



CLINTON COUNTY FAMILY AND CHILDREN FIRST SERVICE COORDINATION MECHANISM



CLINTON COUNTY FAMILY AND CHILDREN FIRST COUNCIL

FCFC Service Coordination Mechanism Cover Sheet-Attachment A

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Clinton County FCFC Service Coordination Mechanism

(A) Overview and Purpose of Service Coordination

The Clinton County Family & Children First Council exists under the Ohio Revised Code to improve the well-being of families and children. As a collaborative approach of public and private child and family-serving systems, entities, and families, the Council supports initiatives that increase the likelihood that children can grow up safe and healthy, surrounded by the support of their families and communities. Clinton County's Service Coordination Mechanism outlines how families and children with complex needs can access service coordination in our local system of care.

This aligns with the values of the Ohio systems of care and the Ohio Department of Children and Youth's mission to promote positive, lifelong outcomes for Ohio youth through early intervention, quality education, and family support programs.

Framework for Service Coordination in Clinton County:

Clinton County Family & Children First Council offers service coordination through the Child Intervention Team (CIT) which follows the 10 principles of the High-Fidelity Wraparound Model.

This approach coordinates tailored, timely services that leverage family, team, and community strengths. It empowers communities to support their families, acknowledges that needs often surpass conventional funding structures, and involves both formal and informal support. Success is linked to measurable outcomes and fiscal incentives. Family advocacy, youth involvement, and preference are vital for better results. Services, management, and decision-making are centered in the community and family. Additionally, Service Coordination is culturally competent, ensuring agencies and programs are responsive to the population's diverse cultural, racial, and ethnic backgrounds. Services are family-driven, youth-guided, culturally competent, and community-based. The ultimate goal of service coordination is to keep Clinton County's youth in their homes, schools, and community in the least restrictive setting.

1. Service Coordination Mechanism Review Team

The Family and Children First Coordinator, the Data, Grants and Planning Committee members and the Case Review Team were involved in the review and revisions of the mechanism. The Data, Grants and Planning committee and the Case Review team are made up of system partners which include: the Clinton County Child Protection Unit, Clinton County Juvenile Court, Clinton County Board of Developmental Disabilities, the Mental Health Recovery Board Serving Warren and Clinton Counties, Clinton County Juvenile Court, New Housing Ohio and the Clinton County Health District.

2. Accessing Service Coordination

Service Coordination is available to youth ages 0 through 22 with complex needs and multi-systems involvement. Families seeking services due to their needs not being met by traditional agency systems or who desire a coordinated, cross-system approach can access services as outlined below:

- a. Families with children from prenatal to age three who meet eligibility criteria receive service coordination primarily through Help Me Grow (HMG), which also develops the Individual Family Service Plan. Low-income families that are ineligible for HMG are referred to Early Head Start. Both programs adhere to relevant regulations. If a child in Service Coordination through the CIT qualifies for HMG, HMG will take the lead, with the CIT providing extra support.
- b. Families with children aged three or older with complex needs can receive service coordination through the Child Intervention Team. Eligibility criteria for the Child Intervention Team include, but are not limited to:

- Clinton County youth between the ages of 3 and 21 who are involved with multiple systems which may include: mental health and addiction recovery services, child welfare, developmental disabilities, juvenile justice, Head Start
- Youth who are experiencing school failure due to serious behavioral, emotional, or developmental disorders
- Youth with serious behavior and/or emotional disorders who are returning to their home communities from placement settings such as therapeutic foster homes, residential centers, psychiatric hospitals, Ohio Department of Youth Services correctional centers, or community correctional centers
- Youth whose parents or guardians would otherwise have to relinquish custody to obtain the appropriate level of services
- Alleged unruly youth, youth at risk of becoming unruly, and adjudicated unruly and/or delinquent youth
- Families voluntarily seeking services for their youth
- Youth in Children Services custody
- Youth who have been found eligible for OhioRISE Care Coordination, either through Aetna or the local CME, and request to receive care coordination through their local FCFC.

3. Outreach and Training on Service Coordination through the Child Intervention Team

Families and system providers are informed about FCFC's service coordination through various channels (including but not limited to):

- a. Brochures that are distributed around the community and made available to community partners at each FCFC full council meeting
- b. Presentations to agencies, community groups, FCFC Council & subcommittees, and schools.
- c. The FCFC Coordinator attends community meetings and local agency staff meetings to share new/changing information related to service coordination.
- d. The Clinton County website contains information on the Child Intervention Team and includes the referral form and process for making a referral. [Official Website for Clinton County Ohio - Family and Children First Council](#)

(B) Procedure for referring a child and family:

1. Families, Juvenile Court, schools and/or social service agencies can make a referral for Service Coordination in the following ways:
 - a. If a referral is being initiated by an agency, a referral form should be submitted to the FCFC Service Coordinator. The referral may be sent via mail to: 1025 S. South Street, Suite 400, Wilmington, OH 45177 or emailed to Maggie.Henry@jfs.ohio.gov. Referral forms are available at each social service agency and can also be found at [Official Website for Clinton County Ohio - Family and Children First Council](#).
 - b. If a referral is being initiated by a family, the family may contact the FCFC Service Coordinator at (937)382-5726 x 1522 and they will be assisted in completing the referral form.
2. Not all families who are referred to service coordination or families that contact the FCFC Service Coordinator will be appropriate for service coordination. The appropriateness of a referral can be determined by calling the FCFC Service Coordinator at 937-382-5726 x 1522 or sending an email to Maggie.Henry@jfs.ohio.gov. The Service Coordinator may also meet with a family, find they are not appropriate for service coordination but may make referrals to specific agencies for services.
3. Upon receipt of the referral, the following occurs:
 - a. The Service Coordinator will contact the referral source to acknowledge receipt of the referral and to gather any missing information.

- b. The Service Coordinator will contact the family within 5 business days to discuss the referral, gather any pertinent missing information, explain the service coordination process and schedule the first, in-person meeting (within two weeks) at a time and location decided upon by the family. During the meeting, the Service Coordinator will gather information about the family's needs, strengths, culture, and perspective. The family is also asked about their connection with OhioRISE.
- c. If a family is in need of Level 1 services, appropriate referrals are made, the referral source is notified, and the referral is considered closed. Level 1 services include: parenting classes, drug and alcohol prevention and/or outpatient treatment, mental health services, anger management classes, mediation for truancy and unruly issues or diversion services for first time, non-violent offenders. Level 1 services can be initiated without a formal referral.
- d. If a family is in need of Level 2 services, the Service Coordinator and the family will create a Child Intervention Team (CIT) that includes identified family support persons, representatives from all appropriate agencies, and a representative from the child's school district. Level 2 services include service coordination, respite care, intensive home-based services, and day treatment/ partial hospitalization. The FCFC Service Coordinator will then contact the CIT members to set a date, time and location to begin creating a strength-based plan that addresses the family's needs, aligns support within the system of care, and fosters coordinated efforts between those working with the family. Prior to escalating to another level of service, all available, appropriate interventions should be tried which include the family working collaboratively towards meeting the goals and plans established in the Individualized Family Service Plan.
- e. If Level 2 services are not successful, results of assessments, family, team members and the Case Review Team recommendations, and all the information that can be gathered is taken into consideration prior to the escalation to Level 3 or 4 services. Level 3 services may include short-term stabilization, alternative family placement, foster care, therapeutic foster care, group home or other options that the team deems appropriate. Level 4 services include residential treatment when funding is available.
- f. When a case is referred to FCFC Service Coordination and there is risk of harm to self or others, the case may be escalated to a higher level of service as determined by the CIT and Case Review teams.
- g. OhioRISE Collaboration:
 - I. If a youth has not been assessed for eligibility for OhioRISE and is interested in obtaining additional insurance coverage, the Service Coordinator can refer the family for a CANS assessment through an OhioRISE partner or help the family take this step themselves if they prefer.
 - II. If a youth has previously been found eligible for OhioRISE at Tier 2 or Tier 3 and wishes to stay with their local FCFC for service coordination, the family is provided with the contact information of the assigned CME (care management entity) and encouraged to put in writing their request to be moved to Tier 1 for service coordination through the managed care entity. Families will continue to be served during this process and will see no delay due to waiting for the CME to follow through.
 - III. If a youth has been found eligible for OhioRISE at Tier 2 or 3 and wishes to stay with their local CME for service coordination, the Service Coordinator will make sure they have the appropriate contact information and will close out the referral.

(C) Procedure for notification of all family service coordination plan meetings:

- 1. The Service Coordinator contacts the family to schedule an initial meeting at a convenient time and location. Meetings are encouraged to be in person. However, Zoom and Microsoft Teams continues to be an option for meetings when getting everyone together is not realistic (out-of-town family, youth placed out of

the home, telehealth professionals, etc.). The team is determined by the current system involvement and the significant individuals in the youth's life, which may include agency representatives, school district members, and both formal and informal family supports like extended family, friends, and clergy. The National Wraparound Initiative emphasizes "family voice and choice," affirming that families can include or exclude anyone they feel is essential for achieving their vision of success.

2. The Service Coordinator contacts identified team members via phone, email, or letter. The Service Coordinator explains the process, addresses any questions, and invites participation in family team meetings, providing at least five business days' notice of the date, time, and location. In urgent situations, shorter notice may be given.
3. At the end of each team meeting, the team schedules the next meeting(s) as needed. Discussion of additional team members to add is facilitated and the Service Coordinator is responsible for inviting any absent or newly identified team members to the next meeting.

(D) Procedure for a family to initiate a meeting and invite support persons:

1. A parent/family can request a meeting at any time by contacting the FCFC Coordinator/CIT Service Coordinator. Meetings are scheduled at the family's convenience, and the Service Coordinator will notify all team members of the details.

(E) Procedure for 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:

1. The Child Intervention Team's goal is to prevent out-of-home placements. When a child has been receiving service coordination through FCFC and an out-of-home placement is considered, the family and involved service providers will meet to determine placement and the availability of funds. Funding for these placements may not always be available. Parents will participate in the placement costs as determined by Court order.
2. For families involved in the service coordination process, non-emergency placement decisions. options are explored that ensure safety in the least restrictive environment.
3. If all options are exhausted, and the team recommends out-of-home placement, the proposal is presented to the Case Review Team for review and funding decisions. The Case Review Team is made up of administrators from the Child Protection Unit, the Board of Developmental Disabilities, Juvenile Court and the Mental Health Recovery Board Serving Warren and Clinton Counties, all of whom contribute financially to the pooled fund.
4. If emergency placement occurs without time for a service coordination plan meeting, a meeting will be scheduled and held within ten days of placement. Once the meeting is held, the protocol above will be followed.
5. MSY Funding: The Case Review Team may also recommend the team apply for state MSY (Multi-System Youth) funding and PASSS (Post Adoptive Special Services Subsidy) funding where appropriate. The Service Coordinator is responsible for completing the MSY application with team input and for submitting it to the state for review. If funding is approved, updates are sent to the state at the required intervals.
6. If the Case Review Team does not support out-of-home placement, recommendations will be made for other treatment options that address the family's needs and concerns.

(F) Procedure for monitoring progress and tracking outcomes:

1. The youth and family team continues to meet until the family team and youth address the needs in their service coordination plan or the family feels that they are sufficiently addressed. Processes and outcomes identified in the plan are recorded in the Ohio Automated Service Coordination Information System (OASCIS).

2. Data is reported to both state and local partners at their request. Specific data elements collected include, but are not limited to:
 - a. Basic Demographics of population served (age, gender, race, household composition, school district, primary diagnosis, etc.)
 - b. Process Outputs (numbers served, cases closed, length of involvement, parent partner involvement, etc.)
 - c. System Involvement
 - d. Youth who are at risk of placement
 - e. Numbers of youth placed out of the home
3. At a minimum, one monthly phone call is made to the residential center when a youth is in an out-of-home placement. This call may be placed during a Case Review Team meeting and may include the parent/guardian if attending the meeting. If the child is in the custody of Clinton County Job and Family Services, monthly visits are made. Residential facilities are required to provide timely, written reports concerning major unusual incidents as well as reports on the youth's treatment progress. The CIT and Case Review team members receive and share information on a regular basis. All information is shared with the family unless otherwise ordered by the court. Efforts are made to shorten residential stays for youth in an effort to preserve families. While a child is in placement, the team addresses any immediate needs and begins aftercare & transition planning for the youth's return to the community including planning for housing, ongoing treatment and education. Supportive services may be offered to the family while their child is in placement. This may include family counseling, education around their child's diagnoses and/or reason for placement, and referrals to resources for other family members, if needed.
4. Termination of a residential placement is a team decision that includes input from the parent/guardian.
5. The Case Review Team meets regularly, at least 6 times per year, and shares updates at meetings for all residential placements as well as children who are at risk of placement. Family Service Coordination Plans are reviewed for progress and suggestions for additional services may be suggested. The FCFC/CIT Service Coordinator reports to the full council any identified gaps and requests input from council members on ways those gaps can be filled. Non-identifying information is always used.

(G) Procedure for protecting family confidentiality:

1. A release of information is used to ensure confidentiality practices are aligned with the values of Service Coordination. By limiting the number of people/agencies involved until after each step of the Service Coordination process occurs, parents are empowered with more voice and choice regarding information shared as well as team membership.
2. All referrals for service coordination include a release of information signed by the parent/guardian or young adult to initiate the process and allow contact between the Service Coordinator and the referral source.
3. At the beginning of each team meeting, a confidentiality form is signed by all in attendance reminding them that "all client specific information, proceedings, documents, records, discussions, opinions, findings, evaluations, and/or actions taken during the meeting are confidential. Except as required to carry out the duties of my employment, this information is not subject to disclosure pursuant to ORC 2305, 2317, 4757 and 5122. I further understand that any breach of this confidentiality is subject to disciplinary action, and possible legal action against me. These restrictions on disclosure and confidentiality are not time-limited and are binding on me even after my involvement with this team."
4. The Service Coordinator requests an additional release be signed by the guardian allowing contact between the Service Coordinator and those selected by the family to participate in the team. In addition, those who serve on the Case Review team and those entities involved fiscally, are also included on the release of information. This release is in effect until the closing of service coordination, or the family revokes the release. As new members are added to the team during the service coordination process, an updated team release is completed.
5. Service Coordination emails are protected through an encrypted and HIPAA-compliant email service.

(H) A procedure for assessing the strengths, needs and cultural discovery of the family:

The service coordination process requires and trains coordinators to identify family strengths and needs to ensure a consistent approach is applied to the assessment of the strengths, needs and cultural discovery of the youth and family. This involves a planned meeting with the youth, family, and supportive individuals and has three key goals:

1. Identify strengths, assets, and resources that may be mobilized to meet family needs for support.
2. Learn about and understand the culture of the family so the service coordination plan “looks like” and “feels like” the family, i.e., is culturally competent and more likely to be a plan the youth and family will support and participate in.
3. Record youth and family needs. Needs are the immediate area of focus that are identified by the youth and family.

1. The Strengths, Needs and Culture Assessment Process is as follows:

- a. The service coordinator arranges an initial meeting with the youth and family at a convenient time and place. Additional participants, such as family, caregivers, service providers, or friends, may join at the family's discretion.
- b. A conversation is held with the youth, family, and other family-included participants gathering their perspective on their individual and collective strengths, needs, elements of culture, and long-term goals or vision. The service coordinator also seeks to identify and understand the natural, informal, and formal supports available to the family. The service coordinator captures areas where the youth has found success in the past or what has worked for the family in addressing needs.
- c. The Service Coordinator utilizes tailored tools to gather information on the family including strengths, life functioning, behavioral/emotion needs, risk behaviors, cultural factors, potentially traumatic/adverse childhood experiences, early childhood, transition age and caregiver resources and needs. This process is repeated every 90 days (or more if needed) the youth and family are enrolled in service coordination.
- d. Additional information may also be obtained from team members and other supports by phone as those individuals are identified by the family and the appropriate releases are obtained.

(I) Procedure for developing an individual family service coordination plan (plan of care):

1. Service Coordination plans offer family teams a structured approach to identify, monitor, and track prioritized needs with clear outcomes and objectives. Utilizing the National Wraparound model and specific documentation ensures accountability and structure in the process.
2. The Service Coordinator takes the lead and contacts team members to schedule an initial meeting to begin developing a family service plan using the family service plan agenda.
3. During the initial team planning phase, the service coordinator works with the family and team to determine the team, meeting frequency, and progress monitoring. The coordinator guides the team in the process and facilitation techniques. As the team becomes comfortable, members may assume facilitator roles, including leading meetings and tracking progress. A key sign of readiness to transition from service coordination is the family and team's ability to independently coordinate and monitor their own service plan.
4. Service Coordinators are trained to help teams create plans in the least restrictive environment by planning around needs, not services. Addressing safety, supervision, and clinical issues using a mixture of formal, informal, and natural supports allows teams to be more creative in their planning. Utilizing technological resources, as well as arranging for supervision, supports, and services, can allow youth to receive treatment in their community rather than having to be placed out-of-home.
5. The team is provided with a list of the family's strengths and needs that was compiled during the first meeting. The coordinator helps the team to utilize the existing strengths and family culture (preference, attitudes, values, etc.) when creating their plan.

6. In subsequent meetings, teams review successes and progress on outcome measures, addressing barriers to support. They brainstorm solutions, revise plans, and are able to consult with the Case Review Team if assistance is needed. The team continuously updates action steps and assignments based on evolving needs, while adjusting or discontinuing ineffective actions.
7. As teams outline actions to meet identified needs, commitments are secured. The coordinator will help assign responsibilities in clear detail, and outlines this in the family service plan. This document specifies task assignments and deadlines to ensure accountability. It is distributed to team members and updated within five days of each meeting. Updated Strengths and Needs are documented and reflected in the plan.
8. Before the end of each meeting, the coordinator schedules the next meeting and requests feedback on how the process is evolving.
9. Safety: A safety plan is crucial when health and safety are at risk and the youth and family team must prioritize safety. In the initial two meetings, the coordinator addresses concerns such as supervision, fire setting, inappropriate contact, substance use, self-harm, animal cruelty, running away, and media exposure. If any issues threaten safety, a safety plan will be created. The safety plan includes preventive measures and steps to maintain calm during incidents, with contacts for the mobile crisis team (MRSS) and local police. The plan aims to restore trust and prevent future incidents. An individualized one-page safety summary is provided for reference, and the safety assessment can be updated as needed.
10. Crisis Planning: The coordinator will help with the creation of the individualized Family Crisis Prevention Plan for families who are involved in service coordination. Unlike safety plans, crisis prevention plans address stress-inducing situations that do not pose immediate safety risks, such as explosive behaviors, temper tantrums, sneaking out, or skipping school. The coordinator will assess whether a crisis plan is needed as an additional part of the family service plan. These plans can be crafted at any stage, focusing on preventing triggering events and providing guidelines for families during crises. They leverage the strengths of the family and their support networks to empower them. Crisis plans are tailored, regularly reviewed, and utilize a crisis planning worksheet to identify triggers and necessary interventions. An addendum summarizes strategies to mitigate crises and manage escalation effectively.
11. Timeliness of Response: The service coordinator must finalize the initial plan within 30 days of meeting the family. Teams should meet at least monthly (more if needed) during this phase to assess the need for a Crisis and/or Safety Plan, prioritizing safety for certain families. After completing both plans, teams will meet less often until transitioning, at which point a Transition Plan is developed. Families will complete closing paperwork, including post-surveys and standardized assessments.

(J) How alleged unruly children will be supported using service coordination including a method for diverting them from the juvenile court system:

1. The Court does not initially allow a parent and/or guardian to file an unruly complaint against a youth without first seeking out programming offered by the Clinton County Resource Center. The Resource Center's mission is "to empower youth and families by providing choice, building positive skills, and enhancing community commitment." They are dedicated to providing quality programming & interventions that are focused on positive and healthy behavioral change for youth and families in Clinton County. Employing diversion programs rather than going through the formal court process and without an adjudication (a formal court record) is a more productive way of addressing and preventing future delinquency. It empowers youth with the chance to alter their trajectory and decision making moving forward without unnecessary and long-lasting punitive consequences. The Resource Center provides a wide range of prevention services such as diversion, the Pivot program which focuses on pro-social and life skills, the Parent Project, and Making the Mark: a school enrichment program.
2. The Court also encourages local law enforcement to refer a family to the Clinton County Resource Center when either responding to an unruly call or when contact is made with a parent who wants to file unruly charges against their youth.

3. If and when an unruly complaint is filed with the Court, the Court orders the youth and family to participate in programming at the Resource Center. If they successfully complete programming, the unruly complaint will be dismissed so that the youth does not have a formal court record.
4. All truancy charges must first go through the mediation process. If mediation is not successful, the case goes to the truancy roundtable where additional suggestions and/or recommendations are given. The youth then is either placed on truancy supervision or a formal charge is filed with the Court.
5. At any time during this process, a referral for service coordination may be made.

(K) A dispute resolution process, including judicial review process:

The dispute resolution process has been created to resolve disputes between agencies or between agencies and guardians when there is disagreement about the service coordination plan. Any dispute regarding Early Intervention should follow the Early Intervention dispute resolution process. The Family and Children First Council dispute resolution process is outlined below.

Families are informed in writing of the availability of dispute resolution at the initial meeting with the Service Coordinator. At the point of disagreement, all parties (agencies and families) are strongly encouraged to attempt to resolve the issues directly with members of the service coordination team or the agencies in question prior to initiating the formal conflict resolution process.

- A. Should a family decide to file a formal complaint, prior to moving through the 3 stages of the dispute resolution process, they must first submit a formal complaint in writing to the Job and Family Services Deputy Director at 1025 S. South Street, Wilmington, OH 45177. If needed, the Deputy Director will assist a family in creating and submitting the complaint. The Deputy Director shall ensure that all parties involved receive a copy of the written dispute and a meeting date and time will be set to discuss the complaint. The meeting will be held within 7 calendar days following receipt of the complaint. If initial efforts are unsuccessful at resolving the dispute, the complainant will be referred to Stage 1 of the dispute resolution process by the Deputy Director and the original written complaint will be submitted to the Case Review Team's Executive Directors or the designee for formal mediation. A minimum of 3 Director's will be involved in the decision-making process. The written complaint should be mailed to: Chair, FCFC Executive Committee, 1025 S. South Street, Suite 400, Wilmington, OH 45177. This must be done within 3 calendar days following the initial meeting at the direction of the family or agency.
- B. Stage 1 – The FCFC Executive Committee Chair will select a mediator. The mediator will attempt to resolve the identified issue(s). All parties to the dispute will participate in the mediation process which will be held no more than 10 calendar days following receipt of the written complaint by the FCFC Executive Committee Chair. If no resolution can be reached internally through mediation, either the family or the agency may continue to Stage 2 by submitting, in writing, a request to continue the dispute process. The request should be made to the JFS Deputy Director at Amanda.Randolph@jfs.ohio.gov within one week of the failed mediation. They will notify all parties that the complaint is moving to Stage 2.
- C. Stage 2 – If the dispute cannot be resolved during Stage 1, the FCFC Coordinator will consult with Ohio Family and Children First to determine next steps to reach a resolution.
- D. Stage 3 – A complaint is filed with Clinton County Juvenile Court within 7 days by any party opposed to the FCFC determination. All interagency assessments and treatment information will be submitted to the court as well as any other information requested. The Juvenile Court Judge will hear the complaint and based on the evidence presented by parties, will issue a Judicial Decision. The Juvenile Court is the final authority in the county.

While the local dispute resolution process, court proceedings or state committee review pursuant to this section are pending, each agency shall provide services and funding as required by the decision made by the Case Review Team before dispute resolution was initiated. If an agency that provides services or funds during the local dispute resolution process or court proceedings is determined through the process or

proceedings not to be responsible for providing them, it may be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.

In cases considered an emergency, defined as a dispute that requires an immediate response due to the safety or well-being of a child(ren), family and/or community, the time frames will be reduced as much as possible. Participants will adjust their schedules to allow for the earliest meeting time or will phone conference if absolutely necessary. The FCFC will deliver determination in 45 days or less.

(L) Fiscal Strategies for supporting FCFC service coordination:

Funding may be available to families engaged in the Service Coordination process, as funds are available, and services are appropriate.

1. Pooled Funding

The Case Review Team (Pooled Funders) is a multi-system funding team that supports:

- a. The Service Coordinator's salary
- b. In-home clinical services
- c. Out-of-home placements
- d. Costs of an identified service need that exceeds the resources of a single agency or system, including a Medicaid waiver match.
- e. Respite care, recreational and family strengthening activities

2. Family Centered Services and Supports (FCSS)

FCSS funds are a combination of federal and state funds made available to each county to administer and manage. These funds have federal restrictions and regulations which require these dollars to be used for community-based services which promote the stability and well-being of children and families. Furthermore, these funds are used at the discretion of the Service Coordinator while adhering to the guidelines and requirements for their use. Exceptions include a single cost of over \$1000 which requires the Service Coordinator to present the request/expense to the Case Review Team for their approval.

3. MSY – Ohio Department of Medicaid (ODM)

The MSY funding is made available through the Ohio Department of Medicaid and is considered a Custody Relinquishment Prevention Program. Children and youth served by the MSY program must either be at risk for custody relinquishment or have been recently relinquished for a short period of time solely to access care. Youth must have multi-system needs and be using creative multi-system supports. Care funded by the MSY Program must be clinically appropriate and provided in the least restrictive setting possible to support the child or youth's needs. Funding can be sought for service coordination, in-home and/or community supports or for out-of-home treatment.

4. Multi-System Youth – PCSA

Multi-System Youth (MSY) allocations distributed by local Public Children Service Agencies (PCSA) must be designated to the county Family and Children First Councils' (FCFC) restricted pooled fund. Use of these funds is restricted to providing services and supports needed to prevent the relinquishment of custody of children, 0-18, and to facilitate family reunification following a custodial episode. This may include things such as: service coordination, mentoring, parent advocacy, parent education and respite care.

5. State Flexible Pooled Funding

State Flexible Pooled Funding refers to funds that are transferred by public entities to the Family and Children First Council Flexible Funding Pool. These funds can be used to assure access to needed services by families, children, and older adults in the community. The pooled funds must be spent on services to meet the needs of children, families and adults.

(M). Quality Assurance of Service Coordination Mechanism

Clinton County's Service Coordination Mechanism is reviewed annually by the Case Review Team, shared with Family & Children First Council members, made available upon request, and posted on the county's website. Changes in policy which require updates to the mechanism must be approved by the full council.