# OFCF Revised Service Coordination Mechanism Guidance Outline

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Ohio Family and Children First  
Service Coordination Mechanism Guidance 2017

I. Introduction

Since 2010, each county Family and Children First Council (FCFC) that receives a Systems of Care Family-Centered Services and Supports (FCSS) allocation, for the purpose of supporting certain costs associated with the FCFC Service Coordination process, has been required to sign a statement assuring that required components of service coordination have been in place. That same year is also the most recent year that the FCFCs were required to revise the county’s Service Coordination Mechanism based on changes at the state and federal level of the ages of youth to be served that were accessing FCSS funding. In the summer of 2013, The Ohio Department of Mental Health and Addiction Services received a Substance Abuse and Mental Health Services Administration (SAMHSA) Systems of Care Implementation Grant and began training various county and provider staff across Ohio in the process of High-Fidelity Wraparound. Since the last revision of this guidance document in 2010, the topics of consistency, accountability and outcome measurement of the FCFC Service Coordination Process, High-Fidelity Wraparound and those of high-need, multi-system youth in general, have become important issues to be addressed statewide through new formal guidance. For these reasons, the Ohio Family and Children First (OFCF) Cabinet Council is requesting the submission of each county’s revised and updated Service Coordination Mechanism (SCM) that better defines the level of intervention and coordination available in each county, and to verify that the minimum components of FCFC Service Coordination are in place. This guidance document is to be used as a resource to provide direction for review and revision of the county FCFC Service Coordination Mechanism as required in Ohio Revised Code (ORC) 121.37 and 121.38.

II. Service Coordination History and Overview

Ohio has a long history of coordinating services and systems to address the needs of children and families. In the mid-eighties under the direction of Governor Celeste, state child serving agencies formed the Interdepartmental Cluster Services For Youth (ICSFY) to address the needs of children with severe and multiple problems (micro-systems of service). Counties were then
mandated to form ICSFYs. Much of the focus was on children with very intense needs requiring out-of-home placements. Funding was provided at the state level to assist with specific needs.

In the early nineties, Governor Voinovich envisioned the Family and Children First Councils to expand the work of cluster and become the catalyst for bringing communities together to coordinate and streamline services for families and children needing or seeking governmental assistance (adding a macro level of service). FCFCs were established in statute along with the blueprint of how the coordination of services and systems should operate at the state and local level (both at the macro and micro levels). As such, the result of that work positioned FCFCs as Ohio’s statutorily designed Systems of Care body.

As an integral component of a local system of care, service coordination is a process of service planning and system collaboration that provides individualized services and supports to families who have needs across multiple systems. It is child-centered and family-focused, with the strengths and needs of the child and family guiding the types and mix of services to be provided. It is critical that services and supports are responsive to the cultural, racial, and ethnic characteristics of the community population.
The FCFC Service Coordination statutory mandate has driven the development of arrays of coordinated care options previously non-existent in most communities. FCFC-driven service coordination has united service providers without dismantling systems. Information is shared while also assuring the confidentiality of the child and family.

Based on the level of severity or need, the FCFC Service Coordination Process can be elevated to the more intensive High-Fidelity Wraparound process (where available) for the population of children, youth and their families that are at very high risk of experiencing poor outcomes.

The success of service coordination efforts through the county FCFC depends on integrating key values into this process. The following is a list of values that are integral to the Service Coordination Process, resulting in a more effective service delivery system:

- Services are delivered using a family-centered approach.
- Services are responsive to the cultural, racial and ethnic characteristics of the population being served.
- Service outcomes are evaluated.
- Available funding resources are fully utilized or integrated.
- Home and community supports are utilized as needed.
- Specialized treatment for difficult-to-serve populations and evidence-based treatment services are encouraged.
- Duplicative or competing efforts among agencies are reduced or eliminated.
- Most importantly, families and youth are fully involved in decision-making and are provided with family advocacy and support options.
III. Service Coordination and High-Fidelity Wraparound Purpose

The purpose of Service Coordination and High-Fidelity Wraparound through the county FCFC is to provide a neutral venue for families requiring services where their needs may not have been adequately addressed in traditional agency systems. These processes serve as a safety net for children needing a more intensive collaboration of multi-system providers. Each system has areas of responsibility, and the Service Coordination Mechanism is not intended to override current agency systems, but to supplement and enhance supports that currently exist, or identify additional supports that are needed but are not currently utilized.

Developing a System of Care

A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with multiple needs and their families. Service coordination and High-Fidelity Wraparound are collaborative, coordinated, cross-system team-based planning processes implemented to address the needs of youth and families where those needs are multiple and complex. Service coordination and High-Fidelity Wraparound should build upon the strength of services in the community that are currently working for families, and when needed, propose new services, supports, and/or strategies to be added in order to address unmet needs. These processes should be based and addressed within a System of Care that must account for:

✓ Broad array of services/supports available
✓ Individualized plan
✓ Lease restrictive setting
✓ Coordinated at both the system and service level
✓ Family-driven, youth-guided
✓ Emphasize early identification and early intervention
These processes are family-focused and strengths-based. Both are responsive to the culture, race, and ethnicity of the family. Therefore, both result in a unique set of community services and/or natural supports individualized for the child and family based on the child and family’s perceptions of their strengths and needs to achieve a positive set of outcomes.

These processes can also serve as the foundation to support person-centered care planning efforts for transition-aged youth (14-24) to gradually reduce reliance on formal systems as this population ages out of care or as it becomes appropriate. This population may require age-specific modifications to service coordination and High-Fidelity Wraparound processes to account for individual life circumstances based on age, dependency/independency/interdependency or life experiences:

- **Self-Direction** - Person-centered planning is a self-directed ongoing process to identify an individual’s unique strengths, interests, abilities, preferences, available resources and desired outcomes as they relate to the individual’s needs. Individuals should receive the support necessary to be able to effectively guide the process.

- **Empowerment** - Person-centered planning empowers the individual, as the primary stakeholder, to take personal responsibility for decisions regarding which services and supports are necessary to achieve desired outcomes. Individuals should be provided with information and supported in experiences to facilitate informed, effective decision making.

- **Dynamic Process** - Person-centered planning is an ongoing outcome-oriented process that can be modified as frequently as necessary according to the individual’s continually evolving interests and needs.

- **Team Approach** - Person-centered planning involves a team approach, including participation and coordination from multiple systems and natural supports, that aids the individual to make informed decisions about their future life direction and the supports they need to achieve their goals. Individuals should include additional team members of their choosing.
Developing a Continuum of Care

Continuum of Care is a concept involving a method that guides and tracks youth and families with multi-system needs over time through a comprehensive array of services spanning all levels and intensity of care. As required in O.R.C 121.37, FCFC Service Coordination is designed to assist families with youth who have multi-systemic needs who are 0 through 21 years of age (for those utilizing Family-Centered Services and Supports funding). For many years, county FCFCs have partnered with the Ohio Department of Health (ODH) and most recently with the Ohio Department of Developmental Disabilities (DODD) to provide oversight and implementation of Ohio’s Early Intervention (EI) Service Coordination Process. The county FCFCs have been provided funding through the designated administrative agent for the purposes of implementing service coordination for youth aged 0-3 who are at-risk of or have been identified with a developmental delay. It is the requirement of this guidance that a seamless continuum of care be developed of all youth aged 0-21 who have multi-systemic needs, and that the FCFC Service Coordination and the EI Service Coordination processes are aligned under the county Service Coordination Mechanism. Since county FCFCs have oversight and implementation responsibilities for both FCFC Service Coordination and EI Service Coordination, a more direct, collaborative and connected relationship between these two service coordination efforts shall be established.

Managing Levels of Coordination Across a Continuum

Not all families who are referred or who refer themselves to FCFC Service Coordination require the same level of assistance. As such, a required component of this revised guidance, county FCFCs are to account for the different levels of coordination available under the county SCM, or account for how families with differing levels of needs will be assisted through the county SCM. Each level of coordination should describe the general criteria for being appropriate for each level. For example, a family may be referred whose only need is to be connected to another community resource or support (Information and Referral). Less intensive or intrusive options may be more appropriate, and these community options or supports should be pursued before more intensive coordination is initiated. The county SCM should support the least intrusive response, while still adequately addressing a family’s needs. Each county should describe the levels of coordination available in the community
that could be accessed through the Service Coordination Mechanism along a continuum for any youth/family that is referred to the FCFC Service Coordination. Each level of coordination should describe the general criteria for being appropriate for each level.

**Managing Levels of Coordination Across a Continuum**

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<tr>
<th>Information and Referral</th>
<th>FCFC Service Coordination</th>
<th>High-Fidelity Wraparound</th>
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<td>(Least Intensive Coordination)</td>
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**Managing Levels of Intervention Across a Continuum**

| - Residential Placement | Mobile Crisis | - Intensive Home-Based Treatment |
| - Treatment Foster Care | - Multi-Systemic Therapy | |

(Least Intensive Intervention)
Managing Levels of Intervention Across a Continuum

Based on the needs of the youth/family, a higher level of assistance may be needed to adequately address the presenting needs. At that time, the chosen coordination process should be used as a bridge to connect to any needed additional community intervention. These types of interventions including Intensive Home-Based Treatment (IHBT), Multi-Systemic Therapy (MST), mobile crisis services and out-of-home placement options could be accessed based on the intensity of the presenting needs of the youth. The chosen coordination process should continue throughout these intervention services to ensure that the youth/family have the proper level of service and supports to continue to support them once the chosen intervention has been completed.

* Note - High-Fidelity Wraparound is not a required component of a county’s Service Coordination Mechanism, but it is a recommended evidence-based planning process that identifies a unique set natural supports that are designed to sustain and assist the youth and family after the expiration of formal resources and supports.

Assessments
Assistance with determining the proper level of coordination can be obtained by conducting an assessment that will provide some insight on the family’s presenting level of need. Two of the most commonly used examples of such an assessment include the Child and Adolescent Needs and Strengths assessment (CANS) (http://praedfoundation.org), and the Child and Adolescent Service Intensity Instrument (CASII) (http://www.aacap.org/aacap/Member_Resources/Practice_Information/CASII.aspx). Each tool can be used to categorize a youth/family's level of need based on measuring a variety of life domains. Additionally, the tools can be used to identify priority planning areas of need that can be used in the development of the Individualized Family Service Plan (IFSP) or the Plan of Care (POC).

Starting in SFY 2018 and continuing forward, it is requirement that each youth/family referred to FCFC Service Coordination is to be assessed prior to the start of the development of the formal plan to determine the level of need/care. This guidance, however, does not call for the use of a specific assessment tool. Any formal researched assessment tool may be utilized to meet this requirement. If a county chooses to conduct a self-developed assessment, that assessment must measure an
identical set of life domains present in the formal researched tools outlined above. The assessment should be conducted every 90 days or more often as needed. If a youth/family has been recently assessed within the last 30 days with a formal assessment tool, those results can be obtained for assistance in determining a youth/family’s level of need/care.

**Differences Between Service Coordination and High-Fidelity Wraparound**

In 2014, steps were taken to define a training model for High-Fidelity Wraparound in Ohio through the ENGAGE (Engaging the New Generation to Achieve its Goals through Empowerment) Systems of Care Grant. The ENGAGE initiative targeted youth transitioning to adulthood (14-21 years of age). However, Wraparound has been and is currently used in Ohio to intensively coordinate care for youth of all ages. Understanding that this level of coordination is not required for all multi-system, high need youth, OFCF is requiring a modification to the county’s Service Coordination Mechanism that clearly outlines the levels of coordination available, and the children and families targeted for each level as identified in the Section III above.

As ENGAGE made efforts to expand the use of High-Fidelity Wraparound statewide, the need to define and clarify the differences between FCFC Service Coordination and High-Fidelity Wraparound became apparent. For the purposes of this guidance document, the clarification and delineation is as follows:

*Service Coordination* – A broad-based, neutrally-positioned, youth and family-driven, cross-system (team) planning process by which previously identified and existing resources and supports are coordinated to determine the least restrictive plan of success for youth with complex needs.

*High-Fidelity Wraparound* – A specific evidence-based intensive planning and facilitation process, utilizing a comprehensive team to develop a uniquely designed helping plan based on the youth and family’s unmet needs, and is inclusive of uniquely-designed resources linked to youth and family strengths.
The service coordination process is a broad set of functions that helps communities support youth and families with complex needs:

- Coordinate previously identified and existing resources and supports
- Systems-level problem solving
- Safety monitoring/planning function
- Placement monitoring function
- Manage risk and complex decisions: Level of care decision making
- Neutrally-positioned facilitation and planning process

High-Fidelity Wraparound is an evidence-based process with distinct steps/phases that must be followed to fidelity:

- Phase 1: Engagement and team preparation
- Phase 2: Initial plan development
- Phase 3: Implementation
- Phase 4: Transition

See Appendix A for the FCFC Service Coordination and High-Fidelity Wraparound Comparison Chart that outlines the different and common components of each process.

The ENGAGE initiative was also utilized to assist counties in developing a system of care where both FCFC Service Coordination and High-Fidelity Wraparound could be positioned as tools to help identify gaps in services. The analysis of these gaps, with subsequent action steps taken to remedy these gaps, would then lead to improvements in the local system of care in the areas of governance, system management, services and supports and community capacity as highlighted in the illustration included in the Service Coordination History and Overview section of this guidance document.
High-Fidelity Wraparound is not a required component of a county’s Service Coordination Mechanism, but it is a recommended evidence-based planning process that identifies a unique set of natural supports that are designed to sustain and assist the youth and family. The purpose of Wraparound planning is not the elimination or ending of formal supports and services, but rather the increase in the capacity of a family and those around them to get their needs met without the reliance on an on-going intensive team-based planning and adaptation process.

Please see Section VIII Fiscal Strategies of this guidance for information on how to recover some of the costs associated with providing High-Fidelity Wraparound through various funding strategies.

IV. Service Coordination Target Population

Each county FCFC should clearly identify the criteria for children and families who would typically be accepted into the Service Coordination Process. However, no family should be refused the opportunity to refer oneself for consideration for service coordination. The age group for youth being served through FCFC Service Coordination is 0 through 21 for those county FCFCs using SOC: Family-Centered Services and Supports (FCSS) funding. This age group should be clearly addressed in the Service Coordination Mechanism. Beyond this general population, additional target population criteria might include any child, youth or young adult with multi-systemic needs whose service and support needs are not being adequately met while seeking assistance outside of the Service Coordination Mechanism. Additional target criteria might also encourage the early identification of cross-system needs whenever possible. Any target population criteria should never limit FCFC Service Coordination to only a select group of children whose needs must fall within a limited set of predetermined needs or whose number of “multiple” or “systemic” needs must reach a certain number. The criteria should ensure that if the need for other interventions can be identified prior to court involvement, services are put in place to meet those needs. In addition, families may need higher levels of coordinated cross-systems assistance which any criteria should also recognize.

It is important that FCFCs identify, for themselves and for this mechanism, the groups or types of children and families that are not being served, or whose needs are being inadequately addressed. Through monitoring and tracking the service coordination process, FCFCs will learn where service gaps exist, what services are working, where cross-system coordination
works well and where it needs improvement. This information should inform the county FCFC’s decision-making process on how to improve the local system of care.

**Clarifications for specific populations to be served under Service Coordination**

As stated above, each FCFC should clearly identify the criteria for children and families who would typically be accepted into the Service Coordination Process. However, there are specific targeted populations that should also be considered eligible to be served by the FCFC Service Coordination Process:

**Child Protective Services – Youth in Custody**

Regardless of youth/family involvement with county child protective services, FCFC Service Coordination can still be accessed for any youth with needs across multiple systems. Due to the restrictions of FCSS funding, county FCFCs are not permitted to utilize FCSS funding for service coordination activities for youth in custody, but that does not mean that FCFC Service Coordination cannot be accessed for youth who are in custody of child protective services. Child protective services have a variety of tools available to assist with at-risk youth and families including Differential/Alternative Response and Family-Group Conferencing, but those are short-term processes that could be referred to FCFC Service Coordination for longer-term planning and coordination. Child protective services also has a variety of tools available for youth who are in custody, but these youth can also be referred to FCFC Service Coordination at any time if a youth has needs in multiple systems. Child protective services play an integral role in protecting the safety and well-being of youth in the community, and this relationship should be fostered to maintain support for those youth and families who are at-risk for further system involvement.

**Youth in Juvenile Justice System**

As outlined in O.R.C. 121.37(E), the FCFC Service Coordination Process and the FCFC Service Coordination Plan (IFSP) must account for youth alleged unruly, and identify methods to divert a youth from the juvenile court system. This revised guidance requires that FCFC Service Coordination also be available for youth that are adjudicated unruly or delinquent. Service
coordination is a valuable tool to assist with youth involved in the juvenile justice system to help identify needs and recommend strategies to help prevent deeper involvement in the system.

*Help Me Grow Early Intervention Service Coordination*

All children who receive services under Ohio’s Early Intervention program, and who are also being served under the county Service Coordination Mechanism, must be assured that the services received under Early Intervention (EI) Service Coordination are consistent with the laws and rules of Early Intervention requirements per federal regulations and DODD policy and procedures. If a child is being served by FCFC Service Coordination and a referral is made to EI Service Coordination, upon the determination of eligibility, the lead provider of service coordination should be the EI Service Coordination provider to assure compliance with O.R.C. 5123.02. The identified county FCFC Service Coordinator and/or FCFC Service Coordination Team should support and assist with the family’s IFSP/Early Intervention Plan as needed. If a child/family enrolled in EI Service Coordination is in need of supports across multiple systems, the county FCFC Service Coordinator and/or FCFC Service Coordination team should be available to support and assist as needed.

As a required component of the county SCM, there should be a distinct effort to align the efforts of FCFC Service Coordination and Early Intervention Service Coordination under the umbrella of county Family and Children First Councils to provide a seamless continuum of care developed for the 0-21 population.

*Community Awareness of Service Coordination Process*

There is an underlying assumption that families will be knowledgeable and aware of the county Service Coordination Mechanism. The county SCM should describe how families and service providers will be educated about and trained the mechanism. Efforts to inform families of the availability and purpose of service coordination should be coordinated with other community educational or social marketing efforts for programs including, but not limited to, WIC, Head Start/Early Head Start and BCMH.
V. Service Coordination Mechanism Required Components: Ohio Revised Code 121.37(C)

The following pages describe the service coordination requirements of O.R.C. 121.37(C) which are captured in a box. Further explanation, directions, and important comments to aid in developing the service coordination mechanism follow each statute (box) section.

**O.R.C. 121.37(C):** Each county shall develop a county service coordination mechanism. The county service coordination mechanism shall serve as the guiding document for coordination of services in the county. For children who also receive services under Ohio’s Early Intervention program, the service coordination mechanism shall be consistent with rules adopted by the Department of Developmental Disabilities under section 5123.02 of the Revised Code. All family service coordination plans shall be developed in accordance with the county service coordination mechanism. The mechanism shall be developed and approved with the participation of the county entities representing child welfare; developmental disabilities; alcohol, drug addiction, and mental health services; health; juvenile judges; education; the county family and children first council; and the county early intervention collaborative established pursuant to the federal early intervention program operated under the “Individuals with Disabilities Education Act of 2004,” 20 U.S.C.A. 1400;

The county shall establish an implementation schedule for the mechanism. The cabinet council may monitor the implementation and administration of each county’s service coordination mechanism.

The county SCM shall serve as the guiding document for coordination of services in the county when a child is referred to the FCFC for assistance, and define the various levels of coordination that exist under the mechanism. In order to assure consistency in the county service coordination approach, and to assure that the process meets the requirements established in the law, all persons or entities providing service coordination on behalf of the FCFC, whether county FCFC employees or contracted providers, must follow the processes, policies, practices and procedures as they are outlined and described in the county FCFC Service Coordination Mechanism.

All children who receive services under Ohio’s Early Intervention program and who are also being served under the county SCM must be assured that the services received under EI Service Coordination are consistent with the laws and rules of Early Intervention requirements per federal regulations and DODD policy and procedures. When a child is eligible for both Early
Intervention and service coordination through the FCFC, the main provider of service coordination should be the Early Intervention Service Coordination provider to assure compliance with O.R.C. 5123.02. The identified county FCFC Service Coordinator and/or FCFC Service Coordination team should support and provide assistance as needed for the family’s IFSP/Early Intervention Plan.

Each county mechanism must include the following components:

**O.R.C. 121.37(C)(1):** A procedure for an agency, including a juvenile court, or a family voluntarily seeking service coordination, to refer the child and family to the county council for service coordination in accordance with the county service coordination mechanism;

A referral process is required that may be used by an agency or family to refer a family to the Service Coordination Mechanism. This county-wide referral procedure must explain how the county SCM is accessed, and identify the steps in the referral process. It is required that there is documentation of the following:

1) The date of the receipt of the referral;
2) Contact information for the person being referred;
3) Age of the person being referred at time of referral;
4) A brief description of the problems being experienced;
5) Systems/agencies that have been involved with the person to date;
6) Contact information for the person referring;
7) Identification of Medicaid Managed Care Plan if applicable;
8) Council response to the referral or the outcome of the referral.

The identification of a potential FCFC Service Coordination youth/family for referral should happen as early as possible. As part of the referral procedure, a county FCFC should establish timelines within which a family will be contacted after a referral is made and within which the initial family meeting is scheduled.

Not all families who are referred or who refer themselves to FCFC Service Coordination require the same level of assistance. Each level of coordination should describe the general criteria for being appropriate for each level. For example, a family may
be referred whose only need is to be connected to another community resource (*Information and Referral*). Less intensive or intrusive options may be available and more appropriate, and these community options or supports should be pursued before more intensive FCFC Service Coordination is initiated. The county SCM should support the least intrusive response, while still adequately addressing a family's needs. Each county should describe the levels of coordination available through the Service Coordination Mechanism along a continuum for a family who is referred to the FCFC Service Coordination Mechanism. Each level of coordination should describe the general criteria for being appropriate for each level.

There is an underlying assumption that families will be knowledgeable and aware of the county Service Coordination Mechanism. The county SCM should describe how families and service providers will be educated about and trained in the mechanism. Efforts to inform families of the service coordination process should be coordinated with other community educational or social marketing efforts for programs including, but not limited to, WIC, Head Start/Early Head Start and BCMH.

| O.R.C. 121.37(C)(2): | A procedure ensuring that a family and all appropriate staff from involved agencies, including a representative from the appropriate school district, are notified of and invited to participate in all family service coordination plan meetings; |

A procedure is required to be documented in the county SCM describing how families and agencies will be notified of, and invited to, all family Service Coordination/High-Fidelity Wraparound plan meetings. Representatives from all appropriate agencies, including a representative from the child's school district as well as family support persons, both formal and informal, should be notified of and invited to all family service coordination plan meetings.

Family needs and limitations should be considered when establishing the time and location of meetings. Counties must establish a reasonable guideline for the amount of advance notice expected prior to a meeting. Advance written notice is required.
O.R.C. 121.37(C)(3): A procedure that permits a family to initiate a meeting to develop or review the family’s service coordination plan and allow the family to invite a family advocate, mentor, or support person of the family’s choice to participate in any such meeting.

A procedure is required to be documented in the county SCM describing how families can initiate a meeting to develop or review the family’s service coordination plan. The mechanism must also indicate that a family may invite a family advocate, mentor or support person of the family’s choice to participate in any such meeting. Potential advocates/supports can be obtained from a variety of sources including but not limited to:

- Parent Advocacy Connection; Developmental Disabilities Council; local educational service centers; YouthMOVE.

O.R.C. 121.37(C)(4): A procedure for ensuring that a family service coordination plan meeting is conducted before a non-emergency out-of-home placement for all multi-need children, or within ten days of a placement for emergency placements of multi-need children. The family service coordination plan shall outline how the county council members will jointly pay for services, where applicable, and provide services in the least restrictive environment.

This requirement should give the community members a chance to assure that all alternatives to out-of-home placement have been exhausted as reasonable and appropriate responses to the child and family situation. This process could serve as the entry point for out-of-home placement in a county and assure that all other less disruptive options have been exhausted. In addition, it gives the family team an opportunity to begin planning for community supports for the family during placement and to begin planning for the child’s return to the community (re-entry). This requirement applies to all children who are involved in service coordination under the FCFC mechanism. The law provides that a family may refer itself to service coordination at any point in time, which includes any time prior to or immediately after an out-home-placement. Nothing in this division shall be interpreted as overriding or affecting decisions of a juvenile court or child protective services agency regarding an out-of-home placement.
O.R.C. 121.37(C)(5): A procedure for monitoring the progress and tracking the outcomes of each service coordination plan requested in the county, including monitoring and tracking children in out-of-home placements to assure continued progress, appropriateness of placement, and continuity of care after discharge from placement with appropriate arrangements for housing, treatment, and education.

The results of this monitoring and tracking system should be reported to the county FCFC on a regular basis. Data and information collected through the monitoring and tracking system should be used to inform the decision-making process of the county FCFC as required under ORC 121.37(B)(2)(b). The county SCM should describe each county's monitoring process and the outcome data that will be collected. In addition, the mechanism should describe how the county will report this information to the FCFC and how the information will be used to inform the decision-making process of the FCFC as it fulfills its responsibilities to annually evaluate and prioritize services, fill service gaps and invent new approaches to achieve better results for families and children [as found in 121.37(B)(2)(b)].

The county SCM should describe each county's monitoring and tracking process for children in out-of-home placements. The process should include periodical reporting on the progress of youth in out-of-home placements, and the development of a re-entry plan to establish continuity of care after discharge which should include planning for housing, on-going treatment and education.

Ohio Family and Children First will continue to develop recommendations on how county FCFCs can monitor and track outcomes consistently across counties. These recommendations could include but not limited to providing access to an electronic data system, IFSP/Plan of Care organizing template and a common reporting process or methodology.

O.R.C. 121.37(C)(6): A procedure for protecting the confidentiality of all personal family information disclosed during service coordination meetings or contained in the comprehensive family service coordination plan.

A procedure must be described in the county SCM that protects the confidentiality of all personal family information disclosed during Service Coordination/High-Fidelity Wraparound plan meetings or contained in the comprehensive family service coordination plan/plan of care. A release of information should be signed by the parent/guardian of all children involved in
FCFC Service Coordination/High-Fidelity Wraparound concerning the disclosure of information during the process. This release should contain all potential community partners including all applicable local school districts and applicable community schools as needed.

Additional documentation explaining the confidentiality expectations of information disclosed during Service Coordination/High-Fidelity Wraparound committee meetings or specific family team meetings and the planning process should be signed by all family team members participating.

O.R.C. 121.37(C)(7): A procedure for assessing the needs and strengths of any child or family that has been referred to the council for service coordination, including a child whose parent or custodian is voluntarily seeking services, and for ensuring that parents and custodians are afforded the opportunity to participate.

The county SCM must describe a procedure to be followed by all persons or entities providing Service Coordination/High-Fidelity Wraparound on behalf of the FCFC to assure a consistent approach is applied to the assessment of the strengths, needs and cultural discovery of the child and family. If choosing to utilize a self-developed, non-standardized tool for the initial screening for needs and/or strengths, the assessment tool shall contain the following elements for evaluation but not limited to:

- Life Functioning/Independent Living
- Child Strengths
- Behavioral/Emotional Needs
- School
- Child Risk Behaviors
- Developmental Needs
- Trauma
- Juvenile Justice Needs
- Substance Abuse Need
- Vocational/Employment Need

For those youth/families with higher-intensity needs across the continuum, a standardized assessment tool is recommended to aid in the identification of potential life domains to be considered in the development of the IFSCP/plan of care.
Note: As used in this guidance, the term “assessment” means an initial screening for strengths and needs for intake services. An assessment tool can also be used to identify potential needs across various life domains to be included in the development of the IFSCP/plan of care. It is recognized that within many professional categories the term “assessment” implies the application of a well-developed technology by persons with highly practiced skills qualified within their respective disciplines. Such assessments are important and should be provided when appropriate; however, it is not the expectation that every child and family covered by an IFSCP/plan of care will need or should receive highly technical, specific assessments. It is expected that every child and family covered by an IFSCP/plan of care will have access to an assessment process which identifies their strengths and needs and ensures access to services or supports to address those needs.

**O.R.C. 121.37(C)(8):** A procedure for development of an individual family service coordination plan described in division (D) of this section.

Several public systems already require the preparation of a comprehensive service or treatment plan, often as a result of federal mandates. The individual family service coordination plan described under Section VII of this guidance should be designed to fulfill such requirements as simply as possible, with minimal overlap and duplication. If multiple mandates inescapably require multiple plans, such plans should be linked together and coordinated to eliminate duplication and conflicting expectations of the family.
VI. Dispute Resolution Process for Service Coordination

**O.R.C. 121.37(C)(9):** A local dispute resolution process to serve as the process that must be used first to resolve disputes among the agencies represented on the county council concerning the provision of services to children, including children who are abused, neglected, dependent, unruly, alleged unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services. The local dispute resolution process shall comply with section 121.38 of the Revised Code. The local dispute resolution process shall be used to resolve disputes between a child’s parents or custodians and the county council regarding service coordination. The county council shall inform the parents or custodians of their right to use the dispute resolution process. Parents or custodians shall use existing local agency grievance procedures to address disputes not involving service coordination. The dispute resolution process is in addition to and does not replace other rights or procedures that parents or custodians may have under other sections of the Revised Code.

**O.R.C. 121.381, 121.382:** Families must have access to the dispute resolution process.

Not later than sixty days after the parent or custodian initiates the dispute process, the council shall make findings regarding the dispute and issue a written determination of its findings.

Each agency represented on a county family and children first council that is providing services or funding for services that are the subject of the dispute initiated by a parent shall continue to provide those services and the funding for those services during the dispute process.

Nothing in division (C)(4) of this section shall be interpreted as overriding or affecting decisions of a juvenile court regarding an out-of-home placement, long-term placement, or emergency out-of-home placement.

The Service Coordination Mechanism must describe a process to be used to resolve disputes between agencies or between parents and agencies. The county FCFC must inform parents of their right to use the dispute resolution process. Parents should be included in all aspects of the dispute process, if they choose. The process must assure that children and their families will receive necessary services while any disputes are being resolved. The process must distinguish between and define differences in emergency and non-emergency situations, with appropriate time-frames for each. Each stage of the
process must include timelines, promoting swift and timely resolutions. There must also be an overall time limitation for the entire dispute resolution process for individual cases. The process should recognize and make use of entities and relationships within the community which reflect that community’s unique culture and characteristics.

When the provision of services cannot be resolved through the designated dispute resolution process, the final arbitrator of individual case resolution will be the presiding juvenile court judge.

The procedure identified in the Service Coordination Mechanism should include:

a) Following a failed dispute resolution process a procedure for filing with the Juvenile Court within seven days; and,

b) Preparation of inter-agency assessment and treatment information for the court.
VII. **Individual Family Service Coordination Plan/Plan of Care: O.R.C 121.37(D)**

Division (D) describes the individual family service coordination plan [referenced in 121.37(C) (8)]. It includes the required statutory components of the plan which are captured in a box. Further explanation, directions, and important comments to aid in developing the service coordination mechanism follow each statute (box) section.

**O.R.C. 121.37(D)(1):** Designates service responsibilities among the various state and local agencies that provide services to children and their families, including children who are abused, neglected, dependent, unruly, or delinquent children and under the jurisdiction of the juvenile court and children whose parents or custodians are voluntarily seeking services;

The family service coordination plan/plan of care should describe the mechanisms and methods by which the responsibilities of all involved parties will be clearly identified. If, for any reason, needed services or supports are not available, the plan should show how priorities are chosen and what efforts will be undertaken to address such gaps (to include aggregate gaps shared with the FCFC). In this manner, service accountability is provided. The procedure for designating responsibilities should include the following elements:

1) A method for synthesizing strengths and needs identified through an assessment into a unified family service coordination plan, which is inclusive of all appropriate services and supports. Recommended standardized assessment tools will be identified.

2) Coordinated assignment of responsibilities. Authority and funding, among all responsible agencies and organizations, for coordinated assessment, service plan development, service plan implementation, transitional services, service activity tracking, and service satisfaction.

Additional information on resources:

Ohio Office of Health Transformation Human Services Inventory -
[http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=j-BpuTG7now%3d&tabid=251](http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=j-BpuTG7now%3d&tabid=251)
O.R.C. 121.37(D)(2): Designates an individual, approved by the family, to track the progress of the family service coordination plan, schedule reviews as necessary, and facilitate the family service coordination plan meeting process;

In order to coordinate plan management across systems, a designated individual shall track the progress of the family service plan, schedule needed reviews of the plan and facilitate the family service plan meeting process. It is important in order to encourage family confidence and genuine participation in the service coordination plan process that the family has a voice in choosing and approving the individual designated for this responsibility.

O.R.C. 121.37 (D)(3): Ensures that assistance and services to be provided are responsive to the strengths and needs of the family, as well as the family's culture, race, and ethnic group, by allowing the family to offer information and suggestions and participate in decisions. Identified assistance and services shall be provided in the least restrictive environment possible.

Family involvement in choosing appropriate services and providers in the planning, implementation and evaluation of services on behalf of the family must be respected. It is critical to the outcome of service coordination planning that special attention is given to issues related to racial/ethnic/cultural identity and to gender. System development should also promote early intervention, preventing unnecessary out-of-home placements and keeping children and communities safe while supporting families whenever possible. Services and supports should meet the needs of children and their families in the least restrictive environment possible and as close to their own home environment as possible. The use of research and evidence-based/informed supports and services are strongly encouraged.

For additional guidance on cultural competency, please reference the National Standards for Culturally and Linguistically Appropriate Services (CLAS). These standards cover:

- Principal Standard
- Governance, Leadership and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement and Accountability

For more information please see:
O.R.C. 121.37(D)(4): Includes a process for dealing with a child who is alleged to be an unruly child. The process shall include methods to divert the child from the juvenile court system;

Early identification and intervention is a critical factor in preventing a child from becoming further involved in the juvenile court system. A process should be developed to identify and intervene with these children as soon as a problem is identified. Division (E) of 121.37 includes some recommended responses to addressing the needs of alleged unruly children.

O.R.C. 121.37(D)(5): Includes timelines for completion of goals specified in the plan with regular reviews scheduled to monitor progress toward those goals;

Timelines for goal completion allow the family and team to monitor progress and acknowledge successes. Expectations of the team in scheduling review meetings should be established at each meeting. The family/youth should be provided the opportunity to schedule a meeting at any time and during a time convenient to the family with the assistance of the designated team leader.


Planning for a short-term crisis or a safety concern establishes the understanding among team members that family crises and safety issues are a possibility, and will not be considered a plan/child/family/team failure if they should occur. A crisis response plan, detailing options for preventing a known crisis and responses by those supporting the youth and family through such an event, should be developed based on family need and preference. Any safety concerns or safety programming should be addressed as needed.
These plans will position the team to be prepared and to respond appropriately and immediately in the event there is a crisis or safety concern. It allows the team to plan its response during a time when everyone is positive and calm, helping to assure that members will not overreact if the need arises to implement the individual plans. Efforts should target strategies that provide support to the child and family during these times, keeping everyone safe, while still keeping the child and the family together when possible.

**O.R.C. 121.37(E):** Includes items that may be included in the individual family service coordination plan of an alleged unruly child. Items to highlight include:

- **(E)(1)(a)** Designation of the person or agency to conduct the assessment of the child and the child’s family as described in Division (C)(7) of this section and designation of the instrument or instruments to be used to conduct the assessment;
- **(b)** An emphasis on the personal responsibilities of the child and the parental responsibilities of the parents, guardian, or custodian of the child;
- **(c)** Involvement of local law enforcement agencies and officials.

- **(E)(2)** The method to divert a child from the juvenile court system that must be included in the service coordination process may include, but is not limited to, the following:
  - **(a)** Preparation of a complaint under section 2151.27 of the Revised Code...notifying the child and the parents, guardian or custodian that the complaint has been prepared to encourage the child and the parents, guardian, or custodian to comply with other methods to divert the child from the juvenile court system;
  - **(b)** Conducting a meeting with the child and parents...and other interested parties to determine the appropriate methods to divert the child from the juvenile court system.
  - **(c)** A method to provide the child and the child’s family a short-term respite...
  - **(d)** A program to provide a mentor to the child...
  - **(e)** A program to provide parenting education...
  - **(f)** An alternative school program...
  - **(g)** Other appropriate measures...
In addition to the items listed above in (E)(1), it is recommended that FCFCs include a process not only for dealing with a child who is alleged to be but also adjudicated to be an unruly or delinquent child.

In addition to the methods listed above it (E)(2), it is recommended that there could also be a preparation of a diversion contract between the child, the child’s family, and the juvenile court.

VIII. Fiscal Strategies

There are several fiscal strategies that can be utilized to enhance the FCFC Service Coordination Mechanism, including reimbursement for the actual provision of FCFC Service Coordination and High-Fidelity Wraparound:

**Family-Centered Services and Supports Funding**

As previously mentioned under Section II of this guidance, the System of Care: Family Centered Services and Support (FCSS) funds are for those children (ages 0 through 21) with multi-systemic needs, who are receiving service coordination through the local FCFC. FCSS funds are designed to meet the unique non-clinical needs of children and families identified on the individualized family service coordination plan developed through the service coordination process and/or to support the FCFC service coordination process, as described in the service coordination mechanism. For more information about the FCSS funds, view the System of Care: FCSS Guidance located at: [http://www.fcf.ohio.gov/Initiatives/SystemofCare(FCSS).aspx](http://www.fcf.ohio.gov/Initiatives/SystemofCare(FCSS).aspx).

**High-Fidelity Wraparound**

Behavioral Health Redesign funding options information coming soon

**Additional Fiscal Strategies**

- Blended or pooled funding [i.e., funding which pools dollars from multiple sources and makes them indistinguishable funds (lose their categorical identity)];
• Braided funding (i.e., the funding sources remain visible while they are used in common to produce great efficiency and/or effectiveness. Therefore, the funding is able to be tracked according to source. This funding is more eligibility specific.);

• Coordinated funding mechanisms;

• A search for increased flexibility in the use of current funds; (OFCF Flexible Funding Temp Law)

• Changes in service program eligibility requirements which will increase program flexibility, including utilizing the Regulation Free Zone rule waiver process available to FCFCs; and/or

• Reallocation of resources from institutional services to community-based, preventive, and family-centered services.

• Ohio Early Intervention Service Coordination funding for eligible youth.

IX. Service Coordination/High-Fidelity Wraparound Improvement Resources

Strategic efforts to improve FCFC Service Coordination at the local level may be reflected in the county revised Service Coordination Mechanism. Over the years, FCFCs have developed their Service Coordination Mechanisms, received reviewer feedback, and updated components that have been required by statutory or funding requirements. Many have incorporated High-Fidelity Wraparound principles and practices. As previously mentioned, Ohio has taken steps through the ENGAGE Systems of Care grant to install High-Fidelity Wraparound practices in many counties throughout Ohio, and it is a recommended evidence-based planning process that identifies a unique set natural supports that are designed to sustain and assist the youth and family after the expiration of formal resources and supports.

The High-Fidelity Wraparound imposes high levels of monitoring, coaching and adherence in operationalizing the philosophies and defined practices of the model. More information about this process may be found at the National Wraparound Initiative website at http://nwi.pdx.edu/.
The OFCF website also contains High-Fidelity Wraparound information through ENGAGE efforts at: http://www.fcf.ohio.gov/Initiatives/ENGAGE.aspx.

Through the ENGAGE initiative, there was an Ohio-specific Wraparound website created and those resources can be found at: http://www.wraparoundohio.org/

Enhanced fiscal resource priority-setting, accessing state funding opportunities, and local interagency investment and reinvestment of resources may be used as part of the local improvement efforts. The OFCF regional staff is available to assist with questions about revisions. More information about Service Coordination, including a service coordination resource toolkit with examples of county Service Coordination Mechanisms, county service coordination process information and county forms, can be found at: www.fcf.ohio.gov – click on Coordinating Systems and Services – Locally Produced Forms.

Through these improvements, the goal for Ohio children and youth to successfully live with their families, in their own communities, succeeding in school, are healthy and have overall well-being, is more likely achieved.

X. Service Coordination Mechanism Quality Assurance

It is important for quality assurance purposes that FCFCs periodically monitor their county service coordination mechanism. Consistency in the implementation and use of the mechanism as a county-wide model will yield better outcomes for families and children. To assure that the county SCM is kept up to date, is effective and reflects the process that is practiced by the county, each FCFC should describe how it will monitor and review the service coordination process as it is practiced. The mechanism should include information about who will monitor and review the mechanism and how often this will happen. It is the expectation OFCF, that counties will assure that the mechanism on file with OFCF reflects current practice.
XI. State Service Coordination Committee

When requested, the OFCF Cabinet Council will review individual family service coordination plans and unresolved county disputes through a State Service Coordination Committee made up of representatives from the cabinet agencies and from the Office of OFCF. Guidance and specific requirements for requesting a review, including forms to be used for a request, are available at: http://www.fcf.ohio.gov/CoordinatingServices/ServiceCoordinationStateCommittee.aspx

The State Service Coordination Committee will review cases when there is an unmet family need that the county FCFC is unable to fulfill, or when the county is unable to develop a family service coordination plan that leads to significant improvement in family functioning or stability. This committee will review case documents submitted by the county FCFC and make recommendations to the OFCF Cabinet Council for its review and approval. With the OFCF Cabinet Council’s approval, the Office of Ohio Family and Children First will respond, in writing, to county FCFC requests within 45 days of the receipt of the request by the State Service Coordination Committee.

When requested, the OFCF Cabinet Council will provide an administrative review of unresolved local disputes regarding conflicts among parents, agencies and/or councils pertaining to the county FCFC Service Coordination Process or decisions made during the individual family service coordination process. The dispute must be concerning a decision made or a process proposed or implemented during a phase of the county service coordination process regarding a family or child who is formally involved in the FCFC Service Coordination. This includes a disagreement regarding the denial of acceptance of a family into the county service coordination process. Agencies, providers or parents/legal guardians who have participated on a family service coordination plan team may request a dispute resolution review.

The State Service Coordination Committee will review such requests and make recommendations to the OFCF Cabinet Council for its review and approval. With the OFCF Cabinet Council’s approval, the OFCF will respond, in writing, to county FCFC requests for dispute resolution review within 30 days of the receipt of the request by the State Service Coordination Committee.
Exceptions: Disputes involving families involved in Help Me Grow with a Part C eligible child, where the dispute is regarding service being provided as part of the Help Me Grow program, will be responded to within 30 days. These cases do not require the family to be formally participating in the FCFC service coordination process.

The county juvenile court judge may be the county’s final arbiter of the county service coordination disputes. The OFCF Cabinet Council will not review cases for which the complainants have sought a juvenile court ruling. The OFCF Cabinet Council’s administrative review must be requested and completed prior to seeking resolution through the county juvenile court as final arbiter of the dispute.

XII. County Service Coordination Mechanism Due Date, Documentation and Review Process

Ohio Family and Children First will accept the following completed documents between August 18, 2017 and April 14, 2018. All completed documents must be submitted by April 14, 2018. County FCFCs will not be able to access SFY 19 FCSS funding or OCBF funding until these documents are submitted and approved.

The following documents should be submitted electronically unless noted below to OFCF, Attention: Tammy Payton at Tammy.Payton@mha.ohio.gov:

1) The Service Coordination Mechanism Cover Sheet
2) The county FCFC updated Service Coordination Mechanism
3) Minutes from a full FCFC meeting where the updated County FCFC Service Coordination Mechanism was approved. The minutes must reflect such approval.

Signatures of FCFC Chair, FCFC Administrative Agent, and 1 family representative who meets the requirements of the current law. This form may be emailed (scanned), fax to Tammy Payton at 614.485.9741 or mailed to OFCF, Attn: Tammy Payton, Ohio Family and Children First, 30 E. Broad Street, 11th floor, Columbus OH 43215.
The county FCFC Service Coordination Mechanism will be reviewed by the OFCF Regional Coordinator with potential assistance from members of the State Service Coordination Committee to ensure compliance with O.R.C. 121.37 and 121.38. Each county FCFC will receive feedback that will include the mechanism's strengths and any areas needing improvement. If components are out of compliance with the ORC, the county will be informed and will be unable to access funding until such components are addressed.

If technical assistance is needed either in updating the FCFC Service Coordination Mechanism or after feedback is received, please contact your OFCF Regional Coordinator. A technical assistance visit will be scheduled for your county.
# Appendix A

## FCFC Service Coordination and High Fidelity Wraparound Comparison Chart

<table>
<thead>
<tr>
<th>Population of focus</th>
<th>Service Coordination</th>
<th>WA and SC Commonalities</th>
<th>Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>For youth and families that have needs across multiple systems</td>
<td>For youth and families with high-intensity needs where all other options have failed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Definition</th>
<th>Service Coordination</th>
<th>WA and SC Commonalities</th>
<th>Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broad-based, cross-system (team) planning process by which previously identified and existing resources and supports are coordinated for youth with complex needs</td>
<td>Team-based process to develop a uniquely designed helping plan based on the unmet need of the youth and family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intent/Purpose</th>
<th>Service Coordination</th>
<th>WA and SC Commonalities</th>
<th>Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service coordination is designed to make the system(s) the family is involved with work better to meet their needs and to ensure that system efforts are better coordinated</td>
<td>Wraparound is designed to develop a comprehensive plan based on unmet needs for the benefit of the family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output/Desired Result</th>
<th>Service Coordination</th>
<th>WA and SC Commonalities</th>
<th>Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>A strengths-based plan that aligns current system efforts and adapts intensity of effort across all systems in ways that can only result in shared planning</td>
<td>A plan that not only ensures effective coordination of efforts, but builds help strategies that are uniquely shaped based on family strengths and needs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Service Coordination</th>
<th>WA and SC Commonalities</th>
<th>Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower intensity and variable frequency</td>
<td></td>
<td>Higher intensity and frequency</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caseload</th>
<th>Service Coordination</th>
<th>WA and SC Commonalities</th>
<th>Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher caseload</td>
<td></td>
<td>Lower caseload with norms of 12-15</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of Stay</th>
<th>Service Coordination</th>
<th>WA and SC Commonalities</th>
<th>Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 to 12 months</td>
<td></td>
<td>12 to 18 months</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who Delivers</th>
<th>Service Coordination</th>
<th>WA and SC Commonalities</th>
<th>Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutrally-positioned facilitation and planning process outlined in county SCM</td>
<td>FCFC staff; Service provider; system provider</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where is it housed?</th>
<th>Service Coordination</th>
<th>WA and SC Commonalities</th>
<th>Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCFC or designee; Neutral</td>
<td></td>
<td>FCFC; agency; system</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Need identification</th>
<th>Service Coordination</th>
<th>WA and SC Commonalities</th>
<th>Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term system coordination needs ID’d with the assistance of an assessment tool</td>
<td></td>
<td>In-depth and ongoing needs identification with the assistance of an assessment tool</td>
<td></td>
</tr>
<tr>
<td>Service Coordination</td>
<td>WA and SC Commonalities</td>
<td>Wraparound</td>
<td></td>
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<tr>
<td>----------------------</td>
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<td></td>
</tr>
<tr>
<td>Placement Monitoring</td>
<td>Coordinate efforts for effective monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content of Plans</td>
<td>Coordination of existing services and supports; new resources identified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alignment of needs and resources</td>
<td>Alignment of resources with perceived problems/needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy/Peer Support</td>
<td>System navigation based on the request of the youth/family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Least restrictive setting</td>
<td>Maximize family and community connectedness based on family’s culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural supports</td>
<td>Utilize natural supports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC Principles of Care</td>
<td>Utilize SOC principles of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth and family involvement</td>
<td>Youth and family involved at all steps in the planning process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting Facilitation</td>
<td>Skilled meeting facilitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth and family engagement</td>
<td>Respectful, supportive, and strength-based</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gatekeeping function to determine level of care or intensity of need</td>
<td>Level of care determination tied to assessment process managed through the FCFC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System Level Planning and Problem Solving</td>
<td>Identify barriers to individual families and utilize what is learned across families to inform system change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety programming and Crisis response planning</td>
<td>Individual crisis response plan; safety programming with clear delineated strategies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment A

FCFC Service Coordination Mechanism Cover Sheet

County Name: __________________________________________________________

FCFC Coordinator/Director Name: ____________________________________________

FCFC Coordinator/Director Address: __________________________________________

FCFC Coordinator/Director Email Address: ______________________________________

FCFC Coordinator Phone Number: ____________________________________________
Attachment B

Family and Children First Council Signature Page

The undersigned submit the ____________ County Family and First Council Service Coordination Mechanism and assure that the Service Coordination Mechanism has been reviewed and revised by the FCFC during State Fiscal Year 2016/17 to meet compliance with Ohio Revised Code 121.37 and 121.38 and the Systems of Care: Family Centered Services and Support Guidance, and that the mechanism has been approved by the FCFC by July 31, 2016.

_________________________________________________________  ______  _________________________________
FCFC Chair (Signature)  Date  FCFC Chair (Print/Type Name)

_________________________________________________________  ______  _________________________________
FCFC Administrative Agent (Signature)  Date  FCFC Administrative Agent (Print/Type Name)

_________________________________________________________  ______  _________________________________
FCFC Family Representative (Signature)  Date  FCFC Family Representative (Print/Type Name)
Attachment C

Checklist for FCFC Service Coordination Mechanism Updates

The County FCFC Service Coordination Mechanism should include all of the following:

1) An overview or description of the purpose of service coordination in your county that includes what entities/agencies/persons were involved in the review and revisions of the mechanism, the structural components (or levels/intensity of coordination) of service coordination in your county, a description of the criteria established, including age range, for children accepted for service coordination, and a description of how families and agency personnel and community members will become aware of and trained in the service coordination mechanism process in your county.

2) A description of the statutory components required under ORC 121.37 (C), including:
   - (C)(1): A procedure for referring a child and family.
   - (C)(2): A notification procedure for all individual family service coordination plan meetings.
   - (C)(3): A procedure for a family to initiate a meeting and invite support persons
   - (C)(4): A procedure ensuring an individual family service coordination plan meeting occurs before an out-of-home placement is made, or within ten days after placement in the case of an emergency.
   - (C)(5): A procedure for monitoring progress and tracking outcomes.
   - (C)(6): A procedure for protecting family confidentiality.
   - (C)(7): A procedure for assessing the strengths, needs and cultural discovery of the family.
   - (C)(8): A procedure for developing a family service coordination plan.
   - (C)(9): A dispute resolution process, including the judicial review process.

3) A description of the statutory components required under ORC 121.37 (D), including:
   - An overall description of the process and individual components of the family service coordination plan.
   - (D)(1): Description of the method for designating service/support responsibilities.
   - (D)(2): Description of the method for selecting the family team member who will track progress, schedule meetings and facilitate meetings.
(D)(3): Description of how plans will ensure services are responsive to the strengths, needs, family culture, race and ethnic group, and are provided in the least restrictive environment.

(D)(4): Description of how alleged unruly children will be dealt with using service coordination, including a method for diverting them from the juvenile court system.

(D)(5): Description of how timelines will be established for completing family team goals.

(D)(6): Description of how crisis and safety plans will be included in the family service coordination plan.

4) A description of the fiscal strategies for supporting FCFC service coordination including:
   □ How funding decisions are made for services identified in the family service coordination plan.
   □ How flexible resources are maximize.
   □ How funds are blended, braided or coordinated to support service coordination.
   □ How resources are reallocated from institutional services to community-based, preventive, and family-centered services.
   □ How decisions will be made regarding the use of the Children’s Community Behavioral Health funds for children and their families in service coordination.
   □ How decisions will be made regarding the use of the Family Centered Services and Supports funds for children and their families in service coordination.

5) Quality Assurance of Service Coordination Mechanism
   □ Describe how the service coordination mechanism process will be monitored and reviewed. Please include who will monitor and review the mechanism and how often this will happen.
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/CoordinatingServices/ServiceCoordinationMechanismMatrix.aspx](http://www.fcf.ohio.gov/CoordinatingServices/ServiceCoordinationMechanismMatrix.aspx).

<table>
<thead>
<tr>
<th>County</th>
<th>Who do I call or email to ask about applying for Service Coordination?</th>
<th>What ages of children can receive Service Coordination and what needs qualify them for it?</th>
<th>Who can refer a child and how is a referral made?</th>
<th>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?</th>
<th>How can a family get a Parent Advocate?</th>
<th>What happens if I disagree with a service coordination decision? How long does it take to get an answer when I disagree?</th>
<th>Who do I call or email to file a dispute or disagreement?</th>
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