

Lorain County Service Coordination Mechanism

Purpose:

The purpose of this document is to provide an overview of how services are coordinated for families by the Lorain County Children and Families Council. This document will serve as a guide to assist families, systems, and providers in assuring that all eligible families receive service coordination by Council in a manner that is timely, family-centered, needs-driven, culturally/racially/ethnically-relevant, and exhibiting a commitment to family self sufficiency and preservation and improved child well being.

Mechanism Development:

Lorain County Children and Families Council (LCCFC) with representation from local Boards of Developmental Disabilities (Murray Ridge), Alcohol and Drug Addiction Services, Mental Health; and the Educational Service Center, Children Services, Juvenile Court, Parent Representatives, Lorain County Health Department, and a member of the Early Childhood Coordinating Committee of Council developed this document to provide the community with a clear description of how services are coordinated across systems for families that have been determined to have multi-systemic needs and whose needs are not being met by one independent system. This document will be reviewed periodically by LCCFC when deemed necessary or annually to ensure it continues to reflect current information.

Target Population:

Children of families ages 0 – 21 who have multisystem needs too complex for one independent system to handle and whose services and support needs are not being adequately met using a traditional approach. A cross system team approach is determined most appropriate for those families who have expended all traditional modes of assistance and the need for a coordinated effort delivered and monitored by one person to navigate available services across the following government systems: Developmental Delays, Alcohol and Drug, Mental Health, Juvenile and Adult Courts, Department of Children Services, Education, Jobs and Families Services. Families facing crisis or instability due to the lack of coordinated services and supports will take precedence when determining eligibility.

Referral Process:

- a) Referrals into Council Service Coordination may come from a variety of sources within the community including government systems and/or their contracted providers, the juvenile or adult justice system when appropriate to divert the child or young adult from the court system, and from a parent conducting a self-referral for their child. Consideration for service coordination under Council will be made utilizing a team approach between the referring source, the Director of Children and Families Council and the Wrap-Around facilitator and Service Coordinator. This team will review the Wrap Around and Service Coordination Referral Form (Attachment) to ascertain eligibility.
- b) If the child and family has demonstrated it is eligible based on the criteria set forth in this document and meets the target population for service coordination under Council, Lorain County Children and Families Council may initiate coordination of services once the family has voluntarily accepted this service and as long as service provision is held within budgetary and programmatic constraints of the department. All referrals for service will be contacted by the Service Coordinator within three business days of receipt of referral. The referral source will receive written documentation of action taken by LCCFC in reference to the referral including the parent's consent to begin services, parent's decline of services, or when the referral was determined not eligible for services.
- c) Any family, adult, parent or agency, including a juvenile court, may make a self-referral for service coordination under LCCFC by calling the LCCFC Central Intake Office at 440-328-2491 or by completing a referral form and mailing it to LCCFC, 226 Middle Ave, Elyria OH 44035 or faxing it to the attention of FCSS Wrap Around Office at phone 440-284-4628. A staff person will make contact with the family within 3 business days of receipt of the referral.
- d) If the Council Director determines that service provision to any eligible family is not possible due to not having relevant resources available, or the identified services are not held within budgetary constraints of the department, or the acceptance of the referral will result in service coordinators exceeding their caseload limits, the Council Director will place the family on a waiting list for future consideration.

Levels of Intervention:

1. ***Information and Referral (I & R):*** Within three business days of receipt of call from a family, service coordinators will provide information to the family based on the understanding of need and make an appropriate referral to one or more systems or providers. When the family is not eligible for further levels of intervention, the service coordinator will contact the family 7 business days from referral date to follow up with family on ability to connect to the referral noting outcome and need for any additional information.

2. ***Service Coordination:*** This level of intervention will be provided to all eligible families consenting to receive services by LCCFC and who have demonstrated a need for a coordinated service plan for improved family functioning. This level of service includes formal case management and linkages to existing services and supports to meet both the basic and complex needs of all families.
 - a) Service coordination will be conducted by LCCFC with all services and supports outlined in the Family Plan developed by the Service Coordinator with identifiable, measurable outcomes for plan success. Linkages to existing programs, services, and formal and informal supports that adequately address the individual needs of families will be identified in the Family Plan and monitored by the Service Coordinator. The Service Coordinator will conduct a family assessment to determine needs.
 - b) If a family is enrolled in the Help Me Grow system and is receiving service coordination through that system, the LCCFC Service Coordinator will work jointly with that system to ensure family success. Similarly, once a family is identified to have current involvement in one or more systems where a lead service coordinator has been established, the LCCFC Service Coordinator will work with that system(s) to ensure family success by supporting family service coordination plans developed by that system. They will also attend family team meetings where appropriate and through invitation by the family or system service coordinator.

3. ***Wrap Around Facilitation:*** This level of intervention will be provided to all eligible consenting families who have demonstrated

the need for a structured team intervention comprised of formal and informal supports with the goal of family preservation where appropriate, resiliency, stability, and self sufficiency to ultimately reduce the dependence on formal systems. LCCFC has endorsed the national wrap around model for service intervention for eligible families. This model recognizes the importance of building a supportive team environment and hosting regular family team meetings to advance the identified goals in the Family Plan. Once the family has consented to the wrap around process, the first family team meeting will be held within 30 calendars days of informed consent.

Family Service Plan

- a) A Family Service Plan will be developed with engagement of the family and identified family supports, both informal and formal. The plan shall identify support systems within the community that will be instrumental in meeting the needs identified in the Family Needs Assessment (Attachment Family Developmental Matrix and Parent Questionnaire). When multiple plans exist for the child, the Service Coordinator will include or link other plan components into the Family Service plan generated from the needs assessment process. This assessment process is conducted by the Service Coordinator within 30 days of the referral and establishes a baseline measurement in fourteen different domains.
- b) As supports and services are linked to families and the pending crisis or instability is addressed, the Service Coordinator will monitor family progress against established goals under agreed upon timelines. A review of the plan will be conducted every 30 days between the family and Service Coordinator. Plans will also include timelines and outcomes established to support the tracking of children in out-of-home placement arranged for or supervised by Council to assure continued progress, appropriateness of placement, and continuity of care after discharge with appropriate arrangements detailed for housing, treatment, and education.
- c) Family Team members such as those from a formal system, agency, or organization will assist the family and service coordinator in identifying what role and specific resources they can provide to assist the family in meeting the established goals of the plan focusing on service plan implementation, transitional services, tracking of progress, and service satisfaction (Attachment Family Team Commitment Form). If a gap exists or the financial resources prohibit a needed service as determined within the needs assessment or family

team meeting process, team members will maintain an accountability to plan outcomes by formulating strategies that are responsive to the needs of the family within the financial resources available.

- d) Families will have a voice and choice in plan development and implementation with the plan approved with signature by the parent, legal guardian or adult and acknowledged by the family-chosen team leader or service coordinator. Services and supports identified in the plan will meet the needs of the family in the least restrictive environment and in close proximity of their home to the extent possible. All services and supports, along with on-going service provision, will be monitored for responsiveness and sensitivity of the gender, race, ethnicity, and cultural identity of the family or adult.
- e) Crisis and Safety plans will be developed and acknowledged for each family. Plans will identify potential unsafe situations that may arise or crisis situations, how to effectively manage or prevent these situations, and list formal and informal supports to assist the family in a crisis or unsafe situation. (Attachment Crisis and Safety Plan).

Diversion of Youth from the Juvenile Justice System

- a) An unruly youth is defined as a child less than eighteen (18) years of age who has conducted an act that is a statutory violation including ungovernable and ungovernable in school, truancy, and prohibitions (use or possession of alcohol).
- b) Those youth who are alleged to be unruly may be diverted from the Juvenile Justice system at the discretion of the court, the police, the school systems or prosecutor's office once the youth has been referred to the Court. In the cases of truancy, the Prosecutor will determine who might be charged with being a habitual truant or chronic truant. Prior to being charged, however, there would be a series of attempts to intervene on their presenting issues, which would include a conference with the parent, discussion with the child, an official notification of excessive absenteeism, and could include some ongoing contact, mediation, or other services as might be appropriate. Truant students, having been brought to the attention of the Juvenile Court through charges, are subject to Court orders, Court supervision, and periodic review. Parents can, also, be held accountable for their child failing to attend.
- c) For those children alleged unruly children who are accused of being ungovernable (failing to subject themselves to the reasonable controls of those in authority over them), the Prosecutor forwards their cases to the Court's Juvenile Intake Department to determine, after a review of their history and

the alleged offenses, whether or not to charge the youth officially. Ungovernable youth may be brought in for an unofficial conference with their family with the Court Intake Worker before the youth is charged. At which point, interventions are suggested to address the particular presenting concerns. Diversionary measures, depending on the case reviewed, are offered to the families that include the participation in prevention and intervention programs within the County or may include some level of monitoring, mediation, or other recommendations as deemed appropriate by the Court.

Family Team Meetings

- a) Family Team Meetings are an integral part of service provision and provide an opportunity for families to include formal and informal supports in the planning process. Any family receiving service coordination under LCCFC can request a meeting to review the plan with the option to invite any person of the family's choice to the review meeting by contacting the Wrap Around facilitator. The facilitator will respond to this request and *schedule* the requested meeting within 30 days of the request. The facilitator will schedule the requested meeting with consideration of schedules of the team members.
- b) Once a meeting is scheduled with the family, the Service Coordinator will send out an invitation to the Local Education Agency (LEA), any appropriate agency and informal representatives involved in the service plan for the family (Attachment Meeting Invite). This notice may be written and mailed or faxed or sent via email to the attention of the designated individual at least 15 business days in advance of the scheduled meeting. Family Team Meetings will be scheduled in consideration of all participating parties with a focus on facilitating the best attendance possible.
- c) When an eligible child is facing a non-emergency out-of-home placement arranged for or supervised by Council, a family team meeting will be called by the Service Coordinator with all applicable and designated representatives invited. This meeting will be scheduled within 15 days of a potential out-of-home placement with the goal of the family team assuring that all options and alternatives have been exhausted prior to out-of-home placement of the child.
- d) When an eligible child is facing an emergency out-of-home placement arranged for or supervised by Council, a family team meeting will be called by the Service Coordinator with all applicable and designated representatives invited. This meeting will be scheduled no later than three (3) business days of the out of home placement of the child with the team developing a plan to address the return of that child into the community or

reunification of the child with his or her family and ensure community supports are established for the family during placement.

Monitoring Progress

- a) LCCFC will utilize an on-going assessment tool to continually monitor the families in fourteen different domains with a baseline established that allows for the monitoring of progress or digress of the families within each domain. A service coordination plan will be developed for each family with outcomes directly tied to the needs assessment process.

- b) Case reviews conducted on a monthly basis between the Lorain County Children and Families Director and the Wrap Around staff will provide assurance to quality and effective practice of service provision to families. Quarterly the LCCFC Director will observe a Wrap-Around team meeting conducted by Wrap-Around Staff and evaluate the effectiveness of meeting Wrap Around principles using an evaluation instrument (Attachment). Additionally, the LCCFC Director will have the family complete a satisfaction survey which will provide feedback on the Wrap Around process (Attachment).

- c) A monthly caseload report will be kept internally capturing demographic information of each family, date and source of referral. Referrals into Central Intake will be summarized monthly on a tracking report that reflects number of referrals managed by Central Intake daily and outcome of referral. All service provision activity will be captured on the Family Centered Support and Services (FCSS) Activity Sheet (Attachment EXCEL Activity Sheet) by Wrap Around staff which categorically displays all service time in billable increments of .25 hour for each family. All monthly reports will be summarized for review and discussion at scheduled Core Systems Planning meetings. This report will be instrumental in the semi-annual review and reporting process of Council to determine prioritization and evaluation of services.

Protecting Privacy and Assuring Confidentiality

The parent or legal custodian or adult will be required to sign and date a Release of Information (Attachment) before services can be implemented. Furthermore, all family team members and participants will be required to sign the Agreement on Confidentiality (Attachment) prior to conducting the first family team meeting. Finally, the parent, adult, or legal guardian will be required to acknowledge and sign the Voluntary Consent for Family Service Coordination & Understanding of Parent's

Rights form (Attachment) which informs the family of their right to the following: to have services conducted in a chosen natural and unrestrictive environment in the family's preferred language; right to choose additional appropriate family team members; right to request family team meetings; right to participate and be a part of the decision making process; right to a family advocate; right to designate a team leader; right to have information kept confidential unless otherwise limited by law or statute; right to the dispute resolution process; right to voluntarily participate in service coordination under LCCFC.

Dispute Resolution

1. Disputes between Core Systems Members of Council

- a) Disputes arising between the members of the Core Systems Committee of Council concerning the provision of services to families who are receiving services arranged for and managed by Council will be managed by the Executive Committee of Council when a written request has been made by one system to the attention of the Council Executive Committee. The Executive Committee will conduct an investigative review session with all parties concerning the disputed provision of service. A finding will be formally issued pursuant to the disputed claim of service provision to all involved agencies and Core Systems Committee members within 30 days of the receipt of the written request.
- b) If the dispute resolution process was not managed by the Executive Committee to the satisfaction of the members in dispute, the member(s) may appeal the decision made by the Executive Committee to the Lorain County Commissioners' designee, the County Administrator who will conduct an investigative review, mediate and make a final determination regarding the disputed claim between Core Systems members within 30 days of receipt of a written request for appeal. The determination shall include a plan of care governing the manner in which the services or funding are to be provided. The County Administrator shall base the plan of care on the family service coordination plan developed as part of the Lorain County Service Coordination Mechanism and on evidence presented during the local dispute resolution process. The County Administrator may require an agency to provide services or funding only if the child's condition or needs qualify the child for services under the laws governing the agency and if the services are clinically appropriate and/or medically necessary.
- c) An agency subject to a determination issued pursuant to the local dispute resolution process shall immediately comply with the determination, unless the

agency objects to the determination by doing one of the following not later than seven days after the date the written determination is issued:

- (1) If the child has been alleged or adjudicated to be an abused, neglected, dependent, unruly, or delinquent child or a juvenile traffic offender, the agency or system shall file a motion requesting that the court hold a hearing to determine which agencies are to provide services or funding for services to the child.
 - (2) If the child is not a child described in division (c)(1) of this section, the agency or system shall file a complaint objecting to the determination with the Lorain County Juvenile Court.
- d) The court shall hold a hearing as soon as possible, but not later than ninety days after the motion or complaint is filed. At least five days before the date on which the court hearing is to be held, the court shall send each agency subject to the determination written notice by first class mail of the date, time, place, and purpose of the court hearing. In the case of a motion filed under division (c)(1) of this section, the court may conduct the hearing as part of the adjudicatory or dispositional hearing concerning the child, if appropriate, and shall provide notice as required for those hearings.
 - e) Except in cases in which the hearing is conducted as part of the adjudicatory or dispositional hearing, a hearing held pursuant to this division shall be limited to a determination of which agencies are to provide services or funding for services to the child. At the conclusion of the hearing, the court shall issue an order directing one or more agencies represented on the county council to provide services or funding for services to the child. The order shall include a plan of care governing the manner in which the services or funding are to be provided. The court shall base the plan of care on the family service coordination plan developed as part of Lorain County Service Coordination Mechanism and on evidence presented during the hearing. An agency required by the order to provide services or funding shall be a party to any juvenile court proceeding concerning the child. The court may require an agency to provide services or funding for a child only if the child's condition or needs qualify the child for services under the laws governing the agency.
 - f) While the local dispute resolution process or court proceedings pursuant to this section are pending, each agency shall provide services and funding as required by the decision made by the county council before dispute resolution was initiated. If an agency or system 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 shall be reimbursed for the costs of providing the services or funding by the agencies determined to be responsible for providing them.

I. Dispute Resolution: Disputes between Parents and LCCFC

- a) Disputes arising between a parent and LCCFC due to a parent's dissatisfaction with the services provided and arranged by LCCFC will be reviewed by the Core Systems Committee who is provided the authority to review all disputes arising from services provided under Service Coordination Mechanism. The timeline for dispute resolution must not exceed 60 calendar days. This timeline begins upon the date of receipt of the written formal complaint submitted by the parent to LCCFC to the point of formal resolution or failed resolution by the Core Systems Committee. The review by the Core Systems Committee will be conducted within 10 business days of a formal written notification presented to the LCCFC Director for non-emergency situations or within three days for an emergency situation. Emergency situations are defined as a potential out of home placement of a child arranged for or managed by Council where the child or other family members are a significant risk. Non-emergency situations are defined as those situations where no immediate risk is noted and the family would not be negatively impacted by the timeliness of the resolution process.
- b) The LCCFC Director will complete a formal written report outlining and summarizing the history of services provided to the family, status of progress against the Family Service Plan, and any other information relevant to the family or plan. Upon review of the dispute or grievance presented by the family and the review of the report by the LCCFC Director, the Core Systems Committee will notify the family and LCCFC Director in writing within ten business days for a non-emergency situation or 3 days for an emergency situation.
- c) If the family, adult, or parent (grievant) is not satisfied with the decision made by the Core Systems Committee, the grievant may appeal the decision by presenting their grievance in writing to the Lorain County Commissioners designee, the County Administrator, who will initiate a grievance investigation and collect all pertinent and relevant information presented by the family and LCCFC Director and Core Systems Committee. Within 15 days after submission of the grievance the Administrator will schedule a hearing with the grievant to allow grievant time to present their case. A written decision will be made by the County Commissioners, with the assistance of the County Prosecutor's Office within 15 days of the hearing.
- d) A parent may thereafter appeal the decision with the presiding Juvenile Court Judge who is identified in O.R.C. 121.38 as the final arbitrator in the appeals process no later than 7 days of a failed dispute is so desired.
- e) All parents or custodians receiving service coordination by LCCFC shall be informed of their right to a dispute resolution process and how to file a dispute

when the family is not satisfied with service provision. Parents and custodians will acknowledge this right through signature on the Voluntary Consent for Family Service Coordination & Understanding of Parent's Rights form (Attachment) which lists the name, phone, and contact person to initiate the dispute resolution process.

- f) All families enrolled in the Help Me Grow program eligible for Part C Early Intervention services will receive notice of the Dispute Resolution process and may file a complaint in the manner as outlined below.

Dispute Resolution Related to Help Me Grow Part C Early Intervention Services

Overview: Ohio Department of Health (ODH), as the lead agency, shall establish procedural safeguards that are consistent with Part C regulations. ODH, in partnership with the state and county Family and Children First Councils, is responsible for assuring effective implementation of these procedural safeguards by each state or local agency or a private agency in the state that is involved in the provision of Part C services. Each county council shall develop and maintain a resolution process for complaints, which shall be consistent with Part C regulations.

The following steps outline the dispute resolution process for families eligible for Part C Early Intervention Help Me Grow services in Lorain County:

- 1) A parent may file a complaint with LCCFC regarding the provision of Help Me Grow Early Intervention Services within the county. The LCCFC Director is designated as the Council's liaison for the receipt of all complaints.
- 2) The LCCFC Director will notify ODH BEIS(Bureau of Early Intervention Services) of the complaint in writing (via email or U.S. mail or fax) within seven calendar days of the receipt of the complaint.
- 3) The LCCFC Director will ensure a copy of the Help Me Grow Procedural Safeguards is provided to the individual registering the complaint.
- 4) The LCCFC Director will ensure that the complainant understands available options for dispute resolution, which include:
 - Filing a complaint with the county council;
 - Filing a complaint with ODH;
 - Requesting mediation;
 - Requesting an administrative hearing with ODH;
 - Filing a complaint with the provider of Part C services, if the provider has a resolution process for complaints. *

5) Unless the state or other agencies and parents of a child otherwise agree, the child and family must continue to receive appropriate Part C services currently being provided, during the dispute resolution process. If the complaint involves the initiation of one or more services, the child and family must receive those services that are not in dispute.

6) LCCFC Core Systems Committee will assign a total of three individuals to investigate the complaint with the assurance that a parent representative of LCCFC and the Lorain County Help Me Grow Project Director are assigned to the investigation process. The assigned individuals will not have a direct interest in the matter.

7) The investigation of the complaint will include at least the following:

- Conducting an on-site investigation as determined necessary;
- Interviewing the complainant and giving the complainant the opportunity to submit additional information, either orally or in writing;
- Interviewing relevant providers and giving providers an opportunity to submit additional information, either orally or in writing; and
- Reviewing all relevant information and formalizing the investigation findings into a report submitted within 3 business days to the LCCFC Director.

8) The LCCFC Core Systems Committee will issue a written decision to the complainant within thirty (30) calendar days from the receipt of the complaint. The written decision must address each allegation and include findings of facts and conclusions and the reasons for the committee's decision. A copy of the decision will also be provided to ODH. **

9) LCCFC will ensure that corrective actions are implemented within 45 days or sooner of the written final decision if there was a violation.

* If the provider has a resolution process for complaints, the provider of Part C services must notify ODH and the county council of the complaint in writing (via email or U.S. mail or fax) within 7 calendar days of receipt of the complaint. The provider of Part C services must issue a written decision to the complainant, the county council, and ODH within thirty (30) calendar days from the receipt of the complaint.

** If ODH receives notice that a complaint regarding Part C services were filed with the county council or a provider. ODH will monitor the resolution process to assure that the complaint is resolved by the county council or provider within thirty (30) calendar days. If the complaint is not resolved within thirty

calendar days, ODH will notify the complainant, the county council and the provider, if applicable, that complainant may select one of the following:

- 1) To have ODH investigate the complaint in accordance with Rule 3701-8-08 (C) (4). If this option is selected, ODH shall assure the complaint is investigated and resolved within sixty (60) calendar days from the date the county council or provider received the complaint; and
 - 2) To mediate and/or go to an administrative hearing in accordance with Rule 3701-8-08 (C) (3). ODH shall assure that if the complainant selects mediation and/or administrative hearing, the hearing is completed within thirty days from receipt of the request for mediation and/or administrative hearing.
- g) During the dispute resolution process, the family maintains the right to receive all services outlined in their Family Service Plan. At no time will families be denied or have services delayed due to their involvement or submission of a formal written complaint to LCCFC.

Conflict of Interest

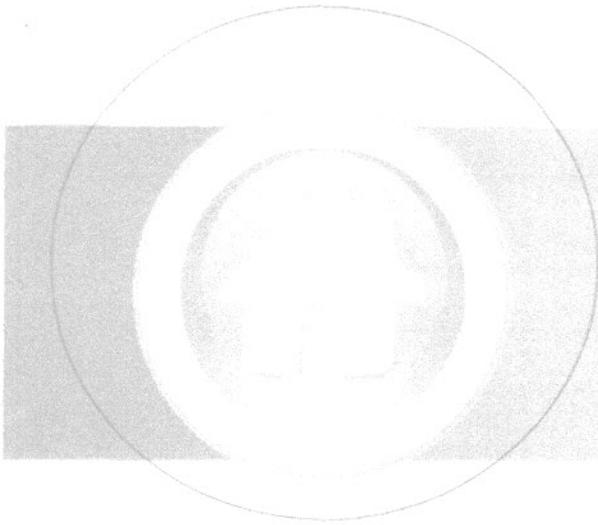
In the event that a member of Council's Executive Committee is involved in any dispute (either through core system or parents), that member will excuse themselves as part of the Executive Committee solely for the purpose of dispute resolution. In the event of such occurrence, the ex-officio (past chairperson) member of LCCFC will be requested to assist the Executive Committee in the resolution of that particular dispute.

Child Find

To increase the awareness of the service coordination services provided by LCCFC, LCCFC staff will conduct in-service trainings with all systems and their contracted providers on an annual basis. Additionally, staff will work with local school districts with a focus on educating their counseling staff of this valuable service. A description of the service, eligibility, and the referral form will be posted on the LCCFC website along with all materials distributed to school buildings and the Lorain County provider network.

Fiscal Strategies

To enhance the purpose of this mechanism and support its function in the community, LCCFC will designate the Family Centered Support and Services (FCSS) dollars for this purpose. The allocation will support operational support with an annual budget presented to the Core Systems Committee for review and approval. Additionally, system leaders are encouraged to collectively support this service coordination mechanism by encouraging its provider agencies and schools to participate in the wrap around process through participation in family team meetings. All partners agree to promote family self sufficiency and efficiency in planning.



Lorain County Children and Families Council (LCCFC) Family Centered Support Services

What is Family Centered Support Services

Service Coordination and Case Management:

Services are family-centered, voluntary, culturally sensitive, and driven by the needs and strengths of the family. Family voice and choice is emphasized throughout the entire process with all families connected to a Parent Advocate. As part of the service plan, families can be connected to all types of programs and services and ensures that families are provided support for their non-clinical, non-medical needs by connecting them to informal, community-based services and activities. Family progress is monitored by a service coordinator on a regular basis.

Wrap Around and Family Team Meetings:

Wraparound is a process to organize formal and informal services and supports around a child and their family. It is grounded in a framework that identifies and respects the strengths and assets that are unique to each family. A team is formed that is comprised typically of the referral source, professionals, community members, and natural supports. These "team members" along with the Wrap Around Facilitator will meet with the family on a regular basis to develop, monitor, and implement a Family Service Plan that outlines goals and objectives to improve family stability and functioning as they move toward self-sustainment.

Who is Eligible

Lorain County Children and Families Council, through Family Centered Support and Services funding, is able to provide a Family Service Coordinator for children who meet the following criteria:

Eligibility Identifier: Any child age 0—21 who is experiencing multi-systemic needs that cannot be met by one individual system and the family is facing instability or crisis if no intervention for the child is conducted.

A cross system team approach is determined most appropriate for those families who have expended all traditional modes of assistance — when it has been determined there is a need for a coordinated effort delivered and monitored by one person to navigate available services across the following government systems: Developmental Delays, Alcohol and Drug, Mental Health, Juvenile and Adult Courts, Department of Children Services, Education, Jobs and Families Services.

How Do I Refer a Family

Once eligibility has been determined, a referral is made by completing a referral form then fax, mail, email, or drop-off the form to Lorain County Children and Families Council. The Family Services Coordinator will make contact within three business days to discuss family eligibility and schedule a home visit to complete a comprehensive assessment with the family.

Lorain County Children and Families Council
216 3rd Street, Elyria OH 44035
Fax (440) 284-4628 Phone (440) 328-2491 or 328-2491
Email Barb Minge at bmingee@loraincounty.us or Latoya Caver-Jackson at ljackson@loraincounty.us

Lorain County Children and Families Council
Family Services Referral Form FAX to LCCFC at (440) 284-4628

Parent/Caregiver Name: _____
(residing in household) *Last* *First* *Relationship to Child*

_____ *Last* *First* *Relationship to Child*

Child: _____ / ____ / ____
Last *First* *Date of Birth*

Child: _____ / ____ / ____
Last *First* *Date of Birth*

Address: _____
Street Address *City* *Zip*

Phone Number: () _____ --- _____ **Cell:** () _____ --- _____

Referring Agency: _____

Referring Contact Person: _____
Name *Title*

() _____ - _____ () _____ _____
Phone Number *FAX* *Email*

Eligibility Indicators: Check all that apply – must have three indicators to be eligible. Child must be 0 – 21.

Referred Child is Medically Fragile Child has current or previous involvement with Children Services

Referring Child has Current or Previous Involvement in Court
County: _____ *Reason:* _____ *Year:* _____

Child has suspected or diagnosed developmental delay or disability ____ Child is on an IEP

Child has suspected or diagnosed alcohol or drug concerns

Child has suspected or diagnosed behavioral or mental health concerns: _____

Child has Educational Concerns Truancy Suspension/Expulsion **School System:** _____

Family Characteristics Indicated by Referring Person or Family: Check all that apply.

History of Alcohol or Drug Abuse *Current* *Recent* *Past* - Other family members Parent/Caregiver

Mental Health Issues - Parent/Caregiver or Other Household members Mobility/Transportation

Family/Child(ren) Involved in Counseling Physical/Sexual/Emotional Abuse Issues Parent Incarceration

Domestic Violence Issues Foster/Relative Care Homelessness: *Current* *Pending* *Past*

Unemployment/ Jobless Family in crisis or is instable Explain: _____

Known or Suspected Safety Concerns (i.e. volatile clients, drug use, weapons in home, custody disputes, dogs):
 Explain: _____

For LCCFC Staff Only: Family must be contacted within 3 business days of receipt of referral

Fax received on: ____ / ____ / ____ Family contacted on: ____ / ____ / ____ Referral Source contacted on: ____ / ____ / ____

Lorain County Children and Families Council AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

Client's Full Name _____ Date of Birth _____

Social Security Number _____ Parent/Guardian Name _____

The following persons/programs/agencies have my permission to coordinate service planning and delivery for the above named person by disclosing specific information for the following specific purpose (s): **Service planning and coordination; access to Lorain County Children and Families Council funded services; utilization management; recommendations to all or selected disclosed parties; payment, treatment and agency operations.**

A COPY MAY BE ACCEPTED AS A SUBSTITUTE FOR AN ORIGINAL FORM

Please initial all persons/programs/agencies that may disclose and/or receive information for the purposes listed above.

Give	Receive	Give	Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lorain County Juvenile Court (including legal counsel and other court personnel)		Nord Center
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lorain County Children Services		Lorain County Alcohol and Drug Abuse Services (LCADA)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lorain County Prosecutor's Office		Psychiatric and Psychological Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lorain County Board of Mental Health		Lorain County Children and Families Council
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lorain County Board of Developmental Disabilities		Lorain County Help Me Grow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alcohol and Drug Addiction Services of Lorain County		Lorain County Job and Family Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ohio Department of Youth Services		_____ Schools
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Applewood Centers, Inc.		Attorney _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beech Brook		GAL _____
<input type="checkbox"/>	<input type="checkbox"/>	Other approved parties:	
	Catholic Charities of Lorain County	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Bellefaire JCB	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Berea Children's Home and Family Services	<input type="checkbox"/>	_____

Place a diagonal line through blank lines above and initial.

I authorize the release of the specific information for which I have circled and initialed below only if it is necessary to secure or coordinate needed services identified in my case plan by the persons/programs/agencies identified above:

Circle and initial

- Yes No _____ Identifying information: name, birth date, sex, race, address and telephone number.
- Yes No _____ Social Security Number
- Yes No _____ General Medical: medical records (except for HIV, AIDS and drug and alcohol treatment records) disability, type of services being received and name of agency providing services to me or the individual named above.
- Yes No _____ Social History: social history, treatment/service history and other personal information regarding the individual named above or me.
- Yes No _____ Mental Health: Diagnostic Assessment, treatment plans, transfer/discharge summaries, psychological assessments, psychiatric evaluations, treatment summaries, lab results and medication histories.

RELEASE OF INFORMATION MUST BE 2-SIDED

- Yes No _____ School Information: grades, attendance records, Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), Individualized Service Plan (ISP), Multi-Factored Evaluation (MFE), (Children's) Ohio Eligibility Determination Instrument (COEDI/OEDI), discipline reports, transition plans and vocational assessments regarding me or the individual named above.
- Yes No _____ HIV and AIDS related diagnosis and treatment.
- Yes No _____ Substance abuse treatment, recommendations and involvement specifically, **assessment, treatment records, attendance, tox screens, discharge summary**
- Yes No _____ Financial Information necessary to establish eligibility for public assistance including, but not limited to, pay stubs, W2's and tax returns, and other financial information.
- Yes No _____ Juvenile Court: Disposition Investigation Report, Face Sheet, Complaints, Magistrate's and Judge's Orders, Court Appearances and Dispositions, Hoge and Andrews Youth Level of Service/Case Management Inventory, Facility Reports, Detention Home Reports, MAYSI, police reports.

I understand that my alcohol and drug abuse patient records are protected under the Federal regulations governing confidentiality of those records, (42 CFR Part 2), cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand this Release expires 180 days from the date it is signed unless otherwise indicated by me. I also understand that I may cancel this Release at any time in writing with my signature, and the date it is signed, and delivering it to Melissa Stefano, Director, Lorain County Children and Families Council. Canceling it applies to that day forward and not to information already shared.

I understand that signing or refusing to sign this Release may affect public benefits or services for which I am eligible, unless otherwise required by the regulations of the agency.

I understand that the information disclosed pursuant to this authorization may be the subject of re-disclosure by the recipient, for necessary and appropriate reasons without further protection.

If not previously revoked, this consent expires on the _____ day of _____, 20_____.

Client Signature

Date

Parent/Guardian Signature

Date

Witness/Agency Representative

Date

Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

TO ALL AGENCIES SENDING AND/OR RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:

1. If the records released include information of any diagnosis or treatment of drug or alcohol abuse, the following statement applies:

**PROHIBITION ON REDISCLOSURE OF INFORMATION
CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT**

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 otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information 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 patient.

2. If the records released include information of an HIV-related diagnosis or test results, the following statement applies:

This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for the purpose of the release of HIV test results or diagnoses.

3. The information has been disclosed to you from records protected by federal and/or state confidentiality rules. Any further release of it is prohibited unless the further disclosure is expressly permitted by the person to whom it pertains, Juvenile Court/DYS in the case of youth records, or applicable federal and/or state law.

RELEASE OF INFORMATION MUST BE 2-SIDED

Interpersonal Support Evaluation List

ET ID: _____

Name: _____

D.O.B.: ____/____/____

Date Administered: ____/____/____

For the following list of statements please circle whether or not you believe each is true or not about you. For each statement circle "Definitely True" or "DT" if you are sure it is true about you and "Probably True" or "PT" if you think it is true but are not absolutely certain. Similarly, you should circle "Definitely False" or "DF" if you are sure the statement is false and "Probably False" or "PF" if you think it is false but are not absolutely certain.

ISEL Question	Definitely True	Probably True	Probably False	Definitely False
1) There are several people that I trust to help solve my problems.	DT	PT	PF	DF
2) If I needed help fixing an appliance or repairing my car, there is someone who would help me.	DT	PT	PF	DF
3) When I feel lonely, there are several people I can talk to.	DT	PT	PF	DF
4) There is no one that I feel comfortable to talking about intimate personal problems.	DT	PT	PF	DF
5) I often meet or talk with family or friends.	DT	PT	PF	DF
6) If I needed a ride very early in the morning, I would have a hard time finding someone to take me.	DT	PT	PF	DF
7) I feel like I'm not always included by my circle of friends.	DT	PT	PF	DF
8) I have no one who can give me an honest view of how I handle my problems.	DT	PT	PF	DF
9) There are several different people I enjoy spending time with.	DT	PT	PF	DF
10) If I were sick and needed someone (friend, family member, or acquaintance) to take me to the doctor, I would have trouble finding someone.	DT	PT	PF	DF
11) If I wanted to go on a trip for a day, I would have a hard time finding someone to go with me.	DT	PT	PF	DF
12) If I needed a place to stay for a week because of an emergency (for example, water or electricity out in my apartment or house), I could easily find someone who would put me up.	DT	PT	PF	DF
13) I feel that there is no one I can share my most private worries and fear with.	DT	PT	PF	DF
14) If I were sick, I could easily find someone to help me with my daily activities.	DT	PT	PF	DF
15) There is someone I can turn to for advice about handling problems with my family.	DT	PT	PF	DF

16) If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	DT	PT	PF	DF
17) When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	DT	PT	PF	DF
18) If I needed an emergency loan of \$20, there is someone (friend, relative, or acquaintance) I could get it from.	DT	PT	PF	DF
19) Most people I know do not enjoy the same things that I do.	DT	PT	PF	DF
20) There is someone I could turn to for advice about changing or seeking a job.	DT	PT	PF	DF
21) I don't often get invited to do things with others.	DT	PT	PF	DF
22) If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).	DT	PT	PF	DF
23) There really is no one I can trust to give me good financial advice.	DT	PT	PF	DF
24) If I wanted to have lunch with someone, I could easily find someone to join me.	DT	PT	PF	DF
25) If I was stranded 10 miles from home, there is someone I could call who would come and get me.	DT	PT	PF	DF
26) No one I know would throw a birthday party for me.	DT	PT	PF	DF
27) It would be difficult to find someone who would lend me their car for a few hours.	DT	PT	PF	DF
28) If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	DT	PT	PF	DF
29) There is at least one person I know whose advice I really trust.	DT	PT	PF	DF
30) If I needed some help in moving to a different house or apartment, I would have a hard time finding someone to help me.	DT	PT	PF	DF

Parent's Name: _____

Date Completed: ___/___/_____

Lorain County Children and Families Council Wrap Around Family Team Meeting Invitation

Date: _____

Dear Invited Participant:

I am writing to remind you of a Family Team Meeting that has been scheduled on:

(Time) (Date) (Location)

The purpose of this meeting is to discuss the case plan for:

(Family Name)

The family identified the following goals at the last meeting:

-

You are invited to attend this Family Team Meeting in order to develop the plan along with the family.

Others invited by the family to attend are:

Prior to the meeting, please make a note of the strengths, needs, and concerns for the family that you have identified. At the meeting, services to meet the family and child's needs will be designed to draw upon the various strengths identified by the team members.

If you cannot attend this meeting at this scheduled time, date or location, please e-mail me at _____ or call me at the following : _____.

Sincerely,

Barbara Mingee
Family Team Meeting Facilitator

**Lorain County Children and Families Council (LCCFC)
Voluntary Consent for Family Service Coordination
& Understanding of Parent's Rights**

Parent/Caregiver Name: _____ / _____ / _____
Last First M.I. DOB

Initial / Date

_____/_____**Natural Environment and Primary Language**

I have been informed that I can determine the natural, least- restrictive environment for my child and the primary language that our family will use to ensure cultural sensitivity.

_____/_____**Right to Participate in Meetings and Decisions**

I have been informed of my right to participate in all meetings associated with my family service plan and be a part of the decision- making process for all decisions concerning my service plan.

_____/_____**Right to Initiate Family Team Meetings**

I have been informed of my right to initiate a family team meeting to review or discuss family plan components or progress. To initiate a family team meeting outside of a regularly scheduled family team meeting, I understand that I must contact my coordinator to schedule the meeting by telephone. *The Coordinator must contact you and schedule this meeting within three (3) business days of the request.*

_____/_____**Right to Invite Informal Supports**

I have been informed of my right to invite individuals who are identified in the service plan as a family support person to all family team meetings. These individuals will be listed in the family plan and invited to family team meetings by the designated team meeting facilitator.

_____/_____**Right to a Family Advocate**

I have been informed of my right to have a Family Advocate available to attend family meetings. I understand that my Coordinator will offer a Family Advocate to my family and I have the right to allow or refuse their participation in family team meetings.

_____ I wish to have a Family Advocate/Mentor assigned to me.

_____ I decline a Family Advocate/Mentor for my family.

____ / ____ **Right to Designate an Individual (Team Leader) to monitor progress, schedule reviews, and facilitate family meeting.**

I have been informed of my right to choose and approve an individual to monitor the progress the family service coordination plan, an individual to schedule reviews of the plan, and an individual to facilitate the scheduled team meetings on behalf of the plan.

I hereby designate _____ to monitor plan progress, schedule plan reviews, and facilitate family team meetings.

____ / ____ **Right of Confidentiality of Information**

I have been informed of my right that information collected, maintained or disclosed during the intake, assessment and service delivery process including discharge and transition is accessible and shared with only those entities as identified and authorized by the signed and dated "Consent to Share Confidential Information" form maintained in records held by LCCFC.

____ / ____ **Right to Access the Dispute Resolution Process**

I have been informed of my right to access the LCCFC Dispute Resolution Process at any time. I understand to initiate the process I will be required to complete and file a *Dispute Resolution Form* and direct it to the attention of: Melissa Stefano, Director, LCCFC at 216 3rd Street, Elyria Ohio 44035. Upon receipt of this completed form, I understand that LCCFC has 10 business days to respond in writing to my submission.

____ / ____ **Right to Voluntarily Participate in Family Service Coordination**

I understand that the granting of consent is VOLUNTARY & valid 1 year from the date signed, and may be revoked in writing at any time by parent. I understand that I have the right to refuse some services while consenting to other services. If I choose to refuse some or all services after this consent is signed, I understand that I must notify the family coordinator in writing identifying what services I do not wish to participate in.

By signing below, I certify that I understand my rights as a participate in this service and give my informed consent for services to begin for my family.

Parent/Guardian Signature:

Relationship to Child:

Witness:

Date:

**Lorain County Children & Families First Council
Wrap Around
Family Development Matrix**

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

Client/Family Name _____

Facilitator _____

Date of Entry _____

Date of Termination _____

Successful

Unsuccessful

- Crisis Planning Worksheet -

Family Name:

Date:

Prevention

What do we know works?

What else can we try?

Early Intervention

What do we know works?

What else can we try?

What do we know DOESN'T work? What may intensify the crisis?

Management Steps

1.

2.

3.

4.

5.

Lorain County Children & Families First Council
Family Team Commitment Form

Family/Child Name: _____ Date: ____/____/____
Last First

Team Member Name: _____ Agency: _____

Action to be taken	Date Due	Completed
Comments:		
Signatures: _____ <small style="margin-left: 100px;">Team Member</small>		_____ <small>Coordinator</small>

Next Meeting Date: _____ Time: _____ Location: _____
Original - Coordinator, Yellow - Team Member, Pink - Family

When you are overwhelmed with family challenges and you've exhausted all efforts to make things better.....

Contact Lorain County Children and Family Council (440) 328-2492 or 328-2491 for help.

Family Centered Support and Services



How we can help you

Listen—We will listen to you and help you develop a plan that prioritizes your family's immediate and future needs in a simple way that allows for success.

Connect—We will connect your family to people, services, resources in the area that will provide help and assistance for improved family functioning.

Care—We will follow your progress and meet with you regularly to help you identify supports that will assist you in meeting your unique family goals.