

# **SANDUSKY COUNTY FAMILY AND CHILDREN FIRST COUNCIL SERVICE COORDINATION MECHANISM**

## **I. GOALS OF SERVICE COORDINATION MECHANISM (1)**

The Sandusky County Family and Children First Council's Service Coordination Mechanism was developed to coordinate services for multi-need children and their families. The Mechanism will support the following:

- Ohio's commitments to Child Well-being: Expectant parents and newborns thrive; Infants and toddlers thrive; Children are ready for school; Children and youth succeed in school; Youth choose healthy behaviors; Youth successfully transition into adulthood.
- Coordinate appropriate, effective and cost efficient services for children and families.
- Increase family involvement throughout the levels of planning and services.
- Support early intervention families.
- Encourage shared responsibility among systems serving children and families.
- Be locally driven.

Through the enactment of House Bill 66 the service coordination mechanism shall serve as the guiding document for coordination of services in the county.

## **II. MECHANISM DEVELOPMENT AND DESCRIPTION (1)**

### **INTRODUCTION**

Prior to the development of this Service Coordination Mechanism, a strategic plan for the Sandusky County Family and Children's Council was developed with a mission and vision statement that resulted in the organization of the Sandusky County Family Children's Council:

### **THE MISSION**

"When the needs of children, youths, and their families in Sandusky County exceed the capability of any single agency and require the coordinated, collaborative response of a community support system, the Council seeks to assure the availability of a continuum of services which is responsive and improves the quality of life for children, youths, and their families. The Council seeks to achieve accountability to the citizens of Sandusky County and create among families, professionals and the community a heightened sense of the importance of the human service system as well as a feeling of commitment to, joint ownership of, and responsibility for that system."

### **VISION FOR THE COUNCIL**

"Sandusky County is a place where all individuals and families are healthy in mind, spirit and body, living in a safe, supportive community that provides opportunities for successful learning, working, playing and living."

The Council pursues its vision through the well planned development of programs and activities which improve existing services and their delivery, and through the development of new, needed services which are holistic in focus. Agencies need to foster improved understanding of the rules and regulations under which individual agencies operate. The Council hopes to identify opportunities for innovation within those mandates.

The Council's programs have the goal of enhancing professionals' and participants' knowledge about all services available in the system so that service provision for children, youths, and families will focus on participants' needs rather than where they enter the system.

The Council's programs and activities will increase the level and quality of communication both within and between the system and the community. The Council provides opportunities to enhance the participation of families in the identification and resolution of their needs or concerns. The Council strives to involve the community in the issues impacting children, youths, and their families. The objective of this involvement is: 1) to gain community input; 2) create an understanding of the need for effective services; and 3) foster a positive perception of the Sandusky County system's ability to meet that need."

The condensed version of the mission and vision was created in 1998: "Working with the community to better serve families. To assure the availability of a continuum of coordinated services to improve the quality of life for children, youth and their families."

#### MECHANISM DEVELOPMENT (1)

The Sandusky County Service Coordination Mechanism was developed by a multi-disciplinary committee under the direction of the Sandusky County Family and Children First Council. This committee included representatives of Community Health Services, Firelands Counseling and Recovery Services, Fremont City Schools, Health Department, Help Me Grow Representative, Job and Family Services, Juvenile Court, Board of Developmental Disabilities, Parent Representative, and WSOS.

The mechanism was further developed through the collaboration of the other members of the Sandusky County Family and Children First Council in order to include and ensure the development of a comprehensive system that would be coordinated, simple and most cost effective for the families and children in Sandusky County.

The Committee's approach to the development of this mechanism was guided by three (3) underlying principles: first, that there is no wrong door to enter to gain access to the service delivery system; secondly, that we don't want to "kill a tree" every time a child or family enters the system; and thirdly, that no youth or family seeking services will be "denied access or support".

The mechanism was written and developed with the intent of providing multiple access to the coordination of services for children who have been adjudicated abused, neglected, dependent, unruly, alleged unruly, delinquent or whose families voluntarily seek such services. Further, the mechanism is family-focused, coordinated, community-based, and facilitative.

#### ORGANIZATION (1)

1. The Administrative Level consists of executives of all of the systems who participate in the Council and Parent Representatives. They serve as the policy level branch of the Mechanism. They provide integration and planning to improve community-based, family centered services. The Council provides program management by determining and clarifying policies, procedures, expectations, and the lines of authority and communication. In addition, the Council will have a role in any policy disputes that cannot be resolved at the Clinical Level.
2. The second level of the Council is the Clinical Level. The Clinical Level consists of the middle level managers of the participating systems. They determine a plan of treatment for individual cases referred by wraparound teams, monitor treatment, and make creative funding recommendations to the team. They serve as the Council's forum for service integrated planning, identify service gaps, and make recommendations regarding strategies and financing of service gaps.

3. The "Wraparound (Child and Family) Team" level of the Council is the direct service level. The Wraparound Team is a multi system team, which provides strengths based assessment and treatment planning for children and their families. Any case manager in any system may request a team meeting to develop the most creative and flexible service package for a child and family. Families may also self refer to the direct service level. Less intensive options other than establishing a wraparound team, such as a referral to a single agency may be appropriate for families, while still adequately addressing a family's needs. The Council's Wraparound Consultant provides additional support to Teams.

#### **PUBLIC RELATIONS AND TRAINING (2)**

Families and agency personnel become aware of and trained in our service coordination mechanism process in a number of different ways. The Wraparound Consultant meets individually with agency staff and attends agency staff meetings to provide an overview. Family friendly brochures are distributed to agency personnel to give to families and display in waiting rooms. Brochures are also displayed in public places such as libraries, etc. A multi-disciplinary Wraparound Training Team provides Wraparound training, including the service coordination process, at least every two years in the county. Additional skills trainings are also offered including mini-lunchshop trainings and full-day trainings as needed each year.

#### **III. TARGET POPULATION**

Our target population includes children who are abused, neglected, dependent, unruly, alleged unruly, at risk of becoming unruly, or delinquent children under the jurisdiction of the Juvenile Court. Included in this population are those children whose families are voluntarily seeking services. Sandusky County will also place a focus on those children who will be served under our Help Me Grow System. Further priorities: Birth to age 22; Sandusky County resident; Unable to access needed services; multiple system need, children returning from DYS or residential placement.

The Sandusky County Service Coordination Mechanism makes the presumption that the needs of many youth and families who come into contact with the juvenile justice system, child welfare, mental health, drug/alcohol services and others, are being adequately met by those systems. It recognizes that each system has areas of responsibility and that the collaborative approach is not intended to replace or usurp the primary role of any one of these systems. This plan should ensure that the need for other interventions can be identified prior to court involvement, and that services are put in place to meet those needs, building on family strengths. The critical aspect of the plan lies in the fact that it is a reinforcement and creative option for all the involved systems to access when the resources of one system are not adequate to address the needs of the youth and family, regardless of which system they first entered.

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

#### **IV. PROCEDURE FOR ASSESSING THE STRENGTHS AND NEEDS OF THE CHILD AND THE FAMILY**

##### **UNIFIED, COORDINATED, COMPREHENSIVE ASSESSMENT PROCESS (C7)**

An initial assessment of a child/family's need for service is evaluated by the contact agency. If the needs of the family cannot be met through already existing collaborative efforts, the contact

agency/person will assess the need to form a Wraparound Team. A wraparound referral form is used by service agencies as a brief assessment and is sent to the Council's Wraparound Consultant to assist in determining the need for a Wraparound Team. The wraparound process used by wraparound teams includes an assessment and evaluation process. A wraparound team assesses family life domains, strengths and needs of each family. Wraparound trainings are held each year to cross-train agency personnel in their use.

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

#### PROCEDURE TO REFER CHILDREN/FAMILIES TO THE WRAPAROUND/CLINICAL TEAM PROCESS *(C1, C2, C3, C6, D2)*

Each agency will continue to accept its own referrals and coordinate with each other on the provision of services when multiple agencies are involved. In addition, anyone including a parent can initiate a Wraparound meeting process by sending a referral form to the Council's Wraparound Consultant and by calling a meeting with the parent and those people viewed as a support for that family, including school personnel. The parent and the person calling the meeting determine who should be present at a Wraparound Team meeting. Team members will be contacted by the person calling the meeting, via phone, email, or mail within 30 days of the referral. Subsequent meetings will be set at the end of each meeting. The parent and team, with the parent's approval, will choose a team member to act as facilitator. The Council's Wraparound Consultant will assist in mentoring a new facilitator and providing support in the assessment process as needed. A parent advocate will be offered to the family.

The Wraparound Consultant will document the following:

- The date of the receipt of the referral
- Contact information for the person being referred
- A brief description of the problems being experienced
- Contact information for the person referring
- Council response to the referral or the outcome of the referral

Referrals for consideration by the Clinical committee will be made through the Wraparound Consultant or by an agency's representative on the Clinical Committee. The Clinical committee referral process will only be engaged when the multiple service agencies cannot assist children and families with their own resources. A county-wide release of information form has been adopted and is used by wraparound teams and for Clinical committee referrals. The facilitator will be responsible for informing the team of the importance of confidentiality, and team members will sign a form stating they will not disclose personal family and health care information during the service coordination process, except for allegations or reports of abuse, neglect, threat of physical violence, or self harming behaviors.

Exemptions or waivers will be pursued when barriers to the continuity of care for children and families are discovered. An application to the Ohio Family and Children First Cabinet Council or an exemption from a specific state department rule will be submitted after consideration of the Council and a specific resolution authorizing such a request.

#### **V. PROCEDURE FOR DESIGNATING SERVICE RESPONSIBILITY**

## INDIVIDUALIZED FAMILY SERVICE COORDINATION PLAN *(C5, C8, D1, D3, D5, D6, 6)*

Once a wraparound team is formed, the entry level meeting with all agencies and the family will assess the life domains (social, culture, psychological, family, vocational or educational, residential, safety, legal and health). A Family Service Coordination Plan consistent with Council goals of community-based, family centered services, will be developed at this meeting by the parties called into attendance. Existing agency plans can be included as part of the Family Service Coordination Plan. The plan will be comprehensive and unconditional in its commitment to meeting the needs of the child/family rather than placing the child in the limited and categorically restricted service programs, and will consider the least restrictive environment. Each provider agency will sign off on the plan as their commitment to the family for the services with the provision that family also sign off to comply with their plan requirements if resources are to be committed. This process will hold agencies and individuals accountable for the services or supports identified in the plan, and will provide an evaluation of the service plan by reviewing the progress of the family and child. At a minimum the service plan for each child and family will include:

- Identification of the family's/child's strengths and needs
- Descriptions of the services to be provided and the funding sources
- Establishment of the responsible positions within agencies for carrying out the plan
- Timelines for completing goals
- Establishment of a crisis and/or safety plan (proactive and reactive)
- Establishment of outcome criteria, utilizing the Family Development Matrix, to determine the success or failure of the service to be provided

Each member agency and the family will be given a copy of the entire service plan by the facilitator. Additionally, a copy of the Family Service Coordination Plan will be provided to the Wraparound Consultant with periodic review times established. The Wraparound Consultant will provide a quarterly summary of the wraparound teams to the Clinical committee. The Clinical committee will establish guidelines to review measures of progress with the member agencies and family in accordance with the plan. The Family Development Matrix is the current evaluation instrument that each team uses to determine progress at baseline, every six months, and close. An aggregate report of the Family Development Matrix outcomes are shared on an annual basis with the Sandusky County Family and Children First Council and Ohio Family and Children First. Data will be submitted whenever requested by OFCF.

## PROCEDURE FOR OUT-OF-HOME PLACEMENT MEETINGS *(C4)*

A wraparound team meeting will occur regarding children who are placed outside of their home when the family has an established wraparound team. The meeting will occur before an out-of-home placement is made, or within ten days after placement in the case of an emergency. The team facilitator should be notified about such an event by the placing agency within 3 working days, and the facilitator will in turn contact team members to set up the meeting date, time, and location. This meeting gives the team members an opportunity to consider alternatives to placement and/or to begin planning for community supports for the family during placement and to begin planning for the child's return to the community. Nothing in this section shall be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement or confidentiality.

COORDINATION WITH HELP ME GROW/EARLY CHILDHOOD COORDINATING COMMITTEE (ECCC) *(1)* – The Sandusky County ECCC assures comprehensive, quality services for families with children birth to five years old, who are at risk for or have disabling conditions. For children who also receive services under the Help Me Grow program and ECC

system, the service coordination mechanism shall be consistent with rules adopted by the department of health under section 3701.61 of the Revised Code.

#### METHOD TO DIVERT A CHILD FROM THE JUVENILE COURT SYSTEM INCLUDES THE FOLLOWING JUVENILE COURT PROGRAMS (DA):

**Diversion:** This program is an alternative to probation typically offered to first-time alleged unruly or misdemeanor delinquent youth. Its main purpose is to prevent formal court involvement for those youth who have no previous court history. The goal is to address present negative behaviors with the youth and their parents by providing short-term intervention. Prior to disposition, the youth and their guardian(s) meet with the intake officer and complete an intake assessment. This includes the Youth Level of Service Inventory (YLSI); a parent/guardian questionnaire; and information gathered from schools, counselors, or any other agency with which the family may be involved. Once this is complete, a determination is made as to the level of supervision necessary to meet the youth's needs. Levels of supervision are low, moderate, high or very high. To be eligible for Diversion, youth must fall in the low or moderate categories. This applies to Unruly, Misdemeanor or Felony charges. Youth may also have prior Court involvement. For youth participating in the program, a Diversion Contract is established with rules and requirements for the youth and parents. The youth is placed on a monitoring period designated by the Diversion Specialist. Follow-up visits are made in the Diversion Office, school, and home.

**Extended Supervision:** Probation officers visit high-risk juvenile delinquents in their homes after curfew. They also use electronic monitoring in cases where a teen chronically puts him/herself in unhealthy places with unhealthy people.

**Genesis:** This program is an extended learning and supervision program for multiple adjudicated juveniles aged 11-18 and their families. The goal is to reduce recidivism and increase school success. This is a collaborative program between Juvenile Court, OSU Extension and many other partners. Youth have at least five of the six risk factors most associated with a future adult incarceration and are headed for future residential placement. Genesis uses Best Practices in a community-based after school setting with extended outreach in clients' homes, at schools, jobs, and biweekly at the local detention center. Youth and their parents are court ordered to attend up to 25 hours per week of programming aimed at reducing risk factors and increasing resiliency factors.

**Strengthening Families Program (SFP):** This program is provided by Firelands Counseling and Recovery Services in collaboration with Juvenile Court and Job and Family Services. SFP meets for 14 weeks, once a week for three hours. The program serves families who are in need of parenting skills, positive communication skills, and decreased aggression, conflict, stress, and youth recidivism. Groups are available for families who have 6-12 year olds or 13-17 year olds.

**Home-based Intervention:** This program is provided by Firelands Counseling and Recovery Services in collaboration with Juvenile Court and Department of Job and Family Services. It is an intensive home-based program for delinquent and other high-risk youth designed to reduce recidivism and out-of-home placement.

**Truancy Court:** This program has recently been implemented as a collaboration between Juvenile Court and local schools, providing intense supervision and weekly court hearings to ensure the child attends school on a regular basis.

In addition to the above, other programs are in place to reduce recidivism and/or to prevent placement. Youth and parents may also be referred for Theft Diversion, Anger Management, Workforce Development (J.O.B.S. Program), Restitution, Community Service, and parenting classes.

#### FUNDING AND FISCAL MECHANISMS (5)

LOCAL-LEVEL – Council Members will continue to cooperate together on joint funding for Council activities as well as assisting in locating and advocating for outside funding sources. There will be shared fiscal responsibility to support the activities of the Council. New funding sources including those established through the Systems of Care Initiative will be coordinated and approved by the Council. The Clinical Committee may make recommendations regarding gaps, service needs and funding opportunities. Funding Plans for families involved in Wraparound (Family Service) Teams will be developed by the individual teams. When needed a referral to the Clinical committee may assist with additional creative funding options as available.

STATE LEVEL – The Council will consider, approve and advocate for waivers and improvement in the funding system when necessary in order to meet local needs

#### VI. DISPUTE RESOLUTION PROCESS (C9)

##### DISPUTE RESOLUTION

The Sandusky County Family and Children’s Council agrees that the conflict between any of the service partners and/or families must not impede the delivery of services. Therefore, the Sandusky County Family and Children’s Council is committed to resolving all conflict at the lowest possible level and in the most expedient manner. The Sandusky County Family and Children’s Council recognizes that three types of conflict are likely to occur and have addressed the process for resolution accordingly. The three anticipated scenarios for potential conflict are:

The family is in disagreement with one agency;

The family is in disagreement with the service plan;

One agency is in disagreement with another agency or the service plan.

The process for handling each of the above situations is dependent on the premise that individuals will seek resolution through the individual agencies and/or team meetings prior to initiating the formal dispute resolution process. Emergency situations where a child is in imminent danger of abuse or neglect will be reported immediately to Children’s Services and/or a local law enforcement agency. Other non-emergency situations will follow the dispute resolution process described below. Informal/formal agency grievance procedures should be utilized prior to initiating the formal dispute resolution process. If a family needs assistance in presenting their concerns within the team setting, they may request a parent advocate or agency caseworker to assist them in presenting their concerns.

Parents will be informed of the dispute resolution process by the Team Facilitator.

Steps to resolve the conflict at the family team level are:

1. The disputing parties in writing will inform the lead case manager of the facts of the conflict.
2. The lead case manager will call a special meeting(s) of the team within five (5) working days of receipt of notification and will facilitate the dispute resolution process. The family will continue to receive services as described in the Family Service Coordination Plan during this process.
3. When resolution is reached, the parents and the agency representatives will sign the revised Family Service Coordination Plan to acknowledge their commitment to the plan.
4. The lead case manager is responsible for the implementation of the plan.

If this process does not resolve the dispute, the following steps will be taken:

1. The family or agency which disagrees with the Family Service Coordination Plan shall file a written objection to the plan with the Council Director.
2. Upon receipt of the objection or within five (5) working days, the Director shall initiate discussions with each party involved to determine the facts of the case.
3. After determination of the facts and sharing among agencies and families involved, the Director shall schedule a meeting of the parties to the disagreement for the purpose of discussing resolution of the dispute between the two (2) parties.
4. If such efforts prove to be unsuccessful, the Director shall cause the membership of the Clinical Committee to become aware of the facts of the case within five (5) working days. The Clinical Committee will review all the relevant information at the regularly scheduled meeting, which is the third Wednesday of each month (unless an emergency meeting is needed: see below). The Clinical recommendations shall be issued within five (5) working days. Any policy violation dispute not resolved will be referred to the Council Membership to invite suggestions for reaching resolution of the dispute.  
Emergency Dispute Resolution: The family or provider brings the emergency situation to the attention of the Council Director (An emergency situation is defined as disruption to an essential service provision which jeopardizes the safety and well being of the child or family). The Council Director will request an emergency meeting of the Clinical committee to review the referral. Time frame for convening this meeting will vary according to situation needs response time but will be scheduled no later than five (5) working days. Once the immediate emergency is handled, any continuing conflict will follow the outlined process.
5. If the parties fail to reach an agreement under the procedure, the matter will be filed with the Juvenile Court within seven (7) days and processed in accordance with Ohio Revised Code #121.38.
6. The Council Director shall keep a record of the results of each step of the resolution process and shall prepare an interagency assessment and a treatment information packet for the court.

7. During the dispute resolution process, families will continue to receive services as indicated in the Family Service Coordination Plan.
8. A parent or custodian who disagrees with a decision rendered by the Council regarding services for a child may initiate the dispute resolution process. Not later than sixty days after the parent or custodian initiates the dispute resolution process, the Council shall make findings and issue a written determination of its findings.
9. When the Council participants agree by majority vote that reasonable responsibilities are not being shared by member agencies, the State appeals process may be accessed. It is understood that, upon appeal, Cabinet Council decisions may result in a redirection of state funds within a county.
10. Ohio Revised Code #121.38 requires that unresolved issues be referred to the Juvenile Court having jurisdiction of the child for resolution. It further requires that during the period of investigation of the case by the court, that any services provided by any agency prior to the filing of the dispute be continued by the agency until the resolution process is completed. Following the decision of the court, if the agency or agencies providing services during the processing of the complaint are found not to be responsible for providing services, the agency or agencies shall be reimbursed by the agency or agencies found to have responsibility by the court.

Agencies adjudged to have responsibility may object to the determination of the court within a time period prescribed by law. Such objections will be processed under circumstances and by procedures prescribed by Ohio Revised code #121.38

Note: For those families receiving HMG services – Refer to HMG Policies and Procedural Safeguards and HMG Dispute Resolution Addendum.

The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Revised Code.

## **VII. Implementation, Review, and Training Schedule**

- Review and Update Wraparound Forms as needed      Annually
- Quarterly Outcome Report      Quarterly
- Host Wraparound Training      At least every two years
- Review Service Coordination Mechanism      Annually

# Wraparound Referral Form

Child's Name & DOB \_\_\_\_\_  
Grade: \_\_\_\_\_ School \_\_\_\_\_

Child's Name & DOB \_\_\_\_\_  
Grade: \_\_\_\_\_ School \_\_\_\_\_

Child's Name & DOB \_\_\_\_\_  
Grade: \_\_\_\_\_ School \_\_\_\_\_

Child's Name & DOB \_\_\_\_\_  
Grade: \_\_\_\_\_ School \_\_\_\_\_

Other Involved People, address & phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Custodian(s) address & phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

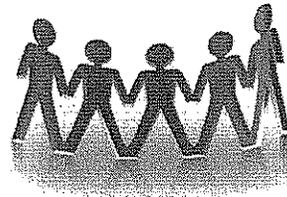
Referred By: \_\_\_\_\_ Phone \_\_\_\_\_  
Agency: \_\_\_\_\_  
Reason /Goal for Referral \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Involved Persons/Agencies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person completing Report

Date

Please forward to :  
Wynn Schell  
Wraparound Consultant  
Sandusky County Family and Children First Council  
1001 Castalia Rd. Fremont, Ohio 43420  
Phone: 419-332-9296 ext. 118 Fax: 419-332-9571



Accepted to Wraparound  Information and Referral  Family Declined  
 Other \_\_\_\_\_

Authorization For Information Sharing

I hereby authorize the Member agencies of the Clinical Committee of the Sandusky County Family and Children First Council, names on the reverse side of this Authorization, to exchange, receive, share or re-disclose information in their records, from whatever source derived, related to my participation and that of my minor child:

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

in the services provided by one or more of these agencies.

I understand the following:

1. The purpose of this information sharing is to improve the communication about services to my family and me.
2. Each of the member agencies has agreed:
  - To share this information only with the other member agencies;
  - Not to share this information with non-member agencies without my written consent unless otherwise required or authorized by law; and
  - Information exchanged due to this authorization will not be used against me or my children for purposes of criminal investigation, prosecution sentencing, unless otherwise required by law or judicial order.
3. Any and all rights to confidentiality, which I may have under state or federal law, will continue, except for information covered by this form.
4. I may revoke this Authorization at any time except for information that has been previously exchanged.
5. This Authorization shall automatically expire 180 days from the date below unless I revoke it sooner.
6. This Authorization shall not restrict Information-Sharing otherwise authorized by law.

I authorize sharing of the following information: (Circle and initial if yes and sign below)

Yes \_\_\_\_\_ Case Information: Identifying information, plus medical and social history, treatment/service history, psychological evaluations, IEPs, IFS transition plans, vocational assessments, grades and attendance, financial information and other personal information held by any of the members regarding me or my minor children.

Yes \_\_\_\_\_ Mental health diagnosis and treatment

If yes: 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 \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of parent/guardian (if applicable) \_\_\_\_\_ Staff person facilitating this Authorization \_\_\_\_\_

Relationship of Person signing to Client \_\_\_\_\_ Client's Social Security Number \_\_\_\_\_



## What is Wraparound?



Sandusky County has adopted the Wraparound process and concepts as a way to strengthen the system of care for youth and families. **Wraparound is a dynamic process with core elements, not a program or service. This process is based on individualized, strength based, needs-driven planning and service delivery.** Wraparound is not something that you "get", it's something you "do"; it's a process, not a program. **These fundamental principles merge with a "never give up" philosophy that embodies an unconditional commitment to team development, family empowerment and outcome based interventions.**

Many times children and their families have needs that cross agency boundaries. Therefore, interagency cooperation is an integral part of the Wraparound planning process. It is essential that all services are developed cooperatively and are coordinated in a **Child and Family Team**. The team shares responsibility, expertise, and mutual support while designing creative services that meet an individual's strengths and needs across home, school and community. A Wraparound Plan is continually reviewed and modified based on the child and family's developing strengths and evolving needs. Wraparound interventions are flexible because the approach is multi-faceted, taking all aspects of the child's history and current life situation into account.

**The ultimate goal in Wraparound is for the child to live an independent, fulfilling, and law-abiding and constructive life in the community with minimal special supports.** The most challenging aspect of Wraparound planning is to design plans that are comprehensive and therefore effective. Team members strive to accomplish this by moving beyond conventional thinking to use their resources to support the child and family.

**The wraparound model is based on individualized, needs driven planning and services.** It is not a program or a type of service. It is a value base and an unconditional commitment to create services on a "one kid at a time" basis to support normalized and inclusive options for youth with complex needs and their families.

An **individualized plan** is developed by a **Child and Family Team**, the people who know the child best.

This plan is **needs driven** rather than service driven. Services are not based on a categorical model.

This plan is **family centered** rather than child centered.

The **parent** is an integral part of the team and has ownership of the plan.

The plan is **strengths based**. Human services have traditionally relied on the deficit model, focusing on pathology. Positive reframing to assets and skills is a key component of all wraparound planning.

The plan is focused on **normalization**. Normalized needs are those basic human needs that all persons (of like, age, sex, culture) have.

The team makes a commitment to unconditional care. Services are changed to meet the needs of the family.

Services are created to meet the unique needs of the child and family. Though many wraparound plans rely on blending and reshaping categorical services, teams have the capacity to **create individualized services**.

Services are **community-based**. Restrictive care is accessed only for brief periods of stabilization.

Services are **culturally competent**. The composition of the team assures a fit to the family's culture and community.

Planning and services are **comprehensive**, addressing needs in three or more life domain areas. These life domains are: family, living situation, educational/vocational, social/ recreational, psychological/emotional, medical, legal, and safety/crisis.

The plan is financially supported by **flexible** use of existing categorical dollars or through a **flexible funding** mechanism.

**Outcome measures** are identified and measured often.

#### **When would a wraparound be appropriate?**

You are working with a challenging, multi-need child or family, where;

1. there is the involvement of a number of services,
2. that crosses service sectors,
3. with issues in more than one life area
  - Physical Needs/living situation
  - Emotional/Psychological
  - Socialization
  - Health
  - Legal
  - Family/Attachment
  - Safety
  - Cultural/Spiritual
  - Educational/Vocational
4. and/or, there is risk to the individual of losing key supports, increasing reliance on professional supports and/or risk of placement of child/children out of the home/county

#### **Complaint Resolution Process**

If you have a complaint or concern regarding service coordination, Wraparound has a complaint resolution process. You can talk directly to the facilitator or agency involved. You can contact Family & Children First Council and speak with Wynn Schell, Wraparound Consultant. If the concern cannot be resolved you can submit a written complaint to: Sandusky County Family & Children First Council, 1001 Castalia Rd., Fremont, Ohio 43420.

**If you have questions concerning Wraparound in Sandusky County, please contact:**

**Wynn Schell      1001 Castalia Rd. Fremont, Ohio 43420      Tele: 419-332-9296 ext. 118**





# CRISIS/SAFETY PLAN

Anticipated Event	Proactive Plan	Reactive Plan

## THE SANDUSKY COUNTY FAMILY DEVELOPMENT MATRIX

	Date of Baseline	Baseline	January	February	March	April	May	June	July	August	September	October	November	December
5-Thriving 4-Safe/Self Sufficient 3-Stable 2-At-Risk 1-In Crisis														
Shelter														
Food and Clothing														
Transportation/Mobility														
Health and Safety														
Social & Emotional Health														
Finances														
Family Relations														
Community Relations														
Adult Education and Employment														
Children's Education and Development														
Children's Care & Safety														
Immigration & Resettlement														
Youth Assets/Social Skills														
Judicial System Involvement														

CLIENT / FAMILY NAME \_\_\_\_\_

TEAM LEADER \_\_\_\_\_

AGENCY \_\_\_\_\_

DATE OF ENTRY \_\_\_\_\_

DATE OF TERMINATION \_\_\_\_\_

SUCCESSFUL

UNSUCCESSFUL

Sandusky County  
 Family & Children First Council  
 Wraparound  
 Child Strength Assessment  
 Form

Date of Visit \_\_\_\_\_ Date of referral \_\_\_\_\_

**IDENTIFYING DATA**

Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_  
 Residence Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 School program of child \_\_\_\_\_ Grade level \_\_\_\_\_  
 Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_  
 Mother's educational level \_\_\_\_\_ Number of moves in last 5 years \_\_\_\_\_  
 Birth order of child \_\_\_\_\_

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**PARTICIPANTS to assessment**

Name of respondent \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ relationship \_\_\_\_\_  
 Name of other participants \_\_\_\_\_

\*\*\*\*\*

1. The things I like most about my parents, grandparents, brother, sisters are:

2. My life would really be better six months from now if:

3. My family's life would really be better six months from now if:

4. The most important thing I have ever done is:

5. I am happiest when:

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6. The best times we have had as a family are:

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7. Name some special rules that your family has:

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8. Who are persons you call when you need help and want to talk. Who has helped you in the past when you needed help? Who can you REALLY trust?

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9. What activities do you and your family enjoy together? What do you enjoy the most yourself?

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10. What are your family traditions? In which cultural events does your family participate?

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11. Are there any special values or beliefs taught to you by your parents or other people who are important to you?

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**Sandusky County  
Family & Children First Council  
Wraparound  
Parent Strength Assessment  
Form**

Date of Visit \_\_\_/\_\_\_/\_\_\_

Date of referral \_\_\_/\_\_\_/\_\_\_

**IDENTIFYING DATA**

Family Name \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School program of child \_\_\_\_\_ Grade level \_\_\_\_\_  
Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_  
Mother's educational level \_\_\_\_\_ Number of moves in last 5 years \_\_\_\_\_  
Birth order of child \_\_\_\_\_

\*\*\*\*\*

**PARTICIPANTS TO ASSESSMENT**

Name of respondent \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Relationship \_\_\_\_\_  
Name of other participants \_\_\_\_\_

\*\*\*\*\*

1. The things I like most about my child(ren) are:

2. My life would really be better six months from now if:

3. My family's life would really be better six months from now if:

4. The most important thing I have ever done is:

---

5. I am happiest when:

---

6. The best times we have had as a family are:

---

7. Name some special rules that your family has:

---

8. Who are the people you call when you need help and/or want to talk? Who has helped you in the past when you needed help? Do you feel you can trust to be there when you need them?

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9. What activities do you and your family enjoy together? What do you enjoy most about yourself?

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10. What are your family traditions? In which cultural events does your family participate?

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11. Are there any special values or beliefs taught to you by your parents or other people who are important to you?

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12. Does your family belong to any part of a faith community? In what way? Do you belong to any social clubs?

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Notes/additions:

Interviewer's signature: \_\_\_\_\_ Date: / /  
Parent's signature: \_\_\_\_\_ Date: / /

**Sandusky County  
Family & Children First Council  
Wraparound  
Child Strength Assessment  
Form**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Age: \_\_\_\_\_

1. The things I like to do after school are \_\_\_\_\_
2. If I had ten dollars I'd \_\_\_\_\_
3. My favorite TV programs are \_\_\_\_\_
4. My favorite game at school is \_\_\_\_\_
5. My best friends are \_\_\_\_\_
6. My favorite time of day is \_\_\_\_\_
7. My favorite toy is \_\_\_\_\_
8. My favorite record is \_\_\_\_\_
9. My favorite subject at school is \_\_\_\_\_
10. I like to read books about \_\_\_\_\_
11. The places I'd like to go in town are \_\_\_\_\_
12. My favorite foods are \_\_\_\_\_
13. My favorite inside activities are \_\_\_\_\_
14. My favorite outside activities are \_\_\_\_\_
15. My hobbies are \_\_\_\_\_
16. My favorite animals are \_\_\_\_\_
17. The three things I like to do most are \_\_\_\_\_