to NAMI of Greater Toledo, 2753 W. Central Ave, Toledo, Ohio 43606. I understand that the revocation will be effective except to the extent that NAMI of Greater Toledo has already taken action in reliance on my authorization. If not revoked, this release will expire in 180 days on _____.

I understand that any disclosure is bound by Part 2 of Title 42 of the Code of Federal Regulations (CFR) governing confidentiality of drug and alcohol abuse patient records and that the recipients of this information may re-disclose it only within the scope of this release.

This release authorizes disclosure of protected health information covered by 45 CFR, Section 164.502 (e) and 164.504 (e) issues pursuant to the Health Insurance Portability and Accountability Act (HIPAA), 42 USC, Section 1320.

Signature	Print Name	Date signed

If this authorization has been signed by a personal representative on behalf of an individual, his/her authority to act on behalf of the individual must be set forth here: _____

*Pursuant to ORC5122.31, 45 CFR Part 2, and/or ORC 3701.243 those receiving information based on this release are prohibited from making further disclosure of it without the specific and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is NOT sufficient for this purpose.

ADDENDUM D – STRENGTHS, NEEDS, AND CULTURAL DISCOVERY

Family Narrative or SNCD Cheat Sheet

- 2 ½ - 5 pages
- Detailed picture of family's perspective, including important themes and values
- Balance of strengths and challenges

Paragraph One:

- Clear picture of who is included in family (answers "who is being referred?")
- Referral source and reasons for referral (answers "why are they being referred?")
- Statement of family vision (answers "what are they working towards?")

Other Paragraphs Center Around Life Domains

- History given by the family according to their perspective
- Family strengths, not only descriptive, but how they work in this person/family's life
- Needs/challenges

Ends with Bullet Lists

- Family identified needs
- Strengths
- Potential team members

Questions to ask families when reviewing narrative

- Is everything accurate?
- Do you want to add anything?
- Do you want to say anything in a different way?
- Does everyone we're inviting to be a part of the team know all of this information? Are you okay with everyone knowing all of this? What needs to be changed, or discussed differently?
- Could you present this document to a professional at an intake and give them a good sense of your family's history?

ADDENDUM E
Lucas County Intersystem Care Coordination
Initial Wraparound Plan Document

Family Name	Date of First Plan Completion	Date of Next Team Meeting
-------------	-------------------------------	---------------------------

Review SNCD

Family Vision:

Team Mission Statement:

Prioritization of Needs

Life Domain

Prioritized Needs Statement:

Baseline

Measures of Progress

Goal

Actions Planned and Person Responsible for Each Action

Life Domain

Prioritized Needs Statement

Baseline

Measures of Progress

Goal

Actions Planned and Person Responsible for Each Action

Life Domain

Prioritized Needs Statement

Baseline

Measures of Progress

Goal

Actions Planned and Person Responsible for Each Action

Life Domain

Prioritized Needs Statement

Baseline

Measures of Progress

Goal

Actions Planned and Person Responsible for Each Action

Life Domain

Prioritized Needs Statement

Baseline

Measures of Progress

Goal

Actions Planned and Person Responsible for Each Action

Life Domain

Prioritized Needs Statement

Baseline

Measures of Progress

Goal

Actions Planned and Person Responsible for Each Action

ADDENDUM F

Safety Plan Document

Family Name:	Date of Plan:
Team members in attendance:	Team members absent
1) Clearly describe the behavior risk requiring a safety plan response:	
2) Clarify the goals	
3a) Define appropriate behaviors	3b) Define inappropriate behaviors
4) Sensible family and community agreements and rules related to the safety risk	
5) Plan for educating siblings, family, and others in the community	
6) Plan for community safety	
7) Plan for the full 24 hour day	
8) Back up plan if behavior occurs	
9) Plan for managing negative community reaction	

ATTACHMENTS

Attachment D

County FCFC Service Coordination Matrix Page

Please complete the below matrix for your county service coordination process/mechanism. This is shared publically and especially with parents and parent advocates. Enter information into the matrix in family-friendly language and in language that would be easily understood by professionals who are unfamiliar with FCFC jargon or acronyms. The current statewide FCFC Service Coordination matrix is located at: <http://www.fcf.ohio.gov/dotAsset/9357.pdf>.

County	Who do I call or email to ask about applying for Service Coordination?	What ages of children can receive service Coordination and what needs qualify them for it?	Who can refer a child and how is a referral made?	How can a parent self-refer a child? Where can a parent get a self-referral form and who does the parent give it to when it is completed?	How can a family get a Parent Advocate ?	What happens if I disagree with a service coordination decision? How long does it take to get an answer when I disagree?	Who do I call or email to file a dispute or disagreement?
Lucas	If you are already involved with an agency for services – first ask your case worker if they can help you find out more about care coordination. If not, here is additional contact information: Name: David Kontur Title: Director Phone: (419) 213-6992 Email: dkontur@co.lucas.oh.us	0 through 21 years of age. Multiple problems or needs, e.g., mental health issues, food, education, etc.	Any of the public agencies, education, Help Me Grow and/or parents may make a referral to Wraparound. Completion of referral form. If a parent and need assistance call (419) 213-6992.	If a parent and you want to make a self-referral to Wraparound – call (419) 213-6992 for assistance.	Once a family's referral to wraparound has been approved and they are matched with a Wraparound Facilitator, the facilitator will help the family get connected with a family advocate.	If you disagree with a service coordination decision – you have the right to file for dispute resolution. This process may take up to 60-days till a final decision is reached.	Name: David Kontur Title: Director Phone: (419) 213-6992 Email: dkontur@co.lucas.oh.us