



CHAMPAIGN COUNTY
FAMILY & CHILDREN FIRST COUNCIL

Service Coordination Mechanism

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CHAMPAIGN COUNTY FAMILY AND CHILDREN FIRST
SERVICE COORDINATION MECHANISM

OVERVIEW

The Service Coordination Mechanism (SCM) shall serve as the guiding document for planning, coordinating, and implementing service coordination to families with multiple needs. The Champaign County Family and Children First Council (CCFCFC) is committed to providing coordinated services to families with children Birth through age 22.

The purpose of Service Coordination through CCFCFC is to provide an alternative approach for children and families who need a more intensive collaboration of multi-system providers and informal supports. Each system has areas of responsibility, and this Service Coordination Mechanism is not intended to override current agency systems but to supplement and enhance what currently exists. Service Coordination should build upon the strengths of services in our communities that are already working for families. The service coordination process will provide access to existing services and supports, both formal and informal, and when appropriate propose new services, supports and/or strategies to be added to address family and youth's unmet needs.

Service coordination is an approach to service planning that provides child-centered and family focused services and supports with the strengths and needs of the child and family guiding the types and mix of services to be provided. A team of individuals who are relevant to the wellbeing of the child and family (e.g., relatives, other natural supports, service providers and agency representatives) collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. Information is shared while also assuring the confidentiality of the family. The goal of this process is to assist families in building a system of natural supports so to gradually reduce family reliance on formal systems and become self-sufficient.

The levels of care used to serve children and families in the context of this Service Coordination Mechanism include:

- information and referral
- service coordination
- wraparound

CCFCFC will use information gathered in the referral and CANS to determine what level of service coordination is needed for a child and their family. No child or family will be refused the opportunity to refer themselves for consideration of service coordination.

GUIDING PRINCIPLES/ VALUES

Ohio Family and Children First values that shape Ohio's public policy regarding families and children guide the progress of CCFCFC service coordination. The values include:

- Children have the right to live with their own family.
- Children have the right to be nurtured and protected in a stable family environment. When children are at risk of harm, the community has the responsibility to intervene.
- Families are our community's most important resource and must be respected, valued, and encouraged to build upon their strengths.
- The racial, cultural, and ethnic heritage of children and the neighborhoods where they live are respected and supported as strengths. Ethnic and racial child-rearing practices are valued.
- Families have the right and responsibility to participate in identifying their concerns, priorities, and needed resources.
- Families have a right to individualized service provision that addresses the multiple needs of their children.

In support of these values, Governor Taft identified OFCF to coordinate state-wide efforts to improve outcomes for Ohio's children and families. This resulted in the development of Ohio's Commitments to Child Well-Being. The CCFCFC service coordination mechanism is committed to supporting the vision of the six Commitments to Child Well-Being, to include:

- Expectant parents and newborns thrive
- Infants and toddlers thrive
- Children are ready for school
- Children and youth succeed in school
- Youth choose healthy behaviors
- Youth successfully transitions into adulthood

HISTORY

The Champaign County Department of Family and Children First Council (CCFCFC), organized in December of 1993, consisted of general council members, an Executive Committee made up of state mandated members, and various ad hoc committees and task forces. The purpose of each task force was to identify and resolve specific issues problematic to the accomplishment of the Council's vision/mission. The Administrative Child & Family Team (CFT) operated as a task force under the umbrella of the Council, and in so doing, accepted the vision and mission of the Council.

The Council identified the Administrative CFT as its entity responsible for the development, implementation, and ongoing operation of the County Service Coordination Mechanism. Each member agency director or identified designee were to be a participant in the Administrative CFT. The Administrative CFT membership responsibilities included, but were not limited to, the following:

1. Attendance at all regularly scheduled meetings.
2. Assuming the decision-making authority normally vested with the chief executive officer of the represented agency, including the ability to commit to a shared funding agreement.
3. To work cooperatively in assessment of, and intervention in identified service gaps and barriers.

In 1998, the two part-time positions of Council Coordinator and Cluster Coordinator were combined into one full time position. Therefore, it was appropriate at that time to revise the current service coordination mechanism to include Cluster as well as Council activities. In 2000, the Council Coordinator position evolved into a Council Director position and a separate Cluster Coordinator position was created.

In 2001, the Champaign County Commissioners approved the creation of the Champaign County Department of Family and Children First. In 2002, the service coordination mechanism was revised removing Council activities due to the Department creating its own set of By-Laws. The revision was also completed to include new information from House Bill 57 which was passed in 2001. In 2002, CCFCFC was re-organized to include an Executive Director, Cluster Coordinator/Help Me Grow Project Director and an Office Manager.

In 2004, CCFCFC was awarded a highly competitive two-year grant through the Partnerships for Success Initiative and hired a Coordinator to oversee the implementation of the grant. On December 1, 2005, the Champaign County Department of Family and Children First updated the County Service Coordination Mechanism to the standards requested by the Ohio Family and Children First, based upon changes in Ohio Revised Code 121.37.

Effective July 1, 2006, upon the request of the Champaign County Commissioners, the Executive Committee changed the administrative agent of CCFCFC to the Logan-Champaign Mental Health, Drug & Alcohol Services Board (MHDAS). Due to this change in administration, all staff positions under the Champaign County Commissioners were eliminated and Council's name returned to the Champaign County Family and Children First. An Executive Director and Program Coordinator were hired in August of 2006 and October of 2006 respectively. Service Coordination that was previously called "cluster", was renamed to "Child and Family Teams (CFT)" to support the movement away from a child-centered service delivery system, and toward family and children integrated systems that support children and preserve families through inter-agency home and community intervention wherever possible.

In 2008, Champaign County began utilizing the Child and Adolescent Services Intensity Instrument (CASii) version 3.0 released in October 2007 by the American Academy of Child and Adolescent Psychiatry as an additional cross-system tool for youth involved in CCFCFC service coordination that were facing possible out-of-home placement. The CASii was created in response to many clinician, administration, and reviewers' requests for the development of a common framework for making decisions on the level of service intensity placement, continued stay, and outcomes in the treatment of children and adolescents. In most cases, the CASii may be applied to children ages 6-18 years of age to objectively determine the service needs of children and adolescents with serious emotional disturbances, mental illness, substance use disorders, and developmental disorders. The CASii tool was completed on a youth as a team, including the family and their supports, agency representatives working with the family (CFT participants), district of residence representative and district of enrollment representative, CCFCFC Program Coordinator and if needed a representative from the Intersystem Diversion Team.

In July 2017, Champaign County Family & Children First Council again changed administrative agents from Logan-Champaign Mental Health, Drug & Alcohol Services Board (MHDAS) to be under Madison-Champaign Educational Service Center (MCCESC). Hereafter, CCFCFC supported the following full-time positions: Executive Director, Wraparound Program Coordinator, and Ohio Early Intervention Service Coordinator.

In July 2021, the Early Intervention Service Coordinator moved from under the umbrella of the CCFCFC to the Champaign County Board of Developmental Disabilities. The CCFCFC maintained the Early Intervention grant funds and still provided oversight to the Service Coordination role within Early Intervention.

In July 2022, Champaign County Family and Children First Council once again changed administrative agents to the Champaign County Department of Job and Family Services (CCDJFS). The Council continued to administer the Early Intervention Service Coordination portion of Ohio Help Me Grow although all Early Intervention Service Coordination staff are employees of the Champaign County Board of Developmental Disabilities. Champaign County

FCFC staff include the Executive Director and Multisystem Youth Program Coordinator. Wraparound was dropped from the title of this position due to the duties of the role expanding into service coordination and overseeing the Multisystem Youth in Crisis funding for families.

The CANS assessment tool has been widely adopted across the State as a child and family strengths and needs assessment that is used to inform the plan of care and the Child and Family Team activities.

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 Wraparound are collaborative, coordinated, cross-systems team-based planning processes implemented to address the needs of youth and families where those needs are multiple and complex. Service Coordination and 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
- Least restrictive setting
- Coordinated at both the system and service level
- Family-driven, youth guided
- Emphasize early identification and early intervention

In addition to the services CCFCFC provides, the Champaign County System of Care includes other care coordination processes for multisystem youth. These services are designed to serve a specific population and are part of the Champaign County continuum of care for families. It is critical that these services are aligned with the work of CCFCFC so that families can get the service that best fits their needs.

The description of these processes is summarized below:

Grace Project:

Created for families who are involved in both the Family Court and Children Services, the Group Response for A Chance to Excel (GRACE) Initiative brings together parents, youth, Family Court staff, Children Services staff, and other service providers to identify family strengths, needs, and the resources that might be helpful for the family.

The goal is to work together to put the best services into place so that dually involved youth and families do not have future involvement with the Court or with Children Services.

OhioRISE Care Coordination:

OhioRISE is Ohio’s new behavioral health insurance program and is available for youth who are Medicaid eligible and have a behavioral health diagnosis. Care coordination is a benefit of the OhioRISE program that is offered to all children, youth, and families enrolled in OhioRISE. Care coordinators work with families, providers, and community partners who are involved with the family to:

- Reduce the number of meetings scheduled for the family
- Develop one plan of care.
- Organize everyone involved in a coordinated way to support the family's needs.

Families are assigned a Care Coordinator who knows what services are available through the OhioRISE program and the family’s Medicaid managed care plan or fee-for-service Medicaid. Families can opt out of the care coordination benefit if they choose.

System of Care Committee

The System of Care Committee is a subcommittee of CCFCFC and is comprised of collaborative agency/organization supervisors including: CCFCFC Multisystem Program Coordinator and Director, Champaign County Board of Developmental Disabilities (CCBDD), Department of Job and Family Services (including Children’s Services), Family Court, ESC Parent Mentor, Logan-Champaign Mental Health, Drug, and Addiction Services Board (MHDAS), school counselors/navigators and mental health service providers, will meet monthly to discuss systemic issues regarding: system of care, case review, out-of-home placements, service gaps, CFT disputes, local mental health assessments, problem-solving, and strategizing on behalf of services being utilized by county families. The System of Care Teams primary focus is monitoring high-need CFT cases and reducing out-of-home placements, but also assists with revisions to the CFT process and Service Coordination Mechanism.

SERVICE COORDINATION AND WRAPAROUND

Service coordination is a process of service planning that provides family-centered, individualized services and supports to families. Service planning is delivered with the needs and strengths of the child and family guiding the types and mix of services to be provided. These supports and services are to be responsive to the cultural, racial, and ethnic differences of the community population.

The purpose of service coordination is to provide a venue for families needing services, where their needs may have not been adequately addressed in traditional agency systems. Service Coordination through the CCFCFC office provides families with a higher-level coordinated cross-systems approach. Service Coordination provides access to existing services and supports, both formal and informal, and, when appropriate proposes new services/supports to address unmet needs. Available funding resources are fully utilized or integrated into a shared funding agreement. Each system has areas of responsibility, and the collaborative approach is not intended to replace or usurp the primary role of any one of these systems. Service outcomes are evaluated to ensure the effectiveness of the service coordination process.

The Wraparound process is a way to improve the lives of children with complex needs and their families. It is not a program or a type of service, but a Child and Family Team (CFT) based planning process used to develop plans of care that are individualized based on the strengths and cultural of the children and their families. The plan is needs-driven rather than service-driven, although a plan may incorporate existing categorical services, if appropriate to meet the needs of the consumer.

GUIDING PRINCIPLES

Champaign County Family and Children First Council believes that children and their families are our greatest asset. In following the “Cluster” mission, the purpose of our Multisystem Youth program is threefold:

- 1) To preserve and strengthen a family’s ability to care for a child, aged Birth through 21 years, with multiple needs to avoid placement out of the home. It is the goal of a CFT to keep families together if possible.
- 2) To assure our youth receive appropriate, timely, and quality services consistent with their individual and family needs.
- 3) To provide each multisystem family involved with CCFCFC, with a collaboratively developed Family Plan of Care (POC) designed to assure the youth and their family receive coordinated and timely services and treatment they deserve. It is the responsibility of the Child and Family Team to follow the plan thoroughly. The success of the POC is largely dependent upon the accountability and integrity of each involved agency, organization, and the family.

It is the belief and intent of the CCFCFC that every child has potential, unique strengths, and assets. It is the team's responsibility to build on the strengths and maximize the potential of multi-need youth and their families. The teaming process will use creativity, diligence, flexibility, and commitment to make options available for every youth and family referred for Multisystem Services.

MEMBER ROLES DEFINED

The Child and Family Team (CFT) is comprised of the CCFCFC Multisystem Youth Program Coordinator, the family, and representatives from agencies and organizations involved with identified at-risk youth work together to gain access to treatment, access funding streams, and achieve goals as outlined in the Family Plan of Care. Team members will vary depending upon the unique needs of the youth and family. The CFT recognizes that as goals are met or barriers are encountered, team members may change.

Multisystem Youth Program Coordinator

The Multisystem Youth Program Coordinator is employed by the CCFCFC. The role of Program Coordinator is to facilitate the CFT process in Champaign County. The Program Coordinator is responsible for reviewing all referrals and providing referral outcomes to the family and/or service provider who served as the referent. The Program Coordinator shall conduct a CANS assessment with the family and members of the team who know and care for the family. The resulting needs are prioritized for the Plan of Care. The Program Coordinator will also track the progress of the Family Plan of Care, schedule reviews of the plan with the CFT and facilitate the shared funding process, if needed.

The responsibilities of the Program Coordinator include but are not limited to:

- Provide the family with information regarding CCFCFC multisystem services, including information regarding accessing a Parent Advocate or Peer Support Specialist. Additionally, for those families with a youth suspected or identified as having special needs, the family will be provided access to a Parent Mentor through the ESC.
- Building rapport and trust with the family by discussing family strengths/needs/cultural considerations at the initial meeting. Open-ended and thought-provoking questions will be utilized to gain broader understanding of the family, their needs, strengths, and values.
- Scheduling CFT meetings, being sensitive to the schedules of all parties involved and prioritizing the parent's needs.
- Notifying all CFT members of scheduled meetings with advance prior notice.
- Ensuring CFT meetings are held at a neutral location or at a location that meets the family's needs or limitations. Giving parents the option of virtual (TEAMS) meetings if they choose.

- Notify all families of their right to initiate a CFT meeting to develop or review the Family Plan of Care, as outlined in O.R.C. 121.37 (C)(3).
- Allow the family to invite a support person (formal or informal) of the family's choice to participate in the CFT meetings, as outlined in O.R.C. 121.37 (C) (3).
- Assuring that family input is allowed at CFT meetings to help ensure that services to be provided are culturally appropriate and responsive to the strengths and needs of the family.
- Maintaining attendance records of each CFT meeting and sending out minutes after the meeting.
- Facilitating CFT meetings in an orderly fashion, keeping the CFT on task and case specific.
- Maintaining communication with CFT members.
- Holding all parties accountable for goals and duties as CFT members.
- Developing or reviewing an already developed crisis plan with the CFT team and family.
- Identifying and seeking funding for strategies in the plan that would include a cost.
- Developing the Family Plan of Care with the CFT. This includes the development of long-term objectives, short-term goals, designating service responsibilities, and approximate dates for meeting goals. A draft of the Family Plan of Care should be developed and made available for the family and all participating CFT members to review. The POC will be reviewed at each CFT meeting to track the progress of goals included in the plan.
- Working with the family and other CFT members to identify barriers associated with achieving the goals in the POC.

The responsibilities of the Family include but are not limited to:

- Be open to discussing their child and family strengths. Educating the CFT about the family's culture, strengths, and needs.
- Attend and actively participate in all CFT meetings.
- Identify informal supports (family, friends, neighbors, etc.) that, if desired, could participate in the CFT process with the family.
- Contribute to the development of the Family Plan of Care.
- If needed, ask for changes with the family plan.

- Communicate any barriers or obstacles that interfere with the objectives of the POC to the team or the Program Coordinator.
- Notify the Program Coordinator if an emergency meeting is needed.
- To determine if it is in the best interest of the youth to become actively involved in the CFT process.

The responsibilities of team members include but are not limited to:

- To think as creatively as possible when developing a plan of care.
- To effectively partner with other team members and be willing to offer help, sometimes in a different way.
- To participate in regular meetings.
- To be willing to take responsibility for the commitments they make that are part of the Plan of Care.
- To be honest and open about their ideas and willing to voice their concerns in a respectful way.

The role of the family peer support specialist or mentor:

Parent peer support specialists and mentors both, while two different roles, offer hope, guidance, and camaraderie for parents and caregivers of children and youth receiving services from Board of DD, education, mental health, child welfare, juvenile court and related service systems. Parent support providers and mentors deliver peer support through face-to-face support groups, phone calls, or individual meetings. They bring expertise based on their own experience parenting children or youth with social, emotional, developmental, or behavioral challenges, as well as specialized training, to support other parents and caregivers. Parent support providers deliver education, information, and peer support. Parents trying to identify and access appropriate services for their child may find child-serving systems (e.g., mental health, education, juvenile justice, child welfare, substance use treatment) complicated and overwhelming. Parent peer support can help these parents navigate systems more effectively, learn from the experiences of other families, feel less alone, and gain hope, ideas, and information. This support can help parents meet their children’s needs more efficiently, and with greater confidence and hope.

OUT-OF- HOME PLACEMENT PROCEDURES

Out of home placement is the last resort for families involved in the Service Coordination process. When considering out-of-home placement, the team will consider the least restrictive environment, in this order from least restrictive to most restrictive: respite, relative or kin home, foster home, therapeutic foster home, group home, unlocked treatment residential facility with residents going to public school, unlocked “campus style” residential facility with school on premises, and finally a locked treatment facility with school in building.

Child and Family Teams who are working with a family who have utilized various treatment modalities and have decided to seek an out of home placement for crisis stabilization or treatment may apply for Multisystem Youth in Crisis funding to pay for the placement for a period of up to 90 days. Additional funding can be applied for should the youth make progress in the facility and need additional time. In this case, the team would work together with the family to locate a placement and the CCFCFC would apply for and monitor the funding. The team would continue to meet and oversee the progress of the youth and plan for the youth’s return to the community.

DISPUTE RESOLUTION PROCESS

Champaign County Family and Children First Council believes that conflict during the Service Coordination Process should not impede the delivery of services. Therefore, the Family and Children First Council is committed to resolving conflict within the Service Coordination process at the lowest possible level and in a timely fashion. The Multisystem Youth Program Coordinator will ensure that the Dispute Resolution Procedure is followed and responded to in an expeditious manner.

If a dispute arises between a family and service provider while a family is involved with the Service Coordination process, it is advised that the grievant seek resolution through the individual agency prior to initiating a formal Dispute Resolution Procedure. This Dispute Resolution Procedure is in addition to and does not replace any other rights or procedures that parents or custodians may have under other sections of the Ohio Revised Code. If a family needs assistance in presenting their concerns within the team setting, they may request a parent advocate or peer support specialist to assist them in presenting their concerns.

Agencies represented on the council will be informed of the Dispute Resolution Procedure when reviewing the Service Coordination Mechanism. Families involved in Service Coordination

will be informed of the Dispute Resolution Procedure during Intake. Emergency situations where a child is in imminent danger of abuse or neglect will be reported immediately to Children's Services and/or a local law enforcement agency. Other nonemergency situations will follow the dispute resolution process described below.

All necessary services to ensure the health and safety needs of the child and family shall be provided throughout the process.

If a dispute arises regarding the teaming process or Plan of Care, the grievant is to contact the Multisystem Youth Program Coordinator. The Multisystem Youth Program Coordinator will attempt to resolve the dispute at the Team level. If that is not possible, the Coordinator will inform the grievant of the Dispute Resolution Procedure. The following procedure will be followed when a family or agency (grievant) initiates a formal Dispute Resolution Procedure:

Any party to the Family Plan of Care, especially including the child and family served, may disagree with the specific services of the plan.

1. The party in disagreement with the plan shall notify the Director of the Champaign County Family and Children First Council and will provide written rationale for the disagreement.
2. The Director of the Family and Children First Council will notify and convene the Executive Leadership Committee of Council (Council Chair, Vice Chair and Director of the administrative agency) within ten (10) days of receipt of the notice. The disputing party shall receive notice of the committee meeting no later than three (3) days before the meeting date and may attend the meeting with or without the family's advocate.
3. The Executive Leadership Committee will provide written notification to the disputing party and the Director of the Family and Children First Council of its decision within ten (10) days after the Committee meeting.
4. When failure to reach an agreement/resolution through the Dispute Resolution Process at the Executive Committee, the dispute will be filed with the presiding Juvenile Court Judge. This will be filed with the Juvenile Judge within seven (7) days from the date of the failed dispute resolution process and there will be preparation interagency assessment and treatment information for the court.
5. All timelines may be extended by mutual agreement between the disputing party and the Director of the Family and Children First Council. Ernest efforts will be made to resolve all disagreements within 60 days.

6. When a dispute that originates with the child's parents or custodians cannot be resolved through the designated dispute resolution process, Champaign County Family & Children First Council can make a referral to the state service coordination committee. 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.

CHAMPAIGN COUNTY FAMILY AND CHILDREN FIRST FISCAL PROCESS

The Champaign County FCFC is funded by OFCF and a pool of local sources to include: The Champaign County Department of Job and Family Services, Champaign County Family Court, Champaign County BDD, Logan-Champaign Mental Health, Drug and Alcohol Services Board (MHDAS), Champaign County Health District, Champaign County Board of Commissioners and the Madison/Champaign County Educational Services Center.

The Champaign County Family and Children First Council also receives funding from the State of Ohio to provide family centered services and supports necessary to successfully maintain children and youth in the community. Families with children, through age 21, who receive service coordination through CCFCFC and have multiple unmet needs are able to access such resources.

Champaign County FCFC may also access funding for multisystem youth who are at risk of out of home placement. These funds, provided through Medicaid and managed by a cross system team of agency professionals, can be applied for to fund in-home or community-based services or out of home placement for periods of time not to exceed 90 days.

The above-mentioned funds are maximized and allocated by CCFCFC in the best fiscal way possible to support the family by providing community-based, preventive and family-centered services. Funding decisions are made based on the requirements of each fund provided and the departments that administer the fund, availability of funds, needs of the family, and recommendations by the Child & Family Teams requesting funding. The CCFCFC Director will approve or deny funding based upon the aforesaid requirements. The Director then provides monthly reports to Executive Committee regarding expenditures for these funds as well as files any requested reports from the departments administering the funds.

This fiscal process is contingent upon funding from the State of Ohio's budget process and may change pending legislative decisions.

SERVICE COORDINATION MECHANISM QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT

Per O.R.C. 121.37 (3)(e), the service coordination 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; family court; 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 Champaign County Family and Children First Council Service Coordination Mechanism will be reviewed at least annually or as the need to amend arises. It is the responsibility of the Executive Committee (which includes entities representing child protective services; developmental disabilities; MHDAS; health; family court; education; and the county early intervention collaborative) to ensure the Service Coordination Mechanism is upheld and current. The CCFCFC Director will provide updates regarding the implementation of the Service Coordination Mechanism and will also make the Executive Committee aware of any policy or legislative changes that will cause Executive Committee to amend or change the current Service Coordination Mechanism. It is the CCFCFC Director's responsibility to assure that the mechanism on file with OFCF reflects current practice. Upon written request to Champaign County FCFC, service coordination data will be submitted to the state for the purpose of evaluation.

CCFCFC Director and MSY Program Coordinator will ensure that all social service agencies and other collaborating agencies have a copy of the Service Coordination Mechanism and that they understand the content and know the policies and procedures of CCFCFC Multisystem Team Services. The Service Coordination Mechanism will be reviewed by CCFCFC each year, not only in Council meetings, but System of Care subcommittee meetings along with making sure each family involved with FCFC, is educated on what the Service Coordination Mechanism is, who is responsible for certain tasks, processes and procedures for referrals, funding, crisis, and resolution/complaint process.

CHAMPAIGN COUNTY MULTISYSTEM TEAM POLICIES AND PROCEDURES

See Appendix

A. Champaign County Family & Children First Intake and Referral Policy

- B. Champaign County Family and Children First Family Confidentiality Policy
- C. Champaign County Family and Children First Assessment Policy
- D. Champaign County Family and Children First Child and Family Team Policy
- E. Champaign County Family and Children First Family Plan of Care Policy
- F. Champaign County Family and Children First Funding Policy
- G. Champaign County Family and Children First Documentation Policy
- H. Champaign County Family and Children First Filing and Records Policy
- I. Champaign County Family and Children First Transitioning a Case Policy



**CHAMPAIGN COUNTY FAMILY & CHILDREN FIRST COUNCIL
REFERRAL FORM**

Referral Date: _____ Referral Source Name: _____
Referral Agency Name: _____ Referral Source Phone #: _____
Referral Source Email: _____

Child's Last Name: _____ Child's First Name: _____
Child's DOB: _____ Child's Gender: Female Male Non-binary
Child's Racial Identity: _____ Child's Ethnic Identity: _____
Is the child adopted? _____ Is the child in foster care? _____
Who currently has custody of the child? _____
With whom is the child living? _____
Type of Health Insurance (Child): _____
Name of Insurance Carrier: _____

PRIMARY CARETAKER(S) INFORMATION

Full Name: _____ Relationship to Child: _____
Full Address: _____
Phone #: _____ Alternative Phone #: _____
Email: _____
Interpreter needed? Yes No Interpreter Language: _____

MEMBERS OF HOUSEHOLD

Name	Age	Relationship to Child

Describe the child's family structure:

ADDITIONAL PLACEMENT HISTORY INFORMATION

Approximate Start Date	Approximate End Date	Placement Location (e.g., residential, foster care, etc.)	Notes

Criminal Adjudication:			
<input type="checkbox"/> None	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	<input type="checkbox"/> Pending
Charge(s):			

CHILD'S BEHAVIORAL HISTORY

Please, check all that apply to child:				
<input type="checkbox"/> Danger to self	<input type="checkbox"/> Severe sibling conflict	<input type="checkbox"/> Running away	<input type="checkbox"/> Self-mutilation	
<input type="checkbox"/> Problems in peer relationships	<input type="checkbox"/> Poor hygiene	<input type="checkbox"/> Suicidal Ideation	<input type="checkbox"/> Homicidal ideation	
<input type="checkbox"/> Enuresis	<input type="checkbox"/> Poor social skills	<input type="checkbox"/> Problems in school	<input type="checkbox"/> Encopresis	<input type="checkbox"/> Unlawful Conduct
<input type="checkbox"/> Domestic violence (alleged perpetrator)	<input type="checkbox"/> Domestic violence (alleged victim)	<input type="checkbox"/> Destruction of property		
<input type="checkbox"/> Sleep disturbance	<input type="checkbox"/> AOD Exposed	<input type="checkbox"/> Assaultive behavior	<input type="checkbox"/> Stealing	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Non-compliance with authority	<input type="checkbox"/> Cruelty to animals	<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Drug Abuse	
<input type="checkbox"/> Problem sexual behavior	<input type="checkbox"/> Severe parent/child conflict	<input type="checkbox"/> Experienced complex developmental trauma		
Other health-related issues experienced by child:				

CHILD'S CAREGIVER HISTORY

Please, complete the follow information as it pertains to child's caregiver(s), indicating whether the behavior listed is current or historical.

Current	History/ Past	Issue	Caregiver(s)
<input type="checkbox"/>	<input type="checkbox"/>	Substance Use Issues	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	
<input type="checkbox"/>	<input type="checkbox"/>	DD Issues	
<input type="checkbox"/>	<input type="checkbox"/>	Domestic Violence	
<input type="checkbox"/>	<input type="checkbox"/>	Previous FCCS case opened	
<input type="checkbox"/>	<input type="checkbox"/>	Missing parental figure	
<input type="checkbox"/>	<input type="checkbox"/>	Mental health issues	
<input type="checkbox"/>	<input type="checkbox"/>	Housing Problems	
<input type="checkbox"/>	<input type="checkbox"/>	Family living in poverty	

What are the strengths of the child and child's family?

In what ways would a multi-system team help this child/family?

Please, indicate which of the following documents have been included with this referral:

- FCFC Consent for Release of Information Form (ROI)
- ISP
- School ETR/ 504/ IEP
- Behavioral Support Plan
- Developmental and Social History
- Psychological Evaluation (completed within the past 12 months)

Appendix B



CHAMPAIGN COUNTY
FAMILY & CHILDREN FIRST COUNCIL

Consent to Exchange Confidential Information

Name of Youth: _____ Date of Birth: _____

As parent or legal guardian, I authorize the following **initialed** agencies:

- _____ Logan-Champaign Counties Mental Health, Drug and Alcohol Services Board
- _____ Madison-Champaign ESC
- _____ Board of Education (District of Residence/Attendance): _____
- _____ Mac-A-Cheek Learning Center
- _____ Champaign Co. Board of Developmental Disabilities
- _____ Champaign Co. Department of Health, including WIC/BCMh
- _____ Champaign Co. Department of Job & Family Services, including Children Protective Services
- _____ Champaign Co. Domestic Relations-Juvenile-Probate Court
- _____ Champaign Co. Early Intervention
- _____ Nationwide Children’s Hospital
- _____ Dayton Children’s Hospital
- _____ TCN (formerly Consolidated Care)
- _____ Urbana Family Medicine & Pediatrics
- _____ Parent Advocate (PAC)
- _____ Parent Mentor, Jacqueline Howley
- _____ OhioRise Behavioral Health MCO
- _____ Medicaid Managed Care Organization (MCO) if applicable please provide MCO name
- _____ Other: _____

To do the Following:

- Share identifying information across child-serving agencies and systems for the benefit of service coordination and service delivery for the child and family. Identifying information: name, birth date, sex, address, telephone numbers, social security number.
- Share General Medical: Medical records (except for HIV, AIDS) disability, type of services being received and name of agency providing services.
- Share Social History: Treatment/service history, psychological evaluations and other personal information regarding the individual named above.
- Share Educational Information as FERPA Release: grades, attendance records, test scores, disciplinary records, IEP (individual education plan), ETR/MFE (multi-factored evaluation), IFSP (individualized family service plan), Section 504 plan, COEDI (children’s Ohio eligibility determination instrument), OEDI (Ohio eligibility determination instrument – adult), transition plans and vocational assessments regarding the individual named above.
- Measure Outcomes.

By signing this form, you are consenting to allow personal information to be entered into two (2) web-based data portals maintained by the State of Ohio: OASCIS by Ohio Dept. of Job and Family Services (ODJFS) and CANS IT by Ohio Dept. of Medicaid (ODM). ODJFS and ODM ensure that all information entered meets federal and state confidentiality and security requirements and takes action to mitigate any reasonable risks and hazards. Further, ODJFS and ODM protect against all unauthorized disclosures and manage compliance for all employees, contractors and vendors.

This form has been fully explained to me and I certify that I understand its contents.

I also understand that I may revoke this consent at any time. This consent expires automatically 180 days from the date signed.

Signed this _____ Day of _____, 2_____

Signature of Parent or Guardian: _____

Witness: _____

Revoked/date: _____ Signature: _____
Witness: _____

IF YOU RECEIVE INFORMATION RELEASED WITH THIS FORM THE FOLLOWING FEDERAL LAW APPLIES TO YOU: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR, Part 2), The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as other-wise permitted by 42 CFR, Part 2. A general authorization is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse consumer.

**Champaign County Family and Children First
Intake and Referral Policy
2023**

A. Purpose:

The purpose of this policy is to establish standards and guidelines by which the Champaign County Family and Children First Council will process all new referrals for Multisystem Services. For the purpose of this, and all policies moving forward, Multisystem Services will refer to the spectrum of responses FCFC may have to a referral, including information and referral, service coordination and Wraparound.

B. Terms:

a. Information and Referral:

The process of linking people to needed services by identifying their needs, finding them the most appropriate services to meet their needs and providing them contact information for appropriate service providers.

b. Multisystem 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 aligned to determine the least restrictive plan of success for youth with complex needs.

c. Wraparound:

A specific evidence-based intensive planning and facilitation process, utilizing a comprehensive team to develop a uniquely designed helping plan that is based on the youth and family's unmet needs and is inclusive of uniquely-designed resources linked to youth and family strengths.

C. Policy:

1. It is Champaign County FCFC's policy to provide a timely and consistent response to all referrals that are received for Multisystem Services. CCFCFC will provide referral sources, including all community partners and parents, with information about our process on an ongoing basis.
2. CCFCFC strives to make the referral process user-friendly and to eliminate any barriers for eligible families to access the help they need as written in the Service Coordination Mechanism required by Ohio FCFC.
3. While Multisystem Team Facilitation is available for any youth with needs across multiple systems, families with youth who are at-risk of placement or juvenile court involvement will be prioritized.

D. Procedure:

The following are the steps by which CCFCFC will implement this policy:

- a. Upon receiving a written referral, CCFCFC Multisystem staff will enter the referral in the OASCIS system as "pending".

- b. The Multisystem Youth Program Coordinator will attempt to contact the referred family within 3 business days of receiving the referral. The purpose of this contact is to determine if the family is OhioRise eligible, gather more information, explain the services provided by FCFC and to set up an initial face to face (in person or remote) meeting if the family is interested in FCFC Multisystem Youth Services.
- c. If appropriate, the Multisystem Youth Program Coordinator will attempt to contact the referral source when additional information is needed and/or to secure a release of information.
- d. The MYP Coordinator will make a minimum of three attempts to contact the family. If all attempts were unsuccessful, the family will be sent a letter with a brochure explaining our services and the referral will be marked as “not opened” in OASCIS and closed.
- e. If Champaign County FCFC receives a self-referral from a family via phone call or written request for information, the family will be contacted within 3 business days and a referral form will be completed with the family.
- f. All contact notes and attempts will be entered in OASCIS with the referral.
- g. Families who are eligible for Multisystem Team Facilitation will have youth aged 0-21 and the youth will have multisystem needs (two or more systems) whose needs are not being adequately met and for whom a coordinated plan of care would benefit.
- h. After a family has been determined to be eligible and consents to our involvement, the case is opened.
- i. Eligible families who express a desire to work with FCFC can be opened in either information and referral, service coordination or wraparound status.
- j. Cases that are opened for information and referral only will be entered but not opened in OASCIS. Should the referral not meet the standard for opening for Multisystem services, the family will be contacted and offered information and referral to another system or service available to meet their need.
- k. All referral sources will have a follow-up phone call or email thanking them for the referral and informing them of the outcome and next steps.

**Champaign County Family and Children First
Family Confidentiality Policy
2023**

A. Purpose:

The purpose of this policy is to establish standards and guidelines by which the Champaign County Family and Children First Council will protect the confidentiality of all personal family information for families who are receiving multisystem services.

B. Policy:

1. A release of information must be signed by the parent or guardian prior to FCFC discussing the family with any involved systems.
2. A release of information must be kept current on all cases that are open for multisystem team facilitation.
3. Team meetings will include reminders for all participants of the need to keep family personal information confidential.

C. Procedure:

The following are the steps by which FCFC will implement this policy:

1. Upon receiving a referral, the Multisystem Youth Program Coordinator will secure a release of information from either the referral source or the parent.
2. The Coordinator will assure that the form is completed appropriately and signed by the parent.
3. All releases are either valid for 180 days or as long as the case is open, as chosen by the parent.
4. All current and expired releases must be kept in the client's file.
5. Releases should be reviewed for accuracy. Check to see that systems that are involved are included and add any other agencies that do not fall under the listed categories in the blanks, prior to obtaining the parent's signature.
6. If a new provider is added or changed during the time the case is open, the coordinator is responsible to get a new release signed.
7. If the case is open beyond 180 days the coordinator is responsible to obtain a new signed release if applicable.
8. The client has the right to revoke consent for the release of information at any time. To do so, the client must submit to Champaign County FCFC written notice expressing their desire to terminate the release. Once submitted, FCFC will cease additional release of information consistent with the client's will.
9. Team meetings will always include a reminder to participants of the need to keep family personal information confidential.

**Champaign County Family and Children First
Assessment Policy
2023**

A. Purpose:

The purpose of this policy is to establish standards and guidelines by which the Champaign County Family and Children First Council will assess the strengths and needs of the family.

B. Policy:

1. Champaign County FCFC will provide an assessment of strengths and needs for every family who is seeking multisystem team services.
2. The brief CANS assessment will be conducted prior to the development of the formal plan of care and within 30 days after the case has been opened.
3. Champaign County FCFC will review/ update these assessments every 90 days on open cases.
4. The assessments will be used to inform the family plan of care and to assist with creating measurable outcomes.

C. Procedure:

The following are the steps by which CCFCFC will implement this policy:

1. Upon the referral of a family, the Multisystem Youth Program Coordinator will contact the family to build a relationship and to better understand the family's strengths, needs, and culture.
2. The MYP Coordinator may use written interview questions (A Roadmap for the Strengths, Needs and Culture Discovery and/or Pathfinding document that are both found in the shared Multisystem Folder) to assist in identifying the strengths and needs of the family.
3. After securing a release of information, the Coordinator may also contact other key stakeholders to collect additional information to inform the assessment.
4. After interviewing the family members, informal supports, and other partners, the Coordinator will complete the CANS. This may be done in a formal or informal manner and may include the youth if appropriate according to the youth's developmental age.
5. If the family is Medicaid eligible and has signed a consent form to release the CANS into the CANS IT portal, the MSY coordinator will enter it for OhioRise eligibility.
6. The CANS will be used to communicate the family's strengths and needs to other team members.
7. The CANS Assessment will be used to inform the family plan and assist with the development of needs and strategies.
8. The CANS Assessment will be updated at closure if it has not been updated within the last 60 days.

**Champaign County Family and Children First
Child and Family Team Policy
2023**

A. Purpose:

The purpose of this policy is to establish standards and guidelines by which the Champaign County Family and Children First Council will convene a Child and Family Team. Service Coordination/ Wraparound is a collaborative process undertaken by a team. The team should consist of people who have a strong commitment to the family's well- being.

B. Terms:

a. Child and Family Team:

A Child and Family Team is a group of people identified by both the youth and the family who will work with the family throughout the Service Coordination/ Wraparound process. A Child and Family Team is composed of formal, natural and informal members.

b. Informal Supports:

Informal supports often represent the community and may include spiritual leaders, landlords, sponsors, support group leaders or someone in the neighborhood that could be brought to the team for support.

c. Natural Supports:

Someone who has an enduring relationship with the family. This includes extended family members, close neighbors or friends.

d. Formal Supports:

Formal supports generally represent the systems who employ them. This includes therapists/providers, child welfare workers, probation or parole officers, Board of DD service coordinators, and school representatives.

C. Policy:

The Multisystem Youth Program Coordinator will convene team meetings at least monthly in order to review the family strengths and needs, develop a family plan, review progress toward the family goals, and to monitor services that were put into place.

D. Procedure:

The following are the steps by which FCFC will implement this policy:

1. MYP Coordinator will work with family members to identify formal, informal and natural supports that should be on the team.
2. Unless a team is already actively meeting on a regular basis (such as with the GRACE project), the Coordinator will take the lead in convening a team meeting with all family identified service providers and informal and/or natural supports.
3. Invitations to the team meeting will be provided by email, phone, or sent via mail and will be held in a location or manner that is acceptable to the family.

4. Unless another facilitator has already been identified by the family and/or team, the Coordinator will facilitate the team meeting, encouraging the parent(s) and others to actively participate.
5. At the first meeting, the Coordinator will lead a conversation about the strengths and needs of the family with input from the team.
6. During the planning phase, Child and Family Teams will be responsible to develop a plan to address child and family unmet needs and to build upon family strengths.
7. After the plan is complete, the Child and Family Team will meet on a regular basis, not less than monthly, to review and evaluate family progress toward the Family Plan of Care.
8. The team will continue to meet to review progress until either sufficient progress toward the Family Plan of Care has been made; the youth has been placed outside of the home in agency custody for a period likely to exceed 3 months; the family moves or stops replying to the Coordinator; or the family is no longer interested in having a Multisystem Team.
9. Prior to closing the case, at least one transition meeting will be arranged, if possible, to address continued safety concerns and to plan for continued success of the youth in the home and community.

**Champaign County Family and Children First
Family Plan of Care Policy
2023**

A. Purpose:

The purpose of this policy is to establish standards and guidelines by which the Champaign County Family and Children First Council will create a Family Plan of Care.

B. Policy:

1. A Family Plan of Care will be developed for every family opened for service coordination or Wraparound.
2. The plan will be based upon the strengths and needs of the youth and family as determined by the CANS assessment and input from the child and family team. The family's top two or three needs will be prioritized.
3. The Family Plan of Care may include crisis/safety planning for families to address situations that present frequently for the family.
4. The Family Plan of Care will coordinate the responsibilities of all members of the team and will include timelines for completion of desired outcomes as specified in the plan.

C. Procedure:

The following are the standards by which CCFCFC shall implement this policy:

1. The Multisystem Youth Program Coordinator will meet with the family to help identify the family strengths and needs.
2. The Coordinator will guide a team discussion toward the prioritization of youth and family strengths and needs.
3. A crisis/safety plan will be developed to address safety situations. If a plan already exists, it will be reviewed with the family team. The plan may be uploaded into the documents tab of OASCIS
4. Outcome/ goal statements will be written in SMART (specific, measurable, attainable, relevant, time-bound) terms.
5. The Child and Family team will brainstorm and select strategies to meet the prioritized needs.
 - a. All strategies will be respectful of the family's experiences as well as their racial/ethnic/cultural and gender identity.
 - b. Strategies should address the identified needs, empower the family and work to prevent out-of-home placements while keeping children and communities safe.
 - c. Services and supports should meet the needs of children and their families in the least restrictive environment possible. Sustainability of services should be discussed with the team.

6. The Coordinator will facilitate the designation of roles and responsibilities (tasks) to participating team members.
7. All strategies listed on the Family Plan of Care will include a timeline for completion.
8. Caregivers should sign the Family Plan of Care and the Multisystem Team Facilitator will provide everyone their own copy.
9. Teams meet on an as needed basis to discuss progress and make adjustments to the Plan. New strategies are determined when necessary.
10. The Family Plan of Care is reviewed every 90 days in OASCIS and individual needs are examined to determine their effectiveness.
11. Success is evaluated and celebrated.
12. The team's progress is documented and will be shared either formally or informally with all team members.

**Champaign County Family and Children First
Funding Policy
2023**

A. Purpose:

The purpose of this policy is to establish standards and guidelines by which the Champaign County Family and Children First Council will provide funding for a family involved in either Service Coordination or Wraparound.

B. Terms:

- a. FCSS
Family Centered Services and Supports funding provided to provide non-clinical services and supports that help meet the goals of the Family Plan of Care.
- b. MSY crisis funding
Multisystem Youth funding for youth at risk of out of home placement.

C. Policy:

The Multisystem Youth Program Coordinator and the Child and Family Team will determine how to best address the goals of the Plan. Should the Plan include a strategy that needs funding, the Multisystem Youth Program Coordinator will work with the CCFCFC Director to determine if whether to use FCSS or MSY funding.

D. Procedure:

The following are the steps by which FCFC will implement this policy:

1. MYP Coordinator will work with Child and Family Team members to identify goals for the Family Plan of Care. Each goal will include identified strategies to meet the goal.
2. If any identified strategies on the Family Plan of Care are items that require funding and no other service provider can fund it, the request will be brought to the CCFCFC Director to see if FCSS or MSY funding could cover it.
3. If the cost of the strategy is excessive or if it doesn't meet the guidelines for either FCSS or MSY funding, the request will go before the System of Care Committee. If there isn't a resolution at the System of Care Committee, the request may go before the Executive Council Committee.
4. Any strategy that is funded by CCFCFC needs to be directly related to the Goals in the Family Plan of Care and needs to have identified outcomes in order to determine if it has been effective.
5. All MSY requests that run through the State will need a completed application and CANS assessment.
6. The MYP Coordinator will be responsible for submitting monthly progress reports and invoices to the MSY State team and entering the FCSS expense data in OASCIS.
7. The CCFCFC Director will be responsible for monitoring both the FCSS and MSY fund balances.

**Champaign County Family and Children First
Documentation Policy
2023**

A. Purpose:

The purpose of this policy is to establish standards and guidelines by which the Champaign County Family and Children First Council will document all family contact and team meeting notes.

B. Policy:

Documentation is a vital and integral component of professional, ethical and competent multisystem team practice in Champaign County FCFC and is essential to recording relevant information to facilitate service delivery for families.

C. Procedure:

The following are the steps by which FCFC shall implement this policy:

1. The Multisystem Youth Program Coordinator will maintain electronic copies of all team meeting and contact notes.
2. Electronic team meeting notes will be completed in a timely and chronological order to ensure accuracy, clarity and credibility of the information. Coordinator should complete notes within two weeks of the team meeting.
3. If the Coordinator prefers to document the meeting on paper, the notes can be uploaded into the electronic file with the pertinent information recorded in the file and a note to "see the uploaded file".
4. Multisystem Youth Program Coordinator will document all contacts with, and about, families in the electronic file. This includes phone calls, text messages, and email messages from families and all other parties involved with the family and part of the team.

**Champaign County Family and Children First
Filing and Records Policy'
2023**

A. Purpose:

The purpose of this policy is to establish standards and guidelines by which the Champaign County Family and Children First Council will manage records to ensure that the agency is in compliance with federal laws and regulations.

B. Terms:

a. HIPAA:

Health Insurance Portability and Accountability Act of 1996 is United States legislation that provides data privacy and security provisions for safeguarding medical information.

C. Policy:

All client records will be maintained in a manner that protects client confidentiality and is consistent with applicable laws (HIPAA) governing records and social work licensure. Paper records will be disposed of per the Champaign County Records Retention Policy. Electronic files will be maintained by Ohio Family and Children First.

D. Procedure:

The following are the standards by which FCFC shall implement this policy:

1. Multisystem Program Coordinator will maintain, for every family receiving services, electronic records through the OASCIS database.
2. An electronic record will be created for every youth who gets referred to Champaign County FCFC. The referral form will be uploaded into the documents tab on every record.
3. For youth enrolled in multisystem team facilitation, documentation entered into OASCIS will include the Family Plan of Care, CANS assessments (uploaded), , contact and team meeting notes and Releases of information.
4. Any supporting documentation or forms, such as MSY applications, IEP's and assessments or plans from other systems, should be uploaded into the documents tab in OASCIS.
5. Email correspondences where pertinent client information is shared should be documented in the contact notes of OASCIS.
6. CCFCFC will follow the Champaign County Board of Commissioners Public Records Policy.

Appendix K

Champaign County Family and Children First Transitioning or Closing a Case Policy 2023

A. Purpose:

The purpose of this policy is to establish standards and guidelines by which the Champaign County Family and Children First Council will transfer or close cases.

B. Policy

Champaign County FCFC will consider the needs of families and youth prior to transitioning or closing cases.

C. Procedure:

The following are the steps by which FCFC shall implement this policy:

1. Should a case need transferred to OhioRISE Care Coordination, the Multisystem Program Coordinator will arrange for a time to meet with the family and the new Care Coordinator to share the Family Plan of Care and team member information.
2. A team meeting that includes both the current and the new Coordinator will be scheduled to introduce the new Coordinator to the family team.
3. All case documentation will be complete and in OASCIS prior to closing the case.
4. Cases that have met the plan goals; cases that are transferring to OhioRise Care Coordination, or cases where the family is moving or chooses to end participation in Multisystem Team Facilitation, will be closed.
5. A final CANS assessment will be completed for cases that have transitioned due to the family meeting the plan goals.
6. Should the Multisystem Program Coordinator not be able to connect with a new family after at least 3 attempts (including phone, text and email, when available) a 30 days, the case will be closed.
7. Whenever possible, the Multisystem Program Coordinator should develop a transition plan for cases being closed. The transition plan should include a review of the safety plan and steps for utilizing the natural and informal supports of the family in place of paid staff.
8. When appropriate, case closures should include a final, celebration meeting where plan successes are shared.
9. The Multisystem Program Coordinator should complete the required documentation in OASCIS prior to closing the case.
10. The Multisystem Program Coordinator should inform the CCFCFC Director of all case closures.
11. Team members for all closed cases will be sent a follow up survey to get feedback on the teaming process.



Copy of Multisystem Services Survey

1. Please identify your role on the Multisystem Team.

- Parent/ Guardian/ Caregiver
- Agency/ School/ Professional Support
- Natural support (friend, neighbor, pastor, etc)
- family member
- youth
- Other (please specify)

2. The multisystem team process was explained and I understood my role on the family team.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

3. I felt listened to and respected throughout the team process.

- strongly agree
- agree
- neither disagree nor agree
- disagree
- strongly disagree

4. The family team was made up of both professionals and natural supports (family members, friends, neighbors, pastor, etc)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

5. The meetings were held at times and locations convenient to the family.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

6. The meetings were helpful and productive.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

7. Team meetings were scheduled as often as needed.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

8. The Plan of Care was developed by the Family Team and included the Family's Vision Statement and Team Mission Statement.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

9. The Plan of Care had realistic action steps to help meet the family vision and team mission/ goals.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

