Lucas County Family and Children First Council

LUCAS COUNTY INTERSYSTEM CARE COORDINATION PLAN

REVISED 2024

APPROVED BY FULL COUNCIL ON DECEMBER 13, 2024

RESOLUTION: 2024-081

REVISION 2025-10

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Table of Contents

DEFINITIONS

System of Care: System of Care is a comprehensive network of community-based services and support organized to meet the needs of families who are involved with multiple child service agencies, such as child welfare, mental health, schools, juvenile justice, and health care.

Care Coordination: In human services, "care coordination" refers to the deliberate process of organizing and managing a child/youth's needs, and the needs of their family across various public and private service providers and community resources. Working with the purpose of ensuring more seamless communication and collaboration to deliver appropriate, safe, and effective care that aligns with the child/youth and families' unique needs and preferences; essentially, it involves connecting individuals with the right services, at the right time to optimize their well-being. This includes a continuum of approaches, including both Service Coordination and Wraparound.

Wraparound: Wraparound differs from many service delivery strategies, in that it provides a comprehensive, holistic, youth and family-driven way of responding when children or youth experience serious mental health or behavioral challenges. Wraparound puts the child or youth and family at the center. With support from a team of professionals and natural support, the family's ideas, and perspectives about what they need and what will be helpful will drive all the work in Wraparound.

The young person and their family members work with a Wraparound facilitator to build their Wraparound team, which can include the family's friends and people from the wider community, as well as providers of services and support. (National Wraparound Initiative)

High Fidelity Wraparound (HFW): High Fidelity Wraparound (HFW) is a collaborative, evidence-based process for creating individualized care plans for children and their families who are facing behavioral health challenges. The goal of HFW is to address a youth's needs by using their strengths, and to help the family and youth participate in community services. The implementation of HFW conforms to System of Care Core Values.

Child and Adolescent Strengths and Needs (CANS): The CANS is a multiple purpose information integration tool designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child/youth serving system—children, youth, and families and provide information to support the development of the Family Service Plan. The CANS w completed within 30 days of the initial referral.

Pooled Funding: A funding strategy in which various public systems, and/or private funders pool funds together to support collaborative work around a common initiative or project. Lucas County Family and Children First Council has had a very strong history of Pooled Funding that originally developed to support the operation of the Cluster and the provision of services and supports to multi-system involved children and families.

Lucas County Family and Children First Council (LCFC)
Countywide Service Coordination Mechanism

Original Plan Developed and Submitted – September 2010
Revision 2025-10

SECTION I: HISTORY/DEVELOPMENT, PURPOSE, AND VALUES

An integral component of a local system of care, High Fidelity Wraparound is a process of service planning and system collaboration that:

- Provides individualized services and support for children/youth and their families who have needs across multiple systems.
- Drives a process that Is child/youth-centered, and family focused, with the strengths and needs of the child/youth and family guiding the type and mix of services provided.
- Provides services and support that are responsive to the cultural, racial, and ethnic characteristics of the children/youth and families served.

As outlined in Ohio Revised Code (ORC) 121.37(C), each Family and Children First Council (FCFC) "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. All family Wraparound plans developed by the HFWA Team and Family are done so in accordance with the Countywide Service Coordination Mechanism.

Purpose and Values

The core purpose of the Countywide Service Coordination Mechanism has been to ensure a process to coordinate services for multi-system involved children/youth and their families, reduce duplication and improve outcomes for these children/youth and their families. As our understanding and approach has evolved over the last 26 years, the development and implementation High Fidelity Wraparound (HFW) as the coordination mechanism for many children/youth and their families with multi-systemic issues continues to build upon our long history of collaboration while taking coordination to a higher level of individualizing care and ensuring the central role and voice of the parents/family. As a county, we have taken a twofold approach to the implementation of HFW based on the underlying values and philosophical framework of HFW:

1. the implementation of wraparound as a specific care coordination process which includes the development of HFW teams around each child/youth and their family referred into HFW.
2. The diffusion of the underlying System of Care values and framework to help guide and inform the way all the public child and family serving systems work with children/youth and their families in Lucas County.

System of Care Core Values

The Core Values guiding our Countywide Care Coordination Mechanism are those values that form the framework for Hi Fidelity HFW. While not every child/youth and their family served by the functions under our Care Coordination Plan will participate in a HFW planning process, the values guiding how we work with the various systems and children/youth and their families will remain consistent.

Family Voice[1]	Family and youth/child perspectives are intentionally prioritized during all phases of the HFW process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
Team-based	A team consists of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships.
Natural Supports	The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The child and/or family's plan reflects activities and interventions that draw on sources of natural support.
Collaboration	Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a cohesive plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
Community-based	The team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
Culturally Competent	The team planning process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
Individualized Care	To achieve the goals laid out in the child and/or family's plan, the team develops and implements a customized set of strategies, supports, and services.

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

Strengths-based	Team members identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members, as a part of a collaborative integrated plan of care.
Unconditional Care	The child's and family's team do not give up on, blame, or reject children, youth, and their families. When faced with challenges or setbacks, the team continues working towards meeting the needs of the youth and family and towards achieving the goals in the plan of care.
Outcomes Focused	The team ties the goals and strategies of the child and/or family's plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

SECTION II: CORE FUNCTIONS

These functions form a continuum, to prevent children/youth involved in multiple systems and their family from progressing into even more intensive and costly levels of care and include the following:

Information and Referral

Providing information and connection that improves alignment between need and help for children/youth and their families. Information and Referral provided to assist families that do not require more intensive services/supports but still need some level of help. The Lucas County Family and Children First Council (LCFC) is working to implement this fully by the end of 2025. Discussions have already begun with NAMI of Greater Toledo partners to utilize the Family Navigators to help ensure a warm hand-off and connection to other services and supports in the community.

Case Consultation

Case Consultation is a function that provided to Cross-System Teams by the Intersystem Resource Team (IRT). This provides teams with the opportunity to utilize the members of the IRT as a sound board and source of expertise and assistance with very difficult situations with multisystem involved children/youth and their families. This may include brainstorming, planning and problem-solving related to strategies to meet the child/youth and/or family's needs, access to services/supports, and system level barriers to effective teamwork or services/supports. If you need Case Consultation, you can request it by reaching out to the Intersystem Care Coordination Manager at 419-720-5816, or through your system's representative on the IRT.

Care Coordination (Assessment)

In Lucas County, HFW offered by LCFC aims to give families a neutral place to access services, especially when traditional agencies have not fully met their needs. This process serves as a safety net for children needing a more intensive collaboration of multi-system providers. The aim is to enhance current services or identify helpful resources that are currently underused.

Assessment

LCFC reviews referrals for Wraparound to determine if a child or youth and their family meet eligibility requirements. An interview with the family and referents to determine case complexity, intensity, risk level, and team function. This information will inform the work of the HFWA Facilitator, who will begin initial engagement with the child or youth and their family, including an initial assessment using the Child and Adolescents Strengths and Needs (CANS) tool. Information gathered from the CANS shall be helpful in developing the HFWA Plan, identifying appropriate level of care, and determining change over time with the child/adolescent and family.

According to Ohio Family and Children First requirements, information about children, youth, and their families who participate in Care Coordination shall be entered into the web-based data system known as OACSIS.

High Fidelity Wraparound (HFW)

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

Phases of HFW

Phase 1: Engagement and Team Preparation (Hello Phase)

During this phase, the HFW Facilitator meets with the family to lay the groundwork for trust. Next, they do the following:

- Explain confidentiality to the family and obtain releases of information from the guardian to allow communication with anyone included on the team.
- Offer to connect families to a Family Support Advocate and/or Parent Partner Specialist
- Provide the family with a copy of the Family Council's Dispute Resolution Process and inform them of their rights under this process.
- Initiate a process known as Strengths, Needs & Culture Discovery with the family, which also includes input from other identified team members (including both persons identified as natural supports and professional members of the team).
- Establishing the tone for teamwork and team interactions that are consistent with the HFW principles.
- Facilitating the family and team members to develop a Crisis and/or Safety Plan, which are utilized to immediately respond and stabilize emergency situations.

This stage is finished promptly—ideally in one to two weeks—allowing the team to start gathering together.

Phase 2: Initial plan development (Help Phase)

This phase begins with the team developing their mission, which guides the process for the family. Team trust and mutual respect develop while the team creates an initial HFW plan of care. Family culture, strengths, and needs are the foundation for this plan.

- Needs are prioritized
- Measurable goals are developed.

- Strategies to meet those goals are identified.
- Clearly defined tasks and timelines are identified.
- Responsibilities are assigned to team members, which may include securing funding and/or other community resources.

Planning is focused on implementing a child's plan in the least restrictive setting and appropriate level of service intensity. Further system involvement is avoided whenever possible. If, for any reason, the services needed or support are not available, the HFW plan will outline efforts to address such gaps. The team schedules their next review meeting. This phase should be completed within 1-2 weeks of Phase 1. A quick timeline encourages teamwork and joint responsibility for accomplishing the team's goals. In addition:

Meetings with the team will be arranged at times and places that suit the family's convenience.

- A family can request a team meeting at any time. The family will request the meeting through their Facilitator to determine the time frame within which the team must meet.
- The Facilitator will ask the family if there are any other persons that are natural supports to their family that they would like to have included in the meeting. The Facilitator secure their names and contact information to invite these persons to the team meeting.
- The Facilitator will then organize and schedule the meeting.
- Families are encouraged to invite their family and friends as well as involved agencies, including schools, to team meetings.

Crisis and safety planning are an important component of HFW. The team works to develop a plan that identifies strategies and provides immediate support to the child and family, keeps everyone safe, while keeping the child and the family together when possible.

Phase 3: Plan Implementation (Healing Phase)

During this phase, the initial HFW plan is implemented. Progress, satisfaction, and successes are continually reviewed at HFW review meetings. Changes are made to the plan as needed while continually striving to build and/or maintain team collaboration and mutual respect. If multiple plans are required to operate simultaneously because of system mandates, these plans are coordinated to eliminate duplication and conflicting expectations. The activities of this phase are repeated until the team's mission is achieved and formal HFW is no longer needed.

Phase 4: Transition (Hope)

During this phase, transition out of formal HFW to a mix of formal and natural supports in the community, or, if appropriate, to services and support in the adult system. The focus on transition begins during the initial engagement activities.

Early Childhood/Early Intervention Service Coordination (EI)

In the State of Ohio, families of children, ages zero to three, with a disability or delay may be eligible for Early Intervention Services. For further information on referral see page 18.

Early Intervention Services includes a developmental evaluation/assessment and being connected with a Service Coordinator whose responsibility is to ensure the development of an Individual Family Service Plan (IFSP) which provides the coordination of services and support for the infant/toddler and their family.

Intersystem Placements

Funding for out-of-home placement is intended to help children/youth and their families where the behavior displayed is a risk to themselves or others.

1. Provide a safe environment for assessment and therapeutic intervention to stabilize the child/youth in crisis.
2. Create the space needed so the families and teams can work closer together to develop support, knowledge, tools, and skills while knowing the youth is safe.
3. Work toward successful reunification back into the family home and community.

LCFC, upon approval of placement requests by the Intersystem Resource Team (IRT), will provide for the provision of funding and ongoing monitoring of each child/youth that require out-of-home placement.

Families and teams receiving funding for placement must be enrolled in LCFC Care Coordination and focus on returning the child/youth back home, rather than long term solutions. Lucas County Family and Children's First Council policy states that an Out of home placement can last up to 180 days. The policy also states that the team working with the child/youth and their family must either have or be working on a transition plan from the very beginning of any placement. ORC 121.37 Section C (4) requires that a planning meeting be held at least 10 days prior to, or, in the case of emergencies, within 10 days after a child/youth is placed in out of home settings (see page 15). In this meeting the family and team should ensure that the placement will also provide the least-restrictive environment for the child/youth, appropriate to their level of need.

During the duration of out-of-home placement the team and family will work collaboratively with the facilitator/ Care Coordinator to ensure everyone is building needed skills, services, and support for successful reunification.

A referral for placement funding must meet the following criteria:

- Child/youth is currently receiving services across multiple public systems.
- Child/youth and their family have a working treatment team with intersystem representation.
- Request for placement funding made by any of the following:
  1. Public systems that serve children/youth and families, i.e.:
     a. Lucas County Children Services
     b. Luas County Board of Developmental Disabilities
     c. Lucas County Juvenile Court
  2. Public or Private Mental Health providers serving families in Lucas County

Diversion of Alleged and Adjudicated Youth in Lucas County

Diversion of Alleged and Adjudicated Youth in Lucas County: For the diversion of youth that are alleged and adjudicated unruly and delinquent the Lucas County Juvenile Court has developed the Assessment Center. The purpose of the program is to divert arrested youth away from detention. Using the Gain Short Screener, Diversional OYAS,

Lucas County Juvenile Court public health screener and the Focus Human Trafficking Screener, the Assessment Center assesses the youth and family needs and links them to the appropriate services instead of entering detention and penetrating farther into the juvenile justice system. Lucas County's Youth Assessment center has been open since October 2013 and has served over 8,000 youth. When appropriate youth and families are referred to the Intersystem Resource Team for case consultations, and care coordination.

SECTION III: STRUCTURE

State Statute – Ohio Revised Code (ORC) 121.37

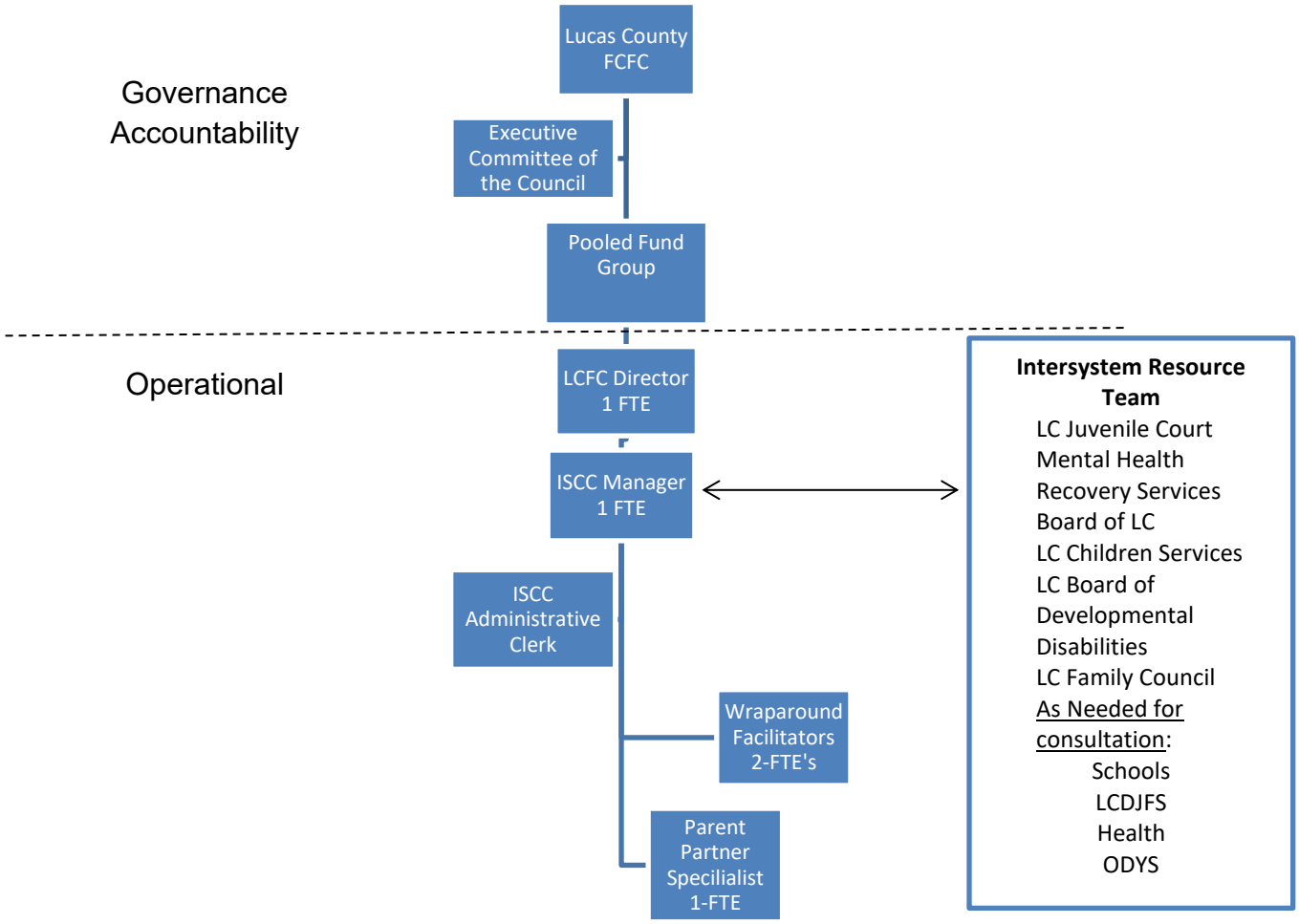
In the Ohio Revised Code, ORC 121.37 Sections C-F outlines the following statutory responsibility for the development of a County Service Coordination Mechanism (in Lucas County this is called the Intersystem Care Coordination Mechanism):

"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." ORC 121.37(C)

As part of ORC 121.37, this is a direct responsibility of the county Family and Children First Council. As cited above, the evolution of this mechanism in Lucas County has had a long history and has included the development of local Pooled Funding and the Pooled Fund Group.

Operational Structure

In order to support the core functions of our Countywide Care Coordination Mechanism the operational structure will include an Intersystem Resource Team (IRT), with members appointed by each of the major child/youth serving systems in Lucas County, staffing to include the ISCC Manager, Intersystem Secretary with support and supervision from Council Director and fiscal staff. Oversight will be exercised by the Pooled Fund Group and Executive Committee of the Council. The Full Council will be informed of community-level service/support gaps.



Intersystem Resource Team

The purpose of the Intersystem Resource Team is to provide multiple-system consultation and guidance.

Membership

The membership on the Intersystem Resource Team (IRT) will include the following public child and family serving systems –

- Lucas County Children Services
- Lucas County Board of Developmental Disabilities
- Mental Health and Recovery Services Board of Lucas County
- Lucas County Juvenile Court
- LCFC (Facilitates IRT)

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

- Lucas County Department of Job and Family Services
- Toledo-Lucas County Health Department
- Representative from child/youth's school district
- Ohio Department of Youth Services

Additional Participation

In addition to the appointed membership on the IRT, the lead case manager/service coordinator, parent/guardian, and other members of the child/youth/family team making a request for Case Consultation, Community-based Services and Supports Funding, Case Coordination, or Placement Funding may be expected to attend to provide further information to the IRT.

IRT Member Qualifications

Qualifications of members shall include at a minimum:

- Strong working knowledge of their own system, including eligibility for services/supports provided to children/youth and their families.
- Solid understanding of the mandates, mission, and goals of the system they represent.
- Authority to make decisions on behalf of the system they represent.
- Ability to quickly access executive level leadership within their system.
- Ability to work collaboratively with other systems.
- Strong problem-solving skills
- Understanding of the issues/problems faced by children/youth and their families who either have multi-systemic needs or are involved in multiple systems.

Additionally desired qualifications include:

- Experience with service delivery system budgeting and finance
- Understanding of the public, legal, and political environment in which each of the public systems operate

Roles and Responsibilities

Each member is expected to be oriented on Lucas County Family and Children's First Council and the Service Care Coordination Mechanism. Depending on the workload the team will meet weekly for one to two hours. Additionally, appointed members of the team are expected to:

1. Review any assignments or information prior to the meeting .
2. Arrive at meetings on time – this will be critical to keeping the meetings on track.
3. Promote an environment of mutual respect for all systems represented.
4. Once a decision has been made, support the decision outside the meeting.
5. Work in a collaborative spirit with all systems while being honest and forthright about what they can and cannot do.

6. Function as the Intersystem Care Coordination Point Person within their system

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

Function	Responsibilities	Expected Frequency
Case Consultation	Case Consultation is a function that is provided to Cross-System Teams by the Intersystem Resource Team (IRT). This provides teams with the opportunity to utilize the members of the IRT as a sound board and source of expertise and assistance with very difficult situations with multisystem involved children/youth and their families.	As needed
High Fidelity Wraparound (HFW)	● Provide consultation as requested by HFW Facilitators and Service Coordinator related to system barriers. ● Identify system barriers and service gaps that adversely impact Intersystem Teams. Develop recommendations to Pooled Fund Group/Executive Committee.	As needed As needed
Intersystem Placements	● Review funding applications based on the plan created by the team for the intervention of Intersystem Placements for child/youth involved in more than one placing system. ● The treatment team will request an Emergency Placement Meeting with the IRT, as prescribed within ORC 121.37 prior to or within 10 days of a child/youth going into out-of-home placement. ● All cases approved for placement funding will be enrolled into HFW, even if currently in placement, to help prepare the family to work effectively with the child/youth when they return. ● Monthly reviews of children/youth's plans who are in placement or in HFW (while they continue to remain in placement). Review progress, length of stay, expected outcome, readiness to move into less restrictive environment and costs. ● Monitor utilization of placement funding.	As needed As needed As needed Quarterly Monthly Quarterly

SECTION IV: OPERATIONS AND PROCEDURES

Who Can Make Referrals

Referrals to LCFC Care Coordination may be made by any of the following public child/family serving systems or parents/guardian:

- Lucas County Children Services
- Lucas County Board of Developmental Disabilities
- Lucas County Juvenile Court
- Mental Health and Recovery Services Board of Lucas County
- Lucas County Department of Job and Family Services
- Toledo-Lucas County Health Department
- Ohio Department of Youth Services
- Lucas County Educational Services Center
- Schools

Family Self-Referrals

A family may make a referral for Intersystem Care Coordination HFW at any time, including if their child/youth is currently in an out-of-home placement. Families also need to complete a referral form and return it to the Lucas County Family Council. The Intersystem Secretary or the ISCC Manager is available to assist families who want to make a self-referral and can be contacted at (419) 720-5816 or (419) 725-7192.

Referral Process

Referrals from Public Systems

For staff within public systems making a referral to the Intersystem Care Coordination Mechanism:

- Call the Intersystem Secretary at (419) 725-7192 or their System Representative on the IRT to obtain the link to the online referral/request form and will be provided with the related documents in the Referral Packet. If the person cannot complete the online referral/request form, the Intersystem Secretary will provide an electronic hard copy of the form to be completed.
- Each system will have specific internal requirements for screening referrals to access Care Coordination resources; staff will be required to follow the defined protocol within their system.
- The completed referral package is then submitted to the attention of the Intersystem Secretary at the Office of the Lucas County Family Council. This may be faxed to (419) 725-7193 or emailed to khearns@lucasfcfc.org.

- The referral must include:
    a. Completed Intersystem Care Coordination Request or Referral form.
    b. Pertinent collateral documentation
    c. Appropriate releases of information
    d. Referring staff person's contact information
    e. Signature of appropriate supervisor/system representative
- Upon receipt of the Intersystem Care Coordination Referral, the Intersystem Secretary will date the referral and do the following –
    a. **High Fidelity Wraparound (HFW) –** Will be reviewed by the ISCC Manager. HFW Secretary will schedule a virtual Intake. ISCC Team will meet with the family during the virtual intake to conduct the CANS assessment. Follow up with the referring individual with a recommendation for services.
    b. **Funding for Intersystem Placements** – Prepare and schedule a review of the request by the IRT. If this is an impending placement an urgent meeting of the IRT may be called to try to divert the placement if possible. If the placement is an emergency placement, schedule to meet within ten days of the placement.
- The ISCC Manager will review all referrals for completeness and contact referral source for any additional information that may be determined necessary for determining the status of the referral.
- The Intersystem Secretary will schedule referrals to be reviewed by the team within no later than 3 days upon receipt of the referral.
- The Intersystem Secretary will work with the ISCC Manager to put together and send the weekly meeting agenda and agenda packets out to each of the team members.

Early Intervention Referrals

In the State of Ohio, families of children with suspected disability or delay may be eligible for Early Intervention Services. Eligibility for these services in Lucas County includes the following:

- Lucas County resident
- Infant or toddler zero up to three years of age
- Diagnosed developmental disability or delay.

Early Intervention Services includes a developmental evaluation/assessment and being connected with a Service Coordinator whose responsibility is to ensure the development of an Individual Family Service Plan (IFSP) which provides for the coordination of services and supports for the infant/toddler and their family. ***Families can get connected to Early Intervention Services through the statewide Central Intake and Referral System by calling (419) 665-3322.*** In NW Ohio, the Central Intake and Referral process is administered by the LCFC, a partner to Bright Beginnings, the

contracted Statewide Provider. If a child and their family are involved in Early Intervention (EI) Services, the assigned EI Service Coordinator will take the lead should they become involved in Intersystem Care Coordination.

Educating Families

LCFC will work with intersystem partners to develop ongoing targeted education and put together materials directed towards families to ensure that families know how to self-refer to LCFC Care Coordination. Educating both families and staff in public systems and private agencies will focus on answering the following questions:

- Why would I make a referral?
- Who can I talk to if I have questions?
- How do I access the referral?
- What if I need help completing the referral?
- What can I expect once I submit a referral?

Educating Systems and Agencies

LCFC will carry out the following activities to help better educate staff involved in direct casework, cross-system teams, and mid-level managers employed by our public systems and private agencies on making referrals for intersystem care coordination through council:

- Presentations to and discussions with staff at Department-Level Staff meetings
- Cross-system Training (beginning in SFY 2026)
- Promotional materials & video shorts

Notification Procedure for Care Coordination Plan Meetings

Initial Meeting: Notification is sent out by the Intersystem Care Coordination Admin Assistant to the family and all other team members that will be participating in the initial meeting. This is typically done using email and/or text, or phone calls to family if they do not have access to email or text.

Ongoing Team Planning Meetings: The Wraparound Facilitator, in the initial meeting, will work with the family and other team members to setup a regular meeting schedule, and will coordinate with the family and/or team as needed to change schedule, or should the family request a special meeting outside the regular schedule. Notifications are typically sent out via email or text. Other accommodation will be made as needed for the family.

Monitoring Progress and Tracking Outcomes

All children/youth involved in the LCFC Care Coordination process will be entered into the state's OASCIS System. This will include the family's plan, goals, case notes, and reporting on progress toward meeting the goals. Aggregate information on the progress

of child/youth and their families in meeting goals will be shared with both the Intersystem Resource Team Members and Pooled Fund Group, along with more case specific information as needed. Aggregate information only will be shared with the Full Council Membership. Changes in the CANS will be utilized to track progress. The CANS is required to be updated every 90 days.

Confidentiality

The Lucas County Family Council will ensure that the confidentiality of children/youth and their families involved in the County Care Coordination Mechanism is protected and that all information shared among Team Members and providers is done so only with a Release of Information that has been signed by the responsible family member(s). In addition to all federal and state requirements, the LCFC also has a Protected Health Information (PHI) policy which as approved March 20, 2020.

Eligibility

In compliance with state requirements, a child/youth and their family must meet the following requirements to be determined eligible for Intersystem Care Coordination.

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

- ☐ The child/youth must be a Lucas County resident.
- ☐ The child/youth and family have multiple concerns that threaten to destabilize the family and/or may result in out-of-home placement of the child.
- ☐ The child/youth must be between the ages of 0 through 21 years of age.
- ☐ The youth cannot simultaneously be receiving Care Coordination through OhioRISE unless they score out at a "1" on the CANS Assessment.

At least one of the following criteria is met:

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

Waiting List

If a child/youth and their family are determined to be eligible but all the HFW Facilitators are at maximum capacity at a given point in time, they will be added to a waiting list and matched with a facilitator as soon as possible. If there is a critical need special assistance funding may be utilized to address urgent needs while they are awaiting being matched with a facilitator.

Continuous Quality Improvement and Annual Self-Assessment Process

To promote continuous quality improvement of the LCFC Care Coordination services, LCFC will put the following quality assurance activities in place:

1. Wraparound Checklists: The checklist will be completed by the Wraparound Facilitators as they through the Wraparound Process with each family they serve. This will be helpful in identifying the points at which the process is working well, and where it is not. This will also help identify those points in the process in which each or all Facilitators are consistently experiencing barriers, attrition, etc.
2. Family Surveys: LCFC will implement the use of two surveys that have been utilized by Milwaukee Wraparound with families involved in Wraparound. There are two specific surveys:
    a. Six-Month/Yearly Survey – This survey includes a series questions; each rated on a six-point Likert Scale. These questions focus on family perceptions related to Satisfaction, Respect, and Care/Services. This will be helpful in supporting ongoing quality improvement to services and help identify specific areas for staff training.
    b. Disenrollment Progress Report – This survey has series of questions that ask the family to respond on a Likert Scale, related to the perceived level of progress made. There are a series of questions directed to the parent/guardian, and some directed to the youth.
3. Family and Children First Integrity & Responsibility Tool: This tool will be used to monitor help monitor the growth and development of our Wraparound Facilitators, who provide HFW to families based on the specific strengths and needs. This tool assesses the Facilitator's ongoing development using four specific areas of responsibilities (Click Here for Tool). This will help to provide further training and guidance to ensure the quality of HFW provided by LCFC Facilitators.
4. Annual Review: To help support the ongoing quality improvement of the Intersystem Care Coordination Mechanism in Lucas County, the ***Intersystem Care Coordination Review Team (ICCRT)***, consisting of broader representation from Council, community and parents will be convened at least annually to assess the strengths and opportunities for improvement in the overall functioning of the Care Coordination Mechanism in Lucas County. This committee will also provide policy review and recommendations to the Council to improve functioning of the Care Coordination Mechanism in Lucas County. The ICCRT will utilize a tool based on the Ohio Family and Children First Service Coordination Mechanism Checklist to complete an assessment of the function and operation of the Inter-System Care Coordination Mechanism.

SECTION V: DISPUTE RESOLUTION

The purpose of the dispute resolution process is to resolve disputes between agencies or between agencies and parents or guardians when there is disagreement about the High Fidelity Wraparound plan. Any dispute regarding *Early Intervention should follow the Early Intervention dispute resolution process*.

IMPORTANT NOTE: Parents/custodians/guardians and agencies shall use specific county agency or provider agency's existing agency grievance procedures to address disputes that do NOT involve and are not specific to the LCFC Care Coordination. These dispute resolution processes are in addition to and do not replace other rights or procedures that parents/custodians/guardians and agencies may have under other sections of the Ohio Revised Code.

Parent/custodian/guardian and agency disputes related to LCFC Care Coordination shall follow the procedural steps outlined in this document, which will be given to all families engaging in LCFC Care Coordination as part of the initial intake process. Dispute Resolution instructions and forms may be obtained by contacting the LCFC Office Manager at (419) 725-0703.

STEPS IN THE DISPUTE RESOLUTION PROCESS:

1. If there is significant and unresolved conflict regarding any aspect of the Care Coordination planning process or plan by any participant (including parents and agencies), every attempt will be made to resolve that conflict with the participating members of the Care Coordination process and the Intersystem Care Coordination Manager.

   Timeline: The grievant shall file Part I of the dispute resolution form with the Family Council Executive Director (Director). The Director will respond within three (3) working days. A grievant who is not satisfied with the recommendation(s) offered has five (5) working days to complete and submit the Dispute Resolution form requesting advancement to the next level of Dispute Resolution.

2. If resolution cannot be achieved at the Family Council Director level, the process will then proceed to the second level of the Dispute Resolution Procedure and a referral will be made to the Executive Committee of Council, which will also include at least one Parent Representative, and one at-large member of the LCFC. This will be accomplished by completing Part II of the Dispute Resolution Form and returning it to the acting Chair of the Executive Committee through the Family Council office.

   Timeline: The Executive Committee shall review the grievance within seven (7) working days and present their recommendation(s) within five (5) working days of their review to the party filing the dispute. A grievant who is not satisfied with the recommendation(s) offered has five (5) working days to complete and submit the

Dispute Resolution form requesting advancement to the next level of Dispute Resolution.

Steps 1-3 shall take no longer than sixty calendar days unless delayed for any reason by the grievant. The **LCFC Parent Partner Specialists** will be made available to the grievant to assist with the Dispute Resolution process. **While this process continues, all services in place for the child and family must continue**.

3. **Final Arbitration**:

   When an Agency begins the dispute resolution process and earlier attempts have not worked, the Lucas County Juvenile Court (LCJC) will act as the Final Arbitrator to settle the disagreement. If the dispute was initiated by a parent/caregiver/ guardian, and all previous steps have failed to resolve the dispute, a **third party arbitrator** will be secured to provide a final decision on the dispute (this could include contracting with a neighboring Family and Children First Council or referring to an Ohio Family and Children First State Review Committee).

   Final Arbitration Steps - Regardless of the type of final arbitration used, these steps should be observed:

The disputing party must submit a request for final arbitration within seven working days following an unsuccessful dispute resolution.

a) The Intersystem Care Coordination Manager will assist in preparing all pertinent information for the Arbitrator. The Arbitrator shall hold a hearing/meeting as soon as possible, but not later than ninety (90) calendar days after the request for final arbitration was completed.
b) In the case of the court, they may conduct the hearing as part of the adjudicatory or dispositional hearing concerning the child/youth, if appropriate, and shall provide notices as required for these hearings.
c) In cases in which the hearing is not part of the adjudicatory or dispositional hearing the hearing or meeting will be limited to a determination of which agencies are to provide services or funding for services for a child. The Arbitrator shall issue an order directing one or more mandated member agencies represented on the county council to provide services or funding for services to the child.
d) The order includes a plan of care governing the way the services or funding are to be provided. The Arbitrator shall base the plan of care on the family HFWA plan.
e) If the LCJC is the Arbitrator, an agency required by the order to provide services or funding shall be a part to any juvenile court proceeding concerning the child.

f) The Arbitrator may require an agency to provide services or funding for a child only if the child's condition or needs qualify the child for services under the laws governing the agency.

g) The decision of the Arbitrator is final and binding.

2) **Tracking and Review**:

a) All filed disputes shall be tracked and reviewed by the *Intersystem Care Coordination Review Team (see page 17)* as part of the annual review of the County Care Coordination Mechanism.

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

SECTION VI: FUNDING

A critical component to running any effective program and providing services/supports to children/youth and their families is to secure an adequate level of funding. In serving children/youth and their families that have multiple system needs, it is even more important that there is a mix of funding sources that will cover a continuum of care that ranges from simple Information and Referral to Intersystem Placements.

Funding Decisions: All children/youth and their families served under the LCFC's Intersystem Care Coordination Plan may be eligible for funding to support team identified services, supports and strategies. Decisions related to the provision of funding for services, which funding source to use, how much will be covered (in the case of braiding funds, paying a match, or when parents are required to contribute to the cost depending on level of income), and the level of authorization required, are determined by a number of factors, including:

1) Family Income
2) What sources pay for which services?
3) Utilization of other funding sources (e.g., Medicaid will pay for transportation to medical appointments)
4) Different funding sources' different eligibility requirements

The care coordination planning team and family decide upon the specific strategies to help the child/youth and/or family, and the specific types of services, support, etc., that will be integrated into the plan. The Facilitator submits a request for funding to the ISCC Manager for approval of the funding and identification of which funding source will be utilized.

Furthermore, it is the commitment of this Council and its staff to ensure the following:

- **Maximizing the use of all available community resources**. This means that if there are other available resources in the community that are available to pay for services/supports identified in a child/youth and their family's plan, then this will be pursued.
- **Braiding/Blending Funding Sources**. There are instances in which children/youths and their families may be receiving services partially covered by one source of funding, e.g., a Waiver, in which a local match may be required. Using multiple sources, when possible, can increase the availability of local resources. Whenever feasible, local resources should be used to help leverage state or federal funding.
- **Multi-System Youth (MSY)-Public Children Services Agency (PCSA) Funding.** In the case of MSY-PCSA funds. If a child/youth is not eligible FCSS funding (for community based services), and is at higher risk for custody relinquishment, or is

already in placement, or temporary Children Services custody with the goal of reunification, MSY-PCSA funds may utilized to pay for services, supports, or adaptations that will help contribute toward stabilization in remaining at home or returning to home.

- **Shifting Funding to Support Community-based Services and Supports**. In seeking to reduce the number of out-of-home placements and length of stay in those placements where possible, it would be the commitment of the Council to reallocate local funding as possible to support community-based services and support for children/youth and their families. The approach involves monitoring data and managing finances through the budgeting process.
- **Funding of Last Resort**. Pooled Fund dollars shall be considered funding of last resort when reviewing all possible and available funding sources since these funds are often the only funding source that can be utilized to fund very high cost and intensive placement services, whereas state and federal sources of funding often do not allow for the use of those funds for placement costs.
- **Contribution to Care**. The Council's Contribution to Care Policy requires families who can help with their child's care costs to do so. Even if families are unable to provide financial support, they can contribute by assisting with chosen activities.

Pooled Fund Group and Pooled Funding

An important foundation for the structure of our Care Coordination Mechanism in Lucas County has been and will continue to be the Pooled Funding Group and Pooled Funding. The Pooled Fund Group includes the Executive Directors/Superintendents of Children Services, Board of Developmental Disabilities, Department of Job and Family Services, Mental Health and Recovery Services Board, Toledo Public Schools, Juvenile Court (Administrative Judge). Each year, these Directors and Superintendents collectively contribute over $500,000 to a Pooled Fund, which helps support the core activities of our Care Coordination Plan as well as the administration of the Care Coordination Mechanism. As mentioned in the first section of this document, Lucas County has had a history of Pooled Funding for over 15 years and this has been important to building a sense of shared accountability for children/youth and their families who are involved in multiple systems rather than ongoing conflict about who's responsible and who's going to pay.